

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

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 2002

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

## PHA Plan Agency Identification

**PHAName:** Burwell Housing Authority, 400 N. 8<sup>th</sup> Burwell, NE

**PHANumber:** NE026

**PHA Fiscal Year Beginning:** 10/2002

### PHA Plan Contact Information:

Name: Maralee A. Udell

Phone: 308 -346-5136

TDD: 308 -346-5136

Email (if available): bha@NCTC.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**  
[24CFR Part 903.7]

**i. Table of Contents**

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

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<b>X</b> Attachment B: Capital Fund Program Annual Statement	TL10 -19
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<input type="checkbox"/> Attachment __: Capital Fund Program Replacement Housing Factor Annual Statement	
<input type="checkbox"/> Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan	
<b>X</b> Attachment D: Resident Membership on PHA Board or Governing Body	TL27
<b>X</b> Attachment E: Membership of Resident Advisory Board or Boards	TL27
<b>X</b> Attachment F: Comments of Resident Advisory Board or Boards & Explanation of PHA response (must be attached if not included in PHA Plan text)	TL27
<b>X</b> Other (List below, providing each attachment name)	
Attachment G: Voluntary Conversion	TL28

**ii. Executive Summary**

[24CFR Part 903.79(r)]

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

The Burwell Housing Authority has prepared this Agency Plan in compliance with Section 511 of the Quality Housing & Work Responsibility Act of 1998 and the ensuing HUD requirements.

We have adopted the following mission statement to guide the activities of the Burwell Housing Authority:

**MISSION STATEMENT**

The mission of the Burwell Housing Authority is to be the area's affordable housing of choice. We provide and maintain safe, quality housing in a cost-effective manner. By partnering with others, we offer rental assistance and other related services to our community in a non-discriminatory manner.

The goals and objectives to achieve the above mission statement are included in the main supporting documents and may be found in the authority office, the city office and the county office.

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

Briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

After a successful remodeling project to create a commercial kitchen for our meal program with the costs spread over two years, the PHA will continue with the projects planned in the FIVE YEAR PLAN, with some added items.

**2. Capital Improvement Needs**

[24CFR Part 903.79(g)]

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

A. **X** 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? \$105,313.00

C. **X** 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 B1 -Capital Fund 2000

Attachment B2 -Capital Fund 2001

Attachment B3 -Capital Fund 2002

### **3.D Demolition and Disposition**

[24 CFR Part 903.79(h)]

Applicability: Section 8 only PHA as a 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

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>	
1a. Development name:	
1b. Development (project) number: N/A	
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 N/A <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**

[24CFR Part 903.79(k)]

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

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

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

- Establishing a minimum home ownership - 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**

[24CFR Part 903.7(m)]

Exemptions Section 8 Only PHAs may skip to the next component PHA 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? \$0.00

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

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

**6. Other Information**

[24CFR Part 903.79(r)]

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

1.  Yes  No Did the PHA receive any comments on the PHA Plan from the Resident Advisory Boards?

2. If yes, the comments are attached at Attachment F.

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

- The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included
  - Yes  No: below
  - Yes  No: at the end of the RAB Comments in Attachment \_\_\_\_.
- Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment F.
- Other: (list below)

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

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

1. Consolidated Plan jurisdiction: State of Nebraska

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

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

3. PHA Requests for support from the Consolidated Plan Agency

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

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

The Burwell Housing Authority will provide and maintain safe, quality housing in a cost effective manner to low income elderly and families in our area.

**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:**

A substantial deviation from the 5 -year Plan occurs when the board of commissioners decides that it wants to change the mission statement, goals, or objectives of the 5 -year plan.

**b. Significant Amendment or Modification to the Annual Plan:**

Significant amendments or modifications to the Annual Plan are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the plans of the agency and which require formal approval of the Board of Commissioners.

**D. De -concentration of Poverty & Income Mixing in Public Housing**

**A.** Yes  No Does the PHA have any general occupancy (family) in public housing developments covered by the de -concentration 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.

**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.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD - approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99 -52 (HA).	Annual Plan: Capital Needs
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
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
X	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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
N/A	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
N/A	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 public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
X	Other supporting documents (optional) De-concentration of Poverty and Income Mixing	Annual Plan

<b>Attachment B1</b> <b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>						
<b>PHAName:</b> Burwell Housing Authority Box 490 Burwell, NE 68823		<b>Grant Type and Number:</b> NE26PO2650100 Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2000	
<input type="checkbox"/> Original Annual Statement X Performance and Evaluation Report for Period Ending: 03/31/2001		<input type="checkbox"/> Reserve for Disasters/Emergencies X Revised Annual Statement (revision no: 1) <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	-0-				
2	1406 Operations	\$16,754.00	\$16,754.00	\$16,754.00	\$16,754.00	
3	1408 Management Improvements	-0-			-0-	
4	1410 Administration	\$4,800.00	\$1,943.02	\$1,943.02	\$1,558.02	
5	1411 Audit	\$700.00	\$700.00	\$700.00	\$700.00	
6	1415 Liquidated Damages	-0-			-0-	
7	1430 Fees and Costs	\$12,500.00	\$12,500.00	\$12,500.00	\$12,500.00	
8	1440 Site Acquisition	-0-			-0-	
9	1450 Site Improvement	-0-			-0-	
10	1460 Dwelling Structures	\$26,013.80	\$32,134.43	\$32,134.43	\$20,000.98	
11	1465.1 Dwelling Equipment — Nonexpendable	\$8,500.00	\$5,777.66	\$5,777.66	-0-	
12	1470 Non -dwelling Structures	\$35,830.00	\$33,819.26	\$33,819.26	\$33,819.26	
13	1475 Non -dwelling Equipment	\$5,370.20	\$6,839.63	\$6,839.63	\$6,839.63	
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)	\$110,468.00	\$110,468.00	\$110,468.00	\$92,171.89	
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					

**Attachment B1**  
**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: Burwell Housing Authority		Grant Type and Number NE2 6PO2650100 Capital Fund Program#: Capital Fund Program Replacement Housing Factor#:			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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NE1,2,3,4	OPERATIONS	1406		\$16,754.00		\$16,754.00	\$16,754.00	X
NE1,2,3,4	MANAGEMENT IMPROVEMENTS	1408		-0-				
NE1,2,3,4	ADMINISTRATION	1410		\$4,800.00	\$1,943.02	\$1,943.02	\$1,558.02	X
NE1,2,3,4	AUDIT	1411						
NE1,2	FEES & COSTS ARCHITECTS & ENGINEERING & ENVIRONMENTAL REVIEW FOR THE CONGREGATE KITCHEN REMODEL, SO THAT WE CAN CONTINUE TO SERVE MEALS	1430		-0-	\$12,500.00	\$12,500.00	\$12,500.00	X
NE3	COMPLETE REPLACEMENT OF GUTTERS, SOFFITS, FACIA	1460		\$8,010.00	\$8,010.00	-0-	-0-	
NE1,2,3,4	FORCE ACCOUNT LABOR	1460		\$19,240.00	\$10,546.98	\$10,546.98	\$10,546.98	X
NE1,2	REPLACE KITCHEN SINKS & FUA... UPDATE BATHROOMS AT RESIDENTS REQUEST (OVER 30 YRS OLD. WILL COMPLETE IN 2001 REFINISH CABINET STO 2002	1460 1460		\$12,750.00 \$23,218.00	\$9,454.00 -0-	\$9,454.00	\$9,454.00	X
NE1,2	REPLACE COMMERCIAL WATER HEATER & BATHROOM VANITIES (SEE ABOVE)	1465.1		\$8,500.00	\$5,777.66	\$5,777.66	-0-	
NE1,2,3,4	CONGREGATE KITCHEN REMODEL WITH COSTS SPREAD OVERTWO YEARS 2000 - 2001... RECREATION ROOM	1470		\$35,830.00		\$33,819.26	\$33,819.26	X

**Attachment B1**  
**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: BurwellHousingAuthority		GrantTypeandNumberNE2 6PO2650100 CapitalFundProgram#: CapitalFundProgram ReplacementHousingFactor#:			FederalFYofGrant: 2000			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NE1,2,3,4	REPLACECOPYMACHINE,OFFICE OTHEROFFICEEQUIPMENT	1475		\$6,839.63	\$6,839.63	\$6,839.63	\$6,839.63	X



**Attachment B2**  
**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHAName: Burwell Housing Authority Box 490 Burwell, NE 68823	Grant Type and Number: NE26PO26501 -01 Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement  
 Performance and Evaluation Report for Period Ending: 03/31/2001  
 Reserve for Disasters/Emergencies X Revised Annual Statement (revision no. 2 )  
 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	-0-			
2	1406 Operations	\$16,000.00		\$16,000.00	\$16,000.00
3	1408 Management Improvements	\$3,500.00		\$3,500.00	\$270.00
4	1410 Administration	\$4,800.00		\$4,800.00	0-
5	1411 Audit	\$950.00		\$950.00	-0-
6	1415 Liquidated Damages	-0-			-0-
7	1430 Fees and Costs	\$500.00		\$500.00	\$500.00
8	1440 Site Acquisition	-0-			-0-
9	1450 Site Improvement	-0-			-0-
10	1460 Dwelling Structures	\$21,513.00		\$21,513.00	\$3,111.95
11	1465.1 Dwelling Equipment — Nonexpendable	-0-			-0-
12	1470 Non -dwelling Structures	\$40,000.00		\$40,000.00	\$12,819.03
13	1475 Non -dwelling Equipment	\$25,000.00		\$25,000.00	\$10,047.75
14	1485 Demolition	-0-			-0-
15	1490 Replacement Reserve	-0-			-0-
16	1492 Moving to Work Demonstration	-0-			
17	1495.1 Relocation Costs	-0-			
18	1498 Mod Used for Development	-0-			
19	1502 Contingency	-0-			
20	Amount of Annual Grant: (sum of lines 2 -19)	\$112,263.00		\$112,263.00	\$42,748.73
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				

**Attachment B2**  
**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: Burwell Housing Authority		Grant Type and Number NE26PO2650101 Capital Fund Program#: Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
NE1,2,3,4	OPERATIONS	1406		\$16,000.00		\$16,000.00	\$16,000.00	X
NE1,2,3,4	MANAGEMENT IMPROVEMENTS, PALM PILOT FOR INSPECTION & SOFTWARE	1408		\$3,500.00		\$3,500.00	270.00	
NE1,2,3,4	ADMINISTRATION	1410		\$4,800.00		\$4,800.00	-0-	
NE1,2,3,4	AUDIT	1411		\$950.00				
NE1,2,3,4	FEES & COSTS	1430		\$500.00		\$500.00	500.00	
NE1,2	UPDATE BATHROOM, RESIDENTS REQUEST... FIXTURES & FAUCETS ARE 30 YEARS OLD... FROM 2000 WILL COMPLETE IN 2001 BUDGET	1460		\$9,384.00			\$3,111.95	
NE3	CONCRETE, SHINGLE, ETC., AS NEEDED FORCE ACCOUNT LABOR	1460		\$2,509.00				
		1460		\$9,620.00				
NE1,2	CONGREGATE KITCHEN REMODEL WITH COSTS SPREAD OVER TWO YEARS, 2000 -2001	1470		\$40,000.00		\$40,000.00	\$12,819.03	
NE1,2	COMMERCIAL KITCHEN EQUIPMENT FOR THE REMODELED CONGREGATE KIT.	1475		\$25,000.00		\$25,000.00	\$10,047.75	



**Attachment B3**  
**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHAName: Burwell Housing Authority Box 490 Burwell, NE 68823	Grant Type and Number NE26PO2650102 Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement  
 Reserve for Disasters/Emergencies X Revised Annual Statement (revision no: 3)  
 Performance and Evaluation Report for Period Ending: 3/31/02  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds	-0-			
2	1406 Operations	\$16,000.00			
3	1408 Management Improvements	\$3,500.00			
4	1410 Administration	\$4,000.00			
5	1411 Audit	\$1,470.00			
6	1415 Liquidated Damages	-0-			
7	1430 Fees and Costs	\$2,625.00			
8	1440 Site Acquisition	-0-			
9	1450 Site Improvement	-0-			
10	1460 Dwelling Structures	\$35,313.00			
11	1465.1 Dwelling Equipment — Nonexpendable	\$10,000.00			
12	1470 Non -dwelling Structures	\$22,405.00			
13	1475 Non -dwelling Equipment	\$10,000.00			
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)	\$105,313.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance	\$1,500.00			
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

<b>Attachment B3</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 II: Supporting Pages</b>								
PHAName: Burwell Housing Authority			Grant Type and Number NE26PO2650102 Capital Fund Program#: 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	
NE1,2,3,4	OPERATIONS	1406		\$16,000.00				
NE1,2,3,4	MANAGEMENT IMPROVMENTS	1408		\$3,500.00				
NE1,2,3,4	ADMINISTRATION	1410		\$4,000.00				
NE1,2,3,4	FEES & COSTS... ARCH.	1430		\$2,625.00				
NE1,2,3,4	HVAC, REPLACEMENT OF FOLD EQUIPMENT							
NE3	REPLACE TILE FLOORS, CARPET ONGOING #504 EXTERIOR HANDRAILS	1460		\$9,313.00				
NE1,2,3,4	FORCE ACCOUNT LABOR	14601		\$17,000.00				
NE2	REMODEL 2 ZERO BDRM APT ST TO MAKE 1 ONE - BDRM APT INTERIOR DOORS... REPLACE ASPER PHAS INSPECTION	1460 1460		\$10,000.00 \$2,000.00				
NE2	SECURITY SYSTEM	1460		\$18,000.00				
NE1,2,3,4	CONCRETE, REPAIR & REPLACE, SIDEWALKS, DRIVEWAYS, PATIOS	1470		\$10,000.00				
NE1,2,3,4	COMPUTER EQUIPMENT	1475		\$11,405.00				
	LAWN EQUIPMENT, ETC. REPLACE VEHICLE							



### Attachment C

### 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 PHA fiscal years. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 Program Annual Statement.

-wide physical or management improvements planned in the next 5  
-Year cycle, because this information is included in the Capital Fund

CFP5 - Year Action Plan		
<input type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
NE026	Burwell Housing Authority	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
1475 OPERATIONS	\$48,000.00	10/02,03,04,05,06
1408 MANAGEMENT IMPROVMENTS	\$14,000.00	10/02,03,04,05,06
1475 ADMINISTRATION	\$19,200.00	10/02,03,04,05,06
1476 AUDIT	\$6,000.00	10/02,03,04,05,06
1430 FEES & COSTS	\$8,000.00	10/02,03,04,05
1460 DWELLING STRUCTURES		10/02,04,05
ROOF REPLACEMENT, AS NEEDED	\$85,400.00	10/02,04
SHAKE SHINGLES, TO REPLACE 35 YEAR OLD SHAKES	\$25,900.00	10/02,03,04,05
CONCRETE...SIDEWALKS, DRIVEWAYS, PARKING LOTS,	\$37,900.00	10/02,03,04
EXTERIOR PAINT, BATHROOM, VANITIES (NE3),	\$20,980.00	10/02,03
ELECTRICAL UPDATES		10/02,03,04,05,06
TILE & CARPET...REPLACE AS NEEDED		10/02,03,04,05,06
APT RE MODEL...COMBINE ZERO BDR MAPTS		10/02,03,04
1465 DWELLING EQUIPMENT	\$20,000.00	AS NEEDED
INTERIOR DOORS, FAMILY HOUSES & APTS, ONGOING HEAT	\$58,872.00	
PUMPS, AS FURNACES WEAR OUT, CEILING FANS	\$21,000.00	10/02,03
1470 NON -DWELLING STRUCTURES		10/02,03,04,05,06
1475 NON -DWELLING EQUIPMENT	\$16,000.00	10/02,03,04,05
DINNING ROOM...TO REPLACE 35 YEAR OLD EQUIPMENT	\$40,000.00	
CENTRAL A/C...AS NEEDED...VEHICLE REPLACEMENT		
MAINTENANCE EQUIPMENT...OFFICE EQUIPMENT		
COMPUTER EQUIPMENT		
<b>Totalestimatedcostovernext5years</b>	<b>\$421,252.00</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 \$ -0-

B. Eligibility type (Indicate with an "x") N1 \_\_\_\_\_ N2 \_\_\_\_\_ R \_\_\_\_\_

C. FFY in which fund in gis 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

\*\*\*\*\*Since Burwell Housing Authority is a small PHA, we do not at this time anticipate applying for a PHDEP grant.

## E. Target Areas

Complete the following table by indicating each PHDEPT arget Area (development or site where activities will be conducted), the total number of units in each PHDEPT 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.

PHDEPT Target Areas (Name of development(s) or site)	Total # of Units within the PHDEPT Target Area(s)	Total Population to be Served within the PHDEPT 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 havenot been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

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

**Section 2: PHDEP Plan Goals and Budget**

**A. PHDEP Plan Summary**

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

**B. PHDEP Budget Summary**

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

FFY ____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 -Reimbursement of Law Enforcement	
9115 -Special Initiative	
9116 -Gun Buyback TAMatch	
9120 -Security Personnel	
9130 -Employment of Investigators	
9140 -Voluntary Tenant Patrol	

9150 -PhysicalImprovements	
9160 -DrugPrevention	
9170 -DrugIntervention	
9180 -DrugTreatment	
9190 -OtherProgramCosts	
<b>TOTALP HDEPFUNDING</b>	

**C.PHDEPPlanGoalsandActivities**

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>9110 –ReimbursementofLawEnforcement</b>						<b>TotalPHDEPFunding:\$</b>	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9115 -SpecialInitiative</b>						<b>TotalPHDEPFunding:\$</b>	
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

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

<b>9120 -SecurityPersonnel</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

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

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

<b>9150 - Physical Improvements</b>					<b>Total PHDEP Funding: \$</b>		
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.							

<b>9160 - Drug Prevention</b>					<b>Total PHDEP Funding: \$</b>		
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.							

<b>9170 -Drug Intervention</b>					<b>Total PHDEP Funding:\$</b>		
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.							

<b>9180 -Drug Treatment</b>					<b>Total PHDEP Funding:\$</b>		
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.							

<b>9190 -Other Program Costs</b>					<b>Total PHDEP Funds:\$</b>		
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.							

**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: Harlow Brown

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

C. The term of appointment is (include the date term expires): 12 -14-01 (Exp. 12 -14-05)

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: 12-31-02

C. Name and title of appointing official(s) for governing board (indicated appointing official for the next position):  
Appointing Official: Mayor Richard Pedersen

**2001 RESIDENT COMMISSIONER**

Each housing agency shall include among the commissioners constituting the governing body of each local housing agency at least one commissioner who shall be known as a resident commissioner. A resident commissioner means a member of the governing board of a local housing agency whose eligibility for membership is based upon such person's status as a recipient of direct assistance from the agency.

In Burwell, Nebraska, Mayor Richard Pedersen appointed Harlow Brown as a resident commissioner for the Burwell Housing Authority. The appointment took place on January 11, 2001.

**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.)

- Shirley Sanders
- Letha Graf
- Shirley Schimmer
- Ellmae Dimmitt
- Ilsa Lindsey
- Pearl Westover
- Iris Tvrdik
- Harlow Brown –also a commissioner

**Required Attachment F: Comments of Resident Advisory Board or Boards & Explanation of PHA Response**

Many of the CFP projects were suggestions of the residents. For example, they suggested that we replace the kitchen sinks and faucets. They were very gratified when the work was completed. They have also suggested the bathroom vanities, and the ceiling fans.

There were suggestions by residents also that were considered and many were included in the five year plan.

**Required Attachment G: Component 10(B) Voluntary Conversion Initial Assessments:**

- a. How many of the PHA’s developments are subject to the Required Initial Assessment? 4
- 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)? 0
- c. How many Assessments were conducted for the PHA’s covered developments? 4
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:
 

Development Name	Number of Units
None	none
- e. If the PHA has not completed the Required Initial Assessments, describe the status of these statements.