

U.S.DepartmentofHousingandUrbanDevelopment  
OfficeofPublicandIndianHousing

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SmallPHAPlanUpdate  
AnnualPlanforFiscalYear: 2002

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBECOMPLETEDIN  
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHA Plan  
Agency Identification**

**PHAName:** McCookHousingAuthority  
502MissouriAvenueCircle  
McCookNE69001

**PHANumber:** NE123

**PHAFiscalYearBeginning:( mm/yyyy)** 07/2002

**PHA Plan Contact Information:**

Name: RebeccaDutcher,ExecutiveDirector  
Phone: 308-345-3605  
TDD: 308-345-3605  
Email(ifavailable): mccoockha@mccoocknet.com

**Public Access 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 20 02**  
 [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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**Attachments**

- Attachment A: Supporting Documents Available for Review
- Attachment B: Capital Fund Program Annual Statement
- Attachment C: Capital Fund Program 5 Year Action Plan
- Attachment\_\_: Capital Fund Program Replacement Housing Factor Annual Statement
- Attachment\_\_: Public Housing Drug Elimination Program (PHDEP) Plan
- Attachment D: Resident Membership on PHA Board or Governing Body
- Attachment E: Membership of Resident Advisory Board or Boards
- Attachment\_\_: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)
  - Attachment F – FY2000 Capital Fund Progress Report
  - Attachment G – FY2001 Capital Fund Progress Report
  - Attachment H – Voluntary Conversion Initial Assessment

## ii.ExecutiveSummary

[24CFRPart903.79(r)]

AtPHAoption,provideabriefoverviewoftheinformationintheAnnualPlan

**ThisSectionisleftblanksinceitoptional.**

### 1.Sum maryofPolicyorProgramChangesfortheUpcomingYear

Inthissection,brieflydescribechangesinpoliciesorprogramsdiscussedinlastyear'sPHAPlanthatarenotcoveredinother sections of this Update.

- NONE

### 2.CapitalImprovementNeeds

[24CF RPart903.79(g)]

Exemptions:Section8onlyPHAsarenotrequiredto completethiscomponent.

A.  Yes  No: IsthePHAeligibletoparticipateintheCFPinthefiscalyearcoveredbythis PHAPlan?

B. Whatisthe amountofthePHA'sestimatedoractual(ifknown)CapitalFundProgramgrant fortheupcomingyear?\$\_ 41,891

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

D.CapitalFundProgramGrantSubmissions

#### (1)CapitalFundProgram5 -YearActionPlan

TheCapitalFundProgram5 -YearActionPlanisprovidedasAttachment C

#### (2)CapitalFundProgramAnnualStatement

TheCapitalFundProgramAnnualStatementisprovidedasAttachment B

### 3.D emolitionandDisposition

[24CFRPart903.79(h)]

Applicability:Section8onlyPHAsarenotrequiredto comple tethissection.

1.  Yes  No: DoesthePHAplantoconductanydemolitionordispositionactivities (pursuanttosection18oftheU.S.HousingActof1937(42U.S.C. 1437p))intheplanFiscalYear?(If“No”,skip tonextcomponent;if “yes”,completeoneactivitydescriptionforeachdevelopment.)

2.ActivityDescription

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

[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 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**

[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? \$ \_\_\_\_\_

- 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 Board/s?

2. If yes, the comments are Attached at Attachment (Filename)

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

- The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included  Yes  No: below or  Yes  No: at the end of the RAB Comments in Attachment \_\_\_\_\_.
- Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment \_\_\_\_\_.
- Other: (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) 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 McCook Housing Authority's actions and goals will continue to support the consolidated plan of the State of Nebraska. The housing priority in the state of Nebraska is defined by the consolidated plan as follows: **“Increase housing production to ensure an adequate, appropriate and affordable housing supply to meet community economic development needs.”** The McCook Housing Authority will assist the state in the following strategies:

1. Increase cooperation among governmental entities, housing providers and the lending community; promote the participation of these groups in partnership to produce affordable housing.
2. Increase education and training for public awareness of housing issues and responsibilities.
3. Address special housing needs in two ways: increase partnerships between government agencies providing services to persons with special needs; provide outreach to simplify communications and build capacity for organizations that serve persons with special needs.

Unfortunately, the State of Nebraska Consolidated Plan is not specific to McCook. The McCook Housing Authority anticipates no State CDBG funds. The State will work with us on an "as needed" basis.

## C. Criteria for Substantial Deviation and Significant Amendments

### 1. Amendment and Deviation Definitions

24CFR 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.

### Additional Component Added After Template Development:

#### 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 falls uch 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)]

**AttachmentF**

<b>AnnualStatement/PerformanceandEvaluationReport</b>					
<b>CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary</b>					
<b>PHAName:McCOOKHOUSINGAUTHORITY</b>		<b>GrantTypeandNumber</b> CapitalFundProgramGrantNo: NE26P12350100 ReplacementHousingFactorGrantNo:			<b>FederalFYofGrant:</b>  2000
<input type="checkbox"/> <b>OriginalAnnualStatement</b> <input type="checkbox"/> <b>ReserveforDisasters/Emergencies</b> <input type="checkbox"/> <b>RevisedAnnualStatement(revisionno:    )</b> <input checked="" type="checkbox"/> <b>PerformanceandEvaluationReportforPeriodEnding: 12/31/2001</b> <input type="checkbox"/> <b>FinalPerformanceandEvaluationReport</b>					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations	6,500	6,500	6,499.14	6,499.14
3	1408ManagementImprovementsSoftCosts				
	ManagementImprovementsHardCosts				
4	1410Administration				
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts				
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures	20,099	26,811	26,811	26,811
11	1465.1DwellingEquipment —Nonexpendable	6,000	6,000		
12	1470NondwellingStr uctures				
13	1475NondwellingEquipment	8,462	1,750		
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1499DevelopmentActivities				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines.....)	41,061	41,061		
	Amountoffline20RelatedtoLBPActivities				

**AttachmentF**

<b>AnnualStatement/PerformanceandEvaluationReport</b> <b>CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary</b>					
<b>PHAName:McCOOKHOUSINGAUTHORITY</b>		<b>GrantTypeandNumber</b> CapitalFundProgramGrantNo: NE26P12350100 ReplacementHousingFactorGrantNo:		<b>FederalFYofGrant:</b>  <b>2000</b>	
<input type="checkbox"/> <b>OriginalAnnualStatement</b> <input type="checkbox"/> <b>ReserveforDisasters/Emergencies</b> <input type="checkbox"/> <b>RevisedAnnualStatement(revisionno:    )</b> <input checked="" type="checkbox"/> <b>PerformanceandEvaluationReportforPeriodEnding: 12/31/2001</b> <input type="checkbox"/> <b>FinalPerformanceandEvaluationReport</b>					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
	Amountofline20RelatedtoSection504compliance				
	Amountofline20RelatedtoSecurity --SoftCosts				
	AmountofLine20relatedtoSecurity --HardCosts				
	Amountofline20RelatedtoEnergyConservation Measures				
	CollateralizationExpensesorDebtService				

**AttachmentF**

<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: McCOOKHOUSINGAUTHORITY			<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P12350100 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/ NE123001	Public Housing Operations		1406		6,500				
HA Wide/ NE123001	Replace 6 furnaces		1460		26,811				
HA Wide/ NE123001	Refrigerators		1465.1		6,000				
HA Wide/ NE123001	2 Dryers		1475		1,000				
HA Wide/ NE123001	Snow Blower		1475		750				



**AttachmentB**

<b>AnnualStatement/PerformanceandEvaluationReport</b> <b>CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary</b>					
PHAName:McCOOKHOUSINGAUTHORITY		GrantTypeandNumber CapitalFundProgramGrantNo: NE26P12350102 ReplacementHousingFactorGrantNo:		FederalFYofGrant:  2002	
<input checked="" type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno:    ) <input type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding: <input type="checkbox"/> FinalPerformanceandEvaluationReport					
Line No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations	9,000			
3	1408ManagementImprovementsSoftCosts				
	ManagementImprovementsHardCosts				
4	1410Administration				
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts				
8	1440SiteAcquisition				
9	1450SiteImprovement				
10	1460DwellingStructures				
11	1465.1DwellingEquipment —Nonexpendable	27,000			
12	1470NondwellingStructures				
13	1475NondwellingEquipment	5,891			
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1499DevelopmentActivities				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines.....)	41,891			
	Amountoffline20RelatedtoLBPActivities				

**AttachmentB**

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: McCOOK HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: NE26P12350102 Replacement Housing Factor Grant No:		Federal FY of Grant:  2002	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of line 20 Related to Section 504 compliance				
	Amount of line 20 Related to Security --Soft Costs				
	Amount of Line 20 related to Security --Hard Costs				
	Amount of line 20 Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				





# Attachment C

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

PHANameMcCOOKHOUSING AUTHORITY						<input checked="" type="checkbox"/> Original 5 - Year Plan <input type="checkbox"/> Revision No:
Development Number/Name/HA- Wide	Year1	WorkStatementforYear2 FFYGrant:2003 PHAFY:07/2003	WorkStatementforYear3 FFYGrant:2004 PHAFY:07/2004	WorkStatementforYear4 FFYGrant:2005 PHAFY:07/2005	WorkStatementforYear5 FFYGrant:2006 PHAFY:07/2006	
HA-Wide	Annual Statement					
HAWide/ NE123001		41,891	41,891	41,891	41,891	
TotalCFPFunds (Est.)		41,891	41,891	41,891	41,891	
TotalReplacement HousingFactorFunds						





**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:

Elaine Mizell

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

- Elected
- Appointed

C. The term of appointment is (include the date term expires): 5 years, 11 / 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 fulltime 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: 11/2003

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

Linda Taylor, Mayor of the City of McCook, Nebraska.

## **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.)

The McCook Housing Authority does not have a Resident Advisory Board at this time due to the lack of interest from the tenants. The Authority advises tenants of the opportunity to serve on a Resident Advisory Board at numerous times during the year.

**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
X	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
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies

<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 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
X	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
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any required policies governing any Section 8 special housing types <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" 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
	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>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</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
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	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
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

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

**AttachmentG**

<b>AnnualStatement/PerformanceandEvaluationReport</b>						
<b>CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary</b>						
<b>PHAName:McCOOKHOUSINGAUTHORITY</b>		<b>GrantTypeandNumber</b> CapitalFundProgramGrantNo: NE26P12350101 ReplacementHousingFactorGrantNo:			<b>FederalFYofGrant:</b>  2001	
<input type="checkbox"/> <b>OriginalAnnualStatement</b> <input type="checkbox"/> <b>ReserveforDisasters/Emergencies</b> <input type="checkbox"/> <b>RevisedAnnualStatement(revisionno:    )</b> <input checked="" type="checkbox"/> <b>PerformanceandEvaluationReportforPeriodEnding: 12/31/2001</b> <input type="checkbox"/> <b>FinalPerformanceandEvaluationReport</b>						
<b>Line No.</b>	<b>SummarybyDevelopmentAccount</b>	<b>TotalEstimatedCost</b>		<b>TotalActualCost</b>		
		<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>	
1	Totalnon -CFPFunds					
2	1406Operations	6,500	6,500			
3	1408ManagementImprovementsSoftCosts					
	ManagementImprovementsHardCosts					
4	1410Administration					
5	1411Audit					
6	1415LiquidatedDamages					
7	1430FeesandCosts					
8	1440SiteAcquisition					
9	1450SiteImprovement					
10	1460DwellingStructures	5,501	27,391	9,352	9,352	
11	1465.1DwellingEquipment —Nonexpendable	24,890	3,000			
12	1470NondwellingStructures					
13	1475NondwellingEquipment	5,000	5,000	5,000	5,000	
14	1485Demolition					
15	1490ReplacementReserve					
16	1492MovingtoWorkDemonstration					
17	1495.1RelocationCosts					
18	1499DevelopmentActivities					
19	1502Contingency					
20	AmountofAnnualGrant:(sumoflines.....)	41,891	41,891			
	Amountoffline20RelatedtoLBPActivities					

**AttachmentG**

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: McCOOK HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: NE26P12350101 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:    )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2001 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of line 20 Related to Section 504 compliance				
	Amount of line 20 Related to Security --Soft Costs				
	Amount of Line 20 related to Security --Hard Costs				
	Amount of line 20 Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				





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

- a. How many of the PHA's developments are subject to the Required Initial Assessments? **ONE**
- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? **NONE**
- c. How many Assessments were conducted for the PHA's covered developments? **ONE**
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name	Number of Units

- e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments: