

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

ConwayHousingAuthority'sPlanUpdate

AnnualPlanforFiscalYear: 2003

**NOTE:THISPHAPLANSTEMPLATE(HUD -50075SmallPHA)ISTOBE COMPLETEDIN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHA Plan
Agency Identification**

PHAName: Conway Housing Authority

PHANumber: AR006

PHAFiscalYearBeginning:(mm/yyyy) 10/2003

PHA Plan Contact Information:

Name: Mary A. Boyd

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Public Access to Information

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

- X Main administrative office of the PHA
- X 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)

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

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

PHA Programs Administered :

X Public Housing and Section 8 Section 8 Only Public Housing Only

Annual PHA Plan
Fiscal Year 2003
 [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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<input type="checkbox"/> Other (List below, providing each attachment name)	
<input checked="" type="checkbox"/> Attachment H: Statement of Progress	

ii. Executive Summary

[24CFR Part 903.79(r)]

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 program changes since the 2002 Plan was submitted

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? **\$255,000.00**

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 E

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment D

3. 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: (DD/MM/YY)	
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 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 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

This program is no longer applicable.

[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:(listbelow)

B.StatementofConsistencywiththeConsolidatedPlan

ForeachapplicableConsolidatedPlan,makethefollowingstatement(copyquestionsasmanytimesas necessary).

1.ConsolidatedPlanjurisdiction:(providenamehere)StateofArkansas

2.ThePHAhasstakenthefollowingstepstoensureconsistencyofthisPHAPlanwith theConsolidatedPlanforthejurisdiction:(selectallthatapply)

- X ThePHAhasbaseditsstatementofneedsoffamiliesinthejurisdictionon the needsexpressedintheConsolidatedPlan/s.
- X ThePHAhasparticipatedinanyconsultationprocessorganizedand offeredbytheConsolidatedPlanagencyinthedevelopmentofthe ConsolidatedPlan.
- X ThePHAhasconsultedwiththeConsolidatedPlanagencyduringthe developmentofthisPHAPlan.
- X ActivitiestobeundertakenbythePHAinthecomingyearareconsistent withspecificinitiativescontainedintheConsolidatedPlan.(listsuch initiativesbelow)
- Other:(listbelow)

3. PHARequestsforsupportfromtheConsolidatedPlanAgency

Yes No: DoesthePHArequestfinancialorothersupportfromtheStateorlocal governmentagencyinordertomeettheneedsofitspublichousing residentsorinventory?Ifyes,pleaselist the5mostimportantrequests below:

4.TheConsolidatedPlanofthejurisdictionsupportsthePHAPlanwiththefollowing actionsandcommitments:(describebelow)
Providingsafe,sanitary,andaffordablehousingtolowincomefamilies.

C.CriteriaforSubstantialDeviationandSignificantAmendments

1. AmendmentandDeviationDefinitions

24CFRPart903.7(r)

SubstantialDeviationorsignificantamendmentsormodificationsaredefinedas discretionarychangesintheplansorpolicesoftheConwayHousingAuthoritythat fundamentallychangethemission,goals,objectivesorplansoftheagencyand whichrequireformalapprovaloftheBoardofCommissioners.

**A.SubstantialDeviationfromthe5 -yearPlan:
and**

B.SignificantAmendmentorModification totheAnnualPlan:

The Housing Authority will consider the following to be changes in its Agency Plan necessary and sufficient to require a full review by the Resident Advisory Board before a corresponding change in the Agency Plan can be adopted:

- 19. Any alteration of the PHA's Mission Statement**
- 20. Any change or amendment to a stated Strategic Goal**
- 21. Any change or amendment to a stated Strategic Objective except in a case where the change results from the objective having been met**
- 22. Any introduction of a new Strategic Goal or a new Strategic Objective**
- 23. Any alteration in the Capital Fund Program that affects an expenditure greater than twenty percent of the CFP Annual Budget for that year**

In defining the above, the Housing Authority intends by "Strategic Goal" and "Strategic Objective" specifically those items in its Five Year Plan and any change in the above items will be considered a "substantial deviation" from the plan. Furthermore, the PHA considers the following changes to require a public process before amendments said changes and that these items are "significant amendments or modification" to the Agency Plan:

- 1) Changes to rent or admissions policies or organization of the waiting list**
- 2) Additions of non-emergency work-items (items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund**
- 3) Additions of new activities not included in any PHDEP Plan**
- 4) Any change with regard to demolition or disposition, designation, home ownership programs or conversion activities**

An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements, such changes will not be considered significant amendments by HUD

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
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 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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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 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) was not necessary for fiscal year 2002.	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 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
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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
N/A	Approved or submitted public housing home ownership programs/plans	Annual Plan: Home ownership
N/A	Policies governing any Section 8 Home ownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Home ownership
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
X	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
X	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	<p>PHDEP-related documentation:</p> <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24CFR 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	<p>Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24CFR Part 960, Subpart G)</p> <p><input type="checkbox"/> check here if included in the public housing A&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
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

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

PHAName: Conway Housing Authority	Grant Type and Number Capital Fund Program Grant No: AR37P0065 0101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending:
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations	22562	20269.59		
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	88446	88446	72906.91	
10	1460 Dwelling Structures	80877	80877		
11	1465.1 Dwelling Equipment — Nonexpendable	13686	13686	11847	
12	1470 Non dwelling Structures	43000	45852.41	45852.41	45852.41
13	1475 Non dwelling Equipment	3500	2940	2940	2940
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				

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

PHAName: Conway Housing Authority	Grant Type and Number Capital Fund Program Grant No: AR37P0065 0101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 20) –	252071	252071	133546.32	48792.41
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHAName: Conway Housing Authority		Grant Type and Number Capital Fund Program Grant No: AR37P00650101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
AR006003	Operations	1406		12862	10009.59	0	0	
	Install new Playgrou nd	1450	1	78446	78446	72906.91	0	Contract Signed
	Replace Kitchen Cabinets	1460	15	30075	30075	0	0	Rejected Bids
	Replace 12 Ranges	1465 .1	12	2688	2688	2400	0	Contract Signed
	Build Maint Shop	1470	1	43000	45852.41	45852.41	45852.41	Complete
AR006004	Operations	1406		9700	10260	0	0	
	Replace 47 Stoves	1465 .1	47	10998	10998	9447	0	Contract Signed
	Landscape and Sprinklers	1450		10000	10000	0	0	Awaiting Signing
	Carpet Balconies	1460		15802	0	0	0	Not doing
	Replace Kitchen Cabinets	1460	4	35000	50802	0	0	Rejected Bids

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

PHA Name: Conway Housing Authority		Grant Type and Number Capital Fund Program Grant No: AR37P00650101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Replace Emergency Generator Panel	1475	1	3500	2940	2940	2940	Awaiting Installation

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

PHAName: Conway Housing Authority	Grant Type and Number Capital Fund Program Grant No: AR37P006501 02 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending:
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non -CFP Funds				
2	1406 Operations	10500			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	44000			
10	1460 Dwelling Structures	159684			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non dwelling Structures	22000			
13	1475 Non dwelling Equipment	10000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Move into Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				

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

PHAName: Conway Housing Authority	Grant Type and Number Capital Fund Program Grant No: AR37P006501 02 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 20) –	246184			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHAName: Conway Housing Authority		Grant Type and Number Capital Fund Program Grant No: AR37P00650102 Replacement Housing Factor Grant No:			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 Work
				Original	Revised	Funds Obligated	Funds Expended	
AR006003	Operations	1406		5545				
	Landscape Henry Street A. Install Swale B. Sod Henry & Mitchell St	1450	17	39000				
	Install Edging around all Condensers and fill with mulch	1450	48	5000				
	Replace Kitchen Cabinets	1460	34	119684				Rejected Bids
	Remodel Mgmt Building	1470	1	22000				Packet being reviewed
	Purchase Commercial Mower	1475	1	10000				Bid awaiting review
AR006004	Operations	1406		4955				

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

PHAName: Conway Housing Authority		Grant Type and Number Capital Fund Program Grant No: AR37P00650102 Replacement Housing Factor Grant No:			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 Work
				Original	Revised	Funds Obligated	Funds Expended	
	Replace Kitchen Cabinets	1460	10	40000				Rejected Bids

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

PHAName: Conway Housing Authority 335 South Mitchell Conway, AR 72034	Grant Type and Number Capital Fund Program: AR37P00650103 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement (revision no:)
 Reserve for Disasters/Emergencies
 Revised Annual Statement
 Performance and Evaluation Report for Period Ending:
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	\$15,010.00			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$206,990.00			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non Dwelling Structures				
13	1475 Non Dwelling Equipment	\$33,000.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				

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

PHA Name: Conway Housing Authority 335 South Mitchell Conway, AR 72034	Grant Type and Number Capital Fund Program: AR37P00650103 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement (revision no:)
 Reserve for Disasters/Emergencies
 Revised Annual Statement

Performance and Evaluation Report for Period Ending:
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 219)	-	\$255,000.00		
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance		\$70,000.00		
23	Amount of line 20 Related to Security		\$70,000.00		
24	Amount of line 20 Related to Energy Conservation Measures		\$60,000.00		

CapitalFundProgramFive -YearActionPlan

PartI:Summary

PHANameConwayHA		<input checked="" type="checkbox"/> Original5 -YearPlan <input type="checkbox"/> RevisionNo:			
Development Number/Name/H A-Wide	Year1	WorkStatementforYear2 FFYGrant:2004 PHAFY:2005	WorkStatementforYear3 FFYGrant:2005 PHAFY:2006	WorkStatementfor Year4 FFYGrant:2006 PHAFY:2007	WorkStatementfor Year5 FFYGrant:2007 PHAFY:2008
	Annual Statement				
AR006003		177990	202310	207310	162300
AR006003		77000	52690	47690	52690
CFPFundsListed for5 -year planning		254990	255000	255000	214990
Replacement HousingFactor Funds					

Required Attachment F: 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: Bernard Wayland Harvey

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

Elected

Appointed

C. The term of appointment is (include the date term expires): 3/15/01-1/15/04
Commissioner Harvey is completing Commissioner Owen's term who resigned from the Board.

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: 1/15/04

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

The Board appoints, Mayor confirms

Required Attachment G: 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.)

RESIDENT PARTICIPANT:

Ms. Zena Davis

Ms. Amanda Brakebill

Ms. Jessica Gillbreath

Ms. Beverly Hite

Mr. Don Huff

Mr. Wayland Harvey

Ms. Gussie Killough

PROGRAM ASSISTED UNDER

Section 8 Voucher

Section 8 Voucher

Multi -Family Site (public housing)

Multi -Family Site (public housing)

Multi -Family Site (public housing)

Commissioner/Resident

Elderly Site

Conway Housing Authority

Statement of Progress

The Conway Housing Authority has been able to maintain its mission to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination through the utilization of FY00/01/02 Capital Funds and the proper application of our public housing policies.

We are continuing to address public housing vacancies very aggressively.

Capital Funds have been utilized to provide modernization of our property and all future grants will continue that effort.

The Community Service Requirement has been reinstated by HUD. Our ACOP and leases will be modified to reflect that change.

We are continuing to update our policies as required by new regulations. We have recently revised our ACOP and Section 8 Administrative Plan to meet the requirements of HUD PIH 2001 -15.

We are confident that CHA will be able to continue to meet and accommodate all our goals and objectives in FY2003.