

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: 04/01/2003

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

## PHA Plan Agency Identification

**PHA Name:** Housing Authority of Carrollton

**PHA Number:** KY -057

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

### PHA Plan Contact Information:

Name: Harold K. Malcomb

Phone: (502) 732-4330

TDD: 1-800-648-6056

Email (if available): housaut@kih.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]

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

<b>Contents</b>	<b>Page #</b>
<b>Annual Plan</b>	
i. Executive Summary (optional) -----	i
ii. Annual Plan Information -----	ii
iii. Table of Contents -----	iii
1. Description of Policy and Program Changes for the Upcoming Fiscal Year-----	3
2. Capital Improvement Needs-----	4
3. Demolition and Disposition -----	n/a
4. Homeownership: Voucher Homeownership Program-----	n/a
5. Crime and Safety: PHDEP Plan-----	n/a
6. Other Information:	
A. Resident Advisory Board Consultation Process-----	5
B. Statement of Consistency with Consolidated Plan-----	6
C. Criteria for Substantial Deviations and Significant Amendments -----	7
<b>X</b> <b>Attachment A : Supporting Documents Available for Review -----</b>	<b>9</b>
X <input type="checkbox"/> Attachment <u>B</u> : Capital Fund Program Annual Statement -----	10
X <input type="checkbox"/> Attachment <u>C</u> : Capital Fund Program 5 Year Action Plan -----	11
<input type="checkbox"/> Attachment <u>  </u> : Capital Fund Program Replacement Housing Factor Annual Statement	
<input type="checkbox"/> Attachment <u>  </u> : Public Housing Drug Elimination Program (PHDEP) Plan	
X <input type="checkbox"/> Attachment <u>D</u> : Resident Membership on PHA Board or Governing Body-----	12
X <input type="checkbox"/> Attachment <u>E</u> : Membership of Resident Advisory Board or Boards-----	13
X <input type="checkbox"/> Attachment <u>F</u> : Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)-----	14
X <input type="checkbox"/> Other (List below, providing each attachment name) Attachment G : Initial Assessment for Voluntary Conversion of Public Housing Developments -----	15
Attachment H : Required Attachment – Statement of Progress in meeting the 5-Year Plan Mission and Goals -----	16
Attachment I : De-concentration and Income Mixing -----	17

Note: LOCATION OF MATERIALS NOT ATTACHED TO PLAN

Any documents or other material referenced in this plan which are not attached to the plan are available for inspection at either the PHA Office or at the HUD State Office in Louisville, Kentucky. The PHA Office should first be contacted to determine local availability of the identified document.

See Attachment A for a List of Supporting Documents available for review.

**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.

**All changes discussed in last year's PHA Plan have been accomplished.**

**To upgrade the services of this PHA to its residents, beginning with the 2003 mowing season, the PHA will assume the responsibility for ALL mowing, including residents' yards. This will be accomplished under contract with a professional lawn care firm.**

**Any changes mandated by changes in regulations initiated by HUD or other regulatory authority will be appropriately addressed.**

**2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (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? \$ 271,946 (estimate)

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. 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 (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: <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:<br>a. Actual or projected start date of activity:<br>b. Actual or projected start date of relocation activities:<br>c. Projected end date of activity: |
|--|

**4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

A.  Yes X 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 downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment 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 x 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 X 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. X 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) F

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 \_\_\_\_.

X  Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment \_\_F\_\_.

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: (provide name here) KENTUCKY STATEWIDE

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)

X The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

X The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.

X 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 X 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:

The PHA does not request financial or other support from state government. However, many requests are made to the City of Carrollton and the City always responds positively in support of our programs. Examples: Police Department provides assistance in organizing and continuing our Neighbor Watch Program-also additional patrolling when requested. Carrollton Utilities loans equipment, provide advice and personnel to assist in patrolling, locating and marking underground lines. The Street Department often provides such things as fill dirt, temporary barricades and temporary signage.

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

Increasing the availability of decent, safe and affordable housing in Carrollton, Ky.

### **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 addition or deletion of non-emergency work items(items in the current Annual Statement or 5-Year Plan exceeding the threshold amount of 25 percent of the dollar amount planned for any year.**

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

**a. Any course of action that makes a fundamental change in the way the PHA operates.**

**b. Any change with regard to demolition or disposition.**

**An exception to these definitions will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements.**

**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>
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
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing X <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents X <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Schedule of flat rents offered at each public housing development X <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
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 X <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
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 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
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
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
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	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
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) X <input type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
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
X	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

- |   |                                 |                             |
|---|---------------------------------|-----------------------------|
| X | Resident Notice/Needs Survey    | Annual & 5 Year Plan        |
| X | Resident Responses/Analysis     | Annual & 5 Year Action Plan |
| X | Public Notice of Public Hearing | Annual & 5 Year Action Plan |
| X | Public Hearing Sign-In-Sheet    | Annual & 5 Year Action Plan |

<b>Annual Statement/Performance and Evaluation Report ATTACHMENT J</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b> HOUSING AUTHORITY OF CARROLLTON		<b>Grant Type and Number</b> Capital Fund Program: KY36PO57-501-01 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2001
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>			
<input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 12/31/02</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
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	400.39	400.39	400.39	400.39
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	41,219.07	41,219.07	41,219.07	38,093.67
8	1440 Site Acquisition				
9	1450 Site Improvement	36,278.00	36,278.00	36,278.00	19,794.18
10	1460 Dwelling Structures	202,186.00	202,186.00	202,186.00	202,186.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	76,449.00	76,449.00	76,449.00	53,002.10
13	1475 Nondwelling Equipment	7,104.54	7,104.54	7,104.54	5,028.68
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)				
21	Amount of line 20 Related to LBP Activities	363,637.00	363,637.00	363,637.00	318,505.02
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

<b>Annual Statement/Performance and Evaluation Report ATTACHMENT J</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
<b>PHA Name:</b> HOUSING AUTHORITY OF CARROLLTON		<b>Grant Type and Number</b> Capital Fund Program: KY36PO57-501-01 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b>  2001
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b>			<input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>
<input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 12/31/02</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: HOUSING AUTHORITY OF CARROLLTON			<b>Grant Type and Number</b> Capital Fund Program #: KY36PO57-501-01 Capital Fund Program Replacement Housing Factor #:					
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	ADVERTISING	1410	LUMP SUM	400.39	400.39	400.39	400.39	
HA-WIDE	A/E FEES	1430	LUMP SUM	22,724.00	22,724.00	22,724.00	20,678.60	
HA-WIDE	M/C FEES	1430	LUMP SUM	18,000.00	18,000.00	18,000.00	16,920.00	
HA-WIDE	PRINTING	1430	LUMP SUM	495.07	495.07	495.07	495.07	
HA-WIDE	LEAD BASE PAINT TESTING	1430	LUMP SUM	0.00	0.00	0.00	0.00	
57-3	DRAINAGE IMPROVEMENTS	1450	LUMP SUM	1,500.00	1,500.00	1,500.00	1,016.18	
HA-WIDE	LANDSCAPING	1450	LUMP SUM	7,000.00	7,000.00	7,000.00	0.00	
57-3	SIDEWALKS	1450	LUMP SUM	7,000.00	7,000.00	7,000.00	0.00	
57-4	GRADING/DRAINAGE	1450	LUMP SUM	2,000.00	2,000.00	2,000.00	0.00	
57-4	PARKING	1450	LUMP SUM	11,700.00	11,700.00	11,700.00	11,700.00	
57-3	DUMPSTER ENCLOSURE	1450	LUMP SUM	7,078.00	7,078.00	7,078.00	7,078.00	
57-3	AIR CONDITIONING	1460	LUMP SUM	35,000.00	35,000.00	35,000.00	35,000.00	
57-3	HALLWAY RENOVATIONS	1460	LUMP SUM	0.00	0.00	0.00	0.00	
57-3	SEAL ROOF SEAMS	1460	LUMP SUM	37,000.00	37,000.00	37,000.00	37,000.00	
57-3	PAINTING	1460	LUMP SUM	0.00	0.00	0.00	0.00	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: HOUSING AUTHORITY OF CARROLLTON		<b>Grant Type and Number</b> Capital Fund Program #: KY36PO57-501-01 Capital Fund Program Replacement Housing Factor #:						
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	
57-4	CARPET	1460	LUMP SUM	0.00	0.00	0.00	0.00	
57-4	WINDOWS	1460	LUMP SUM	47,858.00	47,858.00	47,858.00	47,858.00	
57-4	HVAC UPGRADES	1460	LUMP SUM	82,328.00	82,328.00	82,328.00	82,328.00	
HA-WIDE	FLOORING	1460	LUMP SUM	0.00	0.00	0.00	0.00	
HA-WIDE	MAINT.GARAGE STRUCT.REPAIRS	1470	LUMP SUM	25,247.00	25,247.00	25,247.00	1,800.10	
HA-WIDE	OFFICE RENOVATIONS	1470	LUMP SUM	37,501.00	37,501.00	37,501.00	37,501.00	
HA-WIDE	OFFICE FURNACE	1470	LUMP SUM	3,000.00	3,000.00	3,000.00	3,000.00	
HA-WIDE	OFFICE COMBUSTION AIR	1470	LUMP SUM	250.00	250.00	250.00	250.00	
HA-WIDE	OFFICE AIR CONDITIONING	1470	LUMP SUM	2,251.00	2,251.00	2,251.00	2,251.00	
57-3	OVERHEAD DOORS	1470	LUMP SUM	8,200.00	8,200.00	8,200.00	8,200.00	
HA-WIDE	OFFICE&COMMUNITY ROOM FUR.	1475	LUMP SUM	7,104.54	7,104.42	7,104.42	5,028.68	
Total				363,637.00	363,637.00	363,637.00	318,505.02	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: HOUSING AUTHORITY OF CARROLLTON			Grant Type and Number Capital Fund Program #: KY 36PO57-501-01 Capital Fund Program Replacement Housing Factor			2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-WIDE	12/31/02			06/30/04			
57-3	12/31/02			06/30/04			
57-4	12/31/02			06/30/04			



### Capital Fund Program 5-Year Action Plan

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

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>Total estimated cost over next 5 years</b>		

## 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 \$** \_\_\_\_\_

**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 Program History**

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 have not 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 Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

<b>Fiscal Year of Funding</b>	<b>PHDEP Funding Received</b>	<b>Grant #</b>	<b>Fund Balance as of Date of this Submission</b>	<b>Grant Extensions or Waivers</b>	<b>Grant Start Date</b>	<b>Grant Term End Date</b>
FY 1995						
FY 1996						
FY 1997						
FY1998						
FY 1999						

**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.

**B. PHDEP Budget Summary**

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

<b>FFY _____ PHDEP Budget Summary</b>	
<b>Original statement</b>	
<b>Revised statement dated:</b>	
<b>Budget Line Item</b>	<b>Total Funding</b>
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
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	
<b>TOTAL PHDEP FUNDING</b>	

**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.

<b>9110 – Reimbursement of Law Enforcement</b>	<b>Total PHDEP Funding: \$</b>
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.							

<b>9115 - Special Initiative</b>					<b>Total PHDEP Funding: \$</b>		
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.							
3.							

<b>9116 - Gun Buyback TA Match</b>					<b>Total PHDEP Funding: \$</b>		
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.							
3.							

<b>9120 - Security Personnel</b>					<b>Total PHDEP Funding: \$</b>		
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.							
3.							

<b>9130 – Employment of Investigators</b>					<b>Total PHDEP Funding: \$</b>		
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.							
3.							

<b>9140 – Voluntary Tenant Patrol</b>					<b>Total PHDEP Funding: \$</b>		
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.							
3.							

<b>9150 - Physical Improvements</b>					<b>Total PHDEP Funding: \$</b>		
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.							
3.							

<b>9160 - Drug Prevention</b>					<b>Total PHDEP Funding: \$</b>		
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.							
3.							

<b>9170 - Drug Intervention</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

<b>9180 - Drug Treatment</b>					<b>Total PHDEP Funding: \$</b>		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9190 - Other Program Costs					Total PHDEP Funds: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							



**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:

Ms Doris Crawford

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):

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

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

**Required Attachment \_\_\_\_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.)

Mrs. Doris Crawford, Chairperson  
742 Baker Dr.  
Carrollton, KY. 41008

Ms. Bonnie Harlow, Development # 1 Representative  
801 Butler Street  
Carrollton, KY. 41008

Ms. Mary Moore, Development # 2 Representative  
937 Ninth St.  
Carrollton, KY. 41008

Ms. Virginia Hensley, Development # 3 Representative  
127 Riverview Apts. 534 Main St.  
Carrollton, KY. 41008

Ms. Marilyn Rassman, Development # 4 Representative  
1195 Brock Dr.  
Carrollton, KY. 41008

REQUIRED ATTACHMENT F

RESIDENT ADVISORY BOARD COMMENTS AND PHA RESPONSE

Dear Mr. Malcomb,

Following is a record copy, for your files, of the recommendations of the Resident Advisory Board members regarding the Five-Year Action and Annual plans presently being considered.

The Resident Advisory Board members agree that the work items now proposed should address the suggestions we made during the needs survey conducted by the Housing Authority in August. We also believe these work items offer the best use of available funds to satisfy our most urgent capital needs.

PHA Response:

The PHA Concur.

REQUIRED ATTACHMENT G

NARRATIVE DESCRIPTION

VOLUNTARY CONVERSION OF PUBLIC HOUSING DEVELOPMENTS

REQUIRED INITIAL ASSESSMENT

Conventional Public Housing (with unit based assistance) is still the most appropriate answer to the needs of the vast majority of our clients seeking affordable housing. This agency, established in 1964, stays rented to capacity and always has a capacity and always has a considerable waiting list. The FASS score on our PHAS evaluation indicates this agency is financially exceptionally sound as presently operated. The local community does not have enough affordable housing available to absorb the number of residents who would be displaced if this agency or any part of it was converted to tenant based assistance.

Conversion of any part of this agency to tenant based assistance would adversely affect our residents and the community. This agency has always been a viable, fiscally sound and well maintained part of the community. It would be inappropriate to change anything that works so well.

Harold K. Malcomb  
Executive Director

8/30/01

## ATTACHEMNT H

### STATEMENT OF PROGRESS IN MEETING THE 5-YEAR PLAN OF MISSION AND GOALS

#### GOAL # 1

To increase the availability of decent, safe and affordable housing in Carrollton, Kentucky.

This PHA established the following as quantitative goals for this 5-year period:

- a. Increase home - ownership by 10. Progress since 04/01/2000: increased by 7
- b. Maintain PHAS rating in high performer range (90 or over).

Progress since 04/01/2000: Last PHAS score received was 96, including a Management Operations score of 30.0 (maximum possible=30.0). Rating of "HIGH PERFORMER" or HIGH PERFORMER (advisory) awarded every year.

#### GOAL # 2

To ensure equal opportunity in housing for all Americans.

This PHA established the following quantitative goals for the 5-year period:

- a. Briefing PHA personal on Housing Discrimination Laws at least once each year.  
Progress since 04/01/2000: Accomplished 10/16/2000,10/16/2001 and 11/07/2002.
- b. Maintaining the practice of accepting housing discrimination complaints and forwarded complaints to proper investigative unit. Progressive since 04/01/2000: Accomplished 100%
- c. Monitoring housing placement and enforcing current de-concentration policy. Progress since 04/01/2000: Annual income analysis completed in April 2000, 2001 and 2002. Placement monitoring continuing.

#### GOAL # 3

To promote self-sufficiency and asset development of families and individuals.

This PHA established the following quantitative goals for this 5-year period:

- a. Reduction in number of homeless families by 25. Progressive since 04/01/2000: Reduction of 20
- b. Increase number of residents hired by contractors and working for PHA by 10. Progress since 04/10/2000. Increased by 2.

GOAL # 4

Take steps to help improve community quality of life and economic vitality. This PHA established the following quantitative goals for this 5-year period:

- a. Increase the number of household with working family member by 10. Progress since 04/01/2000. Increased by 19.
- b. Increase number of residents earning GED by 3. Progress since 04/01/2000---- 2.
- c. Increase wearing of uniforms by maintenance personnel (thereby improving resident security) by 100%. Progress since 04/01/2000: 100% of maintenance staff now wearing uniforms.
- d. Upgrading 2 playgrounds and improving curb appeal of 4 developments. Progress since 04/01/2000: 2 playgrounds upgraded, 1 basketball court added, curb appeal improved in 4 developments.

**VOLUNTARY CONVERSION OF PUBLIC HOUSING DEVELOPMENTS  
REQUIRED INITIAL ASSESSMENT**

Housing Authority of Carrollton

As required by 24 CFR part 972-Conversion of Public Housing to Tenant-Based Assistance, we have:

1. Reviewed each development's operation as public housing.
2. Considered the implications of converting the public housing to tenant-based assistance; and
3. Concluded that the conversion of the development may be:
  - a. \*Inappropriate because removal of the development would not meet the necessary conditions for voluntary conversion.

Development #	Development Name	Development Exempted	Exemption Reason	Conversion Appr.
KY057-01	Port Williams Homes (1)	NO	N/A	NO
KY057-02	Port Williams Homes (2)	NO	N/A	NO
KY057-03	Riverview Apts..	NO	N/A	NO
KY057-4	Hatchett-Thomas	NO	N/A	NO

ATTACHMENT I

Component 3, (6) De-concentration and Income Mixing

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

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.



**Attachment B**

**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of Carrollton		<b>Grant Type and Number</b> Capital Fund Program Grant No: KY 36 PO5750103 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2003
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	43,500			
8	1440 Site Acquisition				
9	1450 Site Improvement	80,454			
10	1460 Dwelling Structures	142,992			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	5,000			
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				

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

<b>PHA Name:</b> Housing Authority of Carrollton	<b>Grant Type and Number</b> Capital Fund Program Grant No: KY 36 PO5750103 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 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
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	271,946			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	16,000			

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

PHA Name: Housing Authority of Carrollton			Grant Type and Number Capital Fund Program Grant No: KY 36 PO5750103 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Funds Obligated	Funds Expended		
.002 9th	Walks/Driveways	1450		41,454					
004 Brock	Grading/Drainage	1450		16,000					
004 Brock	Patio & Step Enlargements	1450		13,000					
004 Brock	Fence Around Clotheslines	1450		2,500					
004 Brock	Clotheslines	1450		4,000					
004 Brock	Playground Equipment	1450		3,500					
002 9th	Door Latches	1460		28,500					
002 9th	Porch Post	1460		5,000					
004 Brock	Water Heaters	1460		6,500					
004 Baker	Water Heaters	1460		9,500					
004 Brock	Infill A/C Covers	1460		11,700					
004 Brock	Closet Doors/Pantry/Washer/Dryer	1460		81,792					
PHA-Wide	A/E	1430		21,000					
PHA-Wide	MC	1430		18,000					
PHA-Wide	Printing	1430		2,000					
PHA-Wide	Advertising	1430		2,500					
PHA-Wide	Walks at Admin. Bldg.	1470		5,000					
				271,946					

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

PHA Name: Housing Authority of Carrollton	<b>Grant Type and Number</b> Capital Fund Program No: KY 36 PO5750103 Replacement Housing Factor No:	<b>Federal FY of Grant:</b> 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	
002 9th	03/31/05			03/31/07			
004 - Baker/Brock	03/31/05			03/31/07			
PHA-Wide	03/31/05			03/31/07			

ATTACHMENT C

**Capital Fund Program Five-Year Action Plan**

**Part I: Summary**

PHA Name Housing Authority of Carrollton					<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
Development Number/Name/HA- Wide	Year 1	Work Statement for Year 2 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 3 FFY Grant: 2005 PHA FY: 2005	Work Statement for Year 4 FFY Grant: 2006 PHA FY: 2006	Work Statement for Year 5 FFY Grant: 2007 PHA FY: 2007	
	Annual Statement					
001-Scattered		228,446	152,000		13,000	
002- 9 <sup>th</sup> , Wins, Web				150,000	194,096	
004- Baker, Brock			76,446	78,446		
H.A. Wide		43,500	43,500	43,500	64,850	
CFP Funds Listed for 5-year planning		271,946	271,946	271,946	271,946	
Replacement Housing Factor Funds						



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

Activities for Year : 4 FFY Grant: 2006 PHA FY: 2006			Activities for Year: 5 FFY Grant: 2007 PHA FY: 2007		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
002 9 <sup>th</sup> , Wins, Web	Roofs – 60 units	150,000	001 Scattered	Water Heaters	13,000
Sub-Total		150,000	Sub-Total		13,000
004-Baker/Brock	Sidewalks	78,446	002 9 <sup>th</sup> , Web	Water Heaters	4,500
Sub-Total		78,446		A/C 34 units	92,737
				Sidewalks	64,459
PHA Wide	A/E	21,000		Mail-Boxes	9,000
	MC	18,000		Enlarge Patios/Screen	
	Printing	2,000		28 units	23,400
	Advertising	2,500	Sub-Total		194,096
Sub-Total		43,500			
			PHA-Wide 001 Admin.	Furnace	2,500
				Combustion Air	250
				A/C	1,000
				Windows	4,000
				Roof	3,500
			Sub-Sub-Total		11,250

		PHA-Wide 002 Amin.	Roof	7,800
			Roof Turbines	300
			Shrubs	2,000
		Sub-Sub-Total		10,100
		PHA-Wide	A/E	21,000
			MC	18,000
			Printing	2,000
			Advertising	2,500
		Sub-Sub-Total		43,500
		Sub-Total		64,850
<b>Total CFP Estimated Cost</b>	271,946			271,946





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

<b>PHA Name:</b> Housing Authority of Carrollton	<b>Grant Type and Number</b> Capital Fund Program: KY 36PO57-501-02 Capital Fund Program Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b>  2002
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Original Annual Statement     
 Reserve for Disasters/ Emergencies     
 Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 12/31/02     
 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	2,500.00	2,500.00	72.17	72.17
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	41,050.00	41,050.00	39,556.54	16,733.07
8	1440 Site Acquisition				
9	1450 Site Improvement	14,975.00	14,975.00	0.00	0.00
10	1460 Dwelling Structures	285,612.00	285,612.00	0.00	0.00
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				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	344,137.00	344,137.00	39,628.71	16,805.24
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 J**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

<b>PHA Name:</b> Housing Authority of Carrollton		<b>Grant Type and Number</b> Capital Fund Program: KY 36PO57-501-02 Capital Fund Program Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b>  2002	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/02		<input type="checkbox"/> Final Performance and Evaluation Report			
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>	
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: Housing Authority of Carrollton		Grant Type and Number Capital Fund Program #: KY 36 PO57-501-02 Capital Fund Program Replacement Housing Factor #:				2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Advertising	1410	Lump Sum	2,500.00	2,500.00	72.17	72.17	
HA-Wide	A/E Fees	1430	Lump Sum	21,050.00	21,050.00	21,050.00	12,626.53	
HA-Wide	M/C Fees	1430	Lump Sum	18,000.00	18,000.00	18,000.00	3,600.00	
HA-Wide	Printing	1430	Lump Sum	2,000.00	2,000.00	506.54	506.54	
002-9 <sup>th</sup> . Win	Replace benches	1450	Lump Sum	3,475.00	3,475.00	0.00	0.00	
004-Baker	Patio Steps & Rails	1450	Lump Sum	2,500.00	2,500.00	0.00	0.00	
004-Baker	Fence Around Clothes Lines	1450	Lump Sum	3,500.00	3,500.00	0.00	0.00	
004-Baker	Clothes Lines	1450	Lump Sum	5,500.00	5,500.00	0.00	0.00	
004-Baker	Storm Doors	1460	Lump Sum	9,400.00	9,400.00	0.00	0.00	
004-Baker	Electric Meters	1460	Lump Sum	0.00	0.00	0.00	0.00	
004-Baker	Replace Benches	1460	Lump Sum	1,600.00	1,600.00	0.00	0.00	
004-Baker	Porch Lights	1460	Lump Sum	1,800.00	1,800.00	0.00	0.00	
004-Brock	Windows	1460	Lump Sum	82,350.00	82,350.00	0.00	0.00	
004-Brock	Electric Meters	1460	Lump Sum	0.00	0.00	0.00	0.00	
004-Brock	Floor Tile	1460	Lump Sum	117,400.00	117,400.00	0.00	0.00	
004-Brock	Entry Doors	1460	Lump Sum	25,655.00	25,655.00	0.00	0.00	
004-Brock	Screen Doors	1460	Lump Sum	20,800.00	20,800.00	0.00	0.00	
004-Brock	Stair Treads	1460	Lump Sum	26,607.00	26,607.00	0.00	0.00	
Total				344,137.00	344,137.00	39,628.71	16,805.24	





