

U.S. Department of Housing and Urban Development
9/22/2003
Office of Public and Indian Housing

Small PHA Plan Update Annual Plan for Fiscal Year: 2003

Version 4

**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: Moorhead Public Housing

PHA Number: MN 017

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

PHA Plan Contact Information:

Name: Byron Brink

Phone: 218-299-5458

TDD: 218-299-5458

Email (if available): byron.brink@ci.moorhead.mn.us

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:

X 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.

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<input type="checkbox"/> 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.

We have made no changes in our Policy or Programs for the Upcoming Year

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. X 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? \$ 330,000.00

C. X 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

[24 CFR Part 903.7 9 (h)]

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

1. X 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: Moorhead Public Housing River View Heights Site 1b. Development (project) number: MN 17-1
2. Activity type: Demolition X Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval X Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(07/29/03)</u>
5. Number of units affected: 46

<p>6. Coverage of action (select one)</p> <p><input checked="" type="checkbox"/> Part of the development</p> <p><input type="checkbox"/> Total development</p>
<p>7. Relocation resources (select all that apply)</p> <p><input checked="" type="checkbox"/> Section 8 for 46 units</p> <p><input type="checkbox"/> Public housing for units</p> <p><input type="checkbox"/> Preference for admission to other public housing or section 8</p> <p><input type="checkbox"/> Other housing for units (describe below)</p>
<p>8. Timeline for activity:</p> <p>a. Actual or projected start date of activity: 2006</p> <p>b. Actual or projected start date of relocation activities: 2006</p> <p>c. Projected end date of activity: 2006</p>

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

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

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

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

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

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

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

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

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: City of Moorhead

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

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

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

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

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

Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

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

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

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

A. Substantial Deviation from the 5-year Plan: When a decision is made by the Board of Commissioners to change the PHA's missions statement, goals or objectives that are identified in the 5-year Plan. It can also be when goals or objectives are changed that affect the residents or have a significant impact to the PHA's financial situation.

B. Significant Amendment or Modification to the Annual Plan: Changes in the plans or policies of the PHA that require formal approval by the Board of Commissioners.

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
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 jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (see attached plan)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
X	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
X	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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	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 Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	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) X check here if included in the public housing A & O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	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 (CFP/CFPRHF) Part 1: Summary						
PHA Name: Moorhead Public Housing		Grant Type and Number Capital Fund Program: MN 46P01750103 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2003	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:				<input type="checkbox"/> Final Performance and Evaluation Report
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations	42,000.00				
3	1408 Management Improvements					
4	1410 Administration	7,700.00				
5	1411 Audit					
6	1415 liquidated Damages					
7	1430 Fees and Costs	25,000.00				
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	156,502.00				
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1498 Mod Used for Development					
19	1502 Contingency	25,000.00				
20	Amount of Annual Grant: (sum of lines 2-19)	256,202.00				
21	Amount of line 20 Related to LBP Activities					

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: Moorhead Public Housing		Grant Type and Number Capital Fund Program: MN 46P01750103 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2003	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:						
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
22	Amount of line 20 Related to Section 504 Compliance					
23	Amount of line 20 Related to Security	30,000.00				
24	Amount of line 20 Related to Energy Conservation Measures	-0-				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Moorhead Public Housing			Grant Type and Number Capital Fund Program #: MN 46P01750103 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Administration	1410	LS	7,700.00				
HA-Wide	Hire Architect/Engineer	1430	LS	25,000.00				
HA-Wide	Operations	1406	LS	42,000.00				
HA-Wide	Contingency	1502	LS	25,000.00				
MN 17-4	Residing including wrapping windows and doors with metal, Exterior wall repair, re-insulating, replace windows, storm windows, doors, storm doors	1460	LS	126,502.00				
MN 17-1	Improve security for entire structure Move office, replace exterior doors	1460	LS	30,000.00				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Moorhead Public Housing			Grant Type and Number Capital Fund Program #: MN 46P01750103 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name:		Grant Type and Number Capital Fund Program #: Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant:	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
MN 17-1	06/30/04			06/30/05			
MN 17-4	06/30/04			06/30/05			
HA-Wide	06/30/04			06/30/04			

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		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
MN 017-1	Moorhead Public Housing Agency Wide	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Improve parking facilities, sidewalks and driveways. Increase parking lot size, resurface existing lots and landscape	275,000.00	2006 & 2008
Re-roof all existing housing as necessary.	60,000.00	2004 & 2005
Replace all plumbing waste piping throughout all units and commons area & potable water lines where necessary and 104 apartment bathrooms		2004 & 2008
Upgrade fire detection system	80,000.00	2004 & 2008
Improve facility's security by installing key card system and surveillance cameras	40,000.00	2004 & 2005
Remodel administration facilities and upgrade all office equipment including computers	80,000.00	2004 & 2005
Replace Hot Water Boilers/Furnaces for 14 Story High-rise and related equipment	240,000.00	2004 & 2008
Total estimated cost over next 5 years	1,125,000.00	

Development Number	Development Name (or indicate PHA wide)	
MN 017-2	Heatherwood-Village Green	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace concrete garage floors, driveway slabs, sidewalks, and entry steps. Landscape yards, install privacy fences and trees	\$150,000.00	2004
Total Estimated cost over next 5 years	\$150,000.00	

Development Number	Development Name (or indicate PHA wide)	
MN 0173	Sharp View Elderly Housing	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Repair and resurface asphalt driveway, replace concrete patio slab, driveway, sidewalks where necessary. Install Air Conditioning sleeves and outlets, complete carpeting & interior decorating and replace lobby furniture.	\$100,000.00	2003
Total Estimated cost over next 5 years	\$100,000.00	

Development Number	Development Name (or indicate PHA wide)	
MN 017-4	Scattered Site Family Housing	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
RE-roof, Replace concrete driveway slabs & sidewalks, replace siding, floor covering and windows as necessary.	\$275,000.00	\$2005
Total estimated cost over next 5 years	\$275,000.00	

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 \$ ___ N/A Moorhead Public Housing has never participated in 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 Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1995						
FY 1996						
FY 1997						
FY1998						
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.

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 TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
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	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators
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)	Performance Indicators
1.							
2.							
3.							

9116 - Gun Buyback TA Match					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.							

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

9130 – Employment of Investigators					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.							

9140 – Voluntary Tenant Patrol					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.							

9150 - Physical Improvements					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.							

9160 - Drug Prevention					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.							

9170 - Drug Intervention					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.							

9180 - Drug Treatment					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.							

9190 - Other Program Costs					Total PHDEP Funds: \$		
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.							

Required Attachment ____: Resident Member on the PHA Governing Board

1. X 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: John Keating

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

Elected

X Appointed

C. The term of appointment is (include the date term expires): January 31, 2006

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: January 31, 2006

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

Required Attachment _____: 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.)

Residents who attended March 17, 2003 Tenant Advisory Board Meeting

1. Cheryl A. Ruud 2613 Brookdale Road, # 8
2. Paul Ellingson 800 2nd Avenue North, # 706
3. Fred Rosenfeldt 800 2nd Avenue North, # 1404
4. Mark Peer 800 2nd Avenue North, # 1106

Tenant Advisory Board Meeting
Monday, March 17, 2003 – 5:00 PM
River View Heights High Rise Community Room
800 Second Avenue North
Moorhead, MN 56560

Attendance: Cheryl Ruud; Section 8 Client, Paul Ellingson, Fred Rosenfeldt, Mark Peer; Tenants of Public Housing, Byron
Brink; Executive Director MPHA, Connie Holmen; MPHA Staff

Brink opened the meeting with introductions. Brink reminded the board that the plan had been on display for their review and that he hoped they had a chance to look it over prior to the meeting.

Brink explained the meeting was a HUD requirement. The meeting was to give consumers of the Moorhead Public Housing Agency, an opportunity to participate in planning for future needs for the housing agency, provide their opinion on how MPHA spends the Capital Funding money and if they have any concerns or suggestions. This was also in preparation of the 5 year and 1 year annual plans.

Brink gave a brief review of how the past grants were spent by the agency. In 1999, the 6 duplexes in Heatherwood Circle under went modernization. In 2000-2001 and 2002, approximately \$250,000.00 per year was spent on the modernization of Sharp View. In 2003, scattered site family housing would need to be addressed. Brink went on to say that future money would be spent in the areas with the greatest need. Presently the greatest need is with the Family Low Rise Units. If the proposed demolition is not permitted, all the money for the next 5 to 7 years will be used towards their repair. In addition, an architect will be hired to inspect the high rise to see where future money should be spent in regard to that building.

Rosenfeldt asked what was the best thing to do during a fire in regard to the high rise facility. He expressed his concern for those that could not walk down stairs when the elevators get shut down. Brink responded by telling him that the best thing to do is remain in the units with the doors closed unless told by the Fire Department to leave their units. Firemen are skilled to find and rescue people in that sort of situation and that it is probably best to stay in their units.

Peer asked if it was possible to have a chair lift in the stairwell for such occasions. Holmen reminded Peer of the fire on the 14th floor in 1999. Holmen stated that no one needed to leave their units even though it had been a major fire. The sprinkler system put the fire out and the fire department was on top of it immediately. No other units were affected by the fire except for the water that ended up on the floor from the sprinkler system. Brink noted that the sprinkler system is tested once a year to make sure that it is in proper working order.

Peer mentioned that many times people get into the building that do not belong and the tenants are not always at fault. Some times strangers get in when other people are let in. Brink agreed. Brink stated that it was his concern to make sure they were in as safe and secure environment as possible. When strangers get in when the staff is not in the building, the tenants must call the police on their own if a situation occurs.

Brink asked if there were any other questions or statements. Being no further discussion, the meeting was adjourned.

Attachment Follow-up Plan to Results of the PHAS Resident Satisfaction:

RE: Security Issues

Presently the Moorhead Public Housing Agency provides a well lighted Project site for all of our Public Housing Facilities and locations.

The majority (150-224 units) are located within 5 to 6 blocks of the Moorhead Police Department and the Clay County Sheriffs Department.

In addition the Police Department routinely patrols all areas of our Public Housing locations.

At two of the sites with the largest concentration of units we have buildings that have security doors and in one a key card reader system. In addition to the security system we have cameras at each entry door at our 104 unit building which are tied into a camera recorder that captures all activity for up to a 72 consecutive hour period.

Our plans for future improved security in the 104 unit building include a substantial amount of remodeling to provide more security for our Public Housing Agency Staff. We will also be considering installing an updated camera and recording system, and also security cameras on all 14 floors of the building.

We would very much like to provide 24 hour security guards on site at this particular facility 365 days a year. Considering the clientele served in this particular building this may become an absolute necessity in the near future.

We will continue to need additional HUD financial support to maintain such a level of security to assure both the Moorhead Public Housing Agency staff and tenants are provided the most secure environment possible.

This is our best response to our low security score that we received from our PHAA Resident Satisfaction Survey.

Annual Statement/Performance and Evaluation Report						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: Moorhead Public Housing Agency		Grant Type and Number C.I.A.P. Capital Fund Program: X MN 46PO1750101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001	
Original Annual Statement Performance and Evaluation Report for Period Ending:			<input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Final Performance and Evaluation Report		Revised Annual Statement (revision no: 1)	
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations	\$ 70,000.00	\$70,000.00	\$70,000.00	\$70,000.00	
3	1408 Management Improvements					
4	1410 Administration	\$ 9,466.00	\$9,466.00	\$ 9,466.00	\$9,466.00	
5	1411 Audit					
6	1415 liquidated Damages					
7	1430 Fees and Costs	\$ 20,000.00	\$20,000.00	\$20,000.00	\$ 20,000.00	
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	\$247,177.00	\$247,177.00	\$247,177.00	\$247,177.00	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1498 Mod Used for Development					
19	1502 Contingency					
20	Amount of Annual Grant: (sum of lines 2-19)	\$346,643.00	\$346,643.00	\$346,643.00	\$346,643.00	
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					

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHA Name: Moorhead Public Housing Agency		Grant Type and Number C.I.A.P. Capital Fund Program: X MN 46PO1750101 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2001
Original Annual Statement Performance and Evaluation Report for Period Ending:			<input type="checkbox"/> Reserve for Disasters/ Emergencies	Revised Annual Statement (revision no: 1)
			<input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
	Amount of line 20 Related to Energy Conservation Measures			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Moorhead Public Housing Agency			Grant Type and Number. Capital Fund Program #: MN 46P01750101 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
MN17-1	Administration	1410	LS	9,466.00	\$9,466.00	9,466.00	9,466.00	
MN17-1	Hire Architect	1430 Michael Burns Foss (roof)	LS LS LS	20,000.00	\$20,000.00	18,668.08 1,331.92	18,668.08 1,331.92	
HA-Wide	3 Operations	1406	LS	70,000.00	\$70,000.00	70,000.00	70,000.00	
MN 17-1	Re-Roof existing town house type family units as necessary. Replace waste piping throughout the entire family housing development	1460	46	\$247,177.00	-0-			
MN 17-3	Exterior wall repair, floor covering, refinishing cabinets, re-insulating windows, new counter tops, Plumbing to include faucets & wastes, painting apartments and commons area	1460 Diversified 1 Diversified 2 Ron's Electric 3	47	-0-	\$247,177.00	\$132,532.14 \$ 81,435.85 \$ 33,209.01	\$132,532.14 \$ 81,435.85 \$ 33,209.01	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Moorhead Public Housing Agency			Grant Type and Number. Capital Fund Program #: MN 46P01750101 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

Annual Statement/Performance and Evaluation Report						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: Moorhead Public Housing Agency		Grant Type and Number Capital Fund Program: X MN 46P10750102 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2002	
Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies X Revised Annual Statement (revision no: 1)				
X Performance and Evaluation Report for Period Ending: 03-31-03		<input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations	\$ 53,355.00	\$53,355.00	-0-	-0-	
3	1408 Management Improvements					
4	1410 Administration	\$ 10,000.00	\$10,000.00	\$10,000.00	-0-	
5	1411 Audit					
6	1415 liquidated Damages					
7	1430 Fees and Costs	\$ 20,000.00	\$20,000.00	\$15,720.00	-0-	
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	\$ 206,643.00	\$231,643.00	\$94,13717	\$60,859.34	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment	\$ 15,000.00	\$15,000.00	-0-	-0-	
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	\$ 25,000.00	-0-	-0-	-0-	
20	Amount of Annual Grant: (sum of lines 2-19)	\$ 329,998.00	\$329,998.00	\$119,857.19	\$60,859.34	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Compliance					

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHA Name: Moorhead Public Housing Agency		Grant Type and Number Capital Fund Program: X MN 46P10750102 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2002
Original Annual Statement				
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03-31-03				
<input type="checkbox"/> Reserve for Disasters/ Emergencies X Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
23	Amount of line 20 Related to Security			
24	Amount of line 20 Related to Energy Conservation Measures	- 0 -		

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Moorhead Public Housing Agency			Grant Type and Number Capital Fund Program #: MN 46P01750102 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Administration	1410	LS	10,000.00	10,000.00	10,000.00	-0-	
HA-Wide	Hire Architect/Engineer	1430 Michael Burns	LS LS	20,000.00	20,000.00	15,720.00	-0-	
HA-Wide	Operations	1406	LS	53,355.00	53,355.00	-0-	-0-	
MN 17-3	Replace all Commons Area Furniture	1475	LS	7,500.00	7,500.00	-0-	-0-	
HA-Wide	Contingency	1502		25,000.00	-0-	-0-	-0-	
MN 17-3	Exterior wall repair, floor covering, refinishing cabinets, re-insulating windows, new counter tops, plumbing to include faucets & wastes, painting apartments and commons area (complete 2001 work)	1460 Diversified 1 Diversified 2 Ron's Electric		206,643.00	201,643.00	87,647.78 1,000.00 5,489.39	60,859.34 -0- -0-	
MN 17-1	Replace all Commons Area Furniture	1475		7,500.00	7,500.00	-0-	-0-	
MN 17-1	Re-roof existing Town-House type family units	1460	10	-0-	30,000.00	-0-	-0-	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Moorhead Public Housing Agency			Grant Type and Number Capital Fund Program #: MN 46P01750102 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Moorhead Public Housing Agency			Grant Type and Number Capital Fund Program #: MN 46P01750102 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2002	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
MN 17-1	06/30/04			06/30/05			
MN 17-3	06/30/04			06/30/05			
HA-Wide	06/30/04			06/30/04			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Moorhead Public Housing Agency			Grant Type and Number Capital Fund Program #: MN 46P01750102 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

Special Tenant Advisory Board Meeting

Meeting held on August 4, 2003 at 1:00 PM

Present at meeting

Paul Ellingson—Tenant

Byron Brink—Executive Director

Jennifer Morton—Office Assistant

Paul asked where the people living in the Low Rise Units would go if we demolished the units.

Mr. Brink responded that we would be asking for Section 8 vouchers to replace the units that are being demolished. In no way would the tenants living in the Low Rise Units be displaced with out a place to live.



U.S. Department of Housing and Urban Development
Minneapolis Field Office
920 Second Avenue South
Minneapolis, Minnesota 55402
<http://www.hud.gov/local/min/minhome.html>

April 30, 2003

Mr. Byron Brink, Executive Director
Moorhead Public Housing Agency
800 2nd Avenue N
Moorhead, MN 56560-1951



Dear Mr. Brink:

Subject: SEMAP Rating

Thank you for completing your Section 8 Management Assessment Program (SEMAP) certification for the **MOORHEAD PHA**. We appreciate your time and attention to the SEMAP assessment process. SEMAP enables HUD to better manage the Section 8 tenant-based program by identifying PHA capabilities and deficiencies related to the administration of the Section 8 program. As a result, HUD will be able to provide more effective program assistance to PHAs.

The **MOORHEAD PHA** final SEMAP score for the fiscal year ended **06/30/2002** is **85%**. The following are your scores on each indicator:

Indicator	1	Selection from Waiting List (24 CFR 982.54(d)(1) and 982.204(a))	15
Indicator	2	Reasonable Rent (24 CFR 982.4, 982.54(d)(15), 982.158(t)(7) and 982.507)	15
Indicator	3	Determination of Adjusted Income (24 CFR part 5, subpart F and 24 CFR 982.516)	20
Indicator	4	Utility Allowance Schedule (24 CFR 982.517)	5
Indicator	5	HQS Quality Control (24 CFR 982.405(b))	5
Indicator	6	HQS Enforcement (24 CFR 982.404)	10
Indicator	7	Expanding Housing Opportunities	0
Indicator	8	Payment Standards(24 CFR 982.503)	5
Indicator	9	Timely Annual Reexaminations(24 CFR 5.617)	10
Indicator	10	Correct Tenant Rent Calculations(24 CFR 982, Subpart K)	5
Indicator	11	Pre-Contract HQS Inspections(24 CFR 982.305)	NA
Indicator	12	Annual HQS Inspections(24 CFR 982.405(a))	NA
Indicator	13	Lease-Up	20
Indicator	14	Family Self-Sufficiency (24 CFR 984.105 and 984.305)	0
Indicator	15	Deconcentration Bonus	0

"Welcome Home"

Your overall performance rating is **Standard**.

We have recorded that your PHA has been rated zero on at least one of the performance indicators. Please take the necessary corrective action to ensure compliance with program rules. For each zero rating, you must send HUD a written report describing the corrective action taken within 45 calendar days of the date of this letter. Please provide this report for Indicator #7, *Expanding Housing Opportunities*. For Indicator #14, *Family Self-Sufficiency*, the Agency has a Corrective Action Plan in place for the SEMAP rating for fiscal year ending 6-30-01. We have received a progress report as of April 2, 2003, and ask that you provide an update within the 45 day time period. Please provide the written reports no later than Friday, June 13, 2003.

Your PHA may appeal the SEMAP score if it would change the overall performance rating, i.e., from Standard to High. Please provide justification for your appeal by electronic submission through the SEMAP PIC system. Also please inform our office if you submit an appeal.

Thank you for your cooperation with the SEMAP process. Please contact Dianne Healy at (612)370-3135, extension 2234, if you have any questions.

Very sincerely yours,



Diane C. Cmiel, Director
Office of Public Housing

Component 3, (6) Deconcentration and Income Mixing

- a. Yes No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. Yes No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If Yes, list these developments as follows:

Deconcentration Policy for Covered Developments

Development Name	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation)[see step 5 at §903.2(c)(1)(v)]
Village Green Heatherwood MN17-02 3 bdrm. Duplexes	12	Total rent 07/02 \$2,6601.00 Average Rent: \$221.75	
MN17-04 3 & 4 bdrm	15	Total rent 07/02 \$3,947.00 Average Rent: \$263.13	

The average rent for these 2 projects or 27 units total are as follows:

27 Units total income for July 2002 \$6,608.00.

Average Rent for 27 Units consisting of 24 - 3 bedroom units and 3 - 4 bedroom units is \$244.74 for the month of July 2002.

I have attached copies of the Tenant Rent Roll for these 2 projects for the month of July 2002.

A:\Attachment 1

2003 Amended Plan Attachment II

MOORHEAD PUBLIC HOUSING AGENCY SECTION 8 PROJECT-BASED ASSISTANCE PROGRAM

The Moorhead Public Housing Agency, in order to increase the availability of decent, safe and affordable housing wishes to project-base up to 36 housing vouchers for use in qualified units. Qualified units will be housing developments providing "housing for extremely low-income and very low income individuals and families". Developments must be located within City of Moorhead. This program is being created to allow the Moorhead Public Housing Agency to respond to future development opportunities and allow a reasonable choice of buildings or projects to be assisted by project-based housing vouchers when acceptable.

Program Goals:

1. Contribute to the upgrading and long-term viability of Moorhead housing stock.
2. Increase City of Moorhead's supply of affordable housing and locational choice for extremely low-income and very low-income households.
3. Promote the coordination and leveraging of resources of public, semi-public, or non-profit agencies with compatible missions.

Proposal Review Criteria:

1. Documentation of the need for low income residential housing in the proposed geographic area. Projects that serve extremely low income and very low income families will receive highest priority.
2. Documentation that significant rehabilitation such as major systems replacements, modifications for handicapped residency, energy efficiency improvements are needed or aimed at correcting major violations of Housing Quality Standards. If new construction, documentation that there is a sufficient demand for the new rental units that cannot be met by the rehabilitation of existing units.
3. Documentation of the extent to which the proposed development integrates with public facilities, sources of employment and services, including public transportation, health, education, and recreational facilities.
4. Documentation of the extent to which the applicant has documented prior extensive experience in developing, marketing and managing similar residential housing.

5. Documentation of the extent to which the applicant has demonstrated the ability and the capacity to proceed expeditiously with the proposal.
6. Documentation of the extent of community and constituency support for the proposed type of housing.
7. Documentation of the extent the proposed project being developed is the result of a cooperative agreements or arrangements among public, semi-public or non-profit agencies or organizations.
8. Documentation of the extent to which the proposed project contributes to the geographic distribution of affordable housing throughout the city of Moorhead, promotes the deconcentration of poverty, and furthers fair housing objectives?

2003 Amended Attachment III

APPLICATION REQUIREMENTS

The project owner's application that is submitted to the Moorhead Public Housing Agency for project-based housing assistance payments must contain the following:

1. A description of the housing to be constructed or rehabilitated, including site design, the number of units by size (square footage), bedroom count, bathroom count, sketches of the proposed new construction or rehabilitation, unit plans, listing of amenities and services, and estimated date of completion. For rehabilitation, the description must describe the property as is, and must also describe the proposed rehabilitation;
2. Evidence of site control. For new construction, identification and description of the proposed site, site plan and neighborhood;
3. Evidence that the proposed new construction or rehabilitation is permitted by current zoning ordinances or regulations or evidence to indicate that the needed rezoning is likely and will not delay the project;
4. The proposed contract rent per unit, including an indication of which utilities, services, and equipment are included in the rent and which are not included. For those utilities that are not included in the rent, an estimate of the average monthly cost for each unit type for the first year of occupancy;
5. A statement identifying:
 - a. The number of persons (families, individuals, business and nonprofit organizations) occupying the property;
 - b. The number of persons to be displaced, temporarily relocated or moved permanently within the building or complex;
 - c. The estimated cost of relocation payments and services, and the source of funding; and
 - d. The organization(s) that will carry out the relocation activities;
 - e. The identity of the owner and the project principal and the names of officers and principal members, shareholders, investors, and other parties having a substantial interest;
 - f. Certification showing the above mentioned parties are not on the U.S. General Services Administration list of parties excluded from Federal procurement and non-procurement programs;
 - g. A disclosure of all possible conflict of interest by any of these parties that would be a violation of the Agreement or the HAP Contract; and

- h. Information on the qualifications and experience of the principal participants. Information concerning any participant who is not known at the time of the owner's submission must be provided to the Moorhead Public Housing Agency as soon as the participant is known;
- i. The owner's plan for managing and maintaining the units;
- j. Evidence of financing or lender interest and the proposed terms of financing;
- k. The proposed term of the HAP contract;
- l. Such other information as the Moorhead Public Housing Agency may require.