

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

SmallPHAPlanUpdate
AnnualPlanforFiscalYear: 2003

**NOTE:THISPHAPLANSTEMPLATE(HUD-50075SmallPHA)ISTOBECOMPLETEDIN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHAPlan
AgencyIdentification**

PHAName: CharlestownHousingAuthority

PHANumber: IN025

PHAFiscalYearBeginning:(mm/yyyy) 10/01/03

PHA Plan Contact Information:

Name:HenrietteK.Bolly
Phone(812)256-6311
TDD(812)256-3386
Email(ifavailable):henriett@iglou.com

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

PHA Programs Administered :

Public Housing and Section 8 Section 8 Only Public Housing Only

Annual PHA Plan IN 025iii

Fiscal Year 20 03

[24 CFR Part 903.7]

i. Table of Contents

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

parentheses in the space to the right of the title.

Contents	<u>Page#</u>
Annual Plan	
i. Executive Summary (optional) Progress Meeting Mission/Goals	
i	
ii. Annual Plan Information	
ii	
iii. Table of Contents	
iii	
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	
2. Capital Improvement Needs	
Sec. 8	
3. Demolition and Disposition	
Sec. 9	
4. Homeownership: Voucher Homeownership Program	
5. Crime and Safety: PHDEP Plan	
Sec. 13	
6. Other Information:	
A. Resident Advisory Board Consultation Process	
Sec. 17	
B. Statement of Consistency with Consolidated Plan	
Sec. 17	
C. Criteria for Substantial Deviations and Significant Amendments	
Attachments	
Attachment A: Supporting Documents Available for Review	
Attachment b: Capital Fund Program Annual Statement	
Attachment c: 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 d: Resident Membership on PHA Board or Governing Body	
Attachment e: Membership of Resident Advisory Board or Boards	
Attachment f: 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)	
Attachment IN025g01: Statement Indicating Consistency with State of Indiana Consolidated Plan	
Attachment IN025h01: PHA Compliance/Resolution (07/14)	
Attachment IN025i01: Civil Rights Certification	
Attachment IN025j01: Certificate of Payments to Influence Federal Transactions	
Attachment IN025k01: Certification for Drug Free Workplace	

ii.ExecutiveSummary -

[24CFRPart903.79(r)]

AtPHAAoption,provideabriefoverviewoftheinformationintheAnnualPlan

1.SummaryofPolicyorProgramChangesfortheUpcomingYear

Inthissection,brieflydescribethechangesinpoliciesorprogramsdiscussedinlastyear'sPHAPlanthatarenotcovered inothersectionsofthisUpdate.

none

2.CapitalImprovementNeeds

[24CFRPart903.79(g)]

Exemptions:Section8onlyPHAsarenotrequiredtocompletethiscomponent.

A. YesNo: IsthePHAeligibletoparticipateintheCFPinthefiscalyearcoveredby thisPHAPlan?

B. WhatistheamountofthePHA'sestimatedoractual(ifknown)CapitalFund Programgrantfortheupcomingyear?\$463,871

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

D. Capital Fund Program Grant Submissions

(1)CapitalFundProgram5-YearActionPlan

TheCapitalFundProgram5-YearActionPlanisprovidedasAttachment IN025c01

(2)CapitalFundProgramAnnualStatement

TheCapitalFundProgramAnnualStatementisprovidedasAttachment IN025b01

3.DemolitionandDisposition -

[24CFRPart903.79(h)]

Applicability:Section8onlyPHAsarenotrequiredtocompletethissection.

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

2. Activity Description

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

4. Voucher Homeownership Program

[24CFR Part 903.79(k)]

A. Yes/No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as

implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

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

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

Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources

Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7(m)]

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

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

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

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

D. Yes/No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.79(r)]

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

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

2. If yes, the comments are Attached at Attachment (Filename) in 025f01

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 in 025f01

Other: (list below)

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (provide name here) State of Indiana Consolidated Plan Update 2003

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

The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.

Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)

State Update 2003 Goals:

1. Expand/preserve affordable rental housing opportunities
2. Enhance affordable homeownership opportunities
3. Promote livable communities/community redevelopment
4. Enhance employment development activities
5. Strengthen/expand State's continuum of care for persons who are homeless
6. Strengthen safety net of housing services for special needs groups
7. Enhance local capacity for housing and community development

Other:(listbelow)

3. PHA Requests for support from the Consolidated Plan Agency

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

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

A. The key challenge the PHA faces is the expansion/preservation of affordable rental housing.

HUD funded modernization & significant rights/responsibilities now vested in PH residents ensure their interests/decisions are represented. This strategy will preserve our PH stock.

B. Continue resident counseling for homeownership opportunities.

C. Continue our strong community partnership-building with PH residents and the city administration, which will be our strongest approach to neighborhood revitalization.

D. A new goal for the PHA is to encourage/support local developers in rehabilitating rental housing. We believe some developers will recognize the social as well as economic opportunities rental housing presents.

E. In partnership with the city, work to expand the Life Long Learning Center, which will support personal asset building for PH residents.

F. Strengthen our partnership with New Hope Services in providing non-housing needs for our special needs population.

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24CFR Part 903.7(r)

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

A. Substantial Deviation from the 5-year Plan: None

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 Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
x	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local 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
x	Section 8 Administrative Plan x	Annual Plan: Eligibility, Selection, and Admissions Policies

x	Publichousingrentdeterminationpolicies,includingthethod forsettingpublichousingflatrents checkhereifincludedinthepublichousing A&OPolicy	AnnualPlan:Rent Determination
x	Scheduleofflatrentsofferedateachpublichousingdevelopment checkhereifincludedinthepublichousing A&OPolicy	AnnualPlan:Rent Determination
x	Section8rentdetermination(paymentstandard)policies checkhereifincludedinSection8AdministrativePlan	AnnualPlan:Rent Determination
x	Publichousingmanagementandmaintenancepolicydocuments, includingpoliciesforthe preventionoreradicationofpest infestation(includingcockroachinfestation)	AnnualPlan: Operationsand Maintenance
x	ResultsoflatestbindingPublicHousingAssessmentSystem (PHAS)Assessment	AnnualPlan: Managementand Operations
na	Follow-upPlantoResultsofthePHASResidentSatisfaction Survey(ifnecessary)	AnnualPlan: Operationsand Maintenanceand CommunityService& Self-Sufficiency
x	ResultsoflatestSection8ManagementAssessmentSystem (SEMAP)	AnnualPlan: Managementand Operations
x	AnyrequiredpoliciesgoverninganySection8specialhousing types checkhereifincludedinSection8AdministrativePlan	AnnualPlan: Operationsand Maintenance
x	Publichousinggrievanceprocedures checkhereifincludedinthepublichousing A&OPolicy	AnnualPlan:Grievance Procedures
x	Section8informalreviewandhearingprocedures checkhereifincludedinSection8AdministrativePlan	AnnualPlan: GrievanceProcedures
x	TheHUD-approvedCapitalFund/ComprehensiveGrantProgram AnnualStatement(HUD52837)foranyactivegrantyear	AnnualPlan:Capital Needs
na	MostrecentCIAPBudget/ProgressReport(HUD52825)forany activeCIAPgrants	AnnualPlan:Capital Needs
na	ApprovedHOPEVIapplicationsor,ifmore recent,approvedor submittedHOPEVIREvitalizationPlans,oranyotherapproved proposalfordevelopmentofpublichousing	AnnualPlan:Capital Needs
x	Self-evaluation,NeedsAssessmentandTransitionPlanrequired byregulationsimplementing §504oftheRehabilitationActand theAmericanswithDisabilitiesAct.See,PIH99-52(HA).	AnnualPlan:Capital Needs
na	Approvedorsubmittedapplicationsfordemolitionand/or dispositionofpublichousing	AnnualPlan: Demolitionand Disposition
na	Approvedorsubmittedapplicationsfordesignationofpublic housing(DesignatedHousingPlans)	AnnualPlan: DesignationofPublic Housing
na	Approvedorsubmittedassessmentsofreasonablevitalizationof publichousingandapprovedorsubmittedconversionplans preparedpursuantto section202ofthe 1996HUDAppropriations	AnnualPlan: ConversionofPublic Housing

	Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	
na	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
na	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
x	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
na	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
x	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
x	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
na	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
na	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP plan. 	Annual Plan: Safety and Crime Prevention
x	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) check here if included in the public housing A&O Policy	Pet Policy
x	The 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
na	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Others supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPR)**

PHA Name: Charlestown Housing Authority	Grant Type and Number Capital Fund Program: IN36P025501-03 Capital Fund Program Replacement Housing Factor Grant No:
---	---

**Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost	
		Original	Revised
1	Total Non-CFP Funds		
2	1406 Operations		
3	1408 Management Improvements	26,000	
4	1410 Administration		
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs	25,000	
8	1440 Site Acquisition		
9	1450 Site Improvement	11,739	
10	1460 Dwelling Structures	401,121	
11	1465.1 Dwelling Equipment—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)		
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Compliance		
23	Amount of line 20 Related to Security		
24	Amount of line 20 Related to Energy Conservation Measures		

**AnnualStatement/PerformanceandEvaluationReport
 CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPR)
 PartII:SupportingPages**

PHAName CharlestownHousingAuthority		GrantTypeandNumber CapitalFundProgram#: IN36P025501-03 CapitalFundProgram ReplacementHousingFactor#:			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost	
				Original	Revised
Mgmt.Improv.	Security(PoliceContract)	1408	1Contract	26,000	
Fees/Costs	A/E	1430	1Contract	25,000	
IN025-001 MeadowWood	ReplaceOriginalSiding,Soffit& FasciaPhaseII	1460	55Buildings	122,993	
	ReplaceClosetDoors	1460	100Units	120,000	
	InstallPatioDividers	1460	45Buildings	50,000	
	Total25-01			292,993	
IN025-002 Woodridge	CurbRepair	1450	25	11,739	
	1BR/HCBathrooms/ReplaceTubs WithADAShowers	1460	3	36,000	
	InstallPatioDividers	1460	5Buildings	12,139	
	Total25-02			59,878	

**AnnualStatement/PerformanceandEvaluationReport
 CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPR)
 PartII:SupportingPages**

PHAName CharlestownHousingAuthority		GrantTypeandNumber CapitalFundProgram#: IN36P025501-03 CapitalFundProgram ReplacementHousingFactor#:			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost	
				Original	Revised
IN025-003	ReplaceBuildingBoilers	1460	2	50,000	

**Annual Statement/Performance and Evaluation Report
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPR)
 Part III: Implementation Schedule**

PHAName:CharlestownHousingAuthority		GrantTypeandNumber CapitalFundProgram#: IN36P025501-03 CapitalFundProgramReplacementHousingFactor#:					Federal
DevelopmentNumber Name/HA-Wide Activities	AllFundObligated (QuartEndingDate)			AllFundsExpended (QuarterEndingDate)			
	Original	Revised	Actual	Original	Revised	Actual	
Mgmt.Improv.	09/30/03						
Fees/Costs	09/30/03						
IN25-01WI#1	03/30/04						
WI#2	03/30/04						
WI#3	03/30/04						
IN25-02WI#1	03/30/04						
WI#2	03/30/03						
WI#3	03/30/04						
IN25-03WI#1	03/30/04						
WI#2	03/30/04						

Capital Fund Program 5-Year Action Plan

Complete on 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.

CFP 5-Year Action Plan			
Original statement		Revised statement	
Development Number	Development Name (or indicate PHA wide)		
IN025-001	Meadow Wood Apartments		
Description of Needed Physical Improvements or Management Improvements			Estimated Cost
Replace Floor Tile/Abatement			362,296
Construct Storage Units			59,855
			Planned Start Date (HA Fiscal Year)
			2005
			2007

ReplaceRefrigerators	50,000	2007
ReplaceGasRanges	50,000	2007
ReplaceOriginalRangeHoodVents	10,000	2007
Reroute2BRWasherDrains	48,000	2007
ReplaceOriginalKitchenCabinets	290,000	
	870,151	

PHA Public Housing Capital Fund Program 5-Year Action Plan

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

CFP 5-Year Action Plan		
Original statement	Revised statement	
Development Number	Development Name (or indicate PHA wide)	
IN025-002	Woodridge Apartments	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace Floor Tile/Floor Repair	412,871	2006
Replace 1 BR Exterior Storage Doors W/Steel Doors	17,000	2007
Replace Refrigerators	57,000	2007
Replace Gas Ranges	45,000	2007
Replace 1 BR Bath Tubs/Enclosures	64,000	2008
Totalestimatedcostovernext5years	595,871	

PHA Public Housing Capital Fund Program 5-Year Action Plan

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

CFP 5-Year Action Plan		
Original statement	Revised statement	
Development Number	Development Name (or indicate PHA wide)	
IN025-003	Brysonwood Apartments	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Totalestimatedcostovernext5years	50,575	2005
	18,145	2007
	18,000	2007
	21,726	2007
	18,145	2007
	56,371	2008
	2,500	2008
Totalestimatedcostovernext5years	185,462	

PHA Public Housing Capital Fund Program 5-Year Action Plan

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

CFP 5-Year Action Plan		
Original statement	Revised statement	
Development Number	Development Name (or indicate PHA wide)	
IN025-01	PHA Wide	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Security (Police Contract)	26,000	2005
Security (Police Contract)	26,000	2006
Security (Police Contract)	26,000	2007
Security (Police Contract)	26,000	2008
Totalestimatedcostovernext5years		104,000

PHA Public Housing Capital Fund Program 5-Year Action Plan

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

CFP 5-Year Action Plan			
Original statement	Revised statement		
Development Number	Development Name (or indicate PHA wide)		
IN025-001	PHA Wide		
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)	
A/E	25,000	2005	
A/E	25,000	2006	
A/E	25,000	2007	
A/E	25,000	2008	
Totalestimatedcostovernext5years		100,000	

PHA Public Housing Drug Elimination Program Plan

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

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an "x") N1 _____ N2 _____

R _____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

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

E. Target Areas

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

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

F. Duration of Program

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

12 Months _____ 18 Months _____ 24 Months _____

G. PHDEP Program History

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

Fiscal Year of Funding	PHDEP Funding	Grant #	Fund Balance as of Date of	Grant Extensions	Grant Start Date	Grant Term End

	Received		thisSubmission	orWaivers		Date
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

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

B. PHDEP Budget Summary

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

FFY ____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110-Reimbursement of Law Enforcement	
9115-Special Initiative	
9116-Gun Buyback/TAMatch	
9120-Security Personnel	
9130-Employment of Investigators	
9140-Voluntary Tenant Patrol	
9150-Physical Improvements	
9160-Drug Prevention	
9170-Drug Intervention	
9180-Drug Treatment	
9190-Other Program Costs	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

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

9110—Reimbursement of Law Enforcement						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	HEDE Funding	Other Funding (Amount/Source)	
1.							
2.							
3.							

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

9116-Gun Buyback TAMatch						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Person Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	
1.							
2.							
3.							

9120-SecurityPersonnel					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of erson Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	
1.							
2.							
3.							

9130–EmploymentofInvestigators					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of erson Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	
1.							
2.							
3.							

9140– VoluntaryTenantPatrol					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of erson Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	
1.							
2.							
3.							

9150- PhysicalImprovements					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of erson Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	

1.							
2.							
3.							

9160-Drug Prevention						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Person Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	
1.							
2.							
3.							

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

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

9190-Other Program Costs						Total PHDEP Funds: \$	
Goal(s)							

Objectives							
Proposed Activities	# of Person Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	
1.							
2.							
3.							

Required Attachment in 025d01 Resident Member On PHA Governing Board

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

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

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

C. The term of appointment is (include the date term expires): 09/03

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

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

Other (explain):

B. Date of next term expiration of a governing board member: 06/30/04

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

Required Attachment IN025e01 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.)

Meadow Wood Apartments

Laura Osborne
614 High Street
Charlestown, IN 47111

Betty Lewis
311 Jennings Court
Charlestown, IN 47111

Woodridge Apartments

Donald Brison
110 Woodridge Drive
Charlestown, IN 47111

Linda Curtis
214 Woodridge Drive
Charlestown, IN 47111

Aimee Stefan
263 Woodridge Drive
Charlestown, IN 47111

Brysonwood Apartments

Virgie Bolin
196 McCampbell Street
Charlestown, IN 47111

ADA Advocate

Donna Roark
129 Water Street
Charlestown, IN 47111