

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 PLAN TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan  
Agency Identification**

**PHAName:**           **The Housing Authority of the City of Thorp, WI**

**PHANumber:** 49077001

**PHAFiscalYearBeginning:(mm/yyyy)**     **10/2002**

**PHA Plan Contact Information:**

Name: Debra Gwiazdon, Executive Director

Phone: (715) 669-5599

TDD:

Email (if available): thampc@discover-net.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)

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

**PHA Programs Administered :**

Public Housing and Section 8	Section 8 Only X	Public Housing Only
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**Annual PHA Plan**  
**Fiscal Year 2002**  
 [24CFR Part 903.7]

**i. Table of Contents**

**Contents Page#**

**Annual Plan**

Executive Summary (optional)  
 Annual Plan Information  
 Table of Contents  
 Description of Policy and Program Changes for the Upcoming Fiscal Year  
 Capital Improvement Needs  
 Demolition and Disposition  
 Homeownership: Voucher Homeownership Program  
 Crime and Safety: PHDEP Plan  
 Other Information:  
     Resident Advisory Board Consultation Process  
     Statement of Consistency with Consolidated Plan  
     Criteria for Substantial Deviations and Significant Amendments

**Attachments**

X Attachment A: Supporting Documents Available for Review  
 X Attachment\_\_: Capital Fund Program Annual Statement  
 X Attachment\_\_: Capital Fund Program 5 Year Action Plan  
     Attachment\_\_: Capital Fund Program Replacement Housing Factor Annual Statement  
     Attachment\_\_: Public Housing Drug Elimination Program (PHDEP) Plan  
 X Attachment\_\_: Resident Membership on PHA Board or Governing Body  
 X Attachment\_\_: Membership of Resident Advisory Board or Boards  
     Attachment\_\_: Comments of Resident Advisory Board or Boards & Explanation of PHA  
 Response (must be attached if not included in PHA Plan text)  
     Other (List below, providing each attachment name)

**ii. Executive Summary**

[24CFR Part 903.79(r)]

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

**2. Capital Improvement Needs**

[24CFR Part 903.79(g)]

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

B. What is the amount of the PHA 's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$95,862.00 \_\_\_\_\_

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

D. Capital Fund Program Grant Submissions  
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 903.79(h)]

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: <u>(DD/MM/YY)</u>
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 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 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. Safety and Crime Prevention: PHDEP Plan**

[24CFR Part 903.7(m)]

X 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? \$ \_\_\_\_ .00 \_\_\_\_\_

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

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

**6. Other Information**

[24CFR Part 903.79(r)]

**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 (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 \_\_\_\_.

Other: (list below)

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

1. Consolidated Plan jurisdiction: (provide name here) **State of 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)

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 decent, safe and affordable housing**

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

**1. Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

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

HUD Regulation changes

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

HUD Regulation changes

**Attachment A**

**Supporting Documents Available for Review**

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
X	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
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
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: Eligibility, Selection, and Admissions Policies
N/A	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 X check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development X check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
N/A	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations



N/A	Any required policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures X 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: 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
N/A	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).	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	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
N/A	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
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

N/A	PHDEP-related documentation: <ul style="list-style-type: none"> <li>• Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>• Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>• Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>• Coordination with other law enforcement efforts;</li> <li>• Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>• All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) X check here if included in the public housing A&O Policy	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
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Others supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

#### Voluntary Conversion-Required Initial Assessment

A. How many of the PHA's developments are subject to the Required Initial Assessments? 20

B. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? 40

C. How many Assessments were conducted for the PHA's covered developments? 20

D. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: None

E. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments. N/A

Small PHA Plan Update Page 1  
Table Library

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:</b>					
<b>Summary</b>					
PHAName:ThorpHousingAuthority		GrantTypeandNumberWI39P07750102 CapitalFundProgram: CapitalFundProgram ReplacementHousingFactorGrantNo:		FederalFYofGrant: 2002	
OriginalAnnualStatementReserveforDisasters/EmergenciesRevisedAnnualStatement(revisionno: ) PerformanceandEvaluationReportforPeriodEnding:FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon-CFPFunds				
2	1406Operations	10,000.00			
3	1408ManagementImprovements				
4	1410Administration				
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts	15,000.00			
8	1440SiteAcquisition				
9	1450SiteImprovement	10,578.00			
10	1460DwellingStructures	47,684.00			
11	1465.1DwellingEquipment —Nonexpendable	11,400.00			
12	1470NondwellingStructures				
13	1475NondwellingEquipment	1,200.00			
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2-19)	95862.00			
21	Amountoffline20RelatedtoLBPActivities	.00			
22	Amountoffline20RelatedtoSection504 Compliance	.00			
23	Amountoffline20RelatedtoSecurity	.00			

24	Amount of line 20 Related to Energy Conservation Measures	11,400.00			
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Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAName: Thorp Housing Authority			Grant Type and Number WI39P07750102 Capital Fund Program#: Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2002		
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	
WI0771,2	Operations	1406		10,000.00				
WI0771,2	Fees & Costs	1430		15,000.00				
WI0771,2	Site Improvement	1450		10,578.00				
WI0771,2	Dwelling Structures	1460		47,684.00				
WI0771,2	Dwelling Equipment	1465.1		11,400.00				
WI0771,2	Non Dwelling Equipment	1475		1,200.00				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHAName:ThorpHousingAuthority		GrantTypeandNumberWI39P07750102				FederalFYofGrant: 2002	
		CapitalFundProgram#:					
		CapitalFundProgramReplacementHousingFactor#:					
DevelopmentNumber Name/HA-Wide Activities	AllFundObligated (QuartEndingDate)			AllFundsExpended (QuarterEndingDate)			ReasonsforRevisedTargetDates
	Original	Revised	Actual	Original	Revised	Actual	
WI0771,2	10/01/2002			09/30/2006			

## CapitalFundProgram5-YearActionPlan

Completeonetableforeachdevelopmentinwhichworkisplannedinthenext5PHAfiscalyears.CompleteatableforanyPHA-widephysicalormangementimprovementsplannedinthenext5PHAfiscalyear.Copythistableasmanytimesasnecessary.Note:PHAsneednotincludetheinformationfromYearOneofthe5-Yearcycle,because this information is included in the Capital Fund Program Annual Statement.

<b>CFP5-YearActionPlan</b>		
<input checked="" type="checkbox"/> <b>Originalstatement</b>		<input type="checkbox"/> <b>Revisedstatement</b>
<b>Development Number</b>	<b>DevelopmentName (orindicatePHAwide)</b>	
W10771,2	PHAwide	
<b>DescriptionofNeededPhysicalImprovementsorManagement Improvements</b>	<b>EstimatedCost</b>	<b>PlannedStartDate (HAFiscalYear)</b>
LandscapingElderly&ScatteredSites	40,000.00	2002
Repairtwo(2)ScatteredSitebasements	10,000.00	2002
Purchaseten(10)refrigerators	5,390.00	2002
Residethree(3)scatteredsitehomes&garages	18,000.00	2003
RecarpetMorganPlazaComplex	25,000.00	2003
Residethree(3)scatteredsitehomes&garages	18,000.00	2004
Residethree(3)scatteredsitehomes&garages	18,000.00	2005
Residethree(3)scatteredsitehomes&garages	18,000.00	2006
<b>Totalestimatedcostovertnext5years</b>	<b>152,390.00</b>	

## PHA Public Housing Drug Elimination Program Plan

**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**

**E. Target Areas**

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**

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

**G. PHDEP Program History**

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**

**B. PHDEP Budget Summary**

<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 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	
<b>TOTAL PHDEP FUNDING</b>	

**C. PHDEP Plan Goals and Activities**

<b>9110 - Reimbursement of Law Enforcement</b>	<b>Total PHDEP Funding: \$</b>
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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>9115-Special Initiative</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>9116-Gun Buyback TAMatch</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>9120-Security Personnel</b>					<b>Total PHDEP Funding: \$</b>		
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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>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	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
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 PHEDEP 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 PHEDEP 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- Drug Intervention</b>		<b>Total PHEDEP 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>9180- Drug Treatment</b>		<b>Total PHEDEP 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.							

9190-Other Program Costs					Total PHDEP Funds: \$		
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.							

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

1. X 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)

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

**Erna Ruff**

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

- Elected
- X Appointed

C. The term of appointment is (include the date term expires): **April, 2006**

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:

C. 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.)

Ann Krzyzanski  
Margie Zasacki  
Nellie Kozikowski  
Marge Sonnentag  
Mary Rossman  
Erna Ruff  
Don Marshall  
Matt Kopacz  
Ann Wozniak  
Ruth Tobola  
Helen Kopacz  
Louise Alger  
Frances Jaks  
Cele Moskiewicz  
Harry Badzinski  
Virginia Burzynski  
Marge Badzinski