

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

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 03

**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:** Nocona Housing Authority

**PHANumber:** tx-186

**PHAFiscalYearBeginning:(mm/yyyy)** 01/2003

### PHA Plan Contact Information:

Name: Michael Lemons

Phone: 940-825-6515

TDD:

Email(if available): nha\_hud@yahoo.com

### Public Access to Information

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

- Main administrative office of the PHA
- PHA development management offices

### Display Locations For PHA Plans and Supporting Documents

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

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

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

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

### PHA Programs Administered :

- Public Housing and Section 8       Section 8 Only       Public Housing Only

**Annual PHA Plan**  
**Fiscal Year 2003**  
 [24CFR Part 903.7]

**i. Table of Contents**

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

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A. Resident Advisory Board Consultation Process	
B. Statement of Consistency with Consolidated Plan	
C. Criteria for Substantial Deviations and Significant Amendments	

**Attachments**

- Attachment A: Supporting Documents Available for Review
  - Attachment\_\_: Capital Fund Program Annual Statement
  - Attachment\_\_: 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\_\_: Resident Membership on PHA Board or Governing Body
  - Attachment\_\_: 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)
- CAPITAL FUND PROGRAM ANNUAL STATEMENT, 5 YEAR ACTION PLAN,  
 RESIDENT MEMBERSHIP ON PHA BOARD, MEMBERSHIP OF RESIDENT ADVISORY BOARD, COMMENTS OF RESIDENT ADVISORY BOARD.

**ii. Executive Summary**

[24CFR Part 903.79(r)]

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

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

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

### **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? \$ 160,000.00 \_\_\_\_\_

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 x

##### **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment x

### **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

<b>Demolition/Disposition Activity Description</b> <b>(Not including Activities Associated with HOPE VI or Conversion Activities)</b>	
1a. Development name: Nocona Housing Authority	
1b. Development (project) number: tx.186 -001,002,003	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input checked="" type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" 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) x <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 x <input type="checkbox"/> Public housing for 90        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 x  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

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

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

- Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

**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) \_\_\_\_\_

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

- The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included
  - Yes  No: below
  - Yes  No: at the end of the RAB Comments in Attachment \_\_\_\_\_.

Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment \_\_\_\_.

Other: (list below)

**B. Statement of Consistency with the Consolidated Plan**

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

1. Consolidated Plan jurisdiction: Texas, Montague County

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:**

**ANY CHANGE TO THE MISSION STATEMENT; 50% DELETION FROM OR ADDITION TO THE GOALS AND OBJECTIVES AS A WHOLE; AND 50% OR MORE DECREASE IN THE QUANTIFIABLE MEASUREMENT OF ANY INDIVIDUAL GOAL AND OBJECTIVE.**

**B. Significant Amendment or Modification to the Annual Plan:**

**ANY INCREASE OR DECREASE OVER 50% IN THE FUNDS PROJECTED IN THE FINANCIAL RESOURCE STATEMENT AND/OR THE CAPITAL FUND PROGRAM ANNUAL STATEMENT; ANY CHANGE IN POLICY OR PROCEDURE THAT REQUIRES A REGULATORY 30 - POSTING; ANY SUBMISSION TO HUD THAT REQUIRES A SEPARATE NOTIFICATION TO RESIDENTS, SUCH AS HOPE VI, PUBLIC HOUSING CONVERSION, DEMOLITION, DESIGNATED HOUSING OR HOME OWNERSHIP PROGRAMS; AND ANY CHANGES INCONSISTENT WITH THE LOCAL APPROVED CONSOLIDATED PLAN, IN THE DISCRETION OF THE EXECUTIVE DIRECTOR.**





## 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.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
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 jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	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
	Schedule of flat rents offered each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
	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
N/A	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 x <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
	Most recent CIAP Budget /Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99 -52(HA).	Annual Plan: Capital Needs

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	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 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 (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· 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);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· 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.</li> </ul>	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 checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
	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)



<b>Annual Statement/Performance and Evaluation Report</b>								
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>								
<b>Part II: Supporting Pages</b>								
PHAName: NOCONA HOUSING AUTHORITY OF THE CITY OF NOCONA			Grant Type and Number Capital Fund Program#: TX21P18650103 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	
TX186- 001,002,003	SUNDRY, PAPER GOODS, PHONE CALLETTC.	1410		1,500.00				
PHA-WIDE	FEES AND COST							
	A&E FEE	1430		16,000.00				
	INSPECTION	1430		5,000.00				
TX-186-003	REPLACE ALL OUTSIDE LIGHTING	1460		12,000.00				
TX-186-001,002	REPLACE ALL INTERIOR LIGHT FIXTURES	1460		36,000.00				
TX-186-001	ADD NEW PARKING AREAS, WITH STRIPPING	1450		52,500.00				
TX-186- 001,002,003	12 LARGE REPLACEMENT TREES, DELIVERED AND PLANTED	1450		6,000.00				
TX-186-002	PRIVACY FENCE AROUND SHOP, FOR OUTSIDE BUILDING MATERIALS.	1450		4,000.00				
PHA-WIDE	2-G1800 DIESEL KUBOTA MOWERS W/48" MOWERS DECKS, DELIVERED	1475	2	20,000.00				
PHA-WIDE	COMMERCIAL CARPET CLEANER W/WATER EXTRACTOR	1475	1	2,000.00				

<b>AnnualStatement/PerformanceandEvaluationReport</b> <b>CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)</b> <b>PartII:SupportingPages</b>								
PHAName: NOCONA HOUSINGAUTHORITYOF THE CITYOFNOCONA			<b>GrantTypeandNumber</b> CapitalFundProgram#: TX21P18650103 CapitalFundProgram ReplacementHousingFactor#:			<b>FederalFYofGrant:</b> 2003		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-WIDE	EXERCISEEQUIPMENTFOR FITNESSROOM	1475		1,800.00				
TX-186-003	12 -8FT.TABLESFOR COMMUNITYROOM	1475	12	3,000.00				
TX-186-003	2-NEWCENTRALHEATUNITSIN HANDICAPUNITS.HEATUNITS AREOVER30YRS.OLD	1460	2	2,200.00				
	<b>GRANDTOTAL</b>			<b>162,000.00</b>				



<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>						
<b>PHAName:</b> <b>Nocona Housing Authority</b>		<b>Grant Type and Number</b> - C.F.P.(FY -2001) Capital Fund Program: TX21P18650101 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b>  2001	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6 -30-03 <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	0	0	0	
2	1406 Operations	0	0	0	0	
3	1408 Management Improvements	0	0	0	0	
4	1410 Administration	1,500	845	845	845	
5	1411 Audit	0	0	0	0	
6	1415 Liquidated Damages	0	0	0	0	
7	1430 Fees and Costs	18,825	17,825	17,825	16,414	
8	1440 Site Acquisition	0	0	0	0	
9	1450 Site Improvement	22,000	22,000	22,000	0	
10	1460 Dwelling Structures	93,570	114,170	114,170	49,063	
11	1465.1D dwelling Equipment — Nonexpendable	7,105	0	0	0	
12	1470 Nondwelling Structures	26,930	15,090	15,090	0	
13	1475 Nondwelling Equipment	0	0	0	0	
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)	169,930	169,930	169,930	66,322	
22	Amount of line 21 Related to LBP Activities	0	0	0	0	
23	Amount of line 21 Related to Section 504 Compliance	0	0	0	0	
24	Amount of line 21 Related to Security -Soft Costs	0	0	0	0	
25	Amount of line 21 Related to Security -Hard Costs	0	0	0	0	
26	Amount of line 21 Related to Energy Conservation Measures	0	0	0	0	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: <b>Nocona Housing Authority</b>		Grant Type and Number - C.F.P. (FFY -2001) Capital Fund Program#: TX21P18650101 Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	<b>1410 ADMINISTRATION:</b>							
TX186 -001,002 and003								
PHAWIDE	1) Clerk -of-the-Works, Sundry and Printing	1410	1	1,500	845	845	845	100%
	SubTotal			1,500	845	845	845	
	<b>1430 FEES AND COSTS:</b>							
TX186 -001,002, and003								
PHAWIDE	1) Hire Architect to prepare Plans and Specifications	1430	1	13,825	17,825	17,825	16,414	92%
	2) Inspection	1430	1	5,000	0	0	0	
	Sub-Total			18,825	17,825	17,825	16,414	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: <b>Nocona Housing Authority</b>		<b>Grant Type and Number - C.F.P. (FFY -2001)</b> Capital Fund Program#: TX21P18650101 Capital Fund Program Replacement Housing Factor#:				<b>Federal FY of Grant:</b> 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	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: <b>Nocona Housing Authority</b>			Grant Type and Number -C.F.P.(FFY2001) Capital Fund Program#: TX21P18650101 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	<b>1450 SITE IMPROVEMENTS</b>							
TX186 -001	1) Chain Link Fence	1450	280 L.F.	7,000	7,000	7,000	0	In Progress
TX186 -002	2) Handrails	1450	30	15,000	15,000	15,000	0	In Progress
	Sub-Total			22,000	22,000	22,000	0	
	<b>1460 DWELLING STRUCTURE:</b>							
TX186 -001	1) Medicine Cabinet, Water Closet & Lavatory	1460	30	20,000	15,000	15,000	0	In Progress
	2) Remove Marlite Wall Board & Install Ceramic Tile	1460	30	11,570	10,000	10,000	0	In Progress
	3) Roofing	1460	5 buildings	0	27,730	27,730	27,730	100%
	4) Interior Painting	1460	16	0	10,183	10,183	10,183	100%

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: <b>Nocona Housing Authority</b>		<b>Grant Type and Number</b> -C.F.P.(FFY2001) Capital Fund Program#: TX21P18650101 Capital Fund Program Replacement Housing Factor#:				<b>Federal FY of Grant:</b> 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	
TX186 -002	1) Install Siding	1460	30	40,000	22,107	22,107	0	In Progress
TX186 -003	1) Medicine Cabinet, Water Closet & Lavatory	1460	30	22,000	18,000	18,000	0	In Progress
	2) Vinyl Siding	1460	3 Buildings	0	11,150	11,150	11,150	100%
	Sub-Total			93,570	114,170	114,170	49,063	
	<b>1465.1 DWELLING EQUIPMENT:</b>							
TX186 -								
PHA WIDE	1) Ranges 30"	1465.1	4	1,145	0	0	0	
	2) Ranges 20"	1465.1	4	1,040	0	0	0	
	3) Refrigerator	1465.1	8	3,120	0	0	0	
	4) Water Heaters	1465.1	8	1,800	0	0	0	
	Sub-Total			7,105	0	0	0	
	<b>1470 NON DWELLING STRUCTURES :</b>							
TX186 -								
PHA WIDE	1) Combustible Storage	1470	1	26,930	15,090	15,090	0	In Progress

AnnualStatement/PerformanceandEvaluationReport CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF) PartII:SupportingPages								
PHAName: <b>NoconaHousingAuthority</b>			GrantTypeandNumber -C.F.P.(FFY2001) CapitalFundProgram#: TX21P18650101 CapitalFundProgram ReplacementHousingFactor#:			FederalFYofGrant:  2001		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Work
				Original	Revised	Funds Obligated	Funds Expended	
	Sub-Total			26,930	15,090	15,090	0	InProgress
	<b>GRANDTOTAL</b>			<b>169,930</b>	<b>169,930</b>	<b>169,930</b>	<b>66,322</b>	

AnnualStatement/PerformanceandEvaluationReport CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF) PartIII:ImplementationSchedule							
PHAName: <b>NoconaHousingAuthority</b>		GrantTypeandNumber -C.F.P.(FY -2001) CapitalFundProgram#: TX21P18650101 CapitalFundProgramReplacementHousingFactor#:				FederalFYofGrant:  2001	
DevelopmentNumber Name/HA-Wide Activities	AllFundObligated (QuartEndingDate)			AllFundsExpended (QuarterEndingDate)			ReasonsforRevisedTargetDates
	Original	Revised	Actual	Original	Revised	Actual	
PHAWIDE	9-30-03		6-30-03	9-30-04			
TX186 -001	9-30-03		6-30-03	9-30-04			
TX186 -002	9-30-03		6-30-03	9-30-04			



<b>Annual Statement/Performance and Evaluation Report</b>						
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>						
<b>PHAName:</b> Nocona Housing Authority		<b>Grant Type and Number</b> - C.F.P.(FY -2002) Capital Fund Program: TX21P18650102 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b>  2002	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6 -30-03 <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	0	0	0	
2	1406 Operations	0	0	0	0	
3	1408 Management Improvements	0	0	0	0	
4	1410 Administration	1,500	756	756	756	
5	1411 Audit	0	0	0	0	
6	1415 Liquidated Damages	0	0	0	0	
7	1430 Fees and Costs	21,000	16,650	16,650	15,150	
8	1440 Site Acquisition	0	0	0	0	
9	1450 Site Improvement	0	10,000	10,000	0	
10	1460 Dwelling Structures	108,915	83,474	83,474	0	
11	1465.1 Dwelling Equipment — Nonexpendable	9,400	0	0	0	
12	1470 Non Dwelling Structures	0	22,300	22,300	0	
13	1475 Non Dwelling Equipment	20,000	27,635	27,635	27,635	
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)	160,815	160,815	160,815	43,541	
22	Amount of line 21 Related to LBP Activities	0	0	0	0	

AnnualStatement/PerformanceandEvaluationReport CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary						
PHAName: <b>NoconaHousingAuthority</b>		GrantTypeandNumber - C.F.P.(FY -2002) CapitalFundProgram: TX21P18650102 CapitalFundProgram ReplacementHousingFactorGrantNo:			FederalFYofGrant:  2002	
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement <input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding:6 -30-03 <input type="checkbox"/> FinalPerformanceandEvaluationReport						
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost		
23	Amountofline21RelatedtoSection504Compliance	0	0	0	0	
24	Amountofline21RelatedtoSecurity -SoftCosts	0	0	0	0	
25	Amountofline21RelatedtoSecurity -HardCosts	0	0	0	0	
26	Amountofline21RelatedtoEnergyConservation Measures	0	0	0	0	

AnnualStatement/PerformanceandEvaluationReport CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF) PartII:SupportingPages									
PHAName: <b>NoconaHousingAuthority</b>			GrantTypeandNumber - C.F.P.(FFY -2002) CapitalFundProgram#: TX21P18650102 CapitalFundProgram ReplacementHousingFactor#:				FederalFYofGrant:  2002		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Work	
				Original	Revised	Funds Obligated	Funds Expended		
	<b>1410ADMINISTRATION:</b>								
TX186 - PHAWIDE	1)Clerk -of-the-Works,Sundryand Printing	1410	1	1,500	756	756	756	100%	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: <b>Nocona Housing Authority</b>		<b>Grant Type and Number</b> - C.F.P.(FFY -2002) Capital Fund Program#: TX21P18650102 Capital Fund Program Replacement Housing Factor#:				<b>Federal FY of Grant:</b> 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	
	Sub Total			1,500	756	756	756	
	<b>1430 FEES AND COSTS:</b>							
TX186 - PHAWIDE	1) Hire Architect to prepare Plans and Specifications	1430	1	16,000	16,650	16,650	15,150	90%
	2) Inspection	1430	1	5,000	0	0	0	
	Sub-Total			21,000	16,650	16,650	15,150	
	<b>1450 SITE IMPROVEMENTS</b>							
TX186 -002	1) Handrails	1450	1	0	10,000	10,000	0	In Progress
	Sub-Total			0	10,000	10,000	0	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: <b>Nocona Housing Authority</b>		Grant Type and Number -C .F.P.(FFY2002) Capital Fund Program#: TX21P18650102 Capital Fund Program Replacement Housing Factor#:				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	
	<b>1460 DWELLING STRUCTURE</b>							
TX186 -001	1) Replace Showers/Tubs	1460	27	41,600	30,950	30,950	0	In Progress
	2) Medicine Cabinets, Water Closets & Lavatory	1460	30	0	5,000	5,000	0	In Progress
	3) Remove Marlite Wall Board & Install Ceramic Tile	1460	30	0	5,020	5,020	0	In Progress
TX186 -002	1) Install Siding	1460	3 Buildings	0	9,980	9,980	0	In Progress
TX186 -003	1) Replace Tub/Showers and all Hardware	1460	30	40,815	32,524	32,524	0	In Progress
	Sub-Total			82,415	83,474	83,474	0	
	<b>1465.1 DWELLING EQUIPMENT:</b>							

<b>AnnualStatement/PerformanceandEvaluationReport</b> <b>CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)</b> <b>PartII:SupportingPages</b>								
PHAName: <b>NoconaHousingAuthority</b>		<b>GrantTypeandNumber</b> -C.F.P.(FFY2002) CapitalFundProgram#: TX21P18650102 CapitalFundProgram ReplacementHousingFactor#:				<b>FederalFYofGrant:</b> 2002		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Work
				Original	Revised	Funds Obligated	Funds Expended	
TX186								
PHAWIDE	1)Ranges30"	1465.1	5	1,500	0	0	0	InProgress
	2)Ranges20"	1465.1	5	1,300	0	0	0	InProgress
	3)RangesElectric20"	1465.1	5	1,300	0	0	0	InProgress
	4)WaterHeaters	1465.1	10	1,800	0	0	0	InProgress
	Sub-Total			5,900	0	0	0	

<b>AnnualStatement/PerformanceandEvaluationReport</b> <b>CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)</b> <b>PartII:SupportingPages</b>								
PHAName: <b>NoconaHousingAuthority</b>		<b>GrantTypeandNumber</b> -C.F.P.(FFY2002) CapitalFundProgram#: TX21P18650102 CapitalFundProgram ReplacementHousingFactor#:				<b>FederalFYofGrant:</b> 2002		
Development Number	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof

Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	Work
	<b>1470NONDWELLINGSTRUCTURES :</b>							
TX186 - PHAWIDE	1)InstallSidingatOffice&Community Room	1470	1	5,000	4,900	4,900	0	InProgress
	2)ReplaceallOutsideLightingatOffice andCommunityRoom	1470	1	7,000	3,000	3,000	0	InProgress
	3)ReplaceCarpet/ScotchGuard,Repaint InteriorinCommunityRoom	1470	1	18,000	4,100	4,100	0	InProgress
	4)CombustibleStorage	1470	1	0	10,300	10,300	0	InProgress
	Sub-Total			30,000	22,300	22,300	0	
	<b>1475NONDWELLINGEQUIPMENT</b>							
TX186 PHAWIDE	1)PickUpTruckwithTommyLift	1475	1	20,000	17,059	17,059	17,059	InPro gress
	2)PickUpTruck	1475	1	0	2,941	2,941	2,941	InProgress
	3)KubotaMower	1475	1	0	7,635	7,635	7,635	InProgress
	Sub-Total			20,000	27,635	27,635	27,635	
	<b>GRANDTOTAL</b>			160,815	160,815	160,815	43,541	



<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: <b>Nocona Housing Authority</b>		Grant Type and Number -C.F.P.(FY -2002) Capital Fund Program#: TX21P18650102 Capital Fund Program Replacement Housing Factor#:				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	



### CapitalFundProgram5 -YearActionPlan

Completeonetableforeachdevelopmentinwhichworkisplannedinthenext5PHAfiscalyears.CompleteatableforanyPHA -widephysicalormangementimprovements plannedinthenext5PHAfiscalyear.Copythistableasmanytimesasn ecessary.Note:PHAsneednotincludetheinformationfromYearOneofthe5 -Yearcycle,becausethis informationisincludedintheCapitalFundProgramAnnualStatement.

CFP5 -YearActionPlan		
<input checked="" type="checkbox"/> Originalstatement <input type="checkbox"/> Revisedstatement		
Development Number	DevelopmentName (orindicatePHAwide)	
TX-186	PHAWIDE	
DescriptionofNeededPhysicalImprovementsorManagement Improvements	EstimatedCost	PlannedStartDate (HAFiscalYear)
APPLIANCEREPLACEMENT,REHABOFSELECTEDUNITS	160,000.00	2004
APPLIANCEREPLACEMENT,REHABOFSELECTEDUNITS	160,000.00	2005
APPLIANCEREPLACEMENT,REHABOFSELECTEDUNITS	160,000.00	2006
APPLIANCEREPLACEMENT,REHABOFSELECTEDUNITS	160,000.00	2007
<b>Totalestimatedcostovernext5years</b>	<b>800,000.00</b>	

## PHA Public Housing Drug Elimination Program Plan

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

**Section 1: General Information/History**

**A. Amount of PHDEP Grant \$** \_\_\_\_\_

**B. Eligibility type (Indicate with an "x")**                      **N1** \_\_\_\_\_ **N2** \_\_\_\_\_                      **R** \_\_\_\_\_

**C. FFY in which funding is requested** \_\_\_\_\_

**D. Executive Summary of Annual PHDEP Plan**

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

**E. Target Areas**

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

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

**F. Duration of Program**

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

**12 Months** \_\_\_\_\_ **18 Months** \_\_\_\_\_ **24 Months** \_\_\_\_\_

**G. PHDEP Program History**

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs havenot been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

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

**Section 2: PHDEP Plan Goals and Budget**

**A. PHDEP Plan Summary**

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

**B.PHDEPBudgetSummary**

EnterthetotalamountofPHDEPFundingallocatedtoeachlineitem.

<b>FFY _____ PHDEPBudgetSummary</b>	
<b>Originalstatement</b>	
<b>Revisedstatementdated:</b>	
<b>BudgetLineItem</b>	<b>TotalFunding</b>
9110 –ReimbursementofLawEnforcement	
9115 -SpecialInitiative	
9116 –GunBuybackTAMatch	
9120 -SecurityPersonnel	
9130 -EmploymentofInvestigators	
9140 -VoluntaryTenantPatrol	
9150 -PhysicalImprovements	
9160 -DrugPrevention	
9170 -DrugIntervention	
9180 -DrugTreatment	
9190 -OtherProgramCosts	
<b>TOTALPHDEPFUNDING</b>	

**C. PHDEPPlanGoalsandActivities**

Inthetablesbelow,provideinformationonthePHDEPstrategysummarizedabovebybudgetlineitem.Eachgoalandobjectiveshouldbenumberedsequentiallyforeachbudgetlineitem(whereapplicable).Useasmanyrowsasnecessarytolistproposedactivities(additionalrowsmaybeinsertedinthetables).PHAsarenotrequiredtoprovideinformationinshadedboxes.Informationprovidedmustbeconcise —nottoexc eedtwosentencesinanycolumn.TablesforlineitemsinwhichthePHAhasnoplannedgoalsoractivitiesmaybedeleted.

<b>9110 –ReimbursementofLawEnforcement</b>		<b>TotalPHDEPFunding:\$</b>
Goal(s)		
Objectives		

ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

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

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

<b>9120 -SecurityPersonnel</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9130 –EmploymentofInvestigators</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9140 – VoluntaryTenantPatrol</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9150 - PhysicalImprovements</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9160 -DrugPrevention</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators

1.							
2.							
3.							

<b>9170 -DrugIntervention</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9180 -DrugTreatment</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9190 -OtherProgramCosts</b>					<b>TotalPHDEPFunds:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							



**Required Attachment\_04/02\_F\_\_: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:  
MAX RAYEVANS

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

C. The term of appointment is (include the date term expires): 03/04/06

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):

A. Date of next term expiration of a governing board member: MAX R. EVANS  
ELECTED AS BOARD MEMBER 03/04/2002 - EXPIRES 30/04/2006

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

HOLLIS GAYDON - CHAIRMAN - 04/01/2006  
HOWARD MORRIS - V. CHAIRMAN - 04/01/2006  
CECIL HULSE - COMMISSIONER - 09/01/2003  
EUGENE SHEARS - COMMISSIONER - 09/01/2004  
MAX EVANS - COMMISSIONER - 03/04/2006  
MAX EVANS IS A TENANT, AND WAS EMPLOYED BY THE NOCONA HOUSING AUTHORITY FOR 5 YEARS BEFORE RETIRING.

## **Required Attachment\_04/02\_\_G\_\_\_\_:MembershipoftheResident AdvisoryBoardorBoards**

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.)

BEAREED, PETE AND LULALANGFORD, PATRICIA DUFF, ANNIE PATTERSON, MR. & MRS. TOMMY ATKINS, TOMMY LEE.

BOARD MEMBER SELECTED EACH RESIDENT BOARD MEMBER.

**VOLUNTARY CONVERSION** - WE HAVE DETERMINED THAT VOLUNTARY CONVERSION WOULD BE IN APPROPRIATE BECAUSE REMOVAL OF THE DEVELOPMENTS WOULD NOT MEET THE NECESSARY CONDITIONS OF VOLUNTARY CONVERSION.

**COMMENTS FROM RESIDENT ADVISORY BOARD. ADVISORY BOARD VISITED WITH THE TENANTS OF THE NO CONA HOUSING AUTHORITY, AND THE RESIDENT AD. BOARD STATED THEY WOULD LIKE TO HAVE COVERED PARKING, AND GARBA GEDISPOSALS. THE HOUSING BOARD LOOKED THE SITUATION OVER AT LENGTH. NEW PARKING AREAS WOULD HAVE TO BE POURED TO PROPERLY INSTALL COVERED PARKING, AND SOME PLUMBING UPDATES WOULD HAVE TO BE DONE TO HANDLE GARBA GEDISPOSALS. THE HOUSING BOARD STATED THAT IF WE GET THE ITEMS WITH PRIORITY NEEDS DONE AND STILL HAVE FUNDS REMAINING WE WILL CONSIDER THIS MATTER AT THE PROPER TIME, THE BOARD AGREED TO STAY WITH THE ORIGINAL PLANS, TO BETTER MAINTAIN SAFE AND SANITARY HOUSING, TO TAKE CARE OF ALL PRIORITY NEEDS AS NUMBER #1 OBLIGATION TO THE TENANTS. THE RESIDENT ADVISORY BOARD WAS SATISFIED AND UNDERSTOOD THE DECISION THAT HAD TO BE MADE.**