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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

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

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

PHA Plan
Agency Identification

PHA Name: Housing Authority of Harrodsburg

PHA Number: KY062

PHA Fiscal Year Beginning: 04/2003

PHA Plan Contact Information:

Name: Mary Alice Holiday
Phone: (859) 734-4447
TDD:
Email (if available): hoah@kycom.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.

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***Performance & Evaluation Report for the 501(02) is submitted as an electronic attachment and is designated ky062a01.**

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

The Housing Authority of Harrodsburg (PHA) has prepared the following Agency Plan in compliance with the Quality Housing and Work Responsibility Act of 1998 and the subsequent implementing regulations. The PHA is a “Small PHA” and has opted to submit the streamlined plan.

The Capital Fund portion of the plan reflects a wide variety of capital improvements for the upcoming FFY and the next. The PHA will be spending a large portion of the 2003 Capital Funds to correct the settlement / structural problems with the buildings in KY62-1 as well as other site improvements. This is not our preferred use of the funds, however, the situation is serious and getting worse and this is the proper course of action. We had originally planned this for FY 2002, however, an electrical emergency forced us to concentrate on that issue prior to addressing the settling problems.

The PHA has prepared all the new “required attachments” as required that were not required last year when our plan was submitted. This includes the Voluntary Conversion assessment and the Deconcentration evaluation.

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

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

There are no changes to existing policies or programs being administered by the PHA with the exception that we have suspended implementation of the Community Service policy as directed by HUD.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? **$ 290,965** (Unknown - amount shown is from FY 2002)

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 B**.

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as **Attachment C**.

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

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

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

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

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

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

☐ Establishing a minimum homeowner 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

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

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

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

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? $ -0-

C. ☐ Yes ☒ No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. ☐ Yes ☐ No: The PHDEP Plan is attached at Attachment ____

6. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. ☐ Yes ☒ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are Attached at Attachment (File name)

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 F.

☐ 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 ____.

☐ 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: **Commonwealth of Kentucky**

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) **See No. 4. 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)

- **By addressing factors such as affordable housing needs & fair housing,**
- **In the Agency Plans' similar goal of increasing the availability safe and decent low-income housing.**
- **By modifying the PHA's admissions procedures to address those of low and very low-income applicants.**
- **In the plans overall goals of assisting the low and very low-income families in the Commonwealth of Kentucky.**

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C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

A. Substantial Deviation from the 5-year Plan:

When the PHA nullifies or reverses a documented goal or objective, that is not yet fulfilled, of the Five-Year Plan. Quantitative changes in the numbers, percentages or methods of reaching a goal or objective shall not be considered a substantial deviation if the intent and purpose of the goal or objective is still met.

B. Significant Amendment or Modification to the Annual Plan:

General PHA Operations (Non-Capital Fund)

Any nullification or reversal of a stated "strategy" for addressing an existing need or problem shall be considered a Significant Amendment or Modification. Any additional strategies added to the Plan to address an existing problem shall not be considered a significant amendment because there would be no negative affect on the residents or applicants of the PHA.

Any change in the documented policies that will result in major changes in the PHA's Admissions and Continued Occupancy Policy, and subsequently, the resident's lease, or in the application phase of the PHA's operations (Eligibility, Selection and Admissions policies), shall be considered a Significant Amendment or Modification. The exception is an internal PHA change in method or procedure that will have no affect on the resident's lease or the policies under which they apply for and reside in any PHA property.

PHA Capital Improvements

After the preparation and submission of a final Annual Statement and Capital Five-Year Plan based on the actual funding amounts, any deletion of a work item thereafter, that has been presented to and accepted by the residents during the resident consultation process, that exceeds 20% of the actual program budget amount shall be considered a Significant Amendment or Modification. The Housing Authority of Harrodsburg must prepare and submit its PHA Agency Plan many months before actual funding amounts are received, therefore, any routine adjustments made due to the difference in presumed and actual amounts, and, therefore, no fault of the PHA, shall not be considered a Significant Amendment or Modification.

Further, the use of leftover, excess funds on items not in the current Annual Statement shall not be considered a Significant Amendment or Modification, provided that all the items presented to and accepted by the residents during the resident consultation process have been performed.

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
X	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
	Any policy governing occupancy of Police Officers in Public Housing ☐ check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	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 ☐ check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development ☐ check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

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List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
	Section 8 rent determination (payment standard) policies ☐ 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 ☐ check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures ☐ check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures ☐ 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 CFP Budget/Progress Report (HUD 52825) for any active CFP 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
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
	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

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List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____of the Section 8 Administrative Plan)	Annual Plan: Homeownership
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
	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
	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
	PHDEP-related documentation: · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) ☐ 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
X	Other supporting documents: • **Community Service Policy** (Currently on hold)	(specify as needed)

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OMB Approval No: 2577-0226
Expires: 03/31/2002

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Housing Authority of Harrodsburg	Capital Fund Program: **KY36P062-501(03)** (Proposed) Capital Fund Program Replacement Housing Factor Grant No:	**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	$ 2,457			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	28,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	219,508			
10	1460 Dwelling Structures	41,000			
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)	**$ 290,965**			
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
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name:	Grant Type and Number	Federal FY of Grant:
Housing Authority of Harrodsburg	Capital Fund Program: **KY36P062-501(03)** (Proposed) Capital Fund Program Replacement Housing Factor Grant No:	**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	
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:	Grant Type and Number	Federal FY of Grant:
Housing Authority of Harrodsburg	Capital Fund Program #: **KY36P062-501(03)** (Proposed) Capital Fund Program Replacement Housing Factor #:	**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	
KY62-1	Install Tot-Lot playground area	1450	1	$ 25,000				
Magnolia Heights	Correct Building Foundation Settlement	1450	15 Bldg's	130,508				
	Replace Screen doors	1460	164 doors	41,000				
KY62-2	Install concrete swale	1450	Lump Sum	25,000				
Magnolia Heights	Install Tot-Lot playground area	1450	1	25,000				
	Install handrails at "Elderly" units	1450	28 units	14,000				
PHA-WIDE	Administration	1410		2,457				
	A/E Fees	1430		14,000				
	MC Fees	1430		14,000				
	See previous page							

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Housing Authority of Harrodsburg	Capital Fund Program #: **KY36P062-501(03)** (Proposed) Capital Fund Program Replacement Housing Factor #:	**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	

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Harrodsburg	Capital Fund Program #: **KY36P062-501(03)** Capital Fund Program Replacement Housing Factor #:	**2003**

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	
KY62-1	**12/31/2005**			**12/31/2007**			
Magnolia Heights							
KY62-2	**12/31/2005**			**12/31/2007**			
Magnolia Heights							

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

PHA Name: **Harrodsburg**				☒ **Original 5-Year Plan** ☐ **Revision No:**	
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				
KY62-1		$ 261,465	$ 110,508	236,000	76,000
Magnolia					
Heights					
KY62-2		-0-	150,957	25,465	105,465
Magnolia					
Heights					
PHA-WIDE		29,500	29,500	29,500	29,500
CFP Funds Listed for 5-year planning					
Replacement Housing Factor Funds					

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

Activities for Year 1	Activities for Year: **2** FFY Grant: **2004** PHA FY: **2004**			Activities for Year: **3** FFY Grant: **2005** PHA FY: **2005**		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	**KY62-1**	Water Distribution	$ 92,754	**KY62-1**	½ Conc. / Parking	75,508
Annual	**Magnolia**	Building sewers	82,000	**Magnolia**	Gas Meters	25,000
Statement	**Heights**	Concrete / Parking	86,711	**Heights**	Handrail @ Elderly	10,000
	KY62-2	No Work	0	**KY62-2**		
	Magnolia			**Magnolia**	Handrail @ Elderly	14,000
	Heights			**Heights**	220 Elec.Range Plug	40,000
					Int. Light Fixtures	15,000
	PHA-Wide	Administration	1,500		Range Hoods / BS's	20,000
		A/E Fees	14,000		Poles/Transformers	61,957
		MC Fees	14,000			
				PHA-Wide	Administration	1,500
					A/E Fees	14,000
					MC Fees	14,000
Total CFP Estimated Cost			**$ 295,965**			**$ 295,965**

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**
KY62-1	Poles/Transformers	60,000	**KY62-1**	Water Heaters	20,000
Magnolia	Termite Treatment	20,000	**Magnolia**	Light Fixtures	15,000
Heights	Storm Doors	41,000	**Heights**	220 Elec.Range Plug	41,000
	Entry Doors/ Hdwr	115,000			
			KY62-2	Entry & Storm Doors	105,465
KY62-2	Gas Flue	25,465	**Magnolia**		
Magnolia			**Heights**		
Heights					
			PHA-Wide	Office Upgrade	50,000
PHA-Wide	Administration	1,500		Overhead Door	30,000
	A/E Fees	14,000		Administration	1,500
	MC Fees	14,000		A/E Fees	14,000
				MC Fees	14,000
Total CFP Estimated Cost		**$ 295,965**			**$ 295,965**

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.

***** The Housing Authority of Harrodsburg does not receive a PHDEP grant.*****

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.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
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.

FFY _____ PHDEP Budget Summary **Original statement** **Revised statement dated:**	
Budget Line Item	**Total Funding**
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	
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	PHEDEP 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.							
3.							

9116 - Gun Buyback TA Match							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.							
3.							

9120 - Security Personnel	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.							
3.							

9130 – Employment of Investigators					**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.							
3.							

9140 – Voluntary Tenant Patrol					**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.							
3.							

9150 - Physical Improvements	**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.							
3.							

9160 - Drug Prevention	**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.							
3.							

9170 - Drug Intervention	**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.							
3.							

9180 - Drug Treatment	**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.							
3.							

9190 - Other Program Costs						**Total PHDEP Funds: $**	
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.							

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):

The PHA has not been able, to this point, to fill the resident position on the board. The PHA has received no interest from any resident pertaining to membership on the PHA Board of Commissioners. However, as per HUD instructions, the PHA will notify the residents of the PHA's requirement to fill this position and will seek interest from our residents on an annual basis until the position has been filled.

B. Date of next term expiration of a governing board member: **The next anticipated opening is not for another 1½ to 2 years.**

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): **Lonnie Campbell, Mayor of Harrodsburg**

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.)

Ms. Rhoda Hardin	545 West Office Street
Ms. Betty Moore	531 West Office Street
Sue Ellis	530 West Office Street
Joann Mays	655 West Office Street

Required Attachment F: Comments of Resident Advisory Board & Explanation of PHA Response

On December 20, 2002 the PHA held a hearing of the Resident Advisory Board. A summary of the only major issues raise and the PHA response is included below:

There were no comments or changes because this years budget is very similar to that originally proosed last year.

Required Attachment G: Voluntary Conversion Initial Assessments

a. How many of the PHA's developments are subject to the Required Initial Assessments? **2**

b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? **0**

c. How many Assessments were conducted for the PHA's covered developments? **2**

d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name	Number of Units
None	

Required Attachment H: Deconcentration and Income Mixing

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

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

If yes, list these developments as follows:

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

Required Attachment I: Comments and PHA Response from Public Hearing

The Board of Commissioners conducted a Public Hearing on Monday, January 9, 2003 to present and discuss the 2003 PHA Agency Plan. There were 4 residents in attendance as well as several commissioners and PHA staff.

Barry Slone presented the PHA Plan as well as the proposed Annual Statement to the residents for their information and to receive any feedback they may provide. There were no issues raised (relating to the PHA Plan) because this is a similar budget as the previous year, which had to be amended to address some emergency electrical issues.

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
Housing Authority of Harrodsburg	Capital Fund Program: **KY36P062-501(02)** Capital Fund Program Replacement Housing Factor Grant No:	**2002**

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending:** December 31, 2002 ☐ **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	$ 2,457		$ 2,457.00	-0-
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	28,000		35,000.00	17,774.95
8	1440 Site Acquisition				
9	1450 Site Improvement	219,508		208,000.00	-0-
10	1460 Dwelling Structures	41,000		-0-	-0-
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)	**$ 290,965**		**$ 245,457**	**$ 17,774.95**
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:	Grant Type and Number	Federal FY of Grant:
Housing Authority of Harrodsburg	Capital Fund Program #: **KY36P062-501(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	
KY62-1	Install Tot-Lot playground area	1450	1	$ 25,000		25,000		
Magnolia Heights	Correct Building Foundation Settlement	1450	15 Bldg's	130,508		119,000		
	Replace Screen doors	1460	164 doors	41,000		0		
KY62-2	Install concrete swale	1450	Lump Sum	25,000		25,000		
Magnolia Heights	Install Tot-Lot playground area	1450	1	25,000		25,000		
	Install handrails at "Elderly" units	1450	28 units	14,000		14,000		
PHA-WIDE	Administration	1410		2,457		2,457		
	A/E Fees	1430		14,000		15,000		
	MC Fees	1430		14,000		*20,000		
						* Includes fee		
						for Energy		
						Audit and		
						Utility Allow.		

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

PHA Name: **Harrodsburg**	**Grant Type and Number** Capital Fund Program #: **KY36P062-501(02)** Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant:** **2002**

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	
KY62-1	**6/30/2004**			**6/30/2005**			
Magnolia Heights							
KY62-2	**6/30/2004**			**6/30/2005**			
Magnolia Heights							