

U.S.DepartmentofHousingandUrbanDevelopment  
OfficeofPublicandIndianHousing

---

SmallPHAPlanUpdate

AnnualPlanforFiscalYear: 07/2002

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBECOMPLETEDIN  
ACCORDANCE WITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHAPlan  
AgencyIdentification**

**PHAName:** WHITEVILLEHOUSINGAUTHORITY

**PHANumber:** NC037

**PHAFiscalYearBeginning:(mm/yyyy)** 07/2002

**PHAPlanContactInformation:**

Name:CarlaM.Shaw,ExecutiveDirector

Phone:910642 -4979

TDD:

Email(ifavailable):whitevilleha@earthlink.net

**PublicAccessToInformation**

**Informationregardinganyactivitiesoutlinedinthisplancanbeobtainedby contacting:(sele ctallthatapply)**

- X MainadministrativeofficeofthePHA  
PHAdevelopmentmanagementoffices

**DisplayLocationsForPHAPlansandSupportingDocuments**

ThePHAPlans(includingattachments)areavailableforpublicinspectionat:(selectall thatapply)

- X MainadministrativeofficeofthePHA  
PHAdevelopmentmanagementoffices  
Mainadministrativeofficeofthelocal,countyorStategovernment  
Publiclibrary  
PHAwebsite  
Other(listbelow)

PHAPlanSupportingDocumentsareavailableforinspectiona t:(selectallthatapply)

- X MainbusinessofficeofthePHA  
PHAdevelopmentmanagementoffices  
Other(listbelow)

**PHAProgramsAdministered :**

PublicHousingandSection8

Section8OnlyXPublicHousingOnly

**AnnualPHAPlan**  
**FiscalYear07/2002**  
[24CFRPart903.7]

**i.TableofContents**

ProvideatableofcontentsforthePlan ,includingattachments,andalistofsupportingdocumentsavailable forpublicinspection . ForAttachments,indicatewhichattachmentsareprovidedbyselectingall thatapply. Providetheattachment'sname(A,B,etc.)inthespacetotheleftofthenameoftheattachment.Ifthe attachmentisprovidedasa **SEPARATE**filesubmissionfromthePHAPlansfile,providethefilenamein parenthesesinthespacetothe rightofthetitle.

<b>Contents</b>	<b><u>Page#</u></b>
<b>AnnualPlan</b>	
i) ExecutiveSummary(optional)	
ii)AnnualPlanInformation	
iii) TableofContents	
1) DescriptionofPolicyandProgramChangesfortheUpcomingFiscalYear	
2) CapitalImprovementNeeds	
3) DemolitionandDisposition	
4) Homeownership:VoucherHomeownershipProgram	
5) CrimeandSafety:PHDEPPlan	
6) OtherInformation:	
A) ResidentAdvisoryBoardConsultationProcess	
B)StatementofConsistencywithConsolidatedPlan	
C)CriteriaforSubstantialDeviationsandSignificantAmendments	
<b>Attachments</b>	
X AttachmentA:SupportingDocumentsAvailableforReview	
Attachment__:CapitalFundProgramAnnualStatement	
Attachment__:CapitalFundProgram5YearActionPlan	
Attachment__:CapitalFundProgramReplacementHousingFactorAnnual Statement	
Attachment__:PublicHousingDrugEliminationProgram(PHDEP)Plan	
Attachment__:ResidentMembershiponPHABoardorGoverningBody	
Attachment__:MembershipofResidentAdvisoryBoardorBoards	
Attachment__:CommentsofResidentAdvisoryBoardorBoards&Explanation ofPHAResponse(mustbeattachedifnotincludedinPHAPlantext)	
Other(Listbelow,providingeachattachmentname)	

**ii.ExecutiveSummary**

[24CFRPart903.79(r)]

AtPHAAoption,provideabriefoverviewoftheinformati onintheAnnualPlan

## **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.

There are no changes in the PHA Plan.

## **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? \_\_\_\_\_ ed by

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$105,466 \_\_\_\_\_

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 (Not including Activities Associated with HOPE VI or Conversion Activities)</b>
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 start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

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

[24CFR Part 903.79(k)]

A. Yes/No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24CFR 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.SafetyandCrimePrevention:PHDEPPlan**

[24CFRPart903.7(m)]

ExemptionsSection8OnlyPHAsmayskiptothenextcomponentPHAseligibleforPHDEPfundsmust provideaPHDEPPlanmeetingspecifiedrequirementspriortoreceiptofPHDEPfund.

A) YesXNo: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. YesXNo 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. YesXNo: The PHDEP Plan is attached at Attachment \_\_\_\_\_

## **6.OtherInformation**

[24CFRPart903.79(r)]

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

1. YesXNo: 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

YesNo: below or

YesNo: 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)

*No comments were received.*

## **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: (provide name here)

*State of North Carolina*

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 need expressed in the Consolidated Plan/s.
- X The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- X The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- X 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)

*To provide housing to eligible prospect iveresidents that is safe, sanitary and decent. To assist the prospect iveresident with the economic opportunity and work with other housing agencies in the jurisdiction.*

**C. Criteria for Substantial Deviation and Significant Amendments**

**1) Amendment and Deviation Definitions**

24CFR Part 903.7(r)

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

**A. Substantial Deviation from the 5-year Plan:**

*There is no substantial deviation from the 5-year plan.*

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

*There is no significant amendment or modification to the Annual Plan.*

**Attachment A**

**Supporting Documents Available for Review**

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
	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	5 Year and Annual Plans



	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.		
	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	
	Most recent board approved operating budget for the public housing program	Annual Plan: Financial Resources	
	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 - 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	
	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: Rent Determination	
	Schedule of flat rents offered at each public housing development - check here if included in the public housing A&O Policy	Annual Plan: Rent Determination	
	Section 8 rent determination (payment standard) policies - check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination	
	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including gecko roach infestation)	Annual Plan: Operations and Maintenance	
	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 - check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance	
	Public housing grievance procedures - check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures	
	Section 8 informal review and hearing procedures - check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures	
	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	
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition	
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing	
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing	
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership	
	Policies governing any Section 8 Homeownership program (section of the Section 8 Administrative Plan)	Annual Plan: Homeownership	
	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 residents 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	Pet Policy-	

	The result 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 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: \_\_\_\_\_)  
 Evaluation Report for Period Ending: Final Performance and Evaluation Report \_\_\_\_\_

Line No.	Summary by Development Account _____	Total Estimated Cost _____		Total Obligations _____
		Original	Revised	
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 Non-dwelling Structures _____			
13	1475 Non-dwelling 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 Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule**

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

**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>CFP 5-Year Action Plan</b>		Original statement	Revised statement
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>		
-			
<b>Description of Needed Physical Improvements or Management Improvements</b>		<b>Estimated Cost</b>	<b>Planned Start Date (Fiscal Year)</b>
<b>Total estimated cost over next 5 years</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. The summary must not be more than five (5) sentences long.

### E. Target Areas

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

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

### F. Duration of Program

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

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

### G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund 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.

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

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



<b>9130 - Employment of Investigators</b>						<b>Total PHDEP Funding: \$</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount/Source)	
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	PHDEP Funding	Other Funding (Amount/Source)	
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	PHDEP Funding	Other Funding (Amount/Source)	
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	PHDEP Funding	Other Funding (Amount/Source)	
1.							
2.							
3.							

<b>9170 - Drug Intervention -</b>						<b>Total PHDEP Funding: \$ —</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding - (Amount/Source)	
1-							
2-							
3-							

<b>9180 - Drug Treatment -</b>						<b>Total PHDEP Funding: \$ —</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding - (Amount/Source)	
1-							
2-							
3-							

<b>9190 - Other Program Costs -</b>						<b>Total PHDEP Funds: \$ —</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding - (Amount/Source)	
1-							
2-							
3-							

**Required Attachment \_\_\_\_\_: 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) \_\_\_\_\_

B) Name of resident member(s) on the governing board: \_\_\_\_\_

C) 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): \_\_\_\_\_

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

D) Name and title of appointing official(s) for governing board (indicate appointing official for the next position): \_\_\_\_\_

**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.)—