PHA Plans

5 Year Plan for Fiscal Years 2001 - 2005 Annual Plan for Fiscal Year 2001

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: North Bend City | | | | | | |
|--|--|--|--|--|--|--|
| PHA Number: OR009 | | | | | | |
| РНА | Fiscal Year Beginning: 01/2001 | | | | | |
| Publ | ic Access to Information | | | | | |
| | Information regarding any activities outlined in this plan can be obtained by contacting: Main administrative office of the PHA PHA development management offices PHA local offices | | | | | |
| Disp | ay Locations For PHA Plans and Supporting Document | | | | | |
| The P | HA Plans (including attachments) are available for public inspection at: | | | | | |
| | Main administrative office of the PHA PHA development management offices PHA local offices Main administrative office of the local government Main administrative office of the County government Main administrative office of the State government Public library PHA website Other (list below) | | | | | |
| PHA Plan Supporting Documents are available for inspection at: | | | | | | |
| | Main business office of the PHA PHA development management offices Other (list below) | | | | | |

5-YEAR PLAN PHA FISCAL YEARS 2001 - 2005

[24 CFR Part 903.5]

An update is not required for 2001. See Attachment "Progress Statement for Five-Year Plan.

| A. I | Mission |
|--------------------------|---|
| | the PHA's mission for serving the needs of low-income, very low income, and extremely low-income es in the PHA's jurisdiction. (select one of the choices below) |
| Tallilli | es in the FHA's jurisdiction. (select one of the choices below) |
| | The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination. |
| that e housi profe | The PHA's mission is: Provide, safe, decent and adequate housing for eligible income residents of the City of North Bend; actively pursue grants and other funding enhance the lives of our residents and their families and increase the affordable ing stock within the Housing Authority operating area; provide an organized and essional structure of record keeping systems and case management: to provide ent accessibility and sensitivity to the needs of low income housing residents. |
| В. <u>С</u> | Goals |
| HUD hous | Strategic Goal: Increase the availability of decent, safe, and affordable ing. |
| | PHA Goal: Expand the supply of assisted housing Objectives: Apply for additional rental vouchers: Reduce public housing vacancies: Leverage private or other public funds to create additional housing opportunities: Acquire or build units or developments Other (list below) |
| | PHA Goal: Improve the quality of assisted housing Objectives: Improve public housing management: (PHAS score) 90.8 Improve voucher management: (SEMAP score) Increase customer satisfaction: Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections) |

| | | Renovate or modemize public housing units: Demolish or dispose of obsolete public housing: Provide replacement public housing: Provide replacement vouchers: Other: (list below) |
|-------|---------------------|--|
| | PHA C Object | Goal: Increase assisted housing choices ives: Provide voucher mobility counseling: Conduct outreach efforts to potential voucher landlords Increase voucher payment standards Implement voucher homeownership program: Implement public housing or other homeownership programs: Implement public housing site-based waiting lists: Convert public housing to vouchers: Other: Not applicable. NBCHA has no assisted housing. |
| HUD | Strateg | ic Goal: Improve community quality of life and economic vitality |
| | PHA CObject | Goal: Provide an improved living environment ives: Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: Implement measures to promote income mixing in publichousing by assuring access for lower income families into higher income developments: Implement public housing security improvements: Designate developments or buildings for particular resident groups (elderly, persons with disabilities) Other: (list below) |
| | Strateg idividua | ic Goal: Promote self-sufficiency and asset development of families |
| house | | Goal: Promote self-sufficiency and asset development of assisted ives: Increase the number and percentage of employed persons in assisted families: Provide or attract supportive services to improve assistance recipients' |
| | | employability: |

| | | Provide or attract supportive services to increase independence for the elderly or families with disabilities. Other: Establish a Computer Learning Center at Airport Heights |
|-------------|-------------|--|
| HUD | Strateg | ic Goal: Ensure Equal Opportunity in Housing for all Americans |
| \boxtimes | | Goal: Ensure equal opportunity and affirmatively further fair housing |
| | Object | tives: |
| | | Undertake affirmative measures to ensure access to assisted housing |
| | | regardless of race, color, religion national origin, sex, familial status, and disability: |
| | \boxtimes | Undertake affirmative measures to provide a suitable living environment |
| | | for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability: |
| | | Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required: |
| | | Other: (list below) |
| | | |

Other PHA Goals and Objectives: (list below)

Annual PHA Plan PHA Fiscal Year 2001

[24 CFR Part 903.7]

i. Annual Plan Type:

NBCHA is A Small Agency, High Performing PHA that does not administer a Section 8 program..

Standard Plan
Streamlined Plan:

☐ High Performing PHA
☐ Small Agency (<250 Public Housing Units)
☐ Administering Section 8 Only

☐ Troubled Agency Plan

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

Not required under Final Rule.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan including attachments, and a list of supporting documents available for public inspection

Table of Contents

| | | Page # |
|-----|--|--------|
| Aı | nnual Plan | 1 |
| i. | Executive Summary | 1 |
| ii. | Table of Contents | 1 |
| | 1. Housing Needs | 5 |
| | 2. Financial Resources | 11 |
| | 3. Policies on Eligibility, Selection and Admissions | 12 |
| | 4. Rent Determination Policies | 17 |
| | 5. Operations and Management Policies | 21 |
| | 6. Grievance Procedures | 22 |
| | 7. Capital Improvement Needs | 22 |
| | 8. Demolition and Disposition | 24 |
| | 9. Designation of Housing | 25 |
| | 10. Conversions of Public Housing | 26 |
| | 11. Homeownership | 27 |
| | | |

| 12. Community Service Programs 29 | |
|--|--------|
| 13. Crime and Safety | 31 |
| 14. Pets | 33 |
| 15. Civil Rights Certifications (included with PHA Plan Certifications) | 33 |
| 16. Audit | 33 |
| 17. Asset Management | 34 |
| 18. Other Information | 34 |
| Attachments Indicate which attachments are provided by selecting all that apply. Provide the attachment's name B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided SEPARATE file submission from the PHA Plans file, provide the file name in parentheses in the to the right of the title. | d as a |
| Required Attachments for 2001 Plan | |
| Resident Membership of the PHA Governing Board | 38 |
| Membership of the Resident Advisory Board | 38 |
| Pet Policy: Not required by High Performing PHAs | |
| | 38 |
| Implementation of the Public Housing Resident | 45 |
| Community Service Requirements | |
| Required Attachments: | |
| Admissions Policy for Deconcentration (<i>Not Applicable</i>) | |
| FY 2001 Capital Fund Program Annual Statement | 42 |
| Most recent board-approved operating budget | |
| (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY) | |
| Optional Attachments: | |
| PHA Management Organizational Chart | |
| FY 2001 Capital Fund Program 5 Year Action Plan | 39 |
| Public Housing Drug Elimination Program (PHDEP) Plan | 25 |
| Comments of Resident Advisory Board or Boards | 35 |
| (must be attached if not included in PHA Plan text) | |
| / \ Onici (List ociow, providing cach allachinent hanne) | |

Supporting Documents Available for Review

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 | Applicable Plan Component | | | | | |
| √ | PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations | 5 Year and Annual Plans | | | | | |
| √ | State/Local Government Certification of Consistency with the Consolidated Plan | 5 Year and Annual Plans | | | | | |
| √ | Fair Housing Documentation: 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 | | | | | |
| V | Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI))) and any additional backup data to support statement of housing needs in the jurisdiction | Annual Plan: Housing Needs | | | | | |
| $\sqrt{}$ | Most recent board-approved operating budget for the public housing program | Annual Plan: Financial Resources; | | | | | |
| V | Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP] | Annual Plan: Eligibility, Selection, and Admissions Policies | | | | | |
| NA | Section 8 Administrative Plan | Annual Plan: Eligibility, Selection, and Admissions Policies | | | | | |
| NA | Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/1899 Quality Housing and Work Responsibility Act Initial Guidance; Notice and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis | Annual Plan: Eligibility, Selection, and Admissions Policies | | | | | |
| V | Public housing rent determination policies, including the methodology 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 | Applicable Plan Component | | | | |
| On Display | | | | | | |
| $\sqrt{}$ | Schedule of flat rents offered at each public housing development check here if included in the public housing | Annual Plan: Rent Determination | | | | |
| | A & O Policy | | | | | |
| NA | Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan | Annual Plan: Rent Determination | | | | |
| V | 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 | | | | |
| V | Public housing grievance procedures Check here if included in the public housing A & O Policy | Annual Plan: Grievance Procedures | | | | |
| NA | Section 8 informal review and hearing procedures check here if included in Section 8 Administrative Plan | Annual Plan: Grievance Procedures | | | | |
| V | The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year | Annual Plan: Capital Needs | | | | |
| V | Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant | Annual Plan: Capital Needs | | | | |
| NA | Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option) | Annual Plan: Capital Needs | | | | |
| 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 Plan: Capital Needs | | | | |
| NA | Approved or submitted applications for demolition and/or disposition of public housing | Annual Plan: Demolition and Disposition | | | | |
| V | 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 | Annual Plan: Conversion of Public Housing | | | | |
| NA | Approved or submitted public housing homeownership programs/plans | Annual Plan: Homeownership | | | | |
| NA | Policies governing any Section 8 Homeownership program check here if included in the Section 8 Administrative Plan | Annual Plan: Homeownership | | | | |
| NA | Any cooperative agreement between the PHA and the TANF agency | Annual Plan: Community Service & Self-Sufficiency | | | | |
| V | FSS Action Plan/s for public housing and/or Section 8 | Annual Plan: Community Service & Self-Sufficiency | | | | |
| $\sqrt{}$ | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports | Annual Plan: Community Service & Self-Sufficiency | | | | |

| List of Supporting Documents Available for Review | | | | | | | |
|---|--|---|--|--|--|--|--|
| Applicable & On Display | Supporting Document | Applicable Plan Component | | | | | |
| 1 | The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan) | Annual Plan: Safety and Crime Prevention | | | | | |
| V | 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 | | | | | |
| √ | Public comment on Agency Plan | Annual Plan: Other Information | | | | | |
| √ | Pet Policy | Annual Plan: Pet Policy | | | | | |
| V | Community Service Policy | Annual Plan: Community Service | | | | | |

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

| Housing Needs of Families in the Jurisdiction | | | | | | | |
|---|---------|--------------------|--------|---------|--------------------|------|---------------|
| by Family Type | | | | | | | |
| Family Type | Overall | Afford- ability | Supply | Quality | Access- ibility | Size | Loca- tion |
| Income <= 30% of AMI | 200 | 1 | 5 | 3 | 4 | 3 | 4 |
| Income >30% but <=50% of AMI | 100 | 2 | 4 | 3 | 4 | 3 | 4 |
| Income >50% but <80% of AMI | 100 | 3 | 3 | 2 | 1 | 3 | 5 |
| Elderly | 100 | 2 | 2 | 2 | 2 | 3 | 4 |
| Families with Disabilities | 75 | 1 | 1 | 2 | 1 | 3 | 3 |
| Race/Ethnicity | N/A | | | | | | |
| Race/Ethnicity | | | | | | | |
| Race/Ethnicity | | - | | | | | |
| Race/Ethnicity | | | | | | | |

| | sources of information did the PHA use to conduct this analysis? (Check all that all materials must be made available for public inspection.) |
|-------------|---|
| | Consolidated Plan of the Jurisdiction/s |
| | Indicate year: |
| \boxtimes | U.S. Census data: the Comprehensive Housing Affordability Strategy |
| | ("CHAS") dataset |
| | American Housing Survey data |
| | Indicate year: |
| \boxtimes | Other housing market study |
| | Indicate year: 1999 |
| | Other sources: (list and indicate year of information) |
| | |

B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s Complete one table for each type of PHA-wide waiting list administered by the PHA. PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

| Housing Needs of Families on the Waiting List | | | | | | |
|--|----------|----|----|--|--|--|
| Waiting list type: (select one) ☐ Section 8 tenant-based assistance ☐ Public Housing ☐ Combined Section 8 and Public Housing ☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional) ☐ If used, identify which development/subjurisdiction: | | | | | | |
| # of families % of total families Annual Turnover | | | | | | |
| Waiting list total Extremely low income <=30% AMI | 72 44 | 61 | 24 | | | |
| Very low income (>30% but <=50% AMI) | 16 | 22 | | | | |
| Low income (>50% but <80% AMI) | 12 | 17 | | | | |
| Families with | 42 | 58 | | | | |

| I | Housing Needs of Fam | nilies on the Waiting I | List |
|---|-----------------------------|--|----------|
| children | T | | |
| Elderly families | 8 | 11 | |
| Families with | 14 | 19 | |
| Disabilities | | | |
| White | 63 | 97 | |
| Indian/Alaskan | 3 | 1 | |
| Hispanic | 3 | 1 | |
| Asian/Black | 3 | 1 | |
| Characteristics by Bedroom Size (Public Housing Only) 1BR 2 BR | 18 35 | 25 49 | 10 15 |
| 3 BR | 18 | 25 | 20 |
| 4 BR | 1 | 1 | 10 |
| 5 BR | | | |
| 5+ BR | | | |
| | osed (select one)? N | No Yes | 1 |
| Does the PHA | A permit specific categor | onths)? list in the PHA Plan yea ories of families onto th | |

C. Strategy for Addressing Needs

Due to limited resources, NBCHA will be unable to properly address the affordable housing needs of the community..

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:

| Select a | ll that apply |
|-------------|--|
| | |
| \boxtimes | Employ effective maintenance and management policies to minimize the |
| | number of public housing units off-line |
| \boxtimes | Reduce turnover time for vacated public housing units |
| \boxtimes | Reduce time to renovate public housing units |
| | Seek replacement of public housing units lost to the inventory through mixed finance development |
| | Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources |
| | Maintain or increase section 8 lease-up rates by establishing payment standards |
| | that will enable families to rent throughout the jurisdiction |
| | Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required |
| | Maintain or increase section 8 lease-up rates by marketing the program to |
| | owners, particularly those outside of areas of minority and poverty concentration |
| | Maintain or increase section 8 lease-up rates by effectively screening Section 8 |
| | applicants to increase owner acceptance of program |
| \boxtimes | Participate in the Consolidated Plan development process to ensure |
| | coordination with broader community strategies |
| | Other (list below) |
| | |
| Strate | gy 2: Increase the number of affordable housing units by: |
| | ll that apply |
| | |
| | Apply for additional section 8 units should they become available |
| | Leverage affordable housing resources in the community through the creation |
| | of mixed - finance housing |
| \boxtimes | Pursue housing resources other than public housing or Section 8 tenant-based |
| _ | assistance. |
| | Other: (list below) |
| | |
| | |

Need: Specific Family Types: Families at or below 30% of median

| | gy 1: Target available assistance to families at or below 30 % of AMI |
|-------------|---|
| Select al | l that apply |
| | Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing |
| | Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance |
| | Employ admissions preferences aimed at families with economic hardships Adopt rent policies to support and encourage work Other: (list below) |
| Need: | Specific Family Types: Families at or below 50% of median |
| Strates | gy 1: Target available assistance tofamilies at or below 50% of AMI |
| | l that apply |
| | Employ admissions preferences aimed at families who are working Adopt rent policies to support and encourage work Other: (list below) |
| Need: | Specific Family Types: The Elderly |
| | gy 1: Target available assistance to the elderly: l that apply |
| | Seek designation of public housing for the elderly Apply for special-purpose vouchers targeted to the elderly, should they become available |
| | Other: (list below) |
| Need: | Specific Family Types: Families with Disabilities |
| | y 1: Target available assistance to Families with Disabilities: l that apply |
| | Seek designation of public housing for families with disabilities |
| | Carry out the modifications needed in public housing based on the section 504 |
| | Needs Assessment for Public Housing Apply for special-purpose vouchers targeted to families with disabilities, |
| \boxtimes | should they become available Affirmatively market to local non-profit agencies that assist families with disabilities |
| | Other: (list below) |

Need: Speific Family Types: Races or ethnicities with disproportionate housing needs

Strategy 1: Increase awareness of PHA resources among families of races and

ethnicities with disproportionate needs: Select if applicable Affirmatively market to races/ethnicities shown to have disproportionate housing needs Other: (list below) Strategy 2: Conduct activities to affirmatively further fair housing Select all that apply Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units Market the section 8 program to owners outside of areas of poverty /minority concentrations Other: (list below) Other Housing Needs & Strategies: (list needs and strategies below) (2) Reasons for Selecting Strategies Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue: Funding constraints Staffing constraints Limited availability of sites for assisted housing Extent to which particular housing needs are met by other organizations in the community Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA Influence of the housing market on PHA programs Community priorities regarding housing assistance Results of consultation with local or state government Results of consultation with residents and the Resident Advisory Board Results of consultation with advocacy groups Other: (list below)

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

| | al Resources: | |
|---|-----------------|--|
| Planned So | ources and Uses | |
| Sources Planned \$ Planned Uses | | |
| 1. Federal Grants (FY 2001 grants) | | |
| a) Public Housing Operating Fund | 185,240 | |
| b) Public Housing Capital Fund | 235,948 | |
| c) HOPE VI Revitalization | | |
| d) HOPE VI Demolition | | |
| e) Annual Contributions for Section 8 Tenant-Based Assistance | | |
| f) Public Housing Drug Elimination Program (including any Technical Assistance funds) | 25,000 | |
| g) Resident Opportunity and Self- Sufficiency Grants | 25,000 | |
| h) Community Development Block Grant | | |
| i) HOME | | |
| Other Federal Grants (list below) | | |
| 2. Prior Year Federal Grants (unobligated funds only) (list below) | | |
| 3. Public Housing Dwelling Rental Income | 206,660 | |
| Investment Income | 9,100 | |
| 4. Other income (list below) | 33,000 | |
| 4. Non-federal sources (list below) | | |

| | ncial Resources: d Sources and Uses | |
|-----------------|--|---------------------|
| Sources | Planned \$ | Planned Uses |
| | | |
| Total resources | 719 948 | |
| Total resources | /19,940 | |
| | | |

3. PHA Policies Governing Eligibility, Selection, and Admissions [24 CFR Part 903.7 9 (c)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

(1) Eligibility

| a. Whe | n does the PHA verify eligibility for admission to public housing? (select all |
|--------|--|
| that | apply) |
| | When families are within a certain number of being offered a unit: (state number) |
| | When families are within a certain time of being offered a unit: (state time) Other: Time of application |
| | ch non-income (screening) factors does the PHA use to establish eligibility for ission to public housing (select all that apply)? |
| | Criminal or Drug-related activity |
| | Rental history |
| Ħ | Housekeeping |
| | Other (describe) |
| c. 🖂 🧏 | Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes? |
| d. 🔲 ` | Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes? |
| e. 🗌 🧏 | Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC authorized source) |
| | |

| a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply) Community-wide list Sub-jurisdictional lists Site-based waiting lists Other (describe) |
|--|
| b. Where may interested persons apply for admission to public housing? PHA main administrative office PHA development site management office Other (list below) |
| c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection (3) Assignment |
| 1. How many site-based waiting lists will the PHA operate in the coming year 3 |
| 2. Yes No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)? If yes, how many lists? |
| 3. Yes No: May families be on more than one list simultaneously If yes, how many lists? 3 |
| 4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)? PHA main administrative office All PHA development management offices Management offices at developments with site-based waiting lists At the development to which they would like to apply Other (list below) |
| (3) Assignment |

| a. How many vacant unit choices are applicants ordinarilygiven before they fall to the bottom of or are removed from the waiting list? (select one) One Two Three or More |
|--|
| b. Yes No: Is this policy consistent across all waiting list types? |
| c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA: |
| (4) Admissions Preferences |
| a. Income targeting: ☐ Yes ☒ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income? |
| b. Transfer policies: In what circumstances will transfers take precedence over new admissions? (ist below) |
| Emergencies Overhoused Underhoused Medical justification Administrative reasons determined by the PHA (e.g., to permit modernization |
| work) Resident choice: (state circumstances below) Other: (list below) |
| c. Preferences 1. Yes No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection (5) Occupancy) |
| 2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences) |
| |
| Former Federal preferences: |

| | Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) Victims of domestic violence Substandard housing Homelessness High rent burden (rent is > 50 percent of income) |
|-------------------------|--|
| Othe | working families and those unable to work because of age or disability Veterans and veterans' families Residents who live and/or work in the jurisdiction Those enrolled currently in educational, training, or upward mobility programs Households that contribute to meeting income goals (broad rangeof incomes) Households that contribute to meeting income requirements (targeting) Those previously enrolled in educational, training, or upward mobility programs Victims of reprisals or hate crimes Other preference(s) (list below) |
| the s prior throu | the PHA will employ admissions preferences, please prioritize by placing a "1" in pace that represents your first priority, a "2" in the box representing your second ity, and so on. If you give equal weight to one or more of these choices (either 19th an absolute hierarchy or through a point system), place the same number next ch. That means you can use "1" more than once, "2" more than once, etc. |
| Form | ner Federal preferences: Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition) |
| | Victims of domestic violence Substandard housing Homelessness High rent burden |

| 4. Rel | ationship of preferences to income targeting requirements: The PHA applies preferences within income tiers Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements |
|----------|--|
| (5) Oc | <u>cupancy</u> |
| | at reference materials can applicants and residents use to obtain information ut the rules of occupancy of public housing (select all that apply) The PHA-resident lease The PHA's Admissions and (Continued) Occupancy policy PHA briefing seminars or written materials Other source (list) |
| | v often must residents notify the PHA of changes in family composition? ect all that apply) At an annual reexamination and lease renewal Any time family composition changes At family request for revision Other (list) |
| (6) De | concentration and Income Mixing |
| a. 🗌 | Yes No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing? |
| b. 🗌 | Yes No: Did the PHA adopt any changes to its admissions policies based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing? |
| c. If th | e answer to b was yes, what changes were adopted? (elect all that apply) Adoption of site based waiting lists If selected, list targeted developments below: |
| | Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments If selected, list targeted developments below: |

| | Employing new admission preferences at targeted developments If selected, list targeted developments below: |
|---------------|---|
| | Other (list policies and developments targeted below) |
| d. 🗌 | Yes No: Did the PHA adopt any changes to other policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing? |
| e. If the app | the answer to d was yes, how would you describe these changes? (select all that y) |
| | Additional affirmative marketing Actions to improve the marketability of certain developments Adoption or adjustment of ceiling rents for certain developments Adoption of rent incentives to encourage deconcentration of poverty and income-mixing Other (list below) |
| | ed on the results of the required analysis, in which developments will the PHA pecial efforts to attract or retain higher-income families? (select all that apply) Not applicable: results of analysis did not indicate a need for such efforts List (any applicable) developments below: |
| make s | ed on the results of the required analysis, in which developments will the PHA pecial efforts to assure access for lower-income families? (select all that apply) Not applicable: results of analysis did not indicate a need for such efforts List (any applicable) developments below: |
| Exempt | ons: NBCHA does not administer Section 8. |
| | otherwise specified, all questions in this section apply only to the tenantbased section 8 ce program (vouchers, and until completely merged into the voucher program, attes). |

4. PHA Rent Determination Policies

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 4A.

(1) Income Based Rent Policies

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

| a. Us | e of discretionary policies: (select one) |
|---------|---|
| | The PHA will not employ any discretionary rent setting policies for income based rent in public housing. Income based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2)) |
| or | - |
| | The PHA employs discretionary policies for determining income based rent (It selected, continue to question b.) |
| b. Mi | nimum Rent |
| 1. Wh | at amount best reflects the PHA's minimum rent? (select one) \$0 \$1-\$25 \$26-\$50 |
| 2. | Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? |
| 3. If y | es to question 2, list these policies below: |
| c. Re | ents set at less than 30% than adjusted income |
| 1. | Yes No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income? |
| • | yes to above, list the amounts or percentages charged and the circumstances der which these will be used below: |

| d. | Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply) For the earned income of a previously unemployed household member For increases in earned income Fixed amount (other than general rent-setting policy) If yes, state amount/s and circumstances below: |
|------|---|
| | Fixed percentage (other than general rent-setting policy) If yes, state percentage/s and circumstances below: |
| | For household heads For other family members For transportation expenses For the non-reimbursed medical expenses of non-disabled or non-elderly families Other (describe below) |
| e. (| Ceiling rents |
| 1. | Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one) |
| | Yes for all developments Yes but only for some developments No |
| 2. | For which kinds of developments are ceiling rents in place?(select all that apply) |
| | For all developments For all general occupancy developments (not elderly or disabled or elderly only) |
| | For specified general occupancy developments For certain parts of developments; e.g., the high-rise portion For certain size units; e.g., larger bedroom sizes Other (list below) |
| 3. | Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply) |

| | Market comparability study Fair market rents (FMR) 95 th percentile rents 75 percent of operating costs 100 percent of operating costs for general occupancy (family) developments Operating costs plus debt service The "rental value" of the unit Other (list below) |
|---------|---|
| f. Rent | re-determinations: |
| or fa | veen income reexaminations, how often must tenants report changes in income amily composition to the PHA such that the changes result in an adjustment to ? (select all that apply) Never At family option Any time the family experiences an income increase Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) Other (list below) Yes No: Does the PHA plan to implement individual savings accounts for |
| | residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year? |
| (2) Fla | t Rents |
| to es | etting the market-based flat rents, what sources of information did the PHA use stablish comparability? (select all that apply.) The section 8 rent reasonableness study of comparable housing Survey of rents listed in local newspaper Survey of similar unassisted units in the neighborhood Other (list/describe below) |

5. Operations and Management

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. NBCHA is a high-performer.

| A. PE | IA Management Structure |
|---------|---|
| Describ | e the PHA's management structure and organization. |
| (select | cone) |
| | An organization chart showing the PHA's management structure and |
| | organization is attached. A brief description of the management structure and organization of the PHA follows: |

B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

| Program Name | Units or Families | Expected |
|-------------------------|-------------------|----------|
| | Served at Year | Turnover |
| | Beginning | |
| Public Housing | | |
| Section 8 Vouchers | | |
| Section 8 Certificates | | |
| Section 8 Mod Rehab | | |
| Special Purpose Section | | |
| 8 Certificates/Vouchers | | |
| (list individually) | | |
| Public Housing Drug | | |
| Elimination Program | | |
| (PHDEP) | | |
| | | |
| | | |
| Other Federal | | |
| Programs(list | | |
| individually) | | |
| | | |
| | | |

C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary forthe prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

6. PHA Grievance Procedures

| Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A. |
|---|
| |
| A. Public Housing |
| 1. Yes No: Has the PHA established any written grievance procedures in |
| addition to federal requirements found at 24 CFR Part 966, |
| Subpart B, for residents of public housing? |
| Subpart B, for residents of public flousing? |
| If yes, list additions to federal requirements below: |
| 2. Which PHA office should residents or applicants to public housing contact to |
| initiate the PHA grievance process? (select all that apply) |
| PHA main administrative office |
| PHA development management offices |
| Other (list below) |
| Cilier (list below) |
| 7. Conital Immunionat Needs |
| 7. Capital Improvement Needs |
| [24 CFR Part 903.7 9 (g)] |
| Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8. |
| A Conital Fund Activities |
| A. Capital Fund Activities |
| Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed. |
| |
| (1) <u>Capital Fund Program Annual Statement</u> |
| Select one: |
| The Capital Fund Program Annual Statement is provided as an attachment to |
| |
| the PHA Plan at Attachment Capital Fund Table Library |
| -or- |
| The Capital Fund Program Annual Statement is provided below |
| |
| |
| |

[24 CFR Part 903.7 9 (f)]

| Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template OR by completing and attaching a properly updated HUD52834. |
|---|
| a. Xes No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B) |
| b. If yes to question a, select one: The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment 5-Year Action Plan -or- |
| The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here) |
| B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund) |
| Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement. |
| Yes No: a) Has the PHA received a HOPEVI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary) b) Status of HOPE VI revitalization grant (complete one set of questions for each grant) |
| Development (project) number: Development (project) number: Status of grant: (select the statement that best describes the current status) Revitalization Plan under development Revitalization Plan submitted, pending approval Revitalization Plan approved Activities pursuant to an approved Revitalization Plan underway |
| Yes No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year? |

| | If yes, list development name/s below: |
|---|---|
| ☐ Yes ⊠ No: d |) Will the PHA be engaging in any mixed finance development activities for public housing in the Plan year? If yes, list developments or activities below: |
| Yes No: e) | Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? |
| NBCHA is looking in | nto the expansion of Hamilton Court. |
| 8. Demolition an [24 CFR Part 903.7 9 (h)] Applicability of compone | |
| 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 component 9; if "yes", complete one activity description for each development.) |
| 2. Activity Description | on |
| Yes No: | Has the PHA provided the activities description information in the optional Public Housing Asset Management Table? (If "yes", skip to component 9. If "No", complete the Activity Description table below.) |
| | |
| | |
| | |
| | |
| | |
| | Demolition/Disposition Activity Description |

1a. Development name:

| 1b. Development (pro | oject) number: |
|------------------------------------|--|
| 2. Activity type: Der | molition |
| Dispo | sition |
| 3. Application status | (select one) |
| Approved _ | |
| Submitted, pe | ending approval |
| Planned appli | cation |
| 4. Date application a | pproved, submitted, or planned for submission: (DD/MM/YY) |
| 5. Number of units at | ffected: |
| 6. Coverage of action | n (select one) |
| Part of the develo | opment |
| Total developme | nt |
| 7. Timeline for activ | ity: |
| a. Actual or p | rojected start date of activity: |
| b. Projected e | and date of activity: |
| | |
| | |
| 0 Decignation of | f Public Housing for Occupancy by Elderly Families |
| | · |
| | ith Disabilities or Elderly Families and Families with |
| Disabilities | |
| [24 CFR Part 903.7 9 (i)] | |
| Exemptions from Compo | nent 9; Section 8 only PHAs are not required to complete this section. |
| 1. X Yes No: | Has the DUA designated or applied for approval to designate or |
| 1. A 168 No. | Has the PHA designated or applied for approval to designate or |
| | does the PHA plan to apply to designate any public housing for |
| | occupancy only by the elderly families or only by families with |
| | disabilities, or by elderly families and families with disabilities |
| | or will apply for designation for occupancy by only elderly |
| | families or only families with disabilities, or by elderly families |
| | and families with disabilities as provided by section 7 of the |
| | U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming |
| | fiscal year? (If "No", skip to component 10. If "yes", complete |
| | one activity description for each development, unless the PHA is |
| | eligible to complete a streamlined submission; PHAs |
| | completing streamlined submissions may skip to component |
| | 10.) |
| | , |
| 2. Activity Descripti | on |
| Yes No: | Has the PHA provided all required activity description |
| <u> </u> | information for this component in the optional Public Housing |
| | Asset Management Table? If "yes", skip to component 10. If |
| | "No", complete the Activity Description table below |
| | 2.1. , 11p. 200 me 110m. mg 2 0000 m |
| Dog | signation of Public Housing Activity Description |
| Des | nghahon of I done Housing Activity Description |

| 1a. Development nam | | |
|---|--|--|
| | oject) number: OR16 P009 001 | |
| 2. Designation type: | 1 (1 11 1 🔽 | |
| | only the elderly | |
| | r families with disabilities | |
| | only elderly families and families with disabilities | |
| 3. Application status | cluded in the PHA's Designation Plan | |
| · | nding approval | |
| Planned applie | | |
| 1.1 | ion approved, submitted, or planned for submission 06/25/99 | |
| | his designation constitute a (selectone) | |
| New Designation | | |
| _ = | viously-approved Designation Plan? | |
| 6. Number of units a | * ** | |
| 7. Coverage of actio | | |
| Part of the develo | | |
| Total developmen | ± | |
| 10. Conversion of Public Housing to Tenant-Based Assistance [24 CFR Part 903.7 9 (j)] Exemptions from Component 10; Section 8 only PHAs are not required to complete this section. A. Assessments of Reasonable Revitalization Pursuant to section202 of the HUD FY 1996 HUD Appropriations Act | | |
| | | |
| 1. ☐ Yes ⊠ No: | Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.) | |
| 2. Activity Description Yes No: | Has the PHA provided all required activity description information for this component in the optional Public Housing Asset Management Table? If "yes", skip to component 11. If "No", complete the Activity Description table below. | |

| Conversion of Public Housing Activity Description | |
|--|--|
| 1a. Development name: | |
| 1b. Development (project) number: | |
| 2. What is the status of the required assessment? | |
| Assessment underway | |
| Assessment results submitted to HUD | |
| Assessment results approved by HUD (if marked, proceed to next | |
| question) | |
| Uther (explain below) | |
| 3. Yes No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to | |
| block 5.) | |
| 4. Status of Conversion Plan (select the statement that best describes the current | |
| status) | |
| Conversion Plan in development | |
| Conversion Plan submitted to HUD on: (DD/MM/YYYY) | |
| Conversion Plan approved by HUD on: (DD/MM/YYYY) | |
| Activities pursuant to HUD-approved Conversion Plan underway | |
| 5. Description of how requirements of Section 202 are being satisfied by means other | |
| than conversion (select one) | |
| Units addressed in a pending or approved demolition application (date submitted or approved: | |
| Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: | |
| Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: | |
| Requirements no longer applicable: vacancy rates are less than 10 percent | |
| Requirements no longer applicable: site now has less than 300 units | |
| Other: (describe below) | |
| | |
| B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of | |
| 1937 | |
| | |
| C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937 | |
| | |

11. Homeownership Programs Administered by the PHA [24 CFR Part 903.7 9 (k)] A. Public Housing Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A. 1. \square Yes \boxtimes No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If "No", skip to component 11B; if "yes", complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to small PHA or high performing **PHA** status. PHAs completing streamlined submissions may skip to component 11B.) 2. Activity Description Yes No: Has the PHA provided all required activity description information for this component in the optional Public Housing Asset Management Table? (If "yes", skip to component 12. If "No", complete the Activity Description table below.) **Public Housing Homeownership Activity Description** (Complete one for each development affected) 1a. Development name: 1b. Development (project) number: 2. Federal Program authority: HOPE I 5(h) Turnkey III Section 32 of the USHA of 1937 (effective 10/1/99) 3. Application status: (select one) Approved; included in the PHA's Homeownership Plan/Program Submitted, pending approval Planned application 4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY) 5. Number of units affected: 6. Coverage of action: (select one) Part of the development

Total development

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (1)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. NBCHA is a high-performer.

| A. PHA Coordination with the Welfare (TANF) Age | gency | y |
|---|-------|---|
|---|-------|---|

| | ve agreements: No: Has the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)? |
|----------------|--|
| | If yes, what was the date that agreement was signed? <u>DD/MM/YY</u> |
| apply) Client | rdination efforts between the PHA and TANF agency (select all that t referrals mation sharing regarding mutual clients (for rent determinations and |
| progra | wise) dinate the provision of specific social and self-sufficiency services and ams to eligible families y administer programs |
| Partne Joint | er to administer a HUD Welfare-to-Work voucher program administration of other demonstration program (describe) |
| B. Services | and programs offered to residents and participants |
| (1) G | <u>eneral</u> |
| Which enhan | If-Sufficiency Policies h, if any of the following discretionary policies will the PHA employ to ace the economic and social self-sufficiency of assisted families in the ving areas? (select all that apply) Public housing rent determination policies Public housing admissions policies Section 8 admissions policies |
| | Preference in admission to section 8 for certain public housing families Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated bythe PHA |
| | Preference/eligibility for public housing homeownership option participation |
| | Preference/eligibility for section 8 homeownership option participation Other policies (list below) |

| b. Economic and Soci | al calf cuff | icianev programs | | |
|---|--|---|--|--|
| o. Economic and Soci | iai seii-suii | iciency programs | | |
| pro sui tab Su | ograms to efficiency of ole; if "no" fficiency P | nhance the econor residents? (If "ye skip to sub-comp | mote or provide any omic and social selfes", complete the follonent 2, Family Selfestion of the table ma | C |
| | Serv | vices and Progra | ms | |
| Program Name & Description (including location, if appropriate) | Estimated Size | Allocation Method (waiting list/random selection/specific criteria/other) | Access (development office / PHA main office / other provider name) | Eligibility (public housing or section 8 participants or both) |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| (2) Family Self Sufficiency participation Description | | cionary (ECS) Postdia | to all our | |
| Program | • | ciency (FSS) Partic amber of Participants | | rticipants |
| J | | FY 2001 Estimate) | 09/30/00 | _ |
| | | | | |
| require | d by HUD, os the PHA | does the most red | ninimum program siz cent FSS Action Plan chieve at least the m | address |

If no, list steps the PHA will take below:

C. Welfare Benefit Reductions

| | asing Act of 1937 (relating to the treatment of income changes resulting from fare program requirements) by: (select all that apply) Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies Informing residents of new policy on admission and reexamination Actively notifying residents of new policy at times in addition to admission and reexamination. Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services Establishing a protocol for exchange of information with all appropriate TANF agencies Other: (list below) | | |
|---|--|--|--|
| D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937 | | | |
| [24 CFI | PHA Safety and Crime Prevention Measures R Part 903.7 9 (m)] | | |
| Section | ions from Component 13: High performing and small PHAs not participating in PHDEP and 8 Only PHAs may skip to component 15. High Performing and small PHAs that are ating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub | | |
| Section particip compor | ions from Component 13: High performing and small PHAs not participating in PHDEP and 8 Only PHAs may skip to component 15. High Performing and small PHAs that are ating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub | | |

| 2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply). |
|--|
| Safety and security survey of residents Analysis of crime statistics over time for crimes committed "in and around" public housing authority Analysis of cost trends over time for repair of vandaism and removal of graffiti Resident reports PHA employee reports Police reports Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs Other (describe below) |
| 3. Which developments are most affected? Airport Heights |
| B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year |
| List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply) Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities Crime Prevention Through Environmental Design Activities targeted to at-risk youth, adults, or seniors Volunteer Resident Patrol/Block Watchers Program Other: National Night Out Against Crime Which developments are most affected? Airport Haghts |
| C. Coordination between PHA and the police |
| 1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply) |
| Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan Police provide crime data to housing authority staff for analysis and action Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence) Police regularly testify in and otherwise support eviction cases Police regularly meet with the PHA management and residents |

| Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services Other activities (list below) |
|---|
| 2. Which developments are most affected? Airport Heights |
| D. Additional information as required by PHDEP/PHDEP Plan |
| PHAs eligible for FY 2001 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds. |
| Yes No: Is the PHA eligible to participate in the PHDEP in the fixal year covered by this PHA Plan? |
| Yes No: Has the PHA included the PHDEP Plan for FY 2001 in this PHA Plan? |
| Yes No: This PHDEP Plan is an Attachment. Attachment Filename: PHDEP |
| 14. RESERVED FOR PET POLICY |
| [24 CFR Part 903.7 9 (n)] 15. Civil Rights Certifications [24 CFR Part 903.7 9 (o)] |
| Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations. |
| 16. Fiscal Audit [24 CFR Part 903.7 9 (p)] |
| 1. \(\subseteq \text{ Yes} \) No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U S.C. 1437c(h))? (If no, skip to component 17.) 2. \(\subseteq \text{ Yes} \) No: Was the most recent fiscal audit submitted to HUD? 3. \(\subseteq \text{ Yes} \) No: Were there any findings as the result of that audit? 4. \(\subseteq \text{ Yes} \) No: If there were any findings, do any remain unresolved? If yes, how many unresolved findings remain? 5. \(\subseteq \text{ Yes} \) No: Have responses to any unresolved findings been submitted to |
| If yes, how many unresolved findings remain? |
| HUD? If not, when are they due (state below)? |

17. PHA Asset Management

| [24 CFR Part 903.7 9 (q)] |
|---|
| Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component. NBCHA is a high performing PHA. |
| 1. Yes No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have not been addressed elsewhere in this PHA Plan? |
| 2. What types of asset management activities will the PHA undertake? (select all that apply) |
| Not applicable |
| Private management Development-based accounting |
| Comprehensive stock assessment |
| Other: (list below) |
| 3. Yes No: Has the PHA included descriptions of asset management activities |
| in the optional Public Housing Asset Management Table? |
| |
| in the optional Public Housing Asset Management Table? 18. Other Information |
| in the optional Public Housing Asset Management Table? 18. Other Information [24 CFR Part 903.7 9 (r)] |
| in theoptional Public Housing Asset Management Table? 18. Other Information [24 CFR Part 903.7 9 (r)] A. Resident Advisory Board Recommendations 1. Yes No: Did the PHA receive any comments on the PHAPlan from the |
| in theoptional Public Housing Asset Management Table? 18. Other Information [24 CFR Part 903.7 9 (r)] A. Resident Advisory Board Recommendations 1. Yes No: Did the PHA receive any comments on the PHAPlan from the Resident Advisory Board/s? 2. If yes, the comments are: (if comments were received, the PHAMUST select one) Attached at Attachment (File name) |
| in theoptional Public Housing Asset Management Table? 18. Other Information [24 CFR Part 903.7 9 (r)] A. Resident Advisory Board Recommendations 1. Yes No: Did the PHA receive any comments on the PHAPlan from the Resident Advisory Board/s? 2. If yes, the comments are: (if comments were received, the PHAMUST select one) Attached at Attachment (File name) Provided below: A summary of the comments from the public is available for inspection at the |

Resident Advisory Board Comments

The Resident Advisory Board met on September 13 and September 20, 2000. The majority of the RAB comments centered on the use of the Capital Fund. The following six items received this highest priority ranking, ranked by highest priority.

- 1. Hire additional maintenance person or persons.
- 2. Additional exterior lighting at the north and east end of the building and additional operating income to pay for the cost of full utilization of the lights.
- 3. Re-landscape Hamilton Court, remove bark and trees adjacent to building, put in watering system and increase operating costs.
- 4. Carpet units at Hamilton Court
- 5. Build recreation room at Hamilton Court
- 6. Hire a on-site manager for Hamilton Court and, if warranted, Airport Heights.

Other comments:

- 1. RAB agrees with set-aside for the replacement of the siding, windows and sliding doors at Hamilton Court.
- 2. Various work orders were discussed. These were referred to the Maintenance manager.
- 3. Any new developments should not decrease the level of maintenance and office support provided to current residents.

Other resident comments and minutes of the two RAB meetings can be found in our NBCHA Agency Plan public comment file.

| 3. In v | | the PHA address those comments? (select all that apply) ments, but determined that no changes to the PHA Plan were |
|------------|-------------------------------------|---|
| | The PHA chang | ged portions of the PHA Plan in response to comments low: See previous page |
| □ B. De | Other: (list beloescription of Elec | w) ction process for Residents on the PHA Board |
| 1. | Yes No: | Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.) |
| 2. 🗌 | Yes No: | Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to subcomponent C.) |
| 3. De | scription of Resid | lent Election Process |
| a. Nor | Candidates were Candidates coul | dates for place on the ballot: (select all that apply) e nominated by resident and assisted family organizations ld be nominated by any adult recipient of PHA assistance a: Candidates registered with the PHA and requested a place on e) |
| b. Eli | gible candidates: | (select one) |

| Any recipient of PHA assistance Any head of household receiving PHA assistance Any adult recipient of PHA assistance Any adult member of a resident or assisted family organization Other (list) |
|--|
| c. Eligible voters: (select all that apply) All adult recipients of PHA assistance (public housing and section 8 tenant based assistance) Representatives of all PHA resident and assisted family organizations Other (list) |
| C. 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: State of Oregon |
| 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 the initiatives contained in the Consolidated Plan. (listbelow) <i>None</i>. |
| Other: |
| 4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below) |
| D. Other Information Required by HUD |
| Use this section to provide any additional information requested by HUD. |

Attachments

Use this section to provide any additional attachments referenced in the Plans.

Resident Membership of the PHA Governing Board

Winnifred Grant is the appointed resident Commissioner of the North Bend City Housing Authority. She was appointed by the North Bend City Council to a five-year term that expires January 2, 2003.

Membership of the Resident Advisory Board

- 1. Winnifred Grant, Resident Commissioner
- 2. Barbara Roberts, Up & At'Em Seniors resident organization representative
- 3. Nancy Reed
- 4. Sylvia Hammond
- 5. Edith Brown
- 6. Ester Nicola

Implementation of Public Housing Resident Community Service Requirements: See Attached Summary

Pet Policy: Not Required by High Performing PHAs. Policy is available for public review.

Progress Report for 5-Year Plan.

NBCHA is attempting to increase the supply of affordable housing by investigating the purchase of a privately assisted family housing complex as well as the construction of an assisted living facility.

NBCHA is using our Capital Fund to improve our PHAS score and to renovate our units.

NBCHA has improved security by increasing the exterior lighting at Hamilton Court.

NBCHA has received an EDSS and ROSS grant and is nearing implementation of a Computer Learning Center at Airport Heights.

Definition of Substantial Deviation to Five Year Plan

- Additions of non-emergency work items that exceed \$5,000.00 not previously included in the current Annual Plan or Five Year Action Plan
- Change of over \$5,000.00 in the use of replacement reserve funds under the Capital Fund

An exception to this definition will be made for any of the above that are mandated by HUD, resulting from any REAC or other HUD inspection process or deemed an emergency by the Board of Commissioners; such changes will not be considered a substantial deviation to the Five Year Plan.

Definition of Significant Amendment or Modification to Annual Plan

- Changes to rent or admissions policies or organization of the waiting list
- Additions of new activities over \$500.00 not included in the current PHDEP Plan
- Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities

An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements; such changes will not be considered significant amendments or modifications to the Annual Plan.

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

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.

Optional 5-Year Action Plan Tables

Total estimated cost over next 5 years

| Optional 5-Year Action Plan Tables | | | | | |
|---|--|---------------------------|----------------------------|--|--|
| Development Number | Development Name (or indicate PHA wide) | Number Vacant Units | % Vacancies in Development | | |
| 9-1 | Hamilton Court | 0 | 0 | | |
| Improvements Replace siding, externation Replace kitchen call Parking lot re-surfa Maintenance employments Community room | Description of Needed Physical Improvements or Management Improvements Replace siding, exterior windows and sliding doors. Replace kitchen cabinets Parking lot re-surfaced Maintenance employee | | | | Planned Start Date (HA Fiscal Year) 2002 2002 2003 On-going 2002 2002 or sooner |

725,000

| Optional 3-1 car Action 1 fair 1 ables | | | | | |
|--|----------------------------------|----------|-------------|-----------|--------------------|
| Development | Development Name | Number | % Vacancies | | |
| Number | (or indicate PHA wide) | Vacant | in Deve | lopment | |
| | | Units | | | |
| 9-2 | Airport Heights | 0 | 0 | | |
| | | | | | |
| Description of Nee | ded Physical Improvements or Mai | nagement | | Estimated | Planned Start Date |
| Improvements | | | | Cost | (HA Fiscal Year) |
| Maintenance empl | oyee | | | 50,000 | On-going |
| New roofs | | | | 200,000 | 2003 |
| Playground and re | ecreation equipment | | | 25,000 | 2002 |
| Increased exterior | lighting and security features | | | 50,000 | 2004 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total estimated co | st over next 5 years | | | 325,000 | |
| | | | | | |

| Optional 5-Year Action Plan Tables | | | | | |
|------------------------------------|--|---------------------------|----------------------------|--|--|
| Development Number | Development Name (or indicate PHA wide) | Number Vacant Units | % Vacancies in Development | | |
| 9-5 | Duplexes | 0 | 0 | | |

| D 4 4 AN 1 ID 4 IV | ' | · · · - | D 1 1 G; 1 D ; |
|--|--------------|-----------|-----------------------|
| Description of Needed Physical Improvements or Mar | nagement | Estimated | Planned Start Date |
| Improvements | | Cost | (HA Fiscal Year) |
| Increase patio size and accessibility | | 25,000 | 2002 |
| New roofs | | 20,000 | 2005 |
| Handicap accessibility upgrades | | 45,000 | 2004 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total estimated cost over next 5 years | | 100,000 | |

| Optional 5-Year Action Plan Tables | | | | | |
|------------------------------------|--|---------------------------|----------------------------|--|--|
| Development Number | Development Name (or indicate PHA wide) | Number Vacant Units | % Vacancies in Development | | |
| 9-0 | Administration Building | 0 | 0 | | |

| Description of Needed Physical Improvements or Management | Estimated | Planned Start Date |
|---|-----------|--------------------|
| Improvements | Cost | (HA Fiscal Year) |
| Technology upgrades | 100,000 | 2005 |
| Expand records storage system | 20,000 | 2002 |
| Maintenance vehicle | 25,000 | 2003 |
| Maintenance vehicle | 25,000 | 2004 |
| Window replacement | 50,000 | 2003 |
| New carpeting and other office upgrades | 25,000 | 2002 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total estimated cost over next 5 years | 250,000 | |

Optional Public Housing Asset Management Table

See Technical Guidance for instructions on the use of this table, including information to be provided.

Public Housing Asset Management Activity Description opment fication Number and Capital Fund Program Development Demolition / Designated Conversion Home-Type of units Parts II and III Activities disposition housing ownership Component 7b Component 7a Component 8 Component 9 Component 10 Component 11a

PHA Plan Table Library

Component 7 Capital Fund Program Annual Statement Parts I, II, and II

Annual Statement Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number OR009 FFY of Grant Approval 01/2001

Original Annual Statement

| Line No. | Summary by Development Account | Total Estimated Cost |
|----------|---|----------------------|
| 1 | Total Non-CGP Funds | |
| 2 | 1406 Operations | 75,948 |
| 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 | 60,000 |
| 12 | 1470 Nondwelling Structures | |
| 13 | 1475 Nondwelling Equipment | |
| 14 | 1485 Demolition | |
| 15 | 1490 Replacement Reserve | 100,000 |
| 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) | 235,948 |
| 21 | Amount of line 20 Related to LBP Activities | 0 |
| 22 | Amount of line 20 Related to Section 504 Compliance | 0 |
| 23 | Amount of line 20 Related to Security | 0 |
| 24 | Amount of line 20 Related to Energy Conservation | 0 |
| | Measures | |

Annual Statement Capital Fund Program (CFP) Part II: Supporting Table

| | | 1 | |
|--------------------|--|-------------|-----------|
| Development | General Description of Major Work | Development | Total |
| Number/Name | Categories | Account | Estimated |
| HA-Wide Activities | | Number | Cost |
| 9-1 | \$100,000 placed in Replacement reserve for the replacement of the siding, exterior window and sliding doors at Hamilton Court. | 1490 | 100,000 |
| 9-1 | \$60,000 to provide carpeting to all units at Hamilton Court. New phone jacks at HC. | 1465.1 | 60,000 |
| All programs | Operating expenses to cover additional maintenance personnel, increased electrical usage, minor betterment and improvements and other expenditures included in the operating budget. | 1406 | 75,948 |

Annual Statement Capital Fund Program (CFP) Part III: Implementation Schedule

| Development Number/Name HA-Wide Activities | All Funds Obligated (Quarter Ending Date) | All Funds Expended (Quarter Ending Date) |
|--|---|---|
| ALL | 12/31/2003 | 12/31/2003 |
| | | |

Implementation of Public Housing Resident Community Service Requirements:

Steps NBCHA has taken to implement and administer this program.

- 1. Proposed lease language changes mailed to residents.
- 2. Written notification mailed to all residents regarding their status.
- 3. Written agreement with TANF to provide information regarding status of their clientele.
- 4. Written description of what constitutes the community service requirement.

Programmatic requirements.

- 1. Who is required to participate? All adults 18 years and older who are not:
- 62 or older.
- Blind or disabled and have certified that they cannot comply with requirements or a caretaker of a person who is blind or disabled.
- Engaged in work activities.
- Participating in the NBCHA FSS program or another qualified welfaretowork program.
- 2. Determination of requirement status. Initial determination based upon HUD 50058 and 50059 data. Records will be kept in the resident file.
- 3. Resident dispute of NBCHA decision. Normal grievance/informal hearing process.
- 4. Verification of requirement. Resident shall self-certify but is subject to third party verification.
- 5. Non-compliance. The resident's lease will not be renewed if resident fails to comply with this requirement. The adult must move out of the household or sign a written agreement to make up the community service hours over the next twelve-month period.

Public Housing Drug Elimination Program Plan

| Note: THIS PHDEP Plan template (HUD 50075 | PHDEP Plan) is to be o | completed in accorda | ance with Instructions |
|--|-------------------------------|--------------------------------------|---------------------------|
| located in applicable PIH Notices. | | | |
| Annual DUDED Dian Table of Contents | | | |
| Annual PHDEP Plan Table of Contents: 1. General Information/History | | 1 | |
| · · · · · · · · · · · · · · · · · · · | | 1 | |
| 2. PHDEP Plan Goals/Budget | | 2 | |
| 3. Milestones | | 6 | |
| 4. Certifications | | 6 | |
| Section 1: General Information/History | | | |
| A. Amount of PHDEP Grant \$_25,000 | | | |
| B. Eligibility type (Indicate with an "x") | N1 N2_ | Rx | |
| C. FFY in which funding is requested200 | | | |
| D. Executive Summary of Annual PHDEP | | | |
| In the space below, provide a brief overview of the PHD | | ts of major initiatives or | activities undertaken. It |
| may include a description of the expected outcomes. The | | | |
| Our DEP provides a variety of activities aimed | at preventing families, | and especially, child | dren, from engaging in |
| drug-related activities. From annual events | such as the National Nig | ght Out Against Cri | me to almost daily |
| activities provided by organizations such as | the Boys and Girls Clu | ıb, our program is e | ducating families on |
| the negative consequences of drug use and t | | | |
| are trying to implement and after-school cor | nputer lab. | | • |
| | 1 | | |
| E. Target Areas | | | |
| Complete the following table by indicating each PHDEP | | | |
| number of units in each PHDEP Target Area, and the total | al number of individuals exp | pected to participate in F | PHDEP sponsored |
| activities in each Target Area. | | | |
| DUDED Toward Among | Total # of Units within | Total Danulation to | |
| PHDEP Target Areas (Name of development(s) or site) | the PHDEP Target | Total Population to be Served within | |
| (rune of development(s) of site) | Area(s) | the PHDEP Target | |
| | | Area(s) | |
| Airport Heights | 50 | 120 | |
| | | | |
| | | | |
| E D 4 CD | | | |
| F. Duration of Program | | | D1 (-1 %-22-4 |
| Indicate the duration (number of months funds will be reindicate the length of program by # of months. For "Othe | | | Plan (place an "x" to |
| indicate the length of program by # of months. For Other | or , identify the # of months | 5). | |
| 6 Months 12 Monthsx_ | _ 18 Months | 24 Months | _ Other |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

G. PHDEP Program History

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

| Fiscal Year of Funding | PHDEP Funding Received | Grant # | Fund Balance as of Date of this Submission | Grant Extensions or Waivers | Anticipated Completion Date |
|---------------------------|------------------------------|----------------|--|-----------------------------------|-----------------------------------|
| FY 1995 | | | | | |
| FY 1996 | | | | | |
| FY 1997 | | | | | |
| FY1998 x | 50,000 | OR16DEP0090198 | 15,282.00 | No | 01/27/01 |
| FY 1999 x | 25,000 | OR16DEP0090199 | 19,568.00 | No | 12/31/00 |
| FY 2000 x | 25,000 | OR16DEP0090100 | 25,000.00 | No | 12/31/01 |

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.

Our PHDEP strategy is to continue and expand the PHDEP programs that have previously proven to be successful. NBCHA has partnered with the local Girls and Boys Club, Campfire Boys and Girls and Better Options to deliver a message of drug free living and correct life decisions to the youth and adults. Our goals for FFY 2001 are to increase youth participation and to involve more parents. In terms of intervention, we need to have more activities that will involve the entire family.In FFY 2001, we plan to implement an after-school computer learning center.

B. PHDEP Budget Summary

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

| FY _2001 PHDEP Budget Summary | | | | | | | | | |
|---|---------------|--|--|--|--|--|--|--|--|
| Budget Line Item | Total Funding | | | | | | | | |
| 9110 - Reimbursement of Law Enforcement | | | | | | | | | |
| 9120 - Security Personnel | | | | | | | | | |
| 9130 - Employment of Investigators | | | | | | | | | |
| 9140 - Voluntary Tenant Patrol | | | | | | | | | |
| 9150 - Physical Improvements | | | | | | | | | |
| 9160 - Drug Prevention | 10,000 | | | | | | | | |
| 9170 - Drug Intervention | 1,000 | | | | | | | | |
| 9180 - Drug Treatment | | | | | | | | | |
| 9190 - Other Program Costs | 14,000 | | | | | | | | |
| | | | | | | | | | |
| TOTAL PHDEP FUNDING | 25,000 | | | | | | | | |

C. PHDEP Plan Goals and Activities

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

| 9110 - Reimbursement of Law Enforcement | | | | Total PHDEP Funding: \$ | | | |
|---|---------------------------|----------------------|---------------|------------------------------|-------------------|---|------------------------|
| Goal(s) | | | | | | | |
| Objectives | | | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount/ Source) | Performance Indicators |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |

| 9120 - Security Personnel | | | | Total PHI | EP Fundin | g: \$ | |
|---------------------------|---------------------------|----------------------|---------------|------------------------------|-------------------|---|------------------------|
| 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 Investigators | | | | Total PHDEP Funding: \$ | | | |
|------------------------------------|---------------------------|----------------------|---------------|------------------------------|-------------------|---|------------------------|
| Goal(s) | | | | | II | | |
| 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 Tenant Patrol | | | | Total PHI | EP Fundin | g: \$ | |
|--------------------------------|---------------------------|----------------------|---------------|------------------------------|-------------------|---|------------------------|
| 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 PHI | EP Fundin | g: \$ | |
|------------------------------|---------------------------|----------------------|---------------|------------------------------|-------------------|---|------------------------|
| 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. | | | | | | | |

| | | | | | Total PHE \$10,000 | EP Fundir | ng: \$ | | | |
|---|---|-----------------------------|--------------|-------------|-----------------------|---|------------------------|--|--|--|
| Goal(s) Educate residents on the dangers of substance abuse | | | | | | | | | | |
| Objectives | Provide s | substance abuse | education of | portunities | | | | | | |
| Proposed Activities | # of Persons Served | Persons Population Complete | | | | Other Funding (Amount /Source) | Performance Indicators | | | |
| 1.Team leaders | 15 | Youth | 10/01/01 | 09/30/02 | 3,000 | | Attendance | | | |
| 2.Youth tutoring | 25 Youth 10/01/01 09/30/02 5,000 Attendance | | | | | | | | | |
| 3. Rec./comp activities | 25 | Youth | 10/01/01 | 09/30/02 | 2,000 | | Attendance | | | |

| 7170 Blug Intel vention | | | | Total PHDEP Funding: \$ \$1,000 | | | |
|---------------------------|---|----------------|----------------|------------------------------------|-------------------|---|------------------------|
| Goal(s) | Decrease | the number of | households tl | nat are experie | encing substa | ance abuse | |
| Objectives | Provide l | nouseholds the | opportunity to | access interv | vention activ | ities and age | encies. |
| Proposed Activities | # of Target Start Date Expected Complete Served | | | | PHEDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1.Intervention activities | 20 | Adults | 10/01/01 | 09/30/02 | 500 | | Participation |
| 2.Intervention meetings | 20 | Adults | 10/01/01 | 09/30/02 | 500 | | Participation |
| 3. | | | | | | | |

| 9180 - Drug Treatment | | | | 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. | | · | | | | | |

| 9190 - Other Program Costs | | | | Total PHDEP Funds: \$ \$14,000 | | | |
|----------------------------|---------------------------|---|------------|-----------------------------------|-------------------|---|--------------------------|
| Goal(s) | Produce | Produce measurable, positive outcomes from PHDEP activities | | | | | |
| Objectives | Provide 6 | Provide effective coordination, problem-solving, resident involvement and personal interaction. | | | | | |
| Proposed Activities | # of Persons Served | Target Population | Start Date | Expected Complete Date | PHEDEP Funding | Other Funding (Amount /Source) | Performance Indicators |
| 1.Coordinator/provider | | | 10/01/01 | 09/30/02 | 14,000 | | Overall program quality. |
| 2. | | | | | | | |
| 3. | | | | | | | |

Section 3: Expenditure/Obligation Milestones

Indicate by Budget Line Item and the Proposed Activity (based on the information contained in Section 2 PHDEP Plan Budget ad Goals), the % of funds that will be expended (at least 25% of the total grant award) and obligated (at least 50% of the total grant award) within 12 months of grant execution.

| Budget Line Item # | 25% Expenditure of Total Grant Funds By Activity # | Total PHDEP Funding Expended (sum of the activities) | 50% Obligation of Total Grant Funds by Activity # | Total PHDEP Funding Obligated (sum of the activities) |
|-----------------------|---|--|--|---|
| e.g Budget Line | Activities 1, 3 | | Activity 2 | |
| Item # 9120 | | | | |
| | | | | |
| 9110 | | | | |
| 9120 | | | | |
| 9130 | | | | |
| 9140 | | | | |
| 9150 | | | | |
| 9160 | Activities 1,2,3 | 2,500 | Activities 1,2,3 | 5,000 |
| 9170 | Activities 1,2 | 250 | Activities 1,2 | 500 |
| 9180 | | | | |
| 9190 | Activity 1 | 3,500 | Activity 1 | 7,000 |
| TOTAL | | \$6,250 | | \$12,500 |

Section 4: Certifications

A comprehensive certification of compliance with respect to the PHDEP Plan submission is included in the "PHA Certifications of Compliance with the PHA Plan and Related Regulations."