

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 PLAN TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES

PHA Plan Agency Identification

PHAName: Housing Authority of the City of Henrietta, Texas

PHANumber: TX082

PHAFiscalYearBeginning:(04/2003)

PHA Plan Contact Information:

Name: June Griffin

Phone: 940 -538-4252

TDD:

Email (if available): hhousing@wf.quik.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 20 03
 [24CFR Part 903.7]

i. Table of Contents

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

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

ii. Executive Summary

[24CFR Part 903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan. We are very grateful for the funds we receive each year through this program. It has enabled us to replace some of the 50+ year old cabinets, plumbing, etc., that we probably would not have gotten to do otherwise. We are slowly upgrading our facilities to the point where they are truly a safe, decent, clean and pleasant place to live and raise a family.

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

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

2. Capital Improvement Needs

[24CFR Part 903.79(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? \$ 83,326.00

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

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment

3.D Demolition and Disposition

[24CFR Part 903.79(h)]

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

1. Yes X No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including activities associated with HOPE VI or Conversion Activities)	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

4. Voucher Homeownership Program

[24CFR Part 903.79(k)]

A. Yes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

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

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

- Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources

- Requiring that financing for purchase of a home under its section 8 home ownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

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

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____

C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. Yes No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24CFR Part 903.79(r)]

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

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

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

We keep an on-going dialogue with our tenants thru our monthly meetings and really try to incorporate their desires into our planning. No one submitted anything in writing, however, and all seem to be pleased with the updates that have been done.

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

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

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (State of Texas)

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

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

3. PHA Requests for support from the Consolidated Plan Agency

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

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

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

A. Substantial Deviation from the 5-year Plan: There has been no substantial deviation from the 5-year plan.

B. Significant Amendment or Modification to the Annual Plan:

There has been no significant amendment or modification to the Annual Plan.

Attachment A

Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	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, address or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiative to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	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 type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input 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
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved 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
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	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 (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	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) <input type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Annual Statement/Performance and Evaluation Report

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

PHAName: HENRIETTA HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: TX21P08250103 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	0			
2	1406 Operations	8,333			
3	1408 Management Improvements	1,500			
4	1410 Administration	5,000			
5	1411 Audit	2,400			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	9,000			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	23,000			
10	1460 Dwelling Structures	23,250			
11	1465.1 Dwelling Equipment — Nonexpendable	3,650			
12	1470 Nondwelling Structures	6,193			
13	1475 Nondwelling Equipment	1,000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	83,326			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security — Soft Costs				
25	Amount of Line 21 Related to Security — Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHAName: HENRIETTA HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: TX21P08250103 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
				Original	Revised	Funds Obligated	Funds Expended	
PHAWIDE	OPERATIONS	1406	1	8,333				
	MANAGEMENT IMPROVEMENTS							
	a) Training of office personnel	1408	1	1,500				
	ADMINISTRATION							
	a) Clerk of the Works	1410	1	4,000				
	b) Computer upgrade	1410	1	1,000				
	AUDIT	1411	1	2,400				
	FEES AND COSTS							
	a) Architectural and Engineering	1430	1	4,000				
	b) Inspection	1430	1	4,000				
	c) Sundry	1430	1	1,000				
	SITE ACQUISITION	1440	1	0				
	NONDWE LLING EQUIPMENT							
	a) Misc. equipment	1475	1	1,000				
	SUBTOTAL			\$ 28,233				

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

PHAName: HENRIETTA HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: TX21P08250103 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
				Original	Revised	Funds Obligated	Funds Expended	
TX082 -001 PARKVIEW	SITE IMPROVEMENT							
	a) Trim trees	1450	1	2,000				
	b) Water boxes and valves	1450	30	12,000				
	c) Sidewalks to Buildings	1450	200 l.f.	8,000				
	DWELLING STRUCTURES							
	a) Kitchen cabinet replacement	1460	6	20,000				
	b) Replace interior doors	1460	7	3,000				
	c) Interior painting	1460	10	3,500				
	DWELLING EQUIPMENT							
	a) Ranges	1465.1	1	250				
	b) Refrigerators	1465.1	3	990				
	c) Water heaters	1465.1	3	900				
	NON-DWELLING STRUCTURES							
	a) Storage addition to Activity Building	1470	1	6,193				
	SUBTOTAL			\$ 51,833				

Capital Fund Program Five - Year Action Plan

Part I: Summary

PHAName HENRIETTA HOUSING AUTHORITY				<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 PHAFY: 2004	Work Statement for Year 3 FFY Grant: 2005 PHAFY: 2005	Work Statement for Year 4 FFY Grant: 2006 PHAFY: 2006	Work Statement for Year 5 FFY Grant: 2007 PHAFY: 2007
	Annual Statement				
PHAWIDE		28,550	30,392	23,500	43,702
082-001 PARKVIEW		45,846	41,744	45,384	23,652
082-002 PRIGMORECT.		8,930	11,190	14,442	15,972
CFPFunds Listed for 5-year planning		\$ 83,326	\$ 83,326	\$ 83,326	\$ 83,326
Replacement Housing Factor Funds					

Capital Fund Program Five - Year Action Plan

Part II: Supporting Pages — Work Activities

Activities for Year 1	Activities for Year: <u>2</u> FFY Grant: 2004 PHAFY: 2004			Activities for Year: <u>3</u> FFY Grant: 2005 PHAFY: 2005		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	<i>PHAWIDE</i>	<i>OPERATIONS</i>	8,332	<i>PHAWIDE</i>	<i>OPERATIONS</i>	8,332
Annual		MGT.IMPROVEMENTS			MGT.IMPROVEMENTS	
Statement		Training -Office	500		Training -Office	500
		ADMINISTRATION			Software	2,800
		Clerk of the Works	3,600		ADMINISTRATION	
		Travel	500		Clerk of the Works	3,600
		FEES AND COSTS			Travel	250
		A&E	4,650		FEES AND COSTS	
		Inspection	3,200		A&E	5,992
		Sundry	1,268		Inspection	3,400
		NONDWELL.STRUCT.			Sundry	1,268
		Interior remodel -Office	5,000		NONDWELL.STRUCT.	
		NONDWELL.EQUIP.	1,500		a) Computer	2,000
					b) Printer	750
					c) Maintenance Equip.	1,500
	Sub-Total		\$28,550	Sub-Total		\$30,392
Total CFPEstimated Cost			\$ continued			\$ continued

Capital Fund Program Five - Year Action Plan

Part II: Supporting Pages — Work Activities

Activities for Year 1	Activities for Year: <u>2</u> FFY Grant: 2004 PHAFY: 2004			Activities for Year: <u>3</u> FFY Grant: 2005 PHAFY: 2005		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See Annual Statement	082-001	Landscaping & sprinklers	8,586	082-001	Resurface parking	10,596
	PARKVIEW	Chainlink fence/gates (4661.f.)	3,728	PARKVIEW	Fill in Concrete	1,000
		Interior painting(8)	6,000		Insulated Windows	12,408
		VCT flooring(2)	2,000		Foundation repair	10,000
		Insulated Windows(8)	7,392		Interior painting(8)	6,000
		Water heaters(8)	2,400			
		Foundation repair	10,000			
		Add 6" Attic Insulation	4,000		DWELLING EQUIP.	
		DWELLING EQUIP.			a) Ranges(3)	750
		a) Ranges(3)	750		b) Refrigerators(3)	990
		b) Refrigerators(3)	990			
	Sub-Total		\$45,846	Sub-Total		\$41,744
	082-002	Landscaping & sprinklers	2,750	082-002	Resurface parking	6,110
	PRIGMORECT.	VCT flooring(2)	2,000	PRIGMORECT.	Kitchen cabinets(2)	3,000
		Kitchen cabinets(2)	3,000		Interior painting(2)	1,500
		Water heater(2)	600		DWELLING EQUIP.	
		DWELLING EQUIP.			a) Range(1)	250
		a) Range(1)	250		b) Refrigerator(1)	330
		b) Refrigerator(1)	330			
	Sub-Total		\$8,930	Sub-Total		\$11,190
	Total CFPEstimated Cost		\$83,326			\$83,326

Capital Fund Program Five - Year Action Plan

Part II: Supporting Pages — Work Activities

Activities for Year: <u>4</u> FFY Grant: 2006 PHAFY: 2006			Activities for Year: <u>5</u> FFY Grant: 2007 PHAFY: 2007		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
PHA WIDE	OPERATIONS	8,332	PHA WIDE	OPERATIONS	8,332
	MGT.IMPROVEMENTS			MGT.IMPROVEMENTS	
	Training -Office	500		Training -Office	500
	ADMINISTRATION			ADMINISTRATION	
	Clerk of the Works	3,600		Clerk of the Works	3,600
	Travel	250		Travel	250
	FEES AND COSTS			FEES AND COSTS	
	A&E	5,118		A&E	5,650
	Inspection	3,200		Inspection	3,200
	Sundry	1,000		Sundry	1,268
	NONDWELL.STRUCT.			NONDWELL.EQUIP.	
	Interior remodel -Office	1,000		a) Maintenance	3,000
	NONDWELL.EQUIP.	500		b) Truck	17,902
Sub-Total		\$23,500	Sub-Total		\$43,702
Total CFPE Estimated Cost		\$ <i>continued</i>			\$ <i>continued</i>

Capital Fund Program Five - Year Action Plan

Part II: Supporting Pages — Work Activities

Activities for Year: <u>4</u> FFY Grant: 2006 PHAFY: 2006			Activities for Year: <u>5</u> FFY Grant: 2007 PHAFY: 2007		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<i>082-001</i>	<i>Water dist. system repl.</i>	12,200	<i>082-001</i>	<i>Playground equipment</i>	10,000
PARKVIEW	<i>Sewer line replacement</i>	14,250	PARKVIEW	<i>Plumbing trim and fixtures</i>	8,198
	Gas line replacement	12,450		Interior painting	1,974
	Weatherstrip Exterior Doors	4,800		DWELLINGEQUIP.	
	Interior painting	1,684		a) Ranges(6)	1,500
				b) Refrigerators(6)	1,980
Sub-Total		\$45,384	Sub-Total		\$23,652
			082-002	Insulated Windows(6)	10,500
			PRIGMORECT.	Weatherstrip Ext. Doors	1,700
082-002	Water dist. system repl.	4,000		Plumbing trim and fixtures	2,612
PRIGMORECT.	Sewer line replacement	5,000		DWELLINGEQUIP.	
	Gas line replacement	3,350		a) Ranges(2)	500
	Exterior painting	842		b) Refrigerators(2)	660
	Add 6" Attic Insulation	1,250			
Sub-Total		\$14,442	Sub-Total		\$15,972
Total CFPEstimated Cost		\$83,326			\$83,326

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

PHAName: HENRIETTA HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: TX21P08250101 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: **09/30/02**
 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	0	0	0	0
2	1406 Operations	8,332	8,100	8,100	8,100
3	1408 Management Improvements	500	500	500	500
4	1410 Administration	4,608	3,951	3,027	3,027
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	11,054	13,798	12,463	12,463
8	1440 Site Acquisition	10,000	0	0	0
9	1450 Site Improvement	6,500	3,076	2,046	2,046
10	1460 Dwelling Structures	36,992	45,603	43,456	43,456
11	1465.1 Dwelling Equipment — Nonexpendable	2,840	5,190	4,744	4,744
12	1470 Nondwelling Structures	0	631	631	631
13	1475 Nondwelling Equipment	2,500	2,477	2,477	2,477
14	1485 Demolition	0	0	0	0
15	1490 Replacement Reserve	0	0	0	0
16	1492 Moving to Work Demonstration	0	0	0	0
17	1495.1 Relocation Costs	0	0	0	0
18	1499 Development Activities	0	0	0	0
19	1501 Collateralization or Debt Service	0	0	0	0
20	1502 Contingency	0	0	0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	83,326	83,326	77,444	77,444
22	Amount of line 21 Related to LBP Activities	0			
23	Amount of line 21 Related to Section 504 Compliance	0			
24	Amount of line 21 Related to Security — Soft Costs	0			
25	Amount of Line 21 Related to Security — Hard Costs	0			
26	Amount of line 21 Related to Energy Conservation Measures	0			

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

PHAName: HENRIETTA HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: TX21P08250101 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
				Original	Revised	Funds Obligated	Funds Expended	
PHAWIDE	OPERATIONS	1406	1	8,332	8,100	8,100	8,100	
	MANAGEMENT IMPROVEMENTS							
	a) Training of office personnel	1408	1	500	500	500	500	
	ADMINISTRATION							
	a) Clerk of the Works	1410	1	3,608	3,557	2,633	2,633	
	b) Computers software	1410	1	1,000	394	394	394	
	FEES AND COSTS							
	a) Architectural and Engineering	1430	1	7,130	3,350	3,350	3,350	
	b) Inspection	1430	1	2,656	5,382	4,047	4,047	
	c) Sundry	1430	1	1,268	0	0	0	
	d) Lead Based Paint Testing	1430	1	0	5,066	5,066	5,066	
	NONDWELLING STRUCTURES							
	a) Office/Maintenance	1470	1	0	305	305	305	
	b) Activity Building	1470	1	0	326	326	326	
	NONDWELLING EQUIPMENT							
	a) Edger	1475	1	400	0	0	0	
	b) Mower	1475	1	1,500	0	0	0	
	c) Weedeater	1475	1	250	0	0	0	
	d) Handheld sink sewer clean -out machine	1475	1	350	265	265	265	
	e) Battery Operated Drill	1475	1	0	68	68	68	
	f) Maintenance Cart	1475	1	0	2,000	2,000	2,000	

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

PHAName: HENRIETTA HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: TX21P08250101 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
				Original	Revised	Funds Obligated	Funds Expended	
	g) Drill Motor & Chisels	1475	1	0	41	41	41	
	h) Table & Chair Cart	1475	1	0	103	103	103	
	Sub-Total			\$26,994	\$29,457	\$27,198	\$27,198	

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

PHAName: HENRIETTA HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: TX21P08250101 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
				Original	Revised	Funds Obligated	Funds Expended	
TX082 -001 PARKVIEW	SITE ACQUISITION	1440	1	10,000	0	0	0	
	SITE IMPROVEMENT							
	a) Trim trees	1450	20	1,500	590	590	590	
	b) Plant new trees	1450	10	2,500	710	0	0	
	c) Project Sign	1450	1	0	406	406	406	
	d) Paint Handicap Ramps	1450	1	0	126	126	126	
	DWELLING STRUCTURES							
	a) Repair damaged walls	1460	2	3,000	1,394	0	0	
	b) Repair, texture and paint	1460	10	4,000	2,987	2,987	2,987	
	c) Replace lavatory cut -off and P -trap	1460	10	1,492	290	290	290	
	d) Replace interior doors -20 DU's	1460	40	6,800	310	0	0	
	e) VCT floor tile -Bath Areas	1460	14	15,000	2,091	2,091	2,091	
	f) Kitchen cabinets	1460	14	1,800	26,440	26,440	26,440	
	g) Repair gutters and downspouts	1460	32	1,900	240	240	240	
	h) Replace sink cut -off and P -trap	1460	20	2,500	76	0	0	
	i) Lead Base Paint Abatement	1460	28	0	8,678	8,678	8,678	
	j) Replace water closets & repairs	1460	6	0	833	833	833	
	k) Kitchen Faucet Repairs	1460	1	0	112	112	112	
	l) Replace broken window glass	1460	3	0	185	185	185	
	m) Carbon Monoxide Detectors	1460	32	0	1,294	1,294	1,294	
	n) Door Hardware	1460	12	0	306	306	306	

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

PHAName: HENRIETTA HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: TX21P08250101 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
				Original	Revised	Funds Obligated	Funds Expended	
	DWELLING EQUIPMENT							
	a) Ranges	1465.1	2	570	517	294	294	
	b) Refrigerators	1465.1	2	850	1,040	1,040	1,040	
	c) Water Heaters	1465.1	14	0	2,546	2,546	2,546	
	Sub-Total			\$51,912	\$51,171	\$48,458	\$48,458	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: HENRIETTA HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: TX21P08250101 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
				Original	Revised	Funds Obligated	Funds Expended	
TX082 -002	SITE IMPROVEMENT							
PRIGMORECT.	a) Plant new trees	1450	10	2,500	320	0	0	
	b) Trim Trees	1450	1	0	150	150	150	
	c) Dirt Fill at Maintenance Shop	1450	1	0	368	368	368	
	d) Project Sign	1450	1	0	406	406	406	
	DWELLING STRUCTURES							
	a) Repair gutters and downspouts	1460	10	500	367	0	0	
	DWELLING EQUIPMENT							
	a) Ranges	1465.1	2	570	223	0	0	
	b) Refrigerators	1465.1	2	850	0	0	0	
	c) Water Heaters	1465.1	4	0	864	864	864	
	Sub-Total			\$4,420	\$2,698	\$1,788	\$1,788	

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

PHAName: HENRIETTA HOUSING AUTHORITY	Grant Type and Number Capital Fund Program No: TX21P08250101 Replacement Housing Factor No:	Federal FY of Grant: 2001
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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	
TX082 -001 PARKVIEW	03-31-03			09-30-04			
TX082 -002 PRIGMORECT.	03-31-03			09-30-04			
PHAWIDE	03-31-03			09-30-04			

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHAName: HENRIETTA HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: TX21P08250102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) X Performance and Evaluation Report for Period Ending: 09/30/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds	0			
2	1406 Operations	8,333			
3	1408 Management Improvements	500			
4	1410 Administration	5,000			
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	9,000			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	10,750			
10	1460 Dwelling Structures	26,743			
11	1465.1 Dwelling Equipment — Nonexpendable	7,000			
12	1470 Non dwelling Structures	14,000			
13	1475 Non dwelling Equipment	2,000			
14	1485 Demolition	0			
15	1490 Replacement Reserve	0			
16	1492 Moving to Work Demonstration	0			
17	1495.1 Relocation Costs	0			
18	1499 Development Activities	0			
19	1501 Collateralization or Debt Service	0			
20	1502 Contingency	0			
21	Amount of Annual Grant: (sum of lines 2 – 20)	83,326			
22	Amount of line 21 Related to LBP Activities	0			
23	Amount of line 21 Related to Section 504 compliance	0			
24	Amount of line 21 Related to Security – Soft Costs	0			
25	Amount of Line 21 Related to Security – Hard Costs	0			
26	Amount of line 21 Related to Energy Conservation Measures	0			

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

PHAName: HENRIETTA HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: TX21P08250102 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
				Original	Revised	Funds Obligated	Funds Expended	
PHAWIDE	OPERATIONS	1406	1	8,333				
	MANAGEMENT IMPROVEMENTS							
	a) Training office personnel	1408	1	500				
	ADMINISTRATION							
	a) Clerk of the Works	1410	1	4,000				
	b) Computer upgrade	1410	1	1,000				
	FEES AND COSTS							
	a) Architectural and Engineering	1430	1	5,000				
	b) Inspection	1430	1	3,000				
	c) Sundry	1430	1	1,000				
	NONDWELLING EQUIPMENT							
	a) Misc. yard equipment	1475	1	2,000				
	Sub-Total			\$24,833				

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

PHAName: HENRIETTA HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: TX21P08250102 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
				Original	Revised	Funds Obligated	Funds Expended	
TX082 -001 PARKVIEW	SITE IMPROVEMENT							
	a) Trim trees	1450	1	2,000				
	b) Retaining wall	1450	100 l.f.	2,250				
	DWELLING STRUCTURES							
	a) Kitchen cabinet replacement	1460	4	9,650				
	b) Upgrade electrical outlets	1460	6	3,600				
	c) Replace interior doors	1460	8	2,993				
	d) Interior painting	1460	2	1,500				
	DWELLING EQUIPMENT							
	a) Ranges	1465.1	5	1,150				
	b) Refrigerators	1465.1	5	1,650				
	c) Water heaters	1465.1	9	2,700				
	NONDWELLING STRUCTURES							
	a) Storage addition to Activity Bldg.	1470	1	14,000				
	Sub-Total			\$41,493				

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

PHAName: HENRIETTA HOUSING AUTHORITY	Grant Type and Number Capital Fund Program No: TX21P08250102 Replacement Housing Factor No:	Federal FY of Grant: 2002
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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	
TX082 -001 PARKVIEW	09-30-04			09-30-05			
TX082 -002 PRIGMORECT.	09-30-04			09-30-05			
PHAWIDE	09-30-04			09-30-05			

PHA Public Housing Drug Elimination Program Plan

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

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

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

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

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

E. Target Areas

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

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

F. Duration of Program

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

12 Months _____ 18 Months _____ 24 Months _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

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

B. PHDEP Budget Summary

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

FFY _____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TAMatch	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise — not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9115 -Special Initiative					Total PHEDEP 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 PHEDEP 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 PHEDEP 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 PHEDEP 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 PHEDEP 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 PHEDEP 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 PHEDEP 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 PHEDEP 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 ____: 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: Evelyn Myers

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

- Elected
- X Appointed

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

Two years 5 -1-02/5-1-04

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 fulltime basis
- X the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- Other (explain):

B. Date of next term expiration of a governing board member: 5/1/03

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

Rick Langford, Mayor, City of Henrietta

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

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

Pat McAnear
Jena Roberson