

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

SmallPHAPlanUpdate
AnnualPlanforFiscalYear:2003

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBECOMPLETEDIN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHAPlan
AgencyIdentification**

PHAName: MercerCountyHousingAuthority

PHANumber: ND015

PHAFiscalYearBeginning:(mm/yyyy) 01/01/2003

PHAPlanContactInformation:
Name:H.JohnLoerchand/orJanineHaug

Phone:701-663-7494
TDD:
Email(ifavailable):jahaug215@gcentral.com

Public Access to Information

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

- X Main administrative office of the PHA
- X 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)

- X Main administrative office of the PHA
- X 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)

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

PHA Programs Administered :

Public Housing and Section 8 XX 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 filename in parentheses in the space to the right of the title.

Contents Page#

Annual Plan

- .Executive Summary (optional)
- .Annual Plan Information

.TableofContents	2
.DescriptionofPolicyandProgramChangesfortheUpcomingFiscalYear	
CapitalImprovementNeeds	3
.DemolitionandDisposition	4
.Homeownership:VoucherHomeownershipProgram	4
.CrimeandSafety:PHDEPPlan	5
.OtherInformation:	5
.ResidentAdvisoryBoardConsultationProcess	5
.StatementofConsistencywithConsolidatedPlan	6
.CriteriaforSubstantialDeviationsandSignificantAmendments	6

Attachments

- AttachmentA:SupportingDocumentsAvailableforReview
- AttachmentB:CapitalFundProgramAnnualStatement
 - Attachment__:CapitalFundProgram5YearActionPlan
 - Attachment__:CapitalFundProgramReplacementHousingFactorAnnualStatement
 - Attachment__:PublicHousingDrugEliminationProgram(PHDEP)Plan
- AttachmentC:ResidentMembershiponPHABoardorGoverningBody
- AttachmentD:MembershipofResidentAdvisoryBoardorBoards
- AttachmentE:CommentsofResidentAdvisoryBoardorBoards&ExplanationofPHAResponse(mustbeattachedifnotincludedinPHAPlantext)
- Other(Listbelow,providingeachattachmentname)
- AttachmentH:CapitalFundProgramStatementforYears2000-2002

ii.ExecutiveSummary

[24CFRPart903.79(r)]
AtPHAAoption,provideabriefoverviewoftheinformationintheAnnualPlan

1.SummaryofPolicyorProgramChangesfortheUpcomingYear

Inthissection,brieflydescribechangesinpoliciesorprogramsdiscussedinlastyear'sPHAPlanthatarenotcovered inothersections ofthisUpdate.

ThePHAhasnoplannedprogramorpolicychangesforFY2003

2.CapitalImprovementNeeds

[24CFRPart903.79(g)]
Exemptions:Section8onlyPHAsarenorequiredtocompletethiscomponent.

A.YesNo:IsthePHAeligibletoparticipateintheCFPinthefiscalyearcoveredby thisPHAPlan?YesthePHAiseligibleandwillparticipateintheCFPfor2003

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$64,223

C. X Y 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 H.

3. 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 Disposition

3. Application status (select one) Approved Submitted, pending approval Planned application

4. Date application approved, submitted, or planned for submission: (DD/MM/YY)

5. Number of units affected: 6. Coverage of action (select one) Part of the development Total development

7. Relocation resources (select all that apply) Section 8 for units Public housing for units Preference for admission to other public housing or section 8 Other housing for units (describe below)

8. Timeline for activity: a.

Actual or projected start date of activity: b.

Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24CFR Part 903.79(k)]

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

. 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

[24CFR Part 903.79(r)]

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

1. YesXXNo: 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

YesXXNo: below or

YesNo: 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)

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (provide name here) North Dakota

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.

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

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

X 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)

. PHA Requests for support from the Consolidated Plan Agency

YesXXNo: 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:

Substantial deviations or significant amendments or modifications are defined by the Mercer County Housing Authority as discretionary changes in the plans or policies that fundamentally change the mission, goals, objectives or plans of the agency and which require formal approval of the Board of Commissioners and a Public Hearing.

B. Significant Amendment or Modification to the Annual Plan:

See 1.A.

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	Document	Related Plan Component	Supporting
X	Regulations	PHA Plan Certifications of Compliance with the PHA Plans and Related 5 Year and Annual Plans	
	(not required for this update)	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year X
X		Fair Housing Documentation Supporting Fair Housing Certifications: reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	Records
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	
X		Annual Plan: Housing Needs	
X		Most recent board-approved operating budget for the public housing program	
X		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:
XX	Eligibility, Selection, and Admissions Policies	
X	Any policy governing occupancy of Police Officers in Public Housing	check here
	if included in the public housing A&O Policy	Annual Plan:
	Eligibility, Selection, and Admissions Policies	
X	Section 8 Administrative Plan	Annual Plan:
X	Eligibility, Selection, and Admissions Policies	
X	Public housing rent determination policies, including the method for setting public	
housing flat rents	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	check here if
included in the public housing A&O Policy		Annual Plan:
Rent Determination		
	Section 8 rent determination (payment standard) policies X	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		
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	
Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency		
X	Results of latest Section 8 Management Assessment System (SEMAP)	
Annual Plan: Management and Operations		
	Any required policies governing any Section 8 special housing	types check here if
included in Section 8 Administrative Plan		Annual Plan:
Operations and Maintenance		
X	Public housing grievance procedures	check here if included in the public housing
A&O Policy	Annual Plan: Grievance Procedures	
X	Section 8 informal review and hearing procedures	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	
	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	
	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 home ownership programs/plans	

Annual Plan: Homeownership
Policies governing any Section 8 Homeownership program (section _____ of the
Section 8 Administrative Plan) Annual Plan:
Homeownership X Cooperation

agreement between the PHA and the TANF agency and between the PHA and local employment and
trainings 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
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 residents 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: Baseline law
enforcement services for public housing developments assisted under the PHDEP plan; Consortium
agreement/s between the PHAs participating in the consortium and a copy of the payment agreement
between the consortium and HUD (applicable only to PHAs participating in a consortium as specified
under 24 CFR 761.15); Partnership
agreements (indicating specific leveraged support) with agencies/organizations providing funding, services
or other in-kind resources for PHDEP-funded activities; Coordination
with other law enforcement efforts; Written
agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and All crime
statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the
public housing sites assisted under the PHDEP Plan. Annual Plan:
Safety and Crime Prevention

X Policy on Ownership of Pets in Public Housing Family Developments (as required
by regulation at 24 CFR Part 960, Subpart G) check here if included in the public housing A & O Policy X
Pet Policy

X 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

PHAs Troubled PHAs: MOA/Recovery Plan Troubled

necessary) Others supporting documents (optional) (list individually; use as many lines as
(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: Mercer County Housing Authority Grant Type and Number X Capital Fund
Program: ND06P015501-03 Capital Fund Program Replacement Housing Factor Grant No:
Federal FY of Grant: 2003
Original Annual Statement Reserve for Disasters/
Emergencies Revised Annual Statement (revision no:) Performance and Evaluation Report for
Period Ending: Final Performance and Evaluation Report
Line No. Summary by Development Account Total Estimated Cost \$64,223
Total Actual Cost

Obligated		Original Expended	Revised
1	Totalnon-CFPFunds		
2	1406Operations		
3	1408ManagementImprovements		
4	1410Administration	\$3,000	
5	1411Audit		
6	1415liquidatedDamages		
7	1430FeesandCosts		
8	1440SiteAcquisition		
9	1450SiteImprovement		
10	1460DwellingStructures	61,223	
11	1465.1DwellingEquipment-Nonexpendable		
12	1470NondwellingStructures		
13	1475NondwellingEquipment		
14	1485Demolition		
15	1490ReplacementReserve		
16	1492MovingtoWorkDemonstration		
17	1495.1RelocationCosts		
18	1498ModUsedforDevelopment		
19	1502Contingency		
20	AmountofAnnualGrant:(sumoflines2-19)	64,223	
21	Amountoffline20RelatedtoLBPActivities		
22	Amountoffline20RelatedtoSection504Compliance		
23	Amountoffline20RelatedtoSecurity		
24	Amountoffline20RelatedtoEnergyConservationMeasures		

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

PHAName: Mercer County Housing Authority Grant Type and Number X Capital Fund

Program#: ND06P015501-03 Capital Fund Program Replacement Housing Factor#:

Federal FY of Grant: 2003

Development Number	General Description of Major Work Categories	Dev. Acct No.
Quantity	Total Estimated Cost \$64,223	Total Actual Cost
Name/HA-Wide Activities		Status of Proposed
Original	Revised	Funds Obligated
Work		Funds Expended

Replace cupboards at all elderly
 units (2,186/unit)

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

PHAName: Mercer County Housing Grant Type and Number Capital Fund Program#:

Capital Fund Program Replacement Housing Factor#:

Federal FY of Grant: 2003

Development Number Name/HA-Wide Activities X All Fund Obligated (Quart Ending Date)
 Date) All Funds Expended (Quarter Ending Date)

Reasons for Revised Target Dates

	Original	Revised	Actual	Original	Revised
Actual					

09/30/2006

12/31/2005

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.

CFP5-YearActionPlan **Originalstatement** **Revisedstatement**
DevelopmentNumber **DevelopmentName(orindicatePHAwide)**

DescriptionofNeededPhysicalImprovementsorManagementImprovements **EstimatedCost**
PlannedStartDate(HAFiscalYear)

Totalestimatedcostovernext5years

\$325,000

PHA Public Housing Drug Elimination Program Plan

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

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

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

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

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

E. Target Areas

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

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

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

FY1999

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

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

B. PHDEP Budget Summary

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

FFY _____ PHDEP Budget Summary	Original statement	Revised statement dated:
Budget Line Item	Total Funding	
9110-Reimbursement of Law Enforcement		
9115-Special Initiative		
9116-Gun Buyback 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	

ProposedActivities	#ofPersonsServed	TargetPopulation	StartDate
ExpectedCompleteDate	PHEDEPFunding	OtherFunding(Amount/Source)	
PerformanceIndicators			
1.			
2.			
3.			

9115-SpecialInitiative

Total

PHDEPFunding:\$

Goal(s)

Objectives

ProposedActivities

#ofPersonsServed

TargetPopulation

StartDate

ExpectedCompleteDate

PHEDEPFunding

OtherFunding(Amount/Source)

PerformanceIndicators

1.

2.

3.

9116-GunBuybackTAMatch

TotalPHDEP

Funding:\$

Goal(s)

Objectives

ProposedActivities

#ofPersonsServed

TargetPopulation

StartDate

ExpectedCompleteDate

PHEDEPFunding

OtherFunding(Amount/Source)

PerformanceIndicators

1.

2.

3.

9120-SecurityPersonnel

TotalPHDEP

Funding:\$

Goal(s)

Objectives

ProposedActivities

#ofPersonsServed

TargetPopulation

StartDate

ExpectedCompleteDate

PHEDEPFunding

OtherFunding(Amount/Source)

PerformanceIndicators

1.

2.

3.

9130-EmploymentofInvestigators

TotalPHDEP

Funding:\$

Goal(s)

Objectives

ProposedActivities

#ofPersonsServed

TargetPopulation

StartDate

ExpectedCompleteDate

PHEDEPFunding

OtherFunding(Amount/Source)

PerformanceIndicators

1.

2.

3.

9140- VoluntaryTenantPatrol

TotalPHDEP

Funding:\$

Goal(s)

Objectives

ProposedActivities

#ofPersonsServed

TargetPopulation

StartDate

ExpectedCompleteDate

PHEDEPFunding

OtherFunding(Amount/Source)

PerformanceIndicators

1.

2.

3.

9150- PhysicalImprovements

TotalPHDEP

Funding:\$

Goal(s)

Objectives

ProposedActivities

#ofPersonsServed

TargetPopulation

StartDate

ExpectedCompleteDate

PHEDEPFunding

OtherFunding(Amount/Source)

PerformanceIndicators

1.

2.

3.

9160-DrugPrevention**Total****PHDEPFunding:\$**

Goal(s)

Objectives

ProposedActivities

ExpectedCompleteDate

PerformanceIndicators

1.

2.

3.

#ofPersonsServed

PHEDEPFunding

TargetPopulation

OtherFunding(Amount/Source)

StartDate

9170-DrugIntervention**Total****PHDEPFunding:\$**

Goal(s)

Objectives

ProposedActivities

ExpectedCompleteDate

PerformanceIndicators

1.

2.

3.

#ofPersonsServed

PHEDEPFunding

TargetPopulation

OtherFunding(Amount/Source)

StartDate

9180-DrugTreatment**TotalPHDEP****Funding:\$**

Goal(s)

Objectives

ProposedActivities

ExpectedCompleteDate

PerformanceIndicators

1.

2.

3.

#ofPersonsServed

PHEDEPFunding

TargetPopulation

OtherFunding(Amount/Source)

StartDate

9190-OtherProgramCosts**TotalPHDEP****Funds:\$**

Goal(s)

Objectives

ProposedActivities

ExpectedCompleteDate

PerformanceIndicators

#ofPersonsServed

PHEDEPFunding

TargetPopulation

OtherFunding(Amount/Source)

StartDate

- 1.
- 2.
- 3.

Required Attachment ____: Resident Member on the PHA Governing Board

1. Yes X 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:

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

Elected

Appointed

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

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

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

X 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 undertake this obligation.

Other (explain):

B. Date of next term expiration of a governing board member: 1/2003

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

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.) The Membership on the Resident Advisory Board is the entire resident body as each is invited to participate in all planning meetings and each is listed in the PIC program.

ATTACHMENTH:

FYs 2000, 2001, 2002 and 2003

FY 2000-Project Number ND06P01550100

Amount-\$65,849-The grant was totally expended by 7/2001 and closed

FY 2001-Project ND06P01550101

Amount-\$67,155

Administration	3,000
Garages ND15-2	64,155

Grant will be totally obligated by 12/30/2002

FY 2002-Project ND06P01550102

Amount-\$64,223

Administration	3,000
Garages ND15-1	61,223

Grant will be obligated by 9/30/2003

FY 2003-Project ND06

See Attachment B