

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

SmallPHAPlanUpdate
AnnualPlanforFiscalYear: 2002

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBECOMPLETEDIN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHA Plan
Agency Identification**

PHAName: HOUSING AUTHORITY OF THE CITY OF LINDSBORG, KS

PHANumber: KS065

PHAFiscal Year Beginning: (10 -01-2001)

PHA Plan Contact Information:

Name: Joy M. Everhart

Phone: 785 -227-3597

TDD:

Email (if available): lhagad@alltel.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 20 02

[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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<input type="checkbox"/> Other (List below, providing each attachment name)		

ii. Executive Summary

[24CFR Part 903.79(r)]

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

The Lindsborg Housing Authority has made no changes to its PHA 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.

No policy changes were made from the previous year. No new program shave been developed.

2. Capital Improvement Needs

[24CFR Part 903.79(g)]

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

A. Yes No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 117,723

C. Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5 - Year Action Plan

The Capital Fund Program 5 - Year Action Plan is provided as Attachment

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment

3.D Demolition and Disposition

[24CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C.

1437p))intheplanFiscalYear?(If“No”,skiptonextcomponent;if
 “yes”,completeoneactivitydescriptionforeachdevelopment.)

2.ActivityDescription

Demolition/DispositionActivityDescription (NotincludingActivitiesAssociatedwithHOPEVIorConversionActivities)	
1a.Developmentname:	
1b.Development(project)number:	
2.Activitytype:Demolition <input type="checkbox"/>	
Disposition <input type="checkbox"/>	
3.Applicationstatus(selectone)	
Approved <input type="checkbox"/>	
Submitted,pendingapproval <input type="checkbox"/>	
Plannedapplication <input type="checkbox"/>	
4.Dateapplicationapproved,submitted,orplannedforsubmission: <u> (DD/MM/YY)</u>	
5.Numberofunitsaffected:	
6.Coverageofaction(selectone)	
<input type="checkbox"/> Partofthedevelopment	
<input type="checkbox"/> Totaldevelopment	
7.Relocationresources(selectallthatapply)	
<input type="checkbox"/> Section8for units	
<input type="checkbox"/> Publichousingfor units	
<input type="checkbox"/> Preferenceforadmissiontootherpublichousingorsection8	
<input type="checkbox"/> Otherhousingfor units(describellow)	
8.Timelineforactivity:	
a. Actualorprojectedstartdateofactivity:	
b. Actualorprojectedstartdateofrelocationactivities:	
c. Projectedenddateofactivity:	

4. Voucher Homeownership Program

[24CFRPart903.79(k)]

A. Yes No: DoesthePHAplantoadministeraSection8Homeownershipprogram
 pursuanttoSection8(y)oftheU.S.H.A.of1937,asimplementedby24
 CFRpart982?(If“No”,skiptonextcomponent;if“yes”,describethe
 programusingthetablebelow(copyandcompletequestionsforeach
 programidentified.)

B.CapacityofthePHAtoAdministeraSection8HomeownershipProgram

ThePHAhasdemonstrateditscapacit ytoadministertheprogramby(selectallthatapply):

- Establishingaminimumhomeownerdownpaymentrequirementofatleast3percent andrequiringthatatleast1percentofthedownpaymentcomesfromthefamily’s resources
- Requiringthatfinancingforpurchaseofahomeunderitssection8homeownership willbeprovided,insuredorguaranteedbythestateorFederalgovernment;comply withsecondarymortgagemarketunderwritingrequirements;orcomplywithgenerally acceptedprivatesectorunderwritingstandards
- Demonstratingthatithasorwillacquireotherrelevantexperience(listPHA experience,oranyotherorganizationtobeinvolvedanditsexperience,below):

5.SafetyandCrimePrevention:PHDEPPlan

[24CFRPart903.7(m)]

ExemptionsSection8OnlyPHAsmaykiptothnextcomponentPHAseligibleforPHDEPfundsmustprovidea PHDEPPlanmeetingspecifiedrequirementspriortoreceiptofPHDEPfunds.

A. Yes No: IsthePHAeligibletoparticipateinthePHDEPinthefiscalyearcoveredby thisPHAPlan?

B. WhatistheamountofthePHA’sestimatedoractual(ifknown)PHDEPgrantforthe upcomingyear? \$_____

C. Yes No DoesthePHAplantoparticipateinthePHDEPintheupcomingyear?If yes,answerquestionD.Ifno,skiptonextcomponent.

D. Yes No: ThePHDEPPlanisattachedatAttachment_____

6.Other Information

[24CFRPart903.79(r)]

A. ResidentAdvisoryBoard(RAB)RecommendationsandPHAResponse

1. Yes No: DidthePHAreceiveanycommentsonthePHAPlanfromtheResident AdvisoryBoard/s?

2. Ifyes,thecommentsareAttachedatAttachment(Filename)

3. InwhatmannerdidthePHAaddressthosecomments?(selectallthatapply)

ThePHAchangedportionsofthePHAPlaninresponsetocomments Alistofthesechangesis included

Yes No: below

Yes No: attheendoftheRABCommentsinAttachment_____.

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)

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (Kansas Consolidated Plan)

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)

Substantial Deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the Housing Authority that fundamentally change the mission, goals, objectives or plans of the agency and which require formal approval of the Board of Commissioners.

A. Substantial Deviation from the 5 -year Plan: NO deviation from 5 -year Plan

**B. Significant Amendment or Modification to the Annual Plan:
NO deviation from Annual Plan**

Attachment A
Supporting Documents Available for Review

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

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

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
	Schedule of flat rents offered each public housing development <input checked="" 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
	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
	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved 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
	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

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
	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 home ownership 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
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	<p>PHDEP-related documentation:</p> <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	<p>Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)</p> <p><input type="checkbox"/> check here if included in the public housing A&O Policy</p>	Pet Policy

List of Supporting Documents Available for Review

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Housing Authority of the City of Lindsborg		Grant Type and Number Capital Fund Program: KS16P065502 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: FY2002	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		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	8,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	104,723.00			
11	1465.1 Dwelling Equipment — Nonexpendable	5,000.00			
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)				
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				

Annual Statement/Performance and Evaluation Report				
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHAName: Housing Authority of the City of Lindsborg		Grant Type and Number Capital Fund Program: KS16P065502 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: FY2002
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
24	Amount of line 20 Related to Energy Conservation Measures			

Capital Fund Program 5 - Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA 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		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
KS065001	LindsboprgPHA	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace kitchen cabinets in 16 elderly units	\$80,000.00	FY2003
Remodel bathrooms in 16 elderly units	\$64,000.00	FY2004
Replace vinyl tiles floors in upstairs bedrooms in 14 family units	\$42,000.00	FY2004
Landscape and replace playground equipment	\$75,000.00	FY2005
Replace bathrooms and Kitchens in 1 bedroom family units	\$50,000.00	FY2006
Storage units for 30 elderly units	\$40,000.00	FY2007
Total estimated cost over next 5 years		

ATTCHMENTC

CapitalFundProgram5 -YearActionPlan

Completeonetableforeachdevelopmentinwhichworkisplannedinthenext5PHAfiscalyears.CompleteatableforanyPHA
 plannedinthenext5PHAfiscalyear.Copythistableasmanytimesasnecessary.Note:PHAsneednotincludetheinformationfromYearOneofthe5
 informationisincludedintheCapitalFundProgra mAnnualStatement. -widephysicalormangementimprovements
 -Yearcycle,becausethis

CFP5 -YearActionPlan		
<input type="checkbox"/> Originalstatement <input type="checkbox"/> Revisedstatement		
Development Number	DevelopmentName (orindicatePHAwide)	
KS065002	VillaRo	
DescriptionofNeededPhysicalImprovementsorManagement Improvements	EstimatedCost	PlannedStartDate (HAFiscalYear)
Replace built-instovesin20units	20,000.00	FY2003
Replacevinylkitchenfloorsin20units	20,000.00	FY2003
Installsteelsidingtoreplacemasonitesiding	50,000.00	FY2004
Replacebathroomsinhandicappedunitsw/rollinunits	20,000.00	FY2005
Replacehotwaterheatersinallunits	10,000.00	FY2006
Replacecarpetinallunits	25,000.00	FY2006
Replaceshower/tubinallunits	60,000.00	FY2007
Totalestimatedcostovernext5years	\$145,000.00	

ATTACHMENT B

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

PHA Name: Housing Authority of the City of Lindsborg	Grant Type and Number Capital Fund Program Grant No: KS16PO6550101 Replacement Housing Factor Grant No:	Federal FY of Grant: FY2001
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 06 -30-2002
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	\$2000.00			
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$12,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	\$20,000.00			
10	1460 Dwelling Structures	\$81,372.00			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	\$5,000.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRH F) Part I: Summary					
PHAName: Housing Authority of the City of Lindsborg		Grant Type and Number Capital Fund Program Grant No: KS16PO6550101 Replacement Housing Factor Grant No:		Federal FY of Grant: FY2001	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06 -30-2002 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 -20)	\$120,372.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security - Soft Costs				
25	Amount of Line 21 Related to Security - Hard Costs	\$20,000.00			
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHAName: Housing Authority of The City of Lindsborg		Grant Type and Number Capital Fund Program Grant No: KS16PO6550101 Replacement Housing Factor Grant No:				Federal FY of Grant: FY2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHAWide	New Computer	1408	1	2000.00		2000.00	0	
PHAWide	A/E Services	1430		12000.00		0	0	
001	Additional Security Lighting	1450		20,000.00		0	0	
001	Remodel Kitchens in 14 family units	1460		61,372.00		0	0	
002	install new storm doors on 20 units	1460		20,000.00		0	0	
PHAWide	snowblower & maintenance equip.	1475		5,000.00		0	0	

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

PHA Name: Housing Authority of the City of Lindsborg	Grant Type and Number Capital Fund Program No: KS16PO6550101 Replacement Housing Factor No:	Federal FY of Grant: FY2001
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Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
KS065001	09-30-2003	09-30-2003		09-03-2004	09-03-2004		
KS065002	09-30-2003	09-30-2003		09-03-2004	09-03-2004		
PHAWide	09-30-2003	09-30-2003		09-03-2004	09-03-2004		

Required Attachment D: 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: Clara Belle Lindholm
- B. How was the resident board member selected: (select one)?
 Elected
 Appointed
- C. The term of appointment is (include the date term expires): 4 years expiring 4 -30-04
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: 4-30-05
- C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Ron Roland, Mayor, City of Lindsborg

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.)

Ruth Roberts
Clara Belle Lindholm
Irma Malm
Wand Hedberg
Tracy Nielander