

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

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Small PHA Plan Update  
Annual Plan for Fiscal Year: April 1, 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:** Bartow Housing Authority

**PHA Number:** FL026

**PHA Fiscal Year Beginning:** 04/2003

### PHA Plan Contact Information:

Name: Goldie Bowen, Executive Director

Phone: 863-533-6311

TDD: 863-533-6311

Email (if available): [bha1060@gte.net](mailto:bha1060@gte.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 2003**  
[24 CFR Part 903.7]

**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 file name in parentheses in the space to the right of the title.

**Contents**

Page #

**Annual Plan**

i. Executive Summary (Optional)	
ii. Annual Plan Information	
iii. Table of Contents	3
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	4
2. Capital Improvement Needs	4
3. Capital Fund Program 5-Year Action Plan	4
4. Other Information:	4

**Attachments Section**

<input checked="" type="checkbox"/> Attachment A: Supporting Documents Available for Review	6
<input checked="" type="checkbox"/> Attachment B: Resident Membership on PHA Board or Governing Body	11
<input checked="" type="checkbox"/> Attachment C: Membership of Resident Advisory Board or Boards	12
<input checked="" type="checkbox"/> Attachment D: Comments of Resident Advisory Board or Boards & Explanation of PHA Response	13
<input checked="" type="checkbox"/> Attachment E: Progress in Meeting the 5-Year Plan Mission and Goals	14

**Other (List below, providing each attachment name)**

<input checked="" type="checkbox"/> Attachment fl026a01: Capital Fund Program Annual Statement	
<input checked="" type="checkbox"/> Attachment fl026b01: Capital Fund Program 5-Year Action Plan	
<input checked="" type="checkbox"/> Attachment fl026c01: Capital Fund Program P & E Report	

## **ii. Executive Summary**

[24 CFR Part 903.7 9 (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.

There are no substantial changes from the last year's plan. The ACOP has been updated to change preferences and include HUD regulatory changes.

### **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 estimated or actual (if known) Capital Fund Program grant for the upcoming year? **\$154,915 (Based on 2002 Actual)**

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 Annual Statement is provided as Attachment fl026b01.

#### **(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment fl026a01.

#### **(3) Capital Fund Performance & Evaluation Reports**

The Capital Fund Program P&E Reports are provided as Attachment fl026c01

### **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

<b>Demolition/Disposition Activity Description</b> <b>(Not including Activities Associated with HOPE VI or Conversion Activities)</b>	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (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): **N/A**

- 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**

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs 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? \$ N/A
- 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**

[24 CFR Part 903.7 9 (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 (File name) **NA**
- 3. In what manner did the PHA address those comments? (select all that apply) **NA**
  - The PHA changed portions of the PHA Plan in response to comments  
A list of these changes is included  
 Yes  No: below or  
 Yes  No: at the end of the RAB Comments in Attachment E.
  - 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**

- 1. Consolidated Plan jurisdiction: **Polk County**
- 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):

Establishes the need for assisted, affordable housing in the community. The Bartow Housing Authority will strive to meet the needs of low, very low and extremely low income residents of Polk County. The waiting list shows a need for housing for all family types in the Authority jurisdiction.

**C. Criteria for Substantial Deviation and Significant Amendments**

**1. Amendment and Deviation Definitions**

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

**A. Substantial Deviation from the 5-year Plan**

The Code of Federal Regulations (CFR) at 24 CFR Part 903 Section 7, Public Housing Agency Plans; Final Rule issued on October 21, 1999 is very specific with respect to the information to be provided in an Agency Plan. Part 903 Section 7 (r) (2) states that a PHA must identify the basic criteria the PHA will use for determining a substantial deviation from its Five-Year Plan; and significant amendment or modification to its Five-Year Plan and Annual Plan.

BARTOW HOUSING AUTHORITY defines a substantial deviation as a change in the mission statement, goals and objectives, or in the CFP 5-year action plan that requires board approval to implement. BHA did not experience a substantial deviation from the 5-year plan nor do we anticipate a substantial deviation during this fiscal year.

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

The following actions are considered to be Significant Amendments or Modifications:

- Changes to rent policy;
- Changes to the admissions policies;
- Changes to the organization of the waiting list; and
- Other policy changes requiring board approval and resident notification

An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements. It is our understanding that HUD does not consider such changes significant amendments. There are some changes in the Capital Improvements Plan from the original 5-Year Plan, as a result of the work completed with prior funding, review of the original items, and changes in the funding allocation.

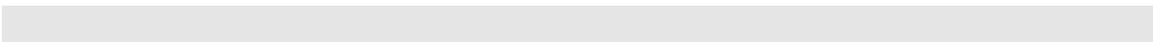
**Attachment A****Supporting Documents Available for Review**

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<input checked="" type="checkbox"/>	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
<input checked="" type="checkbox"/>	State/Local Government Certification of Consistency with the Consolidated Plan <b>(not required for this update)</b>	5 Year and Annual Plans
<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
<input checked="" type="checkbox"/>	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
	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
<input checked="" type="checkbox"/>	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
<input checked="" type="checkbox"/>	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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
<input checked="" type="checkbox"/>	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
<input checked="" type="checkbox"/>	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
<input checked="" type="checkbox"/>	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
<input checked="" type="checkbox"/>	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
<input checked="" type="checkbox"/>	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
<input checked="" type="checkbox"/>	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"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
<input checked="" type="checkbox"/>	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
<input checked="" type="checkbox"/>	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)



**Required Attachment B. 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:

**Mr. Willie Watson**

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

Elected

Appointed

C. The term of appointment is (include the date term expires):

**Four years, Expires 08/01-2005**

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not? **N/A**

- 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: N/A

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

**Required Attachment C:**

**Membership of the Resident Advisory Board or Boards**

**Member Name**

*Mr. Keith Heddleton*

*Ms. Katrina Willis*

**Required Attachment D: Resident Advisory Board Comments**

None

## **Required Attachment E:**

### **Statement of Progress: Goals and Objectives**

**Goal #1: The Bartow Housing Authority (BHA) will strive to increase the availability of decent, safe, and affordable housing.**

As an ongoing process, the Executive Director has applied for and will strive to expand the supply of assisted housing by applying for additional rental vouchers. In addition, the PHA has reducing public housing vacancies and turnaround time.

**Goal #2: The BHA will strive to improve community quality of life and economic viability.**

As an ongoing process, the Executive Director will implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments. In addition, the BHA has established a local preference for working families to attempt to provide stability in the community.

**Goal #3 The BHA will promote self-sufficiency and asset development of families and individuals.**

The Executive Director and the staff work with local agencies to provide or attract supportive services to improve employability, and provide services for persons with disabilities. This is an ongoing process. Staff attends meetings in the community to network with service providers.

**Goal #4: The BHA shall strive to ensure Equal Opportunity in Housing for all Americans.**

BHA has undertaken affirmative measures to ensure access to assisted housing and to provide a suitable living environment for all families regardless of race, color, religion, national origin, sex, familial status, and disability.

BHA has reviewed its policies and procedures to ensure there are no discriminatory practices. Staff receives training in Fair Housing on an annual basis and offers assistance to applicants and residents who believe they may be victims of discrimination

**Required Attachment F:**

**Deconcentration and Income Mixing**

a.  Yes  No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.

b.  Yes  No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

<b>Deconcentration Policy for Covered Developments</b>			
<b>Development Name:</b>	<b>Number of Units</b>	<b>Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]</b>	<b>Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]</b>
NA			

## **Required Attachment G: Resident Survey Action Plan**

The Housing Authority is required to develop an action plan for any of the five areas included in the Resident Customer Service Survey that fall below 75 percent. As a result of the RASS, the HA must respond in the following areas: maintenance and repair, communication; safety; and neighborhood appearance.

**Maintenance:** The HA shall coordinate with residents and personnel to evaluate the agency's maintenance program to determine if there are areas of deficiency. HA will require on-going training of all maintenance and administrative personnel regarding customer service delivery and customer satisfaction. We will educate residents regarding upkeep of units, reporting of work orders and the HA will monitor all activities that relate to work order generation, intake, and completion.

**Communication:** The HA shall continue its efforts in communicating and improving relations with residents and building rapport with communities. The HA holds resident meetings so that feedback can be addressed in a prompt manor. With these meetings, the Authority hopes to establish a better line of communication and increase resident satisfaction.

**Safety:** Public Safety is a priority to the HA. It is the goal of the PHA to offer to residents safe, hazard-free, and crime-free neighborhoods. This is of the utmost importance to the housing authority. We have an open line of communication with local law enforcement. The maintenance department takes proper care to keeping common areas clean and up to the current safety standards. Grass is mowed regularly, seating areas; recreational facilities and community buildings are checked routinely to avoid any potential problems that residents may experience.

**Neighborhood Appearance:** The HA staff, in consultation with the Resident Advisory Board and neighborhood representatives, will promote neighborhood improvement plans for each development, thereby establishing the role of residents in achieving maximum neighborhood appeal. The Executive Director and the HA staff will develop methods of enforcing model neighbor standards, marketing strategies and a marketing plan for future success. The Executive Director and/or designee, will identify potential state and local funding and/or grants. This will include possible allocation of current capital funds and /or other sources of funding for site improvements to increase curb appeal.

## **Initial Voluntary Conversion Assessment.**

2. How many of the PHA's developments are subject to the Required Initial Assessments? **two**
  
3. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy developments)? **None**
  
4. How many Assessments were conducted for the PHA's covered developments?  
**two**
  
5. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: **None at this time, however, we do understand that this is a non-binding assessment and will report on any changes in the next agency plan submittal.**

**Annual Statement /  
Performance and Evaluation Report**

Part I: Summary  
Capital Funds Program (CFP)

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

OMB Approval 2577-0157 (Exp. 3/31/2002)

HA Name		Capital Funds Project Number	FFY of Grant Approval		
<b>Bartow Housing Authority</b>		<b>FL29P082501-03</b>	<b>2003</b>		
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement/Revision Number (1) <input type="checkbox"/> Performance and Evaluation Report for Program Year Ending <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original Revision #1	Revised (2)	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (May not exceed 20% of line 20 for PHAs with 250 or more Units)	\$50,000.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements (May not exceed 20% of line 20)	\$6,000.00	\$0.00	\$0.00	\$0.00
4	1410 Administration (May not exceed 10% of line 20)	\$5,000.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$10,000.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$83,915.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment - Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
16	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
17	1495.1 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00
18	1499 Mod Used for Development Activities	\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant (Sum of lines 2 - 19)	\$154,915.00	\$0.00	\$0.00	\$0.00
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				
24	Amount of line 20 Related to Energy Conservation Measures				
(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.		(2) To be completed for the Performance and Evaluation Report.			
Signature of Executive Director and Date		Signature of Public Housing Director/Office of Native American Programs Administrator and Date			





**Annual Statement /  
Performance and Evaluation Report**  
Part II: Supporting Pages  
Capital Funds Program

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

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
	<b>1460 Dwelling Structure (CONT.)</b>							
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Total 1460</b>			<b>\$83,915.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
	<b>1465 Dwelling Equipment</b>	1465						
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Total 1465</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
	<b>1470 Non-Dwelling Structures</b>	1470						
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Total 1470</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
	<b>1475 Non-Dwelling Equipment</b>	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Total 1475</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
	<b>1485 DEMOLITION COSTS</b>	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	<b>1495 RELOCATION COST</b>	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	<b>PAGE SUBTOTAL</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
	<b>Total Cost for FL29P026-001</b>			<b>\$83,915.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**Annual Statement /  
Performance and Evaluation Report**  
Part III: Implementation Schedule  
Capital Fund Program

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

OMB Approval No. 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
FL026-1/2	3/31/2005			3/31/2007			

To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

(2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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

PHA Name: <b>Bartow Housing Authority</b>		<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>			
Development Number/Name/H A-Wide	Year 1 Annual Statement	Work Statement for Year 2 FFY Grant: 2004 PHA FY: 2005	Work Statement for Year 3 FFY Grant: 2005 PHA FY: 2006	Work Statement for Year 4 FFY Grant: 2006 PHA FY: 2007	Work Statement for Year 5 FFY Grant: 2007 PHA FY: 2008
PHA Wide	Annual Statement	1406 – Operations - \$50,000	1406 – Operations - \$50,000	1406 – Operations - \$50,000	1406 – Operations - \$50,000
PHA Wide		1408 – Mgmt Imp - \$5,000 1410 – Admin - \$5,000 1430 – Fees - \$10,000	1408 – Mgmt Imp - \$5,000 1410 – Admin - \$5,000 1430 – Fees - \$10,000	1408 – Mgmt Imp - \$5,000 1410 – Admin - \$5,000 1430 – Fees - \$10,000	1408 – Mgmt Imp - \$5,000 1410 – Admin - \$5,000 1430 – Fees - \$10,000
FL026-001/2		1460 - \$79,915	1460 - \$79,915	1460 - \$79,915	1460 - \$79,915
FL026-001/2		1465.1 - \$5,000	1465.1 - \$5,000	1465.1 - \$5,000	1465.1 - \$5,000
CFP Funds Listed for 5-year planning		<b>\$154,915</b>	<b>\$154,915</b>	<b>\$154,915</b>	<b>\$154,915</b>
Replacement Housing Factor Funds		N/A	N/A	N/A	N/A

**Capital Fund Program Five-Year Action Plan**  
**Part II: Supporting Pages—Work Activities**

Activities for Year 1	Activities for Year : 2 FFY Grant: 2003 PHA FY: 2004			Activities for Year: 3 FFY Grant: 2004 PHA FY: 2005		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	PHA Wide	1406 – Operations	\$50,000	PHA Wide	1406 – Operations	\$50,000
Annual	PHA Wide	1408 – Mgmt Imp Staff Training Computer Upgrades	\$5,000	PHA Wide	1408 – Mgmt Imp Staff Training Computer Upgrades	\$5,000
	PHA Wide	1410 – Admin – Salary/Benefits	\$5,000	PHA Wide	1410 – Admin – Salary/Benefits	\$5,000
	PHA Wide	1430 – Consultant Fees	\$10,000	PHA Wide	1430 – Consultant Fees	\$10,000
Statement	FL026-001/002	<b>1460</b> Replace floor tile (24) Units Paint Interiors (82)Units	\$33,070 \$46,845 <b>Total 1460: \$79,915</b>	FL026-001	1460 – Remodel Baths including sinks, fixtures, and vanities 24 Units	\$79,915
	PHA Wide	1465.1 Replace Ranges and Refrigerators as needed	\$5,000	PHA Wide	1465.1 Replace Ranges and Refrigerators as needed	\$5,000
<b>Total CFP Estimated Cost</b>			<b>\$154,915</b>			<b>\$ 154,915</b>

**Capital Fund Program Five-Year Action Plan  
Part II: Supporting Pages—Work Activities**

Activities for Year : 4 FFY Grant: 2005 PHA FY: 2006			Activities for Year: 5 FFY Grant: 2006 PHA FY: 2007		
<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
PHA Wide	1406 – Operations	<b>\$50,000</b>	PHA Wide	1406 – Operations	<b>\$50,000</b>
PHA Wide	1408 – Mgmt Imp Staff Training Computer Upgrades	\$5,000	PHA Wide	1408 – Mgmt Imp Staff Training Computer Upgrades	\$5,000
PHA Wide	1410 – Admin – Salary/Benefits	\$5,000	PHA Wide	1410 – Admin – Salary/Benefits	\$5,000
PHA Wide	1430 – Consultant Fees	\$10,000	PHA Wide	1430 – Consultant Fees	\$10,000
FL026-001/002	1460 -	<b>\$79,915</b>	FL026-001/2	<b>1460</b>	<b>\$79,915</b>
PHA Wide	1465.1 Replace Ranges and Refrigerators as needed	\$5,000	PHA Wide	1465.1 Replace Ranges and Refrigerators as needed	\$5,000
<b>Total CFP Estimated Cost</b>		\$154,915			\$154,915

**Annual Statement /  
Performance and Evaluation Report**

Part I: Summary  
Capital Funds Program (CFP)

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

OMB Approval 2577-0157 (Exp. 3/31/2002)

HA Name		Capital Funds Project Number		FFY of Grant Approval	
<b>Bartow Housing Authority</b>		<b>FL29P082501-02</b>		<b>2002</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement/Revision Number (1) <input type="checkbox"/> Performance and Evaluation Report for Program Year Ending <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original Revision #1	Revised (2)	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (May not exceed 20% of line 20 for PHAs with 250 or more Units)	\$50,000.00	\$50,000.00	\$50,000.00	\$0.00
3	1408 Management Improvements (May not exceed 20% of line 20)	\$0.00	\$5,000.00	\$5,000.00	\$0.00
4	1410 Administration (May not exceed 10% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$0.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$104,915.00	\$99,915.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment - Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
16	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
17	1495.1 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00
18	1499 Mod Used for Development Activities	\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant (Sum of lines 2 - 19)	\$154,915.00	\$154,915.00	\$55,000.00	\$0.00
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				
24	Amount of line 20 Related to Energy Conservation Measures				
(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.		(2) To be completed for the Performance and Evaluation Report.			
Signature of Executive Director and Date		Signature of Public Housing Director/Office of Native American Programs Administrator and Date			





**Annual Statement /  
Performance and Evaluation Report**

**Part II: Supporting Pages**

**Capital Funds Program**

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

OMB Approval 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
	<b>1460 Dwelling Structure (CONT.)</b>							
	REPAIR OR REPLACE BRICK OR STUCCO			\$0.00	\$0.00	\$0.00	\$0.00	
	GUTTERS & DOWNSPOUTS			\$0.00	\$0.00	\$0.00	\$0.00	
	REPLACE DOOR HARDWARE			\$0.00	\$0.00	\$0.00	\$0.00	
	EXTERIOR PAINTING			\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Total 1460</b>			<b>\$104,915.00</b>	<b>\$99,915.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
	<b>1465 Dwelling Equipment</b>	1465						
	Replace Ranges			\$0.00	\$0.00	\$0.00	\$0.00	
	Replace Refrigerators			\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Total 1465</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
	<b>1470 Non-Dwelling Structures</b>	1470						
				\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY BUILDING CONSTRUCTION			\$0.00	\$0.00	\$0.00	\$0.00	
	PLUMBING REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	ELECTRICAL REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	HVAC REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	SECURITY SYSTEMS			\$0.00	\$0.00	\$0.00	\$0.00	
	WINDOW REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	DOOR REPLACEMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Total 1470</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
	<b>1475 Non-Dwelling Equipment</b>	1475						
	OFFICE FURNITURE			\$0.00	\$0.00	\$0.00	\$0.00	
	MAINTENANCE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMMUNITY SPACE EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	COMPUTER EQUIPMENT			\$0.00	\$0.00	\$0.00	\$0.00	
	EXPENDABLE EQUIPMENT W/FORCE ACCOUNT			\$0.00	\$0.00	\$0.00	\$0.00	
	<b>Total 1475</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
	<b>1485 DEMOLITION COSTS</b>	1485		\$0.00	\$0.00	\$0.00	\$0.00	
	<b>1495 RELOCATION COST</b>	1495		\$0.00	\$0.00	\$0.00	\$0.00	
	<b>PAGE SUBTOTAL</b>			<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	
	<b>Total Cost for FL29P026-001/2</b>			<b>\$104,915.00</b>	<b>\$99,915.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	

**Annual Statement /  
Performance and Evaluation Report**  
Part III: Implementation Schedule  
Capital Fund Program

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

OMB Approval No. 2577-0157 (Exp. 3/31/2002)

Development Number / Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
FL026-1/2	3/31/2004			3/31/2006			

To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

(2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date