

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

SmallPHAPlanUpdate

AnnualPlanforFiscalYear: 07/01/ 2003 –06/30/2004

INTERNATIONALFALLSHRA

mn023v02

**NOTE:THISPHAPLANSTEMPL ATE(HUD50075)ISTOBECOMPLETEDIN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHA Plan
Agency Identification**

PHAName: International Falls Housing & Redevelopment Authority

PHANumber: MN023

PHAFiscalYearBeginning:(mm/yyyy)07/2003

PHA Plan Contact Information:

Name: Diane Edens, Executive Director

Phone: 218 -283-4114

TDD:

Email (if available): hraif@northwinds.net

Public Access to Information

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

- Main administrative office of the PHA
- 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 20 02
 [24CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment'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 filename in parentheses in the space to the right of the title.

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ii. Executive Summary

[24CFR Part 90.3.79(r)]

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

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

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

There are no changes for the coming year.

2. Capital Improvement Needs

[24CFR Part 903.79(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? \$100,000 estimated.

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 C

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3.D Demolition and Disposition

[24CFR Part 903.79(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

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 <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of a portion (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

4. Voucher Homeownership Program

[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 24CFR 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.SafetyandCrimePrevention:PHDEPPlan

[24CFRPart903.7(m)]

ExemptionsSection8OnlyPHAsmaykiptothenextcomponentPHAseligibleforPHDEPfundsmustprovideaPHDEPPlan meetings pecifiedrequirementspriortoreceiptofPHDEPfunds.

- A. Yes No: IsthePHAeligibletoparticipateinthePHDEPinthefiscalyearcoveredbythisPHA Plan?
- B. WhatistheamountofthePHA'sestimatedoractual(ifk nown)PHDEPgrantfortheupcomingyear? \$ _____
- C. Yes No Does the PHA planto participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skiptonextcomponent.
- D. Yes No: The PHDEP Plan is attached at Attachment _____

6.OtherInformation

[24CFRPart903.79(r)]

A. ResidentAdvisoryBoard(RAB)RecommendationsandPHAResponse

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

B.StatementofConsistencywiththeConsolidatedPlan

ForeachapplicableConsolidatedPlan,makethefollowingstatement(copyquestionsasmanytimesasnecessary).

1.ConsolidatedPlanjurisdiction:(providenamehere) StateofMinnesota

2.ThePHAhasstakenthefollowingstepstoensureconsistencyofthisPHAPlanwiththeConsolidatedPlan forthejurisdiction:(selectallthatapply)

- ThePHAhasbasedit'sstatementofneedsoffamiliesinthejurisdictionontheneedsexpressed intheConsolidatedPlan/s.
- ThePHAhasparticipatedinanyconsultationprocessorganizedandofferedbytheConsolidated Planagencyinthedevelopmentof theConsolidatedPlan.
- ThePHAhasconsultedwiththeConsolidatedPlanagencyduringthedevelopmentofthisPHA Plan.
- ActivitiestobeundertakenbythePHAinthecomingyearareconsistentwithspecificinitiatives containedintheConsolidatedPlan.(listsuchinitiativesbelow)
- Other:(listbelow)

3. PHARequestsforsupportfromtheConsolidatedPlanAgency

Yes No:DoesthePHArequestfinancialorothersupport fromtheStateorlocalgovernmentagencyin ordertomeettheneedsofitspublichousingresidentsorinventory?Ifyes,pleaselistthe5most importantrequestsbelow:

4.TheConsolidatedPlanofthejurisdictionssupportsthePHAPlanwiththefollowingactionsand commitments:(describebelow)

C.CriteriaforSubstantialDeviationandSignificantAmendments

1. AmendmentandDeviationDefinitions

24CFRPart903.7(r)

PHAsarerequiredtodefinedandadopttheirownstandardsofsubstantialdeviation fromthe5 -yearPlanandSignificantAmendmentto theAnnualPlan.ThedefinitionofsignificantamendmentisimportantbecauseitdefineswhenthePHAwillsubjectachangetothe policiesoractivitiesdescribedintheAnnualPlantofullpublichearing andHUDreviewbeforeimplementation.

A.SubstantialDeviationfromthe5 -yearPlan:

AsubstantialdeviationisadecisionmadebytheBoardofCommissionerstochange thePHA'smission statement,goals,orobjectivesidentifiedinthe5 -yearplan.It isalsowhengoalsorobjectivesarechanged thataffecttheresidentsorhaveasignificantimpacttothePHA'sfinancialsituation.

B. SignificantAmendmentorModificationtotheAnnualPlan:

AsignificantamendmentormodificationisachangeinPHAplan sorolicies thatrequireformalapproval bytheBoardofCommissioners

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' initiative 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
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
N/A	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing § 504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E. The purpose of section 3 of the Housing and Urban Development Act of 1968 is to ensure that employment and other economic opportunities generated by certain HUD financial assistance shall, to the greatest extent feasible, and consistent with existing Federal, State, and local laws and regulations, be directed to low- and very low-income persons, particularly those that are recipients of government assistance for housing, and to business concerns which provide economic opportunities to low- and very low-income persons.	Annual Plan: Community Service & Self-Sufficiency
N/A	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 PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA 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) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
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
	Income Analysis of Public Housing Covered Developments	Required by PIH Notice 2001-26 (specify as needed)
X	Voluntary Conversion Required Initial Assessment	Required by PIH Notice 2001-26 (specify as needed)
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Attachment B

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFP RHF) Part 1: Summary

PHAName: International Falls Housing & Redevelopment Authority		Grant Type and Number Capital Fund Program : MN46P02350103 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		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	\$ 45,000			
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment — Nonexpendable	\$48,000			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	\$10,000			
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)	\$103,000 est.			
21	Amount of line 20 Related to LBP Activities				

AttachmentB

AnnualStatement/PerformanceandEvaluationReport

CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFP RHF)Part1:Summary

PHAName: <p align="center">InternationalFalls Housing&RedevelopmentAuthority</p>		GrantTypeandNumber CapitalFundProgram : MN46P02350103 CapitalFundProgram ReplacementHousingFactorGrantNo:		FederalFYofGrant: <p align="center">2003</p>	
<input checked="" type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding:		<input type="checkbox"/> ReserveforDisasters/Emergencies		<input type="checkbox"/> RevisedAnnualStatement(revisionno:	
<input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
22	Amountofline20RelatedtoSection 504Compliance				
23	Amountofline20RelatedtoSecurity				
24	Amountofline20RelatedtoEnergyConservation Measures				

Attachment C

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 development planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 - Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP5 - Year Action Plan		
<input checked="" type="checkbox"/> Originals statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
MN023001	International Falls H RA	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace Appliances -7 5 Refrigerators	38,000	2003
Replace Appliances -22 Stoves in large 1 -bedroom apts.	10,000	2003
Security Cameras	5,900	2003
Lawn furniture	2,100	2003
Resident Computer Center	2,000	2003
<u>Riverbank Stabilization / Landscaping</u>	<u>45,000</u>	<u>2003</u>
Replace Appliances -47 Stoves in SM1 -BR Apts. & 2s toves in 2 -BR Apts	20,000	2004
Lobby furniture	5,000	2004
Handi-cap entrance doors	2,000	2004
Replace Carpeting	20,000	2004
<u>Add Parking Lot / plug -ins & Drive-way re -paving</u>	<u>50,000</u>	<u>2004</u>
<u>Convert 4 apartments to Handi -cap</u>	<u>100,000</u>	<u>2005</u>
<u>Complete Riverbank Stabilization Project</u>	<u>100,000</u>	<u>2006</u>
Lobby furniture	10,000	2007
Convert 1 men's & 1 woman's public bathroom to Handi -cap	20,000	2007
Pool Table & misc. equipment	5,000	2007
Gazebo & furniture	30,000	2007
Carpeting & tile flooring	35,000	2007
Total estimated cost over next 5 years	\$500,000	

Required Attachment __ D :Resident Member on the PHA Governing Board

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

A. Name of resident member(s) on the governing board:
Norma Stone

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

C. The term of appointment is (include the date term expires):
5 years, expires 03 -09-2008

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 governing board member: 03-09-2004

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

The HRA Board of Directors recommends a person they feel would be the most qualified for the job, to the Mayor. The Mayor of International Falls, MN then makes the appointment with the approval of the City Council.

Required Attachment __ E __: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide descriptions sufficient to identify how members are chosen.)

Sandra Guerton, Barb Eckels, Norma Stone, Patricia Nagle

Required Attachment __ F __: Brief Statement of Progress in meeting the five -year plan mission and goals.

We had to make some adjustments in our five -year plan. We added some items to be done in the next five-years, and moved some items up a year or two because of need. We are starting to have problems with the appliances in the apartments and would like to replace them this year.

Required Attachment __ G __: Voluntary Conversion Required Initial Assessments.

a. How many of the PHA's developments are subject to the Required Initial Assessments? 1

b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? 0

c. How many Assessments were conducted for the PHA's covered developments? 1

d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name	Number of Units
None	

e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments:

AttachmentH

AnnualStatement/PerformanceandEvaluationReport

CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPR HF)Part1:Summary

PHAName: <p style="text-align: center;">International Falls HRA</p>	GrantTypeandNumber CapitalFundProgram: MN46P0235010 2 CapitalFundProgram ReplacementHousingFactorGrantNo:	FederalFYofGrant: <p style="text-align: center;">2002</p>
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OriginalAnnualStatement
 ReserveforDisasters/Emergencies
 RevisedAnnualStatement(revisionno:)
 PerformanceandE valuationReportforPeriodEnding: **12-31-2002**
 FinalPerformanceandEvaluationReport

Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements				
4	1410Administration				
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts				
8	1440SiteAcquisition				
9	1450SiteImprovement	\$ 82,515		\$82,515	\$82,515
10	1460DwellingStructures	\$15,000		\$15 ,000	15,000
11	1465.1DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment	\$3.000		\$3,000	\$3,000
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	\$100,515		\$100,515	\$100,515
21	Amountofline20RelatedtoLBPAactivities				
22	Amountofline20RelatedtoSection504Compliance				
23	Amountofline20RelatedtoSecurity				
24	Amountofline20RelatedtoEnergyConservation Measures				

AttachmentH

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages

PHAName: <p style="text-align: center;">International Falls HRA</p>		Grant Type and Number Capital Fund Program#: MN46P02350102 Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: <p style="text-align: center;">200 2</p>		
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	
MN023-001	Site Improvements	1450	Lumpsum	\$82,515		\$82,515	\$82,515	Completed
	Dwelling Structure	14 60	Lumpsum	\$ 15,000		\$15,000	\$15,000	Completed
	Non-dwelling equipment	14 75	Lumpsum	\$3,000		\$3,000	\$3,000	Completed

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