

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: 2002

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

## PHA Plan Agency Identification

**PHAName:** The Housing Authority of the City of Goodland

**PHANumber:** KS055

**PHAFiscalYearBeginning:(mm/yyyy)** 10/2002

### PHA Plan Contact Information:

Name: Marcia Way

Phone: 785 -899-5591

TDD:

Email (if available): gldpha@nwkansas.com

### Public Access to Information

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

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

### Display Locations For PHA Plans and Supporting Documents

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

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

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

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

### PHA Programs Administered :

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

## Annual PHA Plan Fiscal Year 2002

[24CFR Part 903.7]

### i. Table of Contents

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

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X Attachment C: Capital Fund Program 5 Year Action Plan	
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<input type="checkbox"/> Attachment_: Public Housing Drug Elimination Program (PHDEP) Plan	
X Attachment D: Resident Membership on PHA Board or Governing Body	
X Attachment E: Membership of Resident Advisory Board or Boards	
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X Other (List below, providing each attachment name)	
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## ii. Executive Summary

[24CFR Part 903.79(r)]

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

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

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

A Pest Control Policy was implemented for residents residing in Sparks Towers and Handy Towers and for the residents in the low-income family units. A Pet Policy has been adopted for the residents of family housing. The Housing Authority is looking to implement a recycling program for all projects.

### 2. Capital Improvement Needs

[24CFR Part 903.79(g)]

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

A. X Yes  N o: 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? \$ 115,031.00

C. X Yes  N o: 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.D Demolition and Disposition

[24CFR Part 903.79(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</b> <b>(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: <u>(DD/MM/YY)</u>	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for _____ units <input type="checkbox"/> Public housing for _____ units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for _____ units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

**4. Voucher Homeownership Program**

[24CFR Part 903.79(k)]

A.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR Part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

**B. Capacity of the PHA to Administer a Section 8 Homeownership Program**

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply

- with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

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

[24CFR Part 903.7(m)]

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

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**

[24CFR Part 903.79(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 \_\_\_\_\_ F – Comments of Resident Advisory Board or Boards & Explanation of PHA Response

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 the changes is included

Yes  No: below

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

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

Other: (list below) – Refer to Attachment F.

**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: State of Kansas

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)

**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:**

Any changes that are not mandated by HUD regulatory requirements to:

- a) Changes to rents or admissions policies,
- b) Addition of non-emergency work items (items not included in the current CFP Annual Statement or 5-Year Plan), and
- c) Any change to demolition/disposition, designation or conversion activities.

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

Any changes that are not HUD regulatory requirements to change the goals and objectives of this specific facility.

## 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
N/A	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
N/A	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
N/A	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
X	Any policy governing occupancy of Police Officers in Public Housing X check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	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
N/A	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
N/A	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	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
N/A	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 5283-7) for any active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI 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
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
X	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	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
N/A	Approved or submitted public housing homeownership programs/plans	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>
N/A	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
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	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
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
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)



<b>Annual Statement/Performance and Evaluation Report – Attachment B</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHAName:</b>  <b>GOODLAND HOUSING AUTHORITY</b>		<b>Grant Type and Number</b> Capital Fund Program: KS16P05550102 Capital Fund Program Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b>  <b>2002</b>	
<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>					
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				
8	1440 Site Acquisition				
9	1450 Site Improvement	5,000.			
10	1460 Dwelling Structures	110,031.			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 -19)	115,031.			
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 – Attachment B</b>				
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>				
<b>PHAName:</b>  <b>GOODLAND HOUSING AUTHORITY</b>		<b>Grant Type and Number</b> Capital Fund Program: KS16P05550102 Capital Fund Program Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b>  <b>2002</b>
<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>
24	Amount of line 20 Related to Energy Conservation Measures			

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

PHA Name:  <b>GOODLAND HOUSING AUTHORITY</b>	<b>Grant Type and Number</b> Capital Fund Program #: KS16P05550102 Capital Fund Program Replacement Housing Factor #:	<b>Federal FY of Grant:</b>  <b>2002</b>
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Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
KS055001								
Family Units	Dirt Work/Landscaping	1450		5,000.				
Sparks Towers	Replace tile in bathroom, kitchen/dining area and front entry to apartment	1460	34	25,031.				
	Replace toilets with handicap toilets	1460	36	10,000.				
	Put in new elevator	1460	1	72,000.				
KS055002								
Handy Towers	Update elevator door to ADA	1460	1	3,000.				



### Capital Fund Program 5 - Year Action Plan – Attachment C

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA development planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP5 - Year Action Plan		
X Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
HA WIDE	PHA WIDE	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Paint apartments	40,300.	2003-2006
Install flushometers on toilets and urinals in public restrooms	3,100.	2003
Install fluorescent lighting in public restrooms	1,000.	2003
Replaces sprinklers system	40,000.	2004
Replaces sidewalks	10,000.	2004
Acquire lot for maintenance building	5,000.	2004
Maintenance building	65,000.	2004-2005
Remodel office (cabinets, desks, carpet, paint)	25,000.	2004
Communication and sound equipment for office	5,000.	2004
Vehicle	25,000.	2005
Repair exterior panel on high rise buildings	60,000.	2006
Replace "Tenant Parking Only" signs in parking lot	5,500.	2006
<b>Total estimated cost over next 5 years</b>	<b>284,900.</b>	

### Capital Fund Program 5 - Year Action Plan – Attachment C

Complete on table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 - Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP5 - Year Action Plan		
X Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
KS055001	FAMILY UNITS	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Install air conditioning units	34,254.	2003
Replace existing light fixtures over medicine cabinets	1,320.	2003
Install ceiling fans in dining area and/or bedroom	1,320.	2003
Replace existing playground equipment and bike racks	12,000.	2004
Change off -street parking	24,000.	2004
Replace concrete sidewalks and back patios	40,000.	2005
Remodel existing and build 6 new storage units	20,000.	2005
Remodel Kitchens (cabinets, range hoods, backsplashes behind stoves, and wire for stackable washer & dryer)	68,149.	2006
Replace existing heat registers and thermostats	36,000.	2006
Reconnect with existing wiring and install new doorbells	1,500.	2006
<b>Total estimated cost over next 5 years</b>	<b>238,543.</b>	

### Capital Fund Program 5 - Year Action Plan - Attachment C

Complete on table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 - Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP5 - Year Action Plan		
X Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
KS055001	SPARKSTOWERS	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Install ceiling fans w/light fixture in dining area and/or bedroom	16,278.	2003
Install handheld showerheads	1,650.	2003
Add circledrive-thru with heated concrete drive and sidewalk to the front (Northside) of existing building	110,000.	2003-2004
Place signage on front of building	2,000.	2003
Visitor parking in front of building	7,000.	2003-2004
Automatic door opener on all handicap accessible entries	4,000.	2003
Landscaping	1,000.	2004
Replace pantry and closet doors	32,000.	2003-2004
Replace exhaust fans in bathroom	5,500.	2005
Scrape and paint stairwells and balcony handrails	3,000.	2005
Replace Carpet	50,000.	2006
<b>Totalestimatedcostovertnext5years</b>	<b>232,428.</b>	

### Capital Fund Program 5 - Year Action Plan - Attachment C

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 - Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP5 - Year Action Plan		
X Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
KS055002	HANDY TOWERS	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Install ceiling fans w/light fixture in living room and/or bedroom	3,960.	2003
Install handheld showerheads	1,650.	2003
Covered picnic tables/benches on patio area	5,000.	2003
Replace exhaust fans in bathroom	5,500.	2004
Replace fireproof doors	5,940.	2005
Landscape on west and south side of building	4,000.	2005
Replace kitchen drawers	36,000.	2006
Replace carpet	55,000.	2006
<b>Total estimated cost over next 5 years</b>	<b>117,050.</b>	

## 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: Esther Beard

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

- Elected  
X Appointed

C. The term of appointment is (include the date term expires): 2 years (filling term left by board member that resigned) Term will expire 01/2003.

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: 01/2003

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

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

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

The Goodland Housing Authority notified residents regarding the formation of a Resident Advisory Board. The residents showed no interest in forming a RAB.

Residents residing in Sparks Towers, Handy Towers and the Family Housing attended a meeting called to order by the Executive Director. These residents are the members representing the Resident Advisory Council. Listed below are the residents representing the RAC:

Jean Dorman  
Martha McIntyre  
Cloyd Hawks  
Florence Studer  
Mary Ingram  
Jay Carpenter  
Sharon Aughe  
Ruby Phifer  
Janet Schrieber  
Sally Armstrong  
Robert Cotton  
Neva Jones

Geraldine Saunders  
Kathy Kufahl  
Fern Hawks  
Jody Arnone  
Irene Jewell  
David Roberts  
Ruby Cloyd  
Amy Mosco  
Virginia Elliott  
Jessie Cotton  
Velda Bramer

## Required Attachment F: Comments of Resident Advisory Board or Boards & Explanation of PHA Response

### Comments:

The Goodland Housing Authority was unable to receive any interest from the residents in forming a Resident Advisory Board. Therefore, the staff and board of the Goodland Housing Authority provided a list of expenditures (by location and not in any particular order) to the Resident Advisory Council for their comments and suggestions. The additional comments and/or suggestions from the RAC was added to the initial list. The completed list was then handed out to all Residents to prioritize and turn into the office for preparation of the Annual and 5-year Plan.

In addition to the list, the following written comments were returned to the office:

Put in 8' wide access aisle in front of Handy Towers,  
Reconstruct ramp on west side of parking lot behind Sparks Towers, and  
Install garbagedisposals.

### PHA's Response to Comments:

All expenditures are included in the FY 2002 Capital Fund Budget planning process. There are some items included in the budget that are under consideration to determine the extent of need and the desire of residents. Small purchases or expenditures will be accomplished with Operating Funds.

The following is in response to the written comments:

The current access aisle is 72 inches and adjacent to a disabled parking space of 96 inches, which is within the ADA specifications. When it becomes necessary for the Housing Authority to replace the concrete in this parking area, it will be included in the Capital Fund Budget and consideration will be given in making the access aisle 8 feet wide.

The ramp on the west side of the parking lot behind Sparks Towers is for maintenance and trash pickup. To the right of this ramp is a designated ramp for wheelchair accessibility. There is no need to consider reconstruction at this time.

An assessment will be made to determine the extent of need and the desire of the residents for installation of garbagedisposals.

## **Required Attachment G: Voluntary Conversion Initial Assessment – Public Housing**

Per Notice PIH2001 -26(HA) issued August 2, 2001, the Goodland Housing Authority has addressed the issue of voluntary conversion as a part of the PHA plan.

A: How many of the PHA's developments are subject to the Required Initial Assessments?

One development, KS055001. However, this development consists of 36 apartments for the elderly and/or disabled and 6 duplexes for the low -income family housing.

One development, KS055002. This development consists of 36 apartments for the elderly and/or disabled.

C: How many Assessments were conducted for the PHA's covered developments?

One assessment was conducted.

D: Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

The following determination was made after the Required Initial Assessment was performed:

- 1) The amount of affordable housing in this area would be affected;
- 2) It would not be cost effective to convert the housing; and
- 3) Through the constant modernization due to the Comprehensive Improvement Assistance Program (CIAP) and the Capital Funding Program (CFP), our housing is well maintained and rentable.

Annual Statement/Performance and Evaluation Report – Attachment H					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)				Part 1: Summary	
PHAName: <b>GOODLAND HOUSING AUTHORITY</b>		Grant Type and Number Capital Fund Program: KS16P05550100 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2000</b>	
Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: X 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	3,750.00	0.00	0.00	0.00
3	1408 Management Improvements	2,500.00	596.60	596.60	596.60
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000.00	0.00	0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	0.00	175.00	175.00	175.00
10	1460 Dwelling Structures	99,285.00	113,764.40	113,764.40	113,764.40
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	0.00	500.00	500.00	500.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	0.00	499.00	499.00	499.00
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 -19)	115,535.00	115,535.00	115,535.00	115,535.00
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 – Attachment H</b>				
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>			<b>Part 1: Summary</b>	
<b>PHAName:</b>  <b>GOODLAND HOUSING AUTHORITY</b>		<b>Grant Type and Number</b> Capital Fund Program: KS16P05550100 Capital Fund Program Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b>  <b>2000</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:      )				
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: X Final Performance and Evaluation Report				
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>
24	Amount of line 20 Related to Energy Conservation Measures			

<b>Annual Statement/Performance and Evaluation Report – Attachment H</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name:  <b>GOODLAND HOUSING AUTHORITY</b>		<b>Grant Type and Number</b> Capital Fund Program #: KS16P05550100 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b>  <b>2000</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HAWIDE	Management Improvements -Soft Costs	1408		0.00	596.60	596.60	596.60	Complete
	Dwelling Structure -Fire Extinguishers	1460		0.00	396.90	396.90	396.90	Complete
	Nondwelling Equipment -Floor Stripper	1475		0.00	500.00	500.00	500.00	Complete
KS055001								
Family Units	Renovate Bathrooms	1460		18,056.76	0.00	18,056.76	18,056.76	Complete
	Replace Doors	1460		14,182.41	0.00	14,182.41	14,182.41	Complete
	Replace Closet Shelving	1460		11,273.16	0.00	11,273.16	11,273.16	Complete
	Install Window Screens	1460		7,036.95	0.00	7,036.95	7,036.95	Complete
	Repair/Replace Soffits -Facia-Gable Ends	1460		36,763.35	0.00	36,763.35	36,763.35	Complete
	Relocation Costs	1495.1		0.00	499.00	499.00	499.00	Complete
Sparks Towers	Key-Card Entry System	1460		0.00	3,067.00	3,067.00	3,067.00	Complete
	Telephone Entry Security System	1460		0.00	1,044.00	1,044.00	1,044.00	Complete
	Balcony & Structural Damage Repairs	1460		0.00	26,500.00	20,402.69	20,402.69	To be Completed with 2001 CFP
KS055002								
Handy Towers	Landscaping	1450		0.00	175.00	175.00	175.00	Complete
	Telephone Entry Security System	1460		0.00	1,043.00	1,043.00	1,043.00	Complete



<b>Annual Statement/Performance and Evaluation Report – Attachment I</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHAName:</b> <b>GOODLANDHOUSIN GAUTHORITY</b>		<b>Grant Type and Number</b> Capital Fund Program: KS16P0550101 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> <b>2001</b>
<b>Original Annual Statement</b>		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<b>X Performance and Evaluation Report for Period Ending: 03/31/02 Final Performance and Evaluation Report</b>					
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	5,000.00	6,406.74	6,406.74	6,406.74
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	105,364.00	107,033.11	32,850.41	13,823.73
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	7,500.00	4,424.105	4,424.15	4,424.15
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)	117,864.00	117,864.00	43,681.30	24,654.62
21	Amount of line 20 Related to LBP Activities				

<b>Annual Statement/Performance and Evaluation Report – Attachment I</b>				
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>				
<b>PHAName:</b>  <b>GOODLANDHOUSIN GAUTHORITY</b>		<b>Grant Type and Number</b> Capital Fund Program: KS16P0550101 Capital Fund Program Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b>  <b>2001</b>
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: 03/31/02 Final Performance and Evaluation Report				
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>
22	Amount of line 20 Related to Section 504 Compliance			
23	Amount of line 20 Related to Security			
24	Amount of line 20 Related to Energy Conservation Measures			





