

U.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

SmallPHAPlanUpdate
AnnualPlanforFiscalYear: 2003

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBECOMPLETEDIN
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

PHA Plan Agency Identification

PHAName: ExcelsiorSpringsHousingAuthority

PHANumber: MO053

PHAFiscalYearBeginning:(mm/yyyy) 07/01/2003

PHA Plan Contact Information:

Name: Nancy Nolker

Phone: 816 -630-7361

TDD: 816 -630-7361

Email (if available): excelsiorha@usa.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 20 03

[24CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

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<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
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ii. Executive Summary

[24CFR Part 903.79(r)]

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

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

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

Section 8 Admin Plan – Require all voucher holder to be an Excelsior Springs resident for 1 year before going portable.

2.Capital Improvement Needs

[24CFR Part 903.79(g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 236,160.00

C. Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5 - Year Action Plan

The Capital Fund Program 5 - Year Action Plan is provided as Attachment C

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3.D emolition and Disposition

[24CFR Part 903.79(h)]

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

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

2. Activity Description

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

4. Voucher Homeownership Program

[24CFR Part 903.79(k)]

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

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

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

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

with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

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

5. Safety and Crime Prevention: PHDEP Plan

[24CFR Part 903.7(m)]

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

- A. Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____
- C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
- D. Yes No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24CFR Part 903.79(r)]

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

1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are attached at Attachment (Filename) _____
3. In what manner did the PHA address those comments? (select all that apply)
- The PHA changed portions of the PHA Plan in response to comments. A list of these changes is included Yes No: below or Yes No: at the end of the RAB Comments in Attachment _____.
- Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment _____.
- Other: (list below)

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (provide name here)

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

Yes No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

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

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

A. Substantial Deviation from the 5-year Plan:

The Excelsior Springs Housing Authority's (PHA) Definition of Substantial Deviation and Significant Amendment or Modification is as follows:

- ◆ change to rent or admissions policies or organization of the waiting list;
- ◆ additions of major non-emergency work items (items not intended in the current 5-year Action Plan) or change in use of replacement reserve funds under the Capital Fund; and

- ◆ anychangewithregardtodemolitionordisposition,designation,homeownership programsorconversionactivities.

B. Significant Amendment or Modification to the Annual Plan:

The Excelsior Springs Housing Authority's (PHA) Definition of Substantial Deviation and Significant Amendment or Modification is as follows:

- ◆ changes to rent or admissions policies or organization of the waiting list, additions of major non-emergency work items (items not intended in the current Annual Statement) or change in use of replacement reserve funds under the Capital Fund; and
- ◆ anychangewithregardtodemolitionordisposition,designation,homeownership programsorconversionactivities.

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
Yes	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
Yes	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiative to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
Yes	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
Yes	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
Yes	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
Yes	Any policy governing occupancy of Police Officers in Public Housing <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
Yes	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
Yes	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
Yes	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
Yes	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
Yes	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
Yes	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
Yes	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
Yes	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
Yes	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
Yes	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
Yes	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
Yes	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
Yes	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

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
Yes	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
Yes	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"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA 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
Yes	Policy Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
Yes	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
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

AttachmentB

AnnualStatement/PerformanceandEvaluationReport

CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary

PHAName:ExcelsiorSpringsHousingAuthority	GrantTypeandNumber CapitalFundProgram: MO16P05350103 CapitalFundProgram ReplacementHousingFactorGrantNo:	FederalFYofGrant: 2003
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OriginalAnnualStatement
 ReserveforDisasters/Emergencies
 RevisedAnnualStatement(revisionno:)
 PerformanceandEvaluationReportforPeriodEnding:
 FinalPerformanceandEvaluationReport

Line No.	SummarybyDevelopment Account	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations	25,000			
3	1408ManagementImprovements	15,000			
4	1410Administration	23,616			
5	1411Audit				
6	1415liquidatedDamages				
7	1430FeesandCosts	5,000			
8	1440SiteAcquisition	49,728			
9	1450SiteImprovement	112,816			
10	1460DwellingStructures				
11	1465.1DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEqu ipment	5000			
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1498ModUsedforDevelopment				
19	1502Contingency				
20	AmountofAnnualGrant:(sumoflines2 -19)	236,160			
21	Amountoffline20RelatedtoLBPActivities				
22	Amountoffline20RelatedtoSection504Compliance				
23	Amountoffline20RelatedtoSecurity	7,000			

Attachment B

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHAName: Excelsior Springs Housing Authority		Grant Type and Number Capital Fund Program: MO16P05350103 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 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
24	Amount of line 20 Related to Energy Conservation Measures			

Annual State ment/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHAName: Excelsior Springs Housing Authority		Grant Type and Number Capital Fund Program#: MO16P05350103 Capital Fund Program Replacement Housing Factor#:			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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Operations	Housing Operations	1406		25,000				Complete by 9/06
	Subtotal-1406			25,000				
HA Wide Management Improvements	Security Officers	1408		7,000				Complete by 9/06
	Training	1408		6,000				Complete by 9/06
	Office Upgrades	1408		2,000				Complete by 9/06
	Subtotal-1408			15,000				
HA Wide Administration	CFP Coordinator/Deputy Director Salary & Benefits	1410		23,616				Complete by 9/06
	Subtotal-1410			23,616				

Attachment B

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHAName: Excelsior Springs Housing Authority	Grant Type and Number Capital Fund Program: MO16P05350103 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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<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		
	HAWide Fees&Costs	A&EServices	1430		5,000			Complete by 9/06
		Subtotal-1430			5,000			
	MO-53-1 Ruey-Anna& Northwind	Landscaping	1450		1,000			Complete by 9/06
		Parking Lot	1450		10,000			Complete by 9/06
		Metal Railings& Fabrications	1450		9,000			Complete by 9/06
		Siding& Insulation	1450		10,000			Complete by 9/06
		Drainage/Grading	1450		10,000			Complete by 9/06
		Roof& Guttering	1450		6,728			Complete by 9/06
	MO-53-2 Saratoga	Landscaping	1450		2,000			Complete by 9/06
		Gutters/Downspouts, Misc.	1450		1,000			Complete by 9/06
		Subtotal-1450			49,728			
	MO-53-1 Ruey-Anna& Northwind	Refurbish Elevators	1460		2,000			Complete by 9/06
		Vacant Unit Prep/Turnaround	1460		28,000			Complete by 9/06
		Carpet& Flooring	1460		4,000			Complete by 9/06
		Appliances	1460		2,000			Complete by 9/06
		Renovate Kitchens	1460		40,000			Complete by 9/06
		Common Areas	1460		2,000			Complete by 9/06
		Doors	1460		2,000			Complete by 9/06
		Painting	1460		2,816			Complete by 9/06
	MO-53-2 Saratoga	Appliances	1460		1,000			Complete by 9/06

AttachmentB

AnnualStatement/PerformanceandEvaluationReport

CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary

PHAName:ExcelsiorSpringsHousingAuthority	GrantTypeandNumber CapitalFundProgram: MO16P05350103 CapitalFundProgram ReplacementHousingFactorGrantNo:	FederalFYofGrant: 2003
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OriginalAnnualStatement
 ReserveforDisasters/Emergencies
 RevisedAnnualStatement(revisionno:)
 PerformanceandEvaluationReportforPeriodEnding:
 FinalPerformanceandEvaluationReport

Line No.	SummarybyDevelopment Account	TotalEstimatedCost			TotalActualCost		
	Carpet&Flooring	1460		2,000			Completeby9/06
	RefurbishElevators	1460		2,000			Completeby9/06
	RepairCrackedFloors	1460		5,000			Completeby9/06
	VacantUnitPrep/Turnaround	1460		10,000			Completeby9/06
	ReplaceDoors	1460		10,000			Completeby9/06
	Subtotal-1460			112,816			
	HAWide - Non-DwellingEquip						
	AutoMaintenance&Needs	1475		500			Completeby9/06
	Furniture	1475		4,500			Completeby9/06
	Subtotal-1475			5,000			

Attachment C

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.

CFP5 - Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
	PHA Wide	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
1406-Operations	60,000	7-1-2004
1408-Management Improvements	75,000	7-1-2004
1410-Administration	98,000	7-1-2004
1430-Fees & Cost	15,000	7-1-2004
1475-Non-Dwelling	45,000	7-1-2004
Totalestimatedcostovertnext5years	293,000	

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.

CFP5 - Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
MO-53-1	Ruey-Anna	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
1450-Landscape	1,000	7-1-2007
1450-Repave Parking Lot	10,000	7-1-2006
1450-Metal Railings & Fabrications	9,000	7-1-2006/2007
1450-Replace Roof	10,000	7-1-2006
1460-Renovate Bathrooms	139,000	7-1-2004/2005
1460-Carpet and Flooring	5,000	7-1-2007
1460-Painting	4,000	7-1-2007
1460-Replace Appliances	10,000	7-1-2007
1460-Renovate Kitchens	90,000	7-1-2005/2006
1460-Boiler	10,000	7-1-2007
1460-Refurbish Elevators	2,000	7-1-2007
1460-Vacant Unit Prep/Turnaround	25,000	7-1-2007
1460-Replace Plumbing Fixtures	15,000	7-1-2007
1475-Common Areas	2,000	7-1-2007
1470-Brick Washing	10,000	7-1-2007
Total estimated cost over next 5 years	342,000	

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 development planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5 - Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP5 - Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
MO53 -1	Northwind	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
1450-Landscape	3,000	7-1-2004
1450-Siding/Insulation	10,000	7-1-2004
1450-Grading/Drainage	10,000	7-1-2004
1450-Repave Parking Lot	2,640	7-1-2004
1450-Roof/Guttering	30,000	7-1-2004
1450-Replace Exterior Doors	10,000	7-1-2004/2005
1460-Replace AC Units	46,000	7-1-2005
1460-Replace Appliances	5,000	7-1-2005
1460-Renovate Bathrooms	50,000	7-1-2005/2006
1460-Painting	2,000	7-1-2006
1460-Flooring	2,000	7-1-2006
1460-Replace Bathroom Fixtures	5,000	7-1-2006
1460-Vacant Unit Prep/Turnaround	20,000	7-1-2006/2007
1460-Reurbish Kitchens	30,000	7-1-2007
1460-Replace Interior Doors/Hardware	10,000	7-1-2007
Total estimated cost over next 5 years	235,640	

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 planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information if information is included in the Capital Fund Program Annual Statement.

-wide physical or management improvements from Year One of the 5 - Year cycle, because this

CFP5 - Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
MO53 -2	Saratoga Towers	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
1450-Landscape	3,000	7-1-2004
1450-Roof	10,000	7-1-2004
1450-Gutters/Downspouts	1,000	7-1-2004
1460-Carpet/Flooring	2,000	7-1-2004
1460-Replace Appliances	5,000	7-1-2004/2005
1460-Refurbish Elevators	2,000	7-1-2005
1460-Cracked Floors	5,000	7-1-2005
1460-Painting	2,000	7-1-2005
1460-Renovate Bathrooms	10,000	7-1-2005/2006
1460-Vacant Unit Prep/Turnaround	10,000	7-1-2006
1460-Replace Plumbing Fixtures	4,000	7-1-2006
1460-Refurbish Kitchens	10,000	7-1-2006/2007
1460-Doors	10,000	7-1-2007
Total estimated cost over next 5 years	74,000	

HA 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. This 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 havenot been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

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

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

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

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 TAMatch	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

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

9110 –ReimbursementofLawEnforcement					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	OtherFu nding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

9115 -SpecialInitiative					TotalPHDEPFunding:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

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

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

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

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

2.							
3.							

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

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

9170 -DrugIntervention					TotalPHDEPFund ing:\$		
Goal(s)							
Objectives							

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

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

9190 -OtherProgramCosts					TotalPHDEPFunds:\$		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

Required Attachment D: Resident Member on the PHA Governing Board

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

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

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

- Elected
- Appointed

C. The term of appointment is (include the date term expires): 8/2001 to 11/2004

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: November 30, 2003

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

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.)

Alice Rice
Lois Green
Phyllis Raybourn
Sharon Boxx
Stephanie Phillips

CAPITALFUNDPROGRAMTABLESSTARTHERE

AnnualStatement/PerformanceandEvaluationReport					
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary					
PHAName:ExcelsiorSpringsHousingAuthority			GrantTypeandNumber CapitalFundProgramGrantNo:MO16P053501 -01 ReplacementHousingFactorGrantNo:		FederalFYofGrant: 2001
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno: 2) <input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding:9 -30-2002 <input type="checkbox"/> FinalPerformanceandEvaluationReport					
LineNo.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations	25,000.00	25,000.00	25,000.00	25,000.00
3	1408ManagementImprovements	32,133.87	38,847.87	23,730.59	23,730.59
4	1410Administration	24,471.30	24,471.30	24,471.30	.00
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts	21,500.00	21,500.00	18,980.37	18,980.37
8	1440SiteAcquisition				
9	1450SiteImprovement	7,000.00	38,443.05	19,948.53	300.00
10	1460DwellingStructures	129,083.82	88,526.77	69,280.31	69,280.31
11	1465.DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment	5,524.01	7,924.01	7,924.01	7,924.01
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1499DevelopmentActivities				
19	1502Contingency				
	AmountofAnnualGrant:(sumoflines.....)	244,713.00	244,713.00	189,335.11	139,735.28
	AmountoflineXXRelatedtoLBPActivities				
	AmountoflineXXRelatedtoSection504compliance				
	AmountoflineXXRelatedtoSecurity --SoftCosts		17,000.00		
	AmountofLineXXrelatedtoSecurity --HardCosts				
	AmountoflineXXRelatedtoEnergyConservation Measures				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHAName: Excelsior Springs Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO16P053501 -01 Replacement Housing Factor Grant No:		
		Federal FY of Grant: 2001		
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 2)				
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9 -30-2002 <input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
	Collateralization Expenses or Debt Service			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages									
PHAName: Excelsior Springs Housing Authority			Grant Type and Number Capital Fund Program Grant No: MO16P053501 -01 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Funds Obligated	Funds Expended		
HA Wide Operations	Housing Operations	1406	20%	25,000.00	25,000.00	25,000.00	25,000.00	Completed	
	Subtotal-1406			25,000.00	25,000.00	25,000.00	25,000.00		
HA Wide Management Improvements	A. Security Officers	1408		17,000.00	17,000.00	5,510.00	5,510.00	Complete by 9/04	
	B. Staff Training	1408		2,499.85	2,499.85	1,513.32	1,513.32	Complete by 9/04	
	C. Telephone	1408		1,004.15	1,004.15	1,004.15	1,004.15	Completed	
	D. Replace Radios	1408		1,500.00	.00	.00	.00		
	E. Advertising	1408		129.87	129.87	129.87	129.87	Completed	
	F. Update Lindsey Software	1408		10,000.00	18,214.00	15,573.25	15,573.25	Complete by 9/04	
	Subtotal-1408			32,133.87	38,847.87	23,730.59	23,730.59		
HA Wide Administration	CFP Coordinator/Deputy Director Salary & Benefits	1410	10%	24,471.30	24,471.30	24,471.30	.00	Complete by 9/04	
	Subtotal-1410			24,471.30	24,471.30	24,471.30	.00		
HA Wide Fees & Costs	A/E Services	1430		21,500.00	21,500.00	18,980.37	13,500.37	Complete by 9/04	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages									
PHAName: Excelsior Springs Housing Authority			Grant Type and Number Capital Fund Program Grant No: MO16P053501 -01 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
Northwind									
MO53 -2 Saratoga	A. Repair Sidewalks, Retaining wall, tuckpointing, etc.	1450	1 Site	.00	31,443.05	19,648.53	.00	Complete by 9/04	
	B. Landscaping	1450		5,000.00	5,000.00	.00	.00	Complete by 9/04	
	Subtotal-1450			7,000.00	38,443.05	19,948.53	300.00		
	Grand Total			244,713.00	244,713.00	189,335.11	139,735.28		

CAPITALFUNDPROGRAMTABLESSTARTHERE

AnnualStatement/Perfor manceandEvaluationReport CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)Part1:Summary					
PHAName:ExcelsiorSpringsHousingAuthority			GrantTypeandNumber CapitalFundProgramGrantNo:MO16P053501 -02 ReplacementHousingFactorGrantNo:		FederalFYofGrant: 2002
<input type="checkbox"/> OriginalAnnualStatement <input type="checkbox"/> ReserveforDisasters/Emergencies <input type="checkbox"/> RevisedAnnualStatement(revisionno: 2) <input checked="" type="checkbox"/> PerformanceandEvaluationReportforPeriodEnding:9 -30-2002 <input type="checkbox"/> FinalPerformanceandEvaluationReport					
LineNo.	SummarybyDevelopmentAccount	TotalEstimatedCost		TotalActualCost	
		Original	Revised	Obligated	Expended
1	Totalnon -CFPFunds				
2	1406Operations	25,000	25,000	25,000.00	.00
3	1408ManagementImprovements	22,960	22,960	3,620	3,620
4	1410Administration	23,616	23,616	23,616	.00
5	1411Audit				
6	1415LiquidatedDamages				
7	1430FeesandCosts	8,644	8,644	.00	.00
8	1440SiteAcquisition				
9	1450SiteImprovement	84,699	84,699	4,887.30	4,887.30
10	1460DwellingStructures	66,840	66,295	21,159.92	21,159.92
11	1465.1DwellingEquipment —Nonexpendable				
12	1470NondwellingStructures				
13	1475NondwellingEquipment	4401	4,946	4,496	4,496
14	1485Demolition				
15	1490ReplacementReserve				
16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts				
18	1499DevelopmentActivities				
19	1502Contingency				
	AmountofAnnualGrant:(sum oflines.....)	236,160	236,160	83,229.22	34,613.22
	AmountoflineXXRelatedtoLBPActivities				
	AmountoflineXXRelatedtoSection504compliance				
	AmountoflineXXRelatedtoSecurity --SoftCosts	15,000	15,000		
	AmountofLineXXrelatedtoSecurity --HardCosts				
	AmountoflineXXRelatedtoEnergyConservation Measures				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary				
PHAName: Excelsior Springs Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO16P053501 -02 Replacement Housing Factor Grant No:		
Federal FY of Grant: 2002				
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9 -30-2002 <input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
	Collateralization Expenses or Debt Service			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAName: Excelsior Springs Housing Authority			Grant Type and Number Capital Fund Program #: MO16P053501 -02 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HAWide Operations	Housing Operations	1406		25,000	25,000	25,000.00	.00	Complete by 09/04
	Subtotal-1406			25,000	25,000	25,000.00	.00	
HAWide Management Improvements	A. Security -Off duty police officers	1408		15,000	15,000	.00	.00	Complete by 09/04
	B. Advertising	1408		300	300	.00	.00	Complete by 09/04
	C. Staff Training	1408		5,000	5,000	960.00	960.00	Complete by 09/04
	D. Computer Upgrades	1408		2,660	2,660	2,660.00	2,660.00	Completed
	Subtotal-1408			22,960	22,960	3,620.00	3,620.00	
HAWide Administration	CFP Coordinator/Deputy Director Salary & Benefits	1410		23,616	23,616	23,616.00	.00	Complete by 09/04
	Subtotal-1410			23,616	23,616	23,616.00	.00	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAName: Excelsior Springs Housing Authority			Grant Type and Number Capital Fund Program #: MO16P053501 -02 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Fees & Costs	A & E Services	1430		8,644	8,644	.00	.00	Complete by 09/04
	Subtotal-1430			8,644	8,644	.00	.00	
HA Wide Nondwelling Equipment	New Grasshopper Mower	1475		4,401	4,401	4,401.00	4,401.00	Completed
	Air Purifier for Smoking Room	1475		.00	545	545.00	545.00	Completed
	Subtotal-1475			4,401	4,946	4,946.00	4,946.00	
MO53 -1 Ruey Anne & North Wind	A. Landscaping	1450		5,000	5,000	896.30	896.30	Complete by 09/04
	B. Street Repair	1450		22,199	22,199	3,991.00	3,991.00	Complete by 09/04
MO53 -2 Saratoga	A. Tuckpointing, Guttering, Retaining Wall	1450		56,000	56,000	.00	.00	Complete by 09/04
	B. Landscaping	1450		1,500	1,500	.00	.00	Complete by 09/04
	Subtotal-1450			84,699	84,699	4,887.30	4,887.30	
MO53 -1 Ruey Anne & North Wind	A. Painting	1460		3,000	3,000	.00	.00	Complete by 09/04
	B. Carpet & Flooring	1460		5,000	5,000	1,555.02	1,555.02	Complete by 09/04
	C. Ceiling Fans	1460		14,840	14,840	7,415.10	7,415.10	Complete by 09/04
	D. Repair Sliding Glass Doors	1460		5,000	5,000	.00	.00	Complete by 09/04

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHAName: Excelsior Springs Housing Authority			Grant Type and Number Capital Fund Program #: MO16P053501 -02 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
	E. Replace Appliances	1460		5,000	5,000	1,895.00	1,895.00	Complete by 09/04
	F. Security System	1460		12,000	12,000	4,997.50	4,997.50	Complete by 09/04
MO53 -2 Saratoga	A. Replace Appliances	1460		5,000	5,000	.00	.00	Complete by 09/04
	B. Ceiling Fans	1460		12,000	11,455	5,297.30	5,297.30	Complete by 09/04
	C. Carpet	1460		5,000	5,000	.00	.00	
	Subtotal-1460			66,840	66,295	21,159.92	21,159.92	
	Grand Total			236,160	236,160	83,229.22	34,613.22	