

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

Small PHA Plan Update
Annual Plan for Fiscal Year: **04/01/2003-03/31/2004**

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

PHA Plan Agency Identification

PHA Name: Housing Authority of the City of Park Falls

PHA Number: WI098

PHA Fiscal Year Beginning: 04/2003

PHA Plan Contact Information:

Name: Elyn Schloer

Phone: 715-762-2133

TDD:

Email (if available): pfha@pctcnet.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 2004

[24 CFR Part 903.7]

i. Table of Contents

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

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Attachments- all attachments are part of this template

- Attachment A : Supporting Documents Available for Review
- Attachment B : Capital Fund Program Annual Statement-(both proposed and all open grants)
- Attachment C : Capital Fund Program 5 Year Action Plan
- Attachment __: Capital Fund Program Replacement Housing Factor Annual Statement
- Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan
- Attachment D : Resident Membership on PHA Board or Governing Body
- Attachment E : Membership of Resident Advisory Board or Boards
- Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

Introduction

This annual plan update for the Housing Authority of the City of Park provides details about the agency's immediate operations, the agency's strategy for handling operational concerns, resident's concerns and needs, and programs and services for the upcoming fiscal year.

Statement of Housing Needs

The housing needs of the families in the jurisdiction served by the Housing Authority of the City of Park Falls are consistent with those stated in the overall 5-year Plan and current Annual Plan. No significant changes to these needs have taken place since the inception of these Plans.

Statement of Financial Resources

Based upon the previous year's funding and income resources the Housing Authority of the City of Park Falls can expect an estimated total of \$49,000 in Federal grants, \$75,000 in rental income and \$2900. in investment income to be available to support the programs it administers. This is a total of \$126,900. Also, approximately \$41,000 additional funds are expected as part of the Capital funding program and will be used directly for Capital fund projects such as upgrades and modernization.

Policies Governing Eligibility, Selection, and Admissions and Rent Determination Policies

All admissions and continued occupation polices of the Housing Authority of the City of Park Falls are contained in the Admissions and Continued Occupancy Handbook available upon request at the office located at Flambeau Heights, 1175 South Third Avenue, Park Falls, WI 54552.

Capital Improvement Needs

The capital fund program is consistent with requirements and regulations and is based upon analysis of physical needs, accessibility needs, resident input and inspection results.

Civil Rights Certifications

Civil rights certifications are included in the Plan Certifications of Compliance with the PHA Plans and Related Regulations available for examination before submission and at the administrative offices upon request.

Fiscal Audit

This Housing Authority has an annual audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)) even though it is not required to do so. The most recent audit (FYE 3/31/2002) was submitted to HUD as part of its financial assessment performed by REAC. There were no findings as a result of that IPA audit and the audited submission has been approved by REAC.

Conclusion

It is to be hoped that this plan will act as a guide to fulfilling the goals of the mission statement of the Housing Authority of the City of Park Falls. It will bring about efficiency of operations, and closer partnerships between those who administer the programs, the residents who participate, and this community that it serves.

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.

No policy or program changes different from any already included in the current 5-year Plan or subsequent annual plans will be implemented during the upcoming fiscal year.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 41,000 estimated.

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

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

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

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment **B**

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

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

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

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

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

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

- Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

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

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

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

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

6. Other Information

[24 CFR Part 903.7 9 (r)]

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

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

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: **State of Wisconsin**

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) **NA**

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions NONE

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: NONE

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
XX	PHA Plan Certifications 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
XX	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
XX	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
XX	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
XX	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
NA	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
NA	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
XX	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
XX	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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
XX	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
XX	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
NA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
NA	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
NA	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the 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
XX	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
XX	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
NA	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---PROPOSED Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: Housing Authority of the City of Park Falls		Grant Type and Number Capital Fund Program: WI39P098501-03 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2003 PHAFY4/1/2003-3/31/2004	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <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	10,000.				
3	1408 Management Improvements	2000.				
4	1410 Administration					
5	1411 Audit					
6	1415 liquidated Damages					
7	1430 Fees and Costs	500.				
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—Nonexpendable	27,000.				
12	1470 Nondwelling Structures	1500.				
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1498 Mod Used for Development					
19	1502 Contingency					
20	Amount of Annual Grant: (sum of lines 2-19)	41,000 (estimated)				
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---PROPOSED Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHA Name: Housing Authority of the City of Park Falls	Grant Type and Number Capital Fund Program: WI39P098501-03 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2003 PHAFY4/1/2003-3/31/2004	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
24	Amount of line 20 Related to Energy Conservation Measures			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Park Falls			Grant Type and Number Capital Fund Program #: WI-P098-501-032003 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2003 PHA FY 4/1/2003-3/31/2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Fees and costs- Professional Services	1430		500.				
	Management Improvemements	1408		2000.				
	Operations	1406		10,000				
Scattered Sites- Proj 001	Dwelling Equipment – Non Expendable							
	Furnaces- Hot water heaters- 9 sites	1465		27,000				
Elderly Apts- Flambeau Hgts- Proj 002	Non Dwelling Structures Storage Bldg- landscaping & Finishing	1470		1500.				
	TOTAL Estimated			41,000				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Housing Authority of the City of Park Falls		Grant Type and Number Capital Fund Program Grant No: WI39-P098-501-02 Replacement Housing Factor Grant No:		Federal FY of Grant: 2002 PHAFY 4/1/2002-3/31/2003	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/02 <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		9171.00		
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	3000	3200.00	3119.08	2119.08
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	25,493			
12	1470 Nondwelling Structures	23,500	39,622.00	39,177.00	9900.00
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	51,993	51,993	42,296.08	12,019.08

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Housing Authority of the City of Park Falls		Grant Type and Number Capital Fund Program Grant No: WI39-P098-501-02 Replacement Housing Factor Grant No:		Federal FY of Grant: 2002 PHAFY 4/1/2002-3/31/2003	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Park Falls			Grant Type and Number Capital Fund Program Grant No: WI-P098-501-02 Replacement Housing Factor Grant No:			Federal FY of Grant 2002 PHAFY 4/1/2002-3/31/2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Fees & costs- Professional Services	1430		3000.	3200.00	3119.08	2119.08	
	Operations	1406		0	9171.00			
Scattered Sites-001	Dwelling Equipment- Non- Expendable Furnaces, hot water heaters, 9 sites	1465		25,493	0			
Flambeau Hts Elderly Apts-002	Non-Dwelling Structures Storage Building	1470		23,500	39,622	39,177.00	9900.00	
	TOTAL			51,993	51,993.	42,296.08	12,019.08	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Housing Authority of the City of Park Falls		Grant Type and Number Capital Fund Program No: WI-P098-501-02 Replacement Housing Factor No:				Federal FY of Grant 2002 PHAFY 4/1/2002-3/31/2003	
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	
HA-Wide	5/31/04			5/31/05			
WI098-001	5/31/04			5/31/05			
WI098-002	5/31/04			5/31/05			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Housing Authority of the City of Park Falls		Grant Type and Number Capital Fund Program No: WI-P098-501-02 Replacement Housing Factor No:				Federal FY of Grant 2002 PHAFY 4/1/2002-3/31/2003	
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	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary						
PHA Name: Housing Authority of the City of Park Falls		Grant Type and Number Capital Fund Program Grant No: WI39-P098-501-01 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002 PHAFY 4/1/2002-3/31/2003	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/02 <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	9116	11,233.75			
3	1408 Management Improvements	2200.	462.36	462.36	462.36	
4	1410 Administration					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	2500	2478.	2478.	2478.	
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	31,300.	33,320.41	33,320.41	31,037.77	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures	700.	700.	700.	700.	
13	1475 Nondwelling Equipment	8800.	6421.48	6421.48	6421.48	
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1499 Development Activities					
19	1501 Collateralization or Debt Service					
20	1502 Contingency					
21	Amount of Annual Grant: (sum of lines 2 – 20)	54,616.00	54616.00	43,382.25	41,099.61	
22	Amount of line 21 Related to LBP Activities					

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Housing Authority of the City of Park Falls		Grant Type and Number Capital Fund Program Grant No: WI39-P098-501-01 Replacement Housing Factor Grant No:		Federal FY of Grant: 2002 PHAFY 4/1/2002-3/31/2003	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Park Falls			Grant Type and Number Capital Fund Program Grant No: WI-P098-501-02 Replacement Housing Factor Grant No:			Federal FY of Grant 2002 PHAFY 4/1/2002-3/31/2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Fees & costs- Professional Services	1430		2500.	2478	2478.	2478.	complete
	Management Improvements	1408		2200.	462.36	462.36	462.36	complete
	Non-Dwelling Equipment- Yard Tractor, floor machine, garage heater	1475		8800.	6421.48	6421.48	6421.08	complete
	Operations	1406		9116	11,233.75			
	Non-Dwelling Structures Laundry & Community Room kitchen, vinyl	1475		700.	700.	700.	700.	complete
Scattered Sites-001	Dwelling Structures- Site #1 roof shingles	1460		5900.00	935.38	935.38		complete
	Site #4 kitchen vinyl, Bath Vinyl				1147.56	1147.56	1147.56	complete
	Mini-blinds all sites							
Flambeau Hts Elderly Apts-002	Dwelling Structures Tub/Shower units 5 Apts Carpet, vinyl 5 apartments	1460		25,400	31,237.47	31,237.47	29,890.21	complete

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Housing Authority of the City of Park Falls		Grant Type and Number Capital Fund Program Grant No: WI-P098-501-02 Replacement Housing Factor Grant No:			Federal FY of Grant 2002 PHAFY 4/1/2002-3/31/2003			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
				54,616	54,616	43,382.25	41,099.61	complete
	TOTAL							

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

PHA Name: Housing Authority of the City of Park Falls		Grant Type and Number Capital Fund Program No: WI-P098-501-02 Replacement Housing Factor No:			Federal FY of Grant 2002 PHAFY 4/1/2002-3/31/2003		
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	
HA-Wide	5/31/03			5/31/04			
WI098-001	5/31/03			5/31/04			
WI098-002	5/31/03			5/31/04			

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.

CFP 5-Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
WI0098-001	Scattered Sites	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Countertop/faucet interior door replacement	\$9300.00	2000- Complete
Fence – Site #2	\$2550.00	2000- Complete
Replacement of window shades with mini-blinds	\$1600.00	2001- Complete
Replacement of kitchen vinyl- 6 sites	\$2100.00	2001- In Progress
New roof Site #1	\$3000.00	2003- In Progress
Furnace replacement 9 sites	\$18,000.00	2003
Hotwater heater replacement	\$3600.00	2003
Total estimated cost over next 5 years	\$40,150.00	

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.

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
WI0098-002	Flambeau Heights Elderly Apartments	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Countertop/faucet replacement	\$17,000.00	2000- Complete
Carpeting/vinyl- total of 14 units over 3 years	\$9,500.00	2001- In progress
Kitchen under-counter lights	\$576.00	2001- Complete
Spare Draperies	\$350.00	2003
Replacement of bathtub units with shower units- 5 apartments (total goal of 9- 15 apartments extended to next 5 year plan)	\$24,900.00	2002- Complete
Storage Garage	\$39,177.00	2002- In Progress
Total estimated cost over next 5 years	\$91,503.00	

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.

CFP 5-Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
WI0098	PHA-Wide	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Community Room, Common Area Improvements	\$10,000.00	2000- Completed
Additional Computers and equipment upgrades (continual)	\$4000.00	2002- In Process
Increased advertising and marketing activities (continual)	\$5000.00	2001- In Process
Increased Tenant Services (over a 5 year period) As part of ongoing marketing improvements.	\$25,000.00	2001- In Process
Total estimated cost over next 5 years	\$44,000.00	

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name Housing Authority of The City of Park Falls		<input checked="" type="checkbox"/> Original 5-Year Plan (adjusted for actual figures) <input checked="" type="checkbox"/> Revision No: 1 (adjusted for current outlook)			
Development Number/Name/HA- Wide	Year 1	Work Statement for Year 2 FFY Grant: 2001 PHA FY: 2001	Work Statement for Year 3 FFY Grant 2002 PHA FY: 2002	Work Statement for Year 4 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 5 FFY Grant: 2004 PHA FY: 2004
	Annual Statement				
HA-Wide		21,295.59	12,371	12,500	13,500.
<i>Proj 001- Scattered Sites</i>		2082.94		27,000	9800.
Proj 002- Flambeau Heights- elderly apts		31,237.47	39,622	1500.	11,700.
CFP Funds Listed for 5-year planning		54,616	51,993	41,000	35,000.
Replacement Housing Factor Funds					

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : <u>2</u> FFY Grant: WI098-501-01 PHA FY: 2001			Activities for Year: <u>3</u> FFY Grant: WI098-501-02 PHA FY: 2002		
	Development Name/Number	Major Work Categories	Estimated Cost (Actual Budget)	Development Name/Number	Major Work Categories	Estimated Cost
See	<i>HA- Wide</i>	<i>Operations</i>	11,233.75	<i>HA- Wide</i>	<i>Operations</i>	9171.00
An		<i>Management Improve</i>	462.36		<i>Fees & Costs</i>	3200.
nual		Fees & Costs	2478.			
Statement		Non- Dwelling Equip	6421.48	WI098-002	Storage Building	39,622.
		Non-Dwelling Structure	700.			
	WI098-001	Roof Shingles Site #1	935.38			
	Scattered Sites	Mini blinds, misc. vinyl replacements	1147.56			
	WI098-002	Walk-inTub/shower 5 apts	31,237.47			
		Carpet/vinyl replacement-5 apts				

Required Attachment D: Resident Member on the PHA Governing Board

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

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

Kimberly Myers

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

Elected

Appointed

C. The term of appointment is (include the date term expires):

04/06/2002-04/06/2007

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: **04/16/2003**

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

Mayor of the City of Park Falls- Honorable Eugene Schneider

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.)

All current residents- one adult representative of each family served- Total 35, are considered members of the Resident Advisory Board.

Due to our small size, I appointed all resident heads of household or one adult representative of each family served. I have done this in hopes of getting some input and comments regarding plans and programs.

