

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

Small PHA Plan Update  
Annual Plan for Fiscal Year: 2003

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

**PHA Plan  
Agency Identification**

**PHA Name:** Sawyer County Housing Authority

**PHA Number:** wi222vo3

**PHA Fiscal Year Beginning: (mm/yyyy) January, 2003**

**PHA Plan Contact Information:**

Name: Bonney Flora  
Phone: 715 634-4280  
TDD:  
Email (if available): schous@cheqnet.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

**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  
LCO Community College Library

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

Main business office of the PHA

**PHA Programs Administered:**

Section 8 Only

**Annual PHA Plan**

**Fiscal Year 20**

[24 CFR Part 903.7]

**i. Table of Contents**

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

<b>Contents</b>	<b><u>Page #</u></b>
<b>Annual Plan</b>	
.Annual Plan Information	1
.Table of Contents	2
.Description of Policy and Program Changes for the Upcoming Fiscal Year	

Homeownership: Voucher Homeownership Program

4

### **Attachments**

Attachment A : Supporting Documents Available for Review

Attachment \_\_: Resident Membership on PHA Board or Governing Body

Attachment \_\_: Membership of Resident Advisory Board or Boards

## **ii. Executive Summary**

[24 CFR Part 903.7 9 (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**

[24 CFR Part 903.7 9 (g)]

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

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

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

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

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

The Capital Fund Program Annual Statement is provided as Attachment

### **3. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

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

#### 2. Activity Description

##### **Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)**

- 1a. Development name: 1b. Development (project) number:  
2. Activity type: Demolition Disposition  
3. Application status (select one) Approved Submitted, pending approval Planned application  
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)  
5. Number of units affected: 6. Coverage of action (select one) Part of the development Total development  
7. Relocation resources (select all that apply) Section 8 for units Public housing for units Preference for admission to other public housing or section 8 Other housing for units (describe below)  
8. Timeline for activity: a.

Actual or projected

### **4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

- A. Yes 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 is still in process of fomulating the policies.

### **5. Safety and Crime Prevention: PHDEP Plan**

[24 CFR Part 903.7 (m)]

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

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

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

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

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

## **6. Other Information**

[24 CFR Part 903.7 9 (r)]

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

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

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

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

N/A

The PHA changed portions of the PHA Plan in response to comments

A list of these changes is included

Yes No: below or

Yes No: at the end of the RAB Comments in Attachment \_\_\_\_\_.

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

Other: (list below)

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

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

1. Consolidated Plan jurisdiction: 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)

The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan.

To provide adequate production of new units by donating land to Indianhead Community Action Agency to build 10 new low/moderate income family units.

The PHA is collaborating with the Housing in Sawyer County, a county wide group established to promote housing assistance for special needs groups, including homeless prevention activities, beginning transitional housing programs and increasing or beginning emergency shelter operating funds.

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:**

           none

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

The Section 8 payment standard has been increased to 110% of the existing FMRs in order to provide additional housing choices.

## **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**

<b>Applicable &amp; On Display</b>	<b>Document</b>	<b>Related Plan Component</b>	<b>Supporting</b>
x	Regulations	PHA Plan Certifications of Compliance with the PHA Plans and Related 5 Year and Annual Plans	
n/a	(not required for this update)	State/Local Government Certification of Consistency with the Consolidated Plan 5 Year and Annual Plans	
x		Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
n/a		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
n/a		Most recent board-approved operating budget for the public housing program	Annual Plan
n/a		Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan:
n/a		Eligibility, Selection, and Admissions Policies	
n/a		Any policy governing occupancy of Police Officers in Public Housing check here if included in the public housing A&O Policy	Annual Plan:
n/a		Eligibility, Selection, and Admissions Policies	
x		Section 8 Administrative Plan	Annual Plan:
n/a		Eligibility, Selection, and Admissions Policies	
n/a		Public housing rent determination policies, including the method for setting public housing flat rents check here if included in the public housing A & O Policy	Annual Plan:
n/a		Rent Determination	
n/a		Schedule of flat rents offered at each public housing development check here if included in the public housing A & O Policy	Annual Plan:
n/a		Rent Determination	
x		Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan	Annual Plan:
n/a		Rent Determination	
n/a		Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan:
n/a		Operations and Maintenance	
n/a		Results of latest binding Public Housing Assessment System (PHAS) Assessment Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan
x		Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan
n/a		Any required policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan	Annual Plan:
n/a		Operations and Maintenance	
n/a		Public housing grievance procedures check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
n/a		Section 8 informal review and hearing procedures check here if included in Section 8 Administrative Plan	Annual Plan:
n/a		Grievance Procedures	

x The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year Annual Plan: Capital Needs

n/a 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

n/a 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). n/a Annual Plan: Capital Needs

n/a Approved or submitted applications for demolition and/or disposition of public housing Annual Plan: Demolition and Disposition

n/a Approved or submitted applications for designation of public housing (Designated Housing Plans) Annual Plan: Designation of Public Housing

n/a 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 n/a Annual Plan: Conversion of Public Housing

n/a Approved or submitted public housing homeownership programs/plans Annual Plan: Homeownership

Section 8 Administrative Plan) Policies governing any Section 8 Homeownership program (section \_\_\_\_\_ of the Homeownership Annual Plan: PHA and local employment and training service agencies Annual Plan: Community Service & Self-Sufficiency

n/a 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: · 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

Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) check here if included in the public housing A & O Policy Annual Plan: 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)

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

PHA Name: \_\_\_\_\_ Grant Type and Number: Capital Fund  
 Program: Capital Fund Program Replacement Housing Factor Grant No: \_\_\_\_\_

**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** **Tota**  
**Original** **Revised** **Obl**

- 1 Total non-CFP Funds
- 2 1406 Operations
- 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
- 10 1460 Dwelling Structures
- 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)
- 21 Amount of line 20 Related to LBP Activities
- 22 Amount of line 20 Related to Section 504 Compliance
- 23 Amount of line 20 Related to Security
- 24 Amount of line 20 Related to Energy Conservation Measures

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

PHA Name: **Grant Type and Number** Capital Fund  
 Program #: Capital Fund Program Replacement Housing Factor #:  
 Development Number General Description of Major Work Categories Dev. Acct No.  
 Quantity Total Estimated Cost  
 Total Actual Cost Status of Proposed  
 Name/HA-Wide Activities

Original

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

PHA Name: **Grant Type and Number** Capital Fund Program #:  
 Capital Fund Program Replacement Housing Factor #:  
 Development Number Name/HA-Wide Activities All Fund Obligated (Quart Ending Date)  
 All Funds Expended (Quarter Ending Date)  
 Original Revised Actual Original Revised Actual

Federal Reason

**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.

**CFP 5-Year Action Plan Original statement Revised statement**  
 Development Number Development Name (or indicate PHA wide)

**Description of Needed Physical Improvements or Management Improvements Estimated Cost Planned Start**

**Total estimated cost over next 5 years**

# PHA Public Housing Drug Elimination Program Plan

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

## Section 1: General Information/History

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

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

R \_\_\_\_\_

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

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

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

### **E. Target Areas**

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

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

### **F. Duration of Program**

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

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

### **G. PHDEP Program History**

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

<b>Fiscal Year of Funding Date of this Submission</b>	<b>PHDEP Funding Received Grant # Grant Extensions or Waivers</b>	<b>Fund Balance as of Grant Start Date</b>	<b>Grant Term</b>
FY 1995			
FY 1996			
FY 1997			

FY1998  
FY 1999

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

### **A. PHDEP Plan Summary**

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

### **B. PHDEP Budget Summary**

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

**FFY \_\_\_\_\_ PHDEP Budget Summary Original statement Revised statement dated:**

<b>Budget Line Item</b>	<b>Total Funding</b>
9110 - Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	

### **TOTAL PHDEP FUNDING**

### **C. PHDEP Plan Goals and Activities**

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

#### **9110 - Reimbursement of Law Enforcement**

**Total**

**PHDEP Funding: \$**

Goal(s)

Objectives

Proposed Activities

# of Persons Served

Target Population

Start Date

Expected Complete Date

PHEDEP Funding

Other

Funding (Amount/ Source)

Performance Indicators

1.

2.

3.

**9115 - Special Initiative**

**Total**

**PHDEP Funding: \$**

Goal(s)

Objectives

Proposed Activities

# of Persons Served

Target Population

Start Date

Expected Complete Date

- 1.
- 2.
- 3.

**9116 - Gun Buyback TA Match**

**Total PHDEP**

**Funding: \$**

Goal(s)

Objectives

Proposed Activities

# of Persons Served

Target Population

Start Date

Expected Complete Date

PHDEP Funding

Other Funding

(Amount /Source)

Performance Indicators

- 1.
- 2.
- 3.

**9120 - Security Personnel**

**Total PHDEP**

**Funding: \$**

Goal(s)

Objectives

Proposed Activities

# of Persons Served

Target Population

Start Date

Expected Complete Date

- 1.
- 2.
- 3.

**9130 - Employment of Investigators**

**Total PHDEP**

**Funding: \$**

Goal(s)

Objectives

Proposed Activities

# of Persons Served

Target Population

Start Date

Expected Complete Date

- 1.
- 2.
- 3.

**9140 - Voluntary Tenant Patrol**

**Total PHDEP**

**Funding: \$**

Goal(s)

Objectives

Proposed Activities

# of Persons Served

Target Population

Start Date

Expected Complete Date

- 1.
- 2.
- 3.

**9150 - Physical Improvements**

**Total PHDEP**

**Funding: \$**

Goal(s)

Objectives				
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date
1.				
2.				
3.				

**9160 - Drug Prevention**

**Total**

**PHDEP Funding: \$**

Goal(s)

Objectives

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date
1.				
2.				
3.				

**9170 - Drug Intervention**

**Total**

**PHDEP Funding: \$**

Goal(s)

Objectives

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date
1.				
2.				
3.				

**9180 - Drug Treatment**

**Total PHDEP**

**Funding: \$**

Goal(s)

Objectives

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

**Required Attachment \_\_\_\_: Resident Member on the PHA Governing Board**

1. Yes : 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:

Bette Scott

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

Appointed

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

01/11/01-01/10/06

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):

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

5/13/02

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

Hal Helwig, County Board Chairman

**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.) Bette Scott, Holly Kroll