

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 10-1-2003

PHAScore=High Performer

**NOTE: THIS PHA PLAN TEMPLATE (HUD50075) IS TO BE COMPLETED IN ACCORDANCE WITH
INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHAName: Norwood Housing Authority

PHANumber: MO189

PHAFiscalYearBeginning: 10-1-2003

PHA Plan Contact Information:

Name: Mrs. Sue Murphy

Phone: 417 -926-3142

TDD: 417 -296-3142

Email (if available): mgha@getgo.in.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 2003**
[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 903.79(r)]

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

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

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

The PHA has not made nor intend to make any major policy or program changes in 2003. Local preferences were established and will not change, rent policies remain the same, community service policy parameters were included in our lease and ACOP & our Public Housing Pet Policy were implemented. Community Service requirements have been implemented May 1, 2003 per HUD guidelines.

2. Capital Improvement Needs

[24 CFR 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? **\$45,615 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

[24 CFR 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: <u>(DD/MM/YY)</u>
5. Number of units affected:
6. Coverage of action (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. Safety and Crime Prevention: PHDEP Plan

[24CFR Part 903.7(m)]

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

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 N/A

6. Other Information

[24 CFR Part 903.79(r)]

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

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

2. If yes, the comments are attached at Attachment (Filename) mo189m01

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 M .

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: State of Missouri

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:

The State of Missouri's plan has established the following priorities to address housing needs, which are also the priorities of the Public Housing Authority:

- Maintain its supply of decent, safe and sanitary rental housing that is affordable for low, very low and moderate income families.
- The Modernization of PHA housing for occupancy by low and very low income families.

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:

The Public Housing Authority's (PHA) Definition of Substantial Deviation and Significant Amendment or Modification is as follows:

- Change to rent or admissions policies or organization of the waiting list;
- Addition of non-emergency work items (items not intended in the current 5 -Year Action Plan) or change in use of replacement reserve funds under the Capital Fund; and
- Any change with regard to demolition or disposition, designation, home ownership programs or

conversion activities.

A. Significant Amendment or Modification to the Annual Plan:

The public Housing Authority's (PHA) Definition of Substantial Deviation and Significant Amendment or Modification are as follows:

- Change to rent or admission policies or organization of the waiting list;
- Addition of non-emergency work items (items not intended in the current Annual Statement) or change in use of replacement reserve funds under the Capital Fund; and
- Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

ATTACHMENT A: Supporting Documents Available for Review

PHA's 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
YES	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
N/A	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
YES	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
YES	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
YES	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
YES	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
YES	Any policy governing occupancy of Police Officers in Public Housing <input checked="" 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
YES	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
YES	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
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
YES	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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
YES	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
YES	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
YES	Public housing grievance procedures <input checked="" 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
YES	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
N/A	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
YES	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
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
YES	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
N/A	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
YES	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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
YES	Section 3 documentation required by 24 CFR Part 135, Subpart E	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
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	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's participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA's 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
YES	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
YES	The result 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 result of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

ATTACHMENT B: CAPITAL FUND PROGRAM ANNUAL STATEMENT

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHAName: Norwood Housing Authority	Grant Type and Number MO36P189501-03	Federal FY of Grant: 2003
Replacement Housing Factor Grant No.		

Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no.)

Performance and Evaluation Report for Program Year Ending

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CGP Funds				
2	1406 Operations	10,008.00	-	-	-
3	1408 Management Improvements		-	-	-
4	1410 Administration	3,207.00	-	-	-
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	-	-	-	-
8	1440 Site Acquisition	-	-	-	-
9	1450 Site Improvement	5,000.00	-	-	-
10	1460 Dwelling Structures	27,400.00	-	-	-
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	1495.1RelocationCosts	-	-	-	-
18	1499DevelopmentActivities	-	-	-	-
19	15 01CollateralizationorDebtService	-	-	-	-
20	1502Contingency	-	-	-	-
21	AmountofAnnualGrant(Sumoflines20) -	\$45,615.00	\$ -	\$ -	\$ -
22	Amountofline21RelatedtoLBPActivities	-	-	-	-
23	Amountofline21RelatedtoSection504Compliance	-	-	-	-
24	Amountofline21RelatedtoSecuritySoftCosts -	-	-	-	-
25	Amountof line21RelatedtoSecurityHardCosts -	-	-	-	-
26	Amountofline21RelatedtoEnergyConversationMeasures	-	-	-	-

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

PHAName: Norwood Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO36P189501-03 Replacement Housing Factor Grant No:			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 Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Housing Operations	1406.00		10,008.00				
HA-Wide	Salary & Benefits for staff involved in Capital Funds	1410.00		3,207.00				
HA-Wide	Landscaping	1450.00		5,000.00				
MO189 -2	Replace the Roof	1460.00	5 blds.	27,400.00				

ATTACHMENT C: Capital Fund Program Five - Year Action Plan

Norwood Housing Authority		Norwood/Wright/Missouri			X Original 5 -year Plan <input type="checkbox"/> Revision No. ____	
Development Number Name/HA-Wide	Year 1&2	FYE2003	FYE2004	FYE2005	FYE2006	FYE2007
	Completed					
MO189-1			11,191.70	13,750.00	31,000.00	8,600.00
MO189 -2		27,400.00	21,208.30	8,250.00	1,500.00	20,380.00
HA-Wide Operations		10,008.00	9,115.00	19,515.00	5,297.00	13,428.00
HA-Wide Non-dwelling equipment(1450)		5,000.00			4,611.00	
HA-Wide(1408) Administration						
HA Wide Admin. Cap. Fund Salary(1410)		3,207.00	4,100.00	4,100.00	3,207.00	3,207.00
Total Capital Funds		45,615.00	45,615.00	45,615.00	45,615.00	45,615.00

CFP5 -YearAction PlanFYE2003		
<input checked="" type="checkbox"/> OriginalStatement <input type="checkbox"/> Revisedstatement		
Development Number	DevelopmentName (orindicatePHAwide)	
MO189	NorwoodHousingAuthority(PHA)WIDE	
DescriptionofNeededPhysicalImprovementsorManagemen Improvements	EstimatedCost	PlannedStartDate (HAFiscalYear)
MO189-1&2,Landscaping(1450)	5,000.00	FYE2003 StartDate:
MO189 -2ReplaceRoof(1460)	27,400.00	
HAWideCapitalFundCoordinatorSalary(1410)	3,207.00	
HAWideOperations(1406)	10,008.00	
HAWideAdministration(1408)		
HAWideNon -Dwelling		
Total		
Totalestimatedcost	45,615.00	

CFP5 -YearActionPlanFYE2004		
<input checked="" type="checkbox"/> Originalstatement <input type="checkbox"/> Revisedstatement		
Development Number	DevelopmentName (orindicatePHAwide)	
MO189	NorwoodHousingAuthority(PHA)WIDE	
DescriptionofNeededPhysicalImprovementsorManagement Improvements	EstimatedCost	PlannedStartDate (HAFiscalYear)
MO189 -1ReplaceRefrigerators&Stoves17sets(1465)	11,191.70	FYE2004
MO189-2ReplaceRefrigerators&Stoves10sets(1465)	6,583.30	
MO189 -2ReplaceHotWaterHeaters10Units(1460)	7,500.00	
MO189 -2Re -dueplumbingonsolarheating(1460)	7,125.00	
HAWideOperations(1406)	9,115.00	
HAWideCapitalFundCoordinatorSalary(141 0)	4,100.00	
HAWideNon -Dwelling		
Total		
Totalestimatedcost	45,615.00	

CFP5 -YearActionPlanFYE2005		
<input checked="" type="checkbox"/> Originalstatement <input type="checkbox"/> Revisedstate ment		
Development Number	DevelopmentName (orindicatePHAwide)	
MO189	NorwoodHousingAuthority(PHA)WIDE	
DescriptionofNeededPhysicalImprovementsorManagement Improvements	EstimatedCost	PlannedStartDate (HAFiscalYear)
MO189 -1Replaceflo orTile16Units(1460)	13,750.00	FYE2005
MO189 -2ReplacefloorTile10Units(1460)	8,250.00	
HAWideOperations(1406)	19,515.00	
HAWideCapitalFundCoordinatorSalary(1410)	4,100.00	
HAWideNon -Dwelling		
Total		
Totalestimat edcost	45,615.00	

CFP5 -YearActionPlanFYE2006		
<input checked="" type="checkbox"/> Originalstatement <input type="checkbox"/> Revisedstatement		
Development Number	DevelopmentName (orindicatePHAwide)	
MO189	NorwoodHousingAuthority(PHA)WIDE	
Descriptionof NeededPhysicalImprovementsorManagement Improvements	EstimatedCost	PlannedStartDate (HAFiscalYear)
MO189 -1ReplacetheRoofs14blds.(1460)	26,000.00	FYE2006
MO189 -1RemoveBaseboardheaters&replacewithSheet rock16Units(1460)	3,500.00	
MO189 -1Landsca ping(1450)	1,500.00	
MO189 -2Landscaping(1450)	1,500.00	
HAWideCapitalFundCoordinatorSalary(1410)	3,207.00	
HAWideOperations(1406)	5,297.00	
HAWideNon -DwellingPlaygroundEquipment(1450)	4,611.00	
Total		
Totalestimatedcost	45,615.00	

CFP5 -YearActionPlanFYE2007		
<input checked="" type="checkbox"/> Originalstatement <input type="checkbox"/> Revisedstatement		
Development Number	DevelopmentName (orindicatePHAwide)	
MO189	NorwoodHousingAuthority(PHA)WIDE	
DescriptionofNeededPhysicalImprovementsorManagement Improvements	EstimatedCost	PlannedStartDate (HAFiscalYear)
MO189 -1ReplaceBathVanities&Sinks16 -Units(1460)	8,600.00	FYE2007
MO189 -2ReplaceBathVanities&Sinks10 -Units(1460)	5,380.00	
MO189 -2ReplaceWindowsin6 -Units(1460)	15,000.00	
HAWideOperations(1406)	13,428.00	
HAWideNon -Dwelling		
HAWideCapitalFundCoordinatorSalary(1410)	3,207.00	
Total		
Totalestimatedcost	45,615.00	

AttachmentD:PHAPublicHousingDrugEliminationProgramPlan

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. This summary must not be more than five (5) sentences long.

E. Target Areas

Complete the following table by indicating each PHDEPT Target Area (development or site where activities will be conducted), the total number of units in each PHDEPT 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.

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

F. Duration of Program

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

12 Months _____ 18 Months _____ 24 Months _____

G. PHDEP Program History

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

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

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

N/A

B. PHDEP Budget Summary

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

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

C. PHDEP Plan Goals and Activities

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

9110 – Reimbursement of Law Enforcement					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	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 TAMatch					Total PHDEP Funding: \$		
Goal(s)							
Objectives							

ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

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

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

9140 – VoluntaryTenantPatrol					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							

ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9150 - PhysicalImprovements					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9160 - DrugPrevention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9170 -DrugIntervention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							

ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9180 -DrugTreatment					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9190 -OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

Required Attachment E: 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: Ms. Margaret Recknor

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

Elected

Appointed

C. The term of appointment is (include the date term expires): 1 -11-1982 thru 8-5-2004

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

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

the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

Other (explain):

B. Date of next term expiration of a governing board member:

Ms. Margaret Recknor, 8 -2004

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

Mr. Dale Garrison, Mayor of Norwood, MO

Required Attachment F: 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.)

Mr. Margaret Recknor

Ms. Helen Freeman

Required Attachment G: Component 3, (6) De-concentration 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

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:

Development Name	Number of Units	Explanation (if any) [See step 4 at 903.2©(1)(iv)]	Deconcentration policy (if no Explanation) [see step 5 at 903.2©(1)(v)]

Attachment H: Progress in Meeting the 5 -Year Plan Mission and Goals

The PHA has been able to maintain its mission to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination through the utilization of previous Capital funds and the proper application of four public housing policies.

We are continuing to address public housing vacancies very aggressively and our PHAS scores indicate that the operational issues are being addressed.

Capital funds have been utilized to provide modernization of our property and our FYE 2003 application will continue that effort.

The implementation of a family pet policy has provided the opportunity for residents to enjoy pets within a regulated environment. In addition, PHA has implemented a Community Service Program that began MAY 1, 2003 supplying notification and discussion with the residents and each adult member of every household that the policy will cover.

We are confident that the PHA will be able to continue to meet and accommodate all our goals and objectives for the FYE 2003.

Attachment I: Component 10(B) Voluntary Conversion Initial Assessments:

1. How many of the PHA's developments are subject to the Required Initial Assessments? **Two**
2. 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)? **None**
3. How many Assessments were conducted for the PHA's covered developments? **Two**
4. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: **None**

Development	Number of Units

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

Not Applicable

Attachment J: Implementation of Public Housing Resident Community Service Requirement

PHA Responsibilities

1. Eligibility Determination

The PHA will review every existing resident file to determine each Adult member's status regarding community service per the following guidelines:

- As family status is determined a letter will be sent to each adult member of that family to notify them of their status (exempt or non-exempt) and explaining the steps they should immediately proceed with through their housing representative.
- The PHA will include a copy of the general information section of its Community Service Policy and a listing of PHA and/or third party work activities that are eligible for certification of the community service requirement.
- At the scheduled meeting with each non-exempt adult family member, not only will the parameters of the community service requirement be reviewed but also the PHA and/or third party work activities will be identified and selected for compliance with the annual obligation for certification at their annual lease renewal date.

1. Work Activity Opportunities

The Housing Authority has elected to provide to those adult family members that must perform community service the opportunity to select either PHA sanctioned work activities or Third Party certifiable work items. The administration of the certification process would be:

- **PHA Provided Activities:**

When qualifying activities are provided by the Authority directly, designated Authority employees(s) shall provide signed certification that the family member has performed the proper number of hours for these selected service activities.

- **Third Party Certification**

When qualifying activities are administered by any organization other than PHA, the family member must provide signed certification (see III A(c)) to the Authority by such third party organization that said family member has performed appropriate service activities for the required hours.

- **Verification of Compliance**

The Authority is required to review family compliance with service requirement, and must verify such compliance annually at least thirty (30) days before the end of the twelve (12) month lease term (annual re-certification time). Evidence of service performance and or exemption must be maintained in the participant files.

- **Notice of Noncompliance**

If the Authority determines that a family member who is subject to fulfilling a service requirement, but who has violated the family's obligation (a noncompliant resident) the Authority must notify the specific family member of this determination.

The Notice of Noncompliance must:

1. Briefly, describe the noncompliance (in adequate number of hours).
2. State that the Authority will not renew the lease at the end of the twelve (12) month lease term unless:
 - The resident or any other noncompliant adult family member enters into a written agreement with the Authority to cure the noncompliance and in fact perform to the letter of agreement.
 - Or
 - The Family provides written assurance satisfactory, to the PHA that the resident or other noncompliant adult member no longer resides in the unit.

This Notice of Noncompliance must also state that the resident may request a grievance hearing and that the resident may exercise any available judicial remedy to seek timely redress for the Authority's non-renewal of the lease because of a noncompliance determination.

- **Resident agreement to comply with service requirement.**

The written agreement entered into with the Authority to cure the service requirement noncompliance by the resident and any other adult family member must:

- Agree to complete additional service hours needed to make up the total number of hours required over the twelve (12) month term of the new lease.
- State that all other members of the family subject to the service requirement are in current compliance with the service requirement or are no longer residing in the unit.

The Housing Authority has developed a list of Agency certifiable and or third party work activities of which each non-exempt adult family member can select to perform their individual service requirement.

ATTACHMENTK:CAPITALFUNDS2001

Annual Statement/Performance and Evaluation Report
Comprehensive Grant Program (CGP)

Part I: Summary

Housing U.S. Department of
and Urban Development

OMB Approval No. 2577 -0157
(Exp. 3/31/2002)

Office of Public and Indian Housing

HAName	Comprehensive Grant Number	FFY of Grant Approval
<input type="checkbox"/> Wood Housing Authority	MO36P18950101	2001
<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Revised Annual Statement/Revision Number	
<input type="checkbox"/> Reserve for Disasters/Emergencies	<input checked="" type="checkbox"/> Final Performance and Evaluation Report	
<input type="checkbox"/> Performance and Evaluation Report for Program Year Ending		

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost 2	
		Original	Revised 1	Obligated	Expended
1	Total Non -CGP Funds				
2	1406 Operations	10,643.00	10,643.00	10,643.00	10,643.00
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		36,000.00	36,000.00	36,000.00
11	1465.1 Dwelling Equipment -Nonexpendable				
12	1470 Nondwelling Structures		-	-	-
13	1475 Nondwelling Equipment	36,000.00		-	-
14	1485 Demolition	-	-	-	-
15	1490 Replacement Reserve	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-
17	1495.1 Relocation Costs	-	-	-	-

18	1498ModUsedforDevelopment	-	-	-	-
19	1502Contingency(maynotexceed8%ofline 20)	-	-	-	-
20	AmountofAnnualGrant(Sumoflines2 -19)	\$46,643.00	\$46,643.00	\$46,643.00	\$46,643.00
21	Amountofline19RelatedtoLBPActivities	-	-	-	-
22	Amountofline19RelatedtoSection504 Compliance	-	-	-	-
23	Amountofline19RelatedtoSecurity	-	-	-	-
24	Amountofline19RelatedtoEnergyConversation Measures	-	-	-	-
SignatureofExecutiveDirector		Date	SignatureofPublicHousingDirector		Date
X		04/18/03	X		

Annual Statement/Performance and Evaluation Report
 Comprehensive Grant Program (CGP) **Part II: Support ing Pages**

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised(1)	Funds Obligated(2)	Funds Expended(2)	
HA-Wide	Housing Operations	1406.00		10,643.00	10,643.00	10,643.00	10,643.00	Completed
MO-189-1	Installed New Heat & A/C Units Final Payment Amount Billed - CF2000 Heating & Air	1460.00	½ Unit		964.64	964.64	964.64	Completed Refer to CF2000 10 Units @ 19,535.36
MO-189-2	Installed New Heating & A/C Units	1460.00	10-Units		35,035.36	35,035.36	35,035.36	Completed

Signature of Executive Director

Date

Signature of Public Housing Director

Date

X **04/18/03** **X**

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement
 (2) To be completed for the Performance and Evaluation Report.

Previous Edition is obsolete

Part III: Implementation Schedule

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
HA-Wide	9/30/2003			3/31/2004			
Signature of Executive Director				Date		Signature of Public Housing Director	
X				04/18/03		X	

ATTACHMENT L: CAPITAL FUNDS 2002

Annual Statement/Performance and Evaluation Report

Comprehensive Grant Program (CGP)

Part I: Summary

U.S.
Department of
Housing
and
Urban Development

OMB Approval No. 2577 -
0157
(Exp. 3/31/2002)

Office of Public and Indian Housing

HA Name	Comprehensive Grant Number	FFY of Grant Approval
<input type="checkbox"/> Wood Housing Authority	MO36P18950102	2002
<input type="checkbox"/> Original Annual Statement	<input checked="" type="checkbox"/> Revised Annual Statement/Revision Number	
<input type="checkbox"/> Reserve for Disasters/Emergencies	<input type="checkbox"/> Final Performance and Evaluation Report	
<input type="checkbox"/> Performance and Evaluation Report for Program Year Ending		

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost 2	
		Original	Revised 1	Obligated	Expended
1	Total Non -CGP Funds				
2	1406 Operations (May not exceed 10% of line 19)	13,521.00	13,521.00	6,000.00	6,000.00
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	14,000.00	-	-	-
10	1460 Dwelling Structures	17,094.00	17,094.00	-	-
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-	-
12	1470 Non Dwelling Structures	-	-	-	-
13	1475 Non Dwelling Equipment	1,000.00	15,000.00	-	-
14	1485 Demolition	-	-	-	-
15	1490 Replacement Reserve	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-

17	1495.1RelocationCosts	-	-	-	-
18	1498ModUsedforDevelopment	-	-	-	-
19	1502Contingency(maynotexceed8%ofline20)	-	-	-	-
20	AmountofAnnualGrant(Sumoflines2-19)	\$45,615.00	\$45,615.00	\$6,000.00	\$ 6,000.00
21	Amountofline19RelatedtoLBPActivities	-	-	-	-
22	Amountof line19RelatedtoSection504Compliance	-	-	-	-
23	Amountofline19RelatedtoSecurity	-	-	-	-
24	Amountofline19RelatedtoEnergyConversation Measures	-	-	-	-
SignatureofExecutiveDirector		Date	SignatureofPublicHousingDirector		Date
X		04/18/03	X		

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed
				Original	Revised(1)	Funds Obligated(2)	Funds Expended(2)	
HA-Wide	Housing Operations	1406.00		13,521.00	13,521.00	6,000.00	6,000.00	47% Complete
MO189-1	Replace T.V. Antenna	1450.00	1 Sys	8,600.00	-			Removed
MO189-2	Replace T.V. Antenna	1450.00	1 Sys	5,400.00	-			Removed
MO189 -1	Replace Light Fixtures	1460.00	16 EA	3,860.00	3,860.00			In Process
MO189 -2	Replace Light Fixtures	1460.00	10 EA	2,415.00	2,415.00			In Process

Signature of Executive Director

Date

Signature of Public Housing Director

Date

X

04/18/03 X

Annual Statement/Performance and Evaluation Report
 Comprehensive Grant Program (CGP) Part II: Supporting Pages

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed V
				Original	Revised(1)	Funds Obligated(2)	Funds Expended(2)	
MO189 -1	Replace Storage Doors	1460.00	16EA	6,660.00	6,660.00			In Process
MO189 -2	Replace Storage Doors	1460.00	10EA	4,159.00	4,159.00			In Process
HA-Wide	Purchase Maintenance Vehicle	1475.00	1		14,000.00			In Process
HA-WIDE	Replace Laundry Room equipment	1475.00	1-Set	1,000.00	1,000.00			In Process

Signature of Executive Director

Date

Signature of Public Housing Director

Date

X

04/18/03 X

Annual Statement/Performance and Evaluation Report
 Comprehensive Grant Program (CGP)

Part III: Implementation Schedule

U.S. Department of Housing
 and Urban Development

Office of Public and Indian Housing

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target (2)	
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)		
HA-Wide	6/12/2004			9/30/2005				
Signature of Executive Director				Date		Signature of Public Housing Director		Date
X				04/18/03		X		

1 To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 2 To be completed for the Performance and Evaluation Report.

**Housing Authority Of The City Of Norwood
301 West First Street
Mountain Grove, Missouri 65711
Phone: 417 -926-3142
Fax: 417 -926-3143**

Attachment M: Annual Plan Meeting Notes

The Annual Plan meeting was held February 21, 2003 with four (4) Tenants and two (2) Employees in attendance. Most of the tenants suggested to improve the Capital Fund plans in the next five-years, therefore we are meeting the needs and improvements for the tenants. No changes to the annual plan are needed at this time.