

**U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing**

**SmallPHAPlanUpdate
AnnualPlanforFiscalYear: 10/2002**

NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBECOMPLETEDIN
ACCORDANCEWITH INSTRUCTIONSLOCATEDINAPPLICABLEPIH
NOTICES

PHAPlan
AgencyIdentification

PHAName: BellevilleHousing

PHANumber: KS095

PHAFiscalYearBeginning:(mm/yyyy) 10/2002

PHAPlanContactInformation:

Name:SherryPersinger

Phone:785 -527-5730

TDD:

Email(ifavailable):bellevillehousing@nckcn.com

PublicAccessToInformation

Informationregardinganyactivitiesoutlinedinthisplancanbeobtainedbycontacting:(select allthatapply)

- MainadministrativeofficeofthePHA
 PHAdevelopmentmanagementoffices

DisplayLocationsForPHAPlansandSupportingDocuments

ThePHAPlans(includingattachments)areavailableforpublicinspectionat:(selectall thatapply)

- MainadministrativeofficeofthePHA
 PHAdevelopmentmanagementoffices
 Mainadministrativeofficeofthelocal,countyorStategovernment
 Publiclibrary
 PHAwebsite
 Other(listbelow)

PHAPlanSupportingDocuments areavailableforinspectionat:(selectallthatapply)

- MainbusinessofficeofthePHA
 PHAdevelopmentmanagementoffices
 Other(listbelow)

PHAProgramsAdministered :

PublicHousingandSection8 Section8Only PublicHousingOnly

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

ii.ExecutiveSummary

[24CFRPart903.79(r)]

AtPHAoption,provideabriefoverviewoftheinformationintheAnnualPlan

1.SummaryofPolicyorProgramChangesfortheUpcomingYear

Inthissection,brieflydescribechangesinpoliciesorprogramsdiscussedinlastyear'sPHAPlanthatarenotcoveredin othersectionsofthisUpdate.

Wehaveaddedceilinglightswi thfanstothe livingroomsofeachunit,replaced the exteriorlocks,andreplacedthekitchenranges.Paintingthe exteriorofthe buildingshasnotproventobealonglivedandwearelookingatvinylsidingin ordertodoawaywithpaintingeveryfiveyears.

2.CapitalImprovementNeeds

[24CFRPart903.79(g)]

Exemptions:Section8onlyPHAsarenotrequiredtocompletethiscomponent.

A. XYes No: IsthePHAeligibletoparticipateintheCFPinthefiscalyearcovered by thisPHAPlan?

B. WhatistheamountofthePHA'sestimatedoractual(ifknown)CapitalFundProgram grantfortheupcomingyear?\$ 34,506

C. XYes No DoesthePHAplantoparticipateintheCapitalFundPrograminthe upcomingyear?Ifyes,completetherestofComponent7.Ifno,skiptonextcomponent.

D.CapitalFundProgramGrantSubmissions

(1)CapitalFundProgram5 -YearActionPlan

TheCapitalFundProgram5 -YearActionPlanisprovidedasAttachmentC

(2)CapitalFundProgramAnnualStatement

TheCapitalFundProgramAnnualStatementisprovidedasAttachmentB

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)) in the plan Fiscal Year? (If “No”, skip to next component; if “yes”, complete one activity description for each development.)

2. Activity Description

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

4. Voucher Homeownership Program
[24CFRPart903.79(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 24CFR 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
[24CFRPart903.7(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

[24CFR Part 903.79(r)]

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

1. Yes X 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 (Filename)

3. In what manner did the PHA address those comments? (select all that apply)

- The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included**
 - Yes** **No: below or**
 - Yes** **No: at the end of the RAB Comments in Attachment _____.**
- Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment _____.**
- Other: Our tenants are elderly and do not wish to participate in formal management of the development, however they help with our needs assessment and how our Capital Funds are spent annually. This is addressed in Attachment E.**

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: KS 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 Plans.**
- 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 in 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:

B. Significant Amendment or Modification to the 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 Certifications 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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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 jurisdiction 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/A COP), 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 checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	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 X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99 -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
	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 (PHEDEP) semi -annual performance report	Annual Plan: Safety and Crime Prevention

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	<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 PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); • Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; • Coordination with other law enforcement efforts; • Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and • All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	<p>Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)</p> <p>X check here if included in the public housing A & O Policy</p>	Pet Policy
X	<p>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</p>	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

PHAName: Belleville Housing Authority	Grant Type and Number Capital Fund Program :KS16P19550100 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 10/2000
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Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending **X Final Performance and Evaluation Report :9/30/02**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds				
2	1406 Operations	10,432.00	457.77		457.77
3	1408 Management Improvements		3,300.15		3,300.15
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement		4,052.05		4,052.05
10	1460 Dwelling Structures	26,100.00	28,722.03		28,722.03
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures				
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				

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

PHAName: Belleville Housing Authority	Grant Type and Number Capital Fund Program :KS16P19550100 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 10/2000
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Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
Performance and Evaluation Report for Period Ending **X Final Performance and Evaluation Report :9/30/02**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	36,632.00	36,532.00		36,532.00
21	Amount of line 20 Related to LBP Activities	4,751.76			
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				

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

PHAName: Belleville Housing Authority		Grant Type and Number Capital Fund Program#: KS16P095000 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 10/2000			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
KS095001	Replace Storm Doors		24	5,000.00	4,751.76	4,751.76	4,751.76	Finished
KS095001	Grading for waterflow & landscape			1,000.00	2,775.90		2,775.90	Finished
KS095001	Replacing exterior lock system			6,000.00	5,878.99		5,878.99	Finished
KS095001	Replacing kitchen ranges		24	12,500.00	8,949.00		8,949.00	Finished
KS095001	Concrete repair			8,000.00	0			Delayed
KS095001	Computer update			3,500.00	3,300.15		3,300.15	Finished
KS095001	Window Blinds and patio blinds			4,000.00	2,559.88		2,559.88	Finished
KS095001	Operations			533.00	0		0	
KS095001	Interior lighting w ceiling fans			00	6,582.40		6,582.40	Finished
KS095001	Turnover work			00	1,276.15		1,276.15	Finished
	Operations				457.77		457.77	Finished

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

PHAName: Belleville Housing Authority		Grant Type and Number Capital Fund Program#: KS16P095000 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 10/2000			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

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

PHAName: Belleville Housing Authority	Grant Type and Number Capital Fund Program: KS16P09550101 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 10/2001
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Original Annual Statement Reserve for Disasters/Emergencies **Revised Annual Statement (revision no:1)**
X Performance and Evaluation Report for Period Ending: 09/30/02 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	3,262.00	3,726.00		
3	1408 Management Improvements	3,000.00			
4	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	5,000.00			
10	1460 Dwelling Structures	20,000.00	33,536.00	00	00
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures	6,000.00			
13	1475 Non dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				

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

PHAName: Belleville Housing Authority	Grant Type and Number Capital Fund Program: KS16P09550101 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 10/2001
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Original Annual Statement Reserve for Disasters/Emergencies **Revised Annual Statement (revision no:1)**
X Performance and Evaluation Report for Period Ending: 09/30/02 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	37,262.00	37,262.00		
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				
24	Amount of line 20 Related to Energy Conservation Measures				

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

PHAName: Belleville Housing Authority	Grant Type and Number Capital Fund Program: KS16P09550102 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 10/2002
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X Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 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	3,506.00			
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	10,000.00			
10	1460 Dwelling Structures	21,000.00		00	00
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non Dwelling Structures				
13	1475 Non Dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				

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

PHAName: Belleville Housing Authority	Grant Type and Number Capital Fund Program: KS16P09550102 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 10/2002
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Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
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)	34,506.00			
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				
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 -wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 -Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5 -Year Action Plan		
<input type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
KS095001	Eastview Terrace	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Replaces siding with vinyl siding for low maintenance	36,000.00	10/2003
Replace plumbing fixtures	12,000.00	10/2002
Replace or repairs sprinklers system	9,000.00	10/2003
Landscaping	13,000.00	10/2003
Community Room carpet	7,000.00	10/2004
Remodel Community room	6,000.00	10/2004
Replace appliances	12,000.00	10/2004
Stabilize buildings	36,000.00	10/2004
Replace patio concrete	36,000.00	10/2004
Replace patio doors	30,000.00	10/2005
Concrete repair	30,000.00	10/2005
Replace or repair electrical systems	15,000.00	10/2005
New Roofs	40,000.00	10/2006
Replace or repair plumbing systems	25,000.00	10/2006
Replace sewer system	30,000.00	10/2007
Totalestimatedcostovernext5years	337,000.00	

PHA Public Housing Drug Elimination Program Plan

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

Section 1: General Information/History

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

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

E. Target Areas

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

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

F. Duration of Program

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

12 Months _____ 18 Months _____ 24 Months _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs havenot been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extension or Waivers	Grant Start Date	Grant Term End Date
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

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

B. PHDEP Budget Summary

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

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

C. PHDEP Plan Goals and Activities

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

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

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

2.							
3.							

9116 -GunBuybackTAMatch					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9120 -SecurityPersonnel					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							

ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9130 –EmploymentofInvestigators					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9140 – VoluntaryTenantPatrol					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9150 - PhysicalImprovements					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9160 -DrugPrevention					TotalPHDEPFunding:\$		
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Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount /Source)	PerformanceIndicators
1.							
2.							
3.							

9170 -DrugIntervention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9180 -DrugTreatment					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							

ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9190 -OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

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:

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?

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

X 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 governing board member:

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

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

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

All our tenants are our Resident Advisory Board because our residents are elderly and do not wish to serve so we send out a questionnaire to allow tenants to let us know what needs they have, what they like and what should be changed. Those are returned to the office by one tenant so that all can be anonymous for any one who chooses. We have built our needs assessment from the comments for the past several years and try very hard to have at least two tenant meetings a year to listen to our tenants. Attached to, and considered a part of, this Annual Plan are the residents sheets returned in April, 2002. e

Attachment F _____ Comments of residents: The Residents are elderly and do not wish to participate in management of the development, however, all Residents share the task of communicating needs and wants. The residents contribute to the way the Capital Funds are spent by suggestions and requests in annual meetings. The minutes of the last meeting are included as an attachment to our Annual Plan.

Resident questionnaire results April 18, 2002

Things to like...

Small amount of traffic through the cul-de-sac	1	
The minibus	11	
Good mail service	11	
Rent day on the third is a nice time for everyone	1	
Work order and repair need taken care of in good time	11	
Nice apartment to be proud of - good, handy, spacious and comfortable		111111111
Quiet apartments	11	
Pets allowed	1	
Apartment bathrooms nice	1	
Storage nice	11	
Good privacy in an apartment	1	
Good windows and doors	1	
Community Room is a nice place	111	
Good people	111111111	
Reasonable rent	111	
Laundry facilities good	11	
Newsletter	11	
Sherry and Jay good to have here	1	
Thanks for the ceiling fans		1111111
Patio and front yard are pleasant	1	
Glad to have yard maintenance	1	
Ice & snow removed as soon as possible	11	
Having a maintenance man	111	
Administration	111	
Safe place to live	11	
The great difference in people whomix well and "live and let live"		11
Potluck is great	1111	
Thank you for resolving the "telephone call returned" issue for me		1

Things to not like

Recroomlocked 1
 Eastendbench 11
 Grassneedsbaggedandmowerrunslower 1111
 Flagnotputupeveryweekday 1111111111
 Deadspotsinthegrass 11
 Recroomshouldnotbeusedbynonresidents 111
 Needsomecementrepairwork 11
 Cleanoutundertheculverts(sundersidewalks)wherewatershouldrun 11
 Neednewwindows 1
 Tillthegardenearlier 1
 Don'tspendsomuchmoney 1
 Watermoredeeplynotshorttimes 1
 NeedmorefunctionsatRecCenter 1
 Trashdumpsterontheeastside 11
 Stormdoorsne edtobeadjusted 11
 Ourparkingspacesarebeingtakenbyvisitors 11111
 Needmoreactivitiesforthepersonswhodon'tgetoutasmuch 1
 Needgarage 1
 Don'tlandscapewithrocks 1
 Don'tkilltreesandshrubs 1
 Needastormshelter 11
 Uselessweedkiller 1
 Cleanupclutteronpatios -enforcethepolicy 111
 Don'tcutdownmylilacbush 1
 Cleanupmeltingiceandsnowbetter 1
 Eachaptshouldhaveanumberedparkingspotandnooneshoulduseitbutthetenant 1
 FarNorthsidewalknotcleanedaftersno w 1
 Wehaveafewpersonalityclashes.That'sLifebutsomeChristiancharitycouldhelp 1

Attachment

ResidentMeeting10:00a.m.EastviewCommunityroom.

Present...

- #24RubyBates
- #21DaphneTrimble
- #15FrankBoyd
- #7ErvanWebb
- #20ViolaWhite
- #18AlmaShultz
- #10FrancesThomas
- #9LaureneJohnson
- #4RosaSjoholm
- JayLewis
- SherryPersinger

Sherryhandedout3pagetallysheetfromthequestionnaires.Debatewasprettylight.The
 Ceilingfansandlights,parallelparking,communityroomuse, AreaAgencyonAgingbustoSalina,
 patioswithtoomuchstuff,lockingtheCommunityroomdoors,garages,stormshelters,rockssused
 forlandscapingandtheeastsidebenchwerediscussed.

Decided...

TheFlagwillbeputupeveryday.

The east bench is in the planning. We hope to build the same type of covered bench as at the Golden Bell.

The Community Room sink and kitchen should be left clean.

We need tea towels in the Community room — someone has taken them.

The Tuesday afternoon card party takes resident marked parking places.

Parallel parking by visitors has been allowed since the first tenants but now that we have the east parking, it is more hazardous and less necessary. That is policy and Sherry will take the issue to the Board.

Every tenant who has a car, has one numbered parking space and NO ONE except the tenant is allowed to park there.

The North Community Room door needs to be adjusted to latch.

#14 storm door needs to be adjusted as do a few others.

Sherry will put a permanent poster with the Area Agency on Aging Bus phone number on the bulletin board.

One back patio on the south side needs to be inspected and cleaned up.

Laundry... no one at the meeting has trouble with the laundry scheduling. Sherry routinely gets calls about taking someone else's time or someone being written down and then not using the facilities. Please be tolerant. Call if there is a specific problem. It does seem to not be a widespread problem.