

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

HOUSING AUTHORITY OF THE CITY OF ADEL, GEORGIA

**NOTE: THIS PHA PLAN TEMPLATE (HUD 50075) IS TO BE
APPLICABLE PIH NOTICES**

BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN

PHA Plan Agency Identification

PHAName: Housing Authority of the City of Adel, Georgia

PHANumber: GA088

PHA Fiscal Year Beginning:(mm/yyyy) 07/2003

PHA Plan Contact Information:

Name: Ms. Theresa Lovein

Phone: 229.686.9321

TDD: 229.686.9321

Email (if available):

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

- 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

**Annual PHA Plan
Fiscal Year 2003**
[24CFR Part 903.7]

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 file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title. **SEPARATE**

	Contents	<u>Page#</u>
Annual Plan		
i. Executive Summary (optional)		
ii. Annual Plan Information		
iii. Table of Contents		
1. Description of Policy and Program Changes for the Upcoming Fiscal Year		
2. Capital Improvement Needs		
3. Demolition and Disposition		
4. Homeownership: Voucher Homeownership Program		
5. Crime and Safety: PHDEP Plan		
6. Other Information:		
A. Resident Advisory Board Consultation Process		
B. Statement of Consistency with Consolidated Plan		
C. Criteria for Substantial Deviations and Significant Amendments		
Attachments		
<input type="checkbox"/> Attachment A: Supporting Documents Available for Review		
<input type="checkbox"/> Attachment B: Capital Fund Program Annual Statement		
<input type="checkbox"/> Attachment C: Capital Fund Program 5 Year Action Plan		
<input type="checkbox"/> Attachment __: Capital Fund Program Replacement Housing Factor Annual Statement		
<input type="checkbox"/> Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan		
<input type="checkbox"/> Attachment D: Resident Membership on PHA Board or Governing Body		
<input type="checkbox"/> Attachment E: Membership of Resident Advisory Board or Boards		

- Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
- Attachment F: Performance and Evaluation Report for Period Ended December 31, 2002
- Other (List below, providing each attachment name)
- Attachment G: FY 2002 Follow Up Plan for Resident Assessment

ii. Executive Summary

[24CFR Part 903.79(r)]

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

No changes in policy. Policies are up-to-date. Goals established in the five year plan are on schedule. Efforts are being made to enhance the attractiveness and marketability of the properties and the Authority continues to strive to meet its potential as an organization.

There is no resident attendance at the meeting to discuss the Agency Plan. This expense for the Housing Authority should be eliminated due to lack of interest and attendance. Publication in the newspaper is expensive.

The Resident Assessment conducted by REAC is fallacious and the information is not reliable. REAC indicates that the response rate on the FY 2002 surveys was 25%. Thirteen of 52 surveys were returned with complaints. It appears that residents, who are generally residents who are not happy with the rules and regulations, submit surveys. Most likely, the residents who are happy do not respond. The residents should take some responsibility in each of the survey categories where unfavorable responses were received. Those categories are communications, safety and neighborhood appearance. Residents do not attend published meetings where they can voice their opinions nor do they actively take part in providing safe and attractive neighborhoods.

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.

De-concentration of Poverty and Income Mixing is not required for Authorities with 100 or less units as stated in the Federal Register dated December 22, 2000 at 24CFR 903. Therefore, it is not required for this Authority.

2. Capital Improvement Needs

[24CFR Part 903.79(g)]

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

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

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

\$96,028

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.

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 C**

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as **Attachment B**

3.D Demolition and Disposition

[24 CFR Part 903.79(h)]

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

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.)

2. Activity Description

Demolition/Disposition Activity Description (Not including activities associated with HOPE VI or Conversion Activities)
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> To total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)
8. Timeline for activity:

- a. Actual or projected start date of activity:
- b. Actual or projected start date of relocation activities:
- c. Projected end date of activity :

4. Voucher Homeownership Program

[24CFR Part 903.79(k)]

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 24CFR 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

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):

5. Safety and Crime Prevention: PHDEP Plan

[24CFR Part 903.7(m)]

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

- A. Yes No : Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____
- 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.
- D. Yes No: The PHDEP Plan is attached at Attachment _____

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

- 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 _____.
- Other: (list below)

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: **State of Georgia**

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 needs 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:

To increase the number of Georgia's low and moderate income households who have obtained affordable, rental housing free of overcrowded and structurally substandard conditions.

C. Criteria for Substantial Deviation and Significant Amendments

1. 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.

A. Substantial Deviation from the 5 -year Plan:

The statute requires that PHAs explain "substantial deviations" from the 5 -year Plan in the Annual Plans. The statute also provides that, while PHAs may change or modify their plans or policies described in them, any "significant amendment or modification" to the plan would require PHAs to submit a revised PHA Plan that has met full public process requirements. The Executive Director of the Housing Authority of the City of Adel has

extensive latitude in using discretion for procurement and in the use of the Capital Funds. The policies established in the Procurement Policy will be used as a guide in substantial deviation from the Agency Plan.

B. Significant Amendment or Modification to the Annual Plan:

Annually the plan is updated to show the amount of comp grant funds received for the FY. The amount and the use of these funds are revised each year based on the formula funding from HUD and the physical needs of the properties owned and operated by the PHA. A significant amendment or modification to the Annual Plan is a change in a policy or policies pertaining to the operation of the Authority, including but not limited to changes in rent or admissions policies or organization of the waiting list; additions of non-emergency work item over \$100,000 (items not included in the current annual statement or 5-year action plan) or change in use of replacement reserve funds under the Capital Fund; any change with regard to demolition, disposition, designation, homeownership programs, or conversion activities.

**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.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
YES	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
YES	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
YES	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 jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
YES	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
YES	Most recent board approved operating budget for the public housing program	Annual Plan: Financial Resources
YES	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
YES	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
YES	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
YES	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
YES	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
YES	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
YES	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
YES	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 HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	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
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	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 homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
YES	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
YES	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
YES	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Exhibit B Capital Fund Program & Five Year Plan

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: Housing Authority of the City of Adel		Grant Type and Number Capital Fund Program Grant No: GA06P08850103 Replacement Housing Factor Grant No:		Federal FY of Grant: FY-2003	
<input checked="" 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	\$96,028			
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 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$96,028			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary						
PHAName: Housing Authority of the City of Adel		Grant Type and Number Capital Fund Program Grant No: GA06P08850103 Replacement Housing Factor Grant No:			Federal FY of Grant: FY-2003	
<input checked="" 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	
26	Amount offline 21 Related to Energy Conservation Measures					

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAName: Housing Authority of the City of Adel, GA		Grant Type and Number Capital Fund Program Grant No: GA06P08850103 Replacement Housing Factor Grant No:			Federal FY of Grant: FY-2003			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-Wide	Operations	1406		\$96,028				
	TOTAL			\$96,028				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHAName: Housing Authority of the City of Adel, GA		Grant Type and Number Capital Fund Program No: GA06P0 8850103 Replacement Housing Factor No:				Federal FY of Grant: FY-2003	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHAWide	12/04			06/06			

Capital Fund Program Five - Year Action Plan

Part I: Summary

PHAName Housing Authority of the City of Adel, GA		X Original 5 - Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2004 PHAFY: 2005	Work Statement for Year 3 FFY Grant: 2005 PHAFY: 2006	Work Statement for Year 4 FFY Grant: 2006 PHAFY: 2007	Work Statement for Year 5 FFY Grant: 2007 PHAFY: 2008
	Annual Statement				
PHA-Wide		\$96,028	\$96,028	\$96,028	\$96,028
CFP Funds Listed for 5-year planning		\$96,028	\$96,028	\$96,028	\$96,028
Replacement Housing Factor Funds					

Capital Fund Program Five - Year Action Plan

Part II: Supporting Pages — Work Activities

Activities for Year 1	Activities for Year: <u>2</u> <u> </u> FFY Grant: 2004 PHAFY: 2005			Activities for Year: <u>3</u> <u> </u> FFY Grant: 2005 PHAFY: 2006		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	PHAWide	Operations	\$96,028	PHAWide	Operations	\$96,028
Annual						
Statement						
Total CFPEstimatedCost			\$96,028			\$96,028

Capital Fund Program Five - Year Action Plan

Part II: Supporting Pages — Work Activities

Activities for Year: <u> </u> <u>4</u> <u> </u> FFY Grant: 2006 PHAFY: 2007			Activities for Year: <u>5</u> <u> </u> FFY Grant: 2007 PHAFY: 2008		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
PHAWide	Operations	\$96,028	PHAWide	Operations	\$96,028
Total CFP EstimatedCost		\$96,028			\$96,028

PHA Public Housing Drug Elimination Program Plan

This section is not applicable to the Housing Authority of the City of Adel.

Note: THIS PHDEPPlant template (HUD50075 -PHDEPPlan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

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. The summary must not be more than five (5) sentences long.

E. Target Areas

Complete the following table by indicating each PHDEPT Target Area (development or site where activities will be conducted), the total number of units in each PHDEPT 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.

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

F. Duration of Program

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

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 or "W" for waivers.

Fiscal 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
FY						

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.

B. PHDEP Budget Summary

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

FFY _____ PHDEP Budget Summary	
Budget Line Item	Total Funding
Original statement	
Revised statement dated:	
9110 -Reimbursement of Law Enforcement	
9115 -Special Initiative	
9116 -Gun Buyback TAMatch	
9120 -Security Personnel	
9130 -Employment of Investigators	
9140 -Voluntary Tenant Patrol	
9150 -Physical Improvements	
9160 -Drug Prevention	

9170 -Drug Intervention	
9180 -Drug Treatment	
9190 -Other Program Costs	
TOTAL PHDEP FUNDING	

C. 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 sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted. —not to exceed two

9110 -Reimbursement of Law Enforcement						Total PHDEP Funding:\$		
Goal(s)								
Objectives								
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/ Source)	Performance Indicators	
1.								
9115 -Special Initiative						Total PHDEP Funding:\$		
Goal(s)								
Objectives								
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/ Source)	Performance Indicators	
1.								
9116 -Gun Buyback TAMatch						Total PHDEP Funding:\$		
Goal(s)								
Objectives								
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators	
1.								
9120 -Security Personnel						Total PHDEP Funding:\$		
Goal(s)								
Objectives								
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators	
1.								
9130 -Employment of Investigators						Total PHDEP Funding:\$		
Goal(s)								
Objectives								

ProposedActivities	#of Persons Served	TargetPopulation	Start Date	Expected Complete Date	PHEDEPFunding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
9140 – VoluntaryTenantPatrol					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	TargetPopulation	Start Date	Expected Complete Date	PHEDEPFunding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
9150 - PhysicalImprovements					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	TargetPopulation	Start Date	Expected Complete Date	PHEDEPFunding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
9160 -DrugPrevention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	TargetPopulation	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
9170 -DrugIntervention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	TargetPopulation	Start Date	Expected Complete Date	PHEDEPFunding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
9180 -DrugTreatment					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	TargetPopulation	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							

9190 -OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	TargetPopulation	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Sou rce)	PerformanceIndicators
1.							

Required Attachment D : Resident Member on the PHA Governing Board

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 governing board member:

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

Required Attachment E: 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.)

Gregg Smith, Merle Stalvey, Mae Jenkins, Tina Wooten, Georgia Roundtree, Shirley McCormick.

No comments on the updated FY -2003 AP.

It should be noted that the residents do not attend meetings posted in the local newspaper. This has occurred for the past few years. Therefore, the expense for publishing the notice cannot be justified.

ATTACHMENT F
PERFORMANCE AND EVALUATION REPORT FOR PERIOD ENDED 12/31/02

FY-2002 COMP Grant GA06 P08850102 -Closed Out

FY-2001 COMP Grant GA06 P08850101 -Closed Out

ATTACHMENT G
FY-2002 FOLLOW UP PLAN FOR RESIDENT ASSESSMENT

Category	Action to be Taken	TCD*
Communication	Encourage participation at public meetings	6/30/03
	Encourage resident neighborhood interaction	6/30/03
Safety	Encourage interaction with local police department	6/30/03
	Encourage residents to organize and attend safety seminars	6/30/03
Neighborhood Appearance	Encourage residents to "take ownership" of the communities and keep them clean of trash & debris	6/30/03
	Consider adopting a "fine policy" for residents who do not keep their yard trash/debris free	6/30/03

***Target Completion Date**