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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: Excelsior Springs Housing Authority

PHA Number: MO 053

PHA Fiscal Year Beginning: (mm/yyyy) 07/2002

PHA Plan Contact Information:

Name: Nancy Nolker

Phone: 816-630-7361

TDD: 816-630-7361

Email (if available): excelsiorha@usa.net

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

PHA Programs Administered:

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

**Annual PHA Plan
Fiscal Year 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.

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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 PHA 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 were implemented on 7/1/01, and our family development pet policy has already 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? \$244,713

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.

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 <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

[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 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

[24 CFR Part 903.7 (m)]

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

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

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

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

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

6. Other Information

[24 CFR Part 903.7 9 (r)]

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

1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name)
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 at the end of the RAB Comments in Attachment ____.
 - Other: (list below)

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (provide name here)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
 - The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
 - Other: (list below)
3. PHA Requests for support from the Consolidated Plan Agency
 Yes No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

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

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

A. Substantial Deviation from the 5-year Plan:

The Excelsior Springs Housing Authority's (PHA) Definition of Substantial Deviation and Significant Amendment or Modification is 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 Excelsior Springs Housing Authority's (PHA) Definition of Substantial Deviation and Significant Amendment or Modification is 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.

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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 <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
YES	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 <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
YES	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

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List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
YES	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
YES	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
YES	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
YES	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
YES	Section 8 informal review and hearing procedures <input type="checkbox"/> 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

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 (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: <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
YES	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy

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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)

Annual Statement/Performance and Evaluation Report

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Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Excelsior Springs Housing Authority	Grant Type and Number Capital Fund Program: 2002 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 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	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	15,000			
3	1408 Management Improvements	25,800			
4	1410 Administration	24,470			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	12,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	44,000			
10	1460 Dwelling Structures	108,443			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	15,000			
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)	244,713			
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: Excelsior Springs Housing Authority			Grant Type and Number Capital Fund Program #: 2002 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 Operations	Housing Operations	1406		15,000				Complete by 09/04
HA Wide Management Improvements	A. Security-Off duty police officers	1408		17,000				Complete by 09/04
	B. Advertising	1408		300				Complete by 09/04
	C. Consultant	1408		2,500				Complete by 09/04
	D. Computer Upgrade	1408		1,000				Complete by 09/04
	E. Staff Training	1408		5,000				Complete by 09/04
HA Wide Administration	CFP Coordinator/Deputy Director Salary & Benefits	1410		24,470				Complete by 09/04
HA Wide Fees & Costs	A & E Services	1430		12,000				Complete by 09/04
HA Wide Non-Dwelling Equipment	Replace work van	1475		15,000				Complete by 09/04

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Excelsior Springs Housing Authority			Grant Type and Number Capital Fund Program #: 2002 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	
MO 53-1 Ruey Anne & North Wind	A. Painting	1460		7,500				Complete by 09/04
	B. Carpet & Flooring	1460		5,000				Complete by 09/04
	C. Renovate Kitchens	1460		27,743				Complete by 09/04
	D. Replace Sliding Glass Doors	1460		15,200				Complete by 09/04
	E. Replace HW Heaters	1460		15,000				Complete by 09/04
	F. Replace Appliances	1460		10,000				Complete by 09/04
	G. Security System	1460		10,000				Complete by 09/04
MO 53-2 Saratoga	A. Replace Furniture	1460		8,000				Complete by 09/04

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Excelsior Springs Housing Authority		Grant Type and Number Capital Fund Program #: 2002 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	
	B. Replace Appliances	1460		5,000				Complete by 09/04
	C. Repair Structural Damage	1460		5,000				
MO 53-1 Ruey Anne & North Wind	A. Landscaping	1450		7,500				Complete by 09/04
	B. Street Repair	1450		30,000				Complete by 09/04
MO 53-2 Saratoga	A. Concrete work	1450		5,000				Complete by 09/04
	B. Landscaping	1450		1,500				Complete by 09/04

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 checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
	PHA Wide	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
1406-Operations	59,964	7-1-2003
1408-Management Improvements	89,700	7-1-2003
1410-Administration	97,880	7-1-2003
1430-Fees & Costs	15,000	7-1-2003
1475-Non-Dwelling Equipment	44,961	7-1-2004
Total estimated cost over next 5 years	307,505	

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 checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
MO 53-1	Ruey-Anne	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
1450-Landscape	5,000	7-1-2003
1450-Repave Parking Lot	20,000	7-1-2003
1460-Renovate Bathrooms	139,461	7-1-2005
1460-Carpet & Flooring	10,000	7-1-2004
1460-Replace Mailboxes	5,000	7-1-2005
1460-Painting	4,000	7-1-2004
1460-Refurbish Hallways	24,443	7-1-2006
1460-Replace Appliances	10,000	7-1-2003
1460-Renovate Kitchens	109,530	7-1-2003
1460-Replace Roof	15,000	7-1-2004
Total estimated cost over next 5 years	342,434	

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 checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
MO 53-1	Saratoga Towers	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
1450-Landscape	9,000	7-1-2003
1460-Carpet & Flooring	5,000	7-1-2003
1460-Replace Appliances	15,000	7-1-2004
1460-Replace Mailboxes	5,000	7-1-2005
1460-Roof	20,000	7-1-2005
Total estimated cost over next 5 years	54,000	

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 checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
MO 53-2	North Wind	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
1450-Street Repair	4,713	7-1-2003
1450-Landscape	7,000	7-1-2004
1460-Replace AC/Furnace	79,200	7-1-2003
1460-Replace Appliances	5,000	7-1-2004
1460-Roof & Guttering	64,500	7-1-2004
1460-Replace Mailboxes	5,000	7-1-2005
1460-Renovate Bathrooms	109,500	7-1-2006
Total estimated cost over next 5 years	274,913	

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 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 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 1995						
FY 1996						
FY 1997						
FY1998						
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 ____ 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	
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	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 - 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.							
2.							
3.							

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.							
2.							
3.							

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.							
2.							
3.							

9140 – Voluntary Tenant Patrol					Total PHEDEP 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.							

9150 - Physical Improvements					Total PHEDEP 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.						

9160 - Drug Prevention					Total PHEDEP 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.							

9170 - Drug Intervention					Total PHEDEP 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.							

9180 - Drug Treatment					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9190 - Other Program Costs					Total PHDEP Funds: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
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:

Ms. Rebecca Baldwin

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

Elected

Appointed

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

August 2001 to November 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):

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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. Rebecca Baldwin

Ms. Alice Rice

Ms. Lois Green

Ms. Iris Moore

Ms. Mary Rowley

Ms. Sharon Boxx

Attachment F: 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 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. With the appointment of a new Executive Director work items from the 5-year action plan for FY 2000 and 2001 have been rearranged to meet issues as they are visualized currently.

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.

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

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**Attachment G: Implementation of
Public Housing Resident Community
Service Requirement**

Due to recent regulatory changes, the Housing Authority has ceased to implement all Community Service Requirements.

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**Attachment H: 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)]

**Attachment I: Component 10 (b)
Voluntary Conversion**

- A. How many of the PHA’s developments are subject to the Required Initial Assessments?
Two
- 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?
- D. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:
None

Development Name	Number of Units

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

Attachment J: PHA’s Policy on Pet Ownership in Public Housing Family Developments

In compliance with Section 526 of The Quality Housing and Work Responsibility Act of 1998, PHA 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 is subject to 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 pounds (20 lbs.) 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: <table border="0" style="margin-left: 20px;"> <tr> <td>a. Chihuahua</td> <td>e. Cocker Spaniel</td> </tr> <tr> <td>b. Pekingese</td> <td>f. Dachshund</td> </tr> <tr> <td>c. Poodle</td> <td>g. Terriers</td> </tr> <tr> <td>d. Schnauzer</td> <td></td> </tr> </table>	a. Chihuahua	e. Cocker Spaniel	b. Pekingese	f. Dachshund	c. Poodle	g. Terriers	d. Schnauzer	
a. Chihuahua	e. Cocker Spaniel								
b. Pekingese	f. Dachshund								
c. Poodle	g. Terriers								
d. Schnauzer									
	<p>NO PIT BULLS WILL BE PERMITTED</p> <p>NO ROTTWEILER WILL BE PERMITTED</p> <p>NO DOBERMAN PINSHCER WILL BE PERMITTED</p> <p>NO CHOWS WILL BE PERMITTED</p>								
Cats	Cats must be spayed or neutered and be de-clawed or have scratching post, and should not exceed fifteen (15) pounds.								
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 PHA approve of exotic pets, such as snakes, monkeys, game pets, etc.								

2. Residents who choose to have pets are advised of their responsibilities under Missouri State Law as follows:

- A. Animal Neglect and Abandonment:

Any persons convicted of failure to provide adequate care or adequate control of an animal, so that an animal does not injure itself, any person, any other animal or property is guilty of a Class C Misdemeanor with a maximum fine of \$500. and a maximum sentence of fifteen (15) days imprisonment. A second conviction is a Class B Misdemeanor with a maximum fine of \$1000. and a maximum sentence of six (6) months imprisonment.
- B. Animal Abuse:

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Any person convicted of knowingly failing to provide adequate care or adequate control of an animal is guilty of a Class A Misdemeanor with a maximum fine of \$1000. and a maximum sentence of one (1) year imprisonment. A second conviction is a Class D Felony with a maximum fine of \$5000. and a maximum sentence of five (5) years imprisonment.

3. No more than one (1) dog or cat shall be permitted in a household. In the case of birds, a maximum of four (4) 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. No pet deposit will be required for 1 small caged bird as defined above. No pet deposit will be required for a 2 ½ gallon or small fish tank.
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, ROTWEILLER, CHOWS OR DOBERMAN PINSCHER WILL BE PERMITTED.** All dogs and cats will need to be on a leash, or otherwise restrained. **NOT TIED UP AND LEFT**, at all times when they are outside the unit. **NO OUTSIDE DOG HOUSES.** Neither dogs nor cats shall be permitted to run loose.
6. Guests of residents are **NOT** permitted to bring pets of any kind on the Housing Authority property.
7. 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, ESHA employees or the public, by reason of noise, unpleasant odors or other objectionable situations. Residents shall prevent their dog from urinating or defecating on buildings, trees, shrubs, bushes or flowers on the ESHA property.
8. 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. Residents are to provide litter boxes for cat waste, which are to be kept in the unit. Residents shall not allow waste to accumulate. Resident shall dispose of waste by placing it in a plastic bag, sealing bag and deliver unbroken to trash containers. Residents are responsible for the immediate cleaning up of their pet’s droppings, **INSIDE AND OUTSIDE** of their unit and on ESHA property and properly disposing of said droppings in trash containers. Improper disposal of pet waste is a lease violation and may be grounds for termination.
9. All pets shall be inoculated and licensed in accordance with applicable state and local laws. The resident must provide ESHA with a certificate signed by veterinarian, each year, that distemper and rabies shots, or boosters have been given. No pet shall be kept in violation of State Humane or Health laws, or local Ordinance. 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.)
10. Resident shall not permit any disturbance by their pet, which would interfere with the peaceful enjoyment of other residents: whether by barking, howling, biting, scratching, chirping or other such activities.
11. Residents shall not alter their unit, patio or unit area to create any enclosure for an animal or any other reason.
12. Residents are responsible for any and all damages, including costs of fumigation caused by their pets.
13. All residents are prohibited from feeding stray animals. The feeding of stray animals shall constitute having a pet without approval of the ESHA and shall be considered cause for eviction.

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14. 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 a \$200. Pet Deposit. The Deposit shall 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 cost it incurs in repairing such damages. Pet owners who have a pet and pet deposit paid at the effective date of this Policy will not be required to pay an additional deposit.
 - 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 PHA incur any costs or liability for the care of a pet placed in the care of another individual or agency under this procedure.
15. Any litigation resulting from actions by pets shall be the sole responsibility of the pet owner. The pet owner agrees to indemnify and hold harmless the ESHA from all claims, causes of action damages or expenses, including attorney's fees, resulting from the action or the activities of his or her pet. The ESHA accepts NO RESPONSIBILITY for any pet under any circumstance. The ESHA strongly advises Resident to obtain liability insurance. State Law provides that it is a crime to not control your pet; failure to do so the first (1st) time is a misdemeanor; the second (2nd) time is a felony.

This Pet Policy becomes effective August 9, 2000, and may be amended by the Excelsior Springs Housing Authority Board of Commissioners at any time.

Attachment K:

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Excelsior Springs Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO16P05391299 Replacement Housing Factor Grant No:			Federal FY of Grant: 1999
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/01 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	48,186.64		48,186.64	48,186.64
3	1408 Management Improvements	15,922.00		15,922.00	15,922.00
4	1410 Administration	185.36		185.36	185.36
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	14,720.00		14,720.00	14,720.00
8	1440 Site Acquisition				
9	1450 Site Improvement	84,068.00		84,068.00	3,774.00
10	1460 Dwelling Structures	72,502.00		72,502.00	72,502.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	23,247.00		23,247.00	23,247.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	258,831.00		258,831.00	178,537.00
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security—Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Excelsior Springs Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO16P05391299 Replacement Housing Factor Grant No:		Federal FY of Grant: 1999	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/01 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

Annual Statement/Performance and Evaluation Report									
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)									
Part II: Supporting Pages									
PHA Name: Excelsior Springs Housing Authority			Grant Type and Number				Federal FY of Grant: 1999		
			Capital Fund Program Grant No: MO16P05391299						
			Replacement Housing Factor Grant No:						
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 Operations	Housing Operations	1406		48,186.64		48,186.64	48,186.64	Complete	
	Subtotal-1406			48,186.64		48,186.64	48,186.64		
HA Wide Management Improvements	Consultant for Annual Plan & HA	1408		15,922.00		15,922.00	15,922.00	Complete	
	Subtotal-1408			15,922.00		15,922.00	15,922.00		
HA Wide Administration	Postage & Advertising	1410		185.36		185.36	185.36	Complete	
	Subtotal-1410			185.36		185.36	185.36		
HA Wide Fees & Costs	A/E design	1430		14,720.00		14,720.00	14,720.00	Complete	
	Subtotal-1430			14,720.00		14,720.00	14,720.00		
HA Wide Non-dwelling Equipment	A. Van & Racks	1475		18,775.38		18,775.38	18,775.38	Complete	
	B. Phone System	1475		4,470.85		4,470.85	4,470.85	Complete	
	Subtotal-1475			23,247.00		23,247.00	23,247.00		

Annual Statement/Performance and Evaluation Report									
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)									
Part II: Supporting Pages									
PHA Name: Excelsior Springs Housing Authority			Grant Type and Number Capital Fund Program Grant No: MO16P05391299 Replacement Housing Factor Grant No:				Federal FY of Grant: 1999		
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		
MO 53-1 Ruey-Anna & Northwind	A. Fire Alarm Update	1460		39,760.00		39,760.00	39,760.00	Complete	
	B. Closet Door Replacement	1460		32,742.00		32,742.00	32,742.00	Complete	
MO 53-2 Saratoga	A. Security Screens	1460		.00		.00	.00		
	B. Replace A/C Units	1460		.00		.00	.00		
	Subtotal-1460			72,502.00		72,502.00	72,502.00		
MO 53-1 Ruey-Anna & Northwind	A. Concrete Work & Street Repair	1450		58,848.00		58,848.00	1,945.00	Complete by 9/03	
	B. Landscaping	1450				.00	.00		
MO 53-2 Saratoga	A. Street Improvements & Concrete Work	1450		25,220.00		25,220.00	1,828.00	Complete by 9/03	
	Subtotal-1450			84,068.00		84,068.00	3,773.00		
	GRAND TOTAL			258,831.00		258,831.00	178,537.00		

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages							
PHA Name: Excelsior Springs Housing Authority			Grant Type and Number Capital Fund Program Grant No: MO16P05391299 Replacement Housing Factor Grant No:			Federal FY of Grant: 1999	
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

Attachment H:

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Excelsior Springs Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO16P053501-00 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/01 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	9,448.00		9,448.00	
3	1408 Management Improvements	48,160.00		24,817.38	21,292.99
4	1410 Administration	24,080.00		24,080.00	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8,400.00		8,400.00	
8	1440 Site Acquisition				
9	1450 Site Improvement	30,257.00		4,673.45	4,673.45
10	1460 Dwelling Structures	113,890.00		115,512.98	113,067.98
11	1465.1 Dwelling Equipment—Nonexpendable				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Excelsior Springs Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO16P053501-00 Replacement Housing Factor Grant No:		Federal FY of Grant: 2000	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/01 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	6,568.00		1,567.85	1,567.85
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines....)	240,803.00		188,499.66	140,602.27
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security--Soft Costs	21,660			
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Excelsior Springs Housing Authority			Grant Type and Number Capital Fund Program Grant No: MO16P053501-00 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	

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: Excelsior Springs Housing Authority			Grant Type and Number Capital Fund Program Grant No: MO16P053501-00 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
HA Wide Operations	Housing Operations	1406		9,448.00		9,448.00	.00	Complete by 9/03
	Subtotal-1406			9,448.00		9,448.00	.00	
HA Wide	A. Update Lindsey Software	1408		7,500.00				Complete by 9/03
Management Improvements	B. Security Officers	1408		21,660.00		21,172.50	20,362.50	Complete by 9/03
	C. Housing Auth. Consultant	1408		4,000.00		2,868.00	930.00	Complete by 9/03
	D. Staff training	1408		15,000.00		776.88	.00	Complete by 9/03
	Subtotal-1408			48,160.00		24,817.38	21,292.50	
HA Wide Administration	CFP Coordinator/Deputy Director Salary & Benefits	1410		24,080.00		24080.00	.00	Complete by 9/03
	Subtotal-1410			24,080.00		24,080.00	.00	
HA Wide Fees & Costs	A/E design	1430		8,400.00		8,400.00	.00	Complete by 9/03
	Subtotal-1430			8,400.00		8,400.00	.00	
HA Wide Non-dwelling Equipment	A. Trade in mower	1475		5,000.00				Complete by 9/03
	B. Update computer network	1475		1,568.00		1,567.85	1,567.85	Complete by 9/03
	Subtotal-1475			6,568.00		1,567.85	1,567.85	
MO 53-1 Ruey-Anna & Northwind	A. Replace closet doors	1460		9,461.00		11,964.87	11,964.87	Complete
	B. Replace floor covering	1460		5,000.00		3,202.05	3,202.05	Complete
	C. Paint Units	1460		4,500.00		4,165.00	1,720.00	Complete by

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: Excelsior Springs Housing Authority			Grant Type and Number Capital Fund Program Grant No: MO16P053501-00 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
								9/03
MO-53-2 Saratoga	A. Replace furnace & A/C	1460		73,754.00		79,754.00	79,754.00	Complete
	B. Replace water heaters	1460		13,175.00		13,175.00	13,175.00	Complete
	C. Replace floor covering	1460		5,000.00		1,962.06	1,962.06	Complete
	D. Paint Units	1460		3,000.00		1,290.00	1,290.00	Complete
	Subtotal-1460			113,890.00		115,512.98	113,067.98	

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: Excelsior Springs Housing Authority			Grant Type and Number Capital Fund Program Grant No: MO16P053501-00 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	
MO-53-1 Ruey Anne & Northwind	A. Landscaping	1450		2,862.70		2,862.70	2,862.70	Complete
	B. Concrete and fence work	1450		15,291.30		.00	.00	
MO 53-2 Saratoga	A. Landscaping	1450		1,810.75		1,810.75	1,810.75	Complete
	B. Concrete and fence work	1450		10,292.25		.00	.00	Complete by

Annual Statement/Performance and Evaluation Report						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: Excelsior Springs Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO16P053501-01 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/01 <input type="checkbox"/> Final Performance and Evaluation Report						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations	48,900.00				
3	1408 Management Improvements					
4	1410 Administration	20,000.00				
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	165,813.00				
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	1502 Contingency					
	Amount of Annual Grant: (sum of lines.....)	244,713.00				
	Amount of line XX Related to LBP Activities					
	Amount of line XX Related to Section 504 compliance					
	Amount of line XX Related to Security –Soft Costs					
	Amount of Line XX related to Security-- Hard Costs					
	Amount of line XX Related to Energy Conservation Measures					
	Collateralization Expenses or Debt Service					

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages							
PHA Name: Excelsior Springs Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO16P053501-01 Replacement Housing Factor Grant No:			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	
				Original	Revised	Funds Obligated	Funds Expended
HA Wide Operations	Housing Operations	1406		48,900.00			
	Subtotal-1406			48,900.00		.00	.00
HA Wide Administration	CFP Coordinator/Deputy Director Salary & Benefits	1410		20,000.00			
	Subtotal-1410			20,000.00		.00	.00
MO 53-1 Ruey-Anna & Northwind	A. Renovate Kitchens	1460	64 Units	165,813.00			
	Subtotal			165,813.00		.00	.00
MO 53-2 Saratoga	A. Repair Sidewalks	1450	1 Site	10,000.00			
	Subtotal			10,000.00		.00	.00
	GRAND TOTAL			244,713		.00	.00

