

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**

PHA Plan Agency Identification

PHA Name: Wewoka Housing Authority

PHA Number: OK096

PHA Fiscal Year Beginning: 06/2003

PHA Plan Contact Information:

Name: Mr. Terry L. Mantooth

Phone: 405-257-5717 #3

TDD:

Email: medo@okplus.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**
[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.

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<input type="checkbox"/> Other (List below, providing each attachment name)	

ii. Executive Summary

The Wewoka Housing Authority is continuing its original goal of being the areas affordable housing choice. We will continue to build better

neighborhoods by providing comprehensive housing opportunities through partnership with the greater community. We continue, through our Capital Fund Program, to improve our housing appearance, security, and liability thus increasing its desirability. We know this will help fulfill the Department of Urban and Development's requirement for mixed income communities and provide much needed housing assistance for qualified individuals and families.

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

N/A

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. x 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? \$151697.00

C. x 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 <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected: 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[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
- 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. x 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 F
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
x Yes No: at the end of the RAB Comments in Attachment F.
 - x Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment F.
 - 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: City of Wewoka, 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)
 - X 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.
 - X 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 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)

A. Substantial Deviation from the 5-year Plan:

Substantial Deviation from the Five Year Plan can be done when the circumstances involved present a barrier to the completions of the plan as adopted. These circumstances are loss of funds or shortages of funds as to impede progress, natural disasters that drastically change priorities or change in program requirements that would make those existing rules obsolete. Substantial Deviation would only occur after full public hearing and discussion, and then only if adopted and approved by HUD.

B. Significant Amendment or Modification to the Annual Plan:

Modifications to the Annual Plan can be made, at the direction of the Executive Director, if the modification is not major and if it is a natural continuation of an approved item. If the item is totally new or is a significant modification it will be subject to a public hearing and HUD approval. The last date a modification or deviation to the Annual Plan will be 76 days before the start of the new fiscal year.

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
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
x	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: Eligibility, Selection, and Admissions Policies
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

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 X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
x	Section 8 rent determination (payment standard) policies X check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
x	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
x	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
x	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
x	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
x	Any required policies governing any Section 8 special housing types X check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
x	Public housing grievance procedures X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
x	Section 8 informal review and hearing procedures X check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
x	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
x	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
x	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing 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
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
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
x	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) X 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**

PHA Name: WEWOKA OK096	Grant Type and Number Capital Fund Program Grant No: OK56P09650103 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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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	15000.00			
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				

Annual Statement/Performance and Evaluation Report

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

PHA Name: WEWOKA OK096	Grant Type and Number Capital Fund Program Grant No: OK56P09650103 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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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
8	1440 Site Acquisition		
9	1450 Site Improvement	13000.00	
10	1460 Dwelling Structures	66797.00	
11	1465.1 Dwelling Equipment—Nonexpendable	22900.00	
12	1470 Nondwelling Structures	20000.00	
13	1475 Nondwelling Equipment	14000.00	
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		
		151697.00	
	Amount of Annual Grant: (sum of lines.....)		
	Amount of line XX Related to LBP Activities		
	Amount of line XX Related to Section 504 compliance	20800.00	
	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		

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

PHA Name: WEWOKA OK096		Grant Type and Number Capital Fund Program Grant No: OK56P09650103 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost	Status of Work
96-ALL	Operations		1406		15000.00			
96-ALL	Purchase tractor, box blade, brush hop		1475		14000.00			
96-ALL	Continue ramp construction		1450		4000.00			
96-001	Cont. purchase & install washer/dryer		1465	20	16000.00			
96-001	Cont. purchase & install ranges		1465	10	3400.00			
96-001	Cont. purchase & install vanities		1460	20	3000.00			
96-001	Cont. purchase & install light fixtures		1460	30	750.00			
96-001	Purchase & install medicine cabinets		1460	20	800.00			
96-001	Install dryer hookups		1460	20	2000.00			
96-002	Continue tub replacement		1460	3	8400.00			
96-002	Begin Install. Vanities & utility closet		1460	20	1000.00			
96-002	Landscape sites		1450	5	3000.00			
96-002	Begin Carport construction		1470	2	20000.00			
96-002	Install French drain		1450	2	6000.00			
96-003	Cont. kitchen cabinet replacement		1460	10	30000.00			
96-003	Continue tub replacement		1460	3	8400.00			
96-003	Continue light installation		1460	50	1250.00			
96-003	Purchase & install ranges		1465	10	3500.00			
96-003	Begin bathroom renovations		1460	2	947.00			

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name: WEWOKA				<input checked="" 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 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				
96ALL			58000.00	15000.00	34000.00
96-001		74500.00	73000.00	54000.00	52960.00
96-002		51125.00	20697.00	64000.00	43000.00
96-003		26072.00		18697.00	20137.00
Total CFP Funds (Est.)	151697.00	151697.00	151697.00	151697.00	151697.00
Total Replacement Housing Factor Funds					

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	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9115 - Special Initiative						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9116 - Gun Buyback 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	PHDEP 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	PHDEP 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	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

Required Attachment D: Resident Member on the PHA Governing Board

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

A. Name of resident member(s) on the governing board: Ms. Paulette Williams

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

- Elected
- X Appointed

C. The term of appointment is : Jan1, 2001 – Dec. 31, 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: 12/31/2003

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Mr. John Hargrave, Mayor of Wewoka

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

List members of the Resident Advisory Board or Boards:

Section 8	Public Housing
Jason Barker	Susan Davis
Montria Alford	David O'Guinn
Marie Cunningham	Janet Davis
DeAnna Votra	Edna Overstreet

ATTACHMENT F

Resident Advisory Board Recommendations and PHA Responses from meeting of January 6, 2002. The Resident Advisory Board met to discuss Annual & 5 year Plan and make any recommendations as deemed appropriate. The following is a synopsis of that meeting. Most of the public housing residents reside in 96-1 units and have therefore received most of the benefits from our ongoing Capital Fund Program. They expressed gratitude for the improvements and suggested further needs and desires.

1. Expressed a need for stackable washer and dryers since there is only space for a washer in 96-1 units.

Answer: We have that in our present 5 Year Plan.

Question: Is covered parking an eligible expense?

Answer: We also have covered parking in our 5 Year & Annual Plan.

Question: Storm shelters would be nice as would outside storage buildings.

Answer: Storm shelters are included. Beginning in 2003 we will include in the next five year cycle.

Question: Will our bathrooms be included in remodel?

Answer: Yes we are beginning this in 2003.

Further discussions touched on the present Annual Plan and the 5 Year Plan ongoing. All suggestions were in the areas of true need and all were in agreement

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report ATTACHMENT G					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: WEWOKA OK096		Grant Type and Number Capital Fund Program Grant No: OK56P09650101 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 type="checkbox"/> Performance and Evaluation Report for Period Ending: X Final Performance and Evaluation Report ENDING 12/31/2002					
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				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	5000.00	3173.30	3173.30	3173.30
10	1460 Dwelling Structures	147133.00	148326.73	148326.73	148326.73
11	1465.1 Dwelling Equipment—Nonexpendable	0	6002.97	6002.97	6002.97
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	7500.00	2130.00	2130.00	2130.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				

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

PHA Name: WEWOKA OK096	Grant Type and Number Capital Fund Program Grant No: OK56P09650101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: X Final Performance and Evaluation Report ENDING 12/31/2002

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	159633.00	159633.00	159633.00	159633.00
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance	17171.00	1969.16	1969.16	1969.16
	Amount of line XX Related to Security -Soft Costs	0	2130.00	2130.00	2130.00
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures	25000.00	47532.50	47532.50	47532.50
	Collateralization Expenses or Debt Service				

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

PHA Name: WEWOKA OK096		Grant Type and Number Capital Fund Program Grant OK56P09650101 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	
96-ALL	Purchase 2 way radios	1475	3	0	2130.00	2130.00	2130.00	Completed	
96001	Purchase cabinets	1460	19	62211.00	39621.38	39621.38	39621.38	On going	
96001	Install cabinets	1460	17	0	7557.50	7557.50	7557.50	On going	
96001	Install windows	1460	75	25000.00	15146.90	15146.90	15146.90	Complete	
96001	Purchase & install carpet	1460	20	7000.00	19648.17	19648.17	19648.17	On going	
96001	Purchase & install tile	1460	15	0	3819.42	3819.42	3819.42	On going	
96001	Purchase paint	1460	52 gal.	0	668.32	668.32	668.32	On going	
96001	Purchase sconces	1460	11	0	212.49	212.49	212.49	On going	
96001	Purchase ceiling fans	1460	5	274.95	274.95	274.95	274.95	On going	
96001	Site improvement	1450	6	5000.00	3173.30	3173.30	3173.30	Complete	
96001	Purchase ranges	1465.1	2	0	580.67	580.67	580.67	On going	
96001	Purchase laundry centers	1465.1	5	4750.00	3478.33	3478.33	3478.33	On going	
96001	Purchase water heaters	1465.1	6	0	915.84	915.84	915.84	On going	
96001	Purchase material for remodel	1460	1	17171.00	1969.16	1969.16	1969.16	Completed	
96002	Purchase kitchen cabinets	1460	10	13905.00	14438.77	14438.77	14438.77	On going	
96002	Install kitchen cabinets	1460	8	3559.44	3559.44	3559.44	3559.44	On going	
96002	Purchase & install windows	1460	95	19064.00	19064.00	19064.00	19064.00	On going	
96002	Purchase & install carpet	1460	4	4013.20	4013.20	4013.20	4013.20	On going	
96002	Purchase refrigerators	1465.1	4	1028.13	1028.13	1028.13	1028.13	On going	
96002	Purchase & install tile	1460	10	3977.11	3977.11	3977.11	3977.11	On going	
96003	Purchase & install windows	1460	80	0	13321.60	133321.60	13321.60	Completed	
96003	Purchase & install carpet	1460	1	0	1034.51	1034.51	1034.51	On going	

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name		<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: PHA FY:	Work Statement for Year 3 FFY Grant: PHA FY:	Work Statement for Year 4 FFY Grant: PHA FY:	Work Statement for Year 5 FFY Grant: PHA FY:
	Annual Statement				
Total CFP Funds (Est.)					
Total Replacement Housing Factor Funds					

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report ATTACHMENT H						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: WEWOKA OK096		Grant Type and Number Capital Fund Program Grant No: OK56P09650102 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"/> Revised Annual Statement (revision no: 1 <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 Soft Costs					
	Management Improvements Hard Costs					
4	1410 Administration					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement	5000.00	8000.00	NO ACTIVITY	NO ACTIVITY	
10	1460 Dwelling Structures	147133.00	125697.00	NO ACTIVITY	NO ACTIVITY	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures		8000.00	NO ACTIVITY	NO ACTIVITY	
13	1475 Nondwelling Equipment	7500.00	10000.00	NO ACTIVITY	NO ACTIVITY	
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1499 Development Activities					

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

PHA Name: WEWOKA OK096	Grant Type and Number Capital Fund Program Grant No:OK56P09650102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 1
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)				
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance		6000.00	NO ACTIVITY	NO ACTIVITY
	Amount of line XX Related to Security -Soft Costs		4000.00	NO ACTIVITY	NO ACTIVITY
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures		151697.00	NO ACTIVITY	NO ACTIVITY
	Collateralization Expenses or Debt Service				

