OMB Approval No: 2577-0226
exp. (02/28/2006)

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

Streamlined PHA Plan Update
Annual Plan for Fiscal Year: 2004

Housing Authority of St. Louis County

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

PHA Plan
Agency Identification

PHA Name: Housing Authority of St. Louis County

PHA Number: MO-04

PHA Fiscal Year Beginning: 1/1/2004

PHA Plan Contact Information:

Name: Mark Stroker
Phone: (314) 428-3200
TDD: (314) 428-4714
Email (if available): mstroker@haslc.com

Public Access to Information

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

☒ Main administrative office of the PHA
☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

☒ Main administrative office of the PHA
☐ PHA development management offices
☐ Main administrative office of the local, county or State government
☐ Public library
☐ PHA website
☐ Other (list below)

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

☒ Main business office of the PHA
☐ PHA development management offices
☐ Other (list below)

PHA Programs Administered:

☒Public Housing and Section 8 ☐Section 8 Only ☐Public Housing Only

Annual PHA Plan
Fiscal Year 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.

Contents Page #

Annual Plan

i.	Executive Summary (optional)	NA
ii.	Annual Plan Information	NA
iii.	Table of Contents	1
1.	Description of Policy and Program Changes for the Upcoming Fiscal Year	2
2.	Capital Improvement Needs	2
3.	Demolition and Disposition	2
4.	Homeownership: Voucher Homeownership Program	3
5.	Crime and Safety: PHDEP Plan	3
6.	Other Information:	
	A. Resident Advisory Board Consultation Process	4
	B. Statement of Consistency with Consolidated Plan	4
	C. Criteria for Substantial Deviations and Significant Amendments	5

Attachments

☒	Attachment A : Supporting Documents Available for Review	6
☒	Attachment B : Capital Fund Program Annual Statement	7
☒	Attachment C : Capital Fund Program 5 Year Action Plan	9
☐	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	25
☒	Attachment E: Membership of Resident Advisory Board or Boards	26
☒	Attachment F: Comments of Resident Advisory Board or Boards & Explanation of PHA	28
☐	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

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.

Converted agency plan to streamlined template. Propose to add Section 8 homeownership program. The Authority proposes to add Elderly/Disabled Service Coordinator program per PIH Notice 2003-22 (HA).

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? $ 890,000 (estimated) **Subject to government appropriations**

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 ☐ 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:

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 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): require homeownership education by trained staff and meet other criteria in the plan

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 F"

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 but did take certain actions in response to comments. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment F.

☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (provide name here) St. Louis County

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: Substantial Deviation – A fundamental change in the operation of the Authority that is not presently consistent with its mission statement and has required - or will require – alteration of the mission statement.

B. Significant Amendment or Modification to the Annual Plan: Significant Amendment of Modification – A change in the operation of the Authority that will materially affect at least 10% of the Authority's clients.

Attachment_A_

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	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
	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 ☒ check here if includedin the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public housing rent determination policies, including the method for setting public housing flat rents ☒ check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Schedule of flat rents offered at each public housing development ☒ 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**
	Section 8 rent determination (payment standard) policies ☒ 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
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types ☒ check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
	Public housing grievance procedures ☒ check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures ☒ 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
	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
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
X	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
X	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
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
X	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 (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
NA	PHDEP-related documentation: · 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
	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) ☒ check here if included in the public housing A & O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	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
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Housing Authority of St. Louis County	**Grant Type and Number** Capital Fund Program: MO36P00450104 Capital Fund Program Replacement Housing Factor Grant No:	**Federal FY of Grant:** **2004**

☒ **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	169,383			
3	1408 Management Improvements				
4	1410 Administration	84,691			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	75,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	517,842			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
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)	846,916			
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

PHA Name: Housing Authority of St. Louis County	**Grant Type and Number** Capital Fund Program: MO36P00450104 Capital Fund Program Replacement Housing Factor Grant No:	**Federal FY of Grant:** **2004**

☒ **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	
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 St. Louis County	**Grant Type and Number** Capital Fund Program #: MO36P00450104 Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant:** 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	Operations	1406	NA	169,383				
HA-Wide	Administration	1410	NA	84,691				
HA-Wide	Architect & Inspection	1430	NA	75,000				
MO4-09	Complete Exterior Renovation	1460	4 Buildings	100,000				
MO4-11	Roof Replacement	1460	3 Buildings	40,000				
MO4-14	Exterior & Interior Renovation	1460	8 Buildings	328,842				
MO4-16	Roof Replacement	1460	20	42,000				
MO4-19	Replace Floors	1460	1 unit	4000				
MO4-19	Replace Windows	1460	10	3000				

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 St. Louis County	**Grant Type and Number** Capital Fund Program #: MO36P00450104 Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant:** 2004

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-Wide	12/31/05			6/30/07			

form **HUD-50075-Small PHA** (03/2003)

Table Library

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 ☒ Original statement ☐ Revised statement			
Development Number	**Development Name (or indicate PHA wide)**		
MO-4-05	**Fee Fee Manor**		
Description of Needed Physical Improvements or Management Improvements		**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**
None Planned		**0**	**2005**
Carpet Replacement		**10,000**	**2006**
Replace Concrete, Fencing, Landscaping		**20,000**	**2007**
Seal Parking Lot		**5,000**	**2008**
Replace Tie Wall(s)		**30,000**	**2009**
Total estimated cost over next 5 years		**65,000**	

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan

☒ **Original statement** ☐ **Revised statement**

Development Number	Development Name (or indicate PHA wide)
MO-4-08	Arbor Hill

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace Floor Tile	130,000	2005
Replace Interior Doors & Windows	175,000	2006
Replace Tie Walls	60,000	2006
Playground Equipment	25,000	2006
Central Mail Collection Units	5,000	2007
Bathroom Renovation	210,000	2008
Concrete, Fencing, and Landscaping	25,000	2009
Total estimated cost over next 5 years	630,000	

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan ☒ **Original statement** ☐ **Revised statement**			
Development Number	**Development Name (or indicate PHA wide)**		
MO-4-09	**Villa Lago**		
Description of Needed Physical Improvements or Management Improvements		**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**
Pond Aerator		**2,000**	**2005**
Concrete, Fencing & Landscaping		**18,000**	**2006**
Carpet Replacement		**10,000**	**2007**
Tie Walls		**30,000**	**2008**
Parking Lot Repair, Seal, and Stripe		**5,000**	**2009**
Total estimated cost over next 5 years		**65,000**	

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan ☒ Original statement ☐ Revised statement			
Development Number	**Development Name (or indicate PHA wide)**		
MO-4-10	**Elmwood Homes**		
Description of Needed Physical Improvements or Management Improvements		**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**
Utility Sheds		**14,000**	**2005**
HVAC Replacement		**15,000**	**2006**
Concrete, Fencing & Landscaping		**15,000**	**2007**
Drain Tile		**10,000**	**2008**
Kitchen Cabinets		**20,000**	**2009**
Total estimated cost over next 5 years		**74,000**	

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan ☒ Original statement ☐ Revised statement			
Development Number	**Development Name (or indicate PHA wide)**		
MO-4-11	**Tiffany-Tyrell**		
Description of Needed Physical Improvements or Management Improvements		**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**
705 Brownbert – Service Panel & Tuckpointing		**3,750**	**2005**
Replace Roofs		**9,000**	**2005**
Interior Doors		**50,000**	**2006**
Update Bathrooms		**100,000**	**2007**
Concrete & Landscaping		**25,000**	**2008**
Parking Lot		**8,000**	**2008**
Tie Walls		**20,000**	**2009**
Tuckpointing		**15,000**	**2009**
Total estimated cost over next 5 years		**230,750**	

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

☒ **Original statement** ☐ **Revised statement**

Development Number	Development Name (or indicate PHA wide)
MO-4-12	Meacham Homes

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
None Planned	0	2005
None Planned	0	2006
HVAC	60,000	2007
Concrete	25,000	2008
Fencing & Landscaping	20,000	2009
Total estimated cost over next 5 years	**105,000**	

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan

☒ **Original statement** ☐ **Revised statement**

Development Number	Development Name (or indicate PHA wide)
MO-4-13	**Elmwood Rehab**

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Utility Sheds	**24,000**	**2005**
HVAC	**30,000**	**2006**
Drain Tile	**35,000**	**2007**
Concrete, Fencing & Landscaping	**25,000**	**2008**
Roofs	**25,000**	**2009**
Total estimated cost over next 5 years	**139,000**	

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan

☒ **Original statement** ☐ **Revised statement**

Development Number	Development Name (or indicate PHA wide)
MO-4-14	**Springwood**

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Exterior & Interior Renovation	**500,000**	**2005**
Exterior & Interior Renovation	**500,000**	**2006**
Exterior & Interior Renovation	**500,000**	**2007**
Parking Lot	**10,000**	**2008**
Landscaping & Concrete	**55,000**	**2009**
Total estimated cost over next 5 years	**1,565,000**	

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan

☒ **Original statement** ☐ **Revised statement**

Development Number	**Development Name (or indicate PHA wide)**
MO-4-16	**Highview Homes**

Description of Needed Physical Improvements or Management Improvements	**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**
None Planned	**0**	**2005**
Floor Tile	**125,000**	**2006**
Interior Doors	**75,000**	**2007**
Concrete, Fencing & Landscaping	**50,000**	**2008**
None Planned	**0**	**2009**
Total estimated cost over next 5 years	**250,000**	

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan ☒ Original statement ☐ Revised statement			
Development Number	**Development Name (or indicate PHA wide)**		
MO-4-17	**Scattered Sites**		
Description of Needed Physical Improvements or Management Improvements		**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**
Replace Floor Tile		**15,000**	**2005**
Roofs		**15,000**	**2006**
HVAC		**8,000**	**2007**
Concrete		**5,000**	**2008**
Fencing & Landscaping		**10,000**	**2009**
Total estimated cost over next 5 years		**53,000**	

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan ☒ **Original statement** ☐ **Revised statement**			
Development Number	**Development Name (or indicate PHA wide)**		
MO-4-19	**HASLC Homes**		
Description of Needed Physical Improvements or Management Improvements		**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**
HVAC		**6,000**	**2005**
Tuckpointing		**5,000**	**2006**
Storage Sheds		**20,000**	**2007**
Concrete		**10,000**	**2008**
Fencing & Landscaping		**10,000**	**2009**
Total estimated cost over next 5 years		**51,000**	

-

Table Library

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: Ms. Vandessa Lee

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

☐ Elected
☒ Appointed

C. The term of appointment is (include the date term expires): 4 year term, expires October 4, 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:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): County Executive George "Buzz" Westfall

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

RESIDENT ADVISORY BOARD

1.	Deborah Harris 168 Plum 63043 298-0925	Arbor Hill/CWEB
2.	Fran Yashuk 190 Fee Fee Apt. C 63043 298-3775	Fee Fee Manor
3.	Carol Bonetti 162 Fee Fee Apt E 63043 738-0896	Fee Fee Manor
4.	Wanda Cohen 406 Meacham 63122 822-3007	Meacham Park
5.	Claudette Kelley 2803 W. Pasture 63114 890-9722	Highview
6.	Willie Lewis 2815 W. Pasture 634114 890-8719	Highview
7.	Gloria Williams 7205 Salerno Ct. 63133 725-5908	Pagedale/CWEB
8.	Lillie O'Neal 6923 Ardee Way 63130 726-1787	Pagedale
9.	Shirley Smith 6905 Ardee Way 63130 727-1670	Pagedale
10.	Lynette Williams 10324 Lord 63136 388-2164	Scattered Site
11.	Maggie Buchanan 2616 Tyrell Apt D 63136 867-5182	Tiffany
12.	Linda Roach'e 2613 Lordan Apt. B 63136 869-1562	Springwood

13.	Deborah Smith 9348 Rothwell Heights 63132 994-9118	Olivette
14.	Olivia Walls 9356 Rothwell Heights 63132 997-6926	Olivette
15.	Rosalind Billingsley 9342 Rothwell Heights 63132 692-7187	Olivette
16.	Delores McClendon 9379 Rothwell Heights 63132 995-9957	Olivette
17.	Jacqueline Tate 9345 Rothwell Heights 63132 432-2564	Olivette
18.	Vandessa Lee 8901 Weldon Apt. 319 St. Louis, MO 63121 524-1032	Section Eight

Attachment F : Resident Advisory Board Comments and Responses

Members stated that there were erosion problems at Fee Fee Manor.

The Authority stated that the work is in the 2003 Capital Plan.

Members questioned cycle and amount of water bills for single family homes.

The Authority will follow up by surveying tenants and contacting the various utilities to resolve any problems or irregularities.

Members asked that a resident's committee be formed the review product and material specifics and finishes. Ms. Wanda Cohen further stated, "This inquiry is in regards to the status of a committee that was to be organized in regards to resident input concerning the purchase of major appliances, and the process of securing contractors. I offered this suggestion during our PHA Annual Plan Meeting two years ago. In that meeting Mr. Molloy agreed that this type of committee could be formed and put into operation. As of today this committee has not come into existence. Please research the issue of concern and contact me in regards to the steps needed to secure the formation of this committee."

Neil Molloy, the Authority's executive director, stated that it will establish such a committee and will seek its input. The Authority noted that it had not made any significant changes in the procurement of the material, appliances or fixtures in the past several years, but would form such a committee and consider the collective input of tenants when making certain improvements but that implementing suggestions may be limited by procurement requirements, budget and maintenance practices.

Members asked that Authority staff receive customer service training.

The Authority noted that staff would be receiving such training in October of 2003.

Members asked that security lighting and security screens be checked at Springwood.

The Authority stated that it would do so immediately.

Members asked that maintenance not smoke when entering their homes.

The Authority noted that smoking was bad for your health and suggested that its employees not smoke. Employees are instructed that they are not to smoke in the homes of clients, in the offices of the Authority or common workplaces.

Annual Statement/Performance and Evaluation Report Comprehensive Grant Program (CGP) **Part I: Summary**	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB Approval No. 2577-0157 (Exp. 7/31/98)

HA Name	Comprehensive Grant Number	FFY of Grant Approval
HOUSING AUTHORITY OF ST. LOUIS COUNTY	MO36P00450101	2001

X Original Annual Statement Reserve for Disaster/Emergencies Revised Annual Statement/Revision Number ____ Performance & Evaluation Report for Program Year Ending6/30/02
Final Performance & Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds	$0	$0	$0	$0
2	1406 Operations (May not exceed 20% of line 19)	$204,816	$204,816	$204,816	$204,816
3	1408 Management Improvements	$0	$0	$0	$0
4	1410 Administration	$100,000	$100,000	$100,000	$100,000
5	1411 Audit	$0	$0	$0	$0
6	1415 Liquidated Damages	$0	$0	$0	$0
7	1430 Fees and Costs	$85,000	$49,805	$49,805	$49,805
8	1440 Site Acquisition	$0	$0	$0	$0
9	1450 Site Improvement	$121,500	$137,801	$137,801	$137,801
10	1460 Dwelling Structures	$512,766	$531,660	$531,660	$531,660
11	1465.1 Dwelling Equipment - Nonexpendable	$0	$0	$0	$0
12	1470 Nondwelling Structures	$0	$0	$0	$0
13	1475 Nondwelling Equipment	$0	$0	$0	$0
14	1485 Demolition	$0	$0	$0	$0
15	1490 Replacement Reserve	$0	$0	$0	$0
16	1495.1 Relocation Costs	$0	$0	$0	$0
17	1499 Development Activity	$0	$0	$0	$0
18	1502 Contingency (May not exceed 8% of line 19)	$0	$0	$0	$0
19	Amount of Annual Grant (Sum of lines 2-18)	$1,024,082	$1,024,082	$1,024,082	1,024,082
20	Amount of line 19 Related LBP Activities	$0	$0	$0	$0
21	Amount of line 19 Related to Section 504 Compliance	$0	$0	$0	$0
22	Amount of line 19 Related to Security	$0	$0	$0	$0
23	Amount of line 19 Related to Energy Conservation Measures	$0	$0	$0	$0

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
X	X

1- To be completed for the Performance and evaluation report or a Revised Annual Statement
2- To be completed for the Performance and Evaluation Report.

Facsimile form HUD-52837 (10/96) Handbook 7485.3

Annual Statement/Performance and Evaluation Comprehensive Grant Program (CGP)Part II: Supporting Pages	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA-WIDE	Operations	1406	N/A	$204,816	$204,816	$204,816	$204,816	Completed
	Subtotal			$204,816	$204,816	$204,816	$204,816	
PHA-WIDE	Salaries for Program Administration	1410	N/A	$100,000	$100,000	$100,000	$100,000	Completed
	Subtotal			$100,000	$100,000	$100,000	$100,000	
PHA-WIDE	Planning & Inspection Costs	1430	N/A	$40,000	$40,000	$40,000	$40,000	Completed
PHA-WIDE	Architectual Costs	1430	N/A	$45,000	$45,000	$45,000	$9,805	Completed
	Subtotal			$85,000	$85,000	$85,000	$49,805	
FeeFee Manor MO4-05	Replace concrete	1450	9000 sqft	$5,000	$15,540	$15,540	$15,540	Completed
	Install topsoil	1450	16 cuyd	$500	$500	$500	$500	Completed
	Replace tie walls	1450	100 ties	$1,000	$2,766	$2,766	$2,766	Completed
	Repair fencing	1450	110 linft	$1,000	$0	$0	$0	Deleted
	Exterior Renovation	1460	60 units	$322,500	$501,523	$501,523	$501,523	Completed
	Subtotal			$330,000	$520,329	$520,329	$520,329	
Arbor Hill MO4-08	Replace tie walls	1450	500mod blocks	$20,000	$23,200	$23,200	$23,200	Completed
	Replace concrete walks	1450	830 sqft	$5,000	$5,000	$5,000	$5,000	Completed
	Repair fencing	1450	330 linft	$3,000	$0	$0	$0	Deleted
	Install topsoil	1450	65 cuyd	$2,000	$0	$0	$0	Deleted
	Subtotal			$30,000	$28,200	$28,200	$28,200	
Villa Lago MO4-09	Replace concrete walks	1450	830 sqft	$5,000	$5,000	$5,000	$5,000	Completed
	Replace tie walls	1450	100 ties	$2,500	$0	$0	$0	Deleted
	Repair fencing	1450	50 linft	$500	$460	$460	$460	Completed
	Exterior renovation	1460	60 units	$120,266	$11,577	$11,577	$11,577	Completed
	Subtotal			$128,266	$17,037	$17,037	17,037	
Elmwood Homes MO4-10	Repair fencing	1450	220 linft	$2,000	$0	$0	$0	Deleted
	Replace concrete walks	1450	330 sqft	$2,000	$2,331	$2,331	$2,331	Completed
	Subtotal			$4,000	$2,331	$2,331	$2,331	

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
X	X

(1) To be completed for Performance and Evaluation Report or a Revised Annual Statement.
(2) To be completed for the Performance and Evaluation Report.

Facsimile of form HUD-52837 (10/96) ref Handbook 7485.3

Annual Statement/Performance and Evaluation Comprehensive Grant Program (CGP)Part II: Supporting Pages	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
Tiffany/Tyrell MO4-11	Replace concrete walks Repair tie wall	1450 1450	1030 sqft 180 sqft	$5,000 $2,000	$6,695 $6,578	$6,695 $6,578	$6,695 $6,578	Completed Completed
	Subtotal			$7,000	$13,273	$13,273	$13,273	
Meacham Homes MO4-12	Replace concrete walks and driveways Repair fencing Install topsoil	1450 1450 1450	1600 sqft 180 linft 30 cuyd	$10,000 $9,000 $1,000	$5,000 $1,800 $1,000	$5,000 $1,800 $1,000	$5,000 $1,800 $1,000	Completed Completed Completed
	Subtotal			$20,000	$7,800	$7,800	$7,800	
Elmwood Rehabs MO4-13	Replace concrete Repair fencing Install topsoil	1450 1450 1450	500 sqft 275 linft 25 cuyd	$3,000 $2,500 $500	$3,000 $3,000 $885	$3,000 $3,000 $885	$3,000 $3,000 $885	Completed Completed Completed
	Subtotal			$6,000	$6,885	$6,885	$6,885	
Springwood Apts. MO4-14	Replace concrete walks Replace tie walls Replace roofs	1450 1450 1460	1600 sqft 325 ties 30 sqs.	$8,500 $6,500 $30,000	$10,109 $6,476 $3,440	$10,109 $6,476 $3,440	$10,109 $6,476 $3,440	Completed Completed Completed
	Subtotal			$45,000	$20,025	$20,025	$20,025	
Highview Homes MO4-16	Replace concrete Repair/replace fencing	1450 1450	4600 sqft 900 linft	$8,000 $8,000	$30,986 $0	$30,986 $0	$30,986 $0	Completed Deleted
	Subtotal			$16,000	$30,986	$30,986	$30,986	

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
X	X

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(2) To be completed for the Performance and Evaluation Report.

Facsimile of form HUD-52837 (10/96) ref Handbook 7485.3

Annual Statement/Performance and Evaluation Comprehensive Grant Program (CGP)Part II: Supporting Pages	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA - Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
Scattered Sites MO4-17	Replace concrete walks Repair fencing Install topsoil Replace interior concrete floor at 10133 Earl	1450 1450 1450 1460	325 sqft 160 linft 16 cuyd 1	$2,000 $1,500 $500 $25,000 $29,000	$2,000 $0 $0 $0 $2,000	$2,000 $0 $0 $0 $2,000	$2,000 $0 $0 $0 $2,000	Completed Deleted Deleted Moved to 2000 CFP
HASLC Homes MO4-19	Replace concrete Repair fencing Replace 2 sets of kitchen cabinets Replace 40 windows Subtotal	1450 1450 1460 1460	500 sqft 60 linft 2 40	$2,000 $2,000 $5,000 $10,000 $19,000	$4,850 $625 $0 $15,120 $20,595	$4,850 $625 $0 $15,120 $20,595	$4,850 $625 $0 $15,120 $20,595	Completed Completed Deleted Completed

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
X	X

(1) To be completed for Performance and Evaluation Report or a Revised Annual Statement.
(2) To be completed for the Performance and Evaluation Report.

Facsimile of form HUD-52837 (10/96) ref Handbook 7485.3

Annual Statement/Performance and Evaluation Comprehensive Grant Program (CGP) Part III: Implementation Schedule	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
MO4-05							
FEE FEE	3/31/02	12/31/02	12/31/02	3/31/03	9/30/03		
MO4-08							
ARBOR HILL	3/31/02	12/31/02	12/31/02	3/31/03	9/30/03		
MO4-09 VILLA LAGO	3/31/02	12/31/02	12/31/02	3/31/03	9/30/03		
MO4-10 ELMWOOD HOMES	3/31/02	12/31/02	12/31/02	3/31/03	9/30/03		
MO4-11 TIFFANY-TYRELL	3/31/02	12/31/02	12/31/02	3/31/03	9/30/03		
MO4-12 MEACHAM HOMES	3/31/02	12/31/02	12/31/02	3/31/03	9/30/03		
MO4-13 ELMWOOD REHABS.	3/31/02	12/31/02	12/31/02	3/31/03	9/30/03		

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
X	X

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
(2) To be completed for the Performance and Evaluation Report.

Facsimile of form HUD-52837 (10/96) ref Handbook 7485.3

Annual Statement/Performance and Evaluation Comprehensive Grant Program (CGP) Part III: Implementation Schedule	**U.S. Department of Housing and Urban Development Office of Public and Indian Housing**	OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
MO4-14							
SPRINGWOOD APTS.	3/31/02	12/31/02	12/31/02	3/31/03	9/30/03		
MO4-16							
HIGHVIEW HOMES	3/31/02	12/31/02	12/31/02	3/31/03	9/30/03		
MO4-17							
SCATTERED SITES	3/31/02	12/31/02	12/31/02	3/31/03	9/30/03		
MO4-19							
HASLC HOMES	3/31/02	12/31/02	12/31/02	3/31/03	9/30/03		

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date
X	X

(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
(2) To be completed for the Performance and Evaluation Report.

Facsimile of form HUD-52837 (10/96) ref Handbook 7485.3

OMB Approval No: 2577-0226
exp. (02/28/2006)

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

Streamlined PHA Plan Update
Annual Plan for Fiscal Year: 2004

Housing Authority of St. Louis County

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

PHA Plan
Agency Identification

PHA Name: Housing Authority of St. Louis County

PHA Number: MO-04

PHA Fiscal Year Beginning: 1/1/2004

PHA Plan Contact Information:

Name: Mark Stroker
Phone: (314) 428-3200
TDD: (314) 428-4714
Email (if available): mstroker@haslc.com

Public Access to Information

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

☒ Main administrative office of the PHA
☐ PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

☒ Main administrative office of the PHA
☐ PHA development management offices
☐ Main administrative office of the local, county or State government
☐ Public library
☐ PHA website
☐ Other (list below)

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

☒ Main business office of the PHA
☐ PHA development management offices
☐ Other (list below)

PHA Programs Administered:

☒Public Housing and Section 8 ☐Section 8 Only ☐Public Housing Only

Annual PHA Plan
Fiscal Year 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.

Contents Page #

Annual Plan

i.	Executive Summary (optional)	NA
ii.	Annual Plan Information	NA
iii.	Table of Contents	1
1.	Description of Policy and Program Changes for the Upcoming Fiscal Year	2
2.	Capital Improvement Needs	2
3.	Demolition and Disposition	2
4.	Homeownership: Voucher Homeownership Program	3
5.	Crime and Safety: PHDEP Plan	3
6.	Other Information:	
	A. Resident Advisory Board Consultation Process	4
	B. Statement of Consistency with Consolidated Plan	4
	C. Criteria for Substantial Deviations and Significant Amendments	5

Attachments

☒	Attachment A : Supporting Documents Available for Review	6
☒	Attachment B : Capital Fund Program Annual Statement	7
☒	Attachment C : Capital Fund Program 5 Year Action Plan	9
☐	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	25
☒	Attachment E: Membership of Resident Advisory Board or Boards	26
☒	Attachment F: Comments of Resident Advisory Board or Boards & Explanation of PHA	28
☐	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

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.

Converted agency plan to streamlined template. Propose to add Section 8 homeownership program. The Authority proposes to add Elderly/Disabled Service Coordinator program per PIH Notice 2003-22 (HA).

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? $ 890,000 (estimated) **Subject to government appropriations**

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 ☐ 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:

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 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): require homeownership education by trained staff and meet other criteria in the plan

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 F"

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 but did take certain actions in response to comments. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment F.

☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (provide name here) St. Louis County

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: Substantial Deviation – A fundamental change in the operation of the Authority that is not presently consistent with its mission statement and has required - or will require – alteration of the mission statement.

B. Significant Amendment or Modification to the Annual Plan: Significant Amendment of Modification – A change in the operation of the Authority that will materially affect at least 10% of the Authority's clients.

Attachment_A_

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	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
	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 ☒ check here if includedin the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public housing rent determination policies, including the method for setting public housing flat rents ☒ check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Schedule of flat rents offered at each public housing development ☒ 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**
	Section 8 rent determination (payment standard) policies ☒ 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
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types ☒ check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
	Public housing grievance procedures ☒ check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures ☒ 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
	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
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
X	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
X	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
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
X	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 (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
NA	PHDEP-related documentation: · 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
	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) ☒ check here if included in the public housing A & O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	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
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Housing Authority of St. Louis County	**Grant Type and Number** Capital Fund Program: MO36P00450104 Capital Fund Program Replacement Housing Factor Grant No:	**Federal FY of Grant:** **2004**

☒ **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	169,383			
3	1408 Management Improvements				
4	1410 Administration	84,691			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	75,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	517,842			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
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)	846,916			
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

PHA Name: Housing Authority of St. Louis County	**Grant Type and Number** Capital Fund Program: MO36P00450104 Capital Fund Program Replacement Housing Factor Grant No:	**Federal FY of Grant:** **2004**

☒ **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	
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 St. Louis County	**Grant Type and Number** Capital Fund Program #: MO36P00450104 Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant:** 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	Operations	1406	NA	169,383				
HA-Wide	Administration	1410	NA	84,691				
HA-Wide	Architect & Inspection	1430	NA	75,000				
MO4-09	Complete Exterior Renovation	1460	4 Buildings	100,000				
MO4-11	Roof Replacement	1460	3 Buildings	40,000				
MO4-14	Exterior & Interior Renovation	1460	8 Buildings	328,842				
MO4-16	Roof Replacement	1460	20	42,000				
MO4-19	Replace Floors	1460	1 unit	4000				
MO4-19	Replace Windows	1460	10	3000				

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 St. Louis County	**Grant Type and Number** Capital Fund Program #: MO36P00450104 Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant:** 2004

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-Wide	12/31/05			6/30/07			

form **HUD-50075-Small PHA** (03/2003)

Table Library

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 ☒ Original statement ☐ Revised statement			
Development Number	**Development Name (or indicate PHA wide)**		
MO-4-05	**Fee Fee Manor**		
Description of Needed Physical Improvements or Management Improvements		**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**
None Planned		**0**	**2005**
Carpet Replacement		**10,000**	**2006**
Replace Concrete, Fencing, Landscaping		**20,000**	**2007**
Seal Parking Lot		**5,000**	**2008**
Replace Tie Wall(s)		**30,000**	**2009**
Total estimated cost over next 5 years		**65,000**	

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan

☒ **Original statement** ☐ **Revised statement**

Development Number	Development Name (or indicate PHA wide)
MO-4-08	Arbor Hill

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace Floor Tile	130,000	2005
Replace Interior Doors & Windows	175,000	2006
Replace Tie Walls	60,000	2006
Playground Equipment	25,000	2006
Central Mail Collection Units	5,000	2007
Bathroom Renovation	210,000	2008
Concrete, Fencing, and Landscaping	25,000	2009
Total estimated cost over next 5 years	630,000	

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan ☒ **Original statement** ☐ **Revised statement**			
Development Number	**Development Name (or indicate PHA wide)**		
MO-4-09	**Villa Lago**		
Description of Needed Physical Improvements or Management Improvements		**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**
Pond Aerator		**2,000**	**2005**
Concrete, Fencing & Landscaping		**18,000**	**2006**
Carpet Replacement		**10,000**	**2007**
Tie Walls		**30,000**	**2008**
Parking Lot Repair, Seal, and Stripe		**5,000**	**2009**
Total estimated cost over next 5 years		**65,000**	

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan ☒ Original statement ☐ Revised statement			
Development Number	**Development Name (or indicate PHA wide)**		
MO-4-10	**Elmwood Homes**		
Description of Needed Physical Improvements or Management Improvements		**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**
Utility Sheds		**14,000**	**2005**
HVAC Replacement		**15,000**	**2006**
Concrete, Fencing & Landscaping		**15,000**	**2007**
Drain Tile		**10,000**	**2008**
Kitchen Cabinets		**20,000**	**2009**
Total estimated cost over next 5 years		**74,000**	

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan ☒ Original statement ☐ Revised statement			
Development Number	**Development Name (or indicate PHA wide)**		
MO-4-11	**Tiffany-Tyrell**		
Description of Needed Physical Improvements or Management Improvements		**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**
705 Brownbert – Service Panel & Tuckpointing		**3,750**	**2005**
Replace Roofs		**9,000**	**2005**
Interior Doors		**50,000**	**2006**
Update Bathrooms		**100,000**	**2007**
Concrete & Landscaping		**25,000**	**2008**
Parking Lot		**8,000**	**2008**
Tie Walls		**20,000**	**2009**
Tuckpointing		**15,000**	**2009**
Total estimated cost over next 5 years		**230,750**	

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

☒ **Original statement** ☐ **Revised statement**

Development Number	Development Name (or indicate PHA wide)
MO-4-12	Meacham Homes

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
None Planned	0	2005
None Planned	0	2006
HVAC	60,000	2007
Concrete	25,000	2008
Fencing & Landscaping	20,000	2009
Total estimated cost over next 5 years	**105,000**	

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan

☒ **Original statement** ☐ **Revised statement**

Development Number	Development Name (or indicate PHA wide)
MO-4-13	**Elmwood Rehab**

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Utility Sheds	**24,000**	**2005**
HVAC	**30,000**	**2006**
Drain Tile	**35,000**	**2007**
Concrete, Fencing & Landscaping	**25,000**	**2008**
Roofs	**25,000**	**2009**
Total estimated cost over next 5 years	**139,000**	

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan

☒ **Original statement** ☐ **Revised statement**

Development Number	Development Name (or indicate PHA wide)
MO-4-14	**Springwood**

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Exterior & Interior Renovation	**500,000**	**2005**
Exterior & Interior Renovation	**500,000**	**2006**
Exterior & Interior Renovation	**500,000**	**2007**
Parking Lot	**10,000**	**2008**
Landscaping & Concrete	**55,000**	**2009**
Total estimated cost over next 5 years	**1,565,000**	

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan

☒ **Original statement** ☐ **Revised statement**

Development Number	**Development Name (or indicate PHA wide)**
MO-4-16	**Highview Homes**

Description of Needed Physical Improvements or Management Improvements	**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**
None Planned	**0**	**2005**
Floor Tile	**125,000**	**2006**
Interior Doors	**75,000**	**2007**
Concrete, Fencing & Landscaping	**50,000**	**2008**
None Planned	**0**	**2009**
Total estimated cost over next 5 years	**250,000**	

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan ☒ Original statement ☐ Revised statement			
Development Number	**Development Name (or indicate PHA wide)**		
MO-4-17	**Scattered Sites**		
Description of Needed Physical Improvements or Management Improvements		**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**
Replace Floor Tile		**15,000**	**2005**
Roofs		**15,000**	**2006**
HVAC		**8,000**	**2007**
Concrete		**5,000**	**2008**
Fencing & Landscaping		**10,000**	**2009**
Total estimated cost over next 5 years		**53,000**	

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan ☒ **Original statement** ☐ **Revised statement**			
Development Number	**Development Name (or indicate PHA wide)**		
MO-4-19	**HASLC Homes**		
Description of Needed Physical Improvements or Management Improvements		**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**
HVAC		**6,000**	**2005**
Tuckpointing		**5,000**	**2006**
Storage Sheds		**20,000**	**2007**
Concrete		**10,000**	**2008**
Fencing & Landscaping		**10,000**	**2009**
Total estimated cost over next 5 years		**51,000**	

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Table Library

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: Ms. Vandessa Lee

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

☐ Elected
☒ Appointed

C. The term of appointment is (include the date term expires): 4 year term, expires October 4, 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:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): County Executive George "Buzz" Westfall

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

RESIDENT ADVISORY BOARD

1.	Deborah Harris 168 Plum 63043 298-0925	Arbor Hill/CWEB
2.	Fran Yashuk 190 Fee Fee Apt. C 63043 298-3775	Fee Fee Manor
3.	Carol Bonetti 162 Fee Fee Apt E 63043 738-0896	Fee Fee Manor
4.	Wanda Cohen 406 Meacham 63122 822-3007	Meacham Park
5.	Claudette Kelley 2803 W. Pasture 63114 890-9722	Highview
6.	Willie Lewis 2815 W. Pasture 634114 890-8719	Highview
7.	Gloria Williams 7205 Salerno Ct. 63133 725-5908	Pagedale/CWEB
8.	Lillie O'Neal 6923 Ardee Way 63130 726-1787	Pagedale
9.	Shirley Smith 6905 Ardee Way 63130 727-1670	Pagedale
10.	Lynette Williams 10324 Lord 63136 388-2164	Scattered Site
11.	Maggie Buchanan 2616 Tyrell Apt D 63136 867-5182	Tiffany
12.	Linda Roach'e 2613 Lordan Apt. B 63136 869-1562	Springwood

13.	Deborah Smith 9348 Rothwell Heights 63132 994-9118	Olivette
14.	Olivia Walls 9356 Rothwell Heights 63132 997-6926	Olivette
15.	Rosalind Billingsley 9342 Rothwell Heights 63132 692-7187	Olivette
16.	Delores McClendon 9379 Rothwell Heights 63132 995-9957	Olivette
17.	Jacqueline Tate 9345 Rothwell Heights 63132 432-2564	Olivette
18.	Vandessa Lee 8901 Weldon Apt. 319 St. Louis, MO 63121 524-1032	Section Eight

Attachment F : Resident Advisory Board Comments and Responses

Members stated that there were erosion problems at Fee Fee Manor.

The Authority stated that the work is in the 2003 Capital Plan.

Members questioned cycle and amount of water bills for single family homes.

The Authority will follow up by surveying tenants and contacting the various utilities to resolve any problems or irregularities.

Members asked that a resident's committee be formed the review product and material specifics and finishes. Ms. Wanda Cohen further stated, "This inquiry is in regards to the status of a committee that was to be organized in regards to resident input concerning the purchase of major appliances, and the process of securing contractors. I offered this suggestion during our PHA Annual Plan Meeting two years ago. In that meeting Mr. Molloy agreed that this type of committee could be formed and put into operation. As of today this committee has not come into existence. Please research the issue of concern and contact me in regards to the steps needed to secure the formation of this committee."

Neil Molloy, the Authority's executive director, stated that it will establish such a committee and will seek its input. The Authority noted that it had not made any significant changes in the procurement of the material, appliances or fixtures in the past several years, but would form such a committee and consider the collective input of tenants when making certain improvements but that implementing suggestions may be limited by procurement requirements, budget and maintenance practices.

Members asked that Authority staff receive customer service training.

The Authority noted that staff would be receiving such training in October of 2003.

Members asked that security lighting and security screens be checked at Springwood.

The Authority stated that it would do so immediately.

Members asked that maintenance not smoke when entering their homes.

The Authority noted that smoking was bad for your health and suggested that its employees not smoke. Employees are instructed that they are not to smoke in the homes of clients, in the offices of the Authority or common workplaces.