

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

**Small PHA Plan Update
Annual Plan for Fiscal Year: 10/2003**

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

PHAPlan
AgencyIdentification

PHAName: **BellevilleHousingAuthority**

PHANumber: **KS095**

PHAFiscalYearBeginning: **10/2003**

PHAPlanContactInformation:

Name: **SherryPersinger**

Phone: **785-527-5730**

TDD:

Email(ifavailable): **bellevillehousing@nckcn.com**

PublicAccessToInformation

Informationregardinganyactivitiesoutlinedinthisplancanbeobtainedbycontacting:(select allthatapply)

Mainadministrative officeofthePHA
 PHAdevelopmentmanagementoffices

DisplayLocationsForPHAPlansandSupportingDocuments

ThePHAPlans(includingattachments)areavailableforpublicinspectionat:(selectall thatapply)

Mainadministrativeof ficeofthePHA
 PHAdevelopmentmanagementoffices
 Mainadministrativeofficeofthelocal,countyorStategovernment
 Publiclibrary
 PHAwebsite
 Other(listbelow)

PHA PlanSupportingDocumentsareavailableforinspectionat:(selectallthatapply)

MainbusinessofficeofthePHA
 PHAdevelopmentmanagementoffices
 Other(listbelow)

PHAProgramsAdministered :

PublicHousingand Section8 Section8Only PublicHousingOnly

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.

Contents

Page#

Annual Plan

- i. Executive Summary (optional)**
- ii. Annual Plan Information**
- iii. Table of Contents**
 - 1. Description of Policy and Program Changes for the Upcoming Fiscal Year**
 - 2. Capital Improvement Needs**
 - 3. Demolition and Disposition**
 - 4. Homeownership: Voucher Homeownership Program**
 - 5. Crime and Safety: PHDEP Plan**
 - 6. Other Information:**
 - A. Resident Advisory Board Consultation Process**
 - B. Statement of Consistency with Consolidated Plan**
 - C. Criteria for Substantial Deviations and Significant Amendments**

Attachments

- Attachment A: Supporting Documents Available for Review
- Attachment__: Capital Fund Program Annual Statement
- Attachment__: Capital Fund Program 5 Year Action Plan
- Attachment__: Capital Fund Program Replacement Housing Factor Annual Statement
- Attachment__: Public Housing Drug Elimination Program (PHDEP)

Plan

- Attachment__: Resident Membership on PHA Board or Governing Body
- Attachment__: Membership of Resident Advisory Board or Boards
- Attachment__: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)

[24CFRPart903.79(r)]

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

We have finished siding the exterior of four buildings and done some work on landscaping for appearance as well as minimizing maintenance to conserve man hours and dollars. We intend to continue to upgrade the interior of four units in order to stay abreast of upkeep and invest in what the tenants want and need most.

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.

We have made no material changes in our policies or programs for the next year. We intend to keep our premises in good repair, listen to and work on projects that are important to our tenants as well as maintain good financial status.

2. Capital Improvement Needs

[24CFRPart903.79(g)]

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

A. Yes No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 30,000.00 (estimated)

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 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 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 HOPEVI 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:	

[24CFRPart903.79(k)]

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

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

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

- Establishing a minimum homeowner down payment requirement of at least 3 percent and requiring that at least 1 percent of the down payment comes from the family's resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24CFR 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? \$ _____

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 903.7 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 (Filename)

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

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

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: **KS Dept of Commerce & Housing**

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: **NO**

B. Significant Amendment or Modification to the Annual Plan: **NO**

Attachment A

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing X check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	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
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved 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 home ownership programs/plans	Annual Plan: Homeownership

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self - Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self - Sufficiency
	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 (PHEDEP) semi - annual performance report	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

AttachmentB

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

PHAName: BellevilleHousingAuthority	GrantTypeandNumber CapitalFundProgram: KS16P09550101 CapitalFundProgram ReplacementHousingFactorGrantNo:	FederalFYofGrant: 10/2001
--	--	-------------------------------------

OriginalAnnualStatement ReserveforDisasters/Emergencies **RevisedAnnualStatement(revisionno:)**
X PerformanceandEvaluationReportforPeriodEnding:09/30/03 **X FinalPerformanceandEvaluationReport**

Lin e No.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations	3,262.00	00		
3	1408ManagementImprovements	3,000.00	00		
4	1410Administration				
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts				
8	1440SiteAcquisition				
9	1450SiteImprovement	5,000.00	2,078.37	2,078.37	2,078.37
10	1460DwellingStructures	20,000.00	32,572.27	32,572.27	32,572.27
11	1465.1DwellingEquipment — Nonexpendable				
12	1470NondwellingStructures	6,000.00	2,611.36	2,611.36	2,611.36
13	1475NondwellingEquipment				
14	1485Demolition				
15	1490ReplacementReserve				

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

PHAName: Belleville Housing Authority	Grant Type and Number Capital Fund Program: KS16P09550101 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 10/2001
--	--	--

Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)
X Performance and Evaluation Report for Period Ending: 09/30/03
 X Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
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)	37,262.00	37,262.00		37,262.00
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				

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

PHAName: **Belleville Housing Authority** Grant Type and Number
 Capital Fund Program: **KS16P09550102** Federal FY of Grant: **10/2002**
 Capital Fund Program Replacement Housing Factor Grant No:

Original Annual Statement Reserve for Disasters/Emergencies **X Revised Annual Statement (revision no: 3)**

Performance and Evaluation Report for Period Ending: 09/30/03 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	3,506.00	00		
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	10,000.00	11,954.27		
10	1460 Dwelling Structures	21,000.00	24,383.73	24,383.73	24,383.73
11	1465.1 Dwelling Equipment— Nonexpendable				
12	1470 Non Dwelling Structures				
13	1475 Non Dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor(CFP/CFPRHF) Part 1: Summary					
PHA Name: Belleville Housing Authority		Grant Type and Number Capital Fund Program: KS16P09550102 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 10/2002	
Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3)	
Performance and Evaluation Report for Period Ending: 09/30/03			Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
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)	36,338.00			
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				

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

PH Name: Belleville Housing Authority		Grant Type and Number Capital Fund Program#: KS16P095002 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 10/2002			
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	
KS095	Replace Comm room carpet	001		10,000.00	00			
KS095	Remodel Comm room	001		6,000.00	00			
KS095	Finish vinyl siding	001		5,000.00	24,383.73	24,383.73	24,338.73	finished
KS095	Operations	001		3,506.00				
KS095	Concrete Repair	001		10,000.00	11,954.27			

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

PHA Name: Belleville Housing Authority	Grant Type and Number Capital Fund Program: KS16P09550103 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 10/2003
---	--	--

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	1410 Administration				
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fee sand Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	20,000.00			
10	1460 Dwelling Structures	10,000.00			
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				

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

PHA Name: Belleville Housing Authority	Grant Type and Number Capital Fund Program: KS16P09550103 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 10/2003
---	--	--

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	
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 -19)	Estimated			
		30,000.00			
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				

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

PHA Name: Belleville Housing Authority		Grant Type and Number Capital Fund Program #: KS 16P095003 Capital Fund Program Replacement Housing Factor#:			Federal FY of Grant: 10/2003			
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	
KS095	Concrete Repair	001		8,000.00				
KS095	Replace vinyl floors	001		5,000.00				
KS095	Replace roof	001		5,000.00				
KS095	Replace kitchen cupboards	001		10,000.00				
KS095	Landscaping	001		2,000.00				

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

PHA Name: Belleville Housing Authority	Grant Type and Number Capital Fund Program#: KS16P09550103 Capital Fund Program Replacement Housing Factor#:	Federal FY of Grant: 10/2003
--	---	--

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
KS095001	09/30/05			09/30/06			

CapitalFundProgram5 -YearActionPlan **AttachmentC**
Completeonetableforeachdevelopmentinwhichworkisplannedinthenext5
PHAfiscalyears.CompleteatableforanyPHA -widephysicalormangement
improvementsplannedinthenext5PHAfiscalyear.Copythistableasmany
timesasnecessar y.Note:PHAsneednotincludinformationfromYearOneof
the5 -Yearcycle,becausethisinformationisincludedintheCapitalFund
ProgramAnnualStatement.

CFP5 -YearActionPlan		
<input type="checkbox"/> Originalstatement <input checked="" type="checkbox"/> Revisedstatement		
DevelopmentNumber	DevelopmentName (orindicatePHAwide)	
KS095001	EastviewTerrace	
DescriptionofNeededPhysicalImprovementsor ManagementImprovements	EstimatedCost	PlannedStart Date (HAFiscalYear)
Replacesidingwithvinylsidingforlowmainten ance	36,000.00	10/2003
Replaceplumbingfixtures	12,000.00	10/2002
Replaceorrepairsprinklersystem	9,000.00	10/2003
Landscaping	13,000.00	10/2003
CommunityRoomcarpet	7,000.00	10/2004
RemodelCommunityroom	6,000.00	10/2004
Replaceappliances	12,000.00	10/2004
Stabilizebuildings	36,000.00	10/2004
Replacepatioconcrete	36,000.00	10/2004
Replacepatiodoors	30,000.00	10/2005
Concreterepair	30,000.00	10/2005
Replaceorrepairelectricalsystem s	15,000.00	10/2005
NewRoofs	40,000.00	10/2006
Replaceorrepairplumbingsystems	25,000.00	10/2006
Replacesewersystem	30,000.00	10/2007
Replacekitchencupboards	36,000.00	
Replacevinylfloorcoverings	20,000.00	
Totalestimatedcostovernext5years	393,000.00	

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075 - PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

- A. Amount of PHDEP Grant \$ 0
- B. Eligibility type (Indicate with an "x") N1 _____ N2 _____ R _____
- C. FFY in which funding is requested _____
- D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months. For "Other", identify the # of months).

12 Months _____ 18 Months _____ 24 Months _____

G. PHDEP ProgramHistory

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs havenot been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extension or Waivers	Grant Start Date	Grant Term End Date
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP -funded activities. This summary should not exceed 5 -10 sentences.

Enter the total amount of PHDEP fundin g allocated to each line item.

FFY____PHDEPBudgetSummary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 –Reimbursement of Law Enforcement	
9115 -Special Initiative	
9116 -Gun Buyback TAMatch	
9120 -Security Personnel	
9130 -Employment of Investigators	
9140 -Voluntary Tenant Patrol	
9150 -Physical Improvements	
9160 -Drug Prevention	
9170 -Drug Intervention	
9180 -Drug Treatment	
9190 -Other Program Costs	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

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

9110 – Reimbursement of Law Enforcement					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9115 - Special Initiative					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							

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

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

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

9140 – VoluntaryTenantPatrol					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9150 - PhysicalImprovements					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

9160 -DrugPrevention					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount /Source)	PerformanceIndicators
1.							
2.							
3.							

9170 -DrugIntervention					TotalPH DEPFunding:\$		
------------------------	--	--	--	--	-----------------------	--	--

Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

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

9190 -OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							

Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

Required Attachment D : Resident Member on the PHA Governing Board

1. Yes No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

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

Elected

Appointed

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

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): We are an elderly project with tenants who do not choose to participate in the operations of the Board. However, we meet twice a year with the tenants after they turn into another tenant, their requests, concerns, needs and assessment of management of the apartments. The minutes and tally sheet of their comments is attached to this Annual Plan and is a very important part of the planning and budgeting of our Housing Authority.

B. Date of next term expiration of governing board member:

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

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.)

All our tenants are our Resident Advisory Board because our residents are elderly and do not wish to serve so we send out a questionnaire to allow tenants to let us know what needs they have, what they like and what should be changed. Those are returned to the office by one tenant so that all can be anonymous for any one who chooses. We have built our needs assessment from the comments for the past several years and try very hard to have at least two tenant meetings a year to listen to our tenants. Attached to, and considered a part of, this Annual Plan are the residents sheets returned in April, 2003.

THINGSTOLIKEABOUTEASTVIEWLIVING

Cleanandaffordable,cozy	////
Niceneighbors,helpful	////////
Quietplacetolive	//
Aptsarenice,roomy,comfortable	///
Surroundingsarekeptnice,attractive	///
Goodmanagement	//
GoodBoardofCommissioners	/
Likewalkingandshutters	////////
Goodplacetolive	///
Thanksfortheceilingfans	//
Goodyardlighting	/
Thanksfortheflag	//
CommunityCenterandSocialactivities	///
EastviewNews	/
Goodmaintenance,upkeep	////
Safeplacetolive	/
Keepinganeveoneachother	/
Niceextrasofliving	/
Concernforourwelfareandsafety	//
Liketheflowerboxesnewlypainted	/
Goodmowing	/

This is a tally of the likes and dislikes as returned namelessly by the tenants of Eastview Terrace in April, 2003 and the minutes of the Resident meeting that followed. The original sheets from the tenants are attached to the Annual Plan and are considered a valuable part of that document.

THINGSTHATMIGHTNEEDTOBECHANGED

Neighborscouldbemorecourteoustoeachother	//
Needtoimprovemaintenance	/
Domoreforresidents	/
Managementcouldbemorecourteoustoresidents	/
Needtorepairsidewalks	////
FlowerbedattheCenterneedstobere -done	//
SomethingshouldbedoneontheslopebyApt21	/
Needstormwindows	//
Parkinglotstripesandnumbersneedpainted	////
Stepisslopedtotheroad	/
Listentoresidents	/
Cleanthevents	/
Needastormshelter	/
Norocksforlandscape	/
NeedwashersanddryerinApts	/
Seedthebarespotsinlawnandpullweeds	//
Neighborswhoarenothappyhereoranywhere	//
Adjuststormdoorstoclose better	////
Paintandrepairtheflowerboxes	//
Getridsofweedsbyplatformoutsidethepatio	/
Trimlawnmore	/0
CommRoombackdoorishardtopenfromlocktoopen	/
Sweep lint from laundry vent off sidewalk more often	/
Pickuphaybypinetrees	/
Paintbusseatthesameasboxesandotherseats	/
Putstripofplastictohidegluegobsunderwindows	/
NeedonemorewasheranddryerinCenter	//

The residents met in the Community Room on May 9, 2003, in order to discuss needs and concerns for Eastview Terrace. There were 9 tenants in attendance. The general mood of the meeting was appreciation for what Capital Fund has given us to date.

The three most wanted needs were concrete repair, painting the parking lot stripes and re-adjusting the storm doors after the siding project.

- Sidewalk repair is in our 5 year maintenance plan but the siding may have taken most of the big money for this year.
- Painting the numbers and stripes on the parking lot need to be done and we are going to try to put that job in a regular maintenance plan to be done on a fixed schedule.
- We are going to work on the storm doors, they are a problem.

Other concerns addressed were...

The flower garden by the Center has plants in it from a time when the tenants were allowed to plant there and we can't get rid of the plants in that bed while they continue to own them. Tenants are no longer allowed to own plants on common areas but those are there from policies past. When those plants are no longer there, we will maintain that flower garden.

We have cedar mulch to put in the slope by Apt 21 but there is some dirt work needing to be done before it goes in and we haven't had the time to get it done.

We have not found an affordable way to put washers and dryer in the apartments.

We are trying to seed the bare areas. Because of the drought through the late fall and winter, all the seeding we did in the fall probably died. We can't water in the winter because our system is not frost free and we must blow it out and shut it down for the cold months. Another problem with bare spots are the edges of sidewalks because we use so much ice melt and even though it is not supposed to kill the grass, it does sometimes when you use as much as we have to use to maintain the walks as dry as possible.

We will look at the possibility of staining the bus and garden seats the same color as the flower boxes and fences.

We have aluminum strips that match the siding to put a strip on the kitchen windows to cover the chalking that has gotten a little out of hand over time. It is a time problem but we will make it a priority this summer.

The address marquee in front of the Center is in need of repair and Jay is trying very hard to find a replacement for the inside and then we will get new letters to use for the names.

