

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

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

PHA Plan Agency Identification

PHA Name: Housing Authority of the City of Magnolia, Arkansas

PHA Number: AR018

PHA Fiscal Year Beginning: 01/2003

PHA Plan Contact Information:

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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)

- 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 2003**

[24 CFR Part 903.7]

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ii. Executive Summary

Omitted

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.

None

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (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 actual Capital Fund Program grant for the upcoming year? \$
288,767

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 F, page 19.

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B, page 4.

3. Demolition and Disposition

[24 CFR Part 903.7 9 (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: NONE.

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

[24 CFR Part 903.7 9 (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

- 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? **None, program terminated by HUD.**
- 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: NONE.

6. Other Information

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. The comments are shown below:
- 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 ____.
- RAB requested installation of wall heaters in bathrooms in development AR18-1, added item to 5 Year Acton Plan; also requested repair to washed-out section of road shoulder at our property line in the vicinity of buildings 147 and 149 in AR 18-3 and of several washed out areas along our exercise path, items also added to 5 Year Action Plan.

B. Statement of Consistency with the Consolidated Plan

- 1. Consolidated Plan jurisdiction: Arkansas
- 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: **NONE**

C. Criteria for Substantial Deviation and Significant Amendments (no changes from original).

MHA considers the following changes to our agency plan to be a substantial deviation and to require a review by the Resident Advisory Board before implementation:

- Any alteration of our mission statement
- Any change or amendment to a stated strategic goal
- Any change or amendment to a stated strategic objective UNLESS that change is the result of the objective having been met
- Inclusion of any new strategic goal or objective
- Any alteration in the Capital Fund Program affecting more than 20% of the annual CFP budget for that year

NOTE: “Strategic goal” and “Strategic Objective” relate to these specific items in our five-year plan.

2. Significant Amendment or Modification to the Annual Plan (no change from original):

MHA considers the following changes to be significant amendments and to require the full public review process before inclusion in our plan:

- Changes to the rent or admission policies or in the organization of the waiting list
- Addition of non-emergency work items which are not included in the current annual statement or five-year plan
- Changes in the use of replacement reserve funds under the Capital Fund Program
- Addition of new activities not previously included in the PHDEP plan
- Any change with regard to demolition, disposition or designation

Note: An exception to this definition will be made for any above item changed to reflect new or changed regulatory requirements by HUD. Any such change will be considered a substantial deviation as opposed to a significant amendment.

Attachment A
Supporting Documents Available for Review

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
/	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
N/A	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
/	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
/	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
/	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
/	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> Check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
/	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
/	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
N/A	Section 8 rent determination (payment standard) policies <input type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
/	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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
N/A	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
NOT REQUIRED	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
✓	Public housing grievance procedures <input type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
✓	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
✓	Most recent CFP Budget/Progress Report for any active CFP grants	Annual Plan: Capital Needs
N/A	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
✓	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
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 homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Home ownership program (Section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
/	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
/	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; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and 	Annual Plan: Safety and Crime Prevention
/	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
/	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan.	Troubled PHAs
N/A	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 1: Summary					
PHA Name: Housing Authority of the City of Magnolia, Arkansas		Grant Type and Number Capital Fund Program:AR37P018xxx03 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<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	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0			
2	1406 Operations	57,753			
3	1408 Management Improvements	0			
4	1410 Administration	28,876			
5	1411 Audit	0			
6	1415 liquidated Damages	0			
7	1430 Fees and Costs	20,000			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	0			
10	1460 Dwelling Structures	0			
11	1465.1 Dwelling Equipment—Nonexpendable	0			
12	1470 Non-dwelling Structures	136,124			
13	1475 Non-dwelling Equipment	46,014			
14	1485 Demolition	0			
16	1492 Moving to Work Demonstration	0			
19	1502 Contingency	0			
20	Amount of Annual Grant: (sum of lines 2-19)	288,767			
21	Amount of line 20 Related to LBP Activities	0			
22	Amount of line 20 Related to Section 504 Compliance	0			
23	Amount of line 20 Related to Security	0			
24	Amount of line 20 Related to Energy Conservation Measures	0			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Magnolia, Arkansas			Grant Type and Number Capital Fund Program #: AR37P018xxx03 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	1406 – Operations	1406	1	57,750				
	TOTAL	1406		57,750				
HA-Wide	1410 – Administration	1410						
	Salary for CFP Coordinator	1410.2	1	24,000				
	Salary for CFP Inspector	1410.2	1	4,476				
	Advertising for A/E and Contractor, etc	1410.19	1	400				
	TOTAL	1410		28,876				
HA-Wide	1430 – Fees and Costs	1430						
	A/E Fees	1430	1	20,000				
	TOTAL	1430		20,000				
HA – WIDE	1470 – Non dwelling Structures	1470						
	Construct new maintenance building with office and utility services	1470	1	121,124				
	Demolish white frame storage building to make room for new maintenance building	1470	1	15,000				
	TOTAL	1470		136,124				
HA-Wide	1475 – Non-dwelling equipment	1475						

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Magnolia, Arkansas		Grant Type and Number Capital Fund Program #: AR37P018xxx03 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2003			
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	
	Purchase two pick-up trucks equipped with lift gates for maintenance	1475	1	46,014				
	TOTAL	1475		46,014				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Housing Authority of the City of Magnolia, Arkansas		Grant Type and Number Capital Fund Program: AR37P018xxx02 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2, 06-12-2002)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06-30-2002			<input type="checkbox"/> Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0	0	0	0
2	1406 Operations	0	57,750	0	0
3	1408 Management Improvements	0	0	0	0
4	1410 Administration	36,400	28,876	0	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	20,000	20,000	0	0
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	0	7,000	0	0
10	1460 Dwelling Structures	237,434	175,141	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0
12	1470 Non-dwelling Structures	0	0	0	0
13	1475 Non-dwelling Equipment	0	0	0	0
14	1485 Demolition	0	0	0	0
15	1490 Replacement Reserve	10,000	0	0	0
16	1492 Moving to Work Demonstration	0	0	0	0
19	1502 Contingency	0	0	0	0
20	Amount of Annual Grant: (sum of lines 2-19)	303,834	288,767	0	0
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Compliance	0	0	0	0
23	Amount of line 20 Related to Security	0	0	0	0

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: Housing Authority of the City of Magnolia, Arkansas		Grant Type and Number Capital Fund Program: AR37P018xxx02 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2002	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2, 06-12-2002)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06-30-2002			<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	0	0	0	0	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages									
PHA Name: Housing Authority of the City of Magnolia, Arkansas			Grant Type and Number Capital Fund Program #: AR37P018xxx02 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work	
				Original	Revised	Funds Obligated	Funds Expended		
HA-Wide	1406—Operations	1406	1	0	57,750	0	0	Not started	
	TOTAL	1406		0	57,750				
HA-Wide	1410—Administration	1410							
	Salary for CFP Coordinator	1410.2	1	24,000	24,000	0	0	Not started	
	Salary for CFP Inspector	1410.2	1	12,000	4,476	0	0	Not started	
		1410.19	1	400	400	0	0	Not started	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Magnolia, Arkansas			Grant Type and Number Capital Fund Program #: AR37P018xxx02 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
	TOTAL	1410		36,400	28,876			
HA-Wide	1430—Fees and Costs	1430						
	Hire A/E; 1450 and 1460	1430	1	20,000	20,000	0	0	Not started
	TOTAL	1430		20,000	20,000			
HA-Wide	1450—Site Improvement	1450						
	Install drainage control/retaining wall at 147/149 Meadowbrook	1450	1	0	5,000	0	0	Not started
	Repair erosion damage on walking trail	1450	1	0	2,000	0	0	Not started
	TOTAL	1450			7,000			
	1460—Dwelling Structures	1460						
18-1	Repair/replace roofs	1460	1	75,000	75,000	0	0	Not started
18-1	Install supplemental electric heaters in bathrooms	1460	1	0	35,000	0	0	Not started
18-3	Overlay vinyl tile floors	1460	1	121,600	35,141	0	0	Not started
18-1,2,3	Install doorbells	1460		40,834	30,000	0	0	Not started
	TOTAL	1460		237,434	175,141			

**Amount revised downward due to lowered CFP allowance. Over-layment of floor tile will be limited to only a portion of the previously planned units unless other items come in under budget freeing up more money or we purchase the tile and install it with our maintenance crew as residents rotate out and the units are turned around and paid for out of our operating fund.

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Housing Authority of the City of Magnolia, Arkansas		Grant Type and Number Capital Fund Program: AR37P01850101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies			<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3) 06-21-2002
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06-30-2002		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0	0		
2	1406 Operations	10,000	10,053.91	10,053.91	5,000
3	1408 Management Improvements	0	0	0	0
4	1410 Administration	36,400	36,400	36,400	23,475.11
5	1411 Audit	0	0	0	0
6	1415 liquidated Damages	0	0	0	0
7	1430 Fees and Costs	20,000	30,000	22,616	21,616
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	0	0	0	0
10	1460 Dwelling Structures	231,336	227,380.09	193,923.34	125,936.34
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0
12	1470 Non-dwelling Structures	0	0	0	0
13	1475 Non-dwelling Equipment	0	0	0	0
14	1485 Demolition	0	0	0	0
18	1498 Mod Used for Development	0	0	0	0
19	1502 Contingency	0	0	0	0
20	Amount of Annual Grant: (sum of lines 2-19)	297,736	303,834	262,993.25	176,027.45
21	Amount of line 20 Related to LBP Activities	0			
22	Amount of line 20 Related to Section 504 Compliance	0	0	0	0
23	Amount of line 20 Related to Security	0	0	0	0

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Housing Authority of the City of Magnolia, Arkansas		Grant Type and Number Capital Fund Program: AR37P01850101 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3) 06-21-2002 <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06-30-2002 <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	0	0	0	0
PHA Name: Housing Authority of the City of Magnolia, Arkansas		Grant Type and Number Capital Fund Program #: AR37P01850101 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2001

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Magnolia, Arkansas			Grant Type and Number Capital Fund Program #: AR37P01850101 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	1406—Operations	1406	1	10,000	10,053.91	10,053.91	5,000	In process
	TOTAL	1406		10,000	10,053.91	10,053.91	5,000	
HA-Wide	1410—Administrations	1410						
	Salary for CFP Coordinator	1410.2	1	24,000	24,000	24,000	14,989.33	Ongoing
	Salary for Inspector	1410.2	1	12,000	12,000	12,000	7,721.78	Ongoing
	Advertising	1410.19	1	400	400	400	764	Complete
	TOTAL	1410		36,400	36,400	36,400	23,475.11	
HA-Wide	1430—Fees and Costs	1430						
	Hire A/E to prepare plans and specs for installation of architectural grade shingle roofs.	1430.1	1	20,000	30,000	22,616	21,616	Ongoing
	TOTAL	1430		20,000	30,000			
18-2,3	1460—Dwelling Structures	1460						
	Repair/replace roofs, 18-3	1460	1	0	125,936.34*	125,936.34	125,936.34	Complete

* Total project cost including one change order was \$165,618.93. \$39,682.59 of otherwise unused funds from FY2000 grant was used to complete payment of the contract per our FY 2002 update.

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

PHA Name: Housing Authority of the City of Magnolia, Arkansas		Grant Type and Number Capital Fund Program #: AR37P01850101 Capital Fund Program Replacement Housing Factor #:					Federal FY of Grant: 2001
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-Wide	03-31-2003			09-30-2004			
AR 18-3	03-31-2003			09-30-2004			
AR 18-2		03-31-2003			09-30-2004		Pulled project forward from out years due to lower than expected cost on other portions of the budget.

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Housing Authority of the City of Magnolia, Arkansas		Grant Type and Number Capital Fund Program: AR37P01850100 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<input 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 checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0	0	0	0
2	1406 Operations	10,000	0	0	0
3	1408 Management Improvements	0	0	0	0
4	1410 Administration	36,400	37,781	37,781	37,781
5	1411 Audit	0	0	0	0
6	1415 liquidated Damages	0	0	0	0
7	1430 Fees and Costs	18,500	31,500	31,500	31,500
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	0	0	0	0
10	1460 Dwelling Structures	186,368	205,082.59	205,082.59	205,082.59
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0
12	1470 Non-dwelling Structures	0	0	0	0
13	1475 Non-dwelling Equipment	0	23,372.41	23,372.41	23,372.41
14	1485 Demolition	0	0	0	0
18	1498 Mod Used for Development	0	0	0	0
19	1502 Contingency	0	0	0	0
20	Amount of Annual Grant: (sum of lines 2-19)	251,268	297,736	297,736	297,736
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 Compliance	0	0	0	0
23	Amount of line 20 Related to Security	0	0	0	0

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: Housing Authority of the City of Magnolia, Arkansas		Grant Type and Number Capital Fund Program: AR37P01850100 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2000	
<input 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 checked="" 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	0	0	0	0	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Magnolia, Arkansas			Grant Type and Number Capital Fund Program #: AR37P01850100 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Operations	1406	1	10,000	0	0	0	N/A
	TOTAL			10,000	0	0	0	
HA-Wide	Administration	1410	1	36,400	37,781	37,781	37,781	Complete
	TOTAL	1410		36,400	37,781	37,781	37,781	Complete
HA-Wide	Fees and Costs	1430	1	18,500	31,500	31,500	31,500	Complete

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Magnolia, Arkansas			Grant Type and Number Capital Fund Program #: AR37P01850100 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
	TOTAL			18,500	31,500	31,500	31,500	Complete
AR18-1,3	Dwelling Structures	1460	1	186,368	205,082.59	205,082.59	205,082.59	Complete
	TOTAL			186,368	205,082.59	205,082.59	205,082.59	Complete
HA-Wide	Non-dwelling Equipment	1475	1	0	23,372.41	23,372.41	23,372.41	Complete
	TOTAL	1475		0	23,372.41	23,372.41	23,372.41	Complete
	GRAND TOTAL	ALL		251,268	297,736	297,736	297,736	COMPLETE

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name:		Grant Type and Number Capital Fund Program #: AR37P01850100 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2000	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
18-2	09/30/2002			09/30/2003			Revised to 2004
18-2	09/30/2002			09/30/2003			Deferred project, moved funds to 18-3, Phase II
18-3	09/30/2002			09/30/2003		12/31/2001	Phase I & II, Complete
18-1,3		09/30/2002			09/30/2003	12/31/2001	Complete
HA-Wide		03/31/2001			06/30/2002	06/30/2002	Complete

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
AR 18-001	Magnolia Gardens	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Overlay vinyl floors -- 27 units	21,600	2002, deferred to 2004
Replace roofs, five residence building and three non residence buildings	75,000	2002
Sidewalk replacement/installation	20,000	2003, deferred to 2004
Install doorbells	5,000	2002, deferred to 2004 due to reduction of CFP Grant
Install supplemental electric heaters in bathrooms	35,000	2002, added per RAB request
Total estimated cost over next 5 years	156,600	

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
AR 18-002	Alcardun Heights	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace roofs, seven residence building and two non-residence buildings	101,443.75	2001
Sidewalk replacement/installation	46,000	2002, deferred to 2004
Install doorbells	10,000	2002
Total estimated cost over next 5 years	152,443.75	

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
AR 18-003	Pine Valley Development	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Overlay vinyl floors -- 110 units	100,000	2002, deferred to 2004
Sidewalk replacement/installation	80,000	2003, deferred to 2004
Install doorbells	15,000	2002
Install retaining wall/drainage control at property line by 147/149 Meadowbrook Lane	5,000	2002, added by request of RAB
Total estimated cost over next 5 years	200,000	

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
	HA-Wide	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace two maintenance trucks with lift gates	46,014	2003, brought forward from 2004
Replace maintenance truck	20,000	2004, from 2003
Replace TLB	45,000	2004
Install 40' x 100' steel maintenance building with air conditioned office	121,124	2003
Demolish/dispose of old frame storage shed by barn	15,000	2003
Repair erosion damage to walking trail	2,000	2002, added by request of RAB
Total estimated cost over next 5 years	249,138	

Required Attachment G: 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: Harold N. Phillips

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, 07-09-1999 through 07-12-2004.

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:

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

Required Attachment H: 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.)

Mr. Denville Reeves

Ms. Darlene Harris

Ms. Pamela Brewer

Ms. Melba Rinehart

APPENDIX I: FINANCIAL RESOURCES

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2003 grants)		
a) Public Housing Operating Fund	192,804	
b) Public Housing Capital Fund	288,767	
c) HOPE VI Revitalization	N/A	
d) HOPE VI Demolition	N/A	
e) Annual Contributions for Section 8 Tenant-Based Assistance	N/A	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	N/A	
g) Resident Opportunity and Self- Sufficiency Grants	0	
h) Community Development Block Grant	N/A	
i) HOME	N/A	
Other Federal Grants (list below)		
2. Prior Year Federal Grants (non- obligated funds only) (list below)		
CFP 2001	41,840.75	Capital Improvements
CFP 2002	288,767	Capital Improvements
3. Public Housing Dwelling Rental Income	348,560	PHO *
4. Other income (list below)		
Excess Utilities	40,620	PHO
Other	15,670	PHO
4. Non-federal sources (list below)		
Investment Income	19,550	PHO
Reserves	398,589	
Total resources	1,635,167.70	

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses

- PHO = Public Housing Operations
CFP dollars in paragraph 2 represent the data as of 06-30-2002.

Required Attachment J: Progress Report

The Magnolia Housing Authority is working to ensure 100% utilization of our units. We work to maintain an active waiting list for all of our housing, elderly/disabled and non-elderly, as well.

As a part of our overall program, we continue to work to include residents in the information loop by increasing the information content at our resident council meetings as well as special called meeting for important issues such as the RASS survey.

We have air conditioned to 100% of our units, some more than a year early, allowing us to accelerate execution of roof renovations and other capital improvements.

Our efforts toward family self-sufficiency are having the desired effect; families benefiting from the flat rent. These rents allow several of our residents to attend college on either a full or part-time basis without the added distraction of unnecessary financial strain. Two former resident families have been able to purchase their own homes while two others are currently in the process of purchasing their first homes. Several families have moved on to better paying jobs after bettering their education. We continue to work with our local TANF and Adult Education agencies to help make our residents more employable. Our association with the Area Agency of Aging to provide chore service and meals to our elderly and disabled residents is an ongoing program. While our ROSS-RSDM grant for last year was not funded, we have reapplied for this year.

Our efforts through PHDEP type programs continue to be worthwhile, however, the loss of this funding has placed many parts of our program at risk. Our program had previously been manned by VISTA volunteers through the local branch of the Retired Senior Volunteer Program office, which terminated our participation in favor of the Head Start program. We

are working diligently to find other resource agencies to replace the VISTA workers, but have so far met with very little success.