

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: 2003

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

## PHA Plan Agency Identification

**PHAName:** ShellLakeHousingAuthority

**PHANumber:** WI061

**PHAFiscalYearBeginning:(mm/yyyy)** 7/2003

### PHA Plan Contact Information:

Name: JaniceOrgan,ExecutiveDirector

Phone: 715-468-2730

TDD:

Email(ifavailable): slha@spacestar.net

### Public Access to Information

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

- Main administrative office of the PHA  
 PHA development management offices

### Display Locations For PHA Plans and Supporting Documents

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

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

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

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

### PHA Programs Administered :

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

**AnnualPHAPlan**  
**FiscalYear20** 03  
[24CFRPart903.7]

**i.TableofC ontents**

ProvideatableofcontentsforthePlan ,includingattachments,andalistofsupportingdocumentsavailablefor publicinspection . ForAttachments,indicatewhichattachmentsareprovidedbyselectingallthatapply.Providethe attachment'sname (A,B,etc.)inthespacetotheleftofthenameoftheattachment.Iftheattachmentisprovidedas a **SEPARATE**filesubmissionfromthePHAPPlansfile,providethefilenameinparenthesesinthespacetothe right ofthetitle.

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  - 5. CrimeandSafety:PHDEPPlan
  - 6. OtherInformation:
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    - B. StatementofConsistencywithConsolidatedPlan
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**Attachments**

- X AttachmentA :SupportingDocumentsAvailableforReview
- X AttachmentB \_:CapitalFundProgramAnnualStatement
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- Attachment\_\_:CapitalFundProgramReplacement HousingFactor AnnualStatement
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- Attachment 1\_\_:ResidentMembershiponPHABoardorGoverningBody
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- Attachment\_\_:CommentsofResidentAdvisoryBoardorBoards& ExplanationofPHAResponse(mustbeattachedifnotincludedinPHA Plantext)
- Other(Listbelow,providingeachattachmentname)

**ii.ExecutiveSummary**

[24CFRPart903.79(r)]

AtPHAoption,provideabriefoverviewoftheinformationintheAnnualPlan

**SeeAnnualPlanOverviewforourinformation.**

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

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update. The Shell Lake Housing Authority is planning on remodeling the Community Room to include more space and a renovated kitchen. The process of getting HUD approval of eliminating an apartment to include its space for community areas is just beginning. Exterior entry-ways are in the process of being completed by having a canopy installed for protection from the weather. An emergency call system is being considered for the tenants, either wireless or hardwired. A new entry-guard system is also being considered being replaced. We are also planning to continue to provide services to the tenants, such as activities to keep them active, similar to senior center. As the estimates are coming in, we find that the 2002 CFP Grant may not be enough to accomplish all that we have anticipated. We would then use part of the 2003 CFP.

## 2. Capital Improvement Needs

[24CFR Part 903.79(g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ \_ unknown at this time \_\_\_\_\_

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

D. Capital Fund Program Grant Submissions

### (1) Capital Fund Program 5 - Year Action Plan

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

### (2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

## 3.D Demolition and Disposition

[24CFR Part 903.79(h)]

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

### See Policies or Program Changes for Upcoming Year #1

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

1437p))intheplanFiscalYear?(If“No”,skiptonextcomponent;if  
 “yes”,completeoneactivitydescriptionforeachdevelopment.)

2.ActivityDescription

<b>Demolition/DispositionActivityDescription (NotincludingActivitiesAssociatedwithHOPEVIorConversionActivities)</b>	
1a.Developmentname:	ShellLakeHousingAuthority/LakelandManor
1b.Development(project)number:	WI061
2.Activitytype:Demolition	<input type="checkbox"/>
Disposition	X <input checked="" type="checkbox"/>
3.Application status(selectone)	
Approved	<input type="checkbox"/>
Submitted,pendingapproval	<input type="checkbox"/>
Plannedapplication	X <input checked="" type="checkbox"/>
4.Dateapplicationapproved,submitted,orplannedforsubmission:	(07/23/03)
5.Numberofunitsaffected:	1
6.Coverageofaction(selectone)	
X <input checked="" type="checkbox"/> Partofthedevelopment	
<input type="checkbox"/> Totaldevelopment	
7.Relocationresources(selectallthatapply)	
<input type="checkbox"/> Section8for units	
X <input checked="" type="checkbox"/> Publichousingfor 1 units	
<input type="checkbox"/> Preferenceforadmissiontootherpublichousingorsection8	
<input type="checkbox"/> Otherhousingfor units(describellow)	
8.Timelineforactivity:	
a. Actualorprojectedstartdateofactivity:	Ifapproved,10/1/03,est.
b. Actualorprojectedstartdateofrelocationactivities:	10/1/03
c. Projectedenddateofactivity:	6/30/2003

**4.VoucherHomeownershipProgram**

[24CFRPart903.79(k)]

A. Yes XNo: DoesthePHAplantoadministeraSection8Homeownershipprogram pursuanttoSection8(y)oftheU.S.H.A.of1937,asimplementedby24 CFRpart982?(If“No”,skiptonextcomponent;if“yes”,describethe programusingthetablebelow(copyandcompletequestionsforeach programidentified.)

**B.CapacityofthePHAtoAdministeraSection8HomeownershipProgram**

ThePHAhasdemonstrateditscapacitytoadministertheprogramby(selectallthatapply):

- Establishing a minimum home ownership 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.SafetyandCrimePrevention:PHDEPPlan**

[24CFRPart903.7(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.OtherInformation**

[24CFRPart903.79(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 or
    - Yes  No: at the end of the RAB Comments in Attachment \_\_\_\_\_.

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

X  Other: (list below) None were given.

## 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: ( Wisconsin)

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

- X  The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- 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 X  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:

These items are in regard to the Capital Fund Program... The consideration of the Clean Air Plan by purchasing air purifications systems is currently on hold. This was being considered last year.

An emergency call system is currently being considered to be installed into our building. We have elderly and disabled tenants and since we have a call system, the tenants would be a little safer with this type of system. We are also beginning the process of submitting to HUD a request to convert one of our 30 units into an addition to the Community Room. Our activities have increased our Community Room usage to the point that we are unable to accommodate everyone at one time. To have a new Entry Guard installed in this building because of the age of the old one and its repair needs.

**B. 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.

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

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	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
	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 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, 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

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	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 (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	<p>PHDEP-related documentation:</p> <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 PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA 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	<p>Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)</p> <p>X <input type="checkbox"/> check here if included in the public housing A&amp;O Policy</p>	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

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	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 A Attachment B**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHAName: ShellLakeHousingAuthority	GrantTypeandNumber CapitalFundProgram: CapitalFundProgram ReplacementHousingFactorGrantNo:	FederalFYofGrant: 2003
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X  Original Annual Statement  Reserve for Disasters/Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	5007.00		-0-	-0-
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	7800.00		-0-	-0-
10	1460 Dwelling Structures	24000.00		-0-	-0-
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 -19)	36807.00	--	-0-	-0-
21	Amount of line 20 Related to LBP Activities	-0-	--	-0-	-0-
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

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

PHAName: ShellLakeHousingAuthority	GrantTypeandNumber CapitalFundProgram: CapitalFundProgram ReplacementHousingFactorGrantNo:	FederalFYofGrant: 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	
24	Amount of line 20 Related to Energy Conservation Measures	-0	--	-0-	-0-









## Attachment C

### Capital Fund Program 5 - Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-year cycle, because this information is included in the Capital Fund Program Annual Statement.

<b>CFP5 - Year Action Plan</b>		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
WI061	Shell Lake Housing Authority – Lakeland Manor	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace Current Entry Guard System	\$4,000	07/01/2003
Install Emergency Call System	\$5,000	07/01/2003
Community Room Remodeling	\$15,000	07/01/2003
<b>Total estimated cost over next 5 years</b>		<b>\$</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 \$** \_\_\_\_\_ **-0-** \_\_\_\_\_

**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 PHDEP funding allocated to each line item.

<b>FFY _____ PHDEP Budget Summary</b>	
<b>Original statement</b>	
<b>Revised statement dated:</b>	
<b>Budget Line Item</b>	<b>Total Funding</b>
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	
<b>TOTAL PHDEP FUNDING</b>	

**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.

<b>9110 – Reimbursement of Law Enforcement</b>		<b>Total PHDEP Funding: \$</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 – Voluntary Tenant Patrol</b>					<b>Total PHDEP Funding: \$</b>		
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.							

<b>9150 - Physical Improvements</b>					<b>Total PHDEP Funding: \$</b>		
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.							

<b>9160 - Drug Prevention</b>					<b>Total PHDEP Funding: \$</b>		
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.							

<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 1: Resident Member on the PHA Governing Board**

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

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

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

- Elected
- Appointed

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

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

- the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full-time basis
- the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- Other (explain): As a resident of Lakeland Manor, the tenant is automatically on the Resident Advisory Board. It is up to the tenant whether they want to participate or not. However, the residents have informed the management that they have opted not to have a representative on the Governing Board because of confidentiality purposes.

B. Date of next term expiration of a governing board member: June 30, 2003

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

John Beardsley, Chairman  
Rachel Gullickson, Vice Chairman  
Jack Porter, Board Member  
John Pocket, Board Member  
Bill Albright, Board Member

## **Required Attachment \_\_ 2\_\_\_\_: 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.)

As a resident of Lakeland Manor, the tenant is automatically on the Resident Advisory Board. It is up to the tenant whether they want to participate or not. Therefore, the membership roster of the Advisory Board is the current residents at any one time. The residents have informed the management that they have opted not to have a representative on the Governing Board because of confidentiality purposes.

**Shell Lake Housing Authority**  
**STREAMLINED HIGH PERFORMING PHA**  
**Annual Plan Overview**  
**March -2003**

The Shell Lake Housing Authority is a 30 unit building for elderly and disabled residents. Our housing authority is mandated by the usual policies (Occupancy/ Admission, Grievance, Pet, Rent Determination, and an updated Dwelling Lease) intact, with input from our Resident Advisory Board.

Though our concentrated efforts on managing and maintaining our building have been well rewarded in the past by high PHA' scores, our focus and heart is our residents and how it is that we can assist them to make their remaining years more satisfying. This outlook has, once again, separated us from the other local elderly housing and has made our Lakeland Manor a sought after development, even though our apartments are much smaller in comparison to the other elderly housing.

Most of our measurable milestones in the upkeep of our building have come from the financial assistance of past CFP Funds. Many needs were addressed with the support of those grant monies, such as replacing 30 year old mailboxes, canopy's built over entrance doors around the building to provide shelter during inclement weather, telephone jacks installed in each bedroom, new carpeting in the hallways and community areas, new computer for the office, sound -proofing adjoining apartment walls, and many items that our regular operating budget could not have afforded.

Since any future grant amounts are not known at the time of this writing, no exact amounts shall be named, however, with any future CFP grants, it is anticipated to install emergency call buttons in each apartment for the safety of the tenants. We are currently looking at whether to install a wireless or hard wire system. It has also been proposed that we update our current entry guard systems since it is now 22 years old and in need of frequent repair.

Another project that is in the infancy stage is to remodel our current Community Room on the first floor. Since management has undertaken the mission of providing services and activities for the residents, the attendance level for our gatherings has increased. The current Community Room can accommodate the residents, but with cramped results, when you include the walking tools (walkers, canes, wheelchairs) that accompany most tenants. The request for stimulating topics and challenging activities has been non-stop. More activities, such as cards, exercises, speakers, health care services, and volunteer entertainment. Therefore, we shall be proposing to HUD to allow us to eliminate an apartment, which is next door to the Community Room, to use as the expanded room needed. It had been proposed to build out, but the cost of \$94,000 is a great deterrent. We think this second proposal would be less costly in the long run. Included in this

addition would be updating the kitchen off of the community area. One of the items that would be done in the kitchen is one of the walls needs rebuilding because it is weak from settling floors. Another wall can be taken down to help minimize the focus of the settling floors and made into a snack bar to provide storage and to adjoint the two rooms better. The last would be to update the cabinets, possibly by resurfacing them, and this room would have the necessary attention it needs to be good as new. It is thought that since these rooms are adjoining that these projects could be done simultaneously.