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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

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

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

PHA Plan
Agency Identification

PHA Name: Waurika Housing Authority

PHA Number: OK079

PHA Fiscal Year Beginning: (mm/yyyy) 07/2003

PHA Plan Contact Information:

Name: Kimberly Gholson, PHM
Phone: 580.228.2976
TDD: N/A
Email (if available): ok79waurika@brightok.net

Public Access to Information

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

☒ Main administrative office of the PHA
☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

☒ Main administrative office of the PHA
☐ PHA development management offices
☐ Main administrative office of the local, county or State government
☐ Public library
☐ PHA website
☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

☒ Main business office of the PHA
☐ PHA development management offices
☐ Other (list below)

PHA Programs Administered:

☐ Public Housing and Section 8 ☐ Section 8 Only ☒ Public Housing Only

Annual PHA Plan
Fiscal Year 2003
[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 Page #

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

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 __: Capital Fund Program Replacement Housing Factor Annual Statement
☐ Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan
☒ Attachment D: Resident Membership on PHA Board or Governing Body
☒ Attachment E: Membership of Resident Advisory Board or Boards
☐ Attachment __: 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

[24 CFR Part 903.7 9 (r)]

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

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

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

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

The submission of the Annual Plan for 2003 consists of changes to programs and policies, including CFP and Admissions and Continued Occupancy. Revisions made to CFP occurred to accommodate future work items needed in the present. Amounts of work items were corrected to reflect today's prices. Most changes occurred in the policies of the WHA, in order to substantiate the necessary changes. Ceiling rents were removed and Flat rents were incorporated to reflect fair market value. Also, minimum rent was increased to $50.00. All policy and program changes were on display for 45 days and included Resident meetings scheduled for both developments. No comments were received and the Board of Commissioners reviewed and adopted the changes. The final change, adopted prior to submission, is the Amendment and Deviation definitions. This was changed to represent a more accurate scenario of when WHA will subject a change to policies or programs.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (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? $ 180,297.00

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. Demolition and Disposition

[24 CFR Part 903.7 9 (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

[24 CFR Part 903.7 9 (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 downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

☐ 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

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs 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

[24 CFR Part 903.7 9 (r)]

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

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

2. If yes, the comments are Attached at Attachment (File name)

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 or
☐ 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 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: **Oklahoma Housing Finance Agency, State of Oklahoma Department of Commerce**

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)

State of Oklahoma
Certification of Consistency with the Consolidated Plan
For Public Housing Authority

I, Brenda Williams, the Agency Deputy Director, certify that the Five Year and Annual Plan of the Waurika Housing Authority, is consistent with the Consolidated Plan of the State of Oklahoma prepared pursuant to 24 CFR Part 91.

/s/ Brenda Williams *03/10/2003*
Brenda Williams, Agency Deputy Director Date
Oklahoma Department of Commerce

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 Waurika Housing Authority defines Substantial Deviation 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 Waurika Housing Authority defines Significant Amendment or Modification as adding or replacing non-emergency work items, not included in the 5-year plan, that involve the use/commitment of 25% or more of the annual funding; and/or creating or revising programs of the Housing Authority, including acquisitions and demolition.

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
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
	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
	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
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
	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

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
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 ☐ 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
	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
	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
	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
	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

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
	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 homeownership 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 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
	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
	The most recent Public Housing Drug Elimination Program (PHEDEP) 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	Pet Policy

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	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

PHA Name: WAURIKA HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: OK56P07950100 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)
☒ Performance and Evaluation Report for Period Ending: 12/31/02 ☐ 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	12,418	12,418	12,418	12,418
3	1408 Management Improvements Soft Costs	5,000	1,543	1,543	1,543
	Management Improvements Hard Costs	2,000	1,550	1,550	1,550
4	1410 Administration	2,500	133.18	133.18	133.18
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	13,000	13,000	13,000	5,465
8	1440 Site Acquisition				
9	1450 Site Improvement	4,000	0	-	-
10	1460 Dwelling Structures	118,111	128,384.82	128,384.82	128,384.82
11	1465.1 Dwelling Equipment—Nonexpendable	16,533	16,533	16,533	16,533
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	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines…..)	173,562	173,562	173,562	166,027
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: WAURIKA HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: OK56P07950100 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)
☒ Performance and Evaluation Report for Period Ending: 12/31/02 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Collateralization Expenses or Debt Service				

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

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

PHA Name: Waurika Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: OK56P0790100 Replacement Housing Factor Grant No:					**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 Work
HA-WIDE	A&E / CONSULTANT		1430	2	13,000	13,000	13,000	5,465	7,535
“	ADMINISTRATION FEES		1410	1	2,500	133.18	133.18	133.18	-
“	STAFF TRAINING		1408	1	7,000	3,093	3,093	3,093	-
OK 79-01	EXTERIOR IMPROVEMENTS		1450	1	0	0	-	-	-
“	H/C UNIT MODS SEC 504		1460	1	500	0	-	-	-
“	HOT WATER HEATERS		1460	30	0	0	-	-	-
“	REFRIGERATORS		1465.1	11	4,928	4,928	4,928	4,928	-
“	GAS RANGES		1465.1	23	5,152	5,152	5,152	5,152	-
“	PLUMBING UPGRADES		1460	1	500	0	-	-	-
“	ELECTRICAL UPGRADES		1460	1	2,000	551.91	551.91	551.91	-
“	INTERIOR RENOVATIONS		1460	12	18,000	0	-	-	-
“	FLOORING		1460	10	19,538	19,538	19,538	19,538	-
“	HVAC		1460	2	8,400	0	-	-	-
“	EROSION CONTROL		1450	1	2,000	0	-	-	-
OK 79-02	H/C UNIT MODS SEC 504		1460	1	0	0	-	-	-
“	STORM WINDOWS		1460	34	0	0	-	-	-
“	HOT WATER HEATERS		1460	15	0	0	-	-	-
“	REFRIGERATORS		1465.1	4	4,927	4,927	4,927	4,927	-
“	ELECTRIC RANGES		1465.1	7	1,526	1,526	1,526	1,526	-
“	RANGE HOODS		1465.1	15	0	0	-	-	-
“	FLOORING		1460	8	3,811	3,811	3,811	3,811	-
“	309 S. 9TH RENOVATION		1460	1	20,000	13,750	13,750	13,750	-
“	HVAC		1460	24	45,362	90,733.91	90,733.91	90,733.91	-
“	EXTERIOR IMPROVEMENTS		1450	1	0	0	-	-	-
“	EROSION CONTROL		1450	1	2,000	0	-	-	-
HA WIDE	OPERATIONS		1406	1	12,418	12,418	12,418	12,418	-

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

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

PHA Name: Waurika Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: OK56P0790100 Replacement Housing Factor Grant No:	**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 Work
	2000 CFP GRAND TOTALS				173,562	173,562	173,562	166,027	7,535

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

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

PHA Name: WAURIKA HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program No: OK56P07950100 Replacement Housing Factor No:	**Federal FY of Grant:** 2000

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA – WIDE	09/30/02			09/30/03			
OK 79-01	09/30/02			09/30/03			
OK 79-02	09/30/02			09/30/03			

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

Annual Statement/Performance and Evaluation Report

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

PHA Name: WAURIKA HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: OK56P07950101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☒ Revised Annual Statement (revision no: 02)
☒ Performance and Evaluation Report for Period Ending: 12/31/02 ☐ 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	13,000	13,000	13,000	13,000
3	1408 Management Improvements Soft Costs	5,000	0	-	-
	Management Improvements Hard Costs	2,000	0	-	-
4	1410 Administration	2,500	0	-	-
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	12,000	12,000	3,265	0
8	1440 Site Acquisition				
9	1450 Site Improvement	40,000	38,770	38,770	38,770
10	1460 Dwelling Structures	90,081	100,311	48,536.09	48,536.09
11	1465.1 Dwelling Equipment—Nonexpendable	8,000	8,000	0	0
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	4,500	5,000	0	0
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines…..)	177,081	177,081	103,571.09	100,306.09
	Amount of line XX Related to LBP Activities				

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

Annual Statement/Performance and Evaluation Report

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

PHA Name: WAURIKA HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: OK56P07950101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☒ **Revised Annual Statement (revision no: 02)**
☒ **Performance and Evaluation Report for Period Ending: 12/31/02** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

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

PHA Name: WAURIKA HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No: OK56P07050101 Replacement Housing Factor Grant No:	**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 Work
HA – WIDE	A&E / CONSULTANT		1430	2	12,000	12,000	3,265		0%
“	ADMINISTRATION FEES		1410	1	2,500	0	-	-	-
“	STAFF TRAINING		1408	1	7,000	0	-	-	-
“	SECURITY SYSTEM – OFFICE		1475	1	2,000	2,000			0%
“	COMPUTER HARDWARE		1475	1	2,500	3,000			0%
“	PROPERTY LOCATION SIGNS		1450	1	2,000	0	-	-	-
OK 79-01	ELECTRICAL UPGRADES		1460	2	3,500	0	-	-	-
“	PLUMBING UPGRADES		1460	2	3,000	0	-	-	-
“	INTERIOR MODIFICATIONS		1460	11	4,500	60,289.91	8,515	8,515	14%
“	OUTSIDE SECURITY LIGHTING		1450	4	2,000	0	-	-	-
“	FLOORING		1460	3	5,400	0	-	-	-
HA – WIDE	OPERATIONS		1406	1	13,000	13,000	13,000	13,000	100%
OK 79-01	HVAC		1460	4	16,200	0	-	-	-
“	APPLIANCES		1465.1	15	4,000	4,000			
“	EROSION CONTROL		1450	1	2,000	0	-	-	-
OK 79-02	INTERIOR MODIFICATIONS		1460	3	4,500	0	-	-	-
“	OUTSIDE SECURITY LIGHTING		1450	4	2,000	0	-	-	-
“	FLOORING		1460	5	5,400	800	800	800	100%
“	PLAYGROUND		1450	1	18,000	24,870	24,870	24,870	100%
“	BASKETBALL COURT		1450	1	12,000	12,000	12,000	12,000	100%

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

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

PHA Name: WAURIKA HOUSING AUTHORITY		**Grant Type and Number** Capital Fund Program Grant No: OK56P07050101 Replacement Housing Factor Grant No:					**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 Work
“	HVAC		1460	10	41,081	39,221.09	39,221.09	39,221.09	100%
“	APPLIANCES		1465.1	15	4,000	4,000			0%
“	SITE / EROSION CONTROL		1450	1	2,000	1,900	1,900	1,900	100%
“	ELECTRICAL UPGRADES		1460	2	3,500	0	-	-	-
“	PLUMBING UPGRADES		1460	2	3,000	0	-	-	-
	2001 CFP GRAND TOTALS				177,081	177,081	103,571.09	100,306.09	

HUD 50075
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Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule

PHA Name: WAURIKA HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program No: OK56P07950101 Replacement Housing Factor No:	**Federal FY of Grant:** 2001

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA WIDE	09/30/03			09/30/04			
OK 79-01	09/30/03			09/30/04			
OK 79-02	09/30/03			09/30/04			

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: WAURIKA HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: OK56P07950102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies ☒Revised Annual Statement (revision no: 01)
☒Performance and Evaluation Report for Period Ending: 12/31/02 ☐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 Soft Costs	5,000	5,000	0	0
	Management Improvements Hard Costs	2,000	2,000	0	0
4	1410 Administration	2,500	2,500	405.85	405.85
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	12,000	12,000	12,000	0
8	1440 Site Acquisition				
9	1450 Site Improvement	13,216	7,608	0	0
10	1460 Dwelling Structures	135,581	140,189	51,884.24	0
11	1465.1 Dwelling Equipment—Nonexpendable	8,000	8,000	0	0
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	2,000	3,000	0	0
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines…..)	180,297	180,297	64,290.09	405.85
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: WAURIKA HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: OK56P07950102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☒ Revised Annual Statement (revision no: 01)
☒ Performance and Evaluation Report for Period Ending: 12/31/02 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Collateralization Expenses or Debt Service				

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

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

PHA Name: WAURIKA HOUSING AUTHORITY		**Grant Type and Number** Capital Fund Program Grant No: OK56P07950102 Replacement Housing Factor Grant No:					**Federal FY of Grant:** 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
HA WIDE	SECURITY SYSTEM –100 C		1475	1	2,000	3,000			0%
“	A&E / COUNSULTANT		1430	2	12,000	12,000	12,000		0%
“	STAFF TRAINING		1408	1	7,000	7,000			0%
“	ADMINISTRATION FEES		1410	1	2,500	2,500	405.85	405.85	16%
“	PROPERTY LOCATION SIGNS		1450	1	2,000	2,000			0%
OK 79-01	ELECTRICAL UPGRADES		1460	2	3,500	7,000			0%
“	PLUMBING UPGRADES		1460	2	3,000	3,000			0%
“	INTERIOR MODIFICATIONS		1460	11	4,500	56,240.60	51,884.24		0%
“	FLOORING		1460	3	5,400	1,600			0%
“	OUTSIDE SECTY LIGHTING		1450	1	3,608	3,608			0%
“	HVAC		1460	12	52,381	58,648.40			0%
“	APPLIANCES		1465.1	15	4,000	4,000			0%
“	EROSION CONTROL		1450	1	2,000	0	-	-	-
OK 79-02	INTERIOR MODIFICATIONS		1460	3	4,500	0	-	-	-
“	FLOORING		1460	3	5,400	13,700			0%
“	OUTSIDE SECTY LIGHTING		1450	1	3,608	2,000			0%
“	HVAC		1460	12	50,400	0	-	-	-
“	APPLIANCES		1465.1	15	4,000	4,000			0%
“	EROSION CONTROL		1450	1	2,000	0	-	-	-
“	ELECTRICAL UPGRADES		1460	2	3,500	0	-	-	-
“	PLUMBING UPGRADES		1460	2	3,000	0	-	-	-
	2002 CFP GRAND TOTALS				180,297	180,297	64,290.09	405.85	

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

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

PHA Name: WAURIKA HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program No: OK56P07950102 Replacement Housing Factor No:	**Federal FY of Grant:** 2002

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA WIDE	09/30/04			09/30/05			
OK 79-01	09/30/04			09/30/05			
OK 79-02	09/30/04			09/30/05			

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: WAURIKA HOUSING AUTHORITY	Grant Type and Number Capital Fund Program: OK56P07950103 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		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	7,000			
4	1410 Administration	2,500			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	12,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	125,797			
11	1465.1 Dwelling Equipment—Nonexpendable	8,000			
12	1470 Nondwelling Structures	25,000			
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)	180,297			
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

PHA Name: WAURIKA HOUSING AUTHORITY	Grant Type and Number Capital Fund Program: OK56P07950103 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		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

PHA Name: Waurika Housing Authority

Grant Type and Number
Capital Fund Program #: OK56P07950103
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	Consultant	1430	1	12,000				
	Training	1408	1	7,000				
	Administration Fees	1410	1	2,500				
OK 79-1	Plumbing Upgrades	1460	1	3,000				
	Electrical Upgrades	1460	1	7,000				
	Appliances	1465.1	15	4,000				
	Flooring	1460	3	5,400				
	Interior Mod (doors, locksets, etc)	1460	3	3,548				
	HVAC	1460	18	92,400				
	Water Heaters	1460	13	2,250				
	Laundry Room Renovation	1470	1	25,000				
OK79-2	Appliances	1465.1	15	4,000				
	Flooring	1460	3	5,400				
	Interior Mod (doors, locksets, etc)	1460	3	4,549				
	Water Heaters	1460	13	2,250				
	2003 CFP TOTALS			180,297				

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

PHA Name: Waurika Housing Authority		**Grant Type and Number** Capital Fund Program #: OK56P07950103 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	

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

PHA Name: Waurika Housing Authority	**Grant Type and Number** Capital Fund Program #: OK56P07950103 Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant:** 2003

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-Wide	9/30/2005			9/30/2006			
OK 79-1	9/30/2005			9/30/2006			
OK 79-2	9/30/2005			9/30/2006			

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

PHA Name		WAURIKA HOUSING AUTHORITY		☐ **Original 5-Year Plan** ☒ **Revision No: 02**	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2004 PHA FY:	Work Statement for Year 3 FFY Grant: 2005 PHA FY:	Work Statement for Year 4 FFY Grant: 2006 PHA FY:	Work Statement for Year 5 FFY Grant: 2007 PHA FY:
	Annual Statement				
HA-WIDE		37,881	46,500	21,500	71,500
OK 79-1		78,516	110,647	80,050	56,898
OK 79-2		63,900	23,150	78,747	51,899
Total CFP Funds (Est.)	180,297	180,297	180,297	180,297	180,297
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 : 2004 FFY Grant: PHA FY:			Activities for Year: 2005 FFY Grant: PHA FY:		
	HA WIDE	CONSULTANT	12,000	HA WIDE	CONSULTANT	12,000
		TRAINING	7,000		TRAINING	7,000
		ADMIN FEES	2,500		ADMIN FEES	2,500
		LANDSCAPING	15,381		GATOR / CART	5,000
		COMM EDGER	1,000		SIDEWALKS	20,000
	OK 79-1	PLUMBING	3,000	OK 79-1	PLUMBING	3,000
		ELECTRICAL	3,500		ELECTRICAL	3,500
		APPLIANCES	4,000		FLOORING	5,400
		FLOORING	5,400		INT. MODS	4,500
		INT. MODS	4,500		HVAC	68,616
		HVAC	51,400		WATER HEATERS	2,250
		WATER HEATERS	2,250		EXT. DOORS	1,000
		EXT. DOORS	1,250		SEC 504	2,000
		SIDEWALK RAMPS	3,216		INSULATION	1,500
	OK 79-2	PLUMBING	3,000		STORM SHELTERS	18,881
		ELECTRICAL	3,500	OK 79-2	PLUMBING	3,000
		APPLIANCES	4,000		ELECTRICAL	3,500
		FLOORING	5,400		FLOORING	5,400
		INT. MODS	4,500		INT. MODS	4,500
		WATER HEATERS	2,250		WATER HEATERS	2,250
		EXT. DOORS	1,250		EXT DOORS	1,000
		STORM SHELTERS	10,000		SEC 504	2,000
		WINDOW SCREENS	30,000		INSULATION	1,500

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

Activities for Year 1	Activities for Year : 2006 FFY Grant: PHA FY:			Activities for Year: 2007 FFY Grant: PHA FY:		
	HA WIDE	CONSULTANT	12,000	HA WIDE	CONSULTANT	12,000
		TRAINING	7,000		TRAINING	7,000
		ADMIN FEES	2,500		ADMIN FEES	2,500
	OK 79-1	PLUMBING	3,000		COMM / SHOP	30,000
		ELECTRICAL	3,500		GRILLS / GAZEBO	20,000
		FLOORING	5,400	OK 79-1	PLUMBING	3,000
		INT. MODS	4,500		ELECTRICAL	3,500
		HVAC	50,400		FLOORING	5,400
		WATER HEATERS	2,250		INT. MODS	4,500
		EXT DOORS	1,000		CAB / COUNTERS	3,000
		SIDING	10,000		WATER HEATERS	2,250
	OK 79-2	PLUMBING	3,000		SHOWER TILE	5,000
		ELECTRICAL	3,500		SEC 504	2,000
		FLOORING	5,400		ROOFS	28,248
		INT. MODS	4,500	OK 79-2	CAB / COUNTERS	3,000
		WATER HEATERS	2,250		PLUMBING	3,000
		EXT DOORS	1,000		ELECTRICAL	3,500
		ROOFS	59,097		FLOORING	5,400
					INT. MODS	4,500
					WATER HEATERS	2,250
					ROOFS	28,249
					SEC 504	2,000

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 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 have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date 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						
FY1998						
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 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	

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9115 - Special Initiative	**Total PHDEP Funding: $**

Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9116 - Gun Buyback TA Match	**Total PHDEP Funding: $**

Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9120 - Security Personnel					**Total PHDEP Funding: $**		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9130 – Employment of Investigators					**Total PHDEP Funding: $**		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

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

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

9160 - Drug Prevention					**Total PHDEP Funding: $**		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators

1.							
2.							
3.							

9170 - Drug Intervention					**Total PHDEP Funding: $**		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment					**Total PHDEP Funding: $**		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9190 - Other Program Costs							**Total PHDEP Funds: $**
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

Required Attachment D: Resident Member on the PHA Governing Board

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

A. Name of resident member(s) on the governing board: Fayzell Gipson

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

☐ Elected
☒ Appointed

C. The term of appointment is (include the date term expires): 06/2004

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

☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
☐ Other (explain):

B. Date of next term expiration of a governing board member: 06/2003

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Biff Eck, Mayor (same)

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

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

Pat Browning
Aline Reed
Bertha Webb
Joan Lawley
Ann Peel
Wanda Ralls
Minnie Stewart
Cletus Ralls, Jr.