

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2002

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

PHA Plan Agency Identification

PHA Name: Alliance Housing Authority

PHA Number: NE141

PHA Fiscal Year Beginning: 10/01/2002

PHA Plan Contact Information:

Name: Jon Ford

Phone: 308-762-5130

TDD:

Email (if available): jtford@premaonline.com

Public Access to Information

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

- Main administrative office of the PHA 300 South Potash #27, Alliance, NE 69301
- PHA development management offices

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

PHA Programs Administered:

XX Public Housing and Section 8 Section 8 Only Public Housing Only

**Annual PHA Plan
Fiscal Year 2001**

[24 CFR Part 903.7]

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ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

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

Currently the only planned changes that will be undertaken by the AHA in the coming year will be regarding CFP program funded property improvements as listed in the CFP Annual Statement and Five Year Action Plan.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 115,493

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

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

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

(2) Capital Fund Program Annual Statement

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

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

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

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

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

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

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

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

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

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

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

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

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

C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. Yes No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.7 9 (r)]

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

1. **XX** Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are Attached at Attachment (File name)

3. In what manner did the PHA address those comments? (select all that apply)

The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included

Yes No: below or

Yes No: at the end of the RAB Comments in Attachment _____.

XX Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment _____.

Other: (list below)

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: State of Nebraska

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- X The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

- Yes X No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan: A substantial deviation from the 5-year Plan occurs when the Board of Commissioners decides that it wants to change the mission statement, goals, or objectives of the 5-year Plan.

B. Significant Amendment or Modification to the Annual Plan: Significant amendments or modifications to the Annual Plan are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the plans of the agency and which require formal approval of the Board of Commissioners.

D. Voluntary Conversion Required Initial Assessments

Attachment A Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Schedule of flat rents offered at each public housing development X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies X check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures X check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) X check here if included in the public housing A & O Policy	Pet Policy

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

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: ALLIANCE HOUSING AUTHORITY		Grant Type and Number (2000 CFP Progress Report) Capital Fund Program: NE26P141501-00 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2000	
Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies XX Revised Annual Statement (revision no: 1)			
XX Performance and Evaluation Report for Period Ending: 8-31-02		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	55883		55883	55883
3	1408 Management Improvements	5000		5000	5000
4	1410 Administration	2400		2400	2400
5	1411 Audit	1600		1600	1600
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	22500		22500	19350.20
11	1465.1 Dwelling Equipment—Nonexpendable	17200	15213	15213	10382.50
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	17500	19487	19487	19487
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	122083		122083	114102.70
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHA Name: ALLIANCE HOUSING AUTHORITY		Grant Type and Number (2000 CFP Progress Report) Capital Fund Program: NE26P141501-00 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2000
Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies XX Revised Annual Statement (revision no: 1)		
XX Performance and Evaluation Report for Period Ending: 8-31-02		<input type="checkbox"/> Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
24	Amount of line 20 Related to Energy Conservation Measures			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: ALLIANCE HOUSING AUTHORITY			Grant Type and Number Capital Fund Program #: NE26P141501-00 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA WIDE	OPERATIONS	1406		55883		55883	55883	COMPLETE
HA WIDE	MGMT.IMPROVEMENTS	1408		5000		5000	5000	COMPLETE
HA WIDE	ADMINISTRATION	1410		2400		2400	2400	COMPLETE
HA WIDE	AUDIT	1411		1600		1600	1600	COMPLETE
NE141-002	SITE IMPROV.-STUCCO REPAIRS	1460		3750		3750	3750	COMPLETE
NE141-002	DWELL.EQUIP-SPRINKLER REP.	1465.1		4850		4850	4850	COMPLETE
NE141-003	SITE IMPROV.-STUCCO REPAIRS	1460		3750		3750	3750	COMPLETE
NE141-003	DWELL.EQUIP-SPRINKLER REP.	1465.1		4850		4850	4850	COMPLETE
NE141-003	NON-DWELL.EQUIP-PLAYGEQUIP.	1475		15000	16987	16987	16987	COMPLETE
NE141-004	SITE IMPROV.-PATIO REPAIRS	1460		5000		5000	5000	COMPLETE
NE141-004	SITE IMPROV.-PAINTING	1460		10000		10000	6850.20	ONGOING
NE141-004	DWELL.EQUIP-HEAT/AC REPAIRS	1465.1		7500	5513	5513	2482.50	ONGOING
HA WIDE	NON-DWELL.EQUIP-OFFICE EQUIP	1475		2500		2500	2500	COMPLETE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: ALLIANCE HOUSING AUTHORITY		Grant Type and Number (2001 CFP Progress Report) Capital Fund Program: NE26P141501-01 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2001
Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies XX Revised Annual Statement (revision no: 1)			
XX Performance and Evaluation Report for Period Ending: 8-31-02		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	55883	34970	34970	34970
3	1408 Management Improvements	5000	6273.93	6273.93	6273.93
4	1410 Administration	2400	3600	3600	1479.38
5	1411 Audit	1600	2000	2000	0
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	22500	44617.02	44617.02	6165.59
11	1465.1 Dwelling Equipment—Nonexpendable	17200	0	0	0
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	19487	32609.05	32609.05	23665.24
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	124070	124070	124070	72554.14
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: ALLIANCE HOUSING AUTHORITY			Grant Type and Number Capital Fund Program #: NE26P141501-01 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA WIDE	OPERATIONS	1406		55883	34970	34970	34970	COMPLETE
HA WIDE	MGMT.IMPROVEMENTS	1408		5000	6273.93	6273.93	6273.93	COMPLETE
HA WIDE	ADMINISTRATION	1410		2400	3600	3600	3600	COMPLETE
HA WIDE	AUDIT	1411		1600	2000	2000	2000	COMPLETE
HA WIDE	NON-DWELL.EQUIP.-VEHICLE	1475		11287	10609.05	10609.05	10609.05	COMPLETE
HA WIDE	NON-DWELL. EQUIP.-MAINT.EQUIP	1475		100	3500	3500	0	ONGOING
HA WIDE	NON-DWELL.EQUIP-OFFICE EQUIP	1475		100	3500	3500	619.55	ONGOING
HA WIDE	NON-DWELL.EQUIP- PLAYGEQUIP.	1475		7000	15000	15000	12436.64	ONGOING
HA WIDE	NON-DWELL.EQUIP-SPRINKLERS	1475		1000	0	0	0	TO SIDING
NE141-004	SITE IMPROV.-FOUNDATIONWORK	1460		8000	7500	7500	0	ONGOING
NE141-004	SITE IMPROV.-SIDING REPLACE	1460		6500	29617.02	29617.02	0	ONGOING
NE141-004	SITE IMPROV.-CARPET REPLACE	1460		8000	7500	7500	6165.59	ONGOING
HA WIDE	DWELL.EQUIP	1465.1		17200	0	0	0	

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: ALLIANCE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: NE26P141501-02 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2002	
XXX Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)			
Performance and Evaluation Report for Period Ending		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	20993			
3	1408 Management Improvements	3500			
4	1410 Administration	2400			
5	1411 Audit	1600			
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	25000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	45000			
13	1475 Nondwelling Equipment	17000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	115493			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHA Name: ALLIANCE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: NE26P141501-02 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2002
XXX Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)		
Performance and Evaluation Report for Period Ending		<input type="checkbox"/> Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
21	Amount of line 20 Related to LBP Activities			
22	Amount of line 20 Related to Section 504 Compliance			
23	Amount of line 20 Related to Security			
24	Amount of line 20 Related to Energy Conservation Measures			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: ALLIANCE HOUSING AUTHORITY			Grant Type and Number Capital Fund Program #: NE26P141501-02 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA WIDE	OPERATIONS	1406		20993				PROPOSED
HA WIDE	MGMT.IMPROVEMENTS	1408		3500				PROPOSED
HA WIDE	ADMINISTRATION	1410		2400				PROPOSED
HA WIDE	AUDIT	1411		1600				PROPOSED
HA WIDE	NON-DWELL.EQUIP-COMPUTER. REPLACEMENT	1475		17000				PROPOSED
HA WIDE	NON-DWELL. EQUIP.-MAINT.SHOP	1475		45000				PROPOSED
002-003-004	DWELL.STRUCT.-EXT. DOORS	1460		25000				PROPOSED

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: ALLIANCE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: NE26P141501-03 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2003	
XXX Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies Revised Annual Statement (revision no)			
Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	25643			
3	1408 Management Improvements	5000			
4	1410 Administration	3600			
5	1411 Audit	2000			
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	79200			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	115493			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHA Name: ALLIANCE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: NE26P141501-03 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2003
XXX Original Annual Statement Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/ Emergencies Revised Annual Statement (revision no) <input type="checkbox"/> Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
24	Amount of line 20 Related to Energy Conservation Measures			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: ALLIANCE HOUSING AUTHORITY			Grant Type and Number Capital Fund Program #: NE26P141501-03 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA WIDE	OPERATIONS	1406		25643				PROPOSED
HA WIDE	MGMT.IMPROVEMENTS	1408		5000				PROPOSED
HA WIDE	ADMINISTRATION	1410		3600				PROPOSED
HA WIDE	AUDIT	1411		2000				PROPOSED
002-003-004	DWELL.EQUIP.-RANGES	1465.1		20650				PROPOSED
002-003-004	DWELL. EQUIP.-FRDIGES	1465.1		23600				PROPOSED
002-003-004	DWELL.EQUIP-WATER HEATERS	1465.1		9000				PROPOSED
002-003-004	DWELL.EQUIP- FURNACES	1465.1		26000				PROPOSED

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: ALLIANCE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: NE26P141501-04 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2004	
XXX Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies Revised Annual Statement (revision no			
Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	29893			
3	1408 Management Improvements	5000			
4	1410 Administration	3600			
5	1411 Audit	2000			
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	75000			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	115493			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHA Name: ALLIANCE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: NE26P141501-04 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2004
XXX Original Annual Statement Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/ Emergencies Revised Annual Statement (revision no <input type="checkbox"/> Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
24	Amount of line 20 Related to Energy Conservation Measures			

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: ALLIANCE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: NE26P141501-05 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2005	
XXX Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)			
Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	35993			
3	1408 Management Improvements	7500			
4	1410 Administration	3000			
5	1411 Audit	2000			
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	57000			
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	10000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	115493			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHA Name: ALLIANCE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: NE26P141501-05 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2005
XXX Original Annual Statement Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
24	Amount of line 20 Related to Energy Conservation Measures			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: ALLIANCE HOUSING AUTHORITY			Grant Type and Number Capital Fund Program #: NE26P141501-05 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA WIDE	OPERATIONS	1406		35993				
HA WIDE	MGMT.IMPROVEMENTS	1408		7500				
HA WIDE	ADMINISTRATION	1410		3000				
HA WIDE	AUDIT	1411		2000				
002-003-004	SITE IMPROV.-WINDOWS	1460		32000				
002-003-004	SITE IMPROV.-FACIA/SOFFETT	1450		25000				
HA WIDE	NON-DWELL.EQUIP-OFFICE EQUIP	1475		2500				
HA WIDE	NON-DWELL.EQUIP- MAINT.EQUIP.	1475		7500				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: ALLIANCE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: NE26P141501-06 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2006	
XXX Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)			
Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	16993			
3	1408 Management Improvements	3500			
4	1410 Administration	2500			
5	1411 Audit	1500			
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	85000			
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	6000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	115493			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary				
PHA Name: ALLIANCE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program: NE26P141501-06 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2006
XXX Original Annual Statement Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost
24	Amount of line 20 Related to Energy Conservation Measures			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: ALLIANCE HOUSING AUTHORITY			Grant Type and Number Capital Fund Program #: NE26P141501-06 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA WIDE	OPERATIONS	1406		16993				
HA WIDE	MGMT.IMPROVEMENTS	1408		3500				
HA WIDE	ADMINISTRATION	1410		2500				
HA WIDE	AUDIT	1411		1500				
002-003-004	SITE IMPROV.-WINDOWS	1460		55000				
002-003-004	SITE IMPROV.-FACIA/SOFFETT	1450		30000				
HA WIDE	NON-DWELL.EQUIP-OFFICE EQUIP	1475		2500				
HA WIDE	NON-DWELL.EQUIP- MAINT.EQUIP.	1475		3500				

Capital Fund Program 5-Year Action Plan

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

CFP 5-Year Action Plan		
<input checked="" type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
	HA WIDE ACTIVITIES	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
1406-OPERATIONS	129515	2002
1408-MGMT.IMPROVEMENTS-STAFF TRAINING, COMP.SOFTWARE, ETC.	24500	2002
1410-ADMINISTRATION	15100	2002
1411-AUDIT	9100	2002
1470-NON-DWELL.STRUCT.-MAINTENANCE BUILDING	45000	2002
1475-NON-DWELL.EQUIP.-COMP. HARD., MAINT.EQUIP.,ETC.	33000	2002
Total estimated cost over next 5 years	256215	

Capital Fund Program 5-Year Action Plan

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

CFP 5-Year Action Plan		
X Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
002-003-004	MAXWELL SQUARE, AVILLA SQUARE, SCATTERED SITES	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
1450-SITE IMPROVEMENT-REPLACEMENT OF WINDOWS, FACIA AND SOFFETT	142000	2005
1460-DWELLING STRUCTURES-REPLACEMENT OF EXTERIOR DOORS	25,000	2002
1465.1-DWELLING EQUIPMENT-REPLACEMENT OF REFRIGERATORS, KITCHEN RANGES, WATER HEATERS AND FURNACES.	154250	2003
Total estimated cost over next 5 years	321250	

Required Attachment E: Resident Member on the PHA Governing Board

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

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

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

- Elected
 Appointed

C. The term of appointment is (include the date term expires): **5 years, 12-31-2005**

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

- the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- Other (explain):

B. Date of next term expiration of a governing board member: 12/31/2003

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

Alliance City Mayor – Dan Kusek
Alliance City Council

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

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Melinda Fifield

Currently the agency only has one member on the Resident Advisory Board, but is searching for other interested persons to volunteer for the Board. Four previously active members have resigned in the last 6 months for the following reasons: Three members moved away from the area, and one member (Resident AHA Board Members Boysen) resigned from the Resident Advisory Board due to timing conflicts. At this time we have had little or no interest shown by tenants in volunteering for the Board. Efforts will continue to encourage the participation of at least five tenants with the Board.

Required Attachment G: Comments of the Resident Advisory Board or Boards

There are no comments at this time by the Resident Advisory Board. The Annual Plan will be submitted to the Board once a membership is re-established.

Component 10 (B) Voluntary Conversion Initial Assessments

- a. How many of the PHA’s developments are subject to the Required Initial Assessments? **3**

- b. How many of the PHA’s developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly, and/or disabled developments not general occupancy projects)? **0**

- c. How many Assessments were conducted for the PHA’s covered developments? **3**

- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: **none**

Development Name	Number of Units