

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

NOTICES

PHA Plan Agency Identification

PHAName: Housing Authority for the City of Cameron - We are a very small HA (less than 250 units) and a high performer which allows us to submit the Streamlined Small PHA update.

PHANumber: MO078

PHA Fiscal Year Beginning: (07/2003)

PHA Plan Contact Information:

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Public Access to Information

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

- X 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)

- X Main administrative office of the PHA
- PHA development management offices

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- X 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 X

Annual PHA Plan Fiscal Year 2003

[24CFR Part 903.7]

i. Table of Contents

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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ii. Executive Summary

[24CFR Part 903.79(r)]

To provide safe and secure housing that is affordable to the people of our community. To encourage our residents to enhance their self-sufficiency skills to help make a better quality of life for themselves. We also encourage volunteer work to help others in the community that are not as fortunate.

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

We do not plan any program or policy changes for the upcoming year as far as we know. We have reinstated the 8-hour community service requirement per the FY 2003 Omnibus Appropriations Act that the president signed on February 21, 2003.

2. Capital Improvement Needs

[24CFR Part 903.79(g)]

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

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

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

135,000 (estimate)

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

If no, skip to next component.

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B-- This is not required for the streamlined update.

3. Demolition and Disposition

[24CFR Part 903.79(h)]

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

1. Yes 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 Disposition
3. Application status (select one) Approved Submitted, pending approval Planned application
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected: 6. Coverage of action (select one) Part of the development Total development
7. Relocation resources (select all that apply) Section 8 for units Public housing for units Preference for admission to other public housing or section 8 Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

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, and all four items residents suggested are in the 5-year/annual plan.

Other: The President of the Tenant Organization asked the residents about improvements that they would like to see during the January and February monthly tenant meeting. Notice was put on the bulletin board in the Community Building that the PHA Plan was available for review and it was in the April Newsletter. All four of the items that the RAB brought up are in my 5-year/annual plan, hopefully all will go well and these items can get done in the next year.

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: Cameron Housing Authority

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

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24CFR Part 903.7(r) Our definition of a substantial deviation/amendment is when we change any policy that we currently have a resolution for, examples would be changes to rent or admissions policies or organization of the waiting list. This is when we would provide a full public hearing prior to Board approval.

A. Substantial Deviation from the 5-year Plan: We have had to do some building stabilization that was not originally in the 5-year Plan. We will have to do these a few at a time due to the cost of building stabilization. No substantial deviation per our definition.

B. Significant Amendment or Modification to the Annual Plan: I had to do some building stabilization on 3 buildings on MO2 that was not on my annual plan, but there was no way out of it. The buildings that were refixed were bad enough that we could have gotten in trouble for health and safety reasons. No significant amendment or modification per our definition.

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
NA	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources	5 Year and Annual Plans

	datatosupportstatementofhousingneedsinthejurisdiction	
X	Mostrecentboard-approvedoperatingbudgetforthepublichousing program	AnnualPlan:Financial Resources
X	PublicHousingAdmissionsand(Continued)OccupancyPolicy (A&O/ACOP),whichincludestheTenantSelectionandAssignment Plan[TSAP]	AnnualPlan:Eligibility, Selection,and AdmissionsPolicies
X	AnypolicygoverningoccupancyofPoliceOfficersinPublic Housing checkhereifincludedinthepublichousingA&OPolicy	AnnualPlan:Eligibility, Selection,and AdmissionsPolicies
NA	Section8AdministrativePlan	AnnualPlan:Eligibility, Selection,and AdmissionsPolicies
X	Publichousingrentdeterminationpolicies,includingthethodfor settingpublichousingflatrents checkhereifincludedinthepublic housingA&OPolicy	AnnualPlan:Rent Determination
NA	Scheduleofflatrentsofferedeachpublichousingdevelopment checkhereifincludedinthepublichousingA&OPolicy	AnnualPlan:Rent Determination
NA	Section8rentdetermination(paymentstandard)policies checkhere ifincludedinSection8AdministrativePlan	AnnualPlan:Rent Determination
X	Publichousingmanagementandmaintenancepolicydocuments, includingpoliciesforthe preventionoreradicationofpestinfestation (includingcockroachinfestation)	AnnualPlan: Operationsand Maintenance
X	ResultsoflatestbindingPublicHousingAssessmentSystem(PHAS) Assessment	AnnualPlan: Managementand Operations
NA	Follow-upPlantoResultsofthePHASResidentSatisfactionSurvey (ifnecessary)	AnnualPlan:Operations andMaintenanceand CommunityService& Self-Sufficiency
NA	ResultsoflatestSection8ManagementAssessmentSystem (SEMAP)	AnnualPlan: Managementand Operations
NA	AnyrequiredpoliciesgoverningSection8specialhousing types	AnnualPlan:

	included in Section 8 Administrative Plan	Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
NA	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
NA	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
NA	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
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
NA	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
NA	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
NA	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
NA	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
NA	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service &

	(PHEDEP)semi-annualperformancereport	CrimePrevention
NA	PHDEP-relateddocumentation:· Baseline lawenforcementservices forpublichousingdevelopmentsassistedunderthePHDEPplan;· Consortiumagreement/sbetweenthePHAsparticipatinginthe consortiumandacopyofthepaymentagreementbetweenthe consortiumandHUD(applicableonlytoPHAsparticipatingina consortiumasspecifiedunder24CFR761.15);· Partnership agreements(indicatingspecificleveragedsupport)with agencies/organizationsprovidingfunding,servicesorotherin-kind resourcesforPHDEP-fundedactivities;· Coordinationwithotherlaw enforcementefforts; · Writtenagreement(s)withlocal law enforcementagencies(receivinganyPHDEPfund);and · Allcrime statisticsandotherrelevantdata(includingPartIandspecifiedPartII crimes)thatestablishneedforthe publichousing sitesassisted under thePHDEPPlan.	AnnualPlan:Safetyand CrimePrevention
X	PolicyonOwnershipofPetsinPublicHousingFamilyDevelopments (asrequiredbyregulationat24CFRPart960,SubpartG) checkhere ifincludedinthepublichousingA&OPolicy	PetPolicy
X	TheresultsofthemostrecentfiscalyearauditofthePHAconducted undersection5(h)(2)oftheU.S.HousingActof1937(42U.S.C. 1437c(h)),theresultsofthatauditandthePHA'sresponsetoany findings	AnnualPlan:Annual Audit

NA	TroubledPHAs:MOA/RecoveryPlan	TroubledPHAs
NA	Othersupportingdocuments(optional)(listindividually;useasmany linesasnecessary)	(specifyasneeded)

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

PHAName: Cameron Housing Authority	Grant Type and Number Capital Fund Program: MO16P07850101 Replacement Housing Factor Grant No:	Federal F
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**Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
Performance and Evaluation Report for Period Ending: XX Final Performance and Evaluation Report**

Line# Summary by Developme Account	Total Estimated Cost	Total Actual Cost			
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	6,000	2,643	2,643	2,643
4	1410 Administration				
5	1411 Audit	2,000	2,550	2,550	2,550
6	1415 Liquidated Damages				
7	1430 Fees and Costs	9,000	7,800	7,800	7,800
8	1440 Site Acquisition				
9	1450 Site Improvement	65,000	69,030.79	69,030.79	69,030.79
10	1460 Dwelling Structures	46,000	42,887.20	42,887.20	42,887.20
11	1465.1 Dwelling Equipment-Nonexpendable	0.00	3,112.80	3,112.80	3,112.80
12	1470 Non Dwelling Structures				
13	1475 Non Dwelling Equipment	13,532	13,508.21	13,508.21	13,508.21
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				

23	Amountofline20RelatedtoSecurity				
24	Amountofline20RelatedtoEnergyConservation Measures				

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

PHAName: Cameron Housing Authority		Grant Type and Number Capital Fund Program#: MO16P07850101 Replacement Housing Factor#:				Federal FY of Grant: 2001	
Development No.	General Description of Major Work Categ.	Quantity	Original	Total Estimated Cost Total Actual Cost		Funds Expended	Status of Work
Name/HA-Wide Activities	Dev. Acct No.			Revised	Funds Obligated		
PHA Wide	Management Improvements	1408		6000.00	2643.00	2643.00	2643.00
	1. Purchase Software, update Computer						
	2. Attend Seminars						
PHA Wide	Audit	1411		2000.00	2550.00	2550.00	2550.00
PHA Wide	Fees & Costs	1430		9000.00	7800.00	7800.00	7800.00
	1. Engineer						
PHA Wide	Site Improvement	1450		65000.00	69030.79	69030.79	69030.79
	1. Repairs sidewalks & parking areas						

PHAWide	DwellingEquipment-Nonexpendable	1465.1		0.00	3112.80	3112.80	3112.80
	1.ReplaceAppliances-asneeded						
PHAWide	NonDwellingEquipment	1475		13532.00	13508.21	13508.21	13508.21
	1.Purchasetruck&snowblade						
	2.Networkevaluation,removeviruses						
	installsoftware,wirelessfirewall,DSL						

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

PHA Name: Cameron Housing Authority			Grant Type and Number Capital Fund Program #: MO16P07850101 Replacement Housing Factor #:			Federal FY of Grant: 20	
Development Number	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date) Reasons for Revised Target Dates Name/HA-Wide Activities			
	Original	Revised	Actual	Original	Revised	Actual	
PHAWide	9-30-02		10-2-02	3-31-03		1-31-03	

CAPITAL FUND PROGRAM TABLES START HERE

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

PHAName: Housing Authority of the City of Cameron	Grant Type and Number Capital Fund Program Grant No: MO16P07550102 Replacement Housing Factor Grant No:	Federal FY of 2002
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**Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no: 2)
X Performance and Evaluation Report for Period Ending: 03/31/03 Final Performance and Evaluation Report**

Lin No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Exp
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	5000		4838.22	4838.22
4	1410 Administration	1257	257	42.82	42.82
5	1411 Audit	1000	2000	0	0
6	1415 Liquidated Damages				
7	1430 Fees and Costs	7500		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	50000		46496.05	46017.08
10	1460 Dwelling Structures	63000		60053.05	60053.05
11	1465.1 Dwelling Equipment—Nonexpendable	700		0	0
12	1470 Non-dwelling Structures				

16	1492MovingtoWorkDemonstration				
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17	1495.1RelocationCosts	2800		2750	2707.88
18	1499DevelopmentActivities				
19	1501CollateralizationorDebtService				
20	1502Contingency				
21	AmountofAnnualGrant:(sumoflines2–20)	133257		114180.14	113659.00
22	Amountofline21RelatedtoLBPAactivities	0			
23	Amountofline21RelatedtoSection504compliance	0			
24	Amountofline21RelatedtoSecurity–SoftCosts	0			
25	AmountofLine21RelatedtoSecurity – HardCosts	0			
26	Amountofline21RelatedtoEnergyConservationMeasures				

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

PHAName: Housing Authority of the City of Cameron		Grant Type and Number Capital Fund Program Grant No: MO16P07850102 Replacement Housing Factor Grant No:				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	
				Original	Revised	Funds Obligated	Funds Expended
PHA Wide	New Dells for office, Tape stor backup and 6 tapes	40		5000		3352.52	3352.52
PHA Wide	UPS backup with auto shutdown	40				68.20	68.20
PHA Wide	Computer Support-hooking up new equipment, installing programs and training	40				1417.50	1417.50
PHA Wide	Employee Training/Seminars	40				0	0
PHA Wide	Computer telephone support/visit	41		1257	257	42.82	42.82
PHA Wide	Annual Audit	41		1000	2000	0	0
PHA Wide	Engineer Fees	43		7500		0	0

PHAWide	Powerlift-FoundationRepairs	46		63000		60053.05	60053.05
PHAWide	DwellingEquipment	465.		700		0	0
PHAWide	NonDwellingEquipment	47		2000		0	0
PHAWide	RelocationD/TBuilding Stabilization	495.		2800		2750	2707.88

AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartIII:ImplementationSchedule

PHAName:HousingAuthorityofthe CityofCameron		GrantTypeandNumber CapitalFundProgramNo: MO16P07850102 ReplacementHousingFactorNo:				FederalFYofGrant: 2002	
Development Number Name/HA-Wide Activities	AllFundObligated (QuarterEndingDate)			AllFundsExpended (QuarterEndingDate)			ReasonsforRevisedTargetDa
	Original	Revised	Actual	Original	Revised	Actual	
PHAWide	06/30/04			06/30/06			

CAPITAL FUND PROGRAM TABLES START HERE

ATTACHMENT C

Annual Statement/Performance and Evaluation Report

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

PHAName: Housing Authority of the City of Cameron

Grant Type and Number

Capital Fund Program Grant No: MO16P07850103

Federal FY of
2003

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

Lin No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Exp
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	2,000			
4	1410 Administration	2,000			
5	1411 Audit	2,000			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	49,000			
10	1460 Dwelling Structures	45,500			
11	1465.1 Dwelling	20,000			

15	1490ReplacementReserve				
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16	1492MovingtoWorkDemonstration				
17	1495.1RelocationCosts	2,500			
18	1499DevelopmentActivities				
19	1501CollateralizationorDebtService				
20	1502Contingency				
21	AmountofAnnualGrant:(sumoflines2–20)	135,000(estimate)			
22	Amountofline21RelatedtoLBPActivities	0			
23	Amountofline21RelatedtoSection504compliance	0			
24	Amountofline21RelatedtoSecurity–SoftCosts	0			
25	AmountofLine21RelatedtoSecurity – HardCosts	0			
26	Amountofline21RelatedtoEnergyConservationMeasures	0			

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

PHAName: Housing Authority for the City of Cameron		Grant Type and Number Capital Fund Program Grant No: MO16P07850103 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003	
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost	
				Original	Revised	Funds Obligated	Funds Expended
PHAWide	Employee seminars/conferences	40		800			
PHAWide	Publication fees	40		200			
PHAWide	Software updates and office equipment	40		1000			
PHAWide	Advertising and CFP Management	41		2000			
PHAWide	Audit	41		2000			
PHAWide	Engineer fees	43		8000			
PHAWide	Security-Lighting, Peepholes	45		5000			

MO2	DrainageControl/Landscaping	45		8500			
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MO2	Screening gazebo	45		1000			
MO2	Building Stabilization	46		35500			
PHAWide	Repair leaky roofs	46		7000			
PHAWide	Repair outside water faucetson apts.	46		3000			
PHAWide	Replace TV antennas	46		10000			
PHAWide	Replace appliances as needed	46		5000			
PHAWide	Exhaust fans in bathrooms w/o one	46		5000			
PHAWide	Improvements to Comm. Building	47		1500			
PHAWide	Printer, Misc. Maintenance equip.	47		2500			
MO2	Relocation - due to Bldg. Stabilization	49		2500			

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

PHAName: Housing Authority of the City of Cameron		Grant Type and Number Capital Fund Program No: MO16P07850103 Replacement Housing Factor No:					Federal FY of Grant: 2003
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Date
	Original	Revised	Actual	Original	Revised	Actual	
PHAWide	06/30/05			06/30/07			

Capital Fund Program 5-Year Action Plan

Attachment B

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

CFP 5-Year Action Plan			Original statement	Revised statement
Development Number	Development Name (or indicate PHA wide)			
MO1 and MO2	PHA Wide			
Description of Needed Physical Improvements or Management Improvements	Estimated Cost		Planned Start Date (HA Fiscal Year)	
Management Improvements-Acct. 1408	4000		2004	
Administration-Acct. 1410	5000			
Audit-Acct. 1411	2500			
Fees and Costs-Acct. 1430	9000			
Repair/replace leaky roofs-Acct. 1460	4500			
Replace kitchen cabinets-Acct. 1460	35000			
Building Stabilization-Acct. 1460	38000			
Playground equipment in family section-Acct. 1450	10000			

Totalestimatedcostovernext5years	135,000	
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CFP5-YearActionPlan			Originalstatement	Revisedstatement
Development Number	DevelopmentName(orindicatePHAwide)			
MO1andMO2	PHAWide			
DescriptionofNeededPhysicalImprovementsorManagementImprovements		EstimatedCost	PlannedStartDate(HA FiscalYear)	
ManagementImprovements-Acct.1408		4000	2005	
Administration-Acct.1410		5000		
Audit-Acct.1411		2000		
FeesandCosts-Acct.1430		9000		
Repair/replacesidewalks,parkinglots-Acct.1450		30000		
Landscaping-Acct.1450		3000		
Buildingstabilization-Acct.1460		60000		
Repair/replaceleakingroofs-Acct.1460		13000		
Replaceappliances-Acct.1465		7000		
Relocationexpenses-Acct.1495		2000		
Totalestimatedcostovernext5years		135,000		

CFP5-YearActionPlan			Originalstatement	Revisedstatement
Development Number	DevelopmentName(orindicatePHAwide)			
MO1andMO2	PHAWide			
DescriptionofNeededPhysicalImprovementsorManagementImprovements		EstimatedCost	PlannedStartDate(HA FiscalYear)	

Buildingstabilization-Acct.1460	30000	
Replacecarpet(50X1200)-Acct.1460	60000	
Improvementstothecommunity/maintenancebuilding-Acct.1470	2000	
Purchasemaintenanceequipment-Acct.1475	5000	
Relocationexpenses-Acct.1495	2000	
Totalestimatedcostovernext5years	135,000	

CFP5-YearActionPlan		
	Originalstatement	Revisedstatement
Development Number	DevelopmentName(orindicatePHAwide)	
MO1andMO2	PHAWide	
DescriptionofNeededPhysicalImprovementsorManagementImprovements	EstimatedCost	PlannedStartDate(HA FiscalYear)
ManagementImprovements-Acct.1408	4000	2007
Administration-Acct.1410	4000	
Audit-Acct.1411	2500	
Feesandcosts-Acct.1430	9000	
Replacesidewalks,drives,patios-Acct.1450	25000	
Landscaping-Acct.1450	5000	
Buildingstabilization-Acct.1460	45000	
Replaceunitfloorcoverings-Acct.1460	9000	
Replacebathroomvanities,sinks,faucets,tubs-Acct.1460	10000	
Replacebasetriminunits-Acct.1460	5000	
ReplaceHVACinunits-Acct.1465	11000	
ImprovementstoCommunity/MaintenanceBuilding-Acct1470	3500	
Relocationexpenses-Acct.1495	2000	
Totalestimatedcostovernext5years	135,000	

PHA Public Housing Drug Elimination Program Plan

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

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an “x”) N1 _____ N2 _____ R _____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

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

E. Target Areas

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

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

F. Duration of Program

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

12 Months _____ **18 Months** _____ **24 Months** _____

forwaivers.

FiscalYearof Funding	PHDEP Funding Received	Grant#	FundBalanceas ofDateofthis Submission	Grant Extensions orWaivers	GrantStart Date	GrantTerm EndDate
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

Section2:PHDEPPlanGoalsandBudget

A.PHDEPPlanSummary

Inthespacebelow,summarizethePHDEPstrategytoaddresssthe needsofthetargetpopulation/targetarea(s). Yoursummaryshouldbrieflyidentify:thebroadgoalsandobjectives, theroleofplanpartners, andyoursystemorprocessformonitoringandevaluatingPHDEP-fundedactivities .Thissummaryshouldnotexceed5-10sentences.

B.PHDEPBudgetSummary

EnterthetotalamountofPHDEPfundingsallocatedtoeachlineitem.

FFY_____PHDEPBudgetSummary Originalstatement	
Revisedstatementdated:	
BudgetLineItem	TotalFunding
9110-ReimbursementofLawEnforcement	
9115-SpecialInitiative	
9116-GunBuybackTAMatch	
9120-SecurityPersonnel	
9130-EmploymentofInvestigators	
9140-VoluntaryTenantPatrol	

TOTAL PHDEP FUNDING	

C PHDEP Plan Goals and Activities

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

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

9115-Special Initiative						Total PHDEP Funding:\$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

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	PHEDEPFunding	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.							

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 CompleteDate	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							

Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected CompleteDate	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? Yes

A. Name of resident member(s) on the governing board: I have two residents on the PHA Governing Board. 1. Laretta Moore 2. Flo Toney

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

Elected

Appointed The City of Cameron has someone that is interested in being on the Board take a resume up to the City Hall, the members of the city council then accept them and appoint them.

C. The term of appointment is (include the date term expires): They are both four year terms and they expire in 2005.

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

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: August 2003

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

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) 1. Flo Toney, President 2. Juanda Steward, Vice President 3. Linda Love, Secretary