Printed on: 10/22/017:34 AM

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2002

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

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

PHA Plan
Agency Identification

PHA Name: Clarkton Housing Authority

PHA Number: MO 25

PHA Fiscal Year Beginning: (mm/yyyy) 01/2002

PHA Plan Contact Information:

Name: Ms. Pamela Winchester
Phone: 573/448-3838
TDD: 573/448-3838
Email (if available): Clarkton@sheltonbbs.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
[24 CFR Part 903.7]

i. Table of Contents

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

Contents Page #

Annual Plan

i. Executive Summary (optional)
ii. Annual Plan Information 1
iii. Table of Contents 1
1. Description of Policy and Program Changes for the Upcoming Fiscal Year 2
2. Capital Improvement Needs 2
3. Demolition and Disposition 2
4. Homeownership: Voucher Homeownership Program 3
5. Crime and Safety: PHDEP Plan 4
6. Other Information: 4
   A. Resident Advisory Board Consultation Process 4
   B. Statement of Consistency with Consolidated Plan 5
   C. Criteria for Substantial Deviations and Significant Amendments 6

Attachments

☒ Attachment A : Supporting Documents Available for Review 7
☒ Attachment B: Capital Fund Program Annual Statement 11
☒ Attachment C: Capital Fund Program 5 Year Action Plan 15
☐ Attachment __: Capital Fund Program Replacement Housing Factor Annual Statement
☐ Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan
☒ Attachment D: Resident Membership on PHA Board or Governing Body 26
☒ Attachment E: Membership of Resident Advisory Board or Boards 27
☒ Attachment F: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text) 28
☒ Other (List below, providing each attachment name)
Attachment G: Component 3, 6: Deconcentration and Income Mixing 29
Attachment H: Progress in meeting the 5-year plan mission and goals 30
Attachment I: Component 10 B: Voluntary Conversion Initial Assessments 31
Attachment J: Implementation of Public Housing Resident Community Service Requirement 32
Attachment K: PHA's Policy on Pet Ownership in Public Housing Family

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

Developments 34
Attachment L: 2001 Performance and Evaluation Report ending 6/30/01 36
Attachment M: 2000 Performance and Evaluation Report ending 6/30/01 40

ii. Executive Summary

[24 CFR Part 903.7 9 (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.

Summary of Policy and Program changes
The CHA has not made nor intends to make any major policy or program changes in 2002. Local preferences were established and will not change, rent policies remain the same, community service policy parameters were included in our lease and ACOP, and our family development pet policy has been implemented.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (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? $ 129,274

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

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan
The Capital Fund Program 5-Year Action Plan is provided as Attachment C

(2) Capital Fund Program Annual Statement
The Capital Fund Program Annual Statement is provided as Attachment B

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]
Applicability: Section 8 only PHAs are not required to complete this section.

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

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 HOPE VI or Conversion Activities)
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition ☐ Disposition ☐
3. Application status (select one) Approved ☐ Submitted, pending approval ☐ Planned application ☐
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected: 6. Coverage of action (select one) ☐ Part of the development ☐ Total development
7. Relocation resources (select all that apply) ☐ Section 8 for units ☐ Public housing for units ☐ Preference for admission to other public housing or section 8 ☐ Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

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

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

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

- ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources
- ☐ Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- ☐ Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

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

A. ☐ 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 D

6. Other Information

[24 CFR Part 903.7 9 (r)]

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

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

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

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 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 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: State of Missouri

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
☒ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

☐ Yes ☒ No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

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

The State of Missouri's plan has established the following priorities to address housing needs, which are also the priorities of the Clarkton Housing Authority:

- Maintain its supply of decent, safe and sanitary rental housing that is affordable for low, very low and moderate-income families.
- The modernization of CHA housing for occupancy by low very low-income families.

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

A. Substantial Deviation from the 5-year Plan:

The Clarkton Housing Authority's (CHA) Definition Of Substantial Deviation And Significant Amendment Or Modification are as follows:

- changes to rent or admissions policies or organization of the waiting list;
- additions of non-emergency work items (items not intended in the current 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund; and
- any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

B. Significant Amendment or Modification to the Annual Plan:

The Clarkton Housing Authority's (CHA) Definition Of Substantial Deviation And Significant Amendment Or Modification are as follows:

- changes to rent or admissions policies or organization of the waiting list;
- additions of non-emergency work items (items not intended in the current Annual Statement) or change in use of replacement reserve funds under the Capital Fund; and
- any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

Attachment A

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
YES	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
YES	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
YES	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
YES	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
YES	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
YES	Any policy governing occupancy of Police Officers in Public Housing ☒ 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
YES	Public housing rent determination policies, including the method for setting public housing flat rents ☒ check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
YES	Schedule of flat rents offered at each public housing development ☒ check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies ☐ check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
N/A	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
YES	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
YES	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 ☐ check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
YES	Public housing grievance procedures ☒ check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures ☐ check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
YES	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
YES	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	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
N/A	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
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
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
N/A	Policies governing any Section 8 Homeownership program (section _____of the Section 8 Administrative Plan)	Annual Plan: Homeownership
YES	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
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
YES	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 (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: · 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
YES	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) ☒ check here if included in the public housing A & O Policy	Pet Policy

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
YES	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
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

Attachment B

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

PHA Name: Clarkton Housing Authority	Grant Type and Number Capital Fund Program: MO36P025501-02 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2002

☒ 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	1408 Management Improvements	30,000			
4	1410 Administration	13,000			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	15,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	71,274			
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)	129,274			
21	Amount of line 20 Related to LBP Activities				

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

PHA Name: Clarkton Housing Authority	Grant Type and Number Capital Fund Program: MO36P025501-02 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2002

☒ **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	
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

PHA Name: Clarkton Housing Authority

Grant Type and Number
Capital Fund Program #: MO36P025501-02
Capital Fund Program
Replacement Housing Factor #:

Federal FY of Grant: 2002

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	
HA-Wide Management Improvements	A. Community policing	1408	100%	26,000				
	B. Resident Coordinator	1408	100%	4,000				
	Subtotal			**30,000**				
HA-Wide Admin Costs	A. Partial salary and benefits for staff involved with capital fund	1410	10%	12,000				
	B. Advertising	1410	10%	1,000				
	Subtotal			**13,000**				
HA Wide Fees & Cost	A. A/E Services	1430	100%	10,000				
	B. Consulting services	1430	100%	5,000				
	Subtotal			**15,000**				
MO 25-1	A. Replace interior door	1460	24 units	71,274				
	Subtotal			**71,274**				
	Grand Total			**129,274**				

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

PHA Name: Clarkton Housing Authority	**Grant Type and Number** Capital Fund Program #: MO36P025501-02 Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant:** 2002

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
MO 25-1	6/30/03			12/31/04			
MO 25-2	6/30/03			12/31/04			
HA-Wide	6/30/03			12/31/04			

Attachment C

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

PHA Name Clarkton Housing Authority		Clarkton/Dunklin/Missouri		☐**Original 5-Year Plan** ☒**Revision No: 2**	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 3 FFY Grant: 2004 PHA FY:2004	Work Statement for Year 4 FFY Grant: 2005 PHA FY: 2005	Work Statement for Year 5 FFY Grant: 2006 PHA FY: 2006
	Annual Statement				
MO 25-1		11,565	60,364	15,000	29,500
MO 25-2		61,709	17,910	30,774	21,274
MO 25-5		5,000	0	10,000	7,500
HA Wide Management		30,000	30,000	30,000	30,000
HA Wide other		21,000	21,000	21,000	21,000
HA Wide Nondwelling		0	0	22,500	20,000
CFP Funds Listed for 5-year planning		129,274	129,274	129,274	129,274
Replacement Housing Factor Funds					

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

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

Activities for Year 1	Activities for Year : __2 FFY Grant: 2003 PHA FY: 2003			Activities for Year: ___3 FFY Grant: 2004 PHA FY: 2004		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	HA Wide Management Improvements	A. Community policing	24,000	HA Wide Management **Improvements**	A. Community policing	24,000
Annual		B. Resident Coordinator	6,000		B. Resident Coordinator	6,000
Statement		**Subtotal**	**30,000**		**Subtotal**	**30,000**
	HA Wide Administrative Cost	A. Partial salary & benefits of staff involved in CFP	6,000	HA Wide Administrative Cost	A. Partial salary & benefits of staff involved in CFP	6,000
		Subtotal	**6,000**		**Subtotal**	**6,000**
	HA Wide Fees & Cost	A. A/E Service	10,000	HA Wide Fees & Cost	A. A/E Service	10,000
		B. Consulting Service	5,000		B. Consulting Service	5,000
		Subtotal	**15,000**		**Subtotal**	**15,000**
	MO 25-1	A. Install gutter guards	6,000	MO 25-1	A. Replace appliances	26,864
		B. Install doorbells	5,565		B. Upgrade electrical system	33,500
		Subtotal	**11,565**		**Subtotal**	**60,364**
	MO 25-2	A. Install gutter guards	4,000	MO 25-2	A. Replace appliances	17,910
		B. Install doorbells	3,709		**Subtotal**	**17,910**
		C. Replace Interior doors	54,000			
		Subtotal	**61,709**			
	MO 25-5	A. Install gutter guards	5,000			

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

		Subtotal	**5,000**			
Total CFP Estimated Cost			$129,247			$129,274

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

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

Activities for Year :__4__ FFY Grant: 2005 PHA FY: 2005			Activities for Year: _5__ FFY Grant: 2006 PHA FY: 2006		
Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
HA Wide Management Improvements	A. Community policing	24,000	HA Wide Management Improvements	A. Community policing	24,000
	B. Resident Coordinator	6,000		B. Resident Coordinator	6,000
	Subtotal	**30,000**		**Subtotal**	**30,000**
HA Wide Administrative Cost	A. Partial salary & benefits of staff involved in CFP	6,000	HA Wide Administrative Cost	A. Partial salary & benefits of staff involved in CFP	6,000
	Subtotal	**6,000**		**Subtotal**	**6,000**
HA Wide Fees & Cost	A. A/E Service	10,000	HA Wide Fees & Cost	A. A/E Service	10,000
	B. Consulting Service	5,000		B. Consulting Service	5,000
	Subtotal	**15,000**		**Subtotal**	**15,000**
MO 25-1	A. Construct gazebos & benches	15,000	MO 25-1	A. Install mailboxes	4,500
	Subtotal	**15,000**		B. Install ceiling fans	12,000
				C. Install shield around ranges	13,000
MO 25-2	A. Construct gazebos & benches	10,774		**Subtotal**	**29,500**
	B. Upgrade electrical system	20,000			
	Subtotal	**30,774**			

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

MO 25-5	A. Construct gazebos & benches	10,000	MO 25-2	A. Install mailboxes	3,000
	Subtotal	**10,000**		B. Install ceiling fans	9,600
				C. Install shield around ranges	8,674
HA Wide Non-dwelling equipment	A. Replace maintenance vehicle	20,000		**Subtotal**	**21,274**
	B. Replace maintenance equipment	2,500			
	Subtotal	**22,500**	MO 25-5	A. Install ceiling fans	7,500
				Subtotal	**7,500**
			HA Wide Non-dwelling equipment	A. Replace meal delivery van	20,000
				Subtotal	**20,000**
Total CFP Estimated Cost		$129,274			$129,274

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

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 2002

D. Executive Summary of Annual PHDEP Plan

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

E. Target Areas

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

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

F. Duration of Program

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

12 Months _____ 18 Months_____ 24 Months_____

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 have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

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

B. PHDEP Budget Summary

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

FFY 2002 PHDEP Budget Summary

Original statement

Revised statement dated:

Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

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—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement							**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.							

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.							

9116 - Gun Buyback TA Match							**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.							

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

9120 - Security Personnel					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.							

9130 – Employment of Investigators					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.							

9140 – Voluntary Tenant Patrol					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.							

9150 - Physical Improvements					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.							

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

9160 - Drug Prevention							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.							

9170 - Drug Intervention							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.							

9180 - Drug Treatment							Total PHDEP Funding: $
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							

9190 - Other Program Costs	Total PHDEP Funds: $
Goal(s)	
Objectives	

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

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

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

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:
Mr. Harold Melton

B. How was the resident board member selected: (select one)?
☐ Elected
☒ Appointed

C. The term of appointment is (include the date term expires):
May 2001 to July 2004

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?
☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
☐ Other (explain):

B. Date of next term expiration of a governing board member:

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

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

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.)

Ms. Dessie Babb
Ms. Debbie Gum
Ms. Sarah Mikel
Ms. Brenda Bratt
Mr. Harold Melton
Ms. K. Louise Randolph

Attachment F: Comments of Resident Advisory Board

RAB members recommended that mailboxes be installed to allow for door-to-door mail delivery. In addition, they suggested that Formica be installed at the side and behind cooking ranges for easier clean up. These suggestions were added to CHA's FY 2006 work items.

Attachment G

Component 3, (6) Deconcentration and Income Mixing

a. ☐ Yes ☒ No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.

b. ☐ Yes ☐ No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

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

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

Attachment H

Required Attachment I: Progress in meeting the 5-year plan mission and goals:

The PHA has been able to maintain its mission to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination through the utilization of FY 2001 Capital funds and the proper application of our public housing policies.

We are continuing to address public housing vacancies very aggressively and our PHAS scores indicate that other operational issues are being positively addressed.

Capital funds have been utilized to provide modernization of our property and our FY 2002 application will continue that effort.

PHA has implemented local preferences to improve the living environment in addition to our modernization efforts.

The implementation of a family pet policy has provided the opportunity for residents to enjoy pets within a regulated environment. In addition, PHA will implement a Comment Service program beginning January 1, 2002 that has been discussed with residents and each adult member of every household has been notified of their responsibilities and the policy has been Board approved.

We are confident that the PHA will be able to continue to meet and accommodate all our goals and objectives for FY 2002.

Attachment I

Component 10 (B) Voluntary Conversion Initial Assessments

a. How many of the PHA's developments are subject to the Required Initial Assessments?
Three

b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?
None

c. How many Assessments were conducted for the PHA's covered developments?
One for each development, a total of three developments.

d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:
None

Development Name	Number of Units

a. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments:
N/A

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

Attachment J: Implementation of Public Housing Resident Community Service Requirement

PHA Responsibilities

(1) Eligibility Determination

The PHA will review every existing resident file to determine each Adult member's status regarding community service per the following guidelines.

a. As family status is determined a registered letter or other certifiable document of receipt will be sent to each adult member of that family to notify them of their status (exempt or non-exempt) and explaining the steps they should immediately proceed with through their housing representative.

b. The PHA will include a copy of the general information section of its Community Service Policy and a listing of PHA and/or third party work activities that are eligible for certification of the community service requirement.

c. At the scheduled meeting with each non-exempt adult family member, not only will the parameters of the community service requirement be reviewed but also the PHA and/or third party work activities will be identified and selected for compliance with the annual obligation for certification at their annual lease renewal date.

(1) Work Activity Opportunities

The Clarkton Housing Authority has elected to provide to those adult family members that must perform community service activities the opportunity to select either PHA sanctioned work activities or Third Party certifiable work items. The administration of the certification process would be:

a. PHA Provided Activities.

When qualifying activities are provided by the Authority directly, designated Authority employee(s) shall provide signed certification that the family member has performed the proper number of hours for the selected service activities.

b. Third Party Certification

When qualifying activities are administered by any organization other than PHA, the family member must provide signed certification (see III A (c)) to the Authority by such third party organization that said family member has performed appropriate service activities for the required hours.

c. Verification of Compliance.

The Authority is required to review family compliance with service requirement, and must verify such compliance annually at least thirty (30) days before the end of the twelve (12) month lease term (annual

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

re-certification time). Evidence of service performance and/or exemption must be maintained in the participant files.

d. Notice of Noncompliance.

If the Authority determines that, a family member who is subject to fulfilling a service requirement, but who has violated the family's obligation (a noncompliant resident) the Authority must notify the specific family member of this determination.

The Notice of Noncompliance must:

1. Briefly, describe the noncompliance (inadequate number of hours).
2. State that the Authority will not renew the lease at the end of the twelve (12) month lease term unless:

The resident or any other noncompliant adult family member enters into a written agreement with the Authority to cure the noncompliance and in fact perform to the letter of agreement.

- Or -

The family provides written assurance satisfactory, to the PHA that the resident or other noncompliant adult family member no longer resides in the unit.

This Notice of Noncompliance must also state that the resident may request a grievance hearing and that the resident may exercise any available judicial remedy to seek timely redress for the Authority's non-renewal of the lease because of a noncompliance determination.

a. Resident agreement to comply with the service requirement.

The written agreement entered into with the Authority to cure the service requirement noncompliance by the resident and any other adult family member must:

1. Agree to complete additional service hours needed to make up the total number of hours required over the twelve (12) month term of the new lease.
2. State that allother members of the family subject to the service requirement are in current compliance with the service requirement or are no longer residing in the unit.

f. The Clarkton Housing Authority has developed a list of Agency certifiable and/or third party work activities of which each non-exempt adult family member can select to perform their individual service requirement.

Attachment K: PHA's Policy on Pet Ownership in Public Housing Family Developments

PET POLICY FOR FAMILY DEVELOPMENTS

In compliance with Section 526 of The Quality Housing and Work Responsibility Act of 1998, CHA residents shall be permitted to own and keep common household pets. Animals that are an auxiliary for persons with a disability are excluded from this policy. The ownership of common household pets are subject to the following rules and limitations:

1. Common household pets shall be defined as "domesticated animals such as a dog, cat, bird, rodent, fish or turtle". Common household pets are defined as follows:

   Bird — Includes Canary, Parakeet, Finch and other species that are normally kept caged; birds of prey are not permitted.

   Fish — In tanks or aquariums, not to exceed twenty (20) gallons in capacity; poisonous or dangerous fish are not permitted.

   Dogs — Not to exceed twenty-five pounds (25lbs.) weight, or fifteen (15) inches in height at full growth. Dogs must be spayed or neutered. Veterinarian's recommended /suggested types of dogs are as follows:

   a. Chihuahua
   b. Pekingese
   c. Poodle
   d. Schnauzer
   e. Cocker Spaniel
   f. Dachshund
   g. Terriers

   NO PIT BULLS WILL BE PERMITTED

   Cats — Cats must be spayed or neutered and be de-clawed or have scratching post, and should not exceed fifteen pounds (15lbs.).

   Rodents — Rodents other than hamsters, gerbils, white rats or mice are not considered common household pets. These animals must be kept in appropriate cages.

   Reptiles — Reptiles other than turtles or small lizards such as chameleons are not considered common household pets.

   Exotic Pets — At no time will the CHA approve of exotic pets, such as snakes, monkeys, game pets, etc.

3. No more than one (1) dog or cat shall be permitted in a household. In the case of birds, a maximum of two birds may be permitted. There shall be no limit as to the number of fish, but no more than one aquarium with a maximum capacity of twenty (20) gallons shall be permitted. A Resident with a dog or cat may also have other categories of "common household pets" as defined above.

4. Pets other than a dog or cat shall be confined to an appropriate cage or container. Such a pet may be removed from its cage while inside the owner's apartment for the purpose of handling, but shall not generally be unrestrained.

5. Only one (1) dog or cat is allowed per household. NO PIT BULLS WILL BE PERMITTED. All dogs and cats will need to be on a leash, tied up, or otherwise restrained at all times when they are outside. Neither dogs nor cats shall be permitted to run loose.

6. Pet owners shall maintain their pet in such a manner as to prevent any damage to their unit, yard or common areas of the community in which they live. The animal shall be maintained so as not to be a nuisance or a threat to the health or safety of neighbors, CHA employees, or the public, by reason of noise, unpleasant odors or other objectionable situations.

7. Each pet owner shall be fully responsible for the care of the pet, including proper disposal of pet

wastes in a safe and sanitary manner. Improper disposal of pet waste is a lease violation and may be grounds for termination.

8. All pets shall be inoculated and licensed in accordance with applicable state and local laws. All cats or dogs shall be neutered or spayed, unless a veterinarian certifies that the spaying or neutering would be inappropriate or unnecessary (because of health, age, etc.).

9. Visiting pets may be allowed as long as they generally conform to the guidelines expressed in this policy, except that: no additional security deposit shall be required of the Resident with whom the pet is visiting unless the visit is in excess of seventy-two (72) hours, and two (2) verified complaints shall be grounds for excluding the pet from further visits.

10. All pets shall be registered with the Management Office immediately or no longer than ten (10) days following their introduction to the community. Registration shall consist of providing:

    a. Basic information about the pet (type, age, description, name, etc.);

    b. Proof of inoculation and licensing;

    c. Proof of neutering or spaying. All female dogs over the age of six (6) months and female cats over the age of five (5) months must be spayed. All male dogs over the age of eight (8) months and all male cats over the age of ten (10) months must be neutered. If health problems prevent such spaying or neutering, a veterinarian's certificate will be necessary to allow the pet to become or continue to be a Resident of the community;

    d. Payment of an additional security deposit to defray the cost of potential damage done by the pet to the unit or to common areas of the community. There shall be no additional security deposit for pets other than dogs or cats. The additional security deposit shall not preclude charges to a Resident for repair of damages done on an ongoing basis by a pet. The Resident is responsible for all damages caused by the pet and will reimburse the Authority for all costs it incurs in repairing such damages. This deposit is refundable if no damage is identified at the move-out inspection; and

    e. If a Resident cannot care for their pet due to an illness, absence, or death, and no other person can be found to care for the pet, after twenty-four (24) hours have elapsed, the Resident hereby gives permission for the pet to be released to the Humane Society/Animal Control, in accordance with their procedures. In no case shall CHA incur any costs or liability for the care of a pet placed in the care of another individual or agency under this procedure.

Attachment L

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

PHA Name: Clarkton Housing Authority	Grant Type and Number Capital Fund Program: MO36P025501-01 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2001

☒ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)
☒ Performance and Evaluation Report for Period Ending: 6/30/01 ☐ 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	30,000		4,000	0
4	1410 Administration	12,000		12,000	0
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	15,000		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	72,274		0	0
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)	129,274		16,000	0

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

PHA Name: Clarkton Housing Authority	**Grant Type and Number** Capital Fund Program: MO36P025501-01 Capital Fund Program Replacement Housing Factor Grant No:	**Federal FY of Grant:** **2001**

☒**Original Annual Statement** ☐**Reserve for Disasters/ Emergencies** ☐**Revised Annual Statement (revision no:)**
☒**Performance and Evaluation Report for Period Ending: 6/30/01** ☐**Final Performance and Evaluation Report**

Line No.	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
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 II: Supporting Pages

PHA Name: Clarkton Housing Authority

Grant Type and Number
Capital Fund Program #: MO36P025501-01
Capital Fund Program
Replacement Housing Factor #:

Federal FY of Grant: 2001

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	
HA-Wide Management	A. Community policing	1408	1	26,000		0	0	Complete by 9/04
Improvements	B. Resident Coordinator	1408	1	4,000		4,000	0	Complete by 9/04
	Subtotal			**30,000**		**4,000**	**0**	
HA-Wide Admin Costs	A. Partial salary and benefits for staff involved with capital fund	1410	10%	12,000		12,000	0	Complete by 9/04
	Subtotal			**12,000**		**12,000**	**0**	
HA Wide	A. A/E Services	1430	100%	10,000		0	0	Complete by 9/04
Fees & Cost	B. Consulting services	1430	100%	5,000		0	0	Complete by 9/04
	Subtotal			**15,000**		**0**	**0**	
MO 25-1	A. Construct storage sheds behind units	1460	24 ea	72,274		0	0	Complete by 9/04
	Subtotal			**72,274**		**0**	**0**	
	Grand Total			**129,274**		**16,000**	**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: Clarkton Housing Authority	**Grant Type and Number** Capital Fund Program #: MO36P025501-01 Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant:** 2001

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
MO 25-1	3/31/03			9/30/04			
HA-Wide	3/31/03			9/30/04			

Attachment M

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

PHA Name: Clarkton Housing Authority	Grant Type and Number Capital Fund Program Grant No: MO36P025501-00 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)
☒ Performance and Evaluation Report for Period Ending: 6/31/01 ☐ 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	3,600		3,600	0
4	1410 Administration	4,620		4,620	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	9,000		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	26,485		0	0
10	1460 Dwelling Structures	83,501		0	0
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	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	127,206		8,220	0

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

PHA Name: Clarkton Housing Authority	Grant Type and Number Capital Fund Program Grant No: MO36P025501-00 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)
☒ Performance and Evaluation Report for Period Ending: 6/31/01 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Clarkton Housing Authority

Grant Type and Number
Capital Fund Program Grant No: MO36P025501-00
Replacement Housing Factor Grant No:

Federal FY of Grant: 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 Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Management Improvements	Resident Coordinator	1408	LS	3,600		3,600	0	Complete by 9/03
	Subtotal			**3,600**		**3,600**	**0**	
HA Wide Administration	A. Partial staff to work with resident programs	1410	LS	4,620		4,620	0	Complete by 9/03
	Subtotal			**4,620**		**4,620**	**0**	
HA Wide Fees & Cost	A. A/E & Consulting Fees	1430	LS	9,000		0	0	Complete by 9/03
	Subtotal			**9,000**		**0**	**0**	
MO 25-1	A. Enclosed back porches	1460	24	76,001		0	0	Complete by 9/03
	B. Repair/Replace fire escapes	1460	3	7,500		0	0	Complete by 9/03
	Subtotal			**83,501**		**0**	**0**	
MO 25-2	A. Repair & resurface driveways	1450	9	26,485		0	0	Complete by 9/03

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

PHA Name: Clarkton Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: MO36P025501-00 Replacement Housing Factor Grant No:				**Federal FY of Grant:** 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 Work
				Original	Revised	Funds Obligated	Funds Expended	
	Subtotal			**26,485**		**0**	**0**	
	Grand Total			**127,206**		**8,220**	**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: Clarkton Housing Authority	**Grant Type and Number** Capital Fund Program No: MO36P025501-00 Replacement Housing Factor No:	**Federal FY of Grant:** 2000

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-Wide	3/31/02			9/30/03			
MO 25-1	3/31/02			9/30/03			
MO 25-2	3/31/02			9/30/03			