

aqqqqU.S.DepartmentofHousingandUrbanDevelopment
OfficeofPublicandIndianHousing

SmallPHAPlanUpdate
AnnualPlanforFiscalYear: 2003

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

**PHA Plan
Agency Identification**

PHAName: BoonvilleHousingAuthority

PHANumber: MO054001

PHAFiscalYearBeginning: 07/2003

PHA Plan Contact Information:

Name: Margaret Shemwell

Phone: 660 -882-7332

TDD:

Email (if available): mshemwell@c -magic.com

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting:
(select all that apply)

- Main administrative office of the 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

[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"/> Attachment A: Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment B: Capital Fund Program Annual Statement	
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<input type="checkbox"/> Attachment__: Public Housing Drug Elimination Program (PHDEP) Plan	
<input checked="" type="checkbox"/> Attachment: D: Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment: E Membership of Resident Advisory Board or Boards	
<input type="checkbox"/> Attachment__: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plantext)	
<input type="checkbox"/> Other (List below, providing each attachment name)	
ATTACHMENT: F Converting Tenant Based Assistance	
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ATTACHMENT H: Statement of Progress & Mission Goals	
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ii. Executive Summary

[24CFRPart903.79(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.

NONE

2. Capital Improvement Needs

[24CFRPart903.79(g)]

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

A. X Yes: 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? \$84685

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

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5 - Year Action Plan

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

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

3.D Demolition and Disposition

[24CFRPart903.79(h)]

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

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

2. Activity Description

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

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. 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
 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: None

B. Significant Amendment or Modification to the Annual Plan:

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 Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
	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 <input type="checkbox"/> 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
	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

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
X	Schedule of flat rents offered each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99 -52(HA).	Annual Plan: Capital Needs
	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

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
	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 (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	<p>PHDEP-related documentation:</p> <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	<p>Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)</p> <p><input type="checkbox"/> check here if included in the public housing A&O Policy</p>	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit

List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

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

Name: Boonville Housing Authority
 Grant Type and Number: Capital Fund Program: MO036PO5450103
 Capital Fund Program Replacement Housing Factor Grant No:
 Federal FY of Grant: 2003

Original Annual Statement Reserve for Disasters/Emergencies X Revised Annual Statement (revision no: 1)
 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
	Total non -CFP Funds				
	1406 Operations	26217			
	1408 Management Improvements				
	1410 Administration				
	1411 Audit				
	1415 Liquidated Damages				
	1430 Fees and Costs	8468			
	1440 Site Acquisition				
	1450 Site Improvement				
	1460 Dwelling Structures	50000			
	1465.1 Dwelling Equipment — Nonexpendable				
	1470 Nondwelling Structures				
	1475 Nondwelling Equipment				
	1485 Demolition				
	1490 Replacement Reserve				
	1492 Moving to Work Demonstration				
	1495.1 Relocation Costs				
	1498 Mod Used for Development				
	1502 Contingency				
	Amount of Annual Grant: (sum of lines 2 -19)				
	Amount of line 20 Related to LBP Activities				
	Amount of line 20 Related to Section 504 Compliance	0			
	Amount of line 20 Related to Security	0			

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

PHAName: Boonville Housing Authority		Grant Type and Number Capital Fund Program#: MO036PO5450103 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	
MO054001	Operations	1406		26217				
MO054001	Management Improvements							
	Part-time Secretary							
	Part-time Maintenance							
MO054001	Contract Administrator	1430		8468				
MO054001	Dwelling Structures							
	Furnaces	1460	20	50000				

Original Statement/Performance and Evaluation Report Attachment B
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CF PRHF) Part 1: Summary

Name: Boonville Housing Authority
 Grant Type and Number: Capital Fund Program: MO036PO5450102
 Federal FY of Grant: 2002
 Capital Fund Program Replacement Housing Factor Grant No:

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
	Total Non -CFP Funds				
	1406 Operations	8468	8468	8468	8468.00
	1408 Management Improvements	25949	25949	25949	23286.00
	1410 Administration	8468	8468	8468	4234.00
	1411 Audit				
	1415 Liquidated Damages				
	1430 Fees and Costs				
	1440 Site Acquisition				
	1450 Site Improvement	8000	8000	8000	8000.00
	1460 Dwelling Structures	23800	23800	23800	23800.00
	1465.1 Dwelling Equipment — Nonexpendable				
	1470 Nondwelling Structures	10000	10000	10000	10000.00
	1475 Nondwelling Equipment				
	1485 Demolition				
	1490 Replacement Reserve				
	1492 Moving to Work Demonstration				
	1495.1 Relocation Costs				
	1498 Mod Used for Development				
	1502 Contingency				
	Amount of Annual Grant: (sum of lines 2 -19)	84685	84685	84685	77788.00
	Amount of line 20 Related to LBP Activities				
	Amount of line 20 Related to Section 504 Compliance	0			

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

PHA Name: Boonville Housing Authority	Grant Type and Number Capital Fund Program: MO036PO5450102 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Category	Summary by Development Account	Total Estimated Cost	Total Actual Cost
o.	Amount of line 20 Related to Security	0	

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

PHA Name: Boonville Housing Authority	Grant Type and Number Capital Fund Program#: MO036PO5450102 Capital Fund Program Replacement Housing Factor#:	Federal FY of Grant: 2002
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Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
MO054001	Operations	1406		8468.00		8468.00	8468.00	
	Management Improvements							
	Part-time Secretary	1408		14000		3993.50	3515.00	
	Part-time Maintenance	1408		8549.00		2579.50	2579.50	
	Summer Help	1408		3400.00		0	0	
	Street Overlay	1408	Included below			1614.20	1614.20	
	Concrete	1408	2.19 Cu.Ft			1785.80	1785.80	
	Concrete	1408	7.14 Cu.Ft			5815.00	5815.00	
	Truck	1408				4433.00	4433.00	

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

PHAName: Boonville Housing Authority		Grant Type and Number Capital Fund Program#: MO036PO5450102 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	
	Meadowlark	1408	7 linen closets			1065	1065	
	Central Guttering	1408	1412ft.			2000.00	2000.00	
	Contract Administrator	1410	10% Grant	8468.00		8468.00	4234.00	
	Site Improvement	1450						
	Landscaping	1450	26,000 SqFt	2000.00		0	0	
	Concrete	1450	2,563 SqFt	4000.00		0	0	
	Water Runoff	1450	230 LN Ft	2000.00		0	0	
	Paving	1450	Winn Dr. Total 676.38 Sq. yds.			8000.00	8000.00	
	Dwelling Structures	1460						
	Exterior door Replacement	1460	6	1800.00		0	0	
	Gutters & Downspouts	1460	300 Ft	2000.00		0	0	
	Closet door replacement	1460	40	12000		0	0	
	Bathtub Replacement	1460	4	8000.00		0	0	
	Concrete Work	1460	11.31 Cu. FT			9215.00	9215.00	
	Concrete Work	1460	8.08 Cu Ft			6585.00	6585.00	
	Truck	1460	64%			8000.00	8000.00	
	Concrete work	1470	12.27 Cu FT	10000		10000.00	10000.00	

AttachmentC
CapitalFundProgram5 -YearActionPlan

Completeonetableforeachdevelopmentinwhichworkisplannedinthenext5PHAfiscalyears.CompleteatableforanyPHA -widephysicalormangementimprovements plannedinthenext5PHAfiscal year.Copythistableasmanytimesasnecessary.Note:PHAsneednotincludetheinformationfromYearOneofthe5 -Yearcycle,because this informationisincludedintheCapitalFundProgramAnnualStatement.

CFP5 -YearActionPlan		
<input checked="" type="checkbox"/> Originalstatement <input type="checkbox"/> Revisedstatement		
Development Number	DevelopmentName (orindicatePHAwide)	
MO054-001	BoonvilleHousingAuthority	
DescriptionofNeededPhysicalImprovementsorManagement Improvements	EstimatedCost	PlannedStartDate (HAFiscalYear)

1406Operations	33872	04,05,06,07
1408Part -timeSecretary	40000	04,05,06,07
Part -timeMaintenance	30996	04,05,06,07
Summer -timeHelp	27000	04,05,06,07
1410Administration	33872	04
1460Furnaces20	50000	04
Furnaces10	25000	05
Porches10	25000	06
SidewalkReplacement	25000	06
Refrigerators&Ranges	1400	06
InteriorDoorReplacement	3000	06
OutdoorSign	2000	06
KitchenRehab	17600	06
RefrigeratorsandRanges	2000	07
ExteriorDoorReplacement	15000	07
ClosetDoors	3000	07
LawnMower	2800	07
WaterHeaters	1200	07
Totalestimatedcostovertnext5years	338,740	

PHA Public Housing Drug Elimination Program Plan

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

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an "x") **N1** _____ **N2** _____ **R** _____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. 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 PHDE P 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 – Reimbursement of Law Enforcement		Total PHDEP Funding: \$
Goal(s)		
Objectives		

ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	OtherFunding (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					Total PHDEPFunding:\$		
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 – 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 -DrugIntervention					TotalPHDEPFunding:\$		
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 Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

Required Attachment D: Resident Member on the PHA Governing Board

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

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

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

Elected

X Appointed

C. The term of appointment is (include the date term expires): 11-14-02 to 11-16-04

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full-time basis

the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

Other (explain):

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

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

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

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

Shirley Scott

Arthur Scott

Vickie Giffith

Ronny Dungan

Attachment A

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdiction to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
	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 <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public housing rent determination policies, including the method for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
	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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	<p>PHDEP-related documentation:</p> <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	<p>Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24CFR Part 960, Subpart G)</p> <input type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
X	The result 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 result of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

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

Name: Boonville Housing Authority	Grant Type and Number Capital Fund Program: MO036PO5450103 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no: _____)

Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
	Total non -CFP Funds				
	1406 Operations	8468			
	1408 Management Improvements	17749			
	1410 Administration	8468			
	1411 Audit				
	1415 Liquidated Damages				
	1430 Fees and Costs				
	1440 Site Acquisition				
	1450 Site Improvement				
	1460 Dwelling Structures	50000			
	1465.1 Dwelling Equipment — Nonexpendable				
	1470 Non dwelling Structures				
	1475 Non dwelling Equipment				
	1485 Demolition				
	1490 Replacement Reserve				
	1492 Moving to Work Demonstration				
	1495.1 Relocation Costs				

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

PHAName: Boonville Housing Authority	Grant Type and Number Capital Fund Program: MO036PO5450103 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no: _____)

Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	1498 Mod Used for Development				
	1502 Contingency				
	Amount of Annual Grant: (sum of lines 2 - 19)				
	Amount of line 20 Related to LBP Activities				
	Amount of line 20 Related to Section 504 Compliance	0			
	Amount of line 20 Related to Security	0			

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

PHAName: Boonville Housing Authority	Grant Type and Number Capital Fund Program #: MO036PO5450103 Capital Fund Program Replacement Housing Factor #:	Federal FY of Grant: 2003
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Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Proposed
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Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	Work
MO054001	Operations	1406		8468				
MO054001	Management Improvements							
	Part-time Secretary	1408		10000				
	Part-time Maintenance	1408		7749				
MO054001	Contract Administrator	1410		8468				
MO054001	Dwelling Structures							
	Furnaces	1460	20	50000				

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

Name: Boonville Housing Authority	Grant Type and Number Capital Fund Program: MO036PO5450102 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no: _____)

Performance and Evaluation Report for Period Ending: _____ Final Performance and Evaluation Report

No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
	Total non -CFP Funds				
	1406 Operations	8468	8468	8468	8468.00
	1408 Management Improvements	25949	25949	23286.	23286.00
	1410 Administration	8468	8468	8468	4234.00
	1411 Audit				
	1415 liquidated Damages				
	1430 Fees and Costs				
	1440 Site Acquisition				
	1450 Site Improvement	8000	8000	8000	8000.00
	1460 Dwelling Structures	23800	23800	25800	23800.00
	1465.1 Dwelling Equipment — Nonexpendable				23800.00
	1470 Nondwelling Structures	10000		10000	10000.00
	1475 Nondwelling Equipment				
	1485 Demolition				
	1490 Replacement Reserve				
	1492 Moving to Work Demonstration				
	1495.1 Relocation Costs				

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

PHAName: Boonville Housing Authority	Grant Type and Number Capital Fund Program: MO036PO5450102 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)

Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	1498 Mod Used for Development				
	1502 Contingency				
	Amount of Annual Grant: (sum of lines 2 - 19)	84685	84685		
	Amount of line 20 Related to LBP Activities				
	Amount of line 20 Related to Section 504 Compliance	0			
	Amount of line 20 Related to Security	0			

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

PHAName: Boonville Housing Authority	Grant Type and Number Capital Fund Program #: MO036PO5450102 Capital Fund Program Replacement Housing Factor #:	Federal FY of Grant: 2002
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Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Proposed
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Name/HA-Wide Activities				Original	Revised	Funds Obligated	Funds Expended	Work
MO054001	Operations	1406		8468		8468.00	8468.00	
	ManagementImprovements							
	Part-timeSecretary	1408		14000.		3515.60	3515.60	
	Part-timeMaintenance	1408		8549.00		2579.50	2579.50	
	SummerHelp	1408		3400.00		0	0	
	StreetOverlay	1408				1614.20	1614.20	
	Concrete	1408				1785.80	1785.80	
	Concrete	1408				5815.00	5815.00	
	Truck	1408				4433.00	4433.00	
	ContractAdministrator	1410		8468.00		8468.00	4234.00	
	SiteImprovement	1450						
	Landscaping	1450		2000.00		0	0	
	Concrete	1450		4000.00		0	0	
	WaterRun off	1450		2000.00		0	0	
	Paving	1450				8000.00	8000.00	
	DwellingStructures	1460						
	ExteriordoorReplacement	1460		1800.00		0	0	

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

PHA Name: Boonville Housing Authority		Grant Type and Number Capital Fund Program#: MO036PO5450102 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	
	Gutters & Downspouts	1460		2000.00		0	0	
	Closet door replacement	1460		12000.		0	0	
	Bathtub Replacement	1460		8000.00		0	0	
	Concrete Work	1460				9215.00	9215.00	
	Concrete Work	1460				6585.00	6585.00	
	Truck	1460				8000.00	8000.00	
	Concretework	1470				10000.00	10000.00	

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)	
MO054-001	Boonville Housing Authority	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start (HA Fiscal Year)
1406 Operations	33872	04,05,06,07
1408 Part time Secretary	40000	04,05,06,07
Part -time Maintenance	30996	04,05,06,07
Summer -time Help	27000	04,05,06,07
1410 Administration	33872	04
1460 Furnaces 20	50000	05
Furnaces 10	25000	05
Porches 10	25000	06
Sidewalk Replacement	25000	06
Refrigerators & Ranges	1400	06
Interior Door Replacement	3000	06
Outdoor Sign	2000	06
Kitchen Rehab	17600	06
Refrigerators and Ranges	2000	07
Exterior Door Replacement	15000	07
Closet Doors	3000	07
Lawn Mower	2800	07
Water Heaters	1200	07

Totalestimatedcostovernext5years	338,740	
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Required Attachment D: Resident Member on the PHA Governing Board

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

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

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

Elected

X Appointed

C. The term of appointment is (include the date term expires): 11-14-02 to 11-16-04

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full-time basis

the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

Other (explain):

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

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

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

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

Shirley Scott

Arthur Scott

Vickie Giffith

Ronny Dungan

MO054-01 ATTACHMENT F Grant Fund Program MO36PO5450102

In accordance with 972.200(b) the Boonville Housing Authority certifies that it has reviewed the development's operations as public housing; considered the implications of converting the public housing to tenant-based assistance; and concluded that conversion of the development may be appropriate at this time.

How many of the PHA's developments are subject to the Required Initial Assessments?
One Development.

How many of the PHA's developments are not subject to the Required Initial assessments based on exemptions? None

How many Assessments were conducted for the PHA's covered developments? One

Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: None

BOONVILLEHOUSINGAUTHORITY
FOLLOWUPPLANINCOMMUNICATIONS

MO054-01ATTACHMENTG

TheBoonvilleHousingAuthoritywillcontinuetoinformtenantswhenworkonthere
unitsistobedone.We willtryagaintoorganizeatenantorganization.Wewill
continuetoissueanewslettereacheachmonth.

MO054-01 ATTACHMENT H STATEMENT OF MISSION & GOALS

The Boonville Housing Authority is meeting Management, Security, and Maintenance Goals. We are always trying to improve. Reports are being completed on time, and attending MONA HRO training meetings. We have completed much concrete work, paved Winn Drive, and bought a new truck.

TherearetwopoliceofficerslivinginBoonvilleHousingAuthority.Oneat518Powell Courtandtheotherat1025WinnDrive.Theyeachpaytheirutilities.Theirtenanciesis neededtoincreasesecurityforpublichousingresidents.

MO054-01-ATTACHMENTJ

SUMMARYOFANYMAJORPROGRAMCHANGES

Wehadnomajorchangesinpolicesorprograms.

MO054 -01ATTACHMENTK

PETPOLICY

In compliance with Section 526 of The Quality Housing and Work Responsibility Act of 1998, PHA residents shall be permitted to own and keep common household pets.

The Ownership of common Household Pets are subject to the following rules and limitations.

The Ownership of Emotional support animals and/or service animals are subject to the following rule. A qualified medical person must send a current signed letter stating the person's need for an emotional support animal. A person who qualifies for an Emotional Support Animal and/or Service animal is exempt from paying Security deposit on Pet.

Common household pets shall be defined as "domesticated animals such as a dog, cat, bird or fish".

Dogs and cats must be spayed or neutered. Dogs not to exceed 20 pounds weight or 12 inches in height at full growth. No Pit bulls.

Each pet owner shall be fully responsible for the care of the pet, including proper disposal of pet wastes in a safe and sanitary manner. All pets shall be inoculated and licensed in accordance with applicable state and local laws.

All pets shall be registered with the Management Office immediately or no longer than ten (10) days following their introduction to the community. Registration shall consist of providing:

- A. Basic information about the pet (type, age, description, name and etc.)**
- B. Proof of inoculation and licensing.**
- C. Proof of neutering or spaying**
- D. Payment of an additional security deposit of \$200.00 in full or \$50.00 per month until paid in full.**

