

**SmallPHAPlanUpdate  
AnnualPlanforFiscalYear:2003**

**PHAPlan  
AgencyIdentification**

**PHAName: PolkCounty,Florida**

**PHANumber: FL143**

**PHAFiscalYearBeginning: OCTOBER2003**

**PHAPlanContactInformation:**

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**Phone:8635345240**

**Email:juanitawarner@polk -county.net**

**PublicAccesstoInformation**

**Information regarding any activities outlined in this plan can be obtained by contacting:  
(selectallthatapply)**

- Main administrative office of the PHA
- PHA development management offices

**Display Locations For PHA Plans and Supporting Documents**

**The PHA Plans (including attachments) are available for public inspection at: (select all that apply)**

- Main administrative office of the PHA
- PHA development management offices
- Main administrative office of the local, county or State government
- Public library
- PHA website
- Other (list below)

**PHA Plan Supporting Documents are available for inspection at: (select all that apply)**

- Main business office of the PHA
- PHA development management offices
- Other (list below)

**PHA Programs Administered:**

- Public Housing and Section 8       Section 8 Only       Public Housing Only

**AnnualPHAPlan  
FiscalYear2003  
[24CFRPart903.7]**

**i. Table of Contents**

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a SEPARATE file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

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**Attachments**

- Attachment A: Supporting Documents Available for Review  
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- Attachment \_\_: Capital Fund Program Annual Statement
- Attachment \_\_: Capital Fund Program 5 Year Action Plan
- Attachment \_\_: Capital Fund Program Replacement Housing Factor Annual Statement
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- Other (List below, providing each attachment name)

## ii. Executive Summary

[24CFR Part 903.7 9(r)]

At PHA option, provide a brief overview of the information in the Annual Plan

### **1. Summary of Policy or Program Changes for the Upcoming Year**

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

The Polk County Board of County Commissioners was designated in 1990 as the PHA for Polk County, Florida. The Section 8 Program is administered by the Human Services Department, Division of Housing and Neighborhood Development. The Polk County Housing Plan is focused on equal opportunity requirements and programmatic policies listed in the HUD regulations and acts as a guide for Program Officials who are involved with the administration of the Program.

The Program provides rent subsidy to 110 qualifying families who are below the low income threshold as defined by HUD. Qualifying citizens must obtain a housing voucher from the PHA.

The Section 8 Program is to provide for housing. The staff also inspect each rental unit and monitor each participant to ensure program efficiency. The County provides opportunities for clients to receive social services, job counseling and training through referral services, family assistance, child care assistance and GED training.

#### Summary Table Polk County PHA

HUD Awarded Vouchers	110
Maximum Number of Vouchers	110
Family Participants	75
Elderly/Disabled	35
Average Age Family Participant	34
Average Age Elderly/Disabled Participant	58
Average Year on Program per Participant	2.7
Average Annual Income of Family Participants	\$12,614
Average Household Size	3.7
Number on Waiting List	199

### 2. Capital Improvement Needs

[24CFR Part 903.79(g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

N/A

A.  Yes  No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

N/A

**B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ \_\_\_\_\_**

N/A

**C.  Yes  No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.**

N/A

**D. Capital Fund Program Grant Submissions**

**(1) Capital Fund Program 5 - Year Action Plan**

The Capital Fund Program 5 - Year Action Plan is provided as Attachment

N/A

**(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment

N/A

**3. Demolition and Disposition**

[24 CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

N/A

**1.  Yes  No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)**

N/A

**2. Activity Description**

N/A

<b>Demolition/Disposition Activity Description</b> (Not including activities associated with HOPE VI or Conversion Activities)
<b>1a. Development name:</b> N/A
<b>1b. Development (project) number:</b> N/A
<b>2. Activity type:</b> Demolition <input type="checkbox"/> N/A <b>Disposition</b> <input type="checkbox"/> N/A
<b>3. Application status (select one):</b> N/A Approved <input type="checkbox"/> N/A Submitted, pending approval <input type="checkbox"/> N/A Planned application <input type="checkbox"/> N/A

<b>4. Date application approved, submitted, or planned for submission:</b> <u>(DD/MM/YY)</u> N/A
<b>5. Number of units affected:</b> N/A <b>6. Coverage of action (select one)</b> N/A <input type="checkbox"/> Part of the development N/A <input type="checkbox"/> Total development N/A
<b>7. Relocation resources (select all that apply)</b> N/A <input type="checkbox"/> Section 8 for units N/A <input type="checkbox"/> Public housing for units N/A <input type="checkbox"/> Preference for admission to other public housing or section 8 N/A <input type="checkbox"/> Other housing for units (describe below) N/A
<b>8. Timeline for activity:</b> N/A Actual or projected start date of activity: N/A Actual or projected start date of relocation activities: N/A <b>c. Projected end date of activity:</b> N/A

**4. Voucher Homeownership Program**

[24CFR Part 903.79(k)]

N/A

A.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified).)

**B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

N/A

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

N/A

**5. Safety and Crime Prevention: PHDEP Plan**

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component if PHA is eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

N/A

A.  Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

N/A

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ \_\_\_\_\_

N/A

C.  Yes  No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

N/A

D.  Yes  No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

N/A

## 6. Other Information

[24CFR Part 903.79(r)]

### A. Resident Advisory Board (RAB) Recommendations and PHA Response

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are attached at Attachment (Filename)

N/A

3. In what manner did the PHA address those comments? (select all that apply)

N/A The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included

Yes  No: below or

Yes  No: at the end of the RAB Comments in Attachment \_\_\_\_\_.

N/A Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment \_\_\_\_\_.

N/A Other: (list below)

N/A

### B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)

Polk County, Florida

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- The PHA has based its statement of need of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- Other: (list below)

**3. PHA Requests for support from the Consolidated Plan Agency**

- Yes  No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

**4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)**

**Polk County's Housing and Community Development Goals:**

- 1. To provide financial assistance for qualifying individuals who are making transition to self-sufficiency in housing.**
- 2. To support community development activities which reduce or reverse evidence of physical, social, or economic decline in communities populated predominantly by low and moderate income people.**

**The priority needs will be addressed through the following objectives:**

**1. Anti-Crime Programs:** Polk County will supplement Community Oriented Policing programs in Eloise and Florence Vill with neighborhood support services including, but not limited to, recreation programs and equipment, tutoring and mentoring, computer education classes and equipment, information and referral services, drug abuse and gang resistance training, life skills training, family support services and employment referrals.

**2. Infrastructure:** Polk County will utilize CDBG funds to construct/reconstruct and assist municipal partners to construct/reconstruct needed infrastructure including, but

not limited to, water lines, sewer lines, sidewalks, and street and drainage improvements, in predominately low and moderate income areas.

**3. Planning and Administration:** Polk County will utilize CDBG, HOME, and ESG planning and administration funds to ensure equitable, timely, and cost effective implementation of feasible projects and will continue to annually update One Year Action Plans to ensure that current identified needs are met.

**4. Public Facilities:** Polk County will utilize CDBG funds and assist municipal partners: To construct and assist municipal partners to construct needed public facilities including, but not limited to, neighborhood resource centers that will serve predominately low and moderate income areas; To remove architectural barriers in public buildings constructed prior to promulgation of the Americans with Disabilities Act (ADA) requirements; and To carry out demolition of vacant substandard structures and associated lot clearance.

**5. Public Services:** Polk County will use CDBG public service funds to address public service needs not covered under public service strategies.

**6. Senior Programs:** Polk County will utilize CDBG public service funds each year as a contingency account to cover cost overruns.

**7. Special Needs Housing:** Polk County will continue to utilize funding sources other than federal formula grants, and to form partnerships and support private sector efforts to provide supportive housing for non-homeless special populations.

**8. Housing:** Polk County will utilize seventy-five percent (75%) of its HOME funds to make rehabilitation/replacement loans and grants to low-income ownership occupants of substandard housing units. Another fifteen percent (15%) will be provided to Community Housing Organizations for development of housing affordable to low and moderate income households. The County will utilize CDBG funds to carry out countywide clearance and demolition activities.

## C. Criteria for Substantial Deviation and Significant Amendments

### 10. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

N/A

**A. Substantial Deviation from the 5-year Plan:**

N/A

**B. Significant Amendment or Modification to the Annual Plan:**

N/A



**Attachment A**  
**Supporting Documents Available for Review**

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdictions in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A & O/A COP), which includes the Tenant Selection and Assignment Plan (TSAP)	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing check here if included in the public housing A & O policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan Annual Plan: Eligibility, Selection, and Admissions Policies	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents check here if included in the public housing A & O policy	Annual Plan: Rent Determination
N/A	Schedule of flat rents offered at each public housing development	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies	Annual Plan: Rent

Applicable & On Display	Supporting Document	Related Plan Component
	check here if included in Section 8 Administrative Plan	Determination
N/A	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
N/A	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
N/A	Follow-up Plan to Results of the PHASE Resident Satisfaction Survey (if necessary)	Annual Plan: Operations & Maintenance & Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any required policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
N/A	Public housing grievance procedures check here if included in the public housing A & O policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
N/A	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
N/A	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §§ 504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99 -52(HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing

N/A	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (Section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
N/A	FZS Action Plan(s) for public housing and/or Section 8	Annual Plan: Community Service and Self-Sufficiency
Applicable & On Display	Supporting Document	Related Plan Component
N/A	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service and Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP related documentation: a. a line law enforcement services for public housing developments assisted under the PHDEP plan; b. consortium agreements between the PHAs participating in the consortium; c. a copy of the payment agreement between the consortium and HUD (applicable to PHAs participating in a consortium as specified under 24 CFR 761.15); d. partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources; e. PHDEP funded activities; f. coordination with other law enforcement efforts; g. a written agreement(s) with local law enforcement agencies (receiving grants and funds); and h. crime statistics and other relevant data (including Part I and specified Part II items) that establish need for the public housing sites assisted under the PHDEP plan.	Annual Plan: Safety and Crime Prevention
N/A	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) Check here if included in the public housing A&O policy	Pet Policy
X	The result of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the US Housing Act of 1937 (42 U.S.C. 1437c(h)), the result of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	Other supporting documents (optional) (List individually; use as many lines as necessary)	(specify as needed)

**Annual Statement/Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

N/A

PHAName: N/A	Grant Type and Number Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No: N/A	Federal FY of Grant:
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<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement (revision no:)
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Final Performance and Evaluation Report	

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non - CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				

14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)				
21	Amountoffline20RelatedtoLBPAactivities				
22	Amountoffline20RelatedtoSection504 Compliance				
23	Amountoffline20RelatedtoSecurity				
24	Amountoffline20RelatedtoEnergyConservation Measures				





<p>total estimated cost over next 5 years</p>		

**PHA Public Housing Drug Elimination Program Plan**

Note: THIS PHDEP Plan template (HUD 50075 - PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

**Section 1: General Information/History**

N/A

A. Amount of PHDEP Grant \$ \_\_\_\_\_

B. Eligibility type (Indicate with an "x") N1 \_\_\_\_\_ N2 \_\_\_\_\_ R \_\_\_\_\_

C. FFY in which funding is requested \_\_\_\_\_

**D. Executive Summary of Annual PHDEP Plan**

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. This summary must not be more than five (5) sentences long

**E. Target Areas**

N/A

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

**F. Duration of Program**

N/A

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

12 Months \_\_\_\_\_ 18 Months \_\_\_\_\_ 24 Months \_\_\_\_\_

**G. PHDEP Program History**

N/A

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place "GE" in column "W" for waivers.

Calendar Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
1995						
1996						
1997						

1998						
1999						

**Section 2: PHDEP Plan Goals and Budget**

**A. PHDEP Plan Summary**

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

N/A

**B. PHDEP Budget Summary**

Enter the total amount of PHDEP funding allocated to each line item.

<b>FFY _____ PHDEP Budget Summary</b>	
Original statement	
Revised statement dated: N/A	
<b>Budget Line Item</b>	<b>Total Funding</b>
0 - Reimbursement of Law Enforcement	
5 - Special Initiative	
6 - Gun Buyback TAMatch	
10 - Security Personnel	
10 - Employment of Investigators	
10 - Voluntary Tenant Patrol	
10 - Physical Improvements	
10 - Drug Prevention	
10 - Drug Intervention	
10 - Drug Treatment	
10 - Other Program Costs	
<b>TOTAL PHDEP FUNDING</b>	

**C.0 PHDEP Plan Goals and Activities**

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise — not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

<b>9110 – Reimbursement of Law Enforcement</b> N/A	<b>Total PHDEP Funding:</b> \$ N/A
--	---------------------------------------

<b>Goal(s)</b>							
<b>Objectives</b>							
<b>Proposed Activities</b>	<b># of Persons Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHEDEP Funding</b>	<b>Other Funding (Amount/ Source)</b>	<b>Performance</b>
1.							
2.							
3.							

<b>9115 -Special Initiative</b> N/A	<b>Total PHDEP Funding:</b> \$
-------------------------------------	--------------------------------

<b>Goal(s)</b>							
<b>Objectives</b>							
<b>Proposed Activities</b>	<b># of Persons Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHEDEP Funding</b>	<b>Other Funding (Amount/ Source)</b>	<b>Performance</b>
1.							
2.							
3.							

<b>9116 -GunBuybackTAMatch N/A</b>	<b>TotalPHDEPFunding:\$</b>
------------------------------------	-----------------------------

<b>Goal(s)</b>							
<b>Objectives</b>							
<b>ProposedActivities</b>	<b>#of Persons Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHEDEP Funding</b>	<b>OtherFunding (Amount/Source)</b>	<b>Perform</b>
1.							
2.							
3.							

<b>9120 -SecurityPersonnel N/A</b>	<b>TotalPHDEPFunding:\$</b>
------------------------------------	-----------------------------

<b>Goal(s)</b>							
<b>Objectives</b>							
<b>ProposedActivities</b>	<b>#of Persons Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHEDEP Funding</b>	<b>OtherFunding (Amount/Source)</b>	<b>Per</b>
1.							
2.							
3.							

<b>9130 -EmploymentofInvestigators N/A</b>	<b>TotalPHDEPFunding:\$</b>
--	-----------------------------

<b>Goal(s)</b>							
<b>Objectives</b>							
<b>ProposedActivities</b>	<b>#of Persons Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHEDEP Funding</b>	<b>OtherFunding (Amount/Source)</b>	<b>Pe</b>
1.							
2.							

3.							
----	--	--	--	--	--	--	--

<b>9140 -VoluntaryTenantPatrol N/A</b>						<b>TotalPHDEPFunding:\$</b>	
<b>Goal(s)</b>							
<b>Objectives</b>							
<b>ProposedActivities</b>	<b>#of Persons Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHEDEP Funding</b>	<b>OtherFunding (Amount/Source)</b>	<b>Perf</b>
1.							
2.							
3.							

<b>9150 -PhysicalImprovements N/A</b>						<b>TotalPHDEPFunding:\$</b>	
---------------------------------------	--	--	--	--	--	-----------------------------	--

<b>Goal(s)</b>							
<b>Objectives</b>							
<b>ProposedActivities</b>	<b>#of Persons Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHEDEP Funding</b>	<b>OtherFunding (Amount/Source)</b>	<b>Perf</b>
1.							
2.							
3.							

<b>9160 -DrugPrevention N/A</b>						<b>TotalPHDEPFunding:\$</b>	
<b>Goal(s)</b>							
<b>Objectives</b>							
<b>ProposedActivities</b>	<b>#of Persons Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHEDEP Funding</b>	<b>OtherFunding (Amount /Source)</b>	<b>Perf</b>

1.							
2.							
3.							

<b>9170 -DrugIntervention N/A</b>	<b>TotalPHDEPFunding:\$</b>
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<b>Goal(s)</b>							
<b>Objectives</b>							
<b>ProposedActivities</b>	<b>#of Person s Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHEDEP Funding</b>	<b>OtherFunding (Amount/Source)</b>	<b>Pe</b>
1.							
2.							
3.							

<b>9180 -DrugTreatment N/A</b>	<b>TotalPHDEPFunding:\$</b>
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<b>Goal(s)</b>							
<b>Objectives</b>							
<b>ProposedActivities</b>	<b>#of Person s Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHEDEP Funding</b>	<b>OtherFunding (Amount/Source)</b>	<b>Perfor</b>
1.							
2.							
3.							

<b>9190 -OtherProgramCostsN/A</b>	<b>TotalPHDEPFunds:\$</b>
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<b>Goal(s)</b>							
<b>Objectives</b>							
<b>ProposedActivities</b>	<b>#of Person s Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHEDEP Funding</b>	<b>OtherFunding (Amount/Source)</b>	<b>Perfo</b>
1.							
2.							
3.							

**Required Attachment \_\_\_\_: Resident Member on the PHA Governing Board**

N/A

1.  Yes  No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

**B. How was the resident board member selected: (select one)?**

- Elected
- Appointed

**C. The term of appointment is (include the date term expires):**

**2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?**

- the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full-time basis
- the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- Other (explain):

**B. Date of next term expiration of a governing board member:**

**C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):**

**Required Attachment \_\_\_\_\_: Membership of the Resident Advisory Board or Boards**

**List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)**

- 1 Archie Bartram  
815½ East Church Street  
Bartow, Florida 33830**
- 2 Teresa Jimenez  
1824 Salem Road  
Lakeland, Florida 33803**
- 3 Jane Harden  
1218 Cameron Road  
Eagle Lake, Florida 33839**
- 4 Daphne Moore  
740 Oak Court  
Bartow, Florida 33830**
- 5 Michele Clark  
3056 Skyview Drive  
Lakeland, Florida 33801**

**Residents interested in serving on the Advisory Board volunteer their services by contacting the PHA Program Administrator.**