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

Small PHA Plan Update 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

HUD 50075 OMB Approval No: 2577-0226

Expires: 03/31/2002

### PHA Plan Agency Identification

| PHA Name: Becker County Economic Development Authority  |  |  |  |
|---|--|--|--|
| PHA Number: MN190   |  |  |  |
| PHA Fiscal Year Beginning: (mm/yyyy) 07/2001  |  |  |  |
| PHA Plan Contact Information: Name: Lana Fralich Phone: 218-846-7316 TDD: Email (if available): lrfrali@co.becker.mn.us   |  |  |  |
| Public Access to Information Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)  Main administrative office of the PHA  PHA development management offices   |  |  |  |
| Display Locations For PHA Plans and Supporting Documents  |  |  |  |
| The PHA Plans (including attachments) are available for public inspection at: (select all that apply)  Main administrative office of the PHA PHA development management offices Main administrative office of the local, county or State government Public library PHA website Other (list below) |  |  |  |
| PHA Plan Supporting Documents are available for inspection at: (select all that apply)  Main business office of the PHA  PHA development management offices  Other (list below)   |  |  |  |
| PHA Programs Administered:  |  |  |  |
| Public Housing and Section 8  Section 8 Only Public Housing Only  |  |  |  |
| Small PHA Plan Update   |  |  |  |

### Annual PHA Plan Fiscal Year 2001

[24 CFR Part 903.7]

### i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

|                        | Contents  |   | Page# |
|------------------------|---|---|-------|
| Annua                  | al Plan   |   |       |
| i. An                  | nual Plan Information   |   |       |
| ii. Tal                | ble of Contents   |   | 1     |
|                        | scription of Policy and Program Changes for the Upcoming Fiscal Year      | 2 | 1     |
|                        | pital Improvement Needs   | 2 | 2     |
|                        | molition and Disposition  |   |       |
|                        | meownership: Voucher Homeownership Program                                |   | 2 3   |
|                        | ime and Safety: PHDEP Plan  |   | 4     |
|                        | her Information:  |   | 4     |
| 0. 04                  | A. Resident Advisory Board Consultation Process                           |   | 4     |
|                        | B. Statement of Consistency with Consolidated Plan                        | 5 | ·     |
|                        | C. Criteria for Substantial Deviations and Significant Amendments         | 5 |       |
| Attach                 | e e e e e e e e e e e e e e e e e e e                                     |   |       |
| $\boxtimes$            | Attachment A: Supporting Documents Available for Review                   |   |       |
| $\overline{\boxtimes}$ | Attachment B: Capital Fund Program Annual Statement                       |   |       |
| $\boxtimes$            | Attachment C: Capital Fund Program 5 Year Action Plan                     |   |       |
|                        | Attachment: Capital Fund Program Replacement Housing Factor Annual        |   |       |
|                        | Statement   |   |       |
|                        | Attachment: Public Housing Drug Elimination Program (PHDEP) Plan          |   |       |
|                        | Attachment D: Resident Membership on PHA Board or Governing Body          |   |       |
| $\boxtimes$            | 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)                        |   |       |
|                        |   |   |       |
|                        |   |   |       |

Small PHA Plan Update Page 1

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

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

The Becker County Economic Development Authority has made the following policy changes for the next year. They include the addition of a Pet Policy for Public Housing, a Disallowance policy, an adjustment for the "one-strike" policy, and an updated lease, which reflects these changes, made to the Public Housing policies. No other changes have been made to the policies.

| 2. Capital Improvement Needs [24 CFR Part 903.7 9 (g)]  |
|---|
| Exemptions: Section 8 only PHAs are not required to complete this component.  |
| A. Yes No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?   |
| B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 54,890   |
| C. Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.   |
| D. Capital Fund Program Grant Submissions   |
| (1) Capital Fund Program 5-Year Action Plan   |
| The Capital Fund Program 5-Year Action Plan is provided as Attachment C   |
| (2) Capital Fund Program Annual Statement The Capital Fund Program Annual Statement is provided as Attachment B  3. Demolition and Disposition [24 CFR Part 903.7 9 (h)]  |
| Applicability: Section 8 only PHAs are not required to complete this section.   |
| 1. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.) |
| a way a   |
| Small PHA Plan Update Page 2  |

### 2. Activity Description

| Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)  |  |  |  |  |
|--|--|--|--|--|
| 1a. Development name:  |  |  |  |  |
| 1b. Development (project) number:  |  |  |  |  |
| 2. Activity type: Demolition   |  |  |  |  |
| Disposition  |  |  |  |  |
| 3. Application status (select one)   |  |  |  |  |
| Approved Submitted, pending approval   |  |  |  |  |
| Planned application  |  |  |  |  |
| 4. Date application approved, submitted, or planned for submission: (DD/MM/YY)   |  |  |  |  |
| 5. Number of units affected:   |  |  |  |  |
| 6. Coverage of action (select one)   |  |  |  |  |
| Part of the development Total development  |  |  |  |  |
| 7. Relocation resources (select all that apply)  |  |  |  |  |
| Section 8 for units  |  |  |  |  |
| Public housing for units   |  |  |  |  |
| Preference for admission to other public housing or section 8  Other housing for units (describe below)  |  |  |  |  |
| 8. Timeline for activity:  |  |  |  |  |
| a. Actual or projected start date of activity:   |  |  |  |  |
| b. Actual or projected start date of relocation activities: c. Projected end date of activity:   |  |  |  |  |
| c. 1 rojected end date of activity.  |  |  |  |  |
| 4. Voucher Homeownership Program   |  |  |  |  |
| [24 CFR Part 903.7 9 (k)]  |  |  |  |  |
| A. Yes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)                           |  |  |  |  |
| B. Capacity of the PHA to Administer a Section 8 Homeownership Program  The PHA has demonstrated its capacity to administer the program by (select all that apply):  Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources |  |  |  |  |
| Small PHA Plan Update Page 3   |  |  |  |  |

| Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards  Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below): |
|--|
| 5. Safety and Crime Prevention: PHDEP Plan  [24 CFR Part 903.7 (m)]  Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must  |
| provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.  A.   Yes   No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this  |
| PHA Plan?  |
| B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$  |
| C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.  |
| D. Yes No: The PHDEP Plan is attached at Attachment  |
| 6. Other Information [24 CFR Part 903.7 9 (r)]   |
| A. Resident Advisory Board (RAB) Recommendations and PHA Response  |
| 1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?  |
| 2. If yes, the comments are Attached at Attachment (File name)   |
| 3. In what manner did the PHA address those comments? (select all that apply)  The PHA changed portions of the PHA Plan in response to comments  A list of these changes is included  Yes No: below or  Yes No: at the end of the RAB Comments in Attachment   |
| Small PHA Plan Update Page 4  HUD 50075  |

|  | Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment   |  |  |  |
|--|---|--|--|--|
| $\boxtimes$  | Other: (list below) No comments were made.  |  |  |  |
|  | of Consistency with the Consolidated Plan able Consolidated Plan, make the following statement (copy questions as many times as   |  |  |  |
| 1. Consolidate   | ed Plan jurisdiction: Minnesota   |  |  |  |
|  | as taken the following steps to ensure consistency of this PHA Plan with the d Plan for the jurisdiction: (select all that apply)   |  |  |  |
| $\boxtimes$  | The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.   |  |  |  |
| $\boxtimes$  | 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)  lests for support from the Consolidated Plan Agency  lo: 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: |  |  |  |
|  | idated Plan of the jurisdiction supports the PHA Plan with the following actions and itments: (describe below)  |  |  |  |
| C. Criteria for Substantial Deviation and Significant Amendments   |   |  |  |  |
| 1. Amendment and Deviation Definitions 24 CFR Part 903.7(r) PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because |   |  |  |  |
|  | Small PHA Plan Update Page 5  |  |  |  |

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: A substantial deviation is a decision made by the Board of Commissioners to change the Becker County EDA's mission statement, goals, or objectives identified in the 5-year plan. It is also when goals or objectives are changed that affect the residents or have a significant impact to the Becker County EDA's financial situation.

B. B. Significant Amendment or Modification to the Annual Plan: A Significant Amendment or Modification is a change in the Becker County EDA's plans or policies that require formal approval by the Board of Commissioners.

### Attachment\_A\_

### **Supporting Documents Available for Review**

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

| List of Supporting Documents Available for Review |   |   |  |  |  |
|---|---|---|--|--|--|
| Applicable & On Display                           | Supporting Document   | Related Plan<br>Component   |  |  |  |
| Available   | PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations  | 5 Year and Annual<br>Plans  |  |  |  |
| Available   | State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)   | 5 Year and Annual<br>Plans  |  |  |  |
| Available   | Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement. | 5 Year and Annual<br>Plans  |  |  |  |
| Available   | 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:<br>Housing Needs   |  |  |  |
| Available   | Most recent board-approved operating budget for the public housing program  | Annual Plan:<br>Financial Resources                                   |  |  |  |
| Available   | Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]   | Annual Plan:<br>Eligibility, Selection,<br>and Admissions<br>Policies |  |  |  |
|   | Any policy governing occupancy of Police Officers in Public Housing  check here if included in the public housing  A&O Policy   | Annual Plan:<br>Eligibility, Selection,<br>and Admissions<br>Policies |  |  |  |
| Available   | Section 8 Administrative Plan   | Annual Plan:<br>Eligibility, Selection,<br>and Admissions<br>Policies |  |  |  |

Small PHA Plan Update Page 1

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

| List of Supporting Documents Available for Review |  |   |  |  |  |
|---|--|---|--|--|--|
| Applicable<br>&<br>On<br>Display                  | Supporting Document  | Related Plan<br>Component                               |  |  |  |
|   | 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<br>Needs                           |  |  |  |
|   | Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).  | Annual Plan: Capital<br>Needs                           |  |  |  |
|   | Approved or submitted applications for demolition and/or disposition of public housing   | Annual Plan:<br>Demolition and<br>Disposition           |  |  |  |
|   | Approved or submitted applications for designation of public housing (Designated Housing Plans)  | Annual Plan:<br>Designation of Public<br>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:<br>Conversion of Public<br>Housing         |  |  |  |
|   | Approved or submitted public housing homeownership programs/plans  | Annual Plan:<br>Homeownership                           |  |  |  |
|   | Policies governing any Section 8 Homeownership program (sectionof the Section 8 Administrative Plan)   | Annual Plan:<br>Homeownership                           |  |  |  |
|   | Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies   | Annual Plan:<br>Community Service &<br>Self-Sufficiency |  |  |  |
|   | FSS Action Plan/s for public housing and/or Section 8  | Annual Plan:<br>Community Service &<br>Self-Sufficiency |  |  |  |
|   | Section 3 documentation required by 24 CFR Part 135,<br>Subpart E  | Annual Plan:<br>Community Service &<br>Self-Sufficiency |  |  |  |
|   | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports   | Annual Plan:<br>Community Service &<br>Self-Sufficiency |  |  |  |
|   | The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report  | Annual Plan: Safety and Crime Prevention                |  |  |  |

| List of Supporting Documents Available for Review |   |   |  |  |  |
|---|---|---|--|--|--|
| Applicable<br>&<br>On<br>Display                  | Supporting Document   | Related Plan<br>Component                   |  |  |  |
| Display   | PHDEP-related documentation:  Baseline law enforcement services for public housing developments assisted under the PHDEP plan;  Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);  Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;  Coordination with other law enforcement efforts;  Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and  All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. | Annual Plan: Safety<br>and Crime Prevention |  |  |  |
| Available   | Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)  check here if included in the public housing A & O Policy  | Pet Policy                                  |  |  |  |
| Available   | The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings   | Annual Plan: Annual<br>Audit                |  |  |  |
|   | Troubled PHAs: MOA/Recovery Plan  Other supporting documents (optional)  (list individually; use as many lines as necessary)  | Troubled PHAs (specify as needed)           |  |  |  |

### CAPITAL FUND PROGRAM TABLES START HERE

| Annual Statement/Performance and Evaluation Report  |  |                            |                          |           |                      |
|---|--|----------------------------|--------------------------|-----------|----------------------|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary |  |                            |                          |           |                      |
| PHA Name: Becker County Grant Type and Number   |  |                            |                          | ·         | Federal FY of Grant: |
|   |  | Capital Fund Program Grant |                          |           | 2001                 |
|   |  | Replacement Housing Factor |                          |           |                      |
|   | iginal Annual Statement Reserve for Disaster   |                            |                          |           |                      |
|   | formance and Evaluation Report for Period End  |                            | ormance and Evaluation 1 |           |                      |
| Lin   | Summary by Development Account   | Total Esti                 | imated Cost              | Total Ac  | tual Cost            |
| e   |  |                            |                          |           |                      |
| No.   |  | 0-1-11                     | D 1                      | Oblinated | E 1 . 1              |
|   | The state of the s | Original                   | Revised                  | Obligated | Expended             |
| 1   | Total non-CFP Funds  |                            |                          |           |                      |
| 2   | 1406 Operations  | 15,000                     |                          |           |                      |
| 3   | 1408 Management Improvements   |                            |                          |           |                      |
| 4   | 1410 Administration  | 5,578                      |                          |           |                      |
| 5   | 1411 Audit   |                            |                          |           |                      |
| 6   | 1415 Liquidated Damages  |                            |                          |           |                      |
| 7   | 1430 Fees and Costs  |                            |                          |           |                      |
| 8   | 1440 Site Acquisition  |                            |                          |           |                      |
| 9   | 1450 Site Improvement  | 35,205                     |                          |           |                      |
| 10  | 1460 Dwelling Structures   |                            |                          |           |                      |
| 11  | 1465.1 Dwelling Equipment—Nonexpendable  |                            |                          |           |                      |
| 12  | 1470 Nondwelling Structures  |                            |                          |           |                      |
| 13  | 1475 Nondwelling Equipment   |                            |                          |           |                      |
| 14  | 1485 Demolition  |                            |                          |           |                      |
| 15  | 1490 Replacement Reserve   |                            |                          |           |                      |
| 16  | 1492 Moving to Work Demonstration  |                            |                          |           |                      |

| Annual Statement/Performance and Evaluation Report  |  |  |                       |           |                      |
|---|--|--|-----------------------|-----------|----------------------|
| Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary |  |  |                       |           |                      |
|   | Name: Becker County  | Grant Type and Number                        |                       | ,         | Federal FY of Grant: |
|   |  | Capital Fund Program Grant No: MN46P19050101 |                       |           | 2001                 |
|   |  | Replacement Housing Factor                   |                       |           |                      |
|   | iginal Annual Statement $oxedsymbol{\square}$ Reserve for Disaster |  |                       |           |                      |
|   | rformance and Evaluation Report for Period End                     |  | rmance and Evaluation | 1 *       |                      |
| Lin   | Summary by Development Account                                     | Total Estin                                  | mated Cost            | Total Ac  | tual Cost            |
| e   |  |  |                       |           |                      |
| No.   |  | Original                                     | Revised               | Obligated | Expended             |
| 17  | 1495.1 Relocation Costs  | Original                                     | Keviseu               | Obligated | Expended             |
|   |  |  |                       |           |                      |
| 18  | 1499 Development Activities  |  |                       |           |                      |
| 19  | 1501 Collaterization or Debt Service                               |  |                       |           |                      |
| 20  | 1502 Contingency   |  |                       |           |                      |
| 21  | Amount of Annual Grant: (sum of lines 2 – 20)                      | 55,783                                       |                       |           |                      |
| 22  | Amount of line 21 Related to LBP Activities                        |  |                       |           |                      |
| 23  | Amount of line 21 Related to Section 504                           |  |                       |           |                      |
|   | compliance   |  |                       |           |                      |
| 24  | Amount of line 21 Related to Security – Soft Costs                 |  |                       |           |                      |
| 25  | Amount of Line 21 Related to Security – Hard Costs                 |  |                       |           |                      |
| 26  | Amount of line 21 Related to Energy Conservation Measures          |  |                       |           |                      |

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

| PHA Name: Becker County                             |  | Grant Type and<br>Capital Fund Prog<br>Replacement Hou | l <b>Number</b><br>gram Grant No: <b>MN</b><br>ısing Factor Grant N | Federal FY of Grant: 2001 |         |                    |                   |                   |
|---|--|--|---|---------------------------|---------|--------------------|-------------------|-------------------|
| Development<br>Number<br>Name/HA-Wide<br>Activities | General Description of Major Work Categories | Dev. Acct<br>No.                                       | Quantity  | Total Estimated Cost      |         | Total Actual Cost  |                   | Status of<br>Work |
|   |  |  |   | Original                  | Revised | Funds<br>Obligated | Funds<br>Expended |                   |
| MN190-002   | Operations                                   | 1406   | LS  | 15,000                    |         |                    |                   |                   |
| MN190-002   | Administration                               | 1410   | LS  | 5,578                     |         |                    |                   |                   |
| MN190-002   | Landscaping                                  | 1450   | LS  | 35,205                    |         |                    |                   |                   |
|   |  |  |   |                           |         |                    |                   |                   |
|   |  |  |   |                           |         |                    |                   |                   |
|   |  |  |   |                           |         |                    |                   |                   |
|   |  |  |   |                           |         |                    |                   |                   |
|   |  |  |   |                           |         |                    |                   |                   |
|   |  |  |   |                           |         |                    |                   |                   |

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages |   |   |          |                      |         |                           |                   |                   |  |
|--|---|---|----------|----------------------|---------|---------------------------|-------------------|-------------------|--|
| PHA Name: Becker County  |   | Grant Type and Number Capital Fund Program Grant No: MN46P19050101 Replacement Housing Factor Grant No: |          |                      |         | Federal FY of Grant: 2001 |                   |                   |  |
| Development<br>Number<br>Name/HA-Wide<br>Activities  | General Description of Major Work<br>Categories | Dev. Acct<br>No.  | Quantity | Total Estimated Cost |         | Total Actual Cost         |                   | Status of<br>Work |  |
|  |   |   |          | Original             | Revised | Funds<br>Obligated        | Funds<br>Expended |                   |  |
|  |   |   |          |                      |         |                           |                   |                   |  |
|  |   |   |          |                      |         |                           |                   |                   |  |

| Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) |            |                                 |        |  |         |                                  |  |  |
|--|------------|---------------------------------|--------|--|---------|----------------------------------|--|--|
| Part III: Impleme  | entation S | chedule                         |        |  |         |                                  |  |  |
| PHA Name: Becker County  Grant Type and Number  Capital Fund Program No: MN46P19050101  Replacement Housing Factor No:                   |            |                                 |        |  |         | Federal FY of Grant: 2001        |  |  |
| =  |            | Fund Obligate<br>arter Ending D |        | All Funds Expended Reasons for (Quarter Ending Date) |         | Reasons for Revised Target Dates |  |  |
|  | Original   | Revised                         | Actual | Original   | Revised | Actual                           |  |  |
| MN190-002  | 9/30/03    |                                 |        | 9/30/04  |         |                                  |  |  |
|  |            |                                 |        |  |         |                                  |  |  |
|  |            |                                 |        |  |         |                                  |  |  |
|  |            |                                 |        |  |         |                                  |  |  |
|  |            |                                 |        |  |         |                                  |  |  |
|  |            |                                 |        |  |         |                                  |  |  |
|  |            |                                 |        |  |         |                                  |  |  |
|  |            |                                 |        |  |         |                                  |  |  |

## Capital Fund Program Five-Year Action Plan Part I: Summary

| PHA Name Becker C                      | County                  |  |  | ⊠Original 5-Year<br>□ Revision No:                  |
|--|-------------------------|--|--|---|
| Development<br>Number/Name/HA-<br>Wide | Year 1  Annual Statemen | Work Statement for Year 2<br>FFY Grant: 2002<br>PHA FY: 2002 | Work Statement for Year 3<br>FFY Grant: 2003<br>PHA FY: 2003 | Work Statement for Y 4 FFY Grant: 2004 PHA FY: 2004 |
|  | t                       |  |  |   |
| MN190                                  |                         | 15,000   | 15,000   | 15,000  |
| MN190                                  |                         | 5,578  | 5,578  | 5,578   |
| MN190                                  |                         | 35,205   | 35,205   | 35,205  |
|  |                         |  |  |   |
|  |                         |  |  |   |
|  |                         |  |  |   |
|  |                         |  |  |   |
|  |                         |  |  |   |
|  |                         |  |  |   |
|  |                         |  |  |   |
| CFP Funds Listed for 5-year planning   |                         | 55,783   | 55,783   | 55,783  |
|  |                         |  |  |   |
| Replacement<br>Housing Factor<br>Funds |                         |  |  |   |

### Capital Fund Program Five-Year Action Plan

### Part II: Supporting Pages—Work Activities

| Activities for<br>Year 1 |                            | Activities for Year 2<br>FFY Grant: 2002<br>PHA FY: 2002 |                |                            | Activities for `<br>FFY Grant:<br>PHA FY: 2 |
|--------------------------|----------------------------|--|----------------|----------------------------|---|
|                          | Development<br>Name/Number | Major Work<br>Categories                                 | Estimated Cost | Development<br>Name/Number | Major Wo<br>Categori                        |
| Se<br>e                  |                            |  |                |                            |   |
| An<br>nual               | MN190                      | Operations   | 15,000         | MN190                      | Operations                                  |
| Statement                | MN190                      | Administration   | 5,5789         | MN190                      | Administration                              |
|                          | MN190                      | Landscaping  | 35,205         | MN190                      | Landscaping                                 |
|                          |                            |  |                |                            |   |
|                          |                            |  |                |                            |   |
|                          |                            |  |                |                            |   |
|                          |                            |  |                |                            |   |
|                          |                            |  |                |                            |   |
|                          |                            |  |                |                            |   |
|                          |                            |  |                |                            |   |
|                          |                            |  |                |                            |   |
|                          |                            |  |                |                            |   |
|                          |                            |  |                |                            |   |
|                          |                            |  |                |                            |   |
|                          |                            |  |                |                            |   |
|                          |                            |  |                |                            |   |
|                          |                            |  |                |                            |   |
|                          |                            |  |                |                            |   |
|                          | Total CFP Estimate         | ed Cost  | \$ 55,783      |                            |   |

Small PHA Plan Update Page 12 **Table Library** 

### Capital Fund Program Five-Year Action Plan

### Part II: Supporting Pages—Work Activities

|                            | Activities for Year 4<br>FFY Grant: 2004<br>PHA FY: 2004 |                |                            | 5                                   |         |
|----------------------------|--|----------------|----------------------------|-------------------------------------|---------|
| Development<br>Name/Number | Major Work Categories                                    | Estimated Cost | Development<br>Name/Number | PHA FY: 2005  Major Work Categories | Es      |
| 101100                     |  | 15,000         | 101100                     |                                     |         |
| MN190                      | Operations Administration                                | 15,000         | MN190                      | Operations Administration           |         |
| MN190                      |  | 5,5789         | MN190                      |                                     |         |
| MN190                      | Landscaping  | 35,205         | MN190                      | Landscaping                         |         |
|                            |  |                |                            |                                     |         |
|                            |  |                |                            |                                     |         |
|                            |  |                |                            |                                     |         |
|                            |  |                |                            |                                     |         |
|                            |  |                |                            |                                     |         |
|                            |  |                |                            |                                     |         |
|                            |  |                |                            |                                     |         |
|                            |  |                |                            |                                     |         |
|                            |  |                |                            |                                     |         |
|                            |  |                |                            |                                     |         |
|                            |  |                |                            |                                     |         |
|                            |  |                |                            |                                     |         |
| Total CFP                  | Estimated Cost   | \$ 55,783      | \$ 55,783                  |                                     | \$ 55,1 |

Small PHA Plan Update Page 13 **Table Library** 

### Required Attachment D: Resident Member on the PHA Governing Board 1. X Yes No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2) A. Name of resident member(s) on the governing board: Rachel Nelson B. How was the resident board member selected: (select one)? Elected by Resident Advisory Committee Appointed by Economic Development Authority Board C. The term of appointment is (include the date term expires): 06/30/01 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 $\boxtimes$ 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. For the year 2001, we will not have a member on the Housing Board, due to lack of interest. Other (explain): B. Date of next term expiration of a governing board member: 06/30/02

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

Small PHA Plan Update Page 14 **Table Library** 

### 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 Becker County EDA sent a letter to all Public Housing and Section 8 Program Participants. Over 80+ letters were sent and only two responded. Because of the lack of interest, the Becker County EDA appointed all program participants of Public Housing and Section 8 to the Resident Advisory Committee. All program participants were notified of this appointment.

Small PHA Plan Update Page 15 **Table Library**