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

Small PHA Plan Update Annual Plan for Fiscal Year: 2002

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: HOUSING AUTHORITY OF THE CITY OF EVANSVILLE

PHA Number:WI203

PHA Fiscal Year Beginning: (mm/yyyy) 01/2002

PHA Plan Contact Information:

Name: Trudy M Gard Phone: 608-882-4518 TDD: Email (if available): tgard@charter.net

Public Access to Information

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

- x 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)

- x 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 x Section 8 Only

Public Housing Only

Annual PHA Plan Fiscal Year 2001 [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.

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	Plan text)							
	Other (List below, providing each attachment name)							

ii. Executive Summary

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

[24 CFR Part 903.7 9 (r)]

The Housing Authority of the City of Evansville's mission goal is to promote adequate and affordable housing, economic opportunity, and a suitable living environment free from discrimination. The Board of Commissioners and the Tenant Advisory Board has worked with the Housing Authority on the 5 Year Goals and the Annual Agency Plan. The Housing Authority through their Community Development Block Grant Program promotes rehabilitation of units for the Housing Choice Voucher Program so they will comply with the Housing Quality Standards as required by HUD. The Housing Authority of the City of Evansville being a small town has at this time adequate, affordable housing for most of the families

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.YesNo: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 start date of activity:							
b. Actual or projected start date of relocation activities:							
c. Projected end date of activity:							

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

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

A. \Box Yes x No:

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 downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[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.

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

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

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

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

6. Other Information

[24 CFR Part 903.7 9 (r)]

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

- 1. Yes x 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)
 - 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

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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)
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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 Wisconsin Department of Administration – Division of Housing and Intergovernmental Relations

- 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. PH
- 4. A 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:

B. Significant Amendment or Modification to the Annual Plan:

<u>Attachment A</u> Supporting Documents Available for Review

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

List of Supporting Documents Available for Review						
Applicable & On Display	Related Plan Component					
Oli Dispiay	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans				
Х	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				
	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				
Х	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				

List of Supporting Documents Available for Review							
Applicable &	Supporting Document	Related Plan Component					
On Display							
	Schedule of flat rents offered at each public housing development	Annual Plan: Rent					
	L check here if included in the public housing A & O Policy	Determination					
Х	Section 8 rent determination (payment standard) policies	Annual Plan: Rent					
	X check here if included in Section 8 Administrative Plan	Determination					
	Public housing management and maintenance policy documents,	Annual Plan:					
	including policies for the prevention or eradication of pest	Operations and					
	infestation (including cockroach infestation)	Maintenance					
	Results of latest binding Public Housing Assessment System	Annual Plan:					
	(PHAS) Assessment	Management and					
		Operations					
	Follow-up Plan to Results of the PHAS Resident Satisfaction	Annual Plan:					
	Survey (if necessary)	Operations and					
		Maintenance and					
		Community Service &					
		Self-Sufficiency					
	Results of latest Section 8 Management Assessment System	Annual Plan:					
	(SEMAP)	Mangement and					
	Any required policies governing any Section 8 special housing	Operations Annual Plan:					
		Operations and					
	types	Maintenance					
	L check here if included in Section 8 Administrative Plan	Wannenance					
	Public housing grievance procedures	Annual Plan: Grievance					
	check here if included in the public housing	Procedures					
	A & O Policy						
Х	Section 8 informal review and hearing procedures	Annual Plan:					
	X check here if included in Section 8 Administrative	Grievance Procedures					
	Plan						
	The HUD-approved Capital Fund/Comprehensive Grant Program	Annual Plan: Capital					
	Annual Statement (HUD 52837) for any active grant year	Needs					
	Most recent CIAP Budget/Progress Report (HUD 52825) for any	Annual Plan: Capital					
	active CIAP grants	Needs					
	Approved HOPE VI applications or, if more recent, approved or	Annual Plan: Capital					
	submitted HOPE VI Revitalization Plans, or any other approved	Needs					
	proposal for development of public housing						
	Self-evaluation, Needs Assessment and Transition Plan required	Annual Plan: Capital					
	by regulations implementing §504 of the Rehabilitation Act and	Needs					
	the Americans with Disabilities Act. See, PIH 99-52 (HA).						
	Approved or submitted applications for demolition and/or	Annual Plan:					
	disposition of public housing	Demolition and					
		Disposition					
	Approved or submitted applications for designation of public	Annual Plan:					
	housing (Designated Housing Plans)	Designation of Public					
		Housing					

List of Supporting Documents Available for Review						
Applicable & On Display	Supporting Document	Related Plan Component				
<u> </u>	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 (sectionof the Section 8 Administrative Plan) Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Homeownership Annual Plan: Community Service & Self-Sufficiency				
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency				
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency				
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency				
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention				
	 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				

	List of Supporting Documents Available for Review							
Applicable & On Display	Supporting Document	Related Plan Component						
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit						
	Troubled PHAs: MOA/Recovery Plan							
	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 Fa	actor Grant No:		Federal FY of Grant:		
	ginal Annual Statement formance and Evaluation Report for Period Ending:	Reserve for Di Final Performance a		vised Annual Statement (re	vision no:)		
Line	Summary by Development Account	Total Estin		Total Ac	tual Cost		
No.							
		Original	Revised	Obligated	Expended		
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						

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 Federal FY of Grant: Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No: Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: **Original Annual Statement**) Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report **Summary by Development Account Total Estimated Cost Total Actual Cost** Line No. Amount of line 20 Related to Energy Conservation 24 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 Nu Capital Fund Progr Capital Fund Progr Replacement 1	Federal FY of Grant:					
Development Number	General Description of Major Work Categories	Dev. Acct No.		Total Estimated Cost		Total Actual Cost		Status of Proposed
Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	Work

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

PHA Name:	Type and Nun il Fund Progra il Fund Progra	nber m #: m Replacement Hou	using Factor #:		Federal FY of Grant:		
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	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.

	CFP 5-Year Action Plan						
Original statem							
Development	Development Name						
Number	Number (or indicate PHA wide)						
Description of Need Improvements	ed Physical Improvements or Management	Estimated Cost	Planned Start Date (HA Fiscal Year)				
Total estimated cost	t 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.

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_____

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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 <u>have not</u> 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.

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
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.

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

FFY PHDEP Budget Sur	nmary
Original statement	-
Revised statement dated:	
Budget Line Item	Total Funding
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 Enf	orcement	Total PHDEP Funding: \$				
Goal(s)						
Objectives						

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

9115 - Special Initiative						Total 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.									

9116 - Gun Buyback TA Match					Total PHDEP Funding: \$			
Goal(s)					1			
Objectives								
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators	
1.								
2.								
3.								

9120 - Security Personnel					Total 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.								

9130 – Employment of			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.							

9140 – Voluntary Tena			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.							

9150 - Physical Improvements			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.							

9160 - Drug Prevention					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.				

9170 - Drug Intervention				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.							

9180 - Drug Treatment				Total PHDEP Funding: \$			
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

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

Required Attachment _B_: Resident Member on the PHA Governing Board

- 1. YesX 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
 - X the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
 Other (explain):
- B. Date of next term expiration of a governing board member: 5/1/2002
- C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Mayor of Evansville – Steve Disalvo

Required Attachment __C___: 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.)

Betty Anderson, 313 Higgins Drive Apt #10 Tina Eckhoff, 204 W Church Street Kari Keena, 312 ½ S. First Street