

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

---

Small PHA Plan Update  
Annual Plan for Fiscal Year: 4/2003

# LEE COUNTY HOUSING AUTHORITY

01/21/03

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

## PHA Plan Agency Identification

**PHA Name:** Lee County Housing Authority

**PHA Number:** 129

**PHA Fiscal Year Beginning: (mm/yyyy)** 04/2003

### PHA Plan Contact Information:

Name: Dan McCarthy, Executive Director

Phone: (229) 434-4500

TDD:

Email (if available): mccarthy@albanyhousingauthority.com

### 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

[24 CFR 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 **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

<b>Contents</b>	<u>Page #</u>
<b>Annual Plan</b>	
i. Executive Summary (optional)	2
ii. Annual Plan Information	
iii. Table of Contents	1
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	3
2. Capital Improvement Needs	4
3. Demolition and Disposition	5
4. Homeownership: Voucher Homeownership Program	6
5. Crime and Safety: PHDEP Plan	7
6. Other Information:	
A. Resident Advisory Board Consultation Process	8
B. Statement of Consistency with Consolidated Plan	8
C. Criteria for Substantial Deviations and Significant Amendments	
9	
<b>Attachments</b>	
<input checked="" type="checkbox"/> Attachment A: Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment B: Capital Fund Program Annual Statement	
<input checked="" 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 checked="" type="checkbox"/> Attachment D: Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment E: Membership of Resident Advisory Board or Boards	
<input type="checkbox"/> Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
Attachment F: Resident Survey Follow Up Plan	

## **ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

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

This Annual Plan, for the fiscal year ending March 31, 2004, is the Plan Update prepared under the requirements of the Quality Housing and Work Responsibility Act of 1998. This Plan follows the form prescribed by the U. S. Department of Housing and Urban Development, and will be submitted to their office upon its approval by the Lee County Housing Authority Board of Commissioners.

This Plan addresses nearly every aspect of the operations of the Authority. We have not made any significant changes from the previous year in this year's Update. We have reviewed all of the policies and no changes have been recommended.

## **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.

Some significant changes were a part of the Agency Plan for fiscal year beginning April 2001. These included establishments of site based waiting lists, establishment of flat rents, inclusion of a capital grant budget, establishment of a drug elimination program, incorporation of the community service requirement, and a revision to our maintenance charge schedule. This year's Plan does not have as many or as significant of changes as did the Plan for 2001. The primary changes are the Capital Fund Program budget for the coming year, and the termination of the drug elimination program due to the elimination of funding.

## **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (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? \$ 180,946.

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 at Tab C.

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

The Capital Fund Program Annual Statement is provided at Tab B.

**3. Demolition and Disposition**

[24 CFR Part 903.7 9 (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

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>
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: <u>(DD/MM/YY)</u>
5. Number of units affected: 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> 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**

[24 CFR Part 903.7 9 (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 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**

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

- Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment 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**

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs 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? NA. Program has been terminated by HUD.

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 in the body.

**6. Other Information**

[24 CFR Part 903.7 9 (r)]

**A. Resident Advisory Board (RAB) Recommendations and PHA Response  
Board Meeting held 12/11/02**

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 (File name)

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 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: (provide name here)

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: (describe below)

### **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:**

A change to a development account number on the capital fund program in excess of the greater of 10% of the grant amount or \$100,000.

#### **A. Significant Amendment or Modification to the Annual Plan:**

A change in the selection preferences for admission.

## 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
	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 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
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/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	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
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input 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

<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	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
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	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
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	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
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (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
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	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
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
X	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· 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);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· 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.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
X	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
	Troubled PHAs: MOA/Recovery Plan	Troubled PHA's
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHA Name: Lee County Housing Authority		Grant Type and Number Capital Fund Program: GA06P12950103 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 03	
<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				
3	1408 Management Improvements				
4	1410 Administration	\$15,000			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	\$20,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$145,946			
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	0			
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	\$180,946			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHA Name: Lee County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program: GA06P12950103 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 03	
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <span style="margin-left: 200px;"><input type="checkbox"/> Reserve for Disasters/ Emergencies</span> <span style="margin-left: 20px;"><input type="checkbox"/> Revised Annual Statement (revision no:    )</span>					
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <span style="margin-left: 150px;"><input type="checkbox"/> Final Performance and Evaluation Report</span>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures	\$73,115			







### Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

### Capital Fund Program Five-Year Action Plan

#### Part I: Summary

PHA Name		Housing Authority of Lee County		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2004 PHA FY: 4/1/04	Work Statement for Year 3 FFY Grant: 2005 PHA FY: 4/1/05	Work Statement for Year 4 FFY Grant: 2006 PHA FY: 4/1/06	Work Statement for Year 5 FFY Grant: 2007 PHA FY: 4/1/07
129-1 Lee	Annual Statement				100,000
129-2 Adams		40,000			
129-3 Georgene			50,000		
129-4 Battle			25,000		
129-5 Academy		35,000			
129-6 Turnkey		70,946	70,946	95,000	
129-7					
PHA wide		35,000	35,000	85,946	80,496
CFP Funds Listed for 5-year planning		180,946	180,946	180,946	180,496
Replacement Housing Factor Funds					

Capital Fund Program Five-Year Action Plan

**Part II: Supporting Pages—Work Activities**

Activities for Year 1	Activities for Year : 2004 FFY Grant: 2004 PHA FY: 4/1/04			Activities for Year: 2005 FFY Grant: 2005 PHA FY: 4/1/05		
	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
See	129-6 Turnkey			129-3 Georgene	Add AC	50,000
Annual Statement		HVAC replacement (22)	70,946	129-4 Battle	Add AC	25,000
	129-5 Academy	Add AC	35,000			
	129-2 Lee	Add AC	40,000	PHA wide (at time of vacancy)	Replace doors	50,000
					Replace floor covering	20,946
	PHA wide	A&E and Inspection	20,000		A&E and Inspection	20,000
		Administration	15,000		Administration	15,000
Total CFP Estimated Cost			\$180,946			\$180,946



## 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.**

**NA. Program terminated by HUD.**

### **Section 1: General Information/History**

**A. Amount of PHDEP Grant**

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

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 Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date 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

**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.

<b>FFY 2001 PHDEP Budget Summary</b>	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	

9116 - Gun Buyback TA Match	
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	
<b>TOTAL PHDEP FUNDING</b>	

**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—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>						<b>Total PHDEP Funding: \$</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

<b>9115 - Special Initiative</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

<b>9116 - Gun Buyback TA Match</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9120 - Security Personnel</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9130 – Employment of Investigators</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9140 – Voluntary Tenant Patrol</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9150 - Physical Improvements</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9160 - Drug Prevention</b>					<b>Total PHDEP Funding: \$25,000</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
3.							

<b>9170 - Drug Intervention</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9180 - Drug Treatment</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9190 - Other Program Costs</b>					<b>Total PHDEP Funds: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							



**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:

Sharon McCoy

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

Elected

Appointed

C. The term of appointment is (include the date term expires): 9/01/2002-8/30/03

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: 8/30/2003

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

Lee County Board of Commissioners

## **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.)

### **GA 129-1 Lee Apartments**

Gloria Hudson  
P.O. Box 812  
Leesburg, GA 31763

### **GA 129-2 Adams Apartments**

Annie McCoy  
P.O. Box 603  
Leesburg, GA 31763

### **GA 129-5 Academy Homes**

Rebecca Pressley  
156-A Fifth Street  
P.O. Box 062  
Leesburg, GA 31763

Sharon McCoy  
125-A Magnolia Avenue  
P.O. Box 1162  
Leesburg, GA 31763

### **GA 129-6 Turnkey Homes**

James Nellon  
127-A Turnkey Circle  
P.O. Box 817  
Leesburg, GA 31763

### **George Hancock**

104-A Turnkey Circle  
P.O. Box 692  
Leesburg, GA 31763

## Attachment F

# Resident Survey Follow up Plan LCHA Attachment to the Agency Plan for 2003

The LCHA scored below 75% on three categories of the Resident Survey and therefore is required to prepare a follow up plan for each of these categories. It is noted that improvement was registered in four of the five survey categories, with substantial improvement in the areas of Maintenance and Repair, and Services. The following items are planned to address each of the three categories addressed in the survey.

1. The LCHA will continue to be proactive in encouraging residents to respond to the survey. The response this year was more than twice that of 2001.
2. The LCHA will conduct one or more general resident meetings prior to the next survey period to obtain input from the residents on methods for improvement.
3. Central heating and air conditioning has been installed in 129-1, and similar work is now underway in 129-7.
4. The LCHA will continue to distribute a quarterly newsletter to residents to help to keep them informed of agency activities.
5. Other activities identified in the resident meetings.

**CIAP Budget / Progress Report**

**Part I: Summary  
Comprehensive Improvement Assistance Program (CIAP)**

**U.S. DEPARTMENT OF HOUSING  
and URBAN DEVELOPMENT**  
Office of Public and Indian Housing

OMB Approval No. 2577-0044 (Exp. 1/31/96)

Public Reporting for this collection of information is estimated to average 12.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0044), Washington, D.C. 20503. Do not send this completed form to either of these addresses.

<b>IHA Name</b> <b>HOUSING AUTHORITY OF THE COUNTY OF LEE, GEORGIA</b>	<b>Modernization Project Number</b> <b>GA06P129501</b> <b>\$190,115.00</b>	<b>FFY of Grant Approval</b> <b>2001</b>
---	--	---

Original CIAP Budget  Revised Annual Statement/Revision Number **\_01**  Progress Report for Period Ending **9/30/02** ( ) Final Progress Report

Line No.	Summary by Development Account	Total Funds Approved		Total Funds	
		Original	Revised	Obligated	Expended
1	Total Non-CIAP Funds				
2	1408 Management Improvements				
3	1410 Administration	15,000.00	11,700.90	11,700.90	9,215.55
4	1415 Liquidated Damages				
5	1430 Fees and Costs	42,500.00	51,679.00	51,679.00	47,438.90
6	1440 Site Acquisition				
7	1450 Site Improvement	13,097.00			
8	1460 Dwelling Structures	108,643.00	118,795.10	118,795.10	118,795.10
9	1465.1 Dwelling Equipment--Nonexpendable		7,940.00	7,940.00	7,940.00
10	1470 Nondwelling Structures				
11	1475 Nondwelling Equipment				
12	1495.1 Relocation Costs				
13	1502.0 Contingency	10,875.00			
14	Amount of CIAP Grant (Sum of lines 2-12)	190,115.00	190,115.00	190,115.00	183,389.55
15	Amount of line 13 Related to LBP Testing				
16	Amount of line 13 Related to LBP Abatement				
17	Amount of line 13 Related to Section 504 Compliance				

Signature of Executive Director and Date          <b>X</b>	HUD Certification: In approving this budget and providing assistance to a specific housing development(s) I hereby certify that the assistance will not be more than is necessary to make the assisted activity feasible after taking into account assistance from other government sources (245 CFR 12.50).   Signature of Field Office Manager (or Regional Administrator in co-located office)   <b>X</b>
--	--

**form HUD-52825 (3/93)**  
ref Handbook 7485.1

LEE COUNTY HOUSING AUTHORITY

Grant No. GA06P129 501 01

Development Number	Description of Work Items	Development Account Number	Funds Approved			Funds Obligated	Funds Expended
			Original	Revised	Difference		
129-1	ADMINISTRATION	2.1410.0501.01	15,000.00	11,700.90	3,299.10	11,700.90	9,215.55
	A & E AND INSPECTORS	2.1430.0501.01	42,500.00	42,500.00	0.00	42,500.00	47,438.90
	CONTINGENCY	2.1502.0501.01	10,875.00	0.00	10,875.00		
	SITE IMPROVEMENTS	2.1450.0501.01	13,097.00	0.00	13,097.00		
	REPLACE RANGES & REFRIGERATORS	2.1465.0501.01	11,200.00	7,940.00	3,260.00	7,940.00	7,940.00
	BATH VENT HOODS	2.1460.0501.01	3,200.00	3,200.00		3,200.00	3,200.00
	RANGE VENT HOODS	2.1460.0501.01	3,200.00	3,200.00		3,200.00	3,200.00
	REPLACE HEATERS & CENTRAL	2.1460.0501.01	91,043.00	112,395.10	(21,352.10)	112,395.10	112,395.10
129-1 TOTAL			<b>190,115.00</b>	<b>180,936.00</b>	<b>9,179.00</b>	<b>180,936.00</b>	<b>183,389.55</b>
129-7	A & E AND INSPECTORS	2.1430.0501.07	<b>0.00</b>	<b>9,179.00</b>	<b>(9,179.00)</b>	<b>9,179.00</b>	<b>0.00</b>
<b>CFP 501-01</b>	TOTALS FOR #501 2001		<b>190,115.00</b>	<b>190,115.00</b>	<b>0.00</b>	<b>190,115.00</b>	<b>183,389.55</b>

**CIAP Budget / Progress Report**  
**Part III: Implementation Schedule**  
**Comprehensive Improvement Assistance Program (CIAP)**

**U.S. DEPARTMENT OF HOUSING**  
**and URBAN DEVELOPMENT**  
 Office of Public and Indian Housing

LEE COUNTY HOUSING AUTHORITY

Grant # GA06P129 501 01

Development Number	First Architect/Engineer Contract Awarded			All Funds Obligated			All Funds Expended		
	Original	Revised	Actual	Original	Revised	Actual	Original	Revised	Actual
		(attach explanation)			(attach explanation)			(attach explanation)	
GA 129-1	9/30/2002		5/1/2002	9/30/2002		11/01/02	9/30/2003		
GA 129-7	9/30/2002		5/27/2002	9/30/2002		5/27/2002	9/30/2003		

**CIAP Budget / Progress Report**

**Part I: Summary  
Comprehensive Improvement Assistance Program (CIAP)**

**U.S. DEPARTMENT OF HOUSING  
and URBAN DEVELOPMENT**  
Office of Public and Indian Housing

OMB Approval No. 2577-0044 (Exp. 1/31/96)

Public Reporting for this collection of information is estimated to average 12.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0044), Washington, D.C. 20503. Do not send this completed form to either of these addresses.

<b>IHA Name</b> <b>HOUSING AUTHORITY OF THE COUNTY OF LEE, GEORGIA</b>	<b>Modernization Project Number</b> <b>GA06P129502</b> <b>\$180,946.00</b>	<b>FFY of Grant Approval</b> <b>2002</b>
---	--	---

Original CIAP Budget     Revised Annual Statement/Revision Number 01     Progress Report for Period Ending 9/30/02    ( ) Final Progress Report

Line No.	Summary by Development Account	Total Funds Approved		Total Funds	
		Original	Revised	Obligated	Expended
1	Total Non-CIAP Funds				
2	1408 Management Improvements				
3	1410 Administration	15,000.00	15,000.00		
4	1415 Liquidated Damages				
5	1430 Fees and Costs	35,000.00	25,821.00	12,588.00	
6	1440 Site Acquisition				
7	1450 Site Improvement	5,000.00	14,179.00		
8	1460 Dwelling Structures	124,831.00	124,831.00		
9	1465.1 Dwelling Equipment--Nonexpendable				
10	1470 Nondwelling Structures				
11	1475 Nondwelling Equipment				
12	1495.1 Relocation Costs	1,115.00	1,115.00		
13	1502.0 Contingency				
14	Amount of CIAP Grant (Sum of lines 2-12)	180,946.00	180,946.00	12,588.00	0.00
15	Amount of line 13 Related to LBP Testing				
16	Amount of line 13 Related to LBP Abatement				
17	Amount of line 13 Related to Section 504 Compliance				

Signature of Executive Director and Date  <b>X</b>	HUD Certification: In approving this budget and providing assistance to a specific housing development(s) I hereby certify that the assistance will not be more than is necessary to make the assisted activity feasible after taking into account assistance from other government sources (245 CFR 12.50).  Signature of Field Office Manager (or Regional Administrator in co-located office)  <b>X</b>
--	--

**form HUD-52825 (3/93)**  
ref Handbook 7485.1

LEE COUNTY HOUSING AUTHORITY

Grant No. GA06P129 501 02

Development Number	Description of Work Items	Development Account Number	Funds Approved			Funds Obligated	Funds Expended
			Original	Revised	Difference		
129-7	ADMINISTRATION	2.1410.0501.02	15,000.00	15,000.00		12,588.00	
	A & E AND INSPECTORS	2.1430.0501.02	35,000.00	25,821.00			
	SITE IMPROVEMENTS	2.1450.5011.02	5,000.00	14,179.00			
	REPLACE HVAC	2.1460.0501.02	38,831.00	38,831.00			
	REPLACE PLUMBING FIXTURES	2.1460.0501.02	9,000.00	9,000.00			
	REPLACE WINDOWS	2.1460.0501.02	10,000.00	10,000.00			
	REPLACE CABINETS	2.1460.0501.02	18,000.00	18,000.00			
	REPLAC EXTERIOR DOORS	2.1460.0501.02	5,000.00	5,000.00			
	REPLACE SCREEN DOORS	2.1460.0501.02	4,000.00	4,000.00			
	REOLACE FLOOR JOISTS	2.1460.0501.02	10,000.00	10,000.00			
	REOLACE FLOOR ING	2.1460.0501.02	10,000.00	10,000.00			
	UPGRADE ELECTRICAL	2.1460.0501.02	9,000.00	9,000.00			
	REPAIR DAMAGED BRICK	2.1460.0501.02	1,000.00	1,000.00			
	ROOF REPLACEMENT	2.1460.0501.02	10,000.00	10,000.00			
	2.1495.0501.02	1,115.00	1,115.00				
CFP 501-01	<b>TOTALS FOR # 501 2002</b>		<b>180,946.00</b>	<b>180,946.00</b>	<b>0.00</b>	<b>12,588.00</b>	<b>0.00</b>

**CIAP Budget / Progress Report**  
**Part III: Implementation Schedule**  
**Comprehensive Improvement Assistance Program (CIAP)**

**U.S. DEPARTMENT OF HOUSING**  
**and URBAN DEVELOPMENT**  
 Office of Public and Indian Housing

LEE COUNTY HOUSING AUTHORITY

Grant # GA06P129 501 02

Development Number	First Architect/Engineer Contract Awarded			All Funds Obligated			All Funds Expended		
	Original	Revised	Actual	Original	Revised	Actual	Original	Revised	Actual
		(attach explanation)			(attach explanation)			(attach explanation)	
GA 129-7	9/30/2003			9/30/2004					