

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

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 2003

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

## **PHA Plan Agency Identification**

**PHA Name:** Lincoln Parish Police Jury

**PHA Number:** LA212

**PHA Fiscal Year Beginning: (mm/yyyy)** 01/2003

### **PHA Plan Contact Information:**

Name: Jerry Smith

Phone: 318-252-5150

TDD:

Email (if available):

### **Public Access to Information**

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

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

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

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

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

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

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

### **PHA Programs Administered:**

Public Housing and Section 8      Section 8 Only      Public Housing Only

## Annual PHA Plan Fiscal Year 2003

[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.

	<u>Contents</u>	<u>Page #</u>
<b>Annual Plan</b>		
i. Executive Summary (optional)		
ii. Annual Plan Information		1
iii. Table of Contents		2
1. Description of Policy and Program Changes for the Upcoming Fiscal Year		3
2. Capital Improvement Needs		3
3. Demolition and Disposition		3
4. Homeownership: Voucher Homeownership Program		4
5. Crime and Safety: PHDEP Plan		5
6. Other Information:		5
A. Resident Advisory Board Consultation Process		
B. Statement of Consistency with Consolidated Plan		
C. Criteria for 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 B : 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

[24 CFR Part 903.7 9 (r)]

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

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

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

There are no policy or program changes expected for the upcoming year.

**2. Capital Improvement Needs** Not applicable

[24 CFR Part 903.7 9 (g)]

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

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

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

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

D. Capital Fund Program Grant Submissions

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

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

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

The Capital Fund Program Annual Statement is provided as Attachment

**3. Demolition and Disposition** Not applicable

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

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

4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (select one) 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**

[24 CFR Part 903.7 9 (k)]

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

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

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

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

**5. Safety and Crime Prevention: PHDEP Plan Not applicable**

[24 CFR Part 903.7 (m)]

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

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

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 903.7 9 (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 (File name)
3. In what manner did the PHA address those comments? (select all that apply)
  - The PHA changed portions of the PHA Plan in response to comments
  - A list of these changes is included
    - Yes No: below or
    - Yes No: at the end of the RAB Comments in Attachment \_\_\_\_.
  - Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment \_\_\_\_.
  - Other: (list below)

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

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

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

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

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

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

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

Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency
  - Yes No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)
  - The State of Louisiana does not have a State Public Housing Agency.
  - In recognition of the fact that public housing authorities in Louisiana are important providers of affordable housing, a survey was conducted of all public housing authorities in the State in

order to get a clear picture of the demand for public housing. The survey primarily was intended to get an estimate of the number of persons on waiting lists and the amount of time a person or family remained on a waiting list before securing housing.

The survey indicated a significant demand for public housing as reflected by the number of households on the waiting lists maintained by the housing authorities. There was some concern for promoting resident initiatives but the overwhelming concern was for the quality of public housing, both in terms of condition of the physical stock and the quality of life of the residents. Based upon the demand for public and assisted housing and the significant role public housing authorities play in the delivery of affordable housing, the State encourages public housing authorities to explore utilization of all available resources to promote increasing the stock and quality of public housing facilities throughout the State.

## **C. Criteria for Substantial Deviation and Significant Amendments**

### **2. Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

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

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

No substantial deviation from the 5-year plan is expected.

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

No significant amendment or modification to the Annual Plan is necessary.

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

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
		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		
Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies

	Any policy governing occupancy of Police Officers in Public Housing formcheckbox check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	XSection 8 Administrative Plan	Annal Plan: Eligibility, Selection, and Admissions Policies
	Public housing rent determination policies, including the method for setting public housing flat rents check here if included in the public housing A & O PolicyAnnual Plan: Rent Determination	
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	
X	Section 8 rent determination (payment standard) policies formcheckbox check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
	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
		Results of latest binding Public Housing Assessment System (PHAS) Assessment
Annual Plan: Management and Operations		Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)
Annual Plan: Operations	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations



<p>Any required policies governing any Section 8 special housing types</p> <p>formcheckbox check here if included in Section 8 Administrative Plan Annual Plan: Operations and Maintenance</p>		
<p>Public housing grievance procedures formcheckbox check here if included in the public housing A &amp; O Policy</p>	<p>Annual Plan: Grievance Procedures</p>	
<p>X</p>	<p>Section 8 informal review and hearing procedures formcheckbox check here if included in Section 8 Administrative Plan</p>	<p>Annual Plan: Grievance Procedures</p>
	<p>The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year</p>	<p>Annual Plan: Capital Needs</p>
		<p>Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants</p>
<p>Annual Plan: Capital Needs</p>		<p>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</p>

Annual Plan: Capital Needs		Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing symbol 167 \f "Colonna MT" \s 10 § 504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).
Annual Plan: Capital Needs		Approved or submitted applications for demolition and/or disposition of public housing
Annual Plan: Demolition and Disposition		Approved or submitted applications for designation of public housing (Designated Housing Plans)
Annual Plan: Designation of Public Housing		Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937
Annual Plan: Conversion of Public Housing	Approved or submitted public housing homeownership programs/ plans	Annual Plan: Homeownership
		Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)

Annual Plan: Homeownership		Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies
Annual Plan: Community Service & Self-Sufficiency	X	FSS Action Plan/s for public housing and/or Section 8
Annual Plan: Community Service & Self-Sufficiency		Section 3 documentation required by 24 CFR Part 135, Subpart E
Annual Plan: Community Service & Self-Sufficiency		Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports
Annual Plan: Community Service & Self-Sufficiency The most recent Public Housing Drug	Annual Plan: Safety and Crime Prevention	

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PHDEP-rela  
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documentati  
on:

· Baseline  
law  
enforcement  
services for  
public  
housing  
development  
s 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/org  
anizations  
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.

	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) formcheckbox 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:

A

**Annual Audit**

<p><b>Troubled PHAs: MOA/Recovery Plan</b></p>	<p><b>Troubled PHAs</b></p>	<p><b>Other supporting documents (optional) (list individually ; use as many lines as necessary) (specify as needed) Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (C FP/CFPRHF) Part 1: Summary</b></p>
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PHA Name: Grant Type and number  
 Capital Fund Program: formtext  
 Capital Fund Program Replacement Housing Factor Grant No: formtext

<p>Federal FY of Grant :</p>		<p><input type="checkbox"/> Original Annual Statement  <input type="checkbox"/> Reserve for Disasters/ Emergencies  <input type="checkbox"/> Revised Annual Statement (revision no: formtext )  <input type="checkbox"/> Performance and Evaluation Report</p>	
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<p>for Period Ending : formtext for meck box Fi</p>	<p>Line No.</p>	<p>Summary by Development Account</p>	<p>Total Estimated Cost</p>	<p>Total Actual Cost</p>	

		Original	Revised	Obligated	Expended
	1	Total non-CFP Funds			
		2	1406 Operations		
		3	1408 Management Improvements		
		4	1410 Administration		
		5	1411 Audit		
		6	1415 liquidated Damages		
		7	1430 Fees and Costs		
		8	1440 Site Acquisition		
		9	1450 Site Improvement		
		10	1460 Dwelling Structures		
		11	1465.1 Dwelling Equipment—None expendable		
		12	1470 Nondwelling Structures		
		13	1475 Nondwelling Equipment		
		14	1485 Demolition		
		15	1490 Replacement Reserve		
		16	1492 Moving to Work Demonstration		
		17	1495.1 Relocation Costs		

18 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

<b>22 Amount of line 20 Related to Section 504 Compliance</b>					<b>23 Amount of line 20 Related to Security</b>	
				<b>24</b>	<b>Amount of line 20 Related to Energy Conservation Measures</b>	

			Annual Statement/ Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CF PRHF) Part II: Supporting Pages		PHA Name: formtext	Grant Type and Number Capital Fund Program #: formtext Capital Fund Program  Replacement Housing Factor #: formtext	Federal FY of Grant: formtext	Develop ment Number
General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Proposed		Name/H A-Wide Activities	
		Original	Revised	Funds Obligated	Funds Expended	Work		

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		Annual Statement/ Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/C FPRH F) Pat III: Implementation Schedule		PHA Name:	Grant Type and Number Capital Fund Program #: formtext Capital Fund Program Replacement Housing Factor #: formtext	Federal FY of Grant: formtext	Development Number Name/HA-Wide Activities
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All Fund Obligated

(Quarter Ending Date) All Funds Expended

(Quarter Ending Date) Reasons for Revised Target Dates Original Revised Actual Original Revised Actual

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.

mes 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.		Development Number
<p><b>CFP 5-Year Action Plan</b>  <input type="checkbox"/> Original statement    <input type="checkbox"/> Revised statement</p> <p><b>Development Name</b>                      (or indicate PHA wide)</p>		

**Description of Needed Physical Improvements or Management Improvements** Estimated  
 Cost Planned **Start Date**  
 (HA Fiscal Year)

**Total estimated cost over next 5 years**

**PHA Public Housing Drug Elimination Program Plan**

**No PHDEP Grant monies are expected**

**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 t

**he total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.**

**PHDEP Target Areas**

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

F. Duration of Program

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

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

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Subm

<p><b>ission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.</b></p> <p>Fiscal Year of Funding</p>	<p>PHDEP Funding Received</p>	<p>Grant #</p>	<p>Fund B</p>
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**Balance as of Date of this Submission**

**Grant Extensions or Waivers** Grant Start Date Grant Term End Date FY 1995 FY 1996 FY 1997 FY 1998 FY 1999

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad **goals and objectives, the role of** plan partners, and your system or process for monitoring and evaluating

**PHDEP-funded activities. This Summary should not exceed 5-10 sentences.**

<p><b>B. PHDEP Budget Summary</b>  <b>Enter</b> the total amount of PHDEP funding allocated to each line item.</p> <p>FFY _____ PHDEP Budget Summary                  Original statement                  Revised statement dated:</p>		
<p>Budget Line Item</p>	<p>Total Funding</p>	
<p>9110 – Reimbursement of Law Enforcement</p>		
	<p>9115 - Special Initiative</p>	
	<p>9116 - Gun Buyback TA</p>	
	<p>Match 9120 - Security Personnel</p>	
<p>9130 - Employment of Investigators</p>		

es 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	
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Proposed Activities

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

Proposed Activities #

				# of Persons Served	Target Population	Start Date	Expect
Expected Complete Date	PHDEP						
Funding (Amount/Source)	Other Funding	Performance Indicators	1.				
			2.				
			3.				
		9116 - Gun Buy back TA Match	Total PHDEP Funding: \$		Goal(s)		

Objectives Proposed Activities # of

				# of Persons Served	Target Population	Start Date	Expect
Expected Complete Date	PHDEP F						

unding	Other Funding (Amount /Source)	Performance Indicators		1.			
			2.				
			3.				
			9120 - Security Personnel	Total PHDEP Funding: \$	Goal(s)		

Objectives Proposed Activities

# of Persons Served				Target Population			
Complete Date	PHEDEP Fund						
Other Funding (Amount /Source)	Performance Indicators		1.				
		2.					
		3.					
		9130 - Employment of Investigators	Total PHDEP Funding: \$	Goal(s)			Objectives

Proposed Activities # O

f Persons Served				Target Population			
Complete Date	PHEDEP Fund						
Other Funding (Amount /Source)	Performance Indicators		1.				
		2.					
		3.					

		9140 – Voluntary Tenant Patrol	Total PHDEP Funding: \$		Goal(s)		Objectives
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Proposed Activities

# of Persons Served				Target Population				Start Date	Expires
Expected Complete Date		PHEDE							
PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators	1.						
			2.						
			3.						
			9150 - Physical Improvements	Total PHDEP Funding: \$		Goal(s)			

Objectives Proposed Activities

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

Objectives Proposed Activities

# of Persons Served				Target Population				Start Date	Expires
Expected Complete Date		PHEDEP Funding							
PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators	1.						

			2.				
			3.				
			9170 - Drug Intervention	Total PHDEP Funding: \$		Goal(s)	

Objectives Proposed Activities

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

Objectives Proposed Activities #

# of Persons Served				Target Population Start Date			
Expected Complete Date	PH						
EDEP Funding Other Funding (Amount /Source)	Performance Indicators		1.				
			2.				
			3.				
			9190 - Other Program Costs	Total PHDEP Funds: \$		Goal(s)	

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

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

C. 1.  Yes  No: D. 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:

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

Elected

Appointed

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

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

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis

the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been

notified by E. 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  B : 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.)

BELINDA POE  
CANDY MORROW  
CHRISTY TIUEL  
CHINEKQUA WASHINGTON  
DIANE MARITN  
ESTHER WHITTEN  
ELELYN MARTIN  
KINYA CARTER  
KIMBERLY HARDWAY  
KAREN STAFFORD  
LATRICE GRAY  
LATRICIA BARBER  
LADEDRA Y. JENKINS  
LANA K. DUNN  
MYISHA BUGGS  
NANCY D GEORGE  
NATASHA HOPKINS

NELDA KENNEDY  
NATASHA HOPKINS  
NELLIE NAPPER  
PAMELA D. DAVIS  
ROSEMARIE DEDFORD  
SONYA R. WILLIAMS  
TACHICA L. MAY

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TOMEKA JENKINS

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VICKIE A. MAYFIELD  
VERONIA CHEFFIN  
WALLACE R ALLBRITTON