

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

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 2003

**Housing Authority  
City of  
Ord, Nebraska  
NE005**

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

## PHA Plan Agency Identification

**PHAName:** OrdHousingAuthority

**PHANumber:** NE005

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

### PHA Plan Contact Information:

Name: C. Daniel Anderson

Phone: 308/728 -3770

TDD: 308/728 -3770

Email (if available): ordhouse@charter.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**  
 [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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Attachment G: Capital Fund Program Tables	
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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.

NONE

**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? \$ 181,184.00

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 D

**(2) Capital Fund Program Annual Statement**

The Capital Fund Program Annual Statement is provided as Attachment B

**3.D Demolition 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

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

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)

### **SUGGESTIONS AND COMMENTS OF FORD HOUSING AUTHORITY'S RESIDENT ADVISORY COUNCIL**

The Ord Housing Authority's Resident Advisory Council met on the following dates to discuss the Agency Plan and offer council and resident input:

November 14, 2002  
December 4, 2002  
January 15, 2002

These meetings were held early and continued throughout the process of completing the plan. All suggestions of the council have been accepted and incorporated into this year's rendition of our agency plan. The subsequent list of projects represents all Resident Advisory Council input:

1. Replace washers and dryers in Parkview Laundry Room
2. Replace kitchen at Parkview Recreation Room
3. Install water softener units throughout OHA properties
4. Install self-cleaning ovens at Rolling Hills Terrace
5. Remove intrusive conifers at North Side of Parkview Village and replace with deciduous trees that will not pose a pandicing problem to the parking areas along J Street

**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: Nebraska Department of Economic Development

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:**

**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.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHA Plan Certification of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
Origination Year	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <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
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Schedule of flat rents offered 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
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	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 HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, 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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	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
X	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
	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
	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
	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the 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);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHAName:		Grant Type and Number Capital Fund Program: NE26P00550103 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	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	\$1,000.00			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	\$25,184.00			
10	1460 Dwelling Structures	\$83,000.00			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures	\$12,000.00			
13	1475 Nondwelling Equipment	\$60,000.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$181,184.00			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

Annual Statement/Performance and Evaluation Report				
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHAName:		Grant Type and Number Capital Fund Program: NE26P00550103 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			

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHAName: OrdHousingAuthority		<b>Grant Type and Number</b> Capital Fund Program#: NE26P00550103 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	
NE005 -01	Install Whole Building Water Softeners in eight 4 -plex buildings	1460	8	\$16,000.00				
NE005 -02	Install Whole Building Water Softeners in eight and ten -plex buildings	1460	2	\$4,000.00				
	Install a Water Softener in each Scattered Site Unit	1460	28	\$28,000.00				
	Add equipment shed at rear of present garage to house maintenance equipment	1470		\$12,000.00				
	Remove conifer on north side of Parkview and replace with Deciduous	1450		\$4,000.00				
NE005 -03	Replace old ovens with new, self - cleaning ovens	1460	30	\$15,000.00				
	Install whole -building water softener unit	1460		\$10,000.00				
	Add parking and replace concrete as necessary	1450		\$21,184.00				
NE005 -04	Install water softener in each scattered site unit	1460	10	\$10,000.00				
HA-WIDE	Purchase additional maintenance truck	1475	1	\$28,000.00				
	Replace old skid -loader with new	1475	1	\$24,000.00				
	Purchase attachments for skid loader	1475		\$8,000.00				
	Operations	1406		\$1,000.00				







### 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 type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
	HAWIDE	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>Totalestimatedcostovernext5years</b>		

<b>CFP5 -Year Action Plan</b>		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
NE005 -01	PARKVIEW VILLAGE (PHASE I)	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
REPLACE 42 - YEAR OLD BOILERS WITH FORCED AIR HEATING AND COOLING SYSTEMS (Originally 2004)	\$110,500.00	2006
PURCHASE AND INSTALL NEW WINDOWS AS HESTO PLUG GOLD WINDOW AIR CONDITIONER OPENINGS (Originally 2004)	\$8,000.00	2006
REPLACE 42 - YEAR OLD WALK - IN SHOWER UNITS (Originally 2006)	\$47,000.00	2007
CONVERT TWO 1 - BEDROOM APMTS TO ONE 2 - BEDROOM APMT (Revised from 2003. Halved requirement from conversion of four 1 - bedroom to two 1 - bedrooms. Intention is to accomplish this conversion in Parkview Village Phase One NE005 -01, though this may be determined not to be architecturally feasible, in which event, the project will be moved to Parkview Village Phase Two NE005 -02)	\$50,000.00	2007
<b>Totalestimatedcostovertnext5years</b>	<b>\$215,500.00</b>	

**CFP5 -Year Action Plan**

Original statement     Revised statement

<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>
NE005 -02	PARKVIEW VILLAGE (PHASE II) AND SCATTERED SITES

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
REPLACE WASHERS AND DRYERS IN PARKVIEW LAUNDRY ROOM	\$9,000.00	2004
REPLACE MAILBOXES AT EIGHT AND TEN -PLEX BUILDINGS	\$3,000.00	2004
REPLACE BOILER SYSTEM WITH A CENTRALIZED FORCED AIR HEATING AND COOLING SYSTEM (from 2004) <span style="float: right;">Revised</span>	\$62,684.00	2006
LOWER CEILINGS IN 11 SCATTERED SITE UNITS (Revised from 2003)	\$32,184.00	2004
REPLACE FLOOR COVERING, BASEBOARD AND TRIM IN 28 SCATTERED SITE UNITS (Revised from 2006)	\$93,000.00	2004
REPLACE KITCHENS IN 28 SCATTERED SITE UNITS	\$171,184.00	2005
REPLACE KITCHEN AT PARKVIEW REC ROOM	\$10,000.00	2005
<b>Total estimated cost over next 5 years</b>	<b>\$381,052.00</b>	

<b>CFP5 -Year Action Plan</b>		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
NE005 -03	ROLLING HILL TERRACE	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
CONVERT TWO 1 -BEDROOM UNITS TO ONE 2 -BEDROOM UNIT (Revised from 2003. Changed to convert only two 1 -Bedroom -half the original intent)	\$44,000.00	2004
REPLACE WINDOWS (Revised from 2005)	\$82,184.00	2007
REPLACE EXTERIOR DOORS AND STORMS ON 3 HCA PMTS (Revised from 2005)	\$2,000.00	2007
<b>Total estimated cost over next 5 years</b>	<b>\$128,184.00</b>	

<b>CFP5 -Year Action Plan</b>		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
NE005 -04	NEW CONSTRUCTIONS CATTERED SITES	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>Totalestimatedcostovertnext5years</b>		



**Required Attachment E: 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: Thomas Peyton

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

- Elected
- Appointed

C. The term of appointment is (include the date term expires): 5 Years/Expires December 31, 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: December 31, 2003

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): Wayne Winterfeld, Mayor, City of Ord, Nebraska

**Required Attachment \_\_F\_\_ : 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.)

Thomas Peyton  
Fern Hayes  
Elda Anderson  
Erma Klanecky  
Minnie Knopp

**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>					
PHAName: ORD HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: NE26P00550100 Replacement Housing Factor Grant No:			Federal FY of Grant: 2000
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	\$24,000.00	\$41,725.68	\$41,725.68	\$27,973.76
10	1460 Dwelling Structures	\$129,207.00	\$129,084.62	\$129,084.62	\$129,084.62
11	1465.1 Dwelling Equipment — Nonexpendable	\$21,000.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$7,000.00	\$2,981.45	\$2,981.45	\$2,981.45
13	1475 Nondwelling Equipment	\$6,526.00	\$13,941.25	\$13,941.25	\$10,438.36
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				

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

PHAName:ORDHOUSINGAUTHORITY	GrantTypeandNumber CapitalFundProgramGrantNo: NE26P00550100 ReplacementHousingFactorGrantNo:	FederalFYofGrant: 2000
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Original Annual Statement  
 Reserve for Disasters/Emergencies  
 Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	\$187,733.00	\$187,733.00	\$187,733.00	\$170,478.19
	Amount of line XX Related to LBP Activities	\$0.00	\$12,995.00	\$12,995.00	\$12,995.00
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security --Soft Costs				
	Amount of Line XX related to Security --Hard Costs				
	Amount of line XX Related to Energy Conservation Measures	\$56,000.00	\$87,739.12	\$87,739.12	\$87,739.12
	Collateralization Expenses or Debt Service				

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

PHAName: OrdHousingAuthority		GrantTypeandNumber CapitalFundProgramGrantNo: NE26P0050100 ReplacementHousingFactorGrantNo:				FederalFYofGrant: 2000			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories		Dev. Acct No.	Quantity	TotalEstimatedCost		TotalActua lCost		Statusof Work
					Original	Revised	Funds Obligated	Funds Expended	
NE005 -01	SidewalkReplacement		1450		\$12,000.00	\$0.00	\$0.00	\$0.00	
	InstallOverheadLighting		1460	26Units	\$1,500.00	\$2,667.50	\$2,667.50	\$2,667.50	Complete
	InstallStorageUnitsinFilesArea		1475		\$6,526.00	\$2,941.25	\$2,941.25	\$2,941.25	Complete
	InstallEmergencyAlarms		1460	32Units	\$12,600.00	\$10,549.60	\$10,549.60	\$10,549.60	Complete
NE005 -01/02	LeadBasePaintInspections(Addedto ensureresidentandw orkersafetyin upcomingandpreviouslyscheduled renovations)		1460	77Units	\$0.00	\$12,995.00	\$12,995.00	\$12,995.00	Complete
NE005 -02	ReplaceRecRmCarpeting		1470		\$7,000.00	\$2,981.45	\$2,981.45	\$2,981.45	Complete
	SidewalkReplacement		1450		\$12,000.00	\$41,725.68	\$41,725.68	\$27,973.76	62% Cmplt
	InstallEmergencyAlarms		1460	18Units	\$8,400.00	\$6,125.40	\$6,125.40	\$6,125.40	Complete
NE005 -03	RecarpetCommonAreas		1460		\$71,707.00	\$9,008.00	\$9,008.00	\$9,008.00	Complete
	ReplaceHeatingandCoolingUnits		1460	30Units	\$56,000.00	87,739.12	87,739.12	87,739.12	Complete
HAWide	ComputerandSoftwareUpgrade (Supplementaladditiontoproject scheduledinNE26P0050102)		1475	3Stations	\$0.00	\$11,000.00	\$11,000.00	\$7,497.11	70% Cmplt



## Annual Statement/Performance and Evaluation Report

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

PHA Name: ORD HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: NE26P00550101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement (revision no:    )  
  Performance and Evaluation Report for Period Ending:  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$171,733.00			
11	1465.1 Dwelling Equipment — Nonexpendable	\$3,000.00			
12	1470 Nondwelling Structures	\$5,220.00			
13	1475 Nondwelling Equipment	\$11,500.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				

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

PHAName:ORDHOUSINGAUTHORITY	GrantTypeandNumber CapitalFundProgramGrantNo: NE26P00550101 ReplacementHousingFactorGrantNo:	FederalFYofGrant: 2001
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Original Annual Statement     Reserve for Disasters/Emergencies     Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:     Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	\$191,453.00			
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security --Soft Costs				
	Amount of Line XX related to Security --Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	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: ORDHOUSINGAUTHORITY		Grant Type and Number Capital Fund Program Grant No: NE26P00550101 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	
NE00 5-01	Replace Siding		1460	84 -plexes	\$48,000.00		\$48,000.00	\$45,269.81	Complete
NE005 -02	Replace Siding		1460	2 buildings	\$41,000.00	\$26,895.25	\$26,895.25	\$26,811.81	Complete
	Install New Windows		1460	2 buildings	\$72,000.00		\$72,000.00	\$44,470.41	Complete
	Replace Hot Water Heaters		1460	28 SS Units	\$10,733.00		\$10,733.00	10,733.00	Complete
	Refurbish Main Admin Bldg		1475		\$11,500.00		\$5,980.00	\$0.00	
	Replace Rec Room Doors		1470	2 entrances	\$1,500.00		\$780.00	\$0.00	
	Install Windows in Admin Bldg		1470	2 windows	\$3,720.00		\$1,935.00	\$0.00	
	Rough Finish SS Garage Interiors (Supplemental addition to project scheduled in NE27P0050102)		1460	8 garages	\$0.00	\$14,104.75	\$14,104.75	\$0.00	
NE005 -03	Purchase Exercise Equipment		1465.1		\$3,000.00		\$0.00	\$0.00	

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

PHAName:ORDHOUSINGAUTHORITY	<b>Grant Type and Number</b> Capital Fund Program No: NE26P00550101 Replacement Housing Factor No:	<b>Federal FY of Grant:</b> 2001
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Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
	09/30/2003	06/30/2003		9/30/2004			

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

PHAName:ORDHOUSINGAUTHORITY	GrantTypeandNumber CapitalFundProgramGrantNo: NE26P00550102 ReplacementHousingFactorGrantNo:	FederalFYofGrant: 2002
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Original Annual Statement  Reserve for Disasters/Emergencies  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
1	Total non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$172,000.00		\$172,000.00	\$163,277.03
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	\$9,184.00		\$9,184.00	\$9,184.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				

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

PHAName:ORDHOUSINGAUTHORITY	GrantTypeandNumber CapitalFundProgramGrantNo: NE26P00550102 ReplacementHousingFactorGrantNo:	FederalFYofGrant: 2002
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Original Annual Statement  
 Reserve for Disasters/Emergencies  
 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	
	Amount of Annual Grant: (sum of lines.....)	\$181,184.00		\$181,184.00	\$172,461.03
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security --Soft Costs				
	Amount of Line XX related to Security --Hard Costs				
	Amount of line XX Related to Energy Conservation Measures	\$141,000.00	\$137,502.92	\$137,502.92	\$137,502.92
	Collateralization Expenses or Debt Service				









**CapitalFundProgramFive -YearActionPlan**  
**PartI:Summary**

PHAName		<input type="checkbox"/> Original5 -YearPlan <input type="checkbox"/> RevisionNo:			
Development Number/Name/HA-Wide	Year1	WorkStatementforYear2 FFYGrant:2004 PHAFY:2004	WorkStatementforYear3 FFYGrant:2005 PHAFY:2005	WorkStatementforYear4 FFYGrant:2006 PHAFY:2006	WorkS tatementforYear5 FFYGrant:2007 PHAFY:2007
NE005 -01 ParkviewVillage PhaseI	Annual Statement			\$118,500.00	\$97,000.00
NE005 -02 ParkviewVillage PhaseIIand28 ScatteredSiteUnits		\$137,184.00	\$181,184.00	\$62,684.00	
NE005 -03 RollingHillsTerrace		\$44,000.00			\$84,184.00
NE005 -04 10ScatteredSite ReplacementUnits					
HAWide					
CFPFundsListedfor 5-yearplanning					
Replacement Housing FactorFunds					







**Component 3,(6) Deconcentration and Income Mixing**

- a.  Yes  No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b.  Yes  No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

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

## Required Attachment I:

### Component 10 (B) Voluntary Conversion Initial Assessments

- a. How many of the PHA's developments are subject to the Required Initial Assessments? **4**
- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? **0**
- c. How many Assessments were conducted for the PHA's covered developments? **4**
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name

Number of Units

**None**

**None**

- e. If the PHA has not completed the Required Initial Assessments, describe the status of these statements.