

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

Small PHA Plan Update  
Annual Plan for Fiscal Year: \_\_\_\_\_

# **FY 2002**

## ***SEDALIA MISSOURI***

### ***HOUSING AUTHORITY***

Harvey Ream, II Chairman  
Robert Cross, ViceChair  
Shirley Neff, Member  
Geraldine Ford, Member  
Lesther Reedy, Resident Member

Darrin J. Taylor, PHM  
Executive Director

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

## **PHA Plan Agency Identification**

**PHA Name:** Housing Authority of the City of Sedalia, MO

**PHA Number:** MO074

**PHA Fiscal Year Beginning:** 01/01/2002

### **PHA Plan Contact Information:**

Name: Darrin J. Taylor  
Phone: 660-827-1400  
TDD: 660-827-1400  
Email: sedalia\_housing@centralcomm.net

### **Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting:**

- ◆ Main administrative office of the PHA
- ◆ 500 Welch Court, Sedalia, MO 65301

### **Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at:

- ◆ Main administrative office of the PHA
- 500 Welch Court, Sedalia, MO 65301

PHA Plan Supporting Documents are available for inspection at:

- ◆ Main business office of the PHA
- 500 Welch Court, Sedalia, MO 65301

### **PHA Programs Administered:**

Public Housing and Section 8 : **195 Units Public Housing & 70 Section 8 Vouchers**

**Annual PHA Plan  
Fiscal Year 20**  
[24 CFR Part 903.7]

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**ii. Executive Summary**

[24 CFR Part 903.7 9 (r)]

The Sedalia Housing Authority has determined it plays an important role, in meeting the housing needs of Sedalia and surrounding Pettis County. Our plan has taken this role into consideration and by its design, will guide the PHA in continuing to be a viable housing resource in this community. We have partnered and worked together with our Resident Advisory Board, the City of Sedalia and other local agencies, to ensure this plan is broad-based and reflects the true needs

of our community and its citizens. We are confident that this plan exemplifies our strategies to provide safe, decent and affordable housing, promote economic opportunity and a suitable living environment for the citizens we serve.

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

The Sedalia Housing Authority continues to change its policies to reflect changes in the Code of Federal Register at 24 CFR and as specified in U.S. Department of Housing and Urban Development regulations as such apply to our low-income and Section 8 Programs. Specifically, the PHA will implement changes in its ACOP and lease for low-income, and Administration Plan for the Section 8 Program as required by the Federal Register dated May 24, 2001, 24 CFR Parts 5 et al., for Screening and Eviction for Drug Abuse and Other Criminal Activity; Final Rule.

**2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

A. **Yes** : 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? \$ **355,513.00**

C. **Yes** 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

~~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)]

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

1437p)) in the plan Fiscal Year? (If “No”, skip to next component ; if “yes”, complete one activity description for each development.)

2. Activity Description

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>
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. **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)]

**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. **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)]

**Resident Advisory Board (RAB) Recommendations and PHA Response**

1. **Yes :** 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:**

***1) The PHA administration worked with the Resident Advisory Board throughout the entire planning process starting with the first Annual Plan submission for FY 2000 and subsequent years Annual Plan Updates. This joint process in the development of the Annual Plan and 5-Year Plan and subsequent annual plan updates, has resulted in agreement of plan components, thereby rendering changes irrelevant. The plan contains elements jointly agreed upon by PHA management and the RAB where applicable, including all discretionary plan principals.***

**B. Statement of Consistency with the Consolidated Plan**

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)
  - 1) Furthering Fair Housing by providing information regarding Fair Housing Rights
  - 2) No Discriminatory Practices
  - 3) Provide assistance in the form of information to tenants regarding homeownership
  - 4) Provide safe, decent and affordable housing for low-income households, families and elderly, persons with special needsOther: (list below)

PHA Requests for support from the Consolidated Plan Agency

**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:

The State of Missouri Department of Economic Development has approved the Annual Plan and 5-Year Plan as submitted originally for FY 2000. As there are no significant deviations and the scope of the annual plan and 5-year plans remain consistent with HUD regulations and the state's consolidated plan, this plan update is still in agreement with the objectives of our jurisdiction as outlined in the State's Consolidated Plan

### **C. Criteria for Substantial Deviation and Significant Amendments**

Amendment and Deviation Definitions  
24 CFR Part 903.7(r)

#### **A. Substantial Deviation from the 5-year Plan:**

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

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

**Significant amendments or modification to the annual plan is defined and stipulated in Part A. (above) Substantial Deviations From the 5-Year Plan. Significant amendments as required by the U. S. Department of Housing and Urban Development regulations, or an act of Congress, or legislation that fundamentally changes the Code of Federal Register 24 CFR pertaining to assisted housing programs, or policies that affect residents of Public Housing, or the outcomes of activities set forth in the Annual Plan will require a Public Hearing process and HUD review before implementation.**

## **Attachment A** **Supporting Documents Available for Review**

List of Supporting Documents Available for Review
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Applicable & On Display	Supporting Document	Related Plan Component
<b>YES</b>	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
<b>N/A</b>	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
<b>YES</b>	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
<b>YES</b>	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
<b>YES</b>	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
<b>YES</b>	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
<b>N/A</b>	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
<b>YES</b>	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
<b>YES</b>	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

Applicable & On Display	Supporting Document	Related Plan Component
<b>YES</b>	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
<b>YES</b>	Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
<b>YES</b>	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
<b>YES</b>	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
<b>YES</b>	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
<b>YES</b>	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
<b>YES</b>	Any required policies governing any Section 8 special housing types <b>X</b> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
<b>YES</b>	Public housing grievance procedures check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
<b>YES</b>	Section 8 informal review and hearing procedures <b>X</b> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
<b>YES</b>	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
<b>N/A</b>	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
<b>N/A</b>	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
<b>YES</b>	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
<b>N/A</b>	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and

Applicable & On Display	Supporting Document	Related Plan Component
N/A		Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
YES	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"> <li>• Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>• Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>• Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>• Coordination with other law enforcement efforts;</li> <li>• Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>• All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the</li> </ul>	Annual Plan: Safety and Crime Prevention

Applicable & On Display	Supporting Document	Related Plan Component
	public housing sites assisted under the PHDEP Plan.	
<b>YES</b>	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
<b>YES</b>	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
<b>N/A</b>	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

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<b>Annual Statement/Performance and Evaluation Report</b>					
PHA Name: SEDALIA MISSOURI HOUSING PHA		Grant Type and Number MO16PO7450100			Federal FY of Grant: 2016
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	34,982	0	34,982.00	34,982
3	1408 Management Improvements	10,000	0	3,500.00	2,213.04
4	1410 Administration	12,942	0		
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	15,000	0	15,000.00	4,044.40
8	1440 Site Acquisition				
9	1450 Site Improvement	35,000	0	5,743.00	5,743.00
10	1460 Dwelling Structures	209,900	0	209,900.00	
11	1465.1 Dwelling Equipment—Nonexpendable	12,000	0	12,000.00	
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	20,000	0		
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)	349,824		281,125.00	46,982.44
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	10,000			
24	Amount of line 20 Related to Energy Conservation Measures	20,000			

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

PHA Name: <b>Sedalia Housing Authority</b>		Grant Type and Number Capital Fund Program #: <b>MO07450100</b> Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: <b>FY 2000</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Operations	A. Housing Operations	1406	10%	34,982	0	34,982	34,982	Complete
HA Wide Management Improvements	A. Staff Training	1408	6	5,000	0	3,500	2,213.04	44%
	B. Computer/Equipment Upgrades	1408	20%	5,000	0	0	0	0%
HA Wide Admin. Costs	A. Partial Salary & Benefits for staff involved with Capital Grant	1410	5%	12,492	0	0	0	0%
HA Wide Fees & Costs	A. A/E Design and fees associated with Capital grant projects	1430	100%	15,000	0	15,000	4,044.40	27%
MO 074001 Anthony Buckner Apartments	A. Renovate Bathrooms	1460	20 units	60,000	0	60,000	0	0
	B. Renovate Kitchens	1460	20 units	84,000	0	84,000	0	0
	C. Replace Interior Doors	1460	20 units	60,000	0	60,000	0	0
MO 074001B Casa Loma Apartments	A. Replace Storm Doors	1460	50 units	5,900	0	5,900	0	0
HA Wide	A. Replace Appliances	1465.1	20 pair	6,000	0	6,000	0	0
	B. Replace Water Heaters	1465.1	20 each	6,000	0	6,000	0	0
HA Wide	A. Replace Maintenance Equipment	1475	LS	20,000	0	0	0	0
	B. Playground Equipment	1450	1	10,000	0	5,743	5,743	57%
	C. Landscaping/Correct Drainage	1450	2 sites	25,000	0	0	0	0

Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	Work



	Original	Revised	Actual	Original	Revised	Actual	



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<b>Annual Statement/Performance and Evaluation Report</b>					
PHA Name: <b>Sedalia Housing Authority</b>			Grant Type and Number <b>MO16PO7450101</b>		Federal FY of Grant: <b>2</b>
<b>Original Annual Statement</b>			<b>Reserve for Disasters/ Emergencies Revised Annual Statement (revis</b>		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	35,551.30		35,551.30	0
3	1408 Management Improvements	10,000.00		0	0
4	1410 Administration	12,942.00		0	0
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	31,000.00		16,544.40	0
8	1440 Site Acquisition				
9	1450 Site Improvement	15,000.00		0	0
10	1460 Dwelling Structures	237,019.70		237,019.70	0
11	1465.1 Dwelling Equipment—Nonexpendable	14,000.00		0	0
12	1470 Nondwelling Structures			0	0
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)	355,513.00		289,115.40	0
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	10,000.00		

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

<b>PHA Name: Sedalia Housing Authority</b>		<b>Grant Type and Number Capital Fund Program #: MO16PO7450101 Capital Fund Program Replacement Housing Factor #:</b>			<b>Federal FY of Grant: FY 2001</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Operations	A. Housing Operations	1406	10%	35,551.30	0	35,551.30	0	0%
HA Wide Management Improvements	A. Staff Training	1408	6	5,000.00	0	0	0	0%
	B. Computer/Equipment Upgrades	1408	20%	5,000.00	0	0	0	0%
HA Wide Admin. Costs	A. Partial Salary & Benefits for staff associated with Capital grant projects	1410	100%	12,942.00	0	0	0	0%
HA Wide	A. A/E Design and fees associated	1430	100%	31,000.00	0	16,544.40	0	53%

Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	Work
<b>Fees &amp; Costs</b>	<b>with Capital grant projects</b>							
<b>HA Wide</b>	<b>A. Site Improvement</b>	<b>1450</b>	<b>100%</b>	<b>15,000.00</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>MO 074001</b>	<b>A. Renovate Bathrooms</b>	<b>1460</b>	<b>20 units</b>	<b>71,006.57</b>	<b>0</b>	<b>71,006.57</b>	<b>0</b>	<b>0%</b>
<b>Anthony</b>	<b>B. Renovate Kitchens</b>	<b>1460</b>	<b>20 units</b>	<b>95,006.56</b>	<b>0</b>	<b>95,006.56</b>	<b>0</b>	<b>0%</b>
<b>Buckner</b>	<b>C. Replace Interior Doors</b>	<b>1460</b>	<b>20 units</b>	<b>71,006.57</b>	<b>0</b>	<b>71,006.57</b>	<b>0</b>	<b>0%</b>
<b>Apartments</b>								
<b>MO 074001B</b>	<b>A. Replace Lock Sets</b>	<b>1465.1</b>	<b>50 units</b>	<b>7,000.00</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>Casa Loma</b>	<b>B. Replace Appliances</b>	<b>1465.1</b>	<b>20 pair</b>	<b>7,000.00</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0%</b>
<b>Apartments</b>								

<b>Annual Statement/Performance and Evaluation Report</b>							
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>							
<b>Part III: Implementation Schedule</b>							
<b>PHA Name:</b> <b>Sedalia Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program #: MO16PO07450101 Capital Fund Program Replacement Housing Factor #:				<b>Federal FY of Grant:</b> <b>FY 2001</b>	
<b>Development Number</b> <b>Name/HA-Wide</b> <b>Activities</b>	<b>All Fund Obligated</b> <b>(Quarter Ending Date)</b>			<b>All Funds Expended</b> <b>(Quarter Ending Date)</b>			<b>Reasons for Revised Target Dates</b>
	<b>Original</b>	<b>Revised</b>	<b>Actual</b>	<b>Original</b>	<b>Revised</b>	<b>Actual</b>	
<b>HA Wide</b>	<b>3/31/04</b>			<b>9/30/05</b>			

	Original	Revised	Actual	Original	Revised	Actual	
MO 074001 Anthony Buckner	3/31/04			9/30/05			
MO 074001B Casa Loma	3/31/04			9/30/05			

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Table Library

<b>Annual Statement/Performance and Evaluation Report</b>		
PHA Name: Sedalia Housing Authority	Grant Type and Number	Federal FY of Grant:2002
Original Annual Statement	Reserve for Disasters/ Emergencies Revised Annual Statement (revision	

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	35,551.30			
3	1408 Management Improvements	5,000.00			
4	1410 Administration	12,942.00			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	10,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	15,318.30			
10	1460 Dwelling Structures	237,019.70			
11	1465.1 Dwelling Equipment—Nonexpendable	7,000.00			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	32,681.70			
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)	355,513.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures	10,000.00			

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

PHA Name: <b>Sedalia Housing Authority</b>		Grant Type and Number Capital Fund Program #: Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant:  <b>FY 2002</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Operations	A. Housing Operations	1406	10%	35,551.30				
HA Wide Management Improvements	A. Staff Training B. Computer/Equipment Upgrades	1408 1408	6 20%	2,500 2,500				
HA Wide Admin. Costs	A. Partial Salary & Benefits for staff involved with Capital Grant	1410	5%	12,492				
HA Wide Fees & Costs	A. A/E Design and fees associated with Capital grant projects	1430	100%	10,000				
MO 074001 Anthony Buckner Apartments	A. Renovate Bathrooms B. Renovate Kitchens C. Replace Interior Doors	1460 1460 1460	20 units 20 units 20 units	71,006.57 95,006.56 71,006.57				
MO 074001B Casa Loma Apartments	A. Landscaping B. Replace Appliances	1450 1465.1	1 site 20 pair	15,318.30 7,000				
HA Wide	A. Maintenance Equipment/Vehicle	1475	LS	32,681.70				

Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	Work

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

PHA Name: <b>Sedalia Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program #: Capital Fund Program Replacement Housing Factor #:	<b>Federal FY of Grant:</b> <b>FY 2002</b>
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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	
HA Wide	3/31/05			9/30/06			
MO074001 Anthony Buckner	3/31/05			9/30/06			
MO074001B Casa Loma	3/31/05			9/30/06			



### 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		
Original statement	Revised statement	
Development Number	Development Name (or indicate PHA wide)	
MO074001	ANTHONY BUCKNER APARTMENTS	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
A. Renovate Kitchens	91,006.56 / 455,032.85	2002, 03, 04, 05, 06
B. Renovate Bathrooms	71,006.57 / 355,032.85	2002, 03, 04, 05, 06
C. Replace Interior Doors	71,006.57 / 355,032.85	2002, 03, 04, 05, 06
D. Replace Interior Light Fixtures	36,250	2004
E. Replace Exterior Doors	72,500	2005, 06
F. Landscaping/Correct Site Drainage	15,000	2003, 04
G. New Parking/Sidewalks	24,000	2006
H. Sewer Rehab	8,500	2003
I. Exterior Painting	19,273.15	2006
<b>Total estimated cost over next 5 years</b>	<b>1,340,621.70</b>	

### 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		
Original statement	Revised statement	
Development Number	Development Name (or indicate PHA wide)	
MO074001	CASA-LOMA APARTMENTS	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
A. Replace Sidewalks	5,000	2006
B. Replace Entry Door Lock Sets	7,000	2002
C. New Security Lighting	3,000	2002
D. Landscaping	15,318.30	2002, 2003
E. Appliances	17,500	2003, 2004, 2005

<b>Total estimated cost over next 5 years</b>	<b>44,818.30</b>	

### 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.

<b>CFP 5-Year Action Plan</b>		
<b>Original statement</b>	<b>Revised statement</b>	
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
<b>MO074</b>	<b>PHA WIDE</b>	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>A. Operations</b>	<b>35,551.30 / 177,756</b>	<b>2002, 03, 04, 05, 06</b>

<b>B. Management Improvements</b>	<b>5,000.00 / 20,000</b>	<b>2002, 03, 04, 05</b>
<b>C. Administration</b>	<b>12,942.00 / 64,710</b>	<b>2002, 03, 04, 05, 06</b>
<b>D. Fees &amp; Costs</b>	<b>10,000.00 / 50,000</b>	<b>2002, 03, 04, 05, 06</b>
<b>E. Non-Dwelling Equipment</b>	<b>32,681.70 / 79,659</b>	<b>2002, 03, 04</b>
<b>Total estimated cost over next 5 years</b>	<b>392,125.00</b>	

### 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.

<b>CFP 5-Year Action Plan</b>	
Original statement	Revised statement
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>Total estimated cost over next 5 years</b>		

### 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.

<b>CFP 5-Year Action Plan</b>		
<b>Original statement</b>	<b>Revised statement</b>	
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>Total estimated cost over next 5 years</b>		

### 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		
Original statement	Revised statement	
Development Number	Development Name (or indicate PHA wide)	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>Total estimated cost over next 5 years</b>		

# 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 of "Y" for waivers.

FY	Fund Balance	Anticipated Completion Date	Grant Term End Date	Extensions/Waivers
<b>FY 1996</b>				
<b>FY 1997</b>				
<b>FY 1998</b>				
<b>FY 1999</b>				

**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.

<b>Budget Line Item</b>	<b>Total Funding</b>
<b>0110 - Disbursement of Loan Enforcement</b>	
<b>0115 - Special Initiative</b>	
<b>0116 - Gun Buyback TA Match</b>	
<b>0120 - Security Personnel</b>	
<b>0130 - Employment of Investigators</b>	
<b>0140 - Voluntary Tenant Patrol</b>	
<b>0150 - Physical Improvements</b>	

<b>0160 - Drug Prevention</b>	
<b>0170 - Drug Intervention</b>	
<b>0180 - Drug Treatment</b>	
<b>0190 - Other Program Costs</b>	
<b>TOTAL PHDEP FUNDING</b>	

**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.

<b>0110 - Reimbursement of Law Enforcement</b>		<b>Total PHDEP Funding: \$</b>					
<b>Goal(s)</b>							
<b>Objectives</b>							
<b>Proposed Activities</b>	<b># of Persons Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHEDE P Funding</b>	<b>Other Funding (Amount/Source)</b>	<b>Performance Indicators</b>
1.							
2.							
3.							

<b>9115 - Special Initiative</b>	<b>Total PHDEP Funding: \$</b>
<b>Goal(s)</b>	
<b>Objectives</b>	

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

<b>9116 - Gun Buyback TA Match</b>					<b>Total PHDEP Funding: \$</b>		
<b>Goal(s)</b>							
<b>Objectives</b>							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

					<b>Total PHDEP Funding: \$</b>		
--	--	--	--	--	--------------------------------	--	--

<b>9120 - Security Personnel</b>							
<b>Goal(s)</b>							
<b>Objectives</b>							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9130 - Employment of Investigators</b>	<b>Total PHDEP Funding: \$</b>
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<b>Goal(s)</b>							
<b>Objectives</b>							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9140 - Voluntary Tenant Patrol</b>	<b>Total PHDEP Funding: \$</b>
---------------------------------------	--------------------------------

<b>Goal(s)</b>							
<b>Objectives</b>							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9150 - Physical Improvements</b>					<b>Total PHDEP Funding: \$</b>		
<b>Goal(s)</b>							
<b>Objectives</b>							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9160 - Drug Prevention</b>					<b>Total PHDEP Funding: \$</b>		
<b>Goal(s)</b>							
<b>Objectives</b>							

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9170 - Drug Intervention</b>					<b>Total PHDEP Funding: \$</b>		
<b>Goal(s)</b>							
<b>Objectives</b>							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9180 - Drug Treatment</b>					<b>Total PHDEP Funding: \$</b>		
<b>Goal(s)</b>							
<b>Objectives</b>							

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

	Served						
1.							
2.							
3.							

<b>9190 - Other Program Costs</b>					<b>Total PHDEP Funds: \$</b>		
<b>Goal(s)</b>							
<b>Objectives</b>							
<b>Proposed Activities</b>	<b># of Person s Served</b>	<b>Target Population</b>	<b>Start Date</b>	<b>Expected Complete Date</b>	<b>PHEDEP Funding</b>	<b>Other Funding (Amount /Source)</b>	<b>Performance Indicators</b>
1.							
2.							
3.							



**Required Attachment D : Resident Member on the PHA Governing Board**

1. **Yes:** Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

Name of resident member(s) on the governing board:

**Mrs. Lester Reedy**  
336 McAnally Court

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

**Appointed**

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

**June 2005**

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:

**November 2002**

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

**Mayor Jane A. Grey**

**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.)

Mrs. Nancy Sims, President  
Mrs. Cindy Delph, V.P.  
Mrs. Connie Christian, Treasurer  
Mrs. Katie Briscoe, Secretary

**All Residents Are Encouraged To Attend Meetings. Meetings Are Held The Last Tuesday of Each Month, Beginning at 4:30 p.m.. Meetings Are Announced In The Monthly Newsletter "The Tenant Times". The RAB Uses The Newsletter To Get Information Out To All Residents.**

**ATTACHMENT F : COMMENTS OF RESIDENT ADVISORY  
BOARD**

RE: 5-Year Annual Plan Recommendations  
Annual Plan Update FY 2002

Dear Mr. Taylor:

After careful review and discussions of the Capital Improvements Overview, Operating Fund, Policy Changes (including all plan components), the budget and previous REAC Inspection reports, the Resident Advisory Board of the Sedalia Housing Authority makes the following recommendations for the PHA Plan:

1. Replace all inside doors including closets at Anthony Buckner Apartments
2. Accomplish kitchen and bathroom renovations at the rate of at least 20 units per year.
3. Select units to be renovated based on ratio of bedroom sizes and seniority/longevity of resident occupying the unit

Article II

We agree that we will continue with this phase of our 5-year plan, which will be the continuation of the above said projects in the next 20 apartments. Again we would like to thank you in assisting us in this process.

Sincerely,

Nancy C. Sims, President  
Katherine Briscoe

Constance Christain  
Cindy Delph

## **VOLUNTARY CONVERSION ASSESSMENT**

**MO074 Sedalia Housing Authority  
Anthony Buckner & Casa Loma Apartments**

**As required by 24CFR Part 972-Conversion of Public Housing to Tenant Based Assistance, we have:**

- 1) Reviewed each development's operation as Public Housing
- 2) Considered the implications of converting the Public Housing to Tenant Based Assistance; and
- 3) Concluded that the conversion of the development may be:
  - ▶ Inappropriate because removal of the development would not meet the necessary conditions for voluntary conversion

This required non-binding initial assessment was completed using a common sense approach, and no market study is available. Initial indicators show that conversion of public housing units to tenant based assistance may negatively impact the ability to occupy units. Additionally, it is uncertain what impact, if any, conversion would have on the availability of affordable housing in the community. Without extensive market study, it is difficult to determine any benefit conversion would have for tenants of public

housing. Void extensive research, it cannot be determined whether or not conversion would have any impact on operations, based on factors such as cost.

Section 22 of the Quality Housing and Work Responsibility Act of 1998 permits voluntary conversion of a development to tenant-based assistance, only when that change would be cost effective, be beneficial to residents of the development and the surrounding area, and not have an adverse impact on the availability of affordable housing.