

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

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Housing Authority of Salyersville/Magoffin County -  
KY177  
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 Salyersville/Magoffin County

**PHA Number:** KY177

**PHA Fiscal Year Beginning:** 10/2001

### PHA Plan Contact Information:

Name: Kenneth D. Patrick

Phone: 606-349-6554

TDD: 1-800-648-6056

Email (if available): smcjha@foothills.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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  - Deconcentration Attachment D
  - P&E KY36P17750100 ky177f02

**ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan  
See Attachment ky177a01

### **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.

**Pet Policy**  
**Community Service**  
**Deconcentration**

### **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

A. x 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? \$ 109,177

C. x 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 ky177b02

#### **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided imbedded in template.

### **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 x 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
4. Date application approved, submitted, or planned for submission:
5. Number of units affected:
6. Coverage of action (select one) Part of the development <input type="checkbox"/> Total development <input type="checkbox"/>
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units 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 x 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.  Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA’s estimated or actual (if known) PHDEP grant for the upcoming year? \$

\_\_\_\_\_

C.  Yes  No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D.  Yes  No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

**6. Other Information**

[24 CFR Part 903.7 9 (r)]

**A. Resident Advisory Board (RAB) Recommendations and PHA Response**

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

2. If yes, the comments are Attached at Attachment (File name) ky177c01

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 ky177c01.

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: (provide name here)  
Commonwealth of Kentucky Statewide 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)

- 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 Housing Authority of Salyersville/Magoffin County has included its residents in creating this agency plan and five-year plan. The Authority will continue to maintain and modernize its 59 housing units. The mission of The Housing Authority of Salyersville/Magoffin County is to be a leader in making excellent affordable housing available for low and moderate-income persons through effective management and the wise stewardship of public funds. We will also partner with our residents and others to enhance the quality of life in our communities. A continuing program of resident consultation has been implemented by the Authority. A four member Resident Advisory Board has been established to provide input to the Authority on the Annual Plan and contact with the residents maintained. It should be noted at this time the Housing Authority of Salyersville/Magoffin County serves predominantly the very low income in the community.

## 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 Housing Authority of Salyersville considers the following to be Substantial Deviations from the 5-Year Plan:

1. Adding or deleting more than two Goals would be a substantial deviation to the 5-year Plan .

**B. Significant Amendment or Modification to the Annual Plan:** The Housing Authority of Salyersville considers the following to be a Significant Amendment or Modification to the Annual Plan:

1. Changes to rent or admissions policies or organization of the waiting list.
2. Additions of non-emergency work items not included in the Annual Statement or 5-Year Action Plan.
3. The Authority is setting a 25% threshold on Capital Fund revisions. This provision is in effect unless the Executive Director declares an emergency situation exists.
4. Change in the use of any Replacement Reserve Fund.
5. Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

**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

<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 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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
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 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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	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
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	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 (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	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) <input type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
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
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
X	Other supporting documents (optional) Community Service Requirement Policy	Community Service

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b> Housing Authority of Salyersville/Magoffin County		<b>Grant Type and Number</b> Capital Fund Program: KY36-P177-50101 Capital Fund Program Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b>  2001	
<input checked="" type="checkbox"/> <b>original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:    )</b>			
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
		<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>
1	Total non-CFP Funds				
2	1406 Operations	20,000			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	1,800			
8	1440 Site Acquisition				
9	1450 Site Improvement	50,000			
10	1460 Dwelling Structures	17,427			
11	1465.1 Dwelling Equipment—Nonexpendable	19,950			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
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)	109,177			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b> Housing Authority of Salyersville/Magoffin County	<b>Grant Type and Number</b> Capital Fund Program: KY36-P177-50101 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b>  2001	
<input checked="" type="checkbox"/> <b>original Annual Statement</b>					
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>					
<input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:    )</b>					
<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures				







**Required Attachment B: 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:

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

- Elected  
 Appointed

C. The term of appointment is (include the date term expires):

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

- x 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): Mayor Walter J. Howard

**Required Attachment \_\_\_ C \_\_\_: 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.)

1. Phyllis Flynt
2. Vietta Minix
3. Harvey Puckett
4. Sue Crownover

**Required Attachment \_\_ D \_\_: Component 3, (6) Deconcentration and Income Mixing**

- a.  Yes x No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b.  Yes  No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

<b>Deconcentration Policy for Covered Developments</b>			
<b>Development Name:</b>	<b>Number of Units</b>	<b>Explanation (if any) [see step 4 at §903.2(c)(1)((iv)]</b>	<b>Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]</b>

## **EXECUTIVE SUMMARY**

The Housing Authority of Salyersville-Magoffin County has prepared this Agency Plan in compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998 and the ensuing HUD requirements.

We have adopted the following mission statement to guide the activities of the Housing Authority of Salyersville-Magoffin County.

**The Housing Authority of Salyersville-Magoffin County is to be a leader in making excellent affordable housing available for low and moderate-income persons through effective management and the wise stewardship of public funds. We will also partner with our residents and others to enhance the quality of life in our communities.**

We have also adopted the following goals and objectives for the next five years.

### **FIVE-YEAR GOALS**

#### **MANAGEMENT ISSUE**

**GOAL 1:** Manage the Housing Authority of Salyersville-Magoffin County-existing public housing program in an efficient and effective manner thereby qualifying as a high performer.

#### **Objectives:**

1. By December 31, 2001, the Housing Authority of Salyersville-Magoffin County shall have a waiting list of sufficient size so we can fill our public housing units within 5 days of them becoming vacant.

**During FY 00/01 the average turnover rate was .69 to 1 day.**

2. The Housing Authority of Salyersville-Magoffin County shall achieve and sustain an occupancy rate of 97% by December 31, 2004.

**As of 03/31/01 occupancy was 100%. It stayed at 100% through 09/30/01.**

3. The Housing Authority of Salyersville-Magoffin County- shall promote a motivating work environment with a capable and efficient team of employees to operate as a customer-friendly and fiscally prudent leader in the affordable housing industry.

**Recently the secretary was promoted to Administrative Assistant, and a new secretary was hired, who will have ore time to dedicate to the Housing Authority's #1 customer, its' tenants.**

## **SECURITY ISSUES**

### **Goals**

1. Provide a safe and secure environment in the Housing Authority's public housing developments.
2. Improve resident and community perception of safety and security in the Housing Authority's public housing developments.

### **Objectives**

1. The Housing Authority of Salyersville-Magoffin County shall reduce crime in its developments by 75% by December 31, 2004.

**The Police Officer files crime-tracking reports so we can track throughout the years. This just began as of 10/2001. New security lighting, speed bumps, well lit secure school bus waiting house, and fenced in playground areas have been installed. Criminal checks are done on each applicant over eighteen.**

2. The Housing Authority of Salyersville-Magoffin County shall attract 1 police officer to live in its developments by December 31, 2004.

**A City Police Officer moved into a unit on 10/12/00.**

## **MAINTENANCE ISSUE**

**GOAL:** Maintain the Housing Authority of Salyersville-Magoffin County's real estate by delivering high quality maintenance in a timely manner to the residents.

## **Objectives**

1. The Housing Authority of Salyersville-Magoffin County shall create an appealing, up-to-date environment in its developments by December 31, 2002.

**Capital Fund money is being used to keep up the appearance of the housing authority.**

2. The Housing Authority of Salyersville-Magoffin County shall achieve and maintain an average response time of 8 hours in responding to emergency work orders by December 31, 2002.

**As of 09/30/00 we are in compliance with this objective according to PHAS management records: 100% in 24 hours.**

3. The Housing Authority of Salyersville-Magoffin County shall achieve and maintain an average response time of 5 days in responding to routine work orders by December 31, 2002.

**As of 09/30/00, in compliance according to PHAS management records, 1.02 days.**

## **EQUAL OPPORTUNITY ISSUE**

**GOAL:** Operate the Housing Authority of Salyersville-Magoffin County in full compliance with all Equal Opportunity laws and regulations.

**Objective:** The Housing Authority of Salyersville-Magoffin County shall mix its public housing development populations as much as possible ethnically, racially, and income wise as much as possible.

## **PUBLIC IMAGE ISSUES**

### **Possible Goal**

1. Enhance the image of public housing in our community.

## **Objective**

1. The Housing Authority of Salyersville-Magoffin County shall ensure that there are at least 2 positive stories a year in the local media about the Housing Authority or one of its residents.

**The Housing Authority offered old refrigerators via local channel MCTV 7 to non-profit churches and other organizations interested for free.**

Our Annual Plan is based on the premise that if we accomplish our goals and objectives we will be working towards the achievement of our mission.

The plans, statements, budget summary, policies, etc. set forth in the Annual Plan all lead towards the accomplishment of our goals and objectives. Taken as a whole, they outline a comprehensive approach towards our goals and objectives and are consistent with the Consolidated Plan. Here are just a few highlights of our Annual Plan:

- Install New Light Poles \$10,000
- Blacktop Street and Parking \$40,000
- Install New Bathtubs and Surrounds \$17,427
- New Kitchen Stoves \$19,950

In summary, we are on course to improve the condition of affordable housing in Salyersville-Magoffin County.

Sincerely,

Kenneth D. Patrick  
Executive Director

# Capital Fund Program Five-Year Action Plan

## Part I: Summary

PHA Name Salyersville-Magoffin County						X Original 5-Year Plan <input type="checkbox"/> Revision No:
Development Number/Name/H A-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2002 PHA FY:	Work Statement for Year 3 FFY Grant: 2003 PHA FY:	Work Statement for Year 4 FFY Grant: 2004 PHA FY:	Work Statement for Year 5 FFY Grant: 2005 PHA FY:	
	Annual Statement					
KY177-01		89,177	89,177	89,177	89,177	
HA-wide		20,000	20,000	20,000	20,000	
Total CFP Funds (Est.)		\$109,177	\$109,177	\$109,177	\$109,177	
Total Replacement Housing Factor Funds						

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

Activities for Year 1	Activities for Year : 2002			Activities for Year: 2003		
		FFY Grant: PHA FY:			FFY Grant: PHA FY:	
	177-01	Tubs & Surrounds	27,577	177-01	Renovate units	
		Prime Doors	41,300		Floor Tile	26,559
		Air Conditioning	20,300		Painting	5,751
					Interior doors	6,667
					Air Conditioning	14,800
					New Windows	35,400
	HA-wide	Operations	20,000	HA-wide	Operations	20,000
			109,177			109,177

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

Activities for Year 1	Activities for Year : 2004			Activities for Year: 2005		
		FFY Grant:			FFY Grant:	
		PHA FY:			PHA FY:	
	177-01	Renovate units		177-01	Renovate units	
		Floor tile	26,559		Floor tile	26,559
		Painting	5,751		Painting	5,,751
		Interior doors	6,667		Interior doors	6,666
		Air Conditioning	14,800		Air Conditioning	14,800
		New Windows	35,400		New Windows	35,400
	HA-wide		20,000	HA-wide		20,000
			109,177			109,177

## **RESIDENT COMMENTS**

The Housing Authority of Salyersville/Magoffin County is seeking resident and public comments on our Agency Plan. In the course of compiling the Plan we engaged in the following process.

A Resident Advisory Board Meeting was held on October 3rd, 2001, in attendance were Phyllis Flynt (RAB), Harvy Puckett (RAB), Jennifer Howard (Assistant Director), Kenneth Patrick, Executive Director, and Ed Cooper from Consultants Plus.

The following items were discussed at the meeting as possible work items to be done with this years budget. Residents want windows and garbage bins cleaned, new stoves, tubs with surrounds, paving, prime doors with new locks, exterior lighting, and new windows.

The Public Meeting was conducted on November 16, 2001 at 7 PM. The meeting was attended by the following people: Douglas Patrick (Board) , HC Prater (Chairperson), Renee Shepherd (Board), Carol Hackworth (Board), Haroletta Orey (Board), Gwen Lemaster (Secretary), Jennifer Howard (Assistant Director), and Ed Cooper (consultant). It was determined to change the years 2002-2005 to allow air conditioning to be installed in all units as soon as possible. The Authority had replaced its air conditioning in its one bedroom units at a favorable cost and now opted do the rest of the units. The Authority will embark on a comprehensive multi-year renovation of all its units. The Public Meeting closed at 8 PM.

# **CONTINUED OCCUPANCY AND COMMUNITY SERVICE**

## **GENERAL**

In order to be eligible for continued occupancy, each adult family member must either (1) contribute eight hours per month of community service (not including political activities) within the community in which the public housing development is located, or (2) participate in an economic self-sufficiency program or a combination of the two unless they are exempt from this requirement

## **EXEMPTIONS**

The following adult family members of tenant families are exempt from this requirement.

- A. Family members who are 62 or older
- B. Family members who are blind or disabled
- C. Family members who are the primary care giver for someone who is blind or disabled
- D. Family members engaged in work activity
- E. Family members who are exempt from work activity under part A title IV of the Social Security Act or under any other State welfare program, including the welfare-to-work program
- F. Family members receiving assistance under a State program funded under part A title IV of the Social Security Act or under any other State welfare program, including welfare-to-work and who are in compliance with that program

## **NOTIFICATION OF THE REQUIREMENT**

The Housing Authority of Salyersville-Magoffin County shall identify all adult family members who are apparently not exempt from the community service requirement.

The Housing Authority of Salyersville-Magoffin County shall notify all such family members of the community service requirement and of the categories of individuals who are exempt from the requirement. The notification will provide the opportunity for family members to claim and explain an exempt status. The Housing Authority of Salyersville-Magoffin County shall verify such claims.

The notification will advise families that their community service obligation will begin upon the effective date of their first annual reexamination on or after the new fiscal year. For family's paying a flat rent, the obligation begins on the date their annual reexamination would have been effective had an annual reexamination taken place. It will also advise them that failure to comply with the community service requirement will result in ineligibility for continued occupancy at the time of any subsequent annual reexamination.

## **VOLUNTEER OPPORTUNITIES**

Community service includes performing work or duties in the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, and/or increase the self-responsibility of the resident within the community.

An economic self sufficiency program is one that is designed to encourage, assist, train or facilitate the economic independence of participants and their families or to provide work for participants. These programs may include programs for job training, work placement, basic skills training, education, English proficiency, work fare, financial or household management, apprenticeship, and any program necessary to ready a participant to work (such as substance abuse or mental health treatment).

The Housing Authority of Salyersville-Magoffin County will coordinate with social service agencies, local schools, and the Human Resources Office in identifying a list of volunteer community service positions.

Together with the resident advisory councils, the Housing Authority of Salyersville-Magoffin County may create volunteer positions such as hall monitoring, litter patrols, and supervising and record keeping for volunteers.

## **THE PROCESS**

At the first annual reexamination on or after the new fiscal year, and each annual reexamination thereafter, the Housing Authority of Salyersville-Magoffin County will do the following:

- A. Provide a list of volunteer opportunities to the family members.
- B. Provide information about obtaining suitable volunteer positions.
- C. Provide a volunteer time sheet to the family member. Instructions for the time sheet require the individual to complete the form and have a supervisor date and sign for each period of work.
- D. Assign family members to a volunteer coordinator who will assist the family members in identifying appropriate volunteer positions and in

meeting their responsibilities. The volunteer coordinator will track the family member's progress monthly and will meet with the family member as needed to best encourage compliance.

- E. Thirty (30) days before the family's next lease anniversary date, the volunteer coordinator will advise the Housing Authority of Salyersville-Magoffin County whether each applicable adult family member is in compliance with the community service requirement.

#### **NOTIFICATION OF NON-COMPLIANCE WITH COMMUNITY SERVICE REQUIREMENT**

The Housing Authority of Salyersville-Magoffin County will notify any family found to be in noncompliance of the following:

- A. The family member(s) has been determined to be in noncompliance;
- B. That the determination is subject to the grievance procedure; and
- C. That, unless the family member(s) enter into an agreement to comply, the lease will not be renewed or will be terminated;

#### **OPPORTUNITY FOR CURE**

The Housing Authority of Salyersville-Magoffin County will offer the family member(s) the opportunity to enter into an agreement prior to the anniversary of the lease. The agreement shall state that the family member(s) agrees to enter into an economic self-sufficiency program or agrees to contribute to community service for as many hours as needed to comply with the requirement over the past 12-month period. The cure shall occur over the 12-month period beginning with the date of the agreement and the resident shall at the same time stay current with that year's community service requirement. The first hours a resident earns goes toward the current commitment until the current year's commitment is made.

The volunteer coordinator will assist the family member in identifying volunteer opportunities and will track compliance on a monthly basis.

If any applicable family member does not accept the terms of the agreement, does not fulfill their obligation to participate in an economic self-sufficiency program, or falls behind in their obligation under the agreement to perform community service by more than three (3) hours after three (3) months, the Housing Authority of Salyersville-Magoffin County shall take action to terminate the lease.

## **HOUSING AUTHORITY RESPONSIBILITIES**

The Housing Authority of Salyersville-Magoffin County will ensure that all community service programs are accessible for persons with disabilities. The Housing Authority will also ensure that :

The conditions under which the work is to be performed are not hazardous:  
The work is not labor that would normally be performed by the Housing Authority's own employees;  
The work is not otherwise unacceptable.

## **APPROVED COMMUNITY SERVICE ACTIVITIES**

Housing Authority Sponsored Programs:

Landscaping/Flowers  
Spring/Fall Clean-Up  
Extension Office  
Playground Watch  
GED

Volunteer work may be done at local:

Library  
Schools  
Salvation Army

## **PLEASE GET PRIOR APPROVAL FROM THE HOUSING AUTHORITY FOR SERVICES OR ACTIVITIES YOU WISH TO DO THAT:**

Improve the Physical Environment of the resident's community  
Work with Youth Activities  
Helping neighborhood groups on special projects

**Housing Authority of Salyersville/Magoffin County Joint Housing Authority (HA)**  
Dwelling Lease Addendum

**Pet Policy**

**Section I.**

1. Pet ownership: A tenant may own one common household pet or have one common household pet present in the dwelling unit of such tenant, subject to the following conditions:
  - A. Each Head of Household may own up to one pet. All types of animals other than fish are counted as one pet.
  - B. If the pet is a dog or cat, it must be neutered/spayed by the age of six (6) months, and cats must be declawed by the age of three (3) months. The evidence can be provided by a statement/bill from a veterinarian and/or staff of the humane society. The evidence must be provided prior to the execution of this agreement and/or within 10 days of the pet becoming of the age to be neutered/spayed or declawed. Tenant must provide waterproof and leak proof litter boxes for cat waste, which must be kept inside the dwelling unit. Cardboard boxes are not acceptable and will not be approved. The Tenant shall not permit refuse from litter boxes to accumulate nor to become unsightly or unsanitary. Also, the weight of a cat cannot exceed 10 pounds (fully grown) and a dog may not exceed 10 pounds in weight (fully grown). All other four-legged animals are limited to 10 pounds (fully grown).
  - C. If the pet is a bird, it shall be housed in a birdcage and cannot be let out of the cage at any time.
  - D. If the pet is a fish, the aquarium must be 20 gallons or less, and the container must be placed in a safe location in the unit. The Tenant is limited to one container for the fish; however, there is no limit on the number of fish that can be maintained in the container as long as the container is maintained in a safe and nonhazardous manner.
  - E. If the pet is a cat or dog, it must have received rabies and distemper inoculations or boosters, as applicable. Evidence of inoculations can be provided by a statement/bill from veterinarian or staff of the humane society and must be provided before the execution of this agreement.
  - F. All pets must be housed within the unit and no facilities can be constructed outside of the unit for any pet. No animal shall be permitted to be loose and if the pet is taken outside it must be taken outside on a leash and kept off other Tenant's lawns. Also, all pets must wear collars with identification at all times. Pets without a collar will be picked-up immediately and transported to the Humane Society or other appropriate facility.

- G. All authorized pet(s) must be under the control of an adult. An unleashed pet, or one tied to a fixed object, is not considered to be under the control of an adult. Pets which are unleashed, or leashed and unattended, on HA property may be impounded and taken to the local Humane Society or other appropriate facility. It shall be the responsibility of the Tenant to reclaim the pet at the expense of the Tenant. Also, if a member of the HA staff has to take a pet to the Humane Society the Tenant will be charged \$50 to cover the expense of taking the pet(s) to the Humane Society.
- H. Pet(s) may not be left unattended for more than twenty-four consecutive hours. If it is reported to HA staff that a pet(s) has been left unattended for more than a twenty-four (24) consecutive hour period, HA staff may enter the unit and remove the pet and transfer the pet to the humane society or other appropriate facility. Any expense to remove and reclaim the pet from any facility will be the responsibility of the Tenant. In the case of an emergency, the HA will work with the resident to allow more than 24 hours for the resident to make accommodations for the pet.
- I. Pet(s), as applicable, must be weighed by a veterinarian or staff of the humane society. A statement containing the weight of the pet must be provided to the HA prior to the execution of this agreement and upon request by the HA.  
NOTE: Any pet that is not fully-grown will be weighed every six months. Also any pet that exceeds the weight limit at any time during occupancy will not be an eligible pet and must be removed from HA property.
2. Responsible Pet Ownership: Each pet must be maintained responsibly and in accordance with this pet ownership lease addendum and in accordance with all applicable ordinances, state and local public health, animal control, and animal anti-cruelty laws and regulations governing pet ownership. Any waste generated by a pet must be properly and promptly disposed of by the tenant to avoid any unpleasant and unsanitary odor from being in the unit.
3. Prohibited Animals: Animals or breeds of animals that are considered by the HA to be vicious and/or intimidating will not be allowed. Some examples of animals that have a reputation of a vicious nature are: reptiles, Rottweiler, Doberman Pinscher, Pit Bulldog, and/or any animal that displays vicious behavior. This determination will be made by a HA representative prior to the execution of this lease addendum.
4. 4. Pet(s) shall not disturb, interfere or diminish the peaceful enjoyment of other tenants. The terms, "disturb, interfere or diminish" shall include but not be limited to barking, howling, chirping, biting, scratching and other like activities. This includes any pets that make noise continuously and/or incessantly for a period of 10 minutes or intermittently for one-half hour or more and therefore disturbs any person at any time of the day or night. The Housing Manager will terminate this authorization if a pet disturbs other tenants under this section of the lease addendum. The Tenant will be given one week to make other arrangements for the care of the pet or the dwelling lease will be terminated.

5. If the animal should become destructive, create a nuisance, represent a threat to the safety and security of other persons, or create a problem in the area of cleanliness and sanitation, the Housing Manager will notify the tenant, in writing, that the animal must be removed from the Public Housing Development, within 10 day of the date of the notice from the HA. The Tenant may request a hearing, which will be handled according to the HA's established grievance procedure. The pet may remain with the tenant during the hearing process unless the HA has determined that the pet may be a danger or threat to the safety and security of other persons. If this determination has been made by the HA, the pet must be immediately removed from the unit upon receipt of the notice from the HA.
  
6. The Tenant is solely responsible for cleaning up the waste of the pet within the dwelling and on the premises of the public housing development. If the pet is taken outside it must be on a leash at all times. If there is any visible waste by the pet it must be disposed of in a plastic bag, securely tied and placed in the garbage receptacle for their unit. If the HA staff is required to clean any waste left by a pet, the Tenant will be charged \$25 for the removal of the waste.
  
7. The Tenant shall have pets restrained so that maintenance can be performed in the apartment. The Tenant shall, whenever an inspection or maintenance is scheduled, either be at home or shall have all animals restrained or caged. If a maintenance person enters an apartment where an animal is not restrained, maintenance shall not be performed, and the Tenant shall be charged a fee of \$25.00. If this same situation again occurs, the pet shall be removed from the premises. Pets that are not caged or properly restrained may be impounded by animal control officers or by HA staff and taken to the local Humane Society or other appropriate facility. It shall be the responsibility of the Tenant to reclaim the pet at the expense of the Tenant. Also, if a member of the HA staff takes a pet to the Humane Society the Tenant or other appropriate facility will be charged an additional \$50 to cover the expense of taking the pet(s) to the Humane Society or other appropriate facility. The housing authority shall not be responsible if any animal escapes from the residence due to maintenance, inspections or other activities of the landlord.
  
8. Pets may not be bred or used for any commercial purposes.

**Section II. SCHEDULE OF ANNUAL FEES AND INITIAL DEPOSIT**  
**FEE AND DEPOSIT SCHEDULE**  
 (An Annual Fee and Deposit is required for each pet)

Type of Pet	Annual Fee	Deposit
Dog	\$200	\$300
Cat	\$200	\$300
Fish Aquarium	\$25	\$25
Fish Bowl (requiring no power & no larger than two gallons)	\$0	\$0
Hamsters	\$25	\$50
Birds	\$25	\$100

The entire annual fee and deposit must be paid prior to the execution of the lease addendum. No pet shall be allowed in the unit prior to the completion of the terms of this pet policy. The annual fee shall be paid at the time of reexamination each year and all proof of inoculations and other requirements shall be made available to the HA at such time. The Annual Fee is NOT REIMBURSABLE. The deposit made shall be utilized to offset damages caused by the pet and/or tenant. Any balance, if any, from the deposit will be refunded to the tenant. THERE SHALL BE NO REFUND OF THE ANNUAL FEE, HOWEVER.

It shall be a serious violation of the lease for any tenant to have a pet without proper approval and without having complied with the terms of this policy. Such violation shall be considered to be a violation of Paragraph IV (L) of the lease (a serious violation) and the HA will issue a termination notice. The tenant will be entitled to a grievance hearing in accordance with the provisions of Paragraph 5 of this Pet Policy or the Grievance Procedure, as applicable.

**RESIDENT ACKNOWLEDGMENT**

After reading and/or having read to me this lease addendum I, \_\_\_\_\_ agree to the following: (Print Name)

I agree to abide by the requirements outlined in this lease addendum for pet ownership and to keep the pet(s) in accordance with this lease addendum.

I agree and understand that I am liable for any damage or injury whatsoever caused by pet(s) and shall pay the landlord or applicable party for any damages or injury caused by the pet(s). I also realize that I should obtain liability insurance for pet ownership and that paying for the insurance is my responsibility.

**I agree to accept full responsibility and will indemnify and hold harmless the landlord for any claims by or injuries to third parties or their property caused by my pet(s).**

I agree to pay a non-refundable fee of \$\_\_\_\_\_ to cover some of the additional operating cost incurred by the HA. I also understand that this fee is due and payable prior to the execution of this lease addendum and each twelve months thereafter.

I agree to pay a refundable pet deposit of \$\_\_\_\_\_ to the HA. The Annual Fee and Initial Deposit must be paid prior to the execution of this lease addendum. The pet deposit may be used by the Landlord at the termination of the lease toward payment of any rent or toward payment of any other costs made necessary because of Tenant’s occupancy of the premises. Otherwise, the pet deposit, or any balance remaining after final inspection, will be returned to the Tenant after the premises are vacated and all keys have been returned.

I AGREE AND UNDERSTAND THAT ALL INFORMATION CONCERNING MY PET(S) MUST BE UPDATED ANNUALLY AND PROVIDED TO THE HA AT THE ANNUAL REEXAMINATION. ANNUAL FEES SHALL BE PAYABLE IN FULL TWELVE MONTHS FROM THE APPROVAL DATE.

I AGREE AND UNDERSTAND THAT VIOLATING THIS LEASE ADDENDUM MAY RESULT IN THE REMOVAL OF THE PET(S) FROM THE PROPERTY OF THE HA AND/OR EVICTION. I, ALSO UNDERSTAND THAT I MAY NOT BE ALLOWED TO OWN ANY TYPE OF PET IN THE FUTURE WHILE BEING AN OCCUPANT OF THE HA.

I ALSO UNDERSTAND THAT I MUST OBTAIN PRIOR APPROVAL FROM THE HA BEFORE MAKING A CHANGE OF A PET FOR WHICH THIS POLICY WAS APPROVED. ALSO, A PICTURE MAY BE TAKEN BY THE HA STAFF OF THE PET FOR DOCUMENTATION.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Housing Authority Representative Signature

\_\_\_\_\_  
Date

## CAPITAL FUND PROGRAM TABLES START HERE

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHA Name: Salyersville/Magoffin County		Grant Type and Number Capital Fund Program Grant No: KY36-P177-50100 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) x Performance and Evaluation Report for Period Ending: 03/31/01 <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	12,400		0	0
3	1408 Management Improvements Soft Costs Management Improvements Hard Costs				
4	1410 Administration	983		13.75	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	16,200		0	0
10	1460 Dwelling Structures	55,000		38,402	0
11	1465.1 Dwelling Equipment—Nonexpendable	22,400		0	0
12	1470 Nondwelling Structures				
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	1502 Contingency				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHA Name: Salyersville/Magoffin County	Grant Type and Number Capital Fund Program Grant No: KY36-P177-50100 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 03/31/01  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of Annual Grant: (sum of lines.....)	106,983	106,983	38,415.75	0
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				



