

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2002

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

PHA Plan Agency Identification

PHAName: THE HOUSING AUTHORITY OF THE CITY OF
PHILLIPSBURG, KANSAS

PHANumber: KS036001 AND KS036003

PHA Fiscal Year Beginning: 10/01/2002

PHA Plan Contact Information:

Name: Ann Schultz

Phone: 785 -543-5921

TDD:

Email (if available): ks036@phillipsburg.net

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:

Main administrative office of the PHA, 302 West F Street, Phillipsburg, Kansas

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at:

Main administrative office of the PHA

Main administrative office of the City Clerks Office in Phillipsburg, Kansas

Public library

PHA Plan Supporting Documents are available for inspection at:

Main business office of the PHA

PHA Programs Administered :

Public Housing Only

**Annual PHA Plan
Fiscal Year 20**
[24CFR 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 filename in parentheses in the space to the right of the title.

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Crime and Safety: PHDEP Plan NA

Other Information:

- Resident Advisory Board Consultation Process
- Statement of Consistency with Consolidated Plan NA
- Criteria for Substantial Deviations and Significant Amendments

Attachments

- Attachment A: Supporting Documents Available for Review
- Attachment B: Capital Fund Program Annual Statement
- Attachment C: Capital Fund Program 5 Year Action Plan
- Attachment D: Resident Membership on PHA Board or Governing Body
- Attachment E: Membership of Resident Advisory Board or Boards
- Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)

ii. Executive Summary

[24CFR Part 903.79(r)]

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

We have completed several projects from year one annual plan and year two annual plan of the five year plans such as new furnaces and air conditioners in 10 units and new boilers for heating in 32 units, new furnace in both areas of Center and air conditioner in Center. We have replaced all entrances with new lever handled door locks and new storm doors with easy open windows for elderly and handicapped persons. We have installed peepholes in the tenant doors for their security,

And did a few extras such as a work bench and tools in the garage and ahead of our schedule with some appliances and purchased of some badly needed yard equipment and a new snow blower.

We are being careful with the spending and appreciate the Capital Fund Program.

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.

Policy to admit over -income families to the project was approved following the guidelines set forth by HUD.

2. Capital Improvement Needs

[24CFR Part 903.79(g)]

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

A. Yes: 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? \$54,251

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

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5 -Year Action Plan

The Capital Fund Program 5 -Year Action Plan is provided as Attachment

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment

3.D Demolition and Disposition

[24CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. 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 HOP, EVI or Conversion Activities)	
1a. Development name:	NA
1b. Development (project) number:	
2. Activity type:	Demolition Disposition
3. Application status (select one)	Approved Submitted, pending approval Planned application
4. Date application approved, submitted, or planned for submission:	(DD/MM/YY)
5. Number of units affected:	
6. Coverage of action (select one)	Part of the development Total development
7. Relocation resources (select all that apply)	Section 8 for units Public housing for units Preference for admission to other public housing or section 8 Other housing for units (describe below)
8. Timeline for activity:	a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24CFR Part 903.79(k)]

A.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 down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources

Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

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

5. Safety and Crime Prevention: PHDEP Plan

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHA may skip to the next component PHA eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

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. 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. No: The PHDEP Plan is attached as Attachment _____

6. Other Information

[24CFR Part 903.79(r)]

Resident Advisory Board (RAB) Recommendations and PHA Response

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

2. If yes, the comments are Attached as Attachment (Filename)

3. In what manner did the PHA address those comments? (select all that apply)

The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included

Yes/No: below or

Yes/No: at the end of the RAB Comments in Attachment ____.

Considered comments, but determined that no changes to the PHA Plan were
necessary. An explanation of the PHA's consideration is included at the end
of the RAB Comments in Attachment ____.

Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here) NA

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)

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

Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

A. Substantial Deviation from the 5 -year Plan: Several items were removed ahead from the year 4 and year 5 plans such as purchase of new washers and dryers for one of the laundries (we have two) and purchase of a new tractor mower to year CPF 2002. And we plan to put in the shower lights and fans in 32 units carried forward from year one and cement work carried forward from year one

B. Significant Amendment or Modification to the Annual Plan:

We finished the storm door project in year two and feel the need to purchase appliances this year instead of waiting until year 5 as 16 ranges are models from 1982 to 1986 and 13 refrigerators are models from 1981 to 1985. We moved the purchase of coin operated washers and dryers for one laundry to this year from year 4 and the purchase of a new tractor mower from year 5 to this year.

Attachment A
Supporting Documents Available for Review X

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 Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
	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
	Any policy governing occupancy of Police Officers in Public Housing check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Public housing rent determination policies, including the method for setting public housing flat rents check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered each public housing development check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures X check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved 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
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99 -52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
		Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
	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
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing PHDEP plan; · Consortium agreement/s between the PHA participating in the agreement between the consortium and HUD (applicable to those PHAs specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged funding, services or other in-kind resources for PHDEP); · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies · All crime statistics and other relevant data (including Partnership Agreement) needed for the public housing sites assisted under the PHDEP 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960.	Pet Policy

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Subpart G) check here if included in the public housing A&O Policy	
X	The result of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the result of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Small PHA Plan Update Page 5
Table Library

Annual Statement/Performance and Evaluation Report					
PHAName: PHILLIPSBURGH HOUSING AUTHORITY			Grant Type and Number: CFPKS16P03650101		Federal FY of Grant:
Original Annual Statement Reserve for Disasters/Emergencies			Revised Annual Statement (revision no:)		2001
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFPFunds				
2	1406 Operations	3,363	18.65		18.65
3	1408 Management Improvements				
4	1410 Administration	500	-0-		
5	1411 Audit	850	-0-		
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	39,490	52,684.23	16,868.23	35,816.00
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures	4,500	1,152.49		1,152.00
13	1475 Nondwelling Equipment	1,300	1,597.63		1,597.63
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	5,450	-0-		
20	Amount of Annual Grant: (sum of lines 2 -19)	55,453	55,453.	16,868.23	38,584.77
21	Amount of line 20 Related to LBP Activities				

Annual Statement/Performance and Evaluation Report				
PHAName:PHILLIPSBURGH HOUSING AUTHORITY		Grant Type and Number CFPKS16P03650101		Federal FY of Grant:
Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)2001	
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
22	Amount of line 20 Related to Section 504 Compliance			
23	Amount of line 20 Related to Security			
24	Amount of line 20 Related to Energy Conservation Measures	53,886		

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName: THE HOUSING AUTHORITY OF THE CITY OF PHILLIPSBURG, KANSAS		Grant Type and Number Capital Fund Program #: KS16P03650101 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposal/Work
				Original	Revised	Funds Obligated	Funds Expended	
01-KS-W	STORM DOORS, HANDICAP EASY OPERATE	1460	74	19,316			19,316.00	COMPL
02-KS36-1	8 BOILERS & CIRCULATING PUMPS	1460	32 UNITS	33,370		16,868.23	16,500.00	PARTIA
03-KS36-C	FURNACE EAST CENTER	1470	1		1,200		1,152.49	COMPL
04-KS36-W	NEWSNOW BLOWER	1475	1		850		850.00	COMPL
05-KS36-W	USED TRACTOR MOWER	1475	1		375		375.00	COMPL
06-KS36-W	25 GAL TRAILER SPRAYER	1475	1		300		279.00	COMPL
07-KS36-W	YARD TRAILER	1475	1		100		93.63	COMPL
08-36-W	OPERATIONS	1406			18.65		18.65	COMPL

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHAName: THE HOUSING AUTHORITY OF THE CITY OF PHILLIPSBURG, KANSAS		Grant Type and Number Capital Fund Program #: KS16P03650101 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposal/Work
				Original	Revised	Funds Obligated	Funds Expended	

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

PHAName: THE HOU SING AUTHORITY OF THE CITY OF PHILLIPSBURG, KANSAS		Grant Type and Number Capital Fund Program #: KS16P03650101 Capital Fund Program Replacement Housing Factor #:					Federal FY of Grant: 2001	
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		
01-KS36-W	9/30/02					6/30/02		
02-KS36-1	9/30/02		6/30/02	9/30/02				
03-KS36-C	9/30/02					6/30/02		
04-KS36-W	9/30/02					6/30/02		
05-KS36-W	9/30/02					6/30/02		
06-KS36-W	9/30/02					6/30/02		
07-KS36-W	9/30/02					6/30/02		
08-KS36-W	9/30/02					6/30/02		

Capital Fund Program 5 - Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal years. 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.

CFP5 - Year Action Plan		
Original statement	Revised statement	
Development Number	Development Name (or indicate PHA wide)	
KS16P03650102	PHILLIPSBURGHOUSINGAUTHORITY -PHA WIDE -year 3	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Ceiling Lights & Vents in Showers from 1 st year plan	5,400	10/1/2002
Cement slab for Handicap wheelchair use	800	10/1/2002
Purchase 2 coin operated washers and 3 coin operated dryers	4,100	10/1/2002
Repairs sidewalks and dadd walkways for elderly	10,000	10/1/2002
New tractor mower	7,000	10/1/2002
Train new Executive Director - salary	5,000	10/1/2002
Appliances: replace 16 ranges Ma and 14 refrigerators that are 1981 -1985	11,650	10/1/2002
Management Improvements	5,425	10/1/2002
Administration	2,713	10/1/2002
31cc. Gas powered cultivator	200	10/1/2002
Contingency and Emergency repair broken 2" water main to 8 units.	1,963	10/1/2002
Total year 2002	54,251	

Totalestimatedcostovernext5years			
CFP5 -YearActionPlan			
Originalstatement		Revisedstatement	
Development Number	DevelopmentName (orindicatePHAwide)		
KS16P03650103	PHILLIPSBURGHOUSINGAUTHORITY -PHAWIDE -year4		
DescriptionofNeededPhysicalImprovementsorManagement Improvements		EstimatedCost	PlannedStartDate (HAFiscalYear)
Appliances:airconditionersin32units>windoworinwallifpossible.		22,400	10/1/2003
Ventfansinatticsof11buildings		5,500	10/1/2003
CeilingfansinCenter		2,500	10/1/2003
WaterSoftenersfor2LaundriesandCenter		2,100	10/1/2003
Handlesonkitchencabinetsin32units(newcupboardsin1994,nohandles)		4,600	10/1/2003
Contingency		3,000	10/1/2003
Totallyear437,100			
Totalestimatedcostovernext5years			

CFP5 -Year Action Plan		
Original statement	Revised statement	
Development Number	Development Name (or indicate PHA wide)	
KS16P03650104	PHILLIPSBURGHOUSINGAUTHORITY -PHA WIDE -year5	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Painting exterior of all buildings, benches, fences	10,000	10/1/2004
Parking lot addition and cement repair of parking lot	30,000	10/1/2004
Total year 540,000		
Total estimated cost over next 5 years	131,351	

PHA Public Housing Drug Elimination Program Plan NA

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 \$ -0-

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. This 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).

12Months _____ 18Months _____ 24Months _____

G.PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD -approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY1999	-0-					

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

We plan to have several programs at the Sr. Center for the elderly provided by the Phillips County Health Dept.

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.

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.							

9115 - Special Initiative						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

9116 - Gun Buyback TAMatch						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 -SecurityPersonnel					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9130 –EmploymentofInvestigators					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9140 – VoluntaryTenantPatrol					TotalPHDEPFunding:\$		
-------------------------------------	--	--	--	--	-----------------------------	--	--

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 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	Target Population	Start Date	Expected Complete	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators

	Served			Date			
1.							
2.							
3.							

9170 -DrugIntervention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9180 -DrugTreatment					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
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	PHDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

Required Attachment __D__: Resident Member on the PHA Governing Board

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

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

JANEYLYBARGER

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

Elected

Appointed BY THE CITY OF PHILLIPSBURG

C. The term of appointment is (include the date term expires): 4/30/2006

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

Other (explain):

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

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

Required Attachment E _____: 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.)

The Sr. Citizens Club of Westview Homeless serves as the Resident Advisory Board with officers selected by the Club. They meet once a month in the Center. The Resident Commissioner is also a member of the Club.