

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

Ok004001v03

**NOTE: THIS PHA PLAN TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHAName: Idabel Housing Authority

PHANumber: OK004

PHAFiscalYearBeginning:(mm/yyyy) 07/2003

PHA Plan Contact Information:

Name: Dana Baird

Phone: 580-286-9444

TDD: 580-286-9446

Email(if available): iha_dana@yahoo.com

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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<input type="checkbox"/> Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan	
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<input type="checkbox"/> Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input type="checkbox"/> Other (List below, providing each attachment name)	

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.

There have been no significant changes in the plan relative to the administration of the Public Housing Units. The Housing Authority is concentrating on providing much needed Section 8 Housing Vouchers for persons residing in Idabel, McCurtain County, Oklahoma. There is a great need for this type of assistance in the area. The Housing Authority is confident that it can lease up a minimum of 50 vouchers within 90 days of receipt. Additionally Homeownership vouchers would enable the Housing Authority to help existing residents and other persons to have an opportunity to purchase a home. A Section 8 plan is developed and the Authority has attained training relative to the various Section 8 programs and anticipates venturing further into affordable housing.

2. Capital Improvement Needs

[24CFR Part 903.79(g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 367,809.00

C. Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5 -Year Action Plan

The Capital Fund Program 5 -Year Action Plan is provided as Attachment C

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3.D Demolition and Disposition

[24CFR Part 903.79(h)]

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

1. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C.

1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/>	
Disposition <input type="checkbox"/>	
3. Application status (select one)	
Approved <input type="checkbox"/>	
Submitted, pending approval <input type="checkbox"/>	
Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of 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

[24 CFR 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 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

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

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

Establishing a minimum homeowner 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):

The Executive Director has been meeting with various agencies regarding the administration and development of homeownership programs. Housing Authority staff has attained trainings and has begun development of the Housing Authority's Section 8 Administrative Plan.

5. Safety and Crime Prevention: PHDEPP lan

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHA 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 _____

6. Other Information

[24CFR 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 comment sare Attached at Attachment (Filename)

The Resident Advisory Board meeting was held on March 11, 2003 at 3:00 p.m., Transportation was provided by the Housing Authority and representation from the five sites was obtained. The following comments were made regarding the proposed plan:

- a. Need a playground on NW Guthrie
- b. Need better outside Lighting
- c. Need Playground for children

- d. Need to continue Youth Programs
- e. Need Ceiling lights, Dryer hookups, Storage Room Doors replaced
- f. Larger Storage Rooms, Handheld sinks, sprayers

3. In what manner did the PHA address those comments? (select all that apply)

- The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included:
 - Yes No: below
 - Yes No: at the end of the RAB Comments in Attachment ____.
- Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment ____.
- Other: (list below)

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 Oklahoma)

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

- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

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

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

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

A. Substantial Deviation from the 5-year Plan:

The Authority defines substantial deviations from the 5-year plan as “any deviation that involves the addition of work components not originally listed within the 5-year plan that will involve the usage/commitment of funds in excess of 25% of the total funding budgeted for the current fiscal year plan.”

B. Significant Amendment or Modification to the Annual Plan:

The Authority defines significant amendment or modification to the annual plan as “an amendment to the original plan displayed and submitted to HUD that includes the deletion of significant components of the annual plan (generally items that were projected to use 25% or more of the annual funding for the current fiscal year) and/or the replacement of work items that are not included within the annual or 5-year plan that will involve the usage/commitment of 25% or more of the annual funding for the Authority.”

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 Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
x	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
x	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
x	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
x	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
x	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
x	Section 8 Administrative Plan	Annual Plan: Rent Determination
x	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
x	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
x	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
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
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
x	Any required policies governing any Section 8 special housing types <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
x	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
x	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
x	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
x	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99 -52(HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
x	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 training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
x	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
x	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
x	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing development 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) <input type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
x	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: IDABEL HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: OK56P00450103 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2003	
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	2000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	33,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	307,809.00			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	25,000.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	367,809.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

Annual Statement/Performance and Evaluation Report				
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHAName: IDABEL HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: OK56P00450103 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2003
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
24	Amount of line 20 Related to Energy Conservation Measures			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAName: Idabel Housing Authority			Grant Type and Number Capital Fund Program#: OK56P00450103 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	ADMINISTRATION	1410		2,000.00				
HA Wide	FEES & COST	1430		33,000.00				
HA Wide	REPLACE MAINT. VEH.	1475	1	25,000.00				
001	INSULATION	1460	45 BLDGS.	25,739.00				
001	DIVIDER WALL @ ZERO BR	1460	36 UNITS	18,000.00				
001	METAL INSULATED BACK DOOR	1460	60 UNITS	24,000.00				
002	REPLACE & REPAIR ROOFS	1460	48 BLDGS	124,000.00				
002	STORAGE ROOM DOORS	1460	100 DOORS	48,000.00				
002	REPLACE HOT WATER HEATER/PLMB/WASHER BOXES	1460	100	20,000.00				
002	INSULATION	1460	49 BLDGS	30,000.00				
002	CEILING REPAIR	1460	7 UNITS	18,070.00				
				367,809.00				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: IDABEL HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: OK56P00450102 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2002		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	2,000.00	1,161.00	1,161.00	1,044.56
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	30,896.00	31,735.00	31,735.00	30,896.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	354,430.00	334,913.00	334,913.00	0.00
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non Dwelling Structures				
13	1475 Non Dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 -19)	387,326.00	367,809.00	367,809.00	31,940.56
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

Annual Statement/Performance and Evaluation Report				
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHAName: IDABEL HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: OK56P00450102 Capital Fund Program Replacement Housing Factor Grant No:		
		Federal FY of Grant: 2002		
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2002		<input type="checkbox"/> Revised Annual Statement (revision no:)		
		<input type="checkbox"/> Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
24	Amount of line 20 Related to Energy Conservation Measures			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: IDABEL HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: OK56P00450101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/02		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	2,000.00	0.00	0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	23,260.00	26,883.00	26,883.00	26,883.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	362,066.00	360,443.00	360,443.00	269,733.96
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	387,326.00	387,326.00	387,326.00	296,616.96
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Printed on: 7/2/2003 9:25 AM

Part II: Supporting Pages

PHAName: IDABEL HOUSING AUTHORITY		Grant Type and Number Capital Fund Program#: OK56P00450101 Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HAWIDE	ADMINISTRATION	1410		2,000.00	0.00	0.00	0.00	
HAWIDE	FEES AND COST	1430		27,141.00	26,883.00	26,883.00	26,883.00	
02	METAL EXTERIOR DOOR & FRAMES	1460	49	21,000.00	49,598.35	49,598.35	40,885.85	
02	FRP WAINSCOT COVERING	1460	48	12,000.00	71,373.35	71,373.35	61,373.35	
02	REPLACE RANGE HOODS	1460	33	4,895.00	7,488.35	7,488.35	7,488.35	
02	REPLACE CABINET & COUNTER TOPS	1460	47	65,000.00	80,229.83	80,229.83	70,229.83	
02	BATHROOM ACCESSORIES	1460	47	1,917.50	9,560.50	9,560.50	9,560.50	
02	REPLACE MEDICINE CABINETS	1460	47	2,280.00	6,530.85	6,530.85	6,530.85	
02	SCALD GUARD SHOWER FAUCETS	1460	47	7,000.00	12,823.00	12,823.00	12,823.00	
02	NEW SECURITY LOCKS	1460	96	13,200.00	13,570.00	13,570.00	13,570.00	
02	REPLACE BI-FOLD DOORS	1460	47	60,000.00	27,947.70	27,947.70	27,000.00	
02	REPLACE SEWER LINES	1460	47	0.00	15,523.35	15,523.35	10,523.35	
02	INTERIOR REPAIR/RETEXTURE/REPAINT	1460	52	31,700.00	0.00	0.00	0.00	
02	REPLACE SECURITY STORM DOORS	1460	30	12,000.00	0.00	0.00	0.00	
02	REPLACE SECURITY STORM WINDOWS/SCREENS	1460	30 UNITS	20,000.00	0.00	0.00	0.00	

02	REPLACE KITCHEN SINK FAUCETS	1460	50	9,180.00	8,424.72	8,424.72	4,424.72	
02	VCT FLOORING	1460	39 UNITS	50,183.50	57,373.00	57,373.00	5,324.16	
02	REPLACE SELECTED INTERIOR DOORS	1460	80	8,950.00	0.00	0.00	0.00	
				339,267.00	387,326.00	387,326.00	296,616.96	

Annual Statement/Performance and Evaluation Report						
Capital Fund Program and Capital Fund Program Replacement Housing Fact or (CFP/CFPRHF) Part 1: Summary						
PHA Name: IDABEL HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: OK56P00450100 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2000	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/02		<input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total Non - CFP Funds					
2	1406 Operations					
3	1408 Management Improvements					
4	1410 Administration	2,000.00	1701.89	1701.89	720.95	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	30,368.16	30,916.00	30,916.00	30,368.16	
8	1440 Site Acquisition					
9	1450 Site Improvement	10,000.00	10,000.00	10,000.00	9,499.66	
10	1460 Dwelling Structures	337,233.84	336,984.11	336,984.11	337,206.34	
11	1465.1 Dwelling Equipment — Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1498 Mod Used for Development					
19	1502 Contingency					
20	Amount of Annual Grant: (sum of lines 2 - 19)	379,602.00	379,602.00	379,602.00	377,795.11	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Compliance					
23	Amount of line 20 Related to Security					
24	Amount of line 20 Related to Energy Conservation Measures					

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAName: IDABELHOUSINGAUTHORITY			Grant Type and Number Capital Fund Program#: OK56P00450100 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HAWIDE	ADMINISTRATION	1410		2,000.00	1701.89	1701.89	720.95	
HAWIDE	FEES AND COST	1430		27,141.00	30,916.00	30,916.00	30,368.16	
02	METAL EXTERIOR DOOR & FRAMES	1460	49	16,800.00	49,598.35	49,598.35	49,598.35	
02	FRONT AND REAR SECURITY STORM DOORS	1460		14,680.00	0.00	0.00	0.00	
02	STORM WINDOWS WITH SECURITY SCREENS	1460		38,440.00	0.00	0.00	0.00	
02	CAULK AROUND DOORS/WINDOWS	1460		1,691.00	0.00	0.00	0.00	
02	FRP WAINSCOT COVERING	1460	47	17,000.00	70,000.00	70,000.00	70,000.00	
02	INSTALL LAVATORY FAUCETS/TRAPS & PLUMBING	1460		5,525.00	0.00	0.00	0.00	
02	REPLACE RANGE HOODS	1460	29	5,680.00	5,100.04	5,100.04	5,100.04	
02	REPLACE CABINET & COUNTER TOPS	1460	46	75,150.00	79,229.83	79,229.83	78,952.07	
02	BATHROOM ACCESSORIES	1460	45	2,540.00	8,460.35	8,460.35	8,460.35	
02	REPLACE MEDICINE CABINETS	1460	45	3,240.00	5,230.85	5,230.85	5,230.85	
02	SCALD GUARD SHOWER FAUCETS	1460	46	8,460.00	10,823.35	10,823.35	10,823.35	
02	NEW SECURITY LOCKS	1460	80	0.00	10,500.00	10,500.00	10,500.00	
02	REPLACE BI-FOLD DOORS	1460	46	19,600.00	26,360.35	26,360.35	26,360.00	
02	REPLACE SEWER LINES	1450		7,200.00	10,000.00	10,000.00	10,000.00	
02	NEW VCT FLOORING	1460	10	33,100.00	12,424.72	12,424.72	12,424.72	
02	REPAIR/RETEXTURE/REPAINT INT	1460		29,000.00	0.00	0.00	0.00	
02	REPLACE SELECTED INT DOORS	1460		15,840.00	0.00	0.00	0.00	

02	REPLACE KITCHEN SINK FAUCETS	1460	46	9,180.00	7,000.00	7,000.00	7,000.00	
02	INSTALL CEILING LIGHTS TO REPLACE WALL LIGHT	1460		7,000.00	0.00	0.00	0.00	

02	REPLACEMAINTEH.		1	0.00	21,250.00	21,250.00	21,250.00		
02	REPAIRCEILINGS	1460	4	0.00	3,000.00	3,000.00	3,000.00		
02	REPLACEBATHROOMCOUNTER	1460	3	0.00	700.00	700.00	700.00		
02	CEILINGINSULATION	1460	12	0.00	10,000.00	10,000.00	10,000.00		
02	WATERCUT -OFFS	1460	6	0.00	1500.00	1500.00	1500.00		
02	TOILETFLANGES	1460	16	0.00	800.00	800.00	800.00		
02	REPLACELGCLOSETDOOR	1460	1	0.00	400.00	400.00	400.00		
02	REPLACEBATHLAVATORY	1460	13	0.00	650.00	650.00	650.00		
02	REPLACEBATHTOILET	1460	9	0.00	531.55	531.55	531.55		
02	REPLACEKITCHENSIN KS	1460	50	0.00	10,150.00	10,150.00	10,150.00		
02	FRAMEBATHROOMSINKAREA	1460	12	0.00	3,274.72	3,274.72	3,274.72		
					339,267.00	379,602.00	379,602.00	377,795.11	



**Capital Fund Program Five - Year Action Plan
Part I: Summary**

PHAName : Idabel Housing Authority				<input type="checkbox"/> Original 5 - Year Plan <input type="checkbox"/> Revision No:	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant :2004 PHAFY :	Work Statement for Year 3 FFY Grant :2005 PHAFY :	Work Statement for Year 4 FFY Grant :2006 PHAFY :	Work Statement for Year 5 FFY Grant :2007 PHAFY :
	Annual Statement				
HAWIDE		250,152.00	301,309.00	267,309.00	247,283.00
01		0.00	0.00	100,500.00	0.00
02		117,657.00	66,500.00	0.00	120,526.00
Total CFP Funds (Est.)		367,809.00	367,809.00	367,809.00	367,809.00
Total Replacement Housing Factor Funds					

**Capital Fund Program Five - Year Action Plan
Part II: Supporting Pages — Work Activities**

Activities for Year 1	Activities for Year : <u>2</u> FFY Grant : PHAFY : 2004			Activities for Year : <u>3</u> FFY Grant : PHAFY : 2005		
	DEVELOPMENT NAME/NUMBER	MAJOR WORK CHANGES	ESTIMATED COST	DEVELOPMENT NAME/NUMBER	MAJOR WORK CHANGES	ESTIMATED COST
	HAWIDE	SECURE ARCHITECT	33,000.00	HAWIDE	SECURE ARCHITECT	33,000.00
SEE		SECURITY	20,000.00		SECURITY	20,000.00
ANNUAL		YOUTH PROGRAMS	7,000.00		YOUTH PROGRAMS	7,000.00
STATEMENT		COMMUNITY BULD. SIGNS, FLOOR COVERING, FURNITURE, INTERIOR REPAIRS, SHOP BLD. ADDON/INSULATION/HEAT	73,652.00		LAWN EQUIPMENT	23,500.00
		REMOVE/REPLACE TREES, CLEAN FENCE ROWS	18,000.00		REPLACE MAINT. VEH.	22,500.00
		SITE DRAINAGE/SPLASH BLOCKS	13,000.00		REPAIR SIDEWALKS/REPLACE SPLASH GUARDS	42,483.00
		VANDLE PROOF PORCH LIGHTS	28,000.00		DRYER HOOKUPS	58,000.00
		CEILING REPAIR	12,500.00		DUMPSTER SCREENS	15,000.00
		ADD/REPAIR PARKING	45,000.00		REPLACE SMOKE DET. 100	5,000.00
	02	INTERIOR DOOR REPLACEMENT/DOOR JAMBS	20,000.00		REPAIR/REPLACE OUTSIDE HYDRANT	35,326.00
	02	EXTERIOR REPAIRS/PAINT/SIDING	56,483.00			
	02	REPLACE SMOKE DET. 100	5,000.00		ELECTRIC/SEWER REPAIR	39,500.00
	02	CEILING LIGHT	17,174.00			
	02	INTERIOR REPAIR/REFINISH	19,000.00	02	FLORESENT LIGHTS - KITCHEN	25,500.00
					ADD/REPAIR PARKING	25,000.00
					CHAIN LINK FENCE	16,000.00
	TOTAL CFPE ESTIMATED COST		367,809.00	TOTAL CFPE ESTIMATED COST		367,809.00

**Capital Fund Program Five - Year Action Plan
Part II: Supporting Pages — Work Activities**

Activities for Year 1	Activities for Year : <u>4</u> FFY Grant : PHAFY :2005			Activities for Year : <u>5</u> FFY Grant : PHAFY :2006		
	DEVELOPMENT NAME/NUMBER	MAJOR WORK CHANGES	ESTIMATED COST	DEVELOPMENT NAME/NUMBER	MAJOR WORK CHANGES	ESTIMATED COST
	HAWIDE	SECURE ARCHITECT	31,000.00	HAWIDE	SECURE ARCHITECT	31,000.00
SEE		SECURITY	25,000.00		SECURITY	25,000.00
ANNUAL STATEMENT		YOUTH PROGRAMS	10,000.00		YOUTH PROGRAMS	10,000.00
		YOUTH DIRECTOR	16,000.00		YOUTH DIRECTOR	16,283.00
		OFFICE EQUIPMENT COPIER, COMPUTER, MONITOR	17,983.00		NON DWELLING EQUIP.	33,500.00
		MANAGEMENT IMPROVEMENTS	20,000.00			
		REPLACE/REPAIR PLUMBING	35,000.00		LANDSCAPING	5,000.00
		REPAIR/REPLACE OUTSIDE HYDRANT	42,326.00		REPLACE STOVES/REFRIGERATORS	20,000.00
		LANDSCAPING	10,000.00		MANAGEMENT IMPROVEMENTS	14,000.00
		DRYER HOOKUPS	60,000.00		REPLACE/REPAIR PLUMBING	25,000.00
					REPLACE MAINT. VEH	25,000.00
					FLORESCENT KITCHEN LIGHTS	22,500.00
	01	CHAIN LINK FENCE	16,000.00		PLAYGROUND EQUIP	20,000.00
		RESTRI PARKING	4,000.00	02	AD STORAGE ROOMS UNITS	116,526.00
		REPLACE STOVES/REFRIGERATORS	20,000.00			
		REPLACE BIFOLD DOORS	60,500.00		RESTRI PARKING	4,000.00
	TOTAL CFP ESTIMATED COST		367,809.00	TOTAL CFP ESTIMATED COST		367,809.00

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 - Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide) IDABEL HOUSING AUTHORITY	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Totalestimatedcostovertnext5years		

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. This 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
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 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 PHDE P 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.							

9116 -Gun Buyback TA Match					Total PHDE P 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.							

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)	Performance Indicators
1.							
2.							
3.							

9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9160 -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 Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

Required Attachment ____: 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:

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.
- Other (explain):

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

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

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.)