

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

SmallPHAPlanUpdate
AnnualPlanforFiscalYear: 2003

**NOTE:THISPHAPLANSTEMPLATE(HUD-50075SmallPHA)ISTOBECOMPLETEDIN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHAPlan
AgencyIdentification**

PHAName:OceanCityHousingAuthority

PHANumber: NJ053

PHAFiscalYearBeginning:(mm/yyyy) October1,2003

PHA Plan Contact Information:

Name: Glenn O. Stull, PHM
Phone: 609-399-1062
TDD:
Email (if available): oceancityha@worldnet.att.net

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
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
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
PHA development management offices
Other (list below)

PHA Programs Administered :

Public Housing and Section 8 Section 8 Only X Public Housing Only

Annual PHA Plan
Fiscal Year 20 03
[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in

parentheses in the space to the right of the title.

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

Attachments

- Attachment A: Supporting Documents Available for Review
- Attachment_B_: Capital Fund Program Annual Statement
- Attachment_C_: Capital Fund Program 5 Year Action Plan
- Attachment_D_: Capital Fund Program Replacement Housing Factor Annual Statement
- Attachment__: Public Housing Drug Elimination Program (PHDEP) Plan
- Attachment_E_: Resident Membership on PHA Board or Governing Body
- Attachment_F_: Membership of Resident Advisory Board or Boards
- Attachment_G_: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)

ii. Executive Summary

[24CFR Part 903.79(r)] N/A

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.

2.CapitalImprovementNeeds

[24CFRPart903.79(g)]

Exemptions:Section8onlyPHAsarenotrequiredtocompletethiscomponent.

A.XYesNo:IsthePHAeligibletoparticipateintheCFPinthefiscalyearcoveredby thisPHAPlan?

B.WhatistheamountofthePHA’sestimatedoractual(ifknown)CapitalFund Programgrantfortheupcomingyear?\$_180,000.00_____

C.XYesNo DoesthePHAplantoparticipateintheCapitalFundProgramin theupcomingyear?Ifyes,completetherestofComponent7.Ifno,skiptonext component.

D.CapitalFundProgramGrantSubmissions

(1)CapitalFundProgram5-YearActionPlan

TheCapitalFundProgram5-YearActionPlanisprovidedasAttachment

(2)CapitalFundProgramAnnualStatement

TheCapitalFundProgramAnnualStatementisprovidedasAttachment

3.DemolitionandDispositionN/A

[24CFRPart903.79(h)]

Applicability:Section8onlyPHAsarenotrequiredtocompletethissection.

1. YesXNo: DoesthePHAplantoconductanydemolitionordisposition activities(pursuanttosection18oftheU.S.HousingActof1937 (42U.S.C.1437p))intheplanFiscalYear?(If“No”,skiptonext component;if“yes”,completeoneactivitydescriptionforeach development.)

2.ActivityDescription

Demolition/DispositionActivityDescription (NotincludingActivitiesAssociatedwithHOPEVIorConversionActivities)
1a.Developmentname:

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 N/A

[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 N/A

[24CFRPart903.7(m)]

ExemptionsSection8OnlyPHAsmaykiptothenextcomponentPHAseligibleforPHDEPfundsmust provideaPHDEPPlanmeetingspecifiedrequirementspriortoreceiptofPHDEPfunds.

A. YesNo: IsthePHAeligibletoparticipateinthePHDEPinthefiscalyearcovered bythisPHAPlan?

B. WhatistheamountofthePHA'sestimatedoractual(ifknown)PHDEPgrantforthe upcomingyear? \$_____

C. YesNo Does the PHA planto participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skiptonext component.

D. YesNo: The PHDEP Plan is attached at Attachment _____

6.OtherInformation

[24CFRPart903.79(r)]

A. ResidentAdvisoryBoard(RAB)RecommendationsandPHAResponse

1. XYesNo: 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

YesNo: below or

YesNo: at the end of the RAB Comments in Attachment _____.

X 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)

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

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

C. Criteria for Substantial Deviation and Significant Amendments NONE

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:

B. Significant Amendment or Modification to the Annual Plan:

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
N/A	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’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	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
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 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	Annual Plan: Rent

	check here if included in the public housing A&O Policy	Determination
N/A	Section 8 rent determination (payment standard) policies 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 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
N/A	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
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
N/A	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99-52(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
N/A	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 homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program	Annual Plan:

	(section _____ of the Section 8 Administrative Plan)	Homeownership
N/A	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
N/A	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	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 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	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
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)

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPR)**

PHA Name:
Ocean City Housing Authority

Grant Type and Number
Capital Fund Program: NJ39P05350103

X 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	
		Original	Revised
1	Total Non-CFP Funds	-0-	
2	1406 Operations	-0-	
3	1408 Management Improvements	-0-	
4	1410 Administration	\$10,000	
5	1411 Audit	-0-	
6	1415 Liquidated Damages	-0-	
7	1430 Fees and Costs	-0-	
8	1440 Site Acquisition	-0-	
9	1450 Site Improvement	-0-	
10	1460 Dwelling Structures	\$145,000	
11	1465.1 Dwelling Equipment—Nonexpendable	-0-	
12	1470 Nondwelling Structures	-0-	
13	1475 Nondwelling Equipment	-0-	
14	1485 Demolition	-0-	
15	1490 Replacement Reserve	-0-	
16	1492 Moving to Work Demonstration	-0-	
17	1495.1 Relocation Costs	-0-	
18	1498 Mod Used for Development	-0-	
19	1502 Contingency	-0-	
20	Amount of Annual Grant: (sum of lines 2-19)	\$180,000	
21	Amount of line 20 Related to LBP Activities	-0-	
22	Amount of line 20 Related to Section 504 Compliance	-0-	
23	Amount of line 20 Related to Security	-0-	
24	Amount of line 20 Related to Energy Conservation Measures	\$145,000	

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

PHAName: Ocean City Housing Authority		Grant Type and Number Capital Fund Program #: NJ39P05350103 Capital Fund Program Replacement Housing Factor#:			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	
				Original	Revised
1. NJ53-1 Pecks	. Install new entrance doors and	1460	100%	\$145,000	
Beach Village	Storm doors				
2. Administration	1. Pay part of Executive Director's	1410	--	\$10,000	
	Salary for all work done in connection				
	With capital fund program				
3. Fees and Costs	1. A/E Fees for bid work items	1430	--	\$13,000	
	2. Pay part time Mod Coordinator for				
	all				
	Work done in connection with Capital				
	Fund Program				
	GRAND TOTAL			\$180,000	

CapitalFundProgramFive-YearActionPlan

PartI:Summary

PHAName <i>OCEANCITY HOUSINGAUTHORITY</i>					XOrigin Revision
Development mber/Name/HA-Wi	Year1	WorkStatementforYear2 FFYGrant: 2004 PHAFY: 20024	WorkStatementforYear3 FFYGrant: 2005 PHAFY: 2005	WorkSta FFYGran PHAFY:	
	<i>Annual Statement</i>				
<i>1.NJ053-001 PECKSBEACH VILLAGE</i>		<i>\$145,000</i>	<i>\$90,000</i>	<i>\$70,000</i>	
<i>2.NJ053-002 BAYVIEW MANOR</i>		<i>---</i>	<i>\$55,000</i>	<i>\$75,000</i>	
<i>3. ADMINISTRATION</i>		<i>\$10,000</i>	<i>\$10,000</i>	<i>\$10,000</i>	
<i>4.FEESAND COSTS</i>		<i>\$25,000</i>	<i>\$25,000</i>	<i>\$25,000</i>	
<i>CFPFundsListedfor 5-yearplanning</i>		<i>\$180,000</i>	<i>\$180,000</i>	<i>\$180,000</i>	
<i>ReplacementHousing FactorFunds</i>					

CapitalFundProgramFive-YearActionPlan

PartII:SupportingPages—WorkActivities

Activitiesfor Year1 2003	ActivitiesforYear: <u> 2 </u> FFYGrant: 2004 PHAFY: 2042			A	
	Development Name/Number	MajorWork Categories	Estimated Cost	Development Name/Number	
see	1.NJ053-001 PECKSBEACH VILLAGE	1.INSTALL ROOFS	<i>\$145,000</i>	1.NJ053-001 PECKSBEACH VILLAGE	1. R R
					2 R

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

F. Duration of Program

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

12 Months _____ **18 Months** _____ **24 Months** _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs 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	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1995						
FY 1996						
FY 1997						
FY 1998						
FY 1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

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

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

9115-SpecialInitiative						TotalPHDEPFunding:\$	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	
1.							
2.							
3.							

9116-GunBuybackTAMatch						TotalPHDEPFunding:\$	
Goal(s)							
Objectives							
ProposedActivities	#of erson Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	
1.							
2.							
3.							

9120-SecurityPersonnel						TotalPHDEPFunding:\$	
Goal(s)							
Objectives							
ProposedActivities	#of erson	Target	Start	Expected Complete	PHEDEP	OtherFunding	

	Served	Population	Date	Date	Funding	(Amount/Source)
1.						
2.						
3.						

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

9140– VoluntaryTenantPatrol						TotalPHDEPFunding:\$	
Goal(s)							
Objectives							
ProposedActivities	#of erson Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	OtherFunding (Amount/Source)	
1.							
2.							
3.							

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

9160-DrugPrevention

Goal(s)							
Objectives							
ProposedActivities	#of erson Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount /Source)	
1.							
2.							
3.							

9170-DrugIntervention

TotalPHDEPFunding:\$

Goal(s)							
Objectives							
ProposedActivities	#of erson Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	
1.							
2.							
3.							

9180-DrugTreatment

TotalPHDEPFunding:\$

Goal(s)							
Objectives							
ProposedActivities	#of erson Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	
1.							
2.							
3.							

9190-OtherProgramCosts

TotalPHDEPFunds:\$

Goal(s)							
Objectives							
ProposedActivities	#of erson Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	
1.							
2.							
3.							

Required Attachment __E__: 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. 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.

X Other (explain): There have been no vacancies on the Board.

B. Date of next term expiration of a governing board member: 12/31/03

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

City of Ocean City City Council

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.)

After much effort the Ocean City Housing Authority was unsuccessful in finding residents to serve on a Resident Advisory Board. The Board of Commissioners passed a resolution appointing all residents to the Resident Advisory Board. Adequate notice was given to all Housing Authority residents.

ATTACHMENT G – Comments of Resident Advisory Board and Explanation of PHA Response.

A Resident Advisory Board meeting was held on April 23, 2003. The following work items at Bay View Manor were suggested: 1) Windows 2) Fencing around sitting area 3) re-arranging Community Room. It was discussed that the windows were made easier to operate several years ago and the problem is that the windows as designed are difficult for senior citizens to operate. The cost of a complete window replacement would be prohibitive. The 2003 CFP annual statement and five year action plan were reviewed with the Resident Advisory Board and they were in agreement with the work items contained therein.