

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**

PHA Plan Agency Identification

PHA Name: Housing Authority of the City of Leachville

PHA Number: ARO75001-ARO75002

PHA Fiscal Year Beginning: 10/01/01

PHA Plan Contact Information:

Name: Glenda Cagle

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TDD: 870-539-2212

Email (if available) honey@inet-direct.com

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)
Public Library

PHA Programs Administered:

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

**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 #
Annual Plan	
i. Executive Summary (optional)	1
ii. Annual Plan Information	1
iii. Table of Contents	1
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	2
2. Capital Improvement Needs	2
3. Demolition and Disposition	3
4. Homeownership: Voucher Homeownership Program	4
5. Crime and Safety: PHDEP Plan	4
6. Other Information	5
A. Resident Advisory Board Consultation Process	5
B. Statement of Consistency with Consolidated Plan	6
C. Criteria for Substantial Deviations and Significant Amendments	6
Attachments	
<input checked="" type="checkbox"/> Attachment A : Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment _B_: Capital Fund Program Annual Statement	
<input checked="" type="checkbox"/> Attachment C_: Capital Fund Program 5 Year Action Plan	
<input type="checkbox"/> Attachment __: Capital Fund Program Replacement Housing Factor Annual Statement	
<input type="checkbox"/> Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan	
<input checked="" type="checkbox"/> Attachment _D_: Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment _E	
_: Membership of Resident Advisory Board or Boards	
<input checked="" type="checkbox"/> Attachment F__: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input type="checkbox"/> Other (List below, providing each attachment name)	

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

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.

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? \$172,807.00

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 A

(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.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected: 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[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 down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[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 THE LEACHVILLE HOUSING AUTHORITY IS INELIGIBLE TO PARTICIPATE IN PHDEP GRANT

[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 Attachment

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 _____.

Other: (list below)

Comments were made by Resident Advisory Board, concerning replacement of prime windows and replacement of sidewalks, since both these items are already in our 5 year plan we saw no need to change anything in the plans. This was acceptable to the Board.

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)Mississippi County, Leachville, Arkansas

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

Yes No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

The PHA will provide affordable housing to low-income families. The PHA will form cooperative agreements with other agencies, such as DHS, Employment Security Division, Child Care Facilities, Educational and Job training services that was in the State Consolidated Plan of Arkansas. Providing education and training are essential in changing attitudes and over coming prejudice. The Leachville Housing Authority’s Position is to work together with the consolidated Plan of Arkansas to promote economic development of the people we serve.

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

A. Substantial Deviation from the 5-year Plan:

Criteria used for determining a substantial deviation from the Housing Authority's 5 year plan

Is: any changes to the PHA's overall mission and any changes to the goals or objectives that effect services to residents or applicants, or significant changes to the PHA's financial situation.

A. Significant Amendment or Modification to the Annual Plan:

A significant amendment or modification to the 5 year Plan and Annual Plan in any revision/amendment that substantially alters any policy or plan part as originally submitted or that may result in a different outcome for or treatment of tenants, applicants, or participants. Major revisions in the PHA financial resources, at least a 20% revision in any category), Capital improvements(at least 20% revision in any Annual Plan line item), any change in Rent significant amendment. The following are not considered a significant revision or modification:

- 1. Utilization of fungibility between approved yearly work items for Capital Improvement Plan and**
- 2. HUD required or statutory revisions to policies.**

Attachment A
Supporting Documents Available for Review

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

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
NA	Section 8 rent determination (payment standard) policies <input type="checkbox"/> 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
NA	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
NA	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
NA	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
NA	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
NA	Section 8 informal review and hearing procedures <input type="checkbox"/> 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
NA	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	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
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
NA	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
NA	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
NA	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
NA	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
NA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
NA	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
NA	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the 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 and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: HOUSING AUTHORITY OF THE CITY OF LEACHVILLE		Grant Type and Number Capital Fund Program AR37P07550101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	9930.			
3	1408 Management Improvements				
4	1410 Administration	12341.			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	21536.			
8	1440 Site Acquisition				
9	1450 Site Improvement	6500.			
10	1460 Dwelling Structures	116500.			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	6000.			
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				
20	Amount of Annual Grant: (sum of lines 2-19)	172870.			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: HOUSING AUTHORITY OF THE CITY OF LEACHVILLE		Grant Type and Number Capital Fund Program AR37P07550101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001	
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)				
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
23	Amount of line 20 Related to Security					
24	Amount of line 20 Related to Energy Conservation Measures	85000.				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: HOUSING AUTHORITY OF THE CITY OF LEACHVILLE			Grant Type and Number Capital Fund Program #AR037P07550101: Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant:		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	OPERATING FUNDS	1406	1	9930.				
PHA WIDE	MOD COORDINATOR	1410	1	11000.				
PHA WIDE	EMPLOYEE BENEFITS	1410	2	1377.				
PHA WIDE	SUNDRY/ADVERTISEMENTS	1410		500.				
PHA WIDE	MOD INSPECTOR	1430	1	7000.				
PHA WIDE	ARCHITECT	1430	1	14000.				
PHA WIDE	REPLACE PHOTO COPIER	1475	1	6000.				
AR075001	SIDEWALK / CURB REPAIR	1450		2750.				
AR075002	SIDEWALK / CURB REPAIR	1450		2750.				
AR075001	LANDSCAPING	1450		500.				
AR075002	LANDSCAPING	1450		500.				
ARO75001	KITCHEN CABINETS	1460		10000.				
ARO75002	KITCHEN CABINETS	1460		10000.				
ARO75001	WINDOW REPLACEMENT	1460		42500.				
ARO75002	WINDOW REPLACEMENT	1460		42500.				
ARO75001	REPLACE ROOFING	1460		2500.				
AR075001	REPLACE FLOOR TILE	1460		6000.				
ARO75002	REMODEL BATHROOM	1460		3000.				

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 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.

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
PHA WIDE	HOUSING AUTHORITY OF THE CITY OF LEACHVILLE	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
MOD-Coordinator	46000.	2001
MOD-Inspector	28000.	2001
Employee Benefits	5661.	2001
Architect/Engineer	56000.	2001
Replace/Up-date Computer& software	24000.	2002
Employee Training for PHA changes/Computer/Software	43500.	2002
Tractor Mower	10000.	2003
Remodel Office	26000.	2003
Purchase Van for PHA	29000.	2003
Purchase new Pickup truck for PHA Maintenance Department	27000.	2004
Enclose elderly sit-out area with screen and up-grade seating(continued from 2000 CFP program)	18000.	2005
Total estimated cost over next 5 years	313161.	

CFP 5-Year Action Plan	
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement	

Development Number	Development Name (or indicate PHA wide)	
AR075-1	HOUSING AUTHORITY OF THE CITY OF LEACHVILLE	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Replacement of Prime Windows	43950.	01
Replace kitchen Cabinets	24000.	01
Replace Roofing	17500.	02
Replace/Repair/AC units and Furnaces	15000.	02
Remodel Bathrooms	4000.	01
Replace side-walks	31500	01
Replace floor tile	10000.	03
Landscaping	9550.	02
Fencing across south side of project	10000.	01
Siding for storage sheds	10000.	05
Replace Bathroom Vanities	13750.	04
Total estimated cost over next 5 years	188984.	

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
AR075-2	HOUSING AUTHORITY OF THE CITY OF LEACHVILLE	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)

Replacement of Prime windows	43950.	01
Replace Kitchen Cabinets	24000	01
Replace Roofing	17500.	01
Replace Furnaces/AC units	15000.	02
Remodel Bathrooms	4000.	01
Replace/Repair Sidewalks	31500	01
Replace Floor Tile	10000.	03
Landscaping	9383.	02
Replace vanities in Bathrooms	13750.	04
Replace siding on storage sheds	10000.	05
Purchase Playground equipment	10000.	04
Total estimated cost over next 5 years	189083.	

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History Leachville Housing Authority is not eligible for PHDEP program

- A. Amount of PHDEP Grant \$ N/A
- B. Eligibility type (Indicate with an "x") N1 N2 R
- C. FFY in which funding is requested
- D. **Executive Summary of Annual PHDEP Plan**

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

12 Months _____ 18 Months _____ 24 Months _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs 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
FY 1995						
FY 1996						
FY 1997						
FY1998						
FY 1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

B. PHDEP Budget Summary

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

FFY ____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

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

9110 – Reimbursement of Law Enforcement					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	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 TA Match					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 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.							

9130 – Employment of Investigators					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.							

9140 – Voluntary Tenant Patrol					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.							

9150 - Physical Improvements					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.							

9160 - Drug Prevention					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.							

9170 - Drug Intervention					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.							

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

Required Attachment __C__: Resident Member on the PHA Governing Board

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

A. Name of resident member(s) on the governing board: C.B. Mathis

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

- Elected
- Appointed

C. The term of appointment is (include the date term expires): Appointed to Five year term beginning November 1,2000 expiring date November 1, 2004

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: November 1, 2001

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Next governing board member will be appointed by remaining 4 board members and approved by Mayor and City Council of The City of Leachville.

Required Attachment ___D___: 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.) Dorothy Roberts, Shirley Davis, Elsie Brooks, Willene Tounsand, Mary Thomason.

Members of Resident Advisory Board are elected in the following way;

These members are elected by the residents of the Leachville Housing Authority by popular vote, ballots were issued to each resident 18 years of age or older with each resident at least 18 years of age name on it. Election date was set and polling place was set up. Election was held and five residents receiving most votes were appointed to the advisory board. Appointment was accepted by each resident elected.

Required attachment F: Comments from Resident Advisory Board

Residents discussed repairs to parking pads and replacing prime windows, since both of these items is already in the five year plan there was no need to make any changes.

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: housing Authority of the City of Leachville		Grant Type and Number	
		Capital Fund Program Grant No: AR37PO7550100	
		Replacement Housing Factor Grant No:	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)			
<input type="checkbox"/> Performance and Evaluation Report for Period Ending June 30, 2001 <input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost	Total Actual Cost

		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	8000.		8000.	8000.
3	1408 Management Improvements				
4	1410 Administration	11265.	11905.	11905.	6206.09
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	17330.	19760.	19760.	6786.
8	1440 Site Acquisition				
9	1450 Site Improvement	5000.	5975.	5975.	
10	1460 Dwelling Structures	117780.	91054.	91054.	10900.
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	10000.	20905.53	20905.53	
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	169375.	119600.72	157600.72	31892.09
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	40765.			
26	Amount of line 21 Related to Energy Conservation Measures	40765.			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Leachville			Grant Type and Number Capital Fund Program Grant No:AR37PO7550100 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	Renovate PHA Offices	1470			3609.81	3609.81		
PHA Wide	Renovate Pavillion	1470		10000.	17296.	17296.		contracted
PHA Wide	Operating funds	1406		8000.		8000.	8000.	
PHA Wide	Technical Salaries	1410		10000.		10000.	5217.41	
PHA Wide	Sundry/contract advertisement	1410.		500.	543.47	543.47	543.47	Completed
PHA wide	Employee benefits	1410.		765.	1361.70	1361.70	444.98	
PHA wide	A&E/Inspector	1430		17330.	19760.	19760.	6786.	Contracted
AR075-1	Replace/repair sidewalks	1450		2500.	1784.	1784.		Contracted
AR075-2	Replace/repair sidewalks	1450		2500.	4191.	4191.		Contracted
AR075-1	Replace kitchen sinks	1460		5000.	4855.36	4855.36	4855.36	Finished
AR075-2	Replace kitchen sinks	1460		5000.	4855.36	4855.36	4855.36	Finished
AR075-1	Replace prime windows	1460		21000.	2232.	2232.		Contracted
AR075-2	Replace prime windows	1460		21000.	38533.	38533.		Contracted
AR075-1	Replace soffit/porch ceilings	1460		60156.	26891.	26891.		Contracted
AR075-1	Replace bathtubs	1460		2812.	6866.	6866.		Contracted
AR075-2	Replace bathtubs	1460		2812.	6822.	6822.		Contracted

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

PHA Name: Housing Authority of the City of Leachville	Grant Type and Number Capital Fund Program No: AR37P07550100 Replacement Housing Factor No:	Federal FY of Grant: 2000
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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	
PHA Wide	03/31/02			09/30/03			
AR075-1	03/31/02			09/30/03			
AR075-2	03/31/02			09/30/03			

Total CFP Estimated Cost

\$

[Redacted]

[Redacted]

\$

Total CFP Estimated Cost

\$

\$

Capital Fund Program Five-Year Action Plan

Part I: Summary

SAMPLE

A Name <i>Leachville Housing Authority</i>					
		<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2002 PHA FY: 2002	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 2005
	<i>Annual Statement</i>				
01/Main Street		\$80,000	\$36,000	\$65,000	\$55,000
02/Broadway		\$90,000	\$40,900	\$40,000	\$43,000
-wide		\$100,000	\$50,000	\$35,000	\$27,000
P Funds Listed for ear planning		\$270,000	\$162,900	\$140,000	125,000
placement Housing tor Funds		\$40,000			

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

S A M P L E

Activities for Year 1	Activities for Year : <u>2</u> FFY Grant: 2002 PHA FY: 2002			Activities for Year: <u>3</u> FFY Grant: 2003 PHA FY: 2003		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	10-01/Main Street	Porches	\$35,000	10-01/Main Street	Security Doors replaced	\$36,000
		Doors	\$45,000			
	<i>Subtotal</i>		\$80,000			
An	10-02/Broadway	Windows	\$55,000	10-02/Broadway	Kitchen Cabinets	\$40,900
al		Site Improvements	\$35,000			
	<i>Subtotal</i>		\$90,000			
Statement	HA-wide	Office Equip/Computer System upgrade	\$100,000	HA-Wide	Security/Main Office and Common Hallways	\$50,000

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: housing Authority of the City of Leachville		Grant Type and Number Capital Fund Program Grant No: AR37PO7550100 Replacement Housing Factor Grant No:			Federal FY of Grant:
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Performance and Evaluation Report for Period Ending June 30, 2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	8000.		8000.	8000.
3	1408 Management Improvements				
4	1410 Administration	11265.	11905.	11905.	6206.09
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	17330.	19760.	19760.	6786.
8	1440 Site Acquisition				
9	1450 Site Improvement	5000.	5975.	5975.	
10	1460 Dwelling Structures	117780.	91054.	91054.	10900.
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	10000.	20905.53	20905.53	
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: housing Authority of the City of Leachville		Grant Type and Number Capital Fund Program Grant No: AR37PO7550100 Replacement Housing Factor Grant No:			Federal FY of Grant:
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Performance and Evaluation Report for Period Ending June 30, 2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)	169375.	119600.72	157600.72	31892.09
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	40765.			
26	Amount of line 21 Related to Energy Conservation Measures	40765.			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Leachville			Grant Type and Number Capital Fund Program Grant No:AR37PO7550100 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	Renovate PHA Offices	1470			3609.81	3609.81		
PHA Wide	Renovate Pavillion	1470		10000.	17296.	17296.		contracted
PHA Wide	Operating funds	1406		8000.		8000.	8000.	
PHA Wide	Technical Salaries	1410		10000.		10000.	5217.41	
PHA Wide	Sundry/contract advertisement	1410.		500.	543.47	543.47	543.47	Completed
PHA wide	Employee benefits	1410.		765.	1361.70	1361.70	444.98	
PHA wide	A&E/Inspector	1430		17330.	19760.	19760.	6786.	Contracted
AR075-1	Replace/repair sidewalks	1450		2500.	1784.	1784.		Contracted
AR075-2	Replace/repair sidewalks	1450		2500.	4191.	4191.		Contracted
AR075-1	Replace kitchen sinks	1460		5000.	4855.36	4855.36	4855.36	Finished
AR075-2	Replace kitchen sinks	1460		5000.	4855.36	4855.36	4855.36	Finished
AR075-1	Replace prime windows	1460		21000.	2232.	2232.		Contracted
AR075-2	Replace prime windows	1460		21000.	38533.	38533.		Contracted
AR075-1	Replace soffit/porch ceilings	1460		60156.	26891.	26891.		Contracted
AR075-1	Replace bathtubs	1460		2812.	6866.	6866.		Contracted
AR075-2	Replace bathtubs	1460		2812.	6822.	6822.		Contracted

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

PHA Name: Housing Authority of the City of Leachville	Grant Type and Number Capital Fund Program No: AR37P07550100 Replacement Housing Factor No:	Federal FY of Grant: 2000
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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	
PHA Wide	03/31/02			09/30/03			
AR075-1	03/31/02			09/30/03			
AR075-2	03/31/02			09/30/03			

Total CFP Estimated Cost

\$

\$

Total CFP Estimated Cost

\$

\$

Capital Fund Program Five-Year Action Plan

Part I: Summary

S A M P L E

A Name <i>Leachville Housing Authority</i>						<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2002 PHA FY: 2002	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 2005	
	<i>Annual Statement</i>					
01/Main Street		\$80,000	\$36,000	\$65,000	\$55,000	
<i>02/Broadway</i>		\$90,000	\$40,900	\$40,000	\$43,000	
<i>-wide</i>		\$100,000	\$50,000	\$35,000	\$27,000	
P Funds Listed for ear planning		\$270,000	\$162,900	\$140,000	125,000	
placement Housing tor Funds		\$40,000				

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

SAMPLE

Activities for Year 1	Activities for Year : <u>2</u> FFY Grant: 2002 PHA FY: 2002			Activities for Year: <u>3</u> FFY Grant: 2003 PHA FY: 2003		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	10-01/Main Street	Porches	\$35,000	10-01/Main Street	Security Doors replaced	\$36,000
		Doors	\$45,000			
	<i>Subtotal</i>		\$80,000			
Annual	10-02/Broadway	Windows	\$55,000	10-02/Broadway	Kitchen Cabinets	\$40,900
		Site Improvements	\$35,000			
	<i>Subtotal</i>		\$90,000			
Statement	HA-wide	Office Equip/Computer System upgrade	\$100,000	HA-Wide	Security/Main Office and Common Hallways	\$50,000

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: housing Authority of the City of Leachville		Grant Type and Number Capital Fund Program Grant No: AR37PO7550100 Replacement Housing Factor Grant No:			Federal FY of Grant:
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Performance and Evaluation Report for Period Ending June 30, 2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	8000.		8000.	8000.
3	1408 Management Improvements				
4	1410 Administration	11265.	11905.	11905.	6206.09
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	17330.	19760.	19760.	6786.
8	1440 Site Acquisition				
9	1450 Site Improvement	5000.	5975.	5975.	
10	1460 Dwelling Structures	117780.	91054.	91054.	10900.
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	10000.	20905.53	20905.53	
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: housing Authority of the City of Leachville		Grant Type and Number Capital Fund Program Grant No: AR37PO7550100 Replacement Housing Factor Grant No:			Federal FY of Grant:
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Performance and Evaluation Report for Period Ending June 30, 2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)	169375.	119600.72	157600.72	31892.09
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	40765.			
26	Amount of line 21 Related to Energy Conservation Measures	40765.			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Leachville			Grant Type and Number Capital Fund Program Grant No:AR37PO7550100 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	Renovate PHA Offices	1470			3609.81	3609.81		
PHA Wide	Renovate Pavillion	1470		10000.	17296.	17296.		contracted
PHA Wide	Operating funds	1406		8000.		8000.	8000.	
PHA Wide	Technical Salaries	1410		10000.		10000.	5217.41	
PHA Wide	Sundry/contract advertisement	1410.		500.	543.47	543.47	543.47	Completed
PHA wide	Employee benefits	1410.		765.	1361.70	1361.70	444.98	
PHA wide	A&E/Inspector	1430		17330.	19760.	19760.	6786.	Contracted
AR075-1	Replace/repair sidewalks	1450		2500.	1784.	1784.		Contracted
AR075-2	Replace/repair sidewalks	1450		2500.	4191.	4191.		Contracted
AR075-1	Replace kitchen sinks	1460		5000.	4855.36	4855.36	4855.36	Finished
AR075-2	Replace kitchen sinks	1460		5000.	4855.36	4855.36	4855.36	Finished
AR075-1	Replace prime windows	1460		21000.	2232.	2232.		Contracted
AR075-2	Replace prime windows	1460		21000.	38533.	38533.		Contracted
AR075-1	Replace soffit/porch ceilings	1460		60156.	26891.	26891.		Contracted
AR075-1	Replace bathtubs	1460		2812.	6866.	6866.		Contracted
AR075-2	Replace bathtubs	1460		2812.	6822.	6822.		Contracted

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

PHA Name: Housing Authority of the City of Leachville	Grant Type and Number Capital Fund Program No: AR37P07550100 Replacement Housing Factor No:	Federal FY of Grant: 2000
---	--	----------------------------------

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	
PHA Wide	03/31/02			09/30/03			
AR075-1	03/31/02			09/30/03			
AR075-2	03/31/02			09/30/03			

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year :_2000____ FFY Grant: PHA FY:			Activ	
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major
See					
Annual					
Statement					
Total CFP Estimated Cost			\$		

Capital Fund Program Five-Year Action Plan

Part I: Summary

S A M P L E

PHA Name <i>Leachville Housing Authority</i>					<input type="checkbox"/> Original 5 <input type="checkbox"/> Revision N
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2002 PHA FY: 2002	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 5 FFY Grant: 2005 PHA FY: 2005
	<i>Annual Statement</i>				
10-01/Main Street		\$80,000	\$36,000		\$65,000
<i>10-02/Broadway</i>		\$90,000	\$40,900		\$40,000
<i>HA-wide</i>		\$100,000	\$50,000		\$35,000
CFP Funds Listed for 5-year planning		\$270,000	\$162,900		\$140,000
Replacement Housing Factor Funds		\$40,000			

