

<b>+PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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1.0	<b>PHA Information</b> PHA Name: <u>Kansas City, Kansas Housing Authority</u> PHA Code: <u>KS 001</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>04/2011</u>																										
2.0	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>2045</u> Number of HCV units: <u>1469</u>																										
3.0	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
4.0	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
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PHA 2:																											
PHA 3:																											
5.0	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
5.1	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:																										
5.2	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.																										
6.0	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <b>Only those items listed below have been revised.</b> (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. <b>Plan copy locations are as follows: 1) KCKHA main office 2) KCKHA site-management offices 3) KCK public libraries 4) KCK/WYCO Unified Government City Hall 5) KCKHA web-site 6) KCKHA resident associations</b>  <b>PHA Plan Elements – there are no changes in the Plan except for the following:</b> <b>6.2 Financial Resources – see attachment 6.2.</b> <b>6.12 Asset Management – The KCKHA has now completed its second compliance year under asset management with its March 31, 2010 fiscal year. Under asset management, the agency is involving all personnel throughout the agency. This includes not only those persons assigned to Central Office Cost Center (COCC) in administrative and “all-agency” roles, but also those persons (managers and other key staff) directly assigned to any one of the twenty-two (22) asset management projects (AMPs) and programs (Section 8 Housing Voucher Program and Capital Fund Program) that have been designated, in order to more effectively monitor current activities and plan for future activities related to operational, modernization and capital investment activities.</b> <b>6.13 Violence Against Women Act (VAWA) – The PHA has added VAWA to the ACOP (Resolution #2876) and Administration Plan (Resolution #2877) on 3/15/2007 (see attachment 6.13).</b>																										
7.0	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i> <b>The KCKHA is exploring Mixed Finance Modernization and Development, and Hope VI and Choice Neighborhood Grants for the redevelopment of the Juniper Gardens family development and the adjacent community.</b>																										
8.0	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.																										

8.1	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. <b>(See Attachment 8.1)</b>
8.2	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. <b>(See Attachment 8.2)</b>
8.3	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. <b>N/A</b>
9.0	<b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. <b>(See Attachment 9.0 Housing Needs)</b> <b>(See Attachment 9.0 Needs Waiting List)</b>

9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p><b>The PHA is committed to reducing vacancies and has entered into a partnership with the Wyandot Center for Behavioral Healthcare to utilize the services of a new Liaison who is available to assess and assist those KCKHA residents at risk of non-payment of rent evictions or social evictions. The KCKHA continues to work directly with other agencies serving our residents and addressing their needs which also reduces community homelessness.</b></p> <p><b>Ongoing public education regarding their eligibility for public housing assistance is critical, especially in these times of economic downturn.</b></p> <p><b>Entering into a Energy Services contract to make units more marketable and affordable, while improving housing stock through Modernization; improving existing customer satisfaction, and leveraging private or other public funds to create additional housing opportunities for our residents.</b></p> <p><b>Educating residents and the public on housing choices by counseling voucher mobility.</b></p> <p><b>Enrich resident quality of life by working with agencies and programs that promote education and training opportunities that lead to family self-sufficiency.</b></p> <p><b>The PHA also modified its preference to include Veterans, surviving spouses of Veterans, and active personnel.</b></p>
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10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p style="text-align: center;"><b><u>Executive Summary for the 5-Year and Annual PHA Plan</u></b></p> <p><b>This Plan calls for the PHA to continue improving the quality of its housing stock by investing its CAP fund allocation to make units competitive with housing in the private sector. The PHA proposes to use future CAP funds for HVAC improvements in family development community centers, interior modernization, roof replacements, fencing, mechanical improvements, exterior repair and painting and parking lot expansion.</b></p> <p><b>The PHA will continue to implement policies that help program participants complete their High School education or equivalency, pursue a post secondary education, acquire training and/or find employment in an effort to increase their incomes and achieve economic independence. The PHA will continue its partnership with the Family Conservancy to increase employability among public housing families and promote self-sufficiency. To that end and to improve academic achievement among students, the PHA will maintains its partnerships with the Kansas City, Kansas Public Schools, KU APEX GEAR Up, Kansas City, Kansas Community College, Head Start, and YouthBuild KCK.</b></p> <p><b>The PHA will explore options under the Section 8 program to expand housing options for frail elderly person needing limited supportive services to preserve and independent living style. To this end, the PHA will consider new housing developments. The PHA is also exploring a possible future development of housing for families with mental disabilities.</b></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p><b>For the purposes of this Plan, the PHA defines "substantial deviation" from the Plan as a change that meets the following criteria: A change requiring an unplanned expenditure of \$500,000 or more.</b></p>
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11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) <b>(See Attachment 11a)</b></p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) <b>(See Attachment 11b)</b></p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) <b>(See Attachment 11c)</b></p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) <b>(See Attachment 11d)</b></p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) <b>(See Attachment 11e)</b></p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations <b>(See Attachment 11f)</b></p> <p>(g) Challenged Elements <b>N/A</b></p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) <b>(See Attachment 8.1)</b></p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) <b>(See Attachment 8.2)</b></p>
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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

## **Instructions form HUD-50075**

**Applicability.** This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

### **1.0 PHA Information**

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

### **2.0 Inventory**

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

### **3.0 Submission Type**

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

### **4.0 PHA Consortia**

Check box if submitting a Joint PHA Plan and complete the table.

### **5.0 Five-Year Plan**

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

**5.1 Mission.** A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

**5.2 Goals and Objectives.** Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

**6.0 PHA Plan Update.** In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

#### **PHA Plan Elements.** (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.

3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.

4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.

5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.

6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.

7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**

8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: **1)** Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; **2)** Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and **3)** Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

**7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers**

- (a) **Hope VI or Mixed Finance Modernization or Development.** **1)** A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and **2)** A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: **(1)** A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and **(2)** A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: [http://www.hud.gov/offices/pih/centers/sac/demo\\_dispo/index.cfm](http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm)  
**Note:** This statement must be submitted to the extent that **approved and/or pending** demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: **1)** A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; **2)** An analysis of the projects or buildings required to be converted; and **3)** A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

**8.0 Capital Improvements.** This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

**8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report.** PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

**8.2 Capital Fund Program Five-Year Action Plan**

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

**8.3 Capital Fund Financing Program (CFFP).** Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

**9.0 Housing Needs.** Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

**9.1 Strategy for Addressing Housing Needs.** Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

**10.0 Additional Information.** Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

**11.0 Required Submission for HUD Field Office Review.** In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

## Attachment 6.2 - Financial Resources

The Kansas City, Kansas Housing Authority has now completed its second compliance year under asset management with its March 31, 2010 fiscal year. Under asset management, the agency is involving all personnel throughout the agency. This includes not only those persons assigned to the Central Office Cost Center (COCC) in administrative and "all-agency" roles, but also those persons (managers and other key staff), directly assigned to any one of the twenty-two (22) asset management projects (AMPs) and programs (Section 8 Housing Voucher Program and Capital Fund Program) that have been designated, in order to more effectively monitor current activities and plan for future activities related to operational, modernization and capital investment activities.

Attachment 6.13

F. **PROHIBITION AGAINST TERMINATING TENANCY OF VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, AND STALKING**

The Violence Against Women Reauthorization Act of 2005 (VAWA), provides that “criminal activity” directly relating to domestic violence, dating violence, or stalking, engaged in by a member of a tenant’s household or any guest or other person under the tenant’s control, shall not be cause for termination of the tenancy or occupancy rights, if the tenant or immediate family member of the tenant’s family is the victim or threatened victim of that abuse. VAWA further provides that incidents of actual or threatened domestic violence, dating violence, or stalking may not be construed either as serious or repeated violations of the lease by the victim of such violence or as good cause for terminating the tenancy or occupancy rights of the victim of such violence.

VAWA does not limit the PHA’s authority to terminate the tenancy of any tenant if the PHA can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property.

**Victim Documentation**

PHA Policy:

When a tenant family is facing lease termination because of the actions of a tenant, household member, guest or other person under the tenant’s control and a tenant or immediate family member or the tenant’s family claims that she or he is the victim of such actions and that the actions are related to domestic violence, dating violence, or stalking, the PHA will require the individual to submit documentation affirming that claim.

The documentation must include two elements:

1. A signed statement by the victim that provides the name of the perpetrator and certifies that the incidents in question are bona fide incidents of actual or threatened domestic violence, dating violence, or stalking.
2. One of the following:
  - a) A police or court record documenting the actual or threatened abuse.
  - b) A statement signed by an employee, agent, or volunteer or a victim service provider; an attorney; a medial professional; or another knowledgeable professional from whom the victim has sought assistance in addressing the actual or threatened abuse. The professional must attest under penalty of perjury that the incidents in question are bona fide incidents of abuse, and the victim must sign or attest to the statement.

The required certification and supporting documentation must be submitted to the PHA within 14 business days after the PHA request is received by the victim. Upon written request from the tenant, the PHA will extend the 14 day deadline for an additional 10 business days as long as the extension request is submitted within the initial 14 business day period. If the individual does not provide the required certification and supporting documentation within 14 business days or the approved extension period, the PHA will proceed with termination of the family’s lease.

If the PHA can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if the tenant’s tenancy is not terminated the PHA will bypass the standard process with the immediate termination of the family’s lease.

### **Terminating or Evicting a Perpetrator of Domestic Violence**

Although VAWA provides protection from termination for victims of domestic violence, it does not provide protection for perpetrators. In fact, VAWA gives the PHA the explicit authority to bifurcate a lease, or to remove a household member from a lease, “in order to evict, remove, terminate occupancy rights, or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others, without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also a tenant or lawful occupant.” This authority supersedes any local, state, or other federal law to contrary. However, if the PHA chooses to exercise this authority, it must follow any procedures prescribed by HUD or by applicable local, state, or federal law for evicting, lease termination, or termination of assistance.

#### **PHA Policy:**

When the actions of a tenant or other family member results in a determination by the PHA to terminate the family’s lease and another family member claims that the actions involve criminal acts of physical violence against family members or others, the PHA will request that the victim submit the above required certification and supporting documentation in accordance with the stated time frame. If the certification and supporting documentation are submitted within the required time frame or any approved extension period, the PHA will bifurcate the lease and evict or terminate the occupancy rights of the perpetrator. If the victim does not provide the certification and supporting documentation, as required, the PHA will proceed with the termination of the family’s lease.

If the PHA can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if the tenant’s tenancy is not terminated, the PHA will bypass the standard process and proceed with the immediate termination of the family.

<b>Part I: Summary</b>		
<b>PHA Name: Kasnas City Kansas</b> <b>Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: KS16P00150111 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2011</b> <b>FFY of Grant Approval: 2011</b>

**Type of Grant**  
 **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	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	309809			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	330436			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	150000			
8	1440 Site Acquisition				
9	1450 Site Improvement	390058			
10	1460 Dwelling Structures	1869058			
11	1465.1 Dwelling Equipment—Nonexpendable	210000			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	45000			
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>						
<b>PHA Name:</b> Kansas City Kansas Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: KS16P00150111 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2011</b> <b>FFY of Grant Approval: 2011</b>	
<b>Type of Grant</b>						
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (revision no:     )</b>		
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	3304361				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director Thomas W. Stibal</b>			<b>Date</b>	<b>Signature of Public Housing Director</b>		
				<b>Date</b>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: Kansas City Kansas Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: KS16P00150111 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2011</b>			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
K1-1 Juniper Gardens	Fencing	1450		145000				
K1-2 St. Margaret's Park, K1-3 Cyrus K. Holiday, and K1-12 Chalet Manor	Community Center HVAC Improvements	1460		144058				
K1-4 Wyandotte Tower	Parking Lot Expansion	1450		195058				
K1-13 Welborn Villa	Exterior Repair and Painting	1460		150000				
K1-17 Glanville Tower	Mechanical Improvements	1460		50000				
	Exterior Caulking and Sealing	1460		100000				
K1-20 Westgate Tower	Interior Modernization (Phase 1)	1460		1350000				
	Relocation	1495.1		45000				
	Appliances	1465.1		45000				
K1-22 Westgate Villa	Roof Replacement, Exterior Repair and Painting	1460		75000				
K1-4, K1-6, K1-14, K1-17, K1-18, K1-20, and K1-24 Highrises	Lounge Furniture	1460		165000				
K1-ALL	Development Signs	1450		50000				
K1-ALL	Architecture / Engineering	1430		150000				
K1-ALL	Administration	1410		330436				
K1-ALL	Operations	1406		309809				



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<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name:					Federal FFY of Grant:
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
K1-1	09/30/2013		09/30/2015		
K1-2,K1-3,AND K1-12	09/30/2013		09/30/2015		
K1-4	09/30/2013		09/30/2015		
K1-13	09/30/2013		09/30/2015		
K1-17	09/30/2013		09/13/2015		
K1-20	09/30/2013		09/30/2015		
K1-22	09/30/2013		09/30/2015		
HIGHRISES	09/30/2013		09/30/2015		
K1-ALL	09/30/2013		09/30/2015		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.





<b>Part I: Summary</b>		
<b>PHA Name: Kansas City Kansas Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: KS 16P00150105 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2005 FFY of Grant Approval: 2005</b>

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 09/30/10       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	322365		322365	322365
3	1408 Management Improvements	155000		155000	155000.83
4	1410 Administration (may not exceed 10% of line 21)	322365		322365	322365
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	150000		150000	150000
8	1440 Site Acquisition				
9	1450 Site Improvement	21400		21400	21400
10	1460 Dwelling Structures	2177934		2177934	2177933.43
11	1465.1 Dwelling Equipment—Nonexpendable	25480		25480	25480
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	35034		35034	35034
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	14078		14078	114077.74
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>						
<b>PHA Name:</b> Kansas City Kansas Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: KS 16P00150105 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2005</b> <b>FFY of Grant Approval: 2005</b>	
<b>Type of Grant</b>						
<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: 09-30/10				<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	3223656		3223656	3223656	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director</b>			<b>Date</b>		<b>Signature of Public Housing Director</b>	
					<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: Kansas City Kansas Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: KS 16P001501005 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2005</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
K1-2 St. Margaret's Park	Exterior Repair and Painting	1460	52	146631		146631	146631.40	Completed
	Exterior Lighting Improvements	1450		0				
K1-3 Cyrus K. Holiday	Exterior Repair and Painting	1460	27	0				
	Central Air Conditioning	1460	60	207047		207047	207047	Completed
	Exterior Lighting Improvements	1450		0				
K1-4 Wyandotte Tower	Domestic Water Pumps	1460		52856		52856	52856.04	Completed
	Security Camera Improvement	1460		4361		4361	4360.95	Completed
	Service Drive	1450		21400		21400	21400	Completed
K1-5 Belrose Manor	Exterior Modifications and Improvements	1460		624632		624632	624632	Completed
K1-6E Douglas Heights	Interior Repair (Phase 2)	1460	39	519986		519986	519986	Completed
	Relocation	1495.1	39	14078		14078	14077.74	Completed
	Appliances	1465.1	39	25480		25480	25480	Completed
	Site Improvements	1450		0				
	HVAC Water Treatment	1460		6809		6809	6809	Completed
	Sewer Repair	1460		43300		43300	43300	Completed
K1-7 Scattered Sites	Central Air Conditioning	1460	20	94265		94265	94264.85	Completed
K1-9 Scattered Sites	Central Air Conditioning	1460	30	108646		108646	108646.32	Completed
K1-13 Welborn Villa	HVAC Modifications	1460	6	21488		21487	21487.50	Completed
K1-15 Scattered Houses	Exterior Repair and Painting	1460	20	182253		182253	182253.22	Completed

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part II: Supporting Pages</b>								
PHA Name: Kansas City Kansas Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: KS 16P001501005 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2005</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
K1-18 Rosedale Tower	Emergency Generator	1460	1	82830		82830	82829.6	Completed
K1-20 Westgate Tower	Site Improvements	1450		0				
K1-24 Plaza Tower	Emergency Generator	1460	1	82830		82830	82829.61	Completed
K1-4, K1-6E, K1-14, K1-17, K1-18, K1-20, & K1-24	Sewer Cleaning Main Stacks	1460		0				
K1-ALL	Architecture / Engineering	1430		150000		150000	150000	Completed
K1-ALL	Administration	1410		322365		322365	322365	Completed
K1-ALL	Management Improvements							
	Janitor	1408		20000		20000	20000	Completed
	Rehab Crew	1408		80000		80000	80000	Completed
	Security Coordinator/Advisor	1408		25000		25000	25000	Completed
	Computer Upgrades	1408		30000		30000	30000.83	Completed
	Truck	1475		35034		35034	35034	Completed
K1-ALL	Maintenance Facility	1470		0				
K1-ALL	Replacement Housing and K1-1 Improvements	1460		0				

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name:				<b>Federal FFY of Grant:</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
K1-2	8/17/07	8/16/07	8/17/09	8/21/08	
K1-3	8/17/07	8/16/07	8/17/09	7/16/09	
K1-4	8/17/07	7/19/05	8/17/09	7/16/09	
K1-5	8/17/07	01/18/07	8/17/09	6/19/08	
K1-6	8/17/07	12/21/06	8/17/09	11/20/08	
K1-7	8/17/07	8/16/07	8/17/09	7/16/09	
K1-9	8/17/07	8/16/07	8/17/09	7/16/09	
K1-13	8/17/07	10/11/05	8/17/09	2/15/07	
K1-15	8/17/07	8/16/07	8/17/09	8/21/08	
K1-18	8/17/07	12/21/06	8/17/09	11/20/08	
K1-24	8/17/07	12/21/06	8/17/09	11/20/08	
K1-ALL	8/17/07	8/16/07	8/17/09	8/17/09	

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.





<b>Part I: Summary</b>		
<b>PHA Name: Kansas City Kansas Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: KS 16P00150106 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2006 FFY of Grant Approval: 2006</b>

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 09/30/10       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	642183		642183	642183
3	1408 Management Improvements	128000		128000	128000
4	1410 Administration (may not exceed 10% of line 21)	321091		321091	321091
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	70645		70645	70644.61
8	1440 Site Acquisition				
9	1450 Site Improvement	447874		447874	447873.88
10	1460 Dwelling Structures	1331757		1331757	1331757.90
11	1465.1 Dwelling Equipment—Nonexpendable	198272		198272	198272.11
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	66712		66712	66711.50
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	4383		4383	4383
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Kansas City Kansas Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: KS 16P00150106 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2006</b> <b>FFY of Grant Approval: 2006</b>			
<b>Type of Grant</b> <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"/> <b>Performance and Evaluation Report for Period Ending: 09/30/10</b> <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	3210917		3210917	3210917
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: Kansas City Kansas Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: KS 16P00150106 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2006</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
K1-2 St. Margaret's Park	Exterior Lighting Improvments	1450		34450		34450.05	34450.05	Completed
K1-3 Cyrus k. Holiday	Exterior Lighting Improvments	1450		0		0	0	
	Central Air Conditioning	1460		0		0	0	
	Exterior Repair and Painting	1460		0		0	0	
K1-4 Wyandotte Tower	Trash Compactor Replacement	1465		10586		10586	10586.11	Completed
K1-5 Belrose Manor	Exterior Modifications / Repairs /Painting	1460		238800		238800	238800.11	Completed
	Exterior Lighting Improvements	1450		31070		31070	31070.05	Completed
K1-6E Douglas Heights	Interior Repair (Phase 3)	1460		837614		837614	837614.42	Completed
	Relocation	1495.1		4383		4383	4383	Completed
	Appliances	1465.1		24534		24534	24534	Completed
	Site Improvements	1450		0		0	0	
K1-6F Douglas Heights	Exterior Lighting Improvements	1450		22630		22630	22630.06	Completed
K1-7 Scattered Sites	Central Air Conditioning	1460		1755		1755	1755.83	Completed
K1-9 Scattered Sites	Central air Conditioning	1460		1198		1198	1197.50	Completed
K1-10 Scattered Sites	Parking Lot Improvements	1450	21	180134		180134	180133.94	Completed
K1-11 Garndview Park	Exterior Lighting Improvements	1450		13940		13940	13940.06	Completed
K1-13, K1-18, & K1- 24	Site Improvements	1450		0		0	0	
K1-18 and K1-24	Retube Boilers	1460		0		0	0	
K1-20 Westgate Tower	Site Improvements	1450		0		0	0	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part II: Supporting Pages</b>								
PHA Name: Kansas City Kansas Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: KS 16900150106 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2006</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
K1-23 Scattered Sites	Garage Doors	1460		7772		7772	7772	Completed
	Driveway Improvements	1450		165650		165650	165649.72	Completed
K1-24 Plaza Tower	Roof Replacement	1460	1	244618		244618	244618.04	Completed
K1-4, K1-6, K1-14, K1-17, K1-18, K1-20, & K1-24	Sewer Cleaning Main Stacks	1460		0		0	0	
K1-ALL	Architecture / Engineering	1430		70645		70645	70644.61	Completed
K1-ALL	Administration	1410		321091		321091	321091	Completed
K1-ALL	Management Improvements							
	Rehab Crew	1408		80000		80000	80000	Completed
	Janitor	1408		20000		20000	20000	Completed
	Security Coordinator / Advisor	1408		28000		28000	28000	Completed
K1-ALL	Truck/Car	1475		66712		66712	66711.50	Underway
K1-ALL	Maintenance Facility	1470		0		0	0	
K1-ALL	Replacement Housing, K1-1 Replacement, and K1-1 Improvements	1460		0		0	0	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name:				<b>Federal FFY of Grant:</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
K1-2	07/17/08	06/19/08	07/17/10	2/17/09	
K1-3	07/17/08		07/17/10		
K1-4	07/17/08	04/17/08	07/17/10	6/17/08	
K1-5	07/17/08	06/19/08	07/17/10	07/16/09	
K1-6	07/17/08	03/20/08	07/17/10	7/15/10	
K1-7	07/17/08	06/16/07	07/17/10	6/10/09	
K1-9	07/17/08	06/16/07	07/17/10	6/10/09	
K1-10	07/17/08	10/18/07	07/17/10	08/15/08	
K1-11	07/17/08	06/19/08	07/17/10	2/17/09	
K1-20	07/17/08		07/17/10		
K1-23	07/17/08	06/19/08	07/17/10	01/16/09	
K1-24	07/17/08	07/17/08	07/17/10	6/17/10	
K1-ALL	07/17/08	07/17/08	07/17/10	6/17/10	

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.





<b>Part I: Summary</b>		
<b>PHA Name: Kansas City Kansas Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: KS 16P00150107 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2007 FFY of Grant Approval: 2007</b>

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 09/30/09       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds	329643		329643	329643
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	128000		128000	128000
3	1408 Management Improvements	329643		329643	329643
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	196992		196992	165094.45
8	1440 Site Acquisition				
9	1450 Site Improvement	168208		170953.57	170953.57
10	1460 Dwelling Structures	2143952		1121334.70	983041.57
11	1465.1 Dwelling Equipment—Nonexpendable	0		0	0
12	1470 Non-dwelling Structures	0		0	0
13	1475 Non-dwelling Equipment	0		0	0
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>						
<b>PHA Name:</b> Kansas City Kansas Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: KS 16P00150107 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2007</b> <b>FFY of Grant Approval: 2007</b>	
<b>Type of Grant</b>						
<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: 09/30/10				<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	3296438		3176841.70	2106375.59	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director</b>			<b>Date</b>	<b>Signature of Public Housing Director</b>		
				<b>Date</b>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: Kansas City Kansas Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: KS 16P00150107 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2007</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
K1-1 Junper Gardens	HVAC Improvement	1460	265	1020879				
K1-2 St. Margaret's Park	Roof Relacement	1460	50	286023		286022.77	286022.77	Completed
K1-3 Cyrus K. Holiday	Eterior Lighting/Roof Replacement	1460		125586		125586.2	125586.2	Completed
	Central Air Confditioning	1460		25595		25595	268.25	Underway
K1-4 Wyandotte Tower	Fire Alarm and Emergency Notification System (Lowrise)	1460		45845		45845	45845	Completed
	Main Office Roof Replacement	1460		133870		133869.99	133869.99	Completed
K1-5 Belrose Manor	Exterior Modifications Repair Painting	1460		0		0	0	
K1-6F Douglas Heights	Roof and Gutter Replacement	1460		26579		26579	26579	Underway
	Interior Repair	1460		9571		9571	9571	Completed
	Exterior Lighting Improvements	1450		12213		14958.62	14958.62	Completed
K1-7 Scattered Sites	Central Air Conditioning	1460		7606		7606	1534.14	Underway
K1-9 Scattered Sites	Roof Replacment	1460		96037		96037	96037	Completed
	Central Air Conditioning	1460		12154		12154	1664.48	Underway
K1-11 Grandview Park	Central Air Conditioning	1460	20	162916		162915.85	162915.85	Completed
K1-17 Glanville Tower	Domestic Hot Water Improvement	1460		47058		47058.07	47058.07	Completed
	Roof Replacement	1460		149819		149819.4	149819.4	Completed
K1-12 Chalet Manor, K1-21 and K1-23 Scattered Sites	Wood Decking, Stairs and Concrete Landing Replacement	1460		120000		118261.62	21856.62	Underway
K1-13 Welborn Villa, K1-18 Rosedale Tower and K1-24 Plaza Tower	Site Improvements	1450		30409		30408.75	30408.75	

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<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part II: Supporting Pages</b>								
PHA Name: Kansas City Kansas Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: KS 16P00150107 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2007</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
K1-ALL	Architecture / Engineering	1430		196992		196992	165094.45	Underway
K1-ALL	Administration	1410		329643		329643	329643	Underway
K1-ALL	Management Improvements							
	Rehab Crew	1408		108000		108000	108000	Completed
	Janitor	1408		20000		20000	20000	Completed
	Security Coordinator / Advisor	1408		0				
K1-ALL	Truck	1475		0				
K1-ALL	Maintenance Facility	1470		0				
K1-ALL	Replacement Housing, K1-1 REplacement and K1-1 Improvements	1460		0				

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<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Kansas City Kansas Housing Authority					<b>Federal FFY of Grant: 2007</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
K1-1	09/12/2009		09/12/2011		
K1-2	09/12/2009	10/10/2008	09/12/2011	02/12/2009	
K1-3	09/12/2009	05/21/2009	09/12/2011	11/19/2009	
K1-6	09/12/2009	06/17/2010	09/12/2011		
K1-7	09/12/2009	08/16/2007	09/12/2011		
K1-9	09/12/2009	05/21/2009	09/12/2011		
K1-11	09/12/2009	11/20/2008	09/12/2011	05/24/2009	
K1-17	09/12/2009	04/16/2009	09/12/2011	08/08/2009	
K1-12, K1-21, K1-23	09/12/2009	04/15/2010	09/12/2011		
K1-13, K1-18, K1-24	09/12/2009	08/20/2009	09/12/2011	08/19/2010	
K1-ALL	09/12/2009	04/17/2009	09/12/2011		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.





<b>Part I: Summary</b>		
<b>PHA Name: Kansas City Kansas Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: KS 16P00150108 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2008 FFY of Grant Approval: 2008</b>

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 09/30/10       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	660058		660058	329644
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	329644		329644	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	31000		41470.12	0
8	1440 Site Acquisition				
9	1450 Site Improvement	99487		64490.74	1077.24
10	1460 Dwelling Structures	2116764		1942922.81	1184658.10
11	1465.1 Dwelling Equipment—Nonexpendable	54340		42196	24340
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	9000		8943.74	3684.14
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>						
<b>PHA Name:</b> Kansas City Kansas Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: KS 16P00150108 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2008</b> <b>FFY of Grant Approval: 2008</b>	
<b>Type of Grant</b>						
<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: 09/30/10				<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	3300293		3089725.41	1540720.05	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director</b>			<b>Date</b>		<b>Signature of Public Housing Director</b>	
					<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: Kansas City Kansas Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: KS 16P00150108 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2008</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
K1-1 Juniper Gardens	HVAC Improvement	1460		96309				
K1-4 Wyandotte Tower	Heat Pump Replacement	1465.1	33	24340		24340	24340	Completed
	Fire Alram and Emergency Notification System Replacemet (Low-rise)	1460	8	0		0	0	
	Roof Replacemet	1460	1	160453		160453	97610.87	Underway
K1-6 Douglas Heights	Site Improvements	1450		65000		64490.74	1077.24	Underway
	High Rise Roof Replacement	1460	1	127000		126736.05	0	Underway
K1-6 Douglas Heights Family	Roof Replacement	1460	28	108421		108421	140294.49	Underway
	Exterior Repair and Painting	1460	27	277000		277000	103690.54	Underway
K1-9 Scattered Sites	Exterior Repair and Painting	1460	15	39711		39711.25	39711.25	Completed
	Roof Replacement	1460	15	0		0	0	
K1-17 Glanville Tower	Interior Modernization and Repair (Phase 1)	1460	36	800000		739662.94	361318.74	Underway
	Relocation	1495.1	36	9000		8943.74	3684.14	Underway
	Appliances	1465.1	36	30000		17856	0	
	Domestic Hot Water Improvement	1460		0		0	0	
K1-21 Scattered Sites	Roof Replacement / Exterior Repair / Painting	1460	4	68153		68153.25	68153.25	Completed
K1-23 Scattered Sites	Roof, Fascia, and Gutter Replacement	1460	17	144717		144716.62	144716.62	Completed
K1-24 Plaza Tower	Site Improvements	1450		9487				
K1-6, K1-17, and K1- 24 Towers	Exterior Door Replacement	1460	20	180000		180000	177595.14	Underway
K1-4, K1-6, K1-14, K1-17, K1-18, K1-20 and K1-24 Towers	HVAV Water Treatment	1460	6	0		0	0	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.



<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Kansas City Kansas Housing Authority				<b>Federal FFY of Grant: 2008</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
K1-1	6/12/10		6/12/12		
K1-3	6/12/10		6/12/12		
K1-4	6/12/10	01/21/10	6/12/12		
K1-5	6/12/10	10/21/10	6/12/12		
K1-6	6/12/10	01/21/10	6/12/12		
K1-9	6/12/10	05/21/09	6/12/12		
K1-17	6/12/10	12/17/09	6/12/12		
K1-21	6/12/10	05/21/09	6/12/12		
K1-23	6/12/10	03/11/10	6/12/12		
K1-24	6/12/10		6/12/12		
K1-6,K1-17,K1-24	6/12/10	05/21/09	6/12/12		
HIGHRISES	6/12/10	01/21/10	6/12/12		
K1-ALL	6/12/10	06/12/10	6/12/12		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.





<b>Part I: Summary</b>		
<b>PHA Name: Kansas City Kansas Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: KS 16P001509 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2009 FFY of Grant Approval: 2009</b>

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 09/30/10       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	510058		510058	
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	330029		330029	
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	125000		10535	8126.25
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	2287851		315357.35	46259.55
11	1465.1 Dwelling Equipment—Nonexpendable	30000			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	30000			
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>						
<b>PHA Name:</b> Kansas City Kansas Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: KS 16P00150109 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2009</b> <b>FFY of Grant Approval: 2009</b>	
<b>Type of Grant</b>						
<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: 09/30/10				<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	3312938		1165979.35	54385.80	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director</b>			<b>Date</b>	<b>Signature of Public Housing Director</b>		
				<b>Date</b>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: Kansas City Kansas Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: KS 16P00150109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
K1-1 Juniper Gaardens	HVAC Improvement	1460	265	856953				
K1-2 St. Margaret's Park	Bath Shower Conversion	1460	100	0		0	0	
K1-3 Cyrus K. Holiday	Bath Shower Conversion	1460	60	0		0	0	
K1-4 Wyandotte Tower	Roof Replacement	1460	1	7873		7872.68		
	Boiler Replacement	1460	2	0		0	0	
K1-5 Belrose Manor	Bath Shower Conversion	1460	90	0		0	0	
K1-6 Douglas Heights Family	Exterior Repair and Painting	1460	27	270000		258928.98		
K1-14 Bethany Tower	Emergency Equipment Improvement	1460		24645		19505.05	17659.05	Underway
K1-17 Glanville Tower	Interior Repair (Phase 2)	1460	36	950000				
	Relocation	1495.1	36	30000				
	Appliances	1465.1	36	30000				
K1-20 Westgate Tower	Chiller Replacement	1460	1	150000		670.64	120	
K1-24 Plaza Tower	Chiller Replacement	1460	1	28380		28380	28480.50	
K1-ALL	Architect / Engineer Fees	1430		125000		10535	8126.25	
K1-ALL	Operations	1406		510058				
K1-ALL	Administration	1410		330029				

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Kansas City Kansas Housing Authority				<b>Federal FFY of Grant: 2009</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
K1-1	09/14/2011		09/14/2013		
K1-2	09/14/2011		09/14/2013		
K1-3	09/14/2011		09/14/2013		
K1-4	09/14/2011	01/21/2010	09/14/2013		
K1-5	09/14/2011		09/14/2013		
K1-6	09/14/2011	06/17/2010	09/14/2013		
K1-14	09/14/2011	02/11/2010	09/14/2013		
K1-17	09/14/2011		09/14/2013		
K1-20	09/14/2011	10/15/2010	09/14/2013		
K1-24	09/14/2011		09/14/2013		
K1-ALL	09/14/2011		09/14/2013		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.





<b>Part I: Summary</b>						
<b>PHA Name: Kansas City Kansas Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: KS 16S00150109 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2009 FFY of Grant Approval: 2009</b>	
<b>Type of Grant</b> <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: 09/30/10 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)	447875		447875	0	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	200894		200894	176293.20	
8	1440 Site Acquisition					
9	1450 Site Improvement	246770		246700	246950.34	
10	1460 Dwelling Structures	3583211		3583211	3411240.77	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <sup>4</sup>					

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part I: Summary</b>						
<b>PHA Name:</b> Kansas City Kansas Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: KS 16S00150109 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2009</b> <b>FFY of Grant Approval: 2009</b>	
<b>Type of Grant</b> <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"/> <b>Performance and Evaluation Report for Period Ending: 09/30/09</b> <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	4478750		4478750	3833030.39	
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director</b>			<b>Date</b>		<b>Signature of Public Housing Director</b>	
					<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: Kansas City Kansas Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: KS 16S00150109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
K1-1 Juniper Gardens	Roof Replacement	1460	66	621864		621864	621864	Complete
	Exterior Repair and Painting	1460	66	309884		309884	316398.12	Underway
K1-3 Cyrus K. Holiday	Exterior Repair and Painting	1460	26	372313		372713	372313	Completed
	Playground Improvements	1450	1	49354		49354	49414.34	Completed
K1-4 Wyandotte Tower	Roof Replacement	1460	1	261835		261835	278630.74	Completed
	Lowrise Roof Replacement	1460	8	228000		228000	228000	Completed
	Fire Alarm / Emergency Notification System Improvement	1460		549115		549115	494203.39	Underway
K1-5 Belrose Manor	Playground Improvements	1450		98708		98708	98768	Completed
K1-6E Douglas Heights	Exterior Repair and Painting	1460	1	90990		90990	90989	Completed
	Exterior Door Replacement and Improvement	1460		17344		17344	17195.14	Underway
K1-6F Douglas Heights	Playground Improvements	1450	2	98708		98708	98768	Completed
K1-12 Chalet Manor	Exterior Repair and Painting	1460	17	276769		276769	196702.30	Underway
K1-13 Welborn Villa	HVAC Improvements	1460	74	248691		248691	224621.30	Underway
K1-14 Bethany Tower	Cooling Tower and Pump Replacement	1460	1	51449		51449	45101.81	Underway
K1-15 Scattered Houses	HVAC Improvements	1460	20	66981		66981	66981.02	Completed
K1-20 Westgate Tower	Cooling Tower and Pump Replacement	1460	1	39127		39127	38173.95	Underway
K1-24 Plaza Tower	Cooling Tower and Pump Replacement	1460	1	39127		39127	34012.08	Underway
	Chiller Replacement	1460	1	35000		35000	35000	Completed
	Fire Alarm and Emergency Notification System Improvement	1460		304889		304889	274473.96	Underway

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part II: Supporting Pages</b>								
PHA Name: Kansas City Kansas Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: KS 16S00150109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
K1-7 and K1-9 Scattered Site, K1-12 Chalet Manor, K1-15 Scattered Houses, K1- 21 Scattered Site, K1- 22 Westgate Villa, and K1-23 Scattered Site	Attic Insulation	1460		69833		69833	69653.10	Underway
K1-ALL	Administration	1410		447875		447875	0	
K1-ALL	Architecture / Engineering	1430		200894		200894	176293.20	Underway


<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Kansas City Kansas Housing Authority					Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
K1-1	3/17/10	3/5/10	3/17/12		
K1-3	3/17/10	3/11/10	3/17/12		
K1-4	3/17/10	1/21/10	3/17/12		
K1-5	3/17/10	3/11/10	3/17/12		
K1-6E	3/17/10	9/17/09	3/17/12		
K1-6F	3/17/10	3/11/10	3/17/12		
K1-12	3/17/10	2/18/10	3/17/12		
K1-13	3/17/10	7/16/09	3/17/12		
K1-14	3/17/10	9/17/09	3/17/12		
K1-15	3/17/10	2/18/10	3/17/12		
K1-17	3/17/10	5/21/09	3/17/12		
K1-20	3/17/10	9/17/09	3/17/12		
K1-24	3/17/10	12/17/09	3/17/12		
K1-7,K1-9,K1-12,K1-	3/17/10	3/11/10	3/17/12		

15,K1-21,K1-22,K1-23					
K1-ALL	3/17/10	3/11/10	3/17/12		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



<b>Part I: Summary</b>		
<b>PHA Name: Kansas City Kansas Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: KS16P00150110 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2010 FFY of Grant Approval: 2010</b>

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 09/30/10       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	463523			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	331293			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	150000			
8	1440 Site Acquisition				
9	1450 Site Improvement	608058			
10	1460 Dwelling Structures	1685487			
11	1465.1 Dwelling Equipment—Nonexpendable	30000			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	36000			
17	1499 Development Activities <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 4/30/2011**

<b>Part I: Summary</b>						
<b>PHA Name:</b> Kansas City Kansas Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: KS16P00150110 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2010</b> <b>FFY of Grant Approval: 2010</b>	
<b>Type of Grant</b>						
<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: 09/30/10				<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	3304361				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director Thomas W. Stibal</b>			<b>Date</b>	<b>Signature of Public Housing Director</b>		
				<b>Date</b>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: Kansas City Kansas Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: KS16P00150110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2010</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
K1-1 Juniper Gardens	HVAC Improvements	1460	265	190487				
K1-2 St. Margaret's Park	Road Improvements	1450		173058				
K1-4 Wyandotte Tower	Trash Room Elevator	1460	1	80000				
	Mechanical Improvements	1460		40000				
K1-7 Scattered Sites	Exterior Repair and Painting	1460	6	95000				
K1-11 Grandview Park	Playground Improvements	1450	1	55000				
K1-12 Chalet Manor	Playground Improvements	1450	1	55000				
	Road Improvements	1450		45000				
	Retaining Wall Installation	1450		70000				
K1-17 Glanville Tower	Interior Repair (Phase 3)	1460	36	950000				
	Relocation	1495.1	36	36000				
	Appliances	1465.1	36	30000				
K1-20 Westgate Tower	Mechanical Improvements	1460		40000				
	Fire Sprinkler Improvement	1460		200000				
K1-22 Westgate Tower	Fire Alarm and Emergency Notification System Improvement	1460		50000				
K1-23 Scattered Site	Exterior Repair and Painting	1460	17	40000				
K1-ALL	Site Improvements	1450		210000				
K1-ALL	Architects / Engineer Fees	1430		150000				
K1-ALL	Operations	1406		463523				

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.







<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Kansas City Kansas Housing Authority				<b>Federal FFY of Grant: 2010</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
K1-1	07/14/2012		07/14/2014		
K1-2	07/14/2012		07/14/2014		
K1-4	07/14/2012		07/14/2014		
K1-7	07/14/2012		07/14/2014		
K1-11	07/14/2012		07/14/2014		
K1-12	07/14/2012		07/14/2014		
K1-17	07/14/2012		07/14/2014		
K1-20	07/14/2012		07/14/2014		
K1-22	07/14/2012		07/14/2014		
K1-23	07/14/2012		07/14/2014		
K1-ALL	07/14/2012		07/14/2014		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

**Attachment 8.2**

<b>Part I: Summary</b>						
PHA Name/Number Kansas City Kansas Housing Authority		Locality (City/County & State) Kansas City / Wyandotte County / Kansas			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY __2011__	Work Statement for Year 2 FFY ____2012_____	Work Statement for Year 3 FFY ____2013_____	Work Statement for Year 4 FFY ____2014_____	Work Statement for Year 5 FFY ____2015_____
B.	Physical Improvements Subtotal	Annual Statement	2719058	2529058	2208058	1561338
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		330436	330436	330436	330436
F.	Other					
G.	Operations		254867	444867	515867	662587
H.	Demolition					500000
I.	Development					
J.	Capital Fund Financing – Debt Service				250000	250000
K.	Total CFP Funds		3304361	3304361	3304361	3304361
L.	Total Non-CFP Funds					
M.	Grand Total					



<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY _____	Work Statement for Year ____ 2012 ____ FFY ____ 2012 ____			Work Statement for Year: ____ 2013 ____ FFY ____ 2013 ____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	K1-5 Belrose Manor and K1-6 Douglas Heights	Community Center HVAV Improvements	125000	K1-1 Juniper Gardens	Debt Service/Collectivization	250000
Annual	K1-10 Scattered Sites	Exterior Repair and Painting	300000	K1-14 Bethany Tower	Retaining Wall Replacement	80000
Statement	K1-18 Rosedale Tower	Exterior Repair and Painting	210000		Mechanical Improvements	40000
	K1-20 Westgate Tower	Interior Modernization (Pahse 2)	1350000	K1-15 Scattered Sites	Exterior Lighting Improvement	10000
		Relocation	45000	K1-21 Scattered Site	HVAC Replacement	119058
		Appliances	45000	K1-18 Rosedale Tower	Mechanical Improvements	40000
		Trash Compactor	12000	K1-20 Westgate Tower	Interior Modernization (Phase3)	1350000
	K1-24 Plaza Tower	Trash Compactor	12000		Relocation	45000
	K1-14 Bethany Tower and K1-24 Plaza Tower	Building Surge Suppression Improvement	25000		Appliances	45000
	All High-Rise Buildings	Elevator Cab Improvements	50000			
	K1-ALL	Telephone System Replacement	200000	K1-ALL	Foundation Stabilization	200000
	K1-ALL	Lead Based Paint Testing	195058	K1-ALL	Parking Lot Repair/Seal/Restripe	200000
	K1-ALL	Architect / Engineering	150000	L1-ALL	Architecture / Engineering	150000
	K1-ALL	Administration	330436	K1-ALL	Administration	330436
	K1-ALL	Operations	254867	K1-ALL	Operations	444867
	Subtotal of Estimated Cost		\$3304361	Subtotal of Estimated Cost		\$3304361



<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual				
Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual				
Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

## Attachment 9.0

### Tenant-Based Assistance Waiting Lists – Section 8 Program

State the housing needs of the families on the PHA's waiting lists/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (Select one)			
<input checked="" type="checkbox"/> Section 8 Tenant-Based Assistance <input type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public housing site-Based or Sub-Jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
<b># of Families</b>			
<b>% of Total Families</b>		<b>Annual Turnover</b>	
<b>Waiting List Total</b>	2562		216
Extremely low income <=30% AMI	1644	64%	
Very low income (<30% but <=50% AMI)	918	36%	
Low Income (>50% but <80% AMI)			
Families with children	1153	45%	
Elderly Families	80	3%	
Families with Disabilities	398	16%	
Race/Ethnicity (1 WnH)	866	34%	
Race/Ethnicity (2 BnH)	1525	60%	
Race/Ethnicity (3 Hisp)	166	6%	
Race/Ethnicity (Asian/Pacific Islander)	5	1%	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  If yes: How long has it been closed (# of months)?  Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes  Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

## Attachment 9.0

### B. Housing Needs of Families on the Public Housing and Section 8 Tenant-Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting lists/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (Select one)			
<input type="checkbox"/> Section 8 Tenant-Based Assistance <input checked="" type="checkbox"/> Public Housing <input type="checkbox"/> Combined Section 8 and Public Housing <input type="checkbox"/> Public housing site-Based or Sub-Jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	<b># of Families</b>	<b>% of Total Families</b>	<b>Annual Turnover</b>
<b>Waiting List Total</b>	359		655
Extremely low income <=30% AMI	261	74%	
Very low income (<30% but <=50% AMI)	55	15%	
Low Income (>50% but <80% AMI)	38	11%	
Families with children	101	28%	
Elderly Families	11	3%	
Families with Disabilities	39	11%	
Race/Ethnicity (1 WnH)	112	32%	
Race/Ethnicity (2 BnH)	219	61%	
Race/Ethnicity (3 Hisp)	22	6%	
Race/Ethnicity (Asian/Pacific Islander)	6	1%	
Characteristics by BR Size (public housing only)			
1 BR	177	49%	362
2 BR	133	37%	110
3 BR	26	7%	175
4 BR	15	4%	8
5 BR	7	2%	0
5+BR	1 (6BR)	1%	0
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

<b>PHA Certifications of Compliance with PHA Plans and Related Regulations</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing Expires 4/30/2011</b>
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**PHA Certifications of Compliance with the PHA Plans and Related Regulations:  
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the \_\_\_ 5-Year and/or <sup>X</sup> Annual PHA Plan for the PHA fiscal year beginning 4/2011, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
  - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
  - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
  - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

KansassCity, Kansas Housing Authority

KS001

PHA Name

PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20 - 20

Annual PHA Plan for Fiscal Years 20<sup>11</sup> - 20<sup>12</sup>

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

LaDora Lattimore

Title

Chair of the Board of Commissioners

Signature

*LaDora Lattimore*

Date

10/16/2010

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

## Attachment 11b

Applicant Name

Kansas City, Kansas Housing Authority

Program/Activity Receiving Federal Grant Funding

2011 Annual Plan - Capital Fund Plan

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here  if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Thomas W. Stibal

Title

Executive Director

Signature



Date

01/13/11

# Certification of Payments to Influence Federal Transactions

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

## Attachment 11c

Applicant Name

Kansas City, Kansas Housing Authority

Program/Activity Receiving Federal Grant Funding

2011 Annual Plan - Capital Fund Program

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-L.L.L. Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

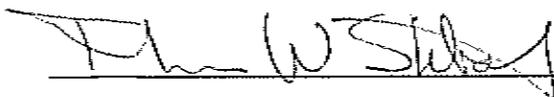
Thomas W. Stibal

Title

Executive Director

Signature

Date (mm/dd/yyyy)



01/13/2011

## Attachment 11d

### INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

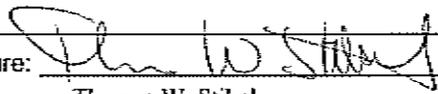
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

## DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB  
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: 4c Kansas, 3rd	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:	
<b>6. Federal Department/Agency:</b> U.S. Department of Housing and Urban Development	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature:  Print Name: Thomas W. Stibal Title: Executive Director Telephone No.: (913) 281-3300      Date: 01/13/2011	
<b>Federal Use Only:</b>	Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)	

Attachment 11 (f)

**Resident Membership of the Resident Advisory Boards  
KCKHA Board of Commissioners Resident Commissioner**

**Resident Board of Commissioners Member:** Former Resident Commissioner Member Theresa Duke resigned her position in November of 2010. A new Resident Commissioner will be elected in January 2011 to fill the unexpired term of the former Resident Commissioner. Members of the jurisdictional resident advisory boards from the Council of United Residents (developments for the elderly and disabled) and from the United Presidents Council (family developments) elect the Resident Commissioner. The Mayor/CEO of the Unified Government of Wyandotte County/Kansas City, Kansas then appoints this position for a four year term; the current term expires in October 2011.

**United Presidents Council**

**Officers:**

Pamela McKnight, President  
Yolandra Brockman, Secretary

Jean Hall, Vice President  
Candace Brown, Treasurer

**Membership:**

Pamela McKnight  
Yolandra Brockman  
Lavon Benson  
Johnnita Hamilton  
Shirley Barnes  
Gail Horton  
Tomeka Hawkins

Jean Hall  
Candace Brown  
Lydia Morrow  
Charlotte Oakman  
Kim Williams  
Latisha Heard  
Audrey Martin

**Council of United Residents**

**Officers:**

Daniel Saunders, President  
Mary Sprague, Secretary

Kenneth Hill, Vice President  
Lucy (Sue) Adair, Treasurer

**Membership:**

Essie Gibbs  
Patricia Wiley  
Michael Glasscock  
Ruthie Diaz  
Johnnie May Miller  
Delois Jackson  
Anna Dodds  
Nancy Martin  
Florence Mays  
Victor Miller  
Hattie Jackson  
Hazel Talbert  
Eddie Jones  
Peggy Simpson  
Jill Jones  
Phillip Walker

Mary Sprague  
Brenda Mosley  
Sandra Boyer  
Jeannie Dunn  
Jerome Watson  
Theresa Duke  
Reginal Edwards  
Linda Overton  
Ethel Jordon  
Thelma Hayes  
Lewis Conner  
John Ragsdale  
Tim Gailbraith  
Millie Perrin

See the following comments to the Annual Plan:

**Capital Fund Planning Meeting Minutes**  
**Public Hearing**  
**December 9, 2010 5:00pm**

**Attendees:**

<b>Tony Shomin</b>	<b>KCKHA Modernization Dept</b>
<b>Gano Watson</b>	<b>KCKHA Modernization Dept</b>
<b>Lori Desko</b>	<b>KCKHA Modernization Dept</b>
<b>Victor Hernandez</b>	<b>KCKHA Administration</b>
<b>Resident Assoc Members</b>	<b>(See Attached List)</b>

Tony Shomin opened the meeting by handing out the Annual Plan for all in attendance to review along with him. He then went page by page explaining what was contained on each page. The plan shows which buildings are getting improvements, the type of improvement and the estimated cost.

Q. The fencing that is listed at Juniper, what is that? (Pam)

A. The fencing will be a short rod iron fence with a gate, only in the front yards on 3<sup>rd</sup> st.

Q. Like the fence at St. Margaret's?

A. Yes

Q. What are the "admin costs" and the "operations costs"? (Pam)

A. The Admin costs pays for salaries, advertisement of project bids, etc. Operations costs pays for things like Maintenance, snow removal, trash pick up etc.

Q. What is the "redevelopment plan" for Juniper? (Pam)

A. Juniper Gardens just got new roofs, exterior painting and will get new HVAC units as soon as the energy performance contract is approved.

Q. What about the alley at 9<sup>th</sup> and New Jersey? (Lydia and Jonnita both asked) It has broken concrete and it overgrown, it just looks terrible.

A. The city is responsible for the alley.

Q. 35<sup>th</sup> Street is also bad, I understand it is an issue for the City.

A. (answered by Pam) We'll need to contact the Commissioner for that district.

Q. Some other areas are 37<sup>th</sup> Ct, which belongs to the Housing Authority, 37<sup>th</sup> St and 35<sup>th</sup> St, which I understand belong to the City. All of those streets need speed bumps.

A. We can address the 37<sup>th</sup> Ct, but the other areas will need to be taken up with the City.

Q. At the Scattered Sites K1-23 it shows new furnaces in the plan twice, why are they on the list again?

A. I need to make that correction, it should read K1-21 in 2013 not for both sites for

\$119,058.00.

- Q. Will the K-15 Scattered Sites get playgrounds earlier than it shows in the plan?
- A. If there is extra money left over from projects in an earlier year, projects can be moved up.
- Q. We need exterior lights in the Scattered Sites. Either motion lights or dusk to dawn lights at K1-15. 3246 N. 46<sup>th</sup> St has them, but only three units at K1-15 have motion lights. The police complain that it is hard to see the addresses at night. We really need the lights there.
- A. We could add dusk to dawn lights at K1-15 to the plan.
- Q. Of course, some people will complain about the bugs with the lights on in the summer and when the lights get burned out and they require a specialty bulb, we can't replace them. (Pam)
- A. Maintenance has a supply of bulbs, you can call them to get a replacement bulb.
- Q. 35<sup>th</sup> St needs more lighting also. The City put in a few, but we could use more. (Pam)
- A. Street lighting is a City issue.
- Q. Also, do they ever make upgrades at K1-15 while you are still living there?
- A. No, not unless you request them through Maintenance
- Q. There is a disabled child living at K1-15 in the handicapped unit and there is a problem with the floor. They've called maintenance SEVERAL times to fix it.
- A. We will follow-up with maintenance to see what the problem is with the floor.
- Q. Has K1-15 ever been updated?
- A. Yes, we've rehabbed 3-5 units at K1-15.
- Q. Well, on the rehab at Parkview they were supposed to move the current residents out, rehab, then move them back in. Instead, they moved a whole new family into the 4 bedroom there.
- A. I am not sure about the move process at K1-15. I can't answer to the way the moves were handled.
- Q. What about dryer hook up's at K1-15 Scattered Sites? There are washing machine hook ups available, but no dryers. You can't hang clothes out in the winter.
- A. We could look into dryer hook ups as a possible improvement in future years.
- Q. Douglas Heights needs dryer hook ups also.
- A. I'll note both K1-15 and Douglas Heights.
- Q. Has Chalet had the interiors done recently?

A. Yes, about 4 years ago.

Q. Cyrus K could use interior work, when were they done last? (Pam)

A. They were completed a number of years ago.

Q. Cyrus K could also use showers. I've mentioned that one before. (Pam)

A. Shower improvements are proposed to be completed through the Energy Performance Contract.

Q. Will Grandview Park be getting playgrounds?

A. Yes, it is in the 2010 plan for Grandview Park.

Q. There is a drainage issue at Grandview Park when it rains. That needs to be looked into.

A. We can look into added something to the plan for drainage. But it may be a City issue.

Q. Is anything planned for the Scattered Sites near Central Middle School?

A. Do you mean on Ray or Coy, K1-10 Scattered Sites?

Q. Yes, I guess so, whatever the site is that is next to Central Middle School.

A. Well, roofs were done and the exterior repair is planned. The interiors were done about 4 years ago.

Q. There is a drainage issue at Ray also. And on 13<sup>th</sup> St. Scattered Sites K1-9, the exterior doors need deadbolt locks.

A. That is something that we can add to the plan in future years.

Q. What about the fence for Juniper?

A. The fence is only on 3<sup>rd</sup> St, not within the development. It will only be up 3<sup>rd</sup> St.

Q. Will the fence stay during the redevelopment of Juniper?

A. Yes, the fence will stay.

Q. Will Juniper be in two phases?

A. We don't know yet, the redevelopment is still in the planning stages.

Q. Will capital funds be used for the redevelopment at Juniper.

A. Yes, we are proposing to use some capital funds.

Tony then asked if there were any other questions or comments. None were given. Tony then asks Victor to speak to the resident needs.

Victor states that the Wyandotte Center liaison can be utilized for social issues or eviction issues. Her name is Jana Loflin and she can be reached by calling the main number. She is housed in the Modernization Dept with Tony.

- Q. Does the liaison work with the resident association or just the residents? (Pam)  
A. She works with the residents only. (Victor)
- Q. Does the liaison help with getting residents in a drug rehab program or anything? (Pam)  
A. The liaison is there to help residents with housing issues and eviction issues. She assist the Housing Authority with making decisions on those matters. (Victor)
- Q. The resident association lists needs to be updated. (Pam)  
A. I'll talk to Elaine about getting that updated. (Victor)
- Q. Why are the old programs still listed in the plan? (Pam)  
A. We have to report annually on open Capital Fund Programs to HUD, showing expenditures of funding.
- Q. We still have HVAC issues at Cyrus K. (Pam)  
A. We are still working on HVAC issues with the bonding company since the Contractor abandoned the work.
- Q. That old Contractor left patch work at Cyrus K that has never been done. The pipes are sweating onto the ceiling and dripping. Maybe maintenance can do something?  
A. We can have maintenance check into it.

Tony asks if there were any more questions, none were asked. The meeting adjourned at 6:00pm.

**Civil Rights Certification**

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 Expires 4/30/2011

**Civil Rights Certification****Annual Certification and Board Resolution**

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Kansas City, Kansas Housing Authority

KS001

\_\_\_\_\_  
 PHA Name

\_\_\_\_\_  
 PHA Number/HA Code

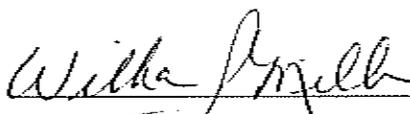
<small>I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties (18 U.S.C. 1001, 1010, 1012, 31 U.S.C. 3729, 3802)</small>	
Name of Authorized Official <b>LaDora Lattimore</b>	Title <b>Chair of the Board of Commissioners</b>
Signature 	Date <b>12/16/2010</b>

Certification by State or Local  
Official of PHA Plans Consistency  
with the Consolidated Plan

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

**Certification by State or Local Official of PHA Plans Consistency with the  
Consolidated Plan**

I, Wilba J. Miller the Community Development Director certify that the Five Year and  
Annual PHA Plan of the Kansas City, Kansas Housing Authority is consistent with the Consolidated Plan of  
Unified Government of Wyandotte County - KCKS prepared pursuant to 24 CFR Part 91.

 4/7/11  
Signed / Dated by Appropriate State or Local Official



# Kansas City, Kansas Housing Authority

**DRAFT**

**FY2011 Annual Plan**