

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

SmallPHAPlanUpdate
AnnualPlanforFiscalYear: 02

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBECOMPLETEDIN
ACCORDANCEWITHINSTR UCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

PHA Plan Agency Identification

PHAName: KnoxCityHousingAuthority

PHANumber: TX124

PHAFiscalYearBeginning:(mm/yyyy) 10/2002

PHA Plan Contact Information:

Name: Beverly Banks

Phone: 940 -658-3612

TDD: 940 -422-4941

Email(if available): bbanks@westex.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 20 01
 [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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ii. Executive Summary

[24CFR Part 903.79(r)]

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

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

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

No Changes

2. Capital Improvement Needs

[24CFR Part 903.79(g)]

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

- A. Yes No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? 59,570.00
- C. Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.
- D. Capital Fund Program Grant Submissions
- (1) Capital Fund Program 5 -Year Action Plan**
The Capital Fund Program 5 -Year Action Plan is provided as Attachment
- (2) Capital Fund Program Annual Statement**
The Capital Fund Program Annual Statement is provided as Attachment

3.D Demolition and Disposition

[24CFR Part 903.79(h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for _____ units <input type="checkbox"/> Public housing for _____ units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for _____ units (describe below)	
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:	

4. Voucher Homeownership Program

[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 home ownership 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
 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 Texas

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)

- A. Promote Adequate affordable Housing
- B. Promote economic opportunity
- C. Promote a suitable living environment without discrimination

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:

Any change to Mission Statements such as:

- 50% deletion from or addition to the goals and objectives as a whole;
- 50% or more decrease in the quantifiable measurement of any individual goal or objective

B. Significant Amendment or Modification to the Annual Plan:

- 50% variance in the funds projected in the Capital Fund Program Annual Statement;
- Any increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or the Capital Fund Program Annual Statement;
- Any change in policy or procedure that requires a regulatory 30 -day posting;

AnysubmissiontoHUDthatrequiresaseparatenotificationtoresidents,suchasHOPEIV,
PublicHousingconversion, Demolition/Disposition, DesignatedHousingorHomeownership
programs;
Anychangeinconsistentwiththelocal, approvedConsolidatedPlan

Attachment A

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	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 jurisdiction 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
	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 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
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	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 checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
	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
	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
	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 home ownership programs/plans	Annual Plan: Homeownership

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	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
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	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 (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHA participating in the consortium and a copy of the repayment agreement between the consortium and HUD (applicable only to PHA participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
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
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Annual Statement/Performance and Evaluation Report ATTACHMENT B Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Knox City Housing Authority		Grant Type and Number T X21P12450101 Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2002	
X Original Annual Statement Performance and Evaluation Report for Period Ending:					
<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	5957.00			
3	1408 Management Improvements	5000.00			
4	1410 Administration	5957.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	4000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	8000.00			
10	1460 Dwelling Structures	11656.00			
11	1465.1 Dwelling Equipment — Nonexpendable	10000.00			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	8000.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	1000.00			
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	59570.00			
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				

Annual Statement/Performance and Evaluation Report ATTACHMENT B				
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHAName: Knox City Housing Authority		Grant Type and Number T X21P12450101 Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2002
X Original Annual Statement Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
24	Amount of line 20 Related to Energy Conservation Measures	10000.00		

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAName: KNOXCITYHOUSINGAUTHORITY			GrantTypeandNumberTX21P12450101 CapitalFundProgram#:CapitalFundProgram ReplacementHousingFactor#:			FederalFYofGrant: 02		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX124-HA	NON-TECHNICALHELP,SUNDRY,	1410		5957.00				
TX124-HA	ARCHITECTURALSERVICES& REPRODUCTION	1430		4000.00				
TX124-HA	UPGRADEONOFFICEEQUIP& TRAININGFORNEWEMPLOYEESR	1408		5000.00				
TX124-HA	RANGES,REFIGERATORS,WATER HEATERS&CENTRALUNITSAS NEEDED	1465		10000.00				
TX124-HA	CABINETS,REPAIRSPERREAC,AS NEEDED	1460		11656.00				
TX124-HA	OPERATIONS	1406		5957.00				
TX124-HA	RELOCATIONOFRESIDENTS	1495		1000.00				
TX124-HA	LANDSCAPING	1450		8000.00				
TX124-HA	MAINTENANCEEQUIPMENT	1475		8000.00				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAName: KNOXCITYHOUSINGAUTHORITY		Grant Type and Number TX21P12450101 Capital Fund Program #: Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 02			
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	

ATTACHMENT C

Capital Fund Program 5 - Year Action Plan

Complete on 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.

5 - Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
TX124-HA	KNOXCITYHOUSINGAUTHORITY	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
1410 NON TECHNICAL HELP, SUNDRY & TRAINING	6,350.00	2003
1430 INSPECTOR & REPRODUCTION	4,000.00	2003
1408 COMPUTER UPGRADE & OFFICE EQUIPMENT	2,760.00	2003
1465 WATER HEATERS, CENTRAL UNITS AS NEEDED	10,349.00	2003
1475 REPLACEMENT PICK -UP & MAINTENANCE EQUIPMENT	20,000.00	2003
1460 KITCHEN REPAIRS AND REPAIRS PER REPAIRS AS NEEDED	10,000.00	2003
1406 OPERATIONS	6,350.00	2003
1495 RELOCATION OF RESIDENTS	2,000.00	2003
1450 LANDSCAPING	2,000.00	2003
Total estimated cost over next 5 years	63,809.00	

CFP5 -YearActionPlan		
<input checked="" type="checkbox"/> Originalstatement <input type="checkbox"/> Revisedstatement		
Development Number	DevelopmentName (orindicatePHAwide)	
TX124-HA	KNOXCITYHOUSINGAUTHORITY	
DescriptionofNeededPhysicalImprovementsorManagement Improvements	EstimatedCost	PlannedStartDate (HAFiscalYear)
1410NON -TECHNICALHELP,SUNDRY,TRAINING	6,350.00	2004
1406OPERATIONS	6,350.00	2004
1430INSPECTOR&REPRODUCTION	4,000.00	2004
1408UDGRADEONOFFICEEQUIPMENT	8,760.00	2004
1465WATERHEATERS,REFRIGERATORS,&RANGES	10,349.00	2004
1475MAINTENANCEEQUIPMENT	10,000.00	2004
1460DWELLINGSTRUCTURES	10,000.00	2004
1495RELOCATIONSOFRESIDENTS	2,000.00	2004
1450LANDSCAPING,SIDEWALKS	6,000.00	2004
Totalestimatedcostovernext5years	63,809.00	

CFP5 -YearActionPlan		
<input checked="" type="checkbox"/> Originalstatement <input type="checkbox"/> Revisedstatement		
Development Number	DevelopmentName (orindicatePHAwide)	
TX124-HA	KNOXCITYHOUSINGAUTHORITY	
DescriptionofNeededPhysicalImprovementsorManagementImprovements	EstimatedCost	PlannedStartDate (HAFiscalYear)
1406OPERATIONS	6,350.00	2005
1410NON -TECHNICALHELP,SUNDRY,TRAINING	6,350.00	2005
1430INSPECTOR&REPRODUCTION	6410.00	2005
1408UPGRADECOMPUTERANDSOFTWARE&OFFICEEQUIP	5,000.00	2005
1465WATERHEATERS,REFRIGERATORS,&RANGES&CENTRAL UNITSASNEEDED	6,999.00	2005
1475MAINTENANCEEQUIPMENT	8,000.00	2005
1460REPAIRSPERREAC	6,000.00	2005
1450LANDSCAPING,SIDEWALKS	4,000.00	2005
1460REPLACE/REPAIRSTOROOF	13,700.00	2005
1495RELOCATIONOFRESIDENTS	1,000.00	2005
Totalestimatedcostovernext5years	63,809.00	

CFP5 -YearActionPlan		
<input checked="" type="checkbox"/> Originalstatement <input type="checkbox"/> Revisedstatement		
Development Number	DevelopmentName (orindicatePHAwide)	
TX124-HA	KNOXCITYHOUSINGAUTHORITY	
DescriptionofNeededPhysicalImprovementsorManagementImprovements	EstimatedCost	PlannedStartDate (HAFiscalYear)
1406OPERATIONS	6,350.00	2006
1410NON -TECHNICALHELP,SUNDRY,TRAINING	6,350.00	2006
1430INSPECTOR&REPRODUCTION	8,760.00	2006
1408UPGRADE COMPUTERANDSOFTWARE&OFFICEEQUIP	6,000.00	2006
1465WATERHEATERS,UPDATEHEATINGUNITS&CENTRALUNITS ASNEEDED	10,349.00	2006
1475MAINTENANCEEQUIPMENT	9,000.00	2006
1460REPAIRSPERREAC,REPLACEFLOORINGASNEEDED	6,000.00	2006
1460REPLACE/REPIARROOFSASNEEDED	6,000.00	2006
1450LANDSCAPING,SIDEWALKS	4,000.00	2006
1495RELOCATIONOFRESIDENTS	1,000.00	2006
Totalestimatedcostovernext5years	63,809.00	

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. This 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).

12Months ___ 18 Months ___ 24Months ___

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 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise — not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement	Total PHDEP Funding: \$
Goal(s)	
Objectives	

ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

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

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

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

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

9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

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

9160 - Drug Prevention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators

1.							
2.							
3.							

9170 -DrugIntervention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9180 -DrugTreatment					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9190 -OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
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:

JOYCE SHAHAN

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

Elected

Appointed

C. The term of appointment is (include the date term expires 12/31/02)

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 (indicate appointing official for the next position):

MAYOR CHARLES LANKFORD
P.O. BOX 128
KNOX CITY, TEXAS 79529

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.)

JOYCE SHAHAN
LILLIAN ROBERSON
DORTHIA ALEXANDER

Letters were mailed out asking for residents to volunteer. There was no response, therefore members were appointed by the Board of Commissioners.

ATTACHMENT F

FIVE YEAR PLAN PROGRESS STATEMENT

We have advertised and worked closely with the Churches in our town to help reduce our vacancies. We have also worked closely with the Texas Dept. of Human Resources...

Our management functions have improved by hiring more staff, with our Capital Funds. We also modernized some of our apartments thru use of our Capital Fund Program, in 2001.

We have housed more employed persons in the past fiscal year than we have in the past.

We are providing supportive groups for our residents thru Churches and the TDHR.

By having additional help in the office we have been able to implement our Affirmative Action Plan by contacting Churches, the Chamber of Commerce and Lions Club

Attachment G

Annual Statement/Performance and Evaluation Report ATTACHMENT G					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Knox City Housing Authority		Grant Type and Number Capital Fund Program: TX21P12450101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
X Performance and Evaluation Report for Period Ending 6/30/02		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations	6,350.00		6350.00	6350.00
3	1408 Management Improvements	12,760.00		12760.00	527.76
4	1410 Administration	6350.00		6350.00	6350.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	4000.00		4000.00	1505.58
8	1440 Site Acquisition				
9	1450 Site Improvement	2000.00		2000.00	642.57
10	1460 Dwelling Structures	10000.00		10000.00	85523.88
11	1465.1 Dwelling Equipment — Nonexpendable	10349.00		10349.00	0
12	1470 Non Dwelling Structures				

Annual Statement/Performance and Evaluation Report ATTACHMENT G Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHAName: Knox City Housing Authority		Grant Type and Number Capital Fund Program: TX21P12450101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001	
Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) X Performance and Evaluation Report for Period Ending 6/30/02 <input type="checkbox"/> Final Performance and Evaluation Report						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
13	1475 Nondwelling Equipment	10,000.00		10,000.00	4864.54	
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs	2000.00		2000.00	0	
18	1498 Mod Used for Development					
19	1502 Contingency					
20	Amount of Annual Grant: (sum of lines 2 - 19)	63809.00		63809.00	30,468.03	
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	5,000.00		5,000.00	5,000.00	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Knox City Housing Authority		Grant Type and Number Capital Fund Program#: TX21P12450101 Capital Fund Program Replacement Housing Factor#:				Federal FY of Grant: 01		
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	
TX124-HA	NON-TECHNICAL HELP, SUNDRY, TRAINING	1410		6,350.00		6,350.00	6350.00	100
TX124-HA	OPERATIONS	1406		6,350.00		6,350.00	6,350.00	100
TX124-HA	ARCHITECTURAL SERVICES & REPRODUCTION	1430		4,000.00		4,000.00	2,494.42	62
TX124-HA	RANGES, REFRIGERATORS, WATER HEATERS	1465		10,349.00		10,349.00	0	0
TX124-HA	REPLACE COUNTER TOPS AND CABINETS AS NEEDED	1460		10,000.00		10,000.00	8523.88	85
TX-124-HA	UPGRADE COMPUTER AND COPIER, NEW FAX MACHINE, TRAINING FOR NEW ED	1408		12,760.00		12760.00	527.76	4
TX124-HA	LANDSCAPING	1450		2,000.00		2,000.00	1,357.43	68
TX124-HA	MAINTENANCE EQUIPMENT	1475		10,000.00		10,000.00	4864.54	49
TX124-HA	RELOCATION	1495		2,000.00		2,000.00	0	0
				63,809.00		63,809.00	30468.03	48%

Component 10(B) Voluntary Conversion Initial Assessments

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

1

b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions?

0

c. How many Assessments were conducted for the PHA's covered developments?

1

d. Identify PHA developments that may be appropriate for conversions based on the Required Initial Assessment:

None

After review of operations, it was determined that conversion of the development will be inappropriate because removal of the development would not meet the necessary conditions for voluntary conversion.

ATTACHMENTH
AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary

PHAName:KnoxCityHousingAuthority	GrantTypeandNumberTX21P124905 -99 CapitalFundProgram: CFP CapitalFundProgram ReplacementHousingFactorGrantNo:	FederalFYofGrant: 1999
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OriginalAnnualStatement ReserveforDisasters /Emergencies RevisedAnnualStatement(revisionno:)
 PerformanceandEvaluationReportforPeriodEnding:3/31/02 FinalPerformanceandEvaluationReport

Lin e No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations				
3	1408ManagementImprovements				
4	1410Administration	16,404.00		10,215.00	16,250.89
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts	70,450.08		70,450.08	70,368.73
8	1440SiteAcquisition				
9	1450SiteImprovement	110,826.98		110,826.98	59,559.75
10	1460DwellingStructures	548,570.79		548,570.79	533,115.43
11	1465.1DwellingEquipment — Nonexpendable	37,824.00			18,897.77
12	1470NondwellingStructures				
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				

ATTACHMENTH

AnnualStatement/PerformanceandEvaluationReport

CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary

PHAName:KnoxCityHousingAuthority	GrantTypeandNumberTX21P124905 -99 CapitalFundProgram: CFP CapitalFundProgram ReplacementHousingFactorGrantNo:	FederalFYofGrant: 1999
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OriginalAnnualStatement ReserveforDisasters /Emergencies RevisedAnnualStatement(revisionno:)

PerformanceandEvaluationReportforPeriodEnding:3/31/02 FinalPerformanceandEvaluationReport

Lin e No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts	4,524.15		4,524.15	3,447.65
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 - 19)	788,600.00		788,600.00	701,640.22
21	Amountoffline20RelatedtoLBPActivities				
22	Amountoffline20RelatedtoSection504 Compliance				
23	Amountoffline20RelatedtoSecurity				
24	Amountoffline20RelatedtoEnergyConservation Measures				

ATTACHMENTH
AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/ CFPRHF)
PartII:SupportingPages

PHAName:KnoxCityHousingAuthority		GrantTypeandNumber CapitalFundProgram#: TX21P124905-99 CapitalFundProgram ReplacementHousingFactor#:				FederalFYof Grant: 1999		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajor WorkCategories	Dev.Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TX124-001								
124-001-1	Installnewwaterlines,replacing olddeterioratedwaterlines.	1450		15,296.00	15,296.00	15,296.00	15,296.00	
124-001-2	Removeexistingwatercutoffsat eachunitandinstallnewcutoff andnewvalveboxate achunit	1450		9,536.00	9,536.00	9,536.00	9,536.00	
124-001-3	Repaircracksinsidewalks	1450			16,512.00	16,512.00	12,751.75	
124-001-4	Landscapingisneededafterover growthisremoved	1450			5,696.00	5,696.00	5,696.00	
124-001-5	Installnewfencebe hind HemphillandWardapts.	1450			16,280.00	16,280.00	16,280.00	
124-001-6	Re-paveparkinglot	1450			35,968.00	35,968.00		
124-001-7	Installaparkingcoverinfrontof building	1450			11,538.98	11,538.98		
SUBTOTAL		1450		24,832.00	110,826.98	110,826.98	59,559.75	

ATTACHMENTH
AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/ CFPRHF)
PartII:SupportingPages

PHAName:KnoxCityHousingAuthority		GrantTypeandNumber CapitalFundProgram#: TX21P124905-99 CapitalFundProgram ReplacementHousingFactor#:				FederalFYof Grant: 1999		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajor WorkCategories	Dev.Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
124-001-8	Removeexistingwaterlinesfrom theatticin32unitsandreroutein heatedspace.(pipeshavefrozen anddamagedalargenumberof ceilings)	1460		16,575.00	16,575.00	16,575.00	16,575.00	
124-001-9	Replacewaterdama gedceilingin allunits	1460		20,656.00	20,656.00	20,656.00	20,656.00	
124-001-10	Installnewinsulationintheattic ofallunitsafternewdealingsare installed	1460		15,883.00	15,883.00	15,883.00	15,883.00	
124-001-11	Replacelargeareasofsheetroc k, woodtrimandwoodframing whichhasbeendamageddueto termitesineightunits	1460		12,615.00	12,615.00	12,615.00	12,615.00	
124-001-12	Replaceelectricaloutletsineach bathroomwithaGFICdevice	1460		4,825.00	4,825.00	4,825.00	4,825.00	

ATTACHMENTH
AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/ CFPRHF)
PartII:SupportingPages

PHAName:KnoxCityHousingAuthority		GrantTypeandNumber CapitalFundProgram#: TX21P124905-99 CapitalFundProgram ReplacementHousingFactor#:				FederalFYof Grant: 1999		
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajor WorkCategories	Dev.Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
124-001-13	Weatherstripexistingfurnace closetdoors	1460		4,112.00	4,112.00	4,112.00	4,112.00	
124-001-14	Replaceexistinglightfixtures whichhavebeendamageddueto waterfrombrokenpipesinthe attics	1460		9,800.00	9,800.00	9,800.00	9,800.00	
124-001-15	Replaceallexistingfloor,wall andceilingmaterialwithnew, afterexistinghasbeenremoved byabatementcontractor.(all32 units)	1460		168,420.00	122,619.79	122,619.79	122,619.79	
124-001-16	Removeallexistingfloor,wall andceilingmaterial throughout eachunit(Testshowthatthereis asbestosmaterialthroughouteach unit(Testshowthatthereis asbestosmaterialpresent)	1460		391,600.00	175,000.00	175,000.00	175,000.00	

ATTACHMENTH
AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/ CFPRHF)
PartII:SupportingPages

PHAName:KnoxCityHousingAuthority		GrantTypeandNumber CapitalFundProgram#: TX21P124905-99 CapitalFundProgram ReplacementHousingFactor#:			FederalFYof Grant: 1999				
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajor WorkCategories	Dev.Acct No.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work	
				Original	Revised	Funds Obligated	Funds Expended		
124-001-17	ChangeOrder1	1460			9,186.00	9,186.00	9,186.00		
124-001-18	Repairfoundationscracksand exposedrebar	1460			43,571.00	43,571.00	43,571.00		
124-001-19	Replaceallgutterswithnew	1460			38,816.00	38,816.00	38,816.00		
124-001-20	Replaceweatherstrippingonall exteriordoors	1460			3,648.00	3,648.00	3,648.00		
124-001-21	Installnewairconditioninggrilles	1460			7,136.00	7,136.00	7,136.00		
124-001-22	Installnewventahoodsinall units	1460			15,455.36	15,445.36			
124-001-23	Replacealltoilets,sinksand bathroomfaucets	1460			20,992.64	20992.64	20,992.64		
124-001-24	Replaceallwainscoatinthekitchenswithnew	1460			27,680.00	27,680.00	27,680.00		
	SUBTOTAL	1460			644,486.00	548,570.79	548,570.79	533,115.43	
124-001-25	Purchasenewrangesand refrigeratorsforallunits	1465			37,824.00	37,824.00	18,987.77		

ATTACHMENTH

AnnualStatement/PerformanceandEvaluationReport

CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)

PartII:SupportingPages

PHAName:KnoxCityHousingAuthority		GrantTypeandNumber CapitalFundProgram#: TX21P124905-99 CapitalFundProgram ReplacementHousingFactor#:				FederalFYofGrant: 1999		
Development Number Name/HA- Wide Activities	GeneralDescriptionofMajor WorkCategories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Sta Pro V
				Original	Revised	Funds Obligated	Funds Expended	
TX124-HA								
124-HA-1	HousingAuthorityneeds part timehelpduringtheCIAP includingnontechnicalhelp	1410		8,415.00	15,780.00	15,780.00	15,626.97	
124-HA-2	HousingAuthorityneedssundry fundsforadvertisement	1410		1,800.00	624.00	624.00	624.00	
	SUBTOTAL	1410		10,215.00	16,404.00	16,404.00	16,250.89	
124-HA-3	Hireanarchitecttoprepare emergencydocuments	1430		28,050.00	28,050.00	28,050.00	28,050.00	
124-HA-4	HousingAuthorityneedsosite inspectortomonitorworkin progress	1430		9,817.00	12,817.00	12,817.00	12,735.65	

ATTACHMENTH
AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartII:SupportingPages

PHAName:KnoxCityHousingAuthority		GrantTypeandNumber CapitalFundProgram#: TX21P124905-99 CapitalFundProgram ReplacementHousingFactor#:				FederalFYofGrant: 1999		
Development Number Name/HA- Wide Activities	GeneralDescriptionofMajor WorkCategories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Sta Pro V
				Original	Revised	Funds Obligated	Funds Expended	
124-HA-5	Hireasbestosconsultantto prepareconstructiondocuments andmonitorremovalofthe materials(testshowpresentsof asbestos)	1430		45,000.00	16,434.08	16,434.08	16,434.08	
124-HA-6	Hirea sbestosconsultanttotest forasbestos	1430		1,700.00	1,649.00	1,649.00	1,649.00	
124-HA-7	Providefundsforstatefeesfor asbestos	1430		10,000.00	10,000.00	10,000.00	10,000.00	
124-HA-8	Providefundsforreproduction	1430		2,500.00	1,500.00	1,500.00	1,500.00	
	SUBTOTAL	1430		97,067.00	70,450.08	70,368.73	70,368.73	
124-HA-9	Providefundsforrelocation	1495		12,000.00	4,524.15	4,524.15	3,447.65	
	SUBTOTAL	1495		12,000.00	4,524.15	4,524.15	3,447.65	
	GRANDTOTAL			788,600.00	788,600.00	788,600.00	701,640.22	

