

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

**Small PHA Plan Update**

**Annual Plan for Fiscal Year:** \_\_\_\_\_

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



**PHA Plan  
Agency Identification**

**PHAName: Low Rent Housing Agency Red Oak**

**PHANumber: IA044**

**PHA Fiscal Year Beginning: 10 -01-2003**

**PHA Plan Contact Information:**

**Name: Karon Millikan**

**Phone: 712623 -4558**

**TDD:**

**Email (if available): acorna@redoak.heartland.net**

**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**

**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 Programs Administered:**

**Public Housing Only**



**Annual PHA Plan  
Fiscal Year 20  
[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 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.

**Annual Plan Information**

**Table of Contents**

**Description of Policy and Program Changes for the Upcoming Fiscal Year**

**Capital Improvement Needs**

**Demolition and Disposition**

**Homeownership: Voucher Homeownership Program**

**Crime and Safety: PHDEP Plan**

**Other Information:**

**Resident Advisory Board Consultation Process**

**Statement of Consistency with Consolidated Plan**

**Criteria for or Substantial Deviations and Significant Amendments**

**Attachments**

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

**Attachment \_\_: Capital Fund Program Annual Statement**

**Attachment \_\_: Capital Fund Program 5 Year Action Plan**

**Attachment \_\_: Capital Fund Program Replacement Housing Factor Annual Statement**

**Attachment \_\_: Public Housing Drug Elimination Program (PHDEP)**

**Plan**

**Attachment \_\_: Resident Membership on PHA Board or Governing Body**

**Attachment \_\_: 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)**

**Other (List below, providing each attachment name)**

**ii. Executive Summary**

[24CFR Part 903.79(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 = SPHA Plan that are not covered in other sections of this Update.

**2. Capital Improvement Needs**

[24CFR Part 903.79(g)]

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

**A. Yes: 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? \$70,849.00**

**C. Yes 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**

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

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

The Capital Fund Program Annual Statement is provided as Attachment

**3.D Demolition and Disposition**

[24CFR Part 903.79(h)]

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

**1. 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 A No @, skip to next component; if A 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>
<b>1a. Development name:</b>
<b>1b. Development (project) number:</b>
<b>2. Activity type: Demolition</b>

<b>Disposition</b>
<b>3. Application status (select one)</b> Approved Submitted, pending approval Planned application
<b>4. Date application approved, submitted, or planned for submission:</b> <b>(DD/MM/YY)</b>
<b>5. Number of units affected:</b> <b>6. Coverage of action (select one)</b> Part of the development Total development
<b>7. Relocation resources (select all that apply)</b> Section 8 for units Public housing for units Preference for admission to other public housing or section 8 Other housing for units (describe below)
<b>8. Timeline for activity:</b> 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. 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 **ANo@**, skip to next component; if **Ayes@**, 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 resources **=S**

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.  
No: Is the PHA eligible to participate in the PHDEP in the next 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. No Does the PH A plant to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

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

**6. Other Information**

[24CFR Part 903.79(r)]

Resident Advisory Board (RAB) Recommendations and PHA Response

1. 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

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).

[Empty text box for statement]

1. Consolidated Plan jurisdiction: (the State of Iowa)

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)

X: 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)

PHAs request for support from the Consolidated Plan Agency

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 in 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

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. MODIFICATIONS ARE DEFINED AS DISCRETIONARY CHANGE IN THE PLAN OR POLICIES OF THE HOUSING AUTHORITY THAT FUNDAMENTALLY CHANGE THE MISSION, GOALS, OBJECTIVES, OR PLANS OF THE AGENCY AND WHICH REQUIRES FORMAL APPROVAL OF THE BOARD OF COMMISSIONERS.

A. Substantial Deviation from the 5-year Plan:

B. Significant Amendment or Modification to the Annual Plan: NONE



**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
X	PHA Plan Certification 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 jurisdiction 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
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
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the	Annual Plan: Rent

Applicable & On Display	Supporting Document	Related Plan Component
	method for setting public housing flat rents check here if included in the public housing A & O Policy	Determination
X	Schedule of flat rents offered each public housing development check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
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
N/A	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 check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures 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
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

Applicable & On Display	Supporting Document	Related Plan Component
		<b>Disposition</b>
N/A	Approvedorsubmittedapplicationsfordesignationofpublic housing(DesignatedHousingPlans)	AnnualPlan: DesignationofPublic Housing
N/A	Approvedorsubmittedassessmentsofreasonable revitalizationofpublichousingandapprovedorsubmitted conversionplanspreparedpursuanttosection202ofthe1996 HUDAppropriationsAct,Section22oftheUSHousingActof 1937,orSection33ofthe USHousingActof1937	AnnualPlan: ConversionofPublic Housing
N/A	Approvedorsubmittedpublichousinghomeownership programs/plans	AnnualPlan: Homeownership
N/A	PoliciesgoverninganySection8Homeownershipprogram (section_____oftheSection8AdministrativePlan)	AnnualPlan: Homeownership
N/A	CooperationagreementbetweenthePHAandtheTANF agencyandbetweenthePHAandlocalemploymentand trainingserviceagencies	AnnualPlan: CommunityService& Self-Sufficiency
N/A	FSSActionPlan/sforpublichousingand/orSection8	AnnualPlan: CommunityService& Self-Sufficiency
N/A	Section3documentationrequiredby24CFRPart135, SubpartE	AnnualPlan: CommunityService& Self-Sufficiency
N/A	Mostrecentself -sufficiency(ED/SS,TOPorROSSorother residentservicesgrant)grantprogramreports	AnnualPlan: CommunityService& Self-Sufficiency
N/A	ThemostrecentPublicHousingDrugEliminationProgram (PHDEP)semi -annualperformancereport	AnnualPlan:Safety andCrimePrevention
N/A	PHDEP-relateddocumentation: \$Baselinelawenforcementservicesforpublichousing developmentsassistedunderthePHDEPplan; \$Consortiumagreement/sbetweenthePHAs participatingintheconsortiumandacopyofthe paymentagreementbetweentheconsortiumandHUD (applicableonlyt oPHAsparticipatinginaconsortium aspecifiedunder24CFR761.15); \$Partnershipagreements(indicatingspecificleveraged support)withagencies/organizationsproviding funding,servicesorotherin -kindresourcesforPHDEP - fundedactivities; \$Coordinationwithotherlawenforcementefforts; \$Writtenagreement(s)withlocallawenforcement agencies(receivinganyPHDEPfund);and \$Allcrimestatisticsandotherrelevantdata(including PartlandspecifiedPartIIcrimes)thatestablishneed forthep ublichousingsitesassistedunderthePHDEP Plan.	AnnualPlan:Safety andCrime Prevention
	PolicyonOwnershipofPetsinPublicHousingFamily	PetPolicy

Applicable & On Display	Supporting Document	Related Plan Component
<b>X</b>	Developments (as required by regulation at 24 CFR Part 960, Subpart G) check here if included in the public housing A & O Policy	
<b>X</b>	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
<b>N/A</b>	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

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Table Library

<b>Annual Statement/Performance and Evaluation Report</b>					
PHAName:LRHADBAACORNACRES			Grant Type and Number Capital Fund		Federal F
Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no: )					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	
1	Total non -CFP Funds				
2	1406 Operations	\$7,085			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$7,085			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$56,679			
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment C Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 -19)	\$70,849			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504				

	<b>Compliance</b>				
<b>23</b>	<b>Amount of line 20 Related to Security</b>				
<b>24</b>	<b>Amount of line 20 Related to Energy Conservation Measures</b>				



Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended







**Capital Fund Program 5 - Year Action Plan**

Complete on a 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.

CFP5 - Year Action Plan		
Original statement		Revised statement
Development Number IA044	Development Name (or indicate PHA wide) LRHA Red Oak dba Acorn Acres	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Driveway, sidewalks, landscaping, new sign, benches, operations	\$70,849	8/01/2003
Vinyl and carpeting living room/kitchen, operations	\$70,849	08/01/2004
Replacement stools, cabinets, new lighting over tubs, new flooring bathroom, operations	\$70,849	08/01/2005
Equipment Update office & shop, operations (copiers, printers, mowers, snow equipment, washer/dryers)	\$70,849	08/01/2006
Water heaters, kitchen window, extra parking, sun room on community room, operations	\$70,849	08/01/2007
		08/01/2007
<b>Total estimated cost over next 5 years</b>	<b>\$354,245.00</b>	



## PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD50075 - 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 Ax@) 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

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 Area (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 Ax@ to indicate the length of program by # of months. For 12 months, identify the # of months). 24 Months \_\_\_\_\_

### G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an Ax@ 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 Dates should include any HUD -approved extensions or waivers. For grant extensions received, place AGE@ in column or AW@ for waivers.

**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 500 sentences.

**B. PHDEP Budget Summary**

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


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

9110 - Reimbursement of Law Enforcement		Total PHDEP Funding: \$					
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>9115 -SpecialInitiative</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>PerformanceIndicators</b>
1.							
2.							
3.							

<b>9116 -GunBuybackTAMatch</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>PerformanceIndicators</b>
1.							
2.							

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

<b>9120 -Security Personnel</b>		<b>Total PHEDEP 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>9130 B Employment of Investigators</b>					<b>Total PHEDEP Funding:\$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators

	Served						
1.							
2.							
3.							

<b>9140 B Voluntary Tenant Patrol</b>						<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>PHDEP Funding</b>	<b>Other Funding (Amount/Source)</b>	<b>Performance Indicators</b>
1.							
2.							
3.							

<b>9150 - Physical Improvements</b>						<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>PHDEP Funding</b>	<b>Other Funding (Amount/Source)</b>	<b>Performance Indicators</b>

1.							
2.							
3.							

<b>9160 -DrugPrevention</b>					<b>TotalPHDEPFunding:\$</b>		
<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>PerformanceIndicators</b>
1.							
2.							
3.							

<b>9170 -DrugIntervention</b>					<b>TotalPHDEPFunding:\$</b>		
<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>PerformanceIndicators</b>
1.							
2.							
3.							

<b>9180 -DrugTreatment</b>					<b>TotalPHDEPFunding:\$</b>		
<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>PerformanceIndicators</b>
1.							
2.							
3.							

<b>9190 -OtherProgramCosts</b>					<b>TotalPHDEPFunds:\$</b>		
<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>PerformanceIndicators</b>
1.							
2.							
3.							



**Required Attachment IA 044b04: Resident Member on the PHA  
Governing Board**

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

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

**EDWARDSHOOK**

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

**Elected**

**Appointed**

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

**JAN.2004**

**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:**

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

**Required Attachment IA044c04: 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.)**

**Acorn Acres Resident Council**

**President: Vivian Ellis  
Vice President: Batty Flaten  
Secretary: Dorothy Beam  
Treasurer: Mary Armstrong  
Alternate: Linda Hardy**

**Any resident living at Acorn Acres, who wishes to participate, is considered a member of the council. Officers are elected.**

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

**Small PHA Plan Update**

**Annual Plan for Fiscal Year:** \_\_\_\_\_

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



**PHA Plan  
Agency Identification**

**PHAName: Low Rent Housing Agency Red Oak**

**PHANumber: IA044**

**PHA Fiscal Year Beginning: 10 -01-2003**

**PHA Plan Contact Information:**

**Name: Karon Millikan**

**Phone: 712623 -4558**

**TDD:**

**Email (if available): acorna@redoak.heartland.net**

**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**

**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 Programs Administered:**

**Public Housing Only**



**Annual PHA Plan  
Fiscal Year 20  
[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 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.

**Annual Plan Information**

**Table of Contents**

**Description of Policy and Program Changes for the Upcoming Fiscal Year**

**Capital Improvement Needs**

**Demolition and Disposition**

**Homeownership: Voucher Homeownership Program**

**Crime and Safety: PHDEP Plan**

**Other Information:**

**Resident Advisory Board Consultation Process**

**Statement of Consistency with Consolidated Plan**

**Criteria for or Substantial Deviations and Significant Amendments**

**Attachments**

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

**Attachment \_\_: Capital Fund Program Annual Statement**

**Attachment \_\_: Capital Fund Program 5 Year Action Plan**

**Attachment \_\_: Capital Fund Program Replacement Housing Factor Annual Statement**

**Attachment \_\_: Public Housing Drug Elimination Program (PHDEP)**

**Plan**

**Attachment \_\_: Resident Membership on PHA Board or Governing Body**

**Attachment \_\_: 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)**

**Other (List below, providing each attachment name)**

**ii. Executive Summary**

[24CFR Part 903.79(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 = SPHA Plan that are not covered in other sections of this Update.

**2. Capital Improvement Needs**

[24CFR Part 903.79(g)]

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

**A. Yes: 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? \$70,849.00**

**C. Yes      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**

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

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

The Capital Fund Program Annual Statement is provided as Attachment

**3.D Demolition and Disposition**

[24CFR Part 903.79(h)]

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

**1. 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      A No @ , skip to next component; if A 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>
<b>1a. Development name:</b>
<b>1b. Development (project) number:</b>
<b>2. Activity type: Demolition</b>

<b>Disposition</b>
<b>3. Application status (select one)</b> Approved Submitted, pending approval Planned application
<b>4. Date application approved, submitted, or planned for submission:</b> <b>(DD/MM/YY)</b>
<b>5. Number of units affected:</b> <b>6. Coverage of action (select one)</b> Part of the development Total development
<b>7. Relocation resources (select all that apply)</b> Section 8 for units Public housing for units Preference for admission to other public housing or section 8 Other housing for units (describe below)
<b>8. Timeline for activity:</b> 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. 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 **ANo@**, skip to next component; if **Ayes@**, 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 resources **=S**

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.  
No: Is the PHA eligible to participate in the PHDEP in the next 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. No Does the PH A plant to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

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

**6. Other Information**

[24CFR Part 903.79(r)]

Resident Advisory Board (RAB) Recommendations and PHA Response

1. 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

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: (the State of Iowa)

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)

X: 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)

PHAR equests for support from the Consolidated Plan Agency

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 in 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

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. SUBSTANTIAL DEVIATION OR SIGNIFICANT AMENDMENT IS OR MODIFICATION ARE DEFINED AS DISCRETIONARY CHANGE IN THE PLAN OR POLICIES OF THE HOUSING AUTHORITY THAT FUNDAMENTALLY CHANGE THE MISSION, GOALS, OBJECTIVES, OR PLANS OF THE AGENCY AND WHICH REQUIRES FORMAL APPROVAL OF THE BOARD OF COMMISSIONERS.

A. Substantial Deviation from the 5-year Plan:

B. Significant Amendment or Modification to the Annual Plan: NONE



**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
X	PHA Plan Certification 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 jurisdiction 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
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
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the	Annual Plan: Rent

Applicable & On Display	Supporting Document	Related Plan Component
	method for setting public housing flat rents check here if included in the public housing A & O Policy	Determination
X	Schedule of flat rents offered at each public housing development check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
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
N/A	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 check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures 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
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

Applicable & On Display	Supporting Document	Related Plan Component
		<b>Disposition</b>
N/A	Approvedorsubmittedapplicationsfordesignationofpublic housing(DesignatedHousingPlans)	AnnualPlan: DesignationofPublic Housing
N/A	Approvedorsubmittedassessmentsofreasonable revitalizationofpublichousingandapprovedorsubmitted conversionplanspreparedpursuanttosection202ofthe1996 HUDAppropriationsAct,Section22oftheUSHousingActof 1937,orSection33ofthe USHousingActof1937	AnnualPlan: ConversionofPublic Housing
N/A	Approvedorsubmittedpublichousinghomeownership programs/plans	AnnualPlan: Homeownership
N/A	PoliciesgoverninganySection8Homeownershipprogram (section_____oftheSection8AdministrativePlan)	AnnualPlan: Homeownership
N/A	CooperationagreementbetweenthePHAandtheTANF agencyandbetweenthePHAandlocalemploymentand trainingserviceagencies	AnnualPlan: CommunityService& Self-Sufficiency
N/A	FSSActionPlan/sforpublichousingand/orSection8	AnnualPlan: CommunityService& Self-Sufficiency
N/A	Section3documentationrequiredby24CFRPart135, SubpartE	AnnualPlan: CommunityService& Self-Sufficiency
N/A	Mostrecentself -sufficiency(ED/SS,TOPorROSSorother residentservicesgrant)grantprogramreports	AnnualPlan: CommunityService& Self-Sufficiency
N/A	ThemostrecentPublicHousingDrugEliminationProgram (PHDEP)semi -annualperformancereport	AnnualPlan:Safety andCrimePrevention
N/A	PHDEP-relateddocumentation: \$Baselinelawenforcementservicesforpublichousing developmentsassistedunderthePHDEPplan; \$Consortiumagreement/sbetweenthePHAs participatingintheconsortiumandacopyofthe paymentagreementbetweentheconsortiumandHUD (applicableonlyt oPHAsparticipatinginaconsortium aspecifiedunder24CFR761.15); \$Partnershipagreements(indicatingspecificleveraged support)withagencies/organizationsproviding funding,servicesorotherin -kindresourcesforPHDEP - fundedactivities; \$Coordinationwithotherlawenforcementefforts; \$Writtenagreement(s)withlocallawenforcement agencies(receivinganyPHDEPfund);and \$Allcrimestatisticsandotherrelevantdata(including PartlandspecifiedPartIIcrimes)thatestablishneed forthep ublichousingsitesassistedunderthePHDEP Plan.	AnnualPlan:Safety andCrime Prevention
	PolicyonOwnershipofPetsinPublicHousingFamily	PetPolicy

Applicable & On Display	Supporting Document	Related Plan Component
<b>X</b>	Developments (as required by regulation at 24 CFR Part 960, Subpart G) check here if included in the public housing A & O Policy	
<b>X</b>	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
<b>N/A</b>	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

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Table Library

<b>Annual Statement/Performance and Evaluation Report</b>					
PHAName:LRHADBAACORNACRES			GrantTypeandNumberCapitalFund		FederalF
OriginalAnnualStatement ReserveforDisasters/EmergenciesRevisedAnnualStatement(revisionno: )					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	
1	Totalnon -CFPFunds				
2	1406Operations	\$7,085			
3	1408ManagementImprovements				
4	1410Administration				
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts	\$7,085			
8	1440SiteAcquisition				
9	1450SiteImprovement	\$56,679			
10	1460DwellingStructures				
11	1465.1DwellingEquipment CNonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	\$70,849			
21	Amountofline20RelatedtoLBPActivities				
22	Amountofline20RelatedtoSection504				

	<b>Compliance</b>				
<b>23</b>	<b>Amount of line 20 Related to Security</b>				
<b>24</b>	<b>Amount of line 20 Related to Energy Conservation Measures</b>				



Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended







### Capital Fund Program 5 - Year Action Plan

Complete on a 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.

CFP5 - Year Action Plan		
Original statement		Revised statement
Development Number	Development Name	
IA044	(or indicate PHA wide) LRHA Red Oak dba Acorn Acres	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Driveway, sidewalks, landscaping, new sign, benches, operations	\$70,849	8/01/2003
Vinyl and carpeting living room/kitchen, operations	\$70,849	08/01/2004
Replacement stools, cabinets, new lighting over tubs, new flooring bathroom, operations	\$70,849	08/01/2005
Equipment Update office & shop, operations (copiers, printers, mowers, snow equipment, washer/dryers)	\$70,849	08/01/2006
Water heaters, kitchen window, extra parking, sun room on community room, operations	\$70,849	08/01/2007
		08/01/2007
<b>Total estimated cost over next 5 years</b>	<b>\$354,245.00</b>	



## PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD50075 - 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 Ax@) 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

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 Ax@ to indicate the length of program by # of months. For 12 months, identify the # of months). 24 Months \_\_\_\_\_

### G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an Ax@ 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 Dates should include any HUD -approved extensions or waivers. For grant extensions received, place AGE@ in column or AW@ for waivers.

**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 500 sentences.

**B. PHDEP Budget Summary**

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


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

Goal(s)	Total PHDEP Funding \$						Performance Indicators
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	
9110 Reimbursement of Law Enforcement							

1.							
2.							
3.							

<b>9115 -SpecialInitiative</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>PerformanceIndicators</b>
1.							
2.							
3.							

<b>9116 -GunBuybackTAMatch</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>PerformanceIndicators</b>
1.							
2.							

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

<b>9120 -Security Personnel</b>		<b>Total PHEDEP 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>9130 B Employment of Investigators</b>		<b>Total PHEDEP Funding:\$</b>					
Goal(s)							
Objectives							
Proposed Activities	# of Persons	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators

	Served						
1.							
2.							
3.							

<b>9140 B Voluntary Tenant Patrol</b>						<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>PHDEP Funding</b>	<b>Other Funding (Amount/Source)</b>	<b>Performance Indicators</b>
1.							
2.							
3.							

<b>9150 - Physical Improvements</b>						<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>PHDEP Funding</b>	<b>Other Funding (Amount/Source)</b>	<b>Performance Indicators</b>

1.							
2.							
3.							

<b>9160 -DrugPrevention</b>					<b>TotalPHDEPFunding:\$</b>		
<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>PerformanceIndicators</b>
1.							
2.							
3.							

<b>9170 -DrugIntervention</b>					<b>TotalPHDEPFunding:\$</b>		
<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>PerformanceIndicators</b>
1.							
2.							
3.							

<b>9180 -Drug Treatment</b>					<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 Indicators</b>
1.							
2.							
3.							

<b>9190 -Other Program Costs</b>					<b>Total PHDEP Funds:\$</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 Indicators</b>
1.							
2.							
3.							



**Required Attachment IA 044b04: Resident Member on the PHA  
Governing Board**

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

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

**EDWARDSHOOK**

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

**Elected**

**Appointed**

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

**JAN. 2004**

**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:**

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

**Required Attachment IA 044c04: 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.)**

**Acorn Acres Resident Council**

**President: Vivian Ellis**

**Vice President: Batty Flaten**

**Secretary: Dorothy Beam**

**Treasurer: Mary Armstrong**

**Alternate: Linda Hardy**

**Any resident living at Acorn Acres, who wishes to participate, is considered a member of the council. Officers are elected.**

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

**Small PHA Plan Update**

**Annual Plan for Fiscal Year:** \_\_\_\_\_

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



**PHA Plan  
Agency Identification**

**PHAName: Low Rent Housing Agency Red Oak**

**PHANumber: IA044**

**PHA Fiscal Year Beginning: 10 -01-2003**

**PHA Plan Contact Information:**

**Name: Karon Millikan**

**Phone: 712623 -4558**

**TDD:**

**Email (if available): acorna@redoak.heartland.net**

**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**

**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 Programs Administered:**

**Public Housing Only**



**Annual PHA Plan  
Fiscal Year 20  
[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 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.

**Annual Plan Information**

**Table of Contents**

**Description of Policy and Program Changes for the Upcoming Fiscal Year**

**Capital Improvement Needs**

**Demolition and Disposition**

**Homeownership: Voucher Homeownership Program**

**Crime and Safety: PHDEP Plan**

**Other Information:**

**Resident Advisory Board Consultation Process**

**Statement of Consistency with Consolidated Plan**

**Criteria for or Substantial Deviations and Significant Amendments**

**Attachments**

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

**Attachment \_\_: Capital Fund Program Annual Statement**

**Attachment \_\_: Capital Fund Program 5 Year Action Plan**

**Attachment \_\_: Capital Fund Program Replacement Housing Factor Annual Statement**

**Attachment \_\_: Public Housing Drug Elimination Program (PHDEP)**

**Plan**

**Attachment \_\_: Resident Membership on PHA Board or Governing Body**

**Attachment \_\_: 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)**

**Other (List below, providing each attachment name)**

**ii. Executive Summary**

[24CFR Part 903.79(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 = SPHA Plan that are not covered in other sections of this Update.

**2. Capital Improvement Needs**

[24CFR Part 903.79(g)]

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

**A. Yes: 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? \$70,849.00**

**C. Yes  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**

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

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

The Capital Fund Program Annual Statement is provided as Attachment

**3.D Demolition and Disposition**

[24CFR Part 903.79(h)]

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

**1. 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 A 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>
<b>1a. Development name:</b>
<b>1b. Development (project) number:</b>
<b>2. Activity type: Demolition</b>

<b>Disposition</b>
<b>3. Application status (select one)</b> Approved Submitted, pending approval Planned application
<b>4. Date application approved, submitted, or planned for submission:</b> <b>(DD/MM/YY)</b>
<b>5. Number of units affected:</b> <b>6. Coverage of action (select one)</b> Part of the development Total development
<b>7. Relocation resources (select all that apply)</b> Section 8 for units Public housing for units Preference for admission to other public housing or section 8 Other housing for units (describe below)
<b>8. Timeline for activity:</b> 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. 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 **ANo@**, skip to next component; if **Ayes@**, 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 resources **=S**

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.  
No: Is the PHA eligible to participate in the PHDEP in the next 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. No Does the PH A plant to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

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

**6. Other Information**

[24CFR Part 903.79(r)]

Resident Advisory Board (RAB) Recommendations and PHA Response

1. 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

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).

[Empty text box for statement]

1. Consolidated Plan jurisdiction: (the State of Iowa)

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)

X: 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)

PHAR equests for support from the Consolidated Plan Agency

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 in 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

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. SUBSTANTIAL DEVIATION OR SIGNIFICANT AMENDMENT IS OR MODIFICATION ARE DEFINED AS DISCRETIONARY CHANGE IN THE PLAN OR POLICIES OF THE HOUSING AUTHORITY THAT FUNDAMENTALLY CHANGE THE MISSION, GOALS, OBJECTIVES, OR PLANS OF THE AGENCY AND WHICH REQUIRES FORMAL APPROVAL OF THE BOARD OF COMMISSIONERS.

A. Substantial Deviation from the 5-year Plan:

B. Significant Amendment or Modification to the Annual Plan: NONE



**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
X	PHA Plan Certification 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 jurisdiction 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
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
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the	Annual Plan: Rent

Applicable & On Display	Supporting Document	Related Plan Component
	method for setting public housing flat rents check here if included in the public housing A & O Policy	Determination
X	Schedule of flat rents offered at each public housing development check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
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
N/A	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 check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures 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
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
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

Applicable & On Display	Supporting Document	Related Plan Component
		<b>Disposition</b>
N/A	Approvedorsubmittedapplicationsfordesignationofpublic housing(DesignatedHousingPlans)	AnnualPlan: DesignationofPublic Housing
N/A	Approvedorsubmittedassessmentsofreasonable revitalizationofpublichousingandapprovedorsubmitted conversionplanspreparedpursuanttosection202ofthe1996 HUDAppropriationsAct,Section22oftheUSHousingActof 1937,orSection33ofthe USHousingActof1937	AnnualPlan: ConversionofPublic Housing
N/A	Approvedorsubmittedpublichousinghomeownership programs/plans	AnnualPlan: Homeownership
N/A	PoliciesgoverninganySection8Homeownershipprogram (section_____oftheSection8AdministrativePlan)	AnnualPlan: Homeownership
N/A	CooperationagreementbetweenthePHAandtheTANF agencyandbetweenthePHAandlocalemploymentand trainingserviceagencies	AnnualPlan: CommunityService& Self-Sufficiency
N/A	FSSActionPlan/sforpublichousingand/orSection8	AnnualPlan: CommunityService& Self-Sufficiency
N/A	Section3documentationrequiredby24CFRPart135, SubpartE	AnnualPlan: CommunityService& Self-Sufficiency
N/A	Mostrecentself -sufficiency(ED/SS,TOPorROSSorother residentservicesgrant)grantprogramreports	AnnualPlan: CommunityService& Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi -annual performance report	AnnualPlan: Safety and Crime Prevention
N/A	PHDEP-related documentation: \$ 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 24CFR 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 crimes) that establish need for the public housing sites assisted under the PHDEP Plan.	AnnualPlan: Safety and Crime Prevention
	Policy on Ownership of Pets in Public Housing Family	Pet Policy

Applicable & On Display	Supporting Document	Related Plan Component
<b>X</b>	Developments (as required by regulation at 24 CFR Part 960, Subpart G) check here if included in the public housing A & O Policy	
<b>X</b>	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
<b>N/A</b>	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Small PHA Plan Update Page 5  
Table Library

<b>Annual Statement/Performance and Evaluation Report</b>					
PHAName:LRHADBAACORNACRES			GrantTypeandNumberCapitalFund		FederalF
OriginalAnnualStatement ReserveforDisasters/EmergenciesRevisedAnnualStatement(revisionno: )					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	
1	Totalnon -CFPFunds				
2	1406Operations	\$7,085			
3	1408ManagementImprovements				
4	1410Administration				
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts	\$7,085			
8	1440SiteAcquisition				
9	1450SiteImprovement	\$56,679			
10	1460DwellingStructures				
11	1465.1DwellingEquipment CNonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	\$70,849			
21	Amountofline20RelatedtoLBPActivities				
22	Amountofline20RelatedtoSection504				

	<b>Compliance</b>				
<b>23</b>	<b>Amount of line 20 Related to Security</b>				
<b>24</b>	<b>Amount of line 20 Related to Energy Conservation Measures</b>				



Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended







### Capital Fund Program 5 - Year Action Plan

Complete on a 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.

CFP5 - Year Action Plan		
Original statement		Revised statement
Development Number IA044	Development Name (or indicate PHA wide) LRHA Red Oak dba Acorn Acres	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Driveway, sidewalks, landscaping, new sign, benches, operations	\$70,849	8/01/2003
Vinyl and carpeting living room/kitchen, operations	\$70,849	08/01/2004
Replacement stools, cabinets, new lighting over tubs, new flooring bathroom, operations	\$70,849	08/01/2005
Equipment Update office & shop, operations (copiers, printers, mowers, snow equipment, washer/dryers)	\$70,849	08/01/2006
Water heaters, kitchen window, extra parking, sun room on community room, operations	\$70,849	08/01/2007
		08/01/2007
<b>Total estimated cost over next 5 years</b>	<b>\$354,245.00</b>	



# PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD50075 - 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 Ax@) 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

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 Area (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 Ax@ to indicate the length of program by # of months. For 12 months, identify the # of months). 24 Months \_\_\_\_\_

## G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an Ax@ 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 Dates should include any HUD -approved extensions or waivers. For grant extensions received, place AGE@ in column or AW@ for waivers.

**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.


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

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.							
2.							
3.							

<b>9115 -SpecialInitiative</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>PerformanceIndicators</b>
1.							
2.							
3.							

<b>9116 -GunBuybackTAMatch</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>PerformanceIndicators</b>
1.							
2.							

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

<b>9120 -Security Personnel</b>		<b>Total PHEDEP 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>9130 B Employment of Investigators</b>					<b>Total PHEDEP Funding:\$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators

	Served						
1.							
2.							
3.							

<b>9140 B Voluntary Tenant Patrol</b>						<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>PHDEP Funding</b>	<b>Other Funding (Amount/Source)</b>	<b>Performance Indicators</b>
1.							
2.							
3.							

<b>9150 - Physical Improvements</b>						<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>PHDEP Funding</b>	<b>Other Funding (Amount/Source)</b>	<b>Performance Indicators</b>

1.							
2.							
3.							

<b>9160 -DrugPrevention</b>					<b>TotalPHDEPFunding:\$</b>		
<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>PerformanceIndicators</b>
1.							
2.							
3.							

<b>9170 -DrugIntervention</b>					<b>TotalPHDEPFunding:\$</b>		
<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>PerformanceIndicators</b>
1.							
2.							
3.							

<b>9180 -Drug Treatment</b>					<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 Indicators</b>
1.							
2.							
3.							

<b>9190 -Other Program Costs</b>					<b>Total PHDEP Funds:\$</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 Indicators</b>
1.							
2.							
3.							





**Required Attachment IA 044c04: 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.)**

**Acorn Acres Resident Council**

**President: Vivian Ellis**

**Vice President: Batty Flaten**

**Secretary: Dorothy Beam**

**Treasurer: Mary Armstrong**

**Alternate: Linda Hardy**

**Any resident living at Acorn Acres, who wishes to participate, is considered a member of the council. Officers are elected.**

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

**Small PHA Plan Update**

**Annual Plan for Fiscal Year:** \_\_\_\_\_

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



**PHA Plan  
Agency Identification**

**PHAName: Low Rent Housing Agency Red Oak**

**PHANumber: IA044**

**PHAFiscalYearBeginning: 10 -01-2003**

**PHA Plan Contact Information:**

**Name: Karon Millikan**

**Phone: 712623 -4558**

**TDD:**

**Email (if available): acorna@redoak.heartland.net**

**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**

**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 Programs Administered:**

**Public Housing Only**



**Annual PHA Plan  
Fiscal Year 20  
[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 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.

**Annual Plan Information**

**Table of Contents**

**Description of Policy and Program Changes for the Upcoming Fiscal Year**

**Capital Improvement Needs**

**Demolition and Disposition**

**Homeownership: Voucher Homeownership Program**

**Crime and Safety: PHDEP Plan**

**Other Information:**

**Resident Advisory Board Consultation Process**

**Statement of Consistency with Consolidated Plan**

**Criteria for or Substantial Deviations and Significant Amendments**

**Attachments**

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

**Attachment \_\_: Capital Fund Program Annual Statement**

**Attachment \_\_: Capital Fund Program 5 Year Action Plan**

**Attachment \_\_: Capital Fund Program Replacement Housing Factor Annual Statement**

**Attachment \_\_: Public Housing Drug Elimination Program (PHDEP)**

**Plan**

**Attachment \_\_: Resident Membership on PHA Board or Governing Body**

**Attachment \_\_: 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)**

**Other (List below, providing each attachment name)**

**ii. Executive Summary**

[24CFR Part 903.79(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 = SPHA Plan that are not covered in other sections of this Update.

**2. Capital Improvement Needs**

[24CFR Part 903.79(g)]

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

**A. Yes: 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? \$70,849.00**

**C. Yes  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**

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

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

The Capital Fund Program Annual Statement is provided as Attachment

**3.D Demolition and Disposition**

[24CFR Part 903.79(h)]

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

**1. 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 A 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>
<b>1a. Development name:</b>
<b>1b. Development (project) number:</b>
<b>2. Activity type: Demolition</b>

<b>Disposition</b>
<b>3. Application status (select one)</b> Approved Submitted, pending approval Planned application
<b>4. Date application approved, submitted, or planned for submission:</b> <b>(DD/MM/YY)</b>
<b>5. Number of units affected:</b> <b>6. Coverage of action (select one)</b> Part of the development Total development
<b>7. Relocation resources (select all that apply)</b> Section 8 for units Public housing for units Preference for admission to other public housing or section 8 Other housing for units (describe below)
<b>8. Timeline for activity:</b> 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. 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 **ANo@**, skip to next component; if **Ayes@**, 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 resources **=S**

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.  
No: Is the PHA eligible to participate in the PHDEP in the next 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. No Does the PH A plant to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

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

**6. Other Information**

[24CFR Part 903.79(r)]

Resident Advisory Board (RAB) Recommendations and PHA Response

1. 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

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: (the State of Iowa)

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)

X: 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)

PHA requests for support from the Consolidated Plan Agency

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 in 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

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. SUBSTANTIAL DEVIATION OR SIGNIFICANT AMENDMENT IS OR MODIFICATION ARE DEFINED AS DISCRETIONARY CHANGE IN THE PLAN OR POLICIES OF THE HOUSING AUTHORITY THAT FUNDAMENTALLY CHANGE THE MISSION, GOALS, OBJECTIVES, OR PLANS OF THE AGENCY AND WHICH REQUIRES FORMAL APPROVAL OF THE BOARD OF COMMISSIONERS.

A. Substantial Deviation from the 5-year Plan:

B. Significant Amendment or Modification to the Annual Plan: NONE



**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
X	PHA Plan Certification 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 jurisdiction 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
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
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the	Annual Plan: Rent

Applicable & On Display	Supporting Document	Related Plan Component
	method for setting public housing flat rents check here if included in the public housing A & O Policy	Determination
X	Schedule of flat rents offered at each public housing development check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
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
N/A	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 check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures 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
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

Applicable & On Display	Supporting Document	Related Plan Component
		<b>Disposition</b>
N/A	Approvedorsubmittedapplicationsfordesignationofpublic housing(DesignatedHousingPlans)	AnnualPlan: DesignationofPublic Housing
N/A	Approvedorsubmittedassessmentsofreasonable revitalizationofpublichousingandapprovedorsubmitted conversionplanspreparedpursuanttosection202ofthe1996 HUDAppropriationsAct,Section22oftheUSHousingActof 1937,orSection33ofthe USHousingActof1937	AnnualPlan: ConversionofPublic Housing
N/A	Approvedorsubmittedpublichousinghomeownership programs/plans	AnnualPlan: Homeownership
N/A	PoliciesgoverninganySection8Homeownershipprogram (section_____oftheSection8AdministrativePlan)	AnnualPlan: Homeownership
N/A	CooperationagreementbetweenthePHAandtheTANF agencyandbetweenthePHAandlocalemploymentand trainingserviceagencies	AnnualPlan: CommunityService& Self-Sufficiency
N/A	FSSActionPlan/sforpublichousingand/orSection8	AnnualPlan: CommunityService& Self-Sufficiency
N/A	Section3documentationrequiredby24CFRPart135, SubpartE	AnnualPlan: CommunityService& Self-Sufficiency
N/A	Mostrecentself -sufficiency(ED/SS,TOPorROSSorother residentservicesgrant)grantprogramreports	AnnualPlan: CommunityService& Self-Sufficiency
N/A	ThemostrecentPublicHousingDrugEliminationProgram (PHDEP)semi -annualperformancereport	AnnualPlan:Safety andCrimePrevention
N/A	PHDEP-relateddocumentation: \$Baselinelawenforcementservicesforpublichousing developmentsassistedunderthePHDEPplan; \$Consortiumagreement/sbetweenthePHAs participatingintheconsortiumandacopyofthe paymentagreementbetweentheconsortiumandHUD (applicableonlyt oPHAsparticipatinginaconsortium aspecifiedunder24CFR761.15); \$Partnershipagreements(indicatingspecificleveraged support)withagencies/organizationsproviding funding,servicesorotherin -kindresourcesforPHDEP - fundedactivities; \$Coordinationwithotherlawenforcementefforts; \$Writtenagreement(s)withlocallawenforcement agencies(receivinganyPHDEPfund);and \$Allcrimestatisticsandotherrelevantdata(including PartlandspecifiedPartIIcrimes)thatestablishneed forthep ublichousingsitesassistedunderthePHDEP Plan.	AnnualPlan:Safety andCrime Prevention
	PolicyonOwnershipofPetsinPublicHousingFamily	PetPolicy

Applicable & On Display	Supporting Document	Related Plan Component
<b>X</b>	Developments (as required by regulation at 24 CFR Part 960, Subpart G) check here if included in the public housing A & O Policy	
<b>X</b>	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
<b>N/A</b>	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Small PHA Plan Update Page 5  
Table Library

<b>Annual Statement/Performance and Evaluation Report</b>					
PHAName:LRHADBAACORNACRES			GrantTypeandNumberCapitalFund		FederalF
OriginalAnnualStatement ReserveforDisasters/EmergenciesRevisedAnnualStatement(revisionno: )					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	
1	Totalnon -CFPFunds				
2	1406Operations	\$7,085			
3	1408ManagementImprovements				
4	1410Administration				
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts	\$7,085			
8	1440SiteAcquisition				
9	1450SiteImprovement	\$56,679			
10	1460DwellingStructures				
11	1465.1DwellingEquipment CNonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	\$70,849			
21	Amountofline20RelatedtoLBPActivities				
22	Amountofline20RelatedtoSection504				

	<b>Compliance</b>				
<b>23</b>	<b>Amount of line 20 Related to Security</b>				
<b>24</b>	<b>Amount of line 20 Related to Energy Conservation Measures</b>				



Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended







### Capital Fund Program 5 - Year Action Plan

Complete on a 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.

CFP5 - Year Action Plan		
Original statement		Revised statement
Development Number	Development Name	
IA044	(or indicate PHA wide) LRHA Red Oak dba Acorn Acres	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Driveway, sidewalks, landscaping, new sign, benches, operations	\$70,849	8/01/2003
Vinyl and carpeting living room/kitchen, operations	\$70,849	08/01/2004
Replacement stools, cabinets, new lighting over tubs, new flooring bathroom, operations	\$70,849	08/01/2005
Equipment Update office & shop, operations (copiers, printers, mowers, snow equipment, washer/dryers)	\$70,849	08/01/2006
Water heaters, kitchen window, extra parking, sun room on community room, operations	\$70,849	08/01/2007
		08/01/2007
<b>Total estimated cost over next 5 years</b>	<b>\$354,245.00</b>	



## PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD50075 -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 Ax@) 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

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 Ax@ to indicate the length of program by # of months. For 12 months, identify the # of months). 24 Months \_\_\_\_\_

### G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an Ax@ 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 Dates should include any HUD -approved extensions or waivers. For grant extensions received, place AGE@ in column or AW@ for waivers.

**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 500 sentences.

**B. PHDEP Budget Summary**

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


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

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.							
2.							
3.							

<b>9115 -SpecialInitiative</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>PerformanceIndicators</b>
1.							
2.							
3.							

<b>9116 -GunBuybackTAMatch</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>PerformanceIndicators</b>
1.							
2.							

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

<b>9120 -Security Personnel</b>		<b>Total PHEDEP 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>9130 B Employment of Investigators</b>					<b>Total PHEDEP Funding:\$</b>			
Goal(s)								
Objectives								
Proposed Activities	# of Persons	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators	

	Served						
1.							
2.							
3.							

<b>9140 B Voluntary Tenant Patrol</b>						<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>PHDEP Funding</b>	<b>Other Funding (Amount/Source)</b>	<b>Performance Indicators</b>
1.							
2.							
3.							

<b>9150 - Physical Improvements</b>						<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>PHDEP Funding</b>	<b>Other Funding (Amount/Source)</b>	<b>Performance Indicators</b>

1.							
2.							
3.							

<b>9160 -DrugPrevention</b>					<b>TotalPHDEPFunding:\$</b>		
<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>PerformanceIndicators</b>
1.							
2.							
3.							

<b>9170 -DrugIntervention</b>					<b>TotalPHDEPFunding:\$</b>		
<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>PerformanceIndicators</b>
1.							
2.							
3.							

<b>9180 -Drug Treatment</b>					<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 Indicators</b>
1.							
2.							
3.							

<b>9190 -Other Program Costs</b>					<b>Total PHDEP Funds:\$</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 Indicators</b>
1.							
2.							
3.							





**Required Attachment IA 044c04: 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.)**

**Acorn Acres Resident Council**

**President: Vivian Ellis**

**Vice President: Batty Flaten**

**Secretary: Dorothy Beam**

**Treasurer: Mary Armstrong**

**Alternate: Linda Hardy**

**Any resident living at Acorn Acres, who wishes to participate, is considered a member of the council. Officers are elected.**