

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

Miami Housing Authority

Small PHA Plan Update

Annual Plan for Fiscal Year: **2003V03**

**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: Miami Housing Authority

PHANumber: OK027

PHAFiscalYearBeginning:(mm/yyyy) 10/2003

PHA Plan Contact Information:

Name: Jack Trask, Assistant Director

Phone: 918 -542-6691

TDD:

Email (if available): jack@mhdocs.org

Public Access to Information

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

- Main administrative office of the PHA
- PHA development management offices

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

PHA Programs Administered :

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

**Annual PHA Plan
Fiscal Year 2003**
[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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Attachments

- Attachment A: Supporting Documents Available for Review Page 6
- Capital Fund Program Annual Statement – Table Library Page 9
- Capital Fund Program 5 Year Action Plan – Table Library Page 13
- Attachment__: Capital Fund Program Replacement Housing Factor Annual Statement
- Attachment__: Public Housing Drug Elimination Program (PHDEP) Plan

- Attachment B: Resident Membership on PHA Board or Governing Body 25
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 - Attachment D: Deconcentration & Income Mixing 26
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ii. Executive Summary

[24CFR Part 903.79(r)]

At PHA option, provide a brief overview of the information in the Annual Plan – During this plan the Housing Authority will provide for the replacement of central heat and air units at Nine Tribes Towers, Provide for bathroom heaters, screen doors and replace floor tiles at E Street Plaza, Provide bathroom heaters at Nine Tribes Towers, Replace the roof at Miami Towers and provide repairs to the basement area at Miami Towers.

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

In this section, briefly describe changes in policies or programs discussed in last year’s PHA Plan that are not covered in other sections of this Update.

The Housing Authority has completed policy revisions utilizing the new “Public Housing Occupancy Guidebook” provided by The U.S. Department of Housing & Urban Development, Office of Public and Indian Housing. The proposed policy revisions were completed and placed on display for comments for 45 days. The Board of Commissioners have approved the final versions.

2. Capital Improvement Needs

[24CFR Part 903.79(g)]

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

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

B. What is the amount of the PHA’s estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ **\$372,076.**

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 in the Table Library, page 11

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided in the Table Library, page 5

3.D Demolition and Disposition

[24CFR Part 903.79(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 <input type="checkbox"/>	
Disposition <input type="checkbox"/>	
3. Application status (select one)	
Approved <input type="checkbox"/>	
Submitted, pending approval <input type="checkbox"/>	
Planned application <input type="checkbox"/>	
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)	
<input type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	
7. Relocation resources (select all that apply)	
<input type="checkbox"/> Section 8 for units	
<input type="checkbox"/> Public housing for units	
<input type="checkbox"/> Preference for admission to other public housing or section 8	
<input type="checkbox"/> 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 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 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

[24CFR 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

[24CFR Part 903.79(r)]

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

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

2. If yes, the comments are Attached at Attachment (File name) Residents inquired about the replacement of heat and air units at Nine Tribes Towers as well as the replacement of the bathroom heaters.

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) The Housing Authority incorporated the replacement of central heat and air units and the bathroom heaters from the comments 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)

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.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming _____ year are consistent with specific initiatives contained in the Consolidated Plan. (List such initiatives below)
- Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

Yes 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.

scribed in the Annual Plan to full

A. Substantial Deviation from the 5 -year Plan: The Authority defines substantial deviations from the 5 year plan as “any deviation that involves the addition of work components not originally listed within the 5 year plan that will involve the usage/commitment of funds in excess of 25% of the total funding budgeted for the current fiscal year plan”.

B. Significant Amendment or Modification to the Annual Plan: The Authority defines significant amendment or modification to the annual plan as” an amendment to the original plan displayed and submitted to HUD that includes the deletion of significant components of the annual plan (generally items that were projected to use 25% or more of the annual funding for the current plan year) and/or the replacement of work items that are not included within the annual or five year plan that involve the use/commitment of 25% or more of the annual funding for the current play year.”

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		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
NA	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 jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies

List of Supporting Documents Available for Review			
Applicable & On Display	Supporting Document	Related Component	Plan
NA	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Eligibility, and Policies	Plan: Selection, Admissions
X	Section 8 Administrative Plan	Annual Eligibility, and Policies	Plan: Selection, Admissions
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Rent Determination	Plan: Rent
X	Schedule of flat rents offered each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Rent Determination	Plan: Rent
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Rent Determination	Plan: Rent
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Operations and Maintenance	Plan: and
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Management and Operations	Plan: and
NA	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Operations and Maintenance	Plan: and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Management and Operations	Plan: and
NA	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Operations and Maintenance	Plan: and
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Grievance Procedures	Plan: Grievance
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Grievance Procedures	Plan: Grievance
X	The HUD - approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Capital Needs	Plan: Capital
NA	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Capital Needs	Plan: Capital
NA	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 Capital Needs	Plan: Capital

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
NA	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
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
NA	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
NA	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
NA	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	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
NA	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
NA	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
NA	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA participating in a consortium as specified under 24 CFR 761.15); · 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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> 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
NA	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						
PHAName: Housing Authority of the City of Miami		Grant Type and Number Capital Fund Program: OK56P02750101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001V03	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/03		<input checked="" type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total Non -CFP Funds					
2	1406 Operations					
3	1408 Management Improvements					
4	1410 Administration		\$244.24	\$244.24	\$244.24	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	\$24,000.00	\$24,000.00	\$24,000.00	\$24,000.00	
8	1440 Site Acquisition					
9	1450 Site Improvement	\$80,000.00	\$69,095.00	\$69,095.00	\$69,095.00	
10	1460 Dwelling Structures	\$228,000.00	\$205,528.29	\$205,528.29	\$205,528.29	
11	1465.1 Dwelling Equipment — Nonexpendable		\$7,156.00	\$7,156.00	\$7,156.00	
12	1470 Nondwelling Structures		\$16,375.00	\$16,375.00	\$16,375.00	
13	1475 Nondwelling Equipment	\$20,000.00	\$38,024.47	\$38,024.47	\$38,024.47	
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	\$8,423.00	0	0	0	
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$360,423.00	\$360,423.00	\$360,423.00	\$360,423.00	
21	Amount of line 20 Related to LBP Activities	0				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHAName: Housing Authority of the City of Miami		Grant Type and Number Capital Fund Program: OK56P02750101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001V03	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/03		<input checked="" type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
22	Amount of line 20 Related to Section 504 Compliance	0	0	0	0	
23	Amount of line 20 Related to Security	0	0	0	0	
24	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Miami Housing Authority			Grant Type and Number Capital Fund Program #: OK56P02750101 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2001V03		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Administration-Advertising	1410	1	0	\$244.24	\$244.24	\$244.24	Completed
HA Wide	Fees & Costs Architect	1430	1	\$24,000.00	\$24,000.00	\$24,000.00	\$24,000.00	Completed
HA Wide	Computer System Replacement	1475	4	\$20,000.00	\$25,593.87	\$25,593.87	\$25,593.87	Completed
HA Wide	Purchase Maintenance Pickup	1475	1	0	\$12,430.60	\$12,430.60	\$12,430.60	Completed
HA Wide	Contingency	1502		\$8,423.00	0	0	0	
001	Repair Parking Lot -Nine Tribes Tower	1450	1	\$80,000.00	\$69,095.00	\$69,095.00	\$69,095.00	Completed
001	Install Heat/air Units -E Street Plaza	1460	8	\$28,000.00	\$50,000.00	\$50,000.00	\$50,000.00	Completed
001	Replace water lines Miami Towers	1460	0	\$75,000.00	\$0	0	\$0	Deferred
001	Replace water lines Nine Tribes Tower	1460	1	\$100,000.00	\$29,907.97	\$29,907.97	\$29,907.97	Activities reduced to repairs as needed
001	Install Mini -Blinds	1465	75	\$0	\$7,156.00	\$7,156.00	\$7,156.00	Completed
001	Replace Floor Tile	1470	1	\$0	\$6,375.00	\$6,375.00	\$6,375.00	Completed
001	Screen off community room from cold air	1470	1	\$20,000.00	\$10,000.00	\$10,000.00	\$10,000.00	Completed
003	Provide 5 year elevator inspection	1460	1	\$5,000.00	\$2,435.00	\$2,435.00	\$2,435.00	Completed
003	Replace Boilers	1460	2	\$0	\$123,185.32	\$123,185.32	\$123,185.32	Completed
TOTALS				\$360,423.00	\$360,423.00	\$360,423.00	\$360,423.00	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Miami Housing Authority			Grant Type and Number Capital Fund Program#: OK56P02750101 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2001V03	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA Wide	6/2002	12/2002	4/2003	12/2002	12/2002	4/2003	Revised to Actual Dates
001	6/2002	12/2002	4/2003	12/2002	12/2002	4/2003	Revised to Actual Dates
003	6/2002	12/2002	4/2003	12/2002	12/2002	4/2003	Revised to Actual Dates

Annual Statement/Performance and Evaluation Report						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHAName: Housing Authority of the City of Miami		Grant Type and Number Capital Fund Program: OK56P02750102 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2002V03	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement: V03		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/03		<input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total Non -CFP Funds					
2	1406 Operations					
3	1408 Management Improvements					
4	1410 Administration	\$3,000.00	0	0	0	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	\$18,000.00	\$29,211.76	\$20,678.52	\$2,678.52	
8	1440 Site Acquisition					
9	1450 Site Improvement			0	0	
10	1460 Dwelling Structures	\$160,000.00	\$170,000.00	0	0	
11	1465.1 Dwelling Equipment — Nonexpendable	\$34,300.00	\$19,300.00	0	0	
12	1470 Non Dwelling Structures	\$150,000.00	\$150,000.00	0	0	
13	1475 Non Dwelling Equipment		\$3,564.24	\$2,564.24	\$2,564.24	
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	\$6,776.00	\$0	0		
20	Amount of Annual Grant: (sum of lines 2 -19)	\$372,076.00	\$372,076.00		0	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Housing Authority of the City of Miami	Grant Type and Number Capital Fund Program: OK56P02750102 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: <div style="text-align: center; font-size: 1.2em;">2002V03</div>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement: V03 <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
21	Amount of line 20 Related to LBP Activities	0			3
22	Amount of line 20 Related to Section 504 Compliance	0	0	0	0
23	Amount of line 20 Related to Security	0	0	0	0
24	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Miami Housing Authority			Grant Type and Number Capital Fund Program #: OK56P02750102 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2002 V03		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Administration	1410		\$3,000.00	\$0	0	0	
HA Wide	Fees & Costs – Technical Assistance	1430	1		\$8,000.00	\$2,678.52	\$2,678.52	Began
HA Wide	Fees & Costs – Architect	1430	1	\$18,000.00	\$21,211.76	\$21,211.76	0	Began
HA Wide	Purchase Maintenance Tools/Equip.	1475		\$0	\$1,000.00	0	0	Not Started
HA Wide	Purchase Maintenance Vehicle	1475	1	0	\$2,564.24	\$2,564.24	\$2,564.24	Completed
HA Wide	Contingency	1502		\$6,776.00	0	0	0	
001	Replace Concrete & Construct Tornado Shelter/community room	1470	1	\$150,000.00	\$150,000.00	0	0	Drawings Started
001	Replace Kitchen Cabinets, Sinks, Faucets, Drains	1460	95	\$160,000.00	\$170,000.00	0	0	Not Started
001	Install Range Hoods	1465	95	\$0	\$10,000.00	0	0	Not Started
001	Replace Refrigerators	1465	30	\$34,300.00	\$9,300.00	0	0	Not Started
	TOTALS			\$372,076.00	\$372,076.00	\$26,454.52	\$5,242.76	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHAName: Miami Housing Authority			Grant Type and Number Capital Fund Program#: OK56P02750102 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2002V03	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA Wide	6/2004	9/2004			12/2004		Extended based upon actual receipt of funding award
001	6/2004	9/2004			12/2004		Extended based upon actual receipt of funding award
003	6/2004	9/2004			12/2004		Extended based upon actual receipt of funding award

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Housing Authority of the City of Miami		Grant Type and Number Capital Fund Program: OK56P02750103 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2003V03	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement: <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	\$10,000.00			
3	1408 Management Improvements				
4	1410 Administration			0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$40,000.00		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement			0	0
10	1460 Dwelling Structures	\$161,250.00		0	0
11	1465.1 Dwelling Equipment — Nonexpendable	\$1,000.00		0	0
12	1470 Nondwelling Structures	\$9,826.00			
13	1475 Nondwelling Equipment	\$150,000.00		0	0
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			0	0
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$372,076.00			0
21	Amount of line 20 Related to LBP Activities	0			
22	Amount of line 20 Related to Section 504 Compliance	0	0	0	0
23	Amount of line 20 Related to Security	0	0	0	0

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Housing Authority of the City of Miami	Grant Type and Number Capital Fund Program: OK56P02750103 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: <div style="text-align: center; font-size: 1.2em;">2003V03</div>	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement:					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures	\$150,000.00	0	0	0

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Miami Housing Authority			Grant Type and Number Capital Fund Program #: OK56P02750103 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2003V03		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations	1406		\$10,000.00				
HA Wide	Fees & Costs – Technical Assistance	1430	1	\$10,000.00		0	0	
HA Wide	Fees & Costs – Architect	1430	1	\$30,000.00		0	0	
HA Wide	Purchase Maintenance Tools/Equip.	1475		\$1,000.00		0	0	
001	Replace Central Heat & Air Units – Nine Tribes Towers	1450	100	\$150,000.00		0	0	
001	Replace Bathroom Heaters – E Street Plaza	1460	50	\$6,250.00		0	0	
001	Replace Screen Doors – E Street Plaza	1460	50	\$20,000.00		0	0	
001	Replace Floor Tiles – E Street Plaza	1460	50	\$58,000.00		0	0	
001	Replace Bathroom Heaters – Nine Tribes Towers	1460	100	\$12,000.00				
003	Replace Roof – Miami Towers	1460	1	\$65,000.00		0	0	
003	Repair Basement – Miami Towers	1470	1	\$9,826.00		0	0	

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

PHAName: Miami Housing Authority	Grant Type and Number Capital Fund Program #: OK56P02750103 Capital Fund Program Replacement Housing Factor #:	Federal FY of Grant: 2003V03
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Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Exp ended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA Wide	6/2005			12/2005			
001	6/2005			12/2005			
003	6/2005			12/2005			

Capital Fund Program Five - Year Action Plan

Part I: Summary

PHANameMiamiHousing Authority		<input type="checkbox"/> Original 5 - Year Plan <input checked="" type="checkbox"/> Revision No: 2			
Development Number/Name/HA- Wide	Year 1	Work Statement for Year 2 FFY Grant: 2004 PHAFY: 2004	Work Statement for Year 3 FFY Grant: 2005 PHAFY: 2005	Work Statement for Year 4 FFY Grant: 2006 PHAFY: 2006	Work Statement for Year 5 FFY Grant: 2007 PHAFY: 2007
HA Wide	Annual Statement	\$44,000	\$75,000	\$50,000	\$87,076
001		\$328,076	\$295,576	\$238,000	\$205,000
003			\$1,500	\$84,076	\$80,000
CFP Funds Listed for 5-year planning		\$372,076	\$372,076	\$372,076	\$372,076
Replacement Housing Factor Funds					

Capital Fund Program Five - Year Action Plan

Part II: Supporting Pages — Work Activities

Activities for Year 1	Activities for Year 2 FFY Grant: 2004 PHAFY: 2004			Activities for Year 3 FFY Grant: 2005 PHAFY: 2005		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	<i>HA Wide</i>	<i>Operations</i>	<i>\$ 10,000</i>	<i>HA Wide</i>	<i>Operations</i>	<i>\$10,000</i>
Annual	<i>HA Wide</i>	<i>Management Improvements Office equipment</i>	<i>\$6,000</i>	<i>HA Wide</i>	<i>Management Improvements – Office Equipment</i>	<i>\$10,000</i>
Statement	<i>HA Wide</i>	<i>Fees & Costs Technical Assistance</i>	<i>\$5,000</i>	<i>HA Wide</i>	<i>Fees & Costs – Technical Assistance</i>	<i>\$5,000</i>
	<i>HA Wide</i>	<i>Fees & Costs Architect</i>	<i>\$18,000</i>	<i>HA Wide</i>	<i>Fees & Costs – Architect</i>	<i>\$20,000</i>
	<i>HA Wide</i>	<i>Non Dwelling Equipment Maint. Tools & Equip.</i>	<i>\$5,000</i>	<i>HA Wide</i>	<i>Non Dwelling Structures – Remodel Administrative Offices</i>	<i>\$20,000</i>
	<i>001</i>	<i>Non Dwelling Equipment – Replace Trash Compactor – Nine Tribe Towers</i>	<i>\$20,000</i>	<i>HA Wide</i>	<i>Non Dwelling Structures – Replace telephone system in office</i>	<i>\$5,000</i>
	<i>001</i>	<i>Dwelling Structures Provide Roof Repairs – Nine Tribe Towers</i>	<i>\$15,076</i>	<i>HA Wide</i>	<i>Contingency</i>	<i>\$5,000</i>
	<i>001</i>	<i>Dwelling Structures Waterproof Building – Nine Tribe Towers</i>	<i>\$58,000</i>	<i>001</i>	<i>Dwelling Equipment – Nine Tribes Towers Purchase Stoves (65)</i>	<i>\$15,000</i>
	<i>001</i>	<i>Dwelling Structures – Nine Tribe Towers – Replace shower tile with liners & showerhead with anti-scald head</i>	<i>\$150,000</i>	<i>001</i>	<i>Dwelling Structures – Nine Tribe Towers – Replace Entrance doors & locks. (100)</i>	<i>\$40,000</i>
	<i>001</i>	<i>Dwelling Structures – Nine Tribe Towers – Replace laundry windows on each floor</i>	<i>\$20,000</i>	<i>001</i>	<i>Dwelling Structures – Replace Refrigerators – Nine Tribes Towers (70)</i>	<i>\$21,576</i>

	<i>HA Wide</i>	<i>Operations</i>	<i>\$10,000</i>	<i>001</i>	<i>Dwelling Structures – Nine Tribes Towers – Replace mini blinds</i>	<i>\$20,000</i>
	<i>001</i>	<i>Dwelling Structures –E Street Plaza Repair brick/concrete</i>	<i>\$20,000</i>	<i>001</i>	<i>Dwelling Structures –E Street Plaza –Install CO2 Detectors</i>	<i>\$1,500</i>
	<i>001</i>	<i>Dwelling Structures –E Street Plaza –Cover wood areas with siding</i>	<i>\$25,000</i>	<i>001</i>	<i>Dwelling Structures –E Street Plaza –Install ceiling fans in living rooms</i>	<i>\$3,000</i>
	<i>001</i>	<i>Dwelling Structures E Street Plaza – Replace vanities (50)</i>	<i>\$10,000</i>	<i>001</i>	<i>Dwelling Structures –E Street Plaza –Replace Front & Back Doors, jamb and locks</i>	<i>\$40,000</i>
				<i>001</i>	<i>Dwelling Structures –E Street Plaza –Replace Kitchen & Laundry Room Lights</i>	<i>\$2,500</i>
				<i>001</i>	<i>Dwelling Structures –E Street Plaza –Replace Roofs, decking & guttering</i>	<i>\$70,000</i>
				<i>001</i>	<i>Dwelling Structures –E Street Plaza –Replace Front & Back Screen Doors</i>	<i>\$40,000</i>
				<i>001</i>	<i>Non-Dwelling Structures –E Street Plaza –Construct 20ft addition to maintenance building</i>	<i>\$20,000</i>
				<i>001</i>	<i>Dwelling Structures – Provide pier work</i>	<i>\$3,000</i>
				<i>001</i>	<i>Dwelling Structures – Complete Lead Based Paint Testing –Nine Tribes Towers</i>	<i>\$1,500</i>
				<i>001</i>	<i>Dwelling Structures – E Street Plaza Replace breaker boxes</i>	<i>\$17,500</i>

				<i>003</i>	<i>Dwelling Structures – Complete Lead Based Paint Testing – Miami Towers</i>	<i>\$1,500</i>
Total CFPEstimatedCost			\$372,076			\$ 372,076

Capital Fund Program Five - Year Action Plan
Part II: Supporting Pages — Work Activities

Activities for Year: 4 FFY Grant: 2006 PHAFY: 2006			Activities for Year: 5 FFY Grant: 2007 PHAFY: 2007		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<i>HA Wide</i>	<i>Operations</i>	<i>\$10,000</i>	<i>HA Wide</i>	<i>Operations</i>	<i>\$10,000</i>
<i>HA Wide</i>	<i>Management Improvements – Office Equipment/Furniture</i>	<i>\$10,000</i>	<i>HA Wide</i>	<i>Management Improvements – Office Equip./Furniture</i>	<i>\$10,000</i>
<i>HA Wide</i>	<i>Fees & Costs Technical Assistance</i>	<i>\$5,000</i>	<i>HA Wide</i>	<i>Fees & Costs – Technical Assistance</i>	<i>\$5,000</i>
<i>HA Wide</i>	<i>Fees & Costs – Architect</i>	<i>\$20,000</i>	<i>HA Wide</i>	<i>Fees & Costs – Architect</i>	<i>\$20,000</i>
<i>HA Wide</i>	<i>Contingency</i>	<i>\$5,000</i>	<i>HA Wide</i>	<i>Contingency</i>	<i>\$5,000</i>
<i>001</i>	<i>Site Improvements – Nine Tribes Towers Install Asphalt or Concrete Walkway</i>	<i>\$10,000</i>	<i>HA Wide</i>	<i>Non-Dwelling Equipment – Purchase riding lawn mower, & weedeaters.</i>	<i>\$17,076</i>
<i>001</i>	<i>Site Improvements – Nine Tribes Towers – & E Street Plaza Provide landscaping & trees</i>	<i>\$15,000</i>	<i>HA Wide</i>	<i>Non-Dwelling Equipment – Purchase Vehicle</i>	<i>\$20,000</i>
<i>001</i>	<i>NonDwelling Equipment – Nine Tribes Towers - Purchase Ice Machine and community space furniture</i>	<i>\$15,000</i>	<i>001</i>	<i>Site Improvements – Nine Tribe Towers – Provide for installation and/or replacement of outside benches, walkways, covered sitting areas.</i>	<i>\$10,000</i>
<i>001</i>	<i>NonDwelling Equipment - Nine Tribes Towers Equipment – Provide elevator motor repair/replacement</i>	<i>\$50,000</i>	<i>001</i>	<i>Site Improvements – Nine Tribes Towers Install Light Posts</i>	<i>\$80,000</i>

			001	<i>Dwelling Structures – E Street Plaza – Provide Duct Cleaning of all units (50)</i>	\$50,000
001	<i>Non Dwelling Equipment – Nine Tribes Towers – Replace Dumpsters</i>	\$6,000	001	<i>Dwelling Structures – Nine Tribe Towers – Provide Roof Overlay</i>	\$65,000
001	<i>Non-Dwelling Equipment – Nine Tribes Towers – Provide Heat/Air unit repairs/replacement</i>	\$75,000	003	<i>Dwelling Structures – Miami Towers – Provide Roof Overlay</i>	\$60,000
001	<i>Dwelling Structures – Nine Tribes Towers – Provide for the renovation of 5 units to HC</i>	30,000	003	<i>Dwelling Structures – Miami Towers – Replace Stoves</i>	\$20,000
001	<i>Dwelling Structures – Nine Tribes Towers – Purchase Hot Water Heaters.</i>	\$10,000			
001	<i>Dwelling Structures – Nine Tribes Towers – Purchase Entrance Doors and Locks</i>	\$27,000			
003	<i>Dwelling Structures – Miami Towers – Replace Carpet</i>	\$5,000			
003	<i>Dwelling Structures – Miami Towers – Provide for brick tuck and point/repairs & water sealing.</i>	\$79,076			
Total CFPE Estimated Cost		\$ 372,076.			\$372,076

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 havenot 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.

FFY _____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 -Reimbursement of Law Enforcement	
9115 -Special Initiative	
9116 -Gun Buyback TAMatch	
9120 -Security Personnel	
9130 -Employment of Investigators	
9140 -Voluntary Tenant Patrol	
9150 -Physical Improvements	
9160 -Drug Prevention	
9170 -Drug Intervention	
9180 -Drug Treatment	
9190 -Other Program Costs	
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	PHDEP 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	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9116 -Gun Buyback TAMatch						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	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
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	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
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	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements					Total PHEDEP 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 PHEDEP 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 PHEDEP 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 PHEDEP 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.							

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 D: Resident Member on the PHA Governing Board

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

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

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

Elected

Appointed

C. The term of appointment is (include the date term expires): 4 years expires 1/04

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: 1/04

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

Herrell Post, Mayor, City of Miami, OK

Required Attachment B: 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.)

- Peggy Drane**
- Beverly Wooley**
- Maxine Thompson**
- Dorothy Leonard**
- Alma Winters**
- Etta Rogers**
- Janene Forkum**
- Armanda McNeil**
- Jenny McCool**

Attachment D: Component 3, (6) Deconcentration and Income Mixing

- a. Yes No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. Yes No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name :	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]

Attachment E: Statement Regarding Community Service

When or if the Community Service requirements are re -implemented the Housing Authority has a plan for the implementation of the r equirements and has developed administrative policies and forms for this purpose.