

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

SmallPHAPlanUpdate
AnnualPlanforFiscalYear:2003

**NOTE:THISPHAPLANSTEMPLATE(HUD -50075SmallPHA)ISTOBECOMPLETEDIN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

**PHA Plan
Agency Identification**

PHAName: GoodlandHousingAuthority

PHANumber: KS055

PHAFiscalYearBeginning:(mm/yyyy) 10/2004

PHA Plan Contact Information:

Name: MarciaWay

Phone: (785)89 9-5591

TDD:

Email(ifavailable): gldpha@nwkansas.com

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 PH A
- 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

[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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Attachment G: Voluntary Conversion Assessment	
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ii. Executive Summary

[24CFR Part 903.79(r)]

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

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

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

Policy Changes -Pet Policies -Required pet deposit
With this PHA Plan the Housing Authority will adopt the Anti -Fraud Policy, and
to the ACOP add Section 21.0 -Support For Our Armed Forces, revise Section
11.1(F)(1) -Welfare Assistance Payments, and revise the welfare assistance
definition.

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? \$115,031.00 (estimated)

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 C

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3.D Demolition and Disposition

[24CFR Part 903.79(h)]

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

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

2. Activity Description

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

4. Voucher Home ownership Program

[24CFR Part 903.79(k)]

A. Yes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and complete questions for each program identified.)

B. Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24CFR Part 90.3.7(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 F _____ - Comments of Resident Advisory Council or Boards & Explanation of PHA Response

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

- The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included
 Yes No: below
 Yes No: at the end of the RAB Comments in Attachment _____.
- Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment _____.

- Other: (list below)
Refer to Attachment F _____

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: State of Kansas

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)

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:

Any changes that are not mandated by HUD regulatory requirements to:

- a) Changes to rents or admissions, policies,
- b) Addition of non-emergency work items (items not included in the current CFP Annual Statement or 5-Year Plan), and
- c) Any change to demolition/disposition, designation or conversion activities.

B. Significant Amendment or Modification to the Annual Plan:

Any changes that are not HUD regulatory requirements to change the goals and objectives of this specific facility.

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
N/A	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
N/A	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
N/A	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 X 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
X	Public housing rent determination policies, including the method for setting public housing flat rents X 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 X 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

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
N/A	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
X	Public housing grievance procedures <input checked="" 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
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
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
X	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: Homeownership
N/A	Policies governing any Section 8 Homeownership 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
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
N/A	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
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	<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 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP plan. 	Annual Plan: Safety and Crime Prevention
X	<p>Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)</p> <p><input checked="" type="checkbox"/> check here if included in the public housing A&O Policy</p>	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
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 – Attachment B
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHAName: Goodland Housing Authority	Grant Type and Number Capital Fund Program: KS16P05550103 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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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				
3	1408 Management Improvements	4,000.			
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	7,500.			
10	1460 Dwelling Structures	100,531.			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures	3,000.			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	115,031.			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

Annual Statement/Performance and Evaluation Report – Attachment B				
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHAName: Goodland Housing Authority		Grant Type and Number Capital Fund Program: KS16P05550103 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2003
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
24	Amount of line 20 Related to Energy Conservation Measures			

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

PHAName: Goodland Housing Authority	Grant Type and Number Capital Fund Program#: KS16P05550103 Capital Fund Program Replacement Housing Factor#:	Federal FY of Grant: 2003
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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	Management/Maintenance Training	1408		4,000.				
	Paint Tenant Occupied Apartments	1460		14,000.				
	Replace Carpet/Cove Base	1460		24,100.				
	Replace Outside Double Doorsto Mechanical Rooms	1470		3,000.				
KS055001								
Family Units	Recycling Bins	1450	6sets	1,500.				
	Start Remodeling of Kitchens (Cabinets, Shut-off Valves, Range Hoods, Backsplashes, etc.)	1460		19,931.				
	Replace Bathroom Light Fixtures	1460	12	1,500.				
	Gutters and Gutter Guards	1470		10,000.				
Sparks Towers	Replace Closet Doors/Shelving (Continued from 2002 CFP)	1460		25,000.				
	Replace Storm/Screen Doors	1460		6,000.				
KS055002								
Handy Towers	Build Cover and put in ADA Picnic Tables/Benches	1450		6,000.				

Capital Fund Program 5 - Year Action Plan – Attachment C

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.

CFP5 - Year Action Plan		
X Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
HA-WIDE	PHA WIDE	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace Carpet and Cove Base	24,000.	2004 – 2007
Grant Administration	34,500.	2004 – 2005 - 2006
A/EE Expense	60,000.	2004 – 2005 - 2006
Paint Tenant Occupied Apartments	56,000.	2004 – 2007
Replace Sprinkler System/Sprinkler Heads	40,000.	2004 - 2005
Replace Sidewalks	20,000.	2004 – 2007
Acquire Lot for Maintenance Building	15,000.	2004
Maintenance Building	55,000.	2005 – 2006
Remodel Office	25,000.	2006
Communication and Sound Equipment for Office	5,000.	2006
Replace “Tenant Parking Only” Signs in Parking Lots	6,000.	2006
Washers and Dryers – 18 sets	24,000.	2007
Vehicle	25,000.	2007
Total estimated cost over next 5 years	389,500.	

Capital Fund Program 5 - Year Action Plan – Attachment C

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.

CFP5 - Year Action Plan		
X Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
KS055001	FAMILY UNITS	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Complete Remodeling of Kitchens Started in 2003	15,000.	2004
Put up Security Lighting	3,000.	2004
Landscaping	3,000.	2004
Replace Playground Equipment and Bike Racks	12,000.	2005
Picnic Tables/Benches	2,000.	2005
Toilets	3,000.	2006
Replace Heat Registers and Thermostats	36,000.	2006
Rewire to Install Door Bells	1,500.	2006
Replace Front Doors, Door Jambs and Thresholds	8,000.	2006
Remodel Existing and Build 6 new Storage Units	20,000.	2006
Replace Concrete Sidewalks and Back Patios	38,000.	2007
Install Individual Clothes Lines	2,000.	2007
Replace Windows	40,000.	2007
Change Off - Street Parking	24,000.	2007
Totalestimatedcostovertnext5years	207,500.	

Capital Fund Program 5 - Year Action Plan – Attachment C

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. 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 information is included in the Capital Fund Program Annual Statement.

Complete a table for any PHA -wide physical or management improvements - Year cycle, because this

CFP5 - Year Action Plan		
X Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
KS055001	SPARKSTOWERS	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Add Circle Drive - thru with Heated Concrete Drive and Sidewalks To the Front (North Side) of Existing Building	110,000.	2004 – 2005
Place Signage on Front of Building	3,000.	2004
Landscaping	1,000.	2004
Add Visitor Parking in Front of Building	10,000.	2004 – 2005
Remodel Recreation Room	15,000.	2005
New Door Locks	15,000.	2006
Replace Shut-off Valves in Kitchens	3,600.	2006
Replace Picnic Tables/Benches	2,000.	2006
Replace Exhaust Fans in Bathrooms	5,500.	2007
Scrape and Paint Stairwells and Balcony Handrails	6,000.	2007
	.	
Total estimated cost over next 5 years	171,100.	

Capital Fund Program 5 - Year Action Plan – Attachment C

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.

CFP5 - Year Action Plan		
X Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
KS055002	HANDY TOWERS	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Landscaping on West and South Side of Building	5,000.	2004
Remodel Activity Room	15,000.	2005
New Door Locks	15,000.	2006
Replace Door Knob on Community Doors with Handicap Levers	3,000.	2006
Install Ceiling Exhaust Fan to Pull Out Cigarette Smoke in Hallways (Will Improve Air Quality)	6,000.	2006
Paint Stairwells, Hallways and Lobbies	10,000.	2007
Replace Kitchen Drawers	36,000.	2007
Cabinet Door and Drawer Pulls/Knobs	5,000.	2007
Build Shelves over Range for Microwaves	3,600.	2007
Replace Exhaust Fans in Bathrooms	7,000.	2007
Replace Fire Proof Doors	8,000.	2007
Total estimated cost over next 5 years	113,600.	

Required Attachment D: Resident Member on the PHA Governing Board

1. X 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: Esther Beard

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

Elected

X Appointed

C. The term of appointment is (include the date term expires): 01/2003 – 01/2007

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: 01/2004

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

Required Attachment E: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

The Goodland Housing Authority notified residents regarding the formation of a Resident Advisory Board once again this year. The residents showed no interest in forming a RAB.

Residents residing in the Family Housing Units, Sparks Towers and Handy Towers attended a meeting called to order by the Executive Director. These residents are the members representing the Resident Advisory Council. Listed below are the residents representing the RAC:

Jody Arnone	Ruby Phifer
Raymond Brungardt	Billy R. Daniels
Henry D. Hawks	David Roberts
Susan Colby	Jay B. Carpenter
Jeannie James	Nancy Brown
Ben Brown	Fern Hawks
Martha McIntyre	Velda Bramer
Jaylene Shrader	Brenda Moss
Esther Beard	Gertrude E. Biggs
Frances Anderson	Cloyd D. Hawks
Amy Mosco	

Required Attachment F: Comments of Resident Advisory Council or Boards & Explanation of PHA Response

Comments:

The Goodland Housing Authority was unable to receive any interest from the residents in forming a Resident Advisory Board. A list of expenditures by location and not in any particular order was compiled by the staff of the Housing Authority. This list was given to the Resident Advisory Council for their comments and suggestions. If needed, the list was revised and then given to all residents for additional comments and/or suggestions; and they were asked to prioritize the expenditures and then turn in the list to the office for preparation of the Annual and 5 -year Plan.

Additional comments and/or suggestions were:

Family Housing Units - Garbage disposal
Carpet
Privacy fence around back patio

Sparks Towers - Microwave and electric croaster for recreation room

Handy Towers - Electrical outlet on wall east of stove in activity room
Two tables (3x8) for the activity room
Television and VCR for the activity room
Build in shelves over the stoves for a microwave
Heavy, small size picnic table/chairs for 3rd floor patio
Exhaust fan in ceiling to pull out the cigarette smoke from the hallways. This would improve the air quality.
Cabinet door and drawer pulls/knobs

PHA's Response to Comments:

Small purchases or expenditures that are not covered in the Annual and 5 -Year Annual Plan will be accomplished with Resident Participation Funds (those expenditures that are permissible through RPF) and Operating Funds.

An assessment will be made to determine the extent of need and the desire of the residents in the family housing units for installation of garbage disposals and the privacy fence around each individual back patio.

Required Attachment G: Voluntary Conversion Assessment

An initial voluntary conversion assessment was performed. The determination of this assessment is as follows:

- 1) Affordable housing in this area would be greatly affected;
- 2) To convert housing would not be cost effective; and
- 3) Apartments are very well maintained and suitable for renting. These results are due to constant modernization made possible through CFP funding utilized by the Goodland Housing Authority.

Annual Statement/Performance and Evaluation Report – Attachment H
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHAName: Goodland Housing Authority	Grant Type and Number Capital Fund Program: KS16P05550101 Capital Fund Program 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	0.	79.26	79.26	79.26
3	1408 Management Improvements	5,000.	6,406.74	6,406.74	6,406.74
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	105,364.	106,953.85	106,953.85	106,953.85
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	7,500.	4,424.15	4,424.15	4,424.15
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 -19)	117,864.	117,864.00	117,864.00	117,864.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				

Annual Statement/Performance and Evaluation Report – Attachment H				
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHA Name: Goodland Housing Authority		Grant Type and Number Capital Fund Program: KS16P05550101 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 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
23	Amount of line 20 Related to Security			
24	Amount of line 20 Related to Energy Conservation Measures			

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

PHAName: Goodland Housing Authority		Grant Type and Number Capital Fund Program#: KS16P05550101 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	Mop/Wax Bucket	1406		0.	54.95	54.95	54.95	Complete
	Postage Stamps	1406		0.	24.31	24.31	24.31	Complete
	Training	1408		0.	1,012.74	1,012.74	1,012.74	Complete
	Software	1408		5,000.	5,394.00	5,394.00	5,394.00	Complete
	Computers & Office Equipment	1475		7,500.	4,424.15	4,424.15	4,424.15	Complete
KS055001 Sparks Towers	Balcony Repair (C/O From 2000 CFP)	1460		0.	7,973.74	7,973.74	7,973.74	Complete
	Replace Rheostats w/ Thermostats	1460		14,250.	7,823.05	7,823.05	7,823.05	Complete
	Replace Storm Windows w/ Window Screens	1460		5,186.	9,791.48	9,791.48	9,791.48	Complete
	Tile Replacement in Kitchen, Bathroom & Entry	1460		0.	17,162.11	17,162.11	17,162.11	Complete
	Install Handicap Toilets	1460		0.	7,638.00	7,638.00	7,638.00	Complete
	Replace Closet Doors	1460		31,958.	0.	0.	0.	To be done in 2002/2003
KS055002								

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

PHAName: Goodland Housing Authority		Grant Type and Number Capital Fund Program#: KS16P05550101 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	
Handy Towers	Replace Tile in Kitchen, Bathroom & Entry	1460		27,720.	19,533.10	19,533.10	19,533.10	Complete
	Install Handicap Toilets	1460		8,000.	7,220.	7,220.00	7,220.00	Complete
	Replace Rheostats w/ Thermostats	1460		14,250.	8,543.05	8,543.05	8,543.05	Complete
	Install Automatic Door Openers	1460		0.	7,509.53	7,509.53	7,509.53	Complete

Annual Statement/Performance and Evaluation Report – Attachment I
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHAName: Goodland Housing Authority	Grant Type and Number Capital Fund Program: KS16P05550102 Capital Fund Program 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: **3/31/2003** 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				
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	5,000.			
10	1460 Dwelling Structures	110,031.			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	115,031.			
21	Amount of line 20 Related to LBP Activities				

Annual Statement/Performance and Evaluation Report – Attachment I
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Goodland Housing Authority	Grant Type and Number Capital Fund Program: KS16P05550102 Capital Fund Program 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: **3/31/2003**
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
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				

Annual Statement/Performance and Evaluation Report – Attachment I
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CF P/CFPRHF)
Part II: Supporting Pages

PHAName: Goodland Housing Authority		Grant Type and Number Capital Fund Program#: KS16P05550102 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	
KS055001								
Family Units	Dirt Work/Landscaping	1450		5,000.				Bidding Process
Sparks Towers	Replace Tile in Kitchen, Bathroom and Entry	1460		25,031.	0.			Completed in 2001 CFP
	Replace Toilets with Handicap Toilets	1460		10,000.	0.			Completed in 2001 CFP
	Put in New Elevator	1460		72,000.	30,000.	29,013.		Work in Process
	Replace Closet Doors/Shelving	1460		0.	24,200.			Bidding Process
	Install Automatic Door Openers	1460		0.	10,000.			

Annual Statement/Performance and Evaluation Report – Attachment I
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CF P/CFPRHF)
Part II: Supporting Pages

PHAName: Goodland Housing Authority		Grant Type and Number Capital Fund Program#: KS16P05550102 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	
KS055002								
Handy Towers	Update Elevator Door to ADA	1460		3,000.	1,000.	1,000.		Work in Process
HA-WIDE	Lighted Ceiling Fans	1460		0.	9,000.			Bidding Process
	Hand Held Shower Kits/Heads	1460		0.	3,731.			Bidding Process
	Repair Exterior Panels	1460		0.	10,000.			Bidding Process
	Replace Carpet	1460		0.	21,100.			
	Install Fluorescent Lighting in Public Restrooms	1460		0.	1,000.			

