

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

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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 BURRTON, KANSAS

**PHA Number:** KS-078

**PHA Fiscal Year Beginning:** 07/2001

### PHA Plan Contact Information:

Name: Marjorie A. Gundy

Phone: 620-463-5077

TDD: 1-800-766-3777

Email : bha@southwind.net

### Public Access to Information

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

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

### Display Locations For PHA Plans and Supporting Documents

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

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

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

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

### PHA Programs Administered:

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

**Annual PHA Plan  
Fiscal Year 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.

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## ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

**Brigadoon was developed to meet the needs of families with limited income, and affirms that its basic purpose is to provide decent, safe, and sanitary housing and to assist in every way possible to improve the social and economic status of its residents. We offer all services without discrimination to applicants in the interest of affirmatively furthering fair housing choices to all who are eligible under program guidelines and the Quality Housing and Work Responsibility Act of 1998.**

**Our goals for the long term will be to utilize all resources to effectively administer the daily operation and the capital improvements' programs to achieve a marketable dwelling complex with curb appeal and personal comforts that are up to today's renters expectations.**

**Our aim is to be a part of the City's comprehensive effort to improve the quality of life and maintain the economic vitality of this area.**

### 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.

**There are no changes in policies or programs discussed in last year's PHA Plan.**

### 2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

**The following are seen as capital improvement needs: 1. Safe Room/multipurpose room**

**2. Add ramp to building #6 3. Change support structure of overhangs and replace soffits on dwelling units 4. Construct detached maintenance/storage building 5. Replace appliances in Community building with handicapped usable appliances 6. Replace carpet in Community building 7. Replace kitchen cupboards, sinks and counter tops in dwelling units. 8. Put in sprinkler system 9. Add driveway to maintenance building. 10. Add lighting to commons area 11. Replace fencing 12. Replace shingles 13. Replace water heaters 14. Landscaping 15. Carports**

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? \$ 24,099.00

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 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.

The Burrton Housing Authority does not have any demolition or disposition activities in this Fiscal Year nor are there any future demolition or disposition activities planned.

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

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>
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: (DD/MM/YY)
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 downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

**5. Safety and Crime Prevention: PHDEP Plan**

[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 “One Strike and You’re Out Policy” was adopted in 1997. The Burrton Police Department has agree to screen applicants for criminal activity and will attest to the fact that there is no criminal activity going on in the project.

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? \$ 0

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 \_\_\_\_\_.

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 \_\_\_\_.

Other: (list below)

**B. Statement of Consistency with the Consolidated Plan**

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

- 1. Consolidated Plan jurisdiction: **Kansas Consolidated Plan, Revised 1999-2002  
City of Burrton Comprehensive Development Plan**
- 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)

- X 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)
- X Other: (list below)

We do not have anyone on our waiting list with incomes below 30 percent of the area median income, elderly families with disabilities or households of various races and ethnic groups. When we have vacancies we process applications and house persons that meet the above requirements as soon as possible.

We advertise in 3 local newspapers on a regular basis and have been unable to build up a waiting list but have been able to house some higher income persons since the adoption of flat rents. We continue to work with area agencies on aging in an attempt to provide services for elderly and handicapped persons. By the lack of response to our marketing attempts we assume that the housing needs of our community are being met at least to the satisfaction of the customer.

Our Project has one Development with 18 dwelling units and is not subject to deconcentration of poverty and income mixing requirements. We have only one waiting list which includes type of family, income information and date and time of application.

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

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

## **C. Criteria for Substantial Deviation and Significant Amendments**

### **1. Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

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

#### **A. Substantial Deviation from the 5-year Plan:**

The Burrton Housing Authority would see the following as substantial deviations requiring a public hearing and Hud review.

1. Obtaining funding from a new source.
2. Changing designation of development in regard to families housed.
3. Adding new housing programs (such as Homeownership Program).
4. Applying for funding to build additional housing units.
5. Any Demolition or Disposition activity.
6. Changing to tenant based assistance

#### **B. Significant Amendment or Modification to the Annual Plan:**

A major change in the use of Capital Fund monies would require a HUD review and a public hearing.  
Changes in Policies and/or Programs

**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.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	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
	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
	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 X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	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
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
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
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· 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);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· 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.</li> </ul>	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) X check here if included in the public housing A & O Policy	Pet Policy
	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
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)


**CAPITAL FUND TABLES ARE BEING SENT AS ATTACHEMENT KS078a02**

In trying to copy the tables into the template, the formatting on the rest of the template changed to landscape. I could not change one set up without interfering with the other.

There are some tables at the end of the plan that I was unable to delete.

# PHA Public Housing Drug Elimination Program Plan

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

## Section 1: General Information/History

A. Amount of PHDEP Grant \$ \_\_\_\_\_

B. Eligibility type (Indicate with an "x") N1 \_\_\_\_\_ N2 \_\_\_\_\_ R \_\_\_\_\_

C. FFY in which funding is requested \_\_\_\_\_

### D. Executive Summary of Annual PHDEP Plan

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

### E. Target Areas

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

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

### F. Duration of Program

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

12 Months \_\_\_\_\_ 18 Months \_\_\_\_\_ 24 Months \_\_\_\_\_

### 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						
FY 1998						
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.

<b>FFY _____ PHDEP Budget Summary</b>	
<b>Original statement</b>	
<b>Revised statement dated:</b>	
<b>Budget Line Item</b>	<b>Total Funding</b>
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	
<b>TOTAL PHDEP FUNDING</b>	

**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.

<b>9110 – Reimbursement of Law Enforcement</b>						<b>Total PHDEP Funding: \$</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Perfo
1.							
2.							
3.							

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

<b>9116 - Gun Buyback TA Match</b>						<b>Total PHDEP Funding: \$</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Perform
1.							
2.							
3.							

<b>9120 - Security Personnel</b>						<b>Total PHDEP Funding: \$</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Perform
1.							
2.							
3.							

<b>9130 – Employment of Investigators</b>						<b>Total PHDEP Funding: \$</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Perform
1.							
2.							
3.							

<b>9140 – Voluntary Tenant Patrol</b>						<b>Total PHDEP Funding: \$</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Perform
1.							
2.							
3.							

<b>9150 - Physical Improvements</b>						<b>Total PHDEP Funding: \$</b>	
Goal(s)							
Objectives							

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Perform
1.							
2.							
3.							

<b>9160 - Drug Prevention</b>						<b>Total PHDEP Funding: \$</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Perform
1.							
2.							
3.							

<b>9170 - Drug Intervention</b>						<b>Total PHDEP Funding: \$</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Perform
1.							
2.							
3.							

<b>9180 - Drug Treatment</b>						<b>Total PHDEP Funding: \$</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Perform
1.							
2.							
3.							

<b>9190 - Other Program Costs</b>						<b>Total PHDEP Funds: \$</b>	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Perform
1.							
2.							
3.							

**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: LaDean Ratzlaff

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

- Elected
- Appointed

C. The term of appointment is (include the date term expires): This appointment is to complete the term of a board member who resigned. The term commenced 07/13/1999 and will expire 06/30/2002.

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:

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

**Required Attachment E: Membership of the Resident Advisory Board or Boards**

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

LaDean Ratzlaff  
Laquita Boyd  
Eldon Collier

**ATTACHMENT F : Comments of Resident Advisory Board**

Residents number one priority is provision of a storm shelter, which we have included in our plan. Other requests have been for a sprinkler system, landscaping and car ports. These items have been added to our capital improvement needs.

ATTACHMENT G : Statement of Financial Resources

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2001 grants)</b>		
a) Public Housing Operating Fund		
b) Public Housing Capital Fund	24,099.00	Safe Room
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance		
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>	23,715.00	Safe Room
<b>3. Public Housing Dwelling Rental Income</b>	33,000.00	Operations/ Maintenance
<b>4. Other income (list below)</b>		
Interest	650.00	Operations/ Maintenance
Community Room/Laundry	700.00	Operations/ Maintenance
<b>4. Non-federal sources (list below)</b>		

ATTACHMENT H : Statement of Rent Determination Policies

Total Tenant Payment shall not exceed 30% of Annual Eligibility Income with the exception that Total Tenant Payment for any dwelling unit shall not be less than 10% of the gross monthly income of the family occupying the dwelling unit or a minimum of \$50.00 whichever is more. A minimum rent hardship policy has been adopted allowing a family an exemption from the minimum rent for a financial hardship providing provable documentation is submitted. A flat rent option will be given at the current approved rates as posted. Flat rents are based on area rental rates.

ATTACHMENT I : Statement of policies and rules regarding ownership of pets

Tenant owned pets, excepting handicap assistance animals, are permitted subject to the following provisions.

1. Only one common household pet, as defined by Federal Regulations, is allowed per unit. Pet can not be over 20 pounds or 20 inches in length. Visitors pets will not be allowed.
2. Tenants are liable for any damage, mess or bodily harm caused by their pet.
3. A deposit of ½ of one months rent will be collected.
4. All pets must be registered at the PHA office, giving name and description of pet and proof of license and inoculations.
5. Annually verify pet is licensed with the City of Burrton and provide veterinarian certification of required vaccinations.
6. Provide management with the name of an alternate custodian.
7. Pet will be on a leash when outside the unit and will not be allowed in any common area excepting entrance and exit access. Pet will not be left unattended.
8. Pet owner will be responsible for keeping pet free of infestation.
9. Pet must be neutered or spayed.
10. No outside pet shelter will be permitted.

ATTACHMENT J : Civil rights certification

It is the policy of the Burrton Housing Authority to comply with all laws relating to Civil Rights. The Burrton Housing Authority does not discriminate because of race, color, national origin, sex, religion, familial status, or disability in the leasing of housing or related facilities. The Burrton Housing Authority does not deny admission to any group of category of qualified applicants. In accordance with Section 504, and the Fair Housing Amendments Act of 1988, the Housing Authority will make reasonable accommodations to permit people with disabilities to take advantage of its facility.

ATTACHMENT K : Results of fiscal year audit  
 Our audited Financial Statements were successfully transmitted to REAC on  
 March 23,2001 and was certified by our Auditor as follows:

CERTIFICATION STATEMENT

This is to certify that, to the best of my knowledge and belief, the information contained in this submission- including but not limited to the accompanying FDS and entity self assessment-is accurate and complete for the period described on data element lines G9000-010, G2000-020, and G2000-30.

Line Item #	Account Description	Total
190	Total Assets	\$422,766
600	Total Liabilities and Equity	\$422,766
700	Total Revenue	\$30,542
969	Total Operating Expenses	\$35,310
970	Excess(Deficiency) of Operating Revenue Over (Under)Operating Expenses	\$-4,768
900	Total Expenses	\$48,972
1000	Excess(Deficiency) of Operating Revenue Over (Under) Expenses	\$-18,430

ATTACHMENT L : Statement of progress in meeting mission and goals described  
 in 5-Year Plan

We have met our mission in that we continue to provide adequate and affordable housing and a suitable living environment free from discrimination. We have an appealing complex with few vacancies but have been unable to build up a waiting list. We are attempting to increase customer satisfaction by having a resident advisory council and a tenant serving on the board of commissioners. We have not met our goal of having enough income to meet expenses and may need to use some of the capital fund grant for operations in the future. We are planning to add a safe room to add to residents sense of security. Residents are encouraged to apply for help with utilities through the Low Income Energy Assistance Program (LIEP) We plan to continue exploring solutions for transportation , health care and housekeeping services. Local groups such as churches, scouts and the housing commissioners provide activities for residents.







**ATTACHMENT B**

**Annual Statement/Performance and Evaluation Report  
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

<b>PHA Name:</b> Housing Authority of the City of Burrton	<b>Grant Type and Number</b> Capital Fund Program Grant No: KS16P07850100 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 10//2000
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:12/31/2000  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	<u>4500.00</u>		<u>0</u>	<u>0</u>
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	<u>19215.00</u>		<u>0</u>	<u>0</u>
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 Collaterization or Debt Service				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

<b>PHA Name:</b> Housing Authority of the City of Burrton	<b>Grant Type and Number</b> Capital Fund Program Grant No: KS16P07850100 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 10//2000
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:12/31/2000  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2– 20)	23715.00		0	0
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				





ATTACHMENT C

**Capital Fund Program Five-Year Action Plan**

**Part I: Summary**

PHA Name Burton Housing Authority		<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 1			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: PHA FY:	Work Statement for Year 3 FFY Grant: PHA FY:	Work Statement for Year 4 FFY Grant: PHA FY:	Work Statement for Year 5 FFY Grant: PHA FY:
	Annual Statement				
KS078001		24099.00	24099.00	24099.00	24099.00
CFP Funds Listed for 5-year planning		24099.00	24099.00	24099.00	24099.00
Replacement Housing Factor Funds					

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

Activities for Year 1	Activities for Year: <u>2</u> FFY Grant: 2001 PHA FY: 2002			Activities for Year: <u>3</u> FFY Grant: 2002 PHA FY: 2003		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	HA-wide	saferoom	24099	HA-wide	saferoom	16099.00
Annual					change porch supporting structure and replace soffits	8000.00
Statement						
	<b>Total CFP Estimated Cost</b>		\$ 24099.00			\$ 24099.00

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

Activities for Year : <u>4</u> FFY Grant: 2003 PHA FY: 2004			Activities for Year: <u>5</u> FFY Grant: 2004 PHA FY: 2005		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
HA-wide	Build shop/storage building	24099.00	HA-wide	Improve Community Space	5500.00
				Kitchen cabinets	18599.00
<b>Total CFP Estimated Cost</b>		\$ 24099.00			\$ 24099.00

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

*S A M P L E*

PHA Name <i>Anytown Housing Authority</i>						<input type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>
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	
	<b>Annual Statement</b>					
<i>10-01/Main Street</i>		<i>\$80,000</i>	<i>\$36,000</i>	<i>\$65,000</i>	<i>\$55,000</i>	
<i>10-02/Broadway</i>		<i>\$90,000</i>	<i>\$40,900</i>	<i>\$40,000</i>	<i>\$43,000</i>	
<i>HA-wide</i>		<i>\$100,000</i>	<i>\$50,000</i>	<i>\$35,000</i>	<i>\$27,000</i>	
CFP Funds Listed for 5-year planning		<i>\$270,000</i>	<i>\$162,900</i>	<i>\$140,000</i>	<i>125,000</i>	
Replacement Housing Factor Funds		<i>\$40,000</i>				



