

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

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Small PHA Plan Update  
Annual Plan for Fiscal Year: 2003

**NOTE: THIS PHA PLAN TEMPLATE (HUD50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

**PHA Plan  
Agency Identification**

**PHAName:** THE HOUSING AUTHORITY OF THE CITY OF  
PHILLIPSBURG, KANSAS

**PHANumber:** KS036001 AND KS036003

**PHA Fiscal Year Beginning:** 10/01/2003

**PHA Plan Contact Information:**

Name: Ann Schultz

Phone: 785 -543-5921

TDD:

Email (if available): ks036@phillipsburg.net

**Public Access to Information**

**Information regarding any activities outlined in this plan can be obtained by contacting:**

Main administrative office of the PHA, 302 West F Street, Phillipsburg, Kansas

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plans (including attachments) are available for public inspection at:

Main administrative office of the PHA

Main administrative office of the City Clerks Office in Phillipsburg, Kansas

PHA Plan Supporting Documents are available for inspection at:

Main business office of the PHA

**PHA Programs Administered :**

Public Housing Only

**Annual PHA Plan  
Fiscal Year 2003**  
[24 CFR Part 903.7]

**i. Table of Contents**

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

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Crime and Safety: PHDEP Plan NA

Other Information:

- Resident Advisory Board Consultation Process
- Statement of Consistency with Consolidated Plan NA
- Criteria for Substantial Deviations and Significant Amendments

**Attachments**

- Attachment A: Supporting Documents Available for Review
- Attachment B: Capital Fund Program Annual Statement
- Attachment C: Capital Fund Program 5 Year Action Plan
- Attachment D: Resident Membership on PHA Board or Governing Body
- Attachment E: Membership of Resident Advisory Board or Boards
- Attachment \_\_: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)

## ii. Executive Summary

[24CFR Part 903.79(r)]

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

The Housing Authority has continued improvements with the use of Capital Funds and have repaired and replaced all defective sidewalks on the property that had not been done for over 15 years. We added a handicap cement slab beside tenants back door to accommodate his wheelchair so he may spend some time outside. We purchased and installed 21 refrigerators to replace those that were 1985 and older models and replaced six 21" old kitchen ranges with 30" to complete the change in size when the new cupboards were replaced in 1994. We replaced 10 water heaters that were 1982 or older. We put new washers and dryers in two laundries and did a conversion of one unit to a two bedroom and added another laundry at the request of the tenants. We purchased a new tractor mower for maintenance. We added check valves and spare parts to the boiler system installed out of 2001 Cap. Funds. We replaced one complete shower unit, finished adding 3 handicap toilets so that all units now have handicap toilets, and took care of an emergency water main leak. And, we installed two units of storm shelters on the project. We could not have done these work items had it not been for Capital Funds. We thank you.

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

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

Policy to admit over-income families to the project was approved following the guidelines set forth by HUD.

### 2. Capital Improvement Needs

[24CFR Part 903.79(g)]

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

A. Yes: 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? \$45,000 estimate

C. Yes: 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

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

The Capital Fund Program Annual Statement is provided as Attachment

**3.D Demolition and Disposition**

[24CFR Part 903.79(h)]

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

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

2.Activity Description

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

**4. Voucher Homeownership Program**

[24CFR Part 903.79(k)]

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

program identified.)

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

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

Establishing a minimum homeowner down -payment requirement of at least 3 percent and requiring that at least 1 percent of the down -payment comes from the family's resources

Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

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

**5. Safety and Crime Prevention: PHDEP Plan**

[24CFR Part 903.7(m)]

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

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. 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. No: The PHDEP Plan is attached at Attachment \_\_\_\_\_

**6. Other Information**

[24CFR Part 903 .79(r)]

**Resident Advisory Board (RAB) Recommendations and PHA Response**

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

2. If yes, the comments are attached at Attachment (Filename)

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

Yes/No: at the end of the RAB Comments in Attachment \_\_\_\_.

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

Other: (list below)

**B. Statement of Consistency with the Consolidated Plan**

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

1. Consolidated Plan jurisdiction: (provide name here) NA

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

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

PHA Requests for support from the Consolidated Plan Agency

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

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

**C. Criteria for Substantial Deviation and Significant Amendments**

**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**

Storm shelters were removed ahead from the 2002 plan and the improvements to the site have been completed. Ceiling lights and fans were removed to the 2004 plan as we were not successful in receiving bids. The Executive Director does not plan to retire in year 2002 so cost of training a new director was moved to year 2004.

**B. Significant Amendment or Modification to the Annual Plan:**

We are not going to install water softeners, as the City of Phillipsburg has changed their water treatment system and improved the quality of our City water.

**Attachment A**

**Supporting Documents Available for Review X**

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>



<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	PHAPlanCertificationsofCompliancewiththePHAPlansand RelatedRegulations	5YearandAnnual Plans
	State/LocalGovernmentCertificationofConsistency withthe ConsolidatedPlan(notrequiredforthisupdate)	5YearandAnnual Plans
X	FairHousingDocumentationSupportingFairHousing Certifications:RecordsreflectingthatthePHAhasexaminedits programsorproposedprograms,identifiedanyimpedimentstofair housingchoiceinthoseprograms,addressedorisaddressing thoseimpedimentsinareasonablefashioninviewoftheresources available,andworkedorisworkingwithlocaljurisdictionsto implementanyofthejurisdictions’initiativestoaffirmatively furtherfairhousingthatrequirethePHA’sinvolvement.	5YearandAnnual Plans
	HousingNeedsStatementoftheConsolidatedPlanforthe jurisdiction/sinwhichthePHAislocatedandanyadditional backupdatatosupportstatementofhousingneedsinthe jurisdiction	AnnualPlan: HousingNeeds
X	Mostrecentboard-approvedoperatingbudgetforthepublic housingprogram	AnnualPlan: FinancialResources
X	PublicHousingAdmissionsand(Continued)OccupancyPolicy (A&O/ACOP),whichincludestheTenantSelectionand AssignmentPlan[TSAP]	AnnualPlan: Eligibility,Selection, andAdmissions Policies
	Any policy governing occupancy of Police Officers in Public Housing check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development check here if included in the public housing A&O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest	Annual Plan: Operations and

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	infestation (including cockroach infestation)	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
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing § 504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Policies governing any Section 8 Homeownership program (section of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
	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
X	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing PHDEP plan;</li> <li>· Consortium agreement/s between the PHA participating in an agreement between the consortium and HUD (applicable if not specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged funding, services or other in-kind resources for PHDEP -</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies</li> <li>· All crime statistics and other relevant data (including Part 135) needed for the public housing sites assisted under the PHDEP</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) check here if included in the public housing A&O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)





Small PHA Plan Update Page 7  
Table Library

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>PHA Name: PHILLIPSBURG HOUSING AUTHORITY</b>		<b>Grant Type and Number: CFPKS16P03650103</b>		<b>Federal FY of Grant: 2003</b>	
<b>Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no: )</b>					
<b>Performance and Evaluation Report for Period Ending: 9/30/2004 Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	10,000			
10	1460 Dwelling Structures	26,500			
11	1465.1 Dwelling Equipment — Nonexpendable				
12	1470 Non -dwelling Structures	9,500			
13	1475 Non -dwelling Equipment	3,500			
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)	49,500			
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	26,500			

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (C FP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: THE HOUSING AUTHORITY OF THE CITY OF PHILLIPSBURG, KANSAS		Grant Type and Number Capital Fund Program #: KS16P03650103 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 Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
01-KS36-01	ATTIC FANS IN 11 BUILDINGS			5,500				
02-KS36-W	CEMENT BY STORM SHELTERS & PARKING AREA			10,000				
03-KS36-W	CEILING FANS IN CENTER			2,500				
04-KS36-W	CONVERSION UNIT 21 TO LAUNDRY AND 2 BROF UNIT 22			7,000				
05-KS36-W	LAUNDRY APPLIANCES			3,500				
06-KS36-01	AIR CONDITIONERS FOR 31 UNITS			21,000				
			total	49,500				

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (C FP/CFPRHF)**  
**Part II: Supporting Pages**

PHAName: THE HOUSING AUTHORITY OF THE CITY OF PHILLIPSBURG, KANSAS		<b>Grant Type and Number</b> Capital Fund Program #: KS16P03650103 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> 2003			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	



<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: THE HOUSING AUTHORITY OF THE CITY OF PHILLIPSBURG, KANSAS		<b>Grant Type and Number</b> Capital Fund Program #: KS16P03650103 Capital Fund Program Replacement Housing Factor #:				<b>Federal FY of Grant:</b> 2003	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
01-K01S36-01	9-30-04						
02-KS36-W	9-30-04						
03-KS36-W	9-30-04						
04-KS36-W	9-30-04						
05-KS36-W	9-30-04						
06 -KS36-1	9-30-04						

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: THE HOUSING AUTHORITY OF THE CITY OF PHILLIPSBURG, KANSAS			<b>Grant Type and Number</b> Capital Fund Program #: KS16P03650103 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> 2003	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	

### 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 years. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP5 - Year Action Plan		
Original statement	Revised statement	
Development Number	Development Name (or indicate PHA wide)	
KS16P03650104	PHILLIPSBURGH HOUSING AUTHORITY - PHA WIDE - year 2	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
.painting exterior of all buildings, benches, fences	15,000	10-01-2004
handles on cabinet of fks 03 601	4,600	10-01-2004
flooring in ks 3603 kitchens and bathrooms	8,000	10-01-2004
computer and hardware for maintenance	4,000	10-01-2004
<b>Total year 2</b>	<b>31,600</b>	

<b>CFP5 -Year Action Plan</b>		
<b>Original statement</b>	<b>Revised statement</b>	
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
KS16P03650105	PHILLIPSBURGHOUSINGAUTHORITY -PHA WIDE -year3	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Computer and software	7000	10/1/2005
Appliances	10,000	10/1/2005
Snowblower	1000	10/1/2005
Underground sprinkler	25,000	10/1/2005
<b>Totalestimatedcostyear3</b>	<b>43,000</b>	

<b>CFP5 -Year Action Plan</b>		
<b>Original statement</b>	<b>Revised statement</b>	
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
KS16P03650106	PHILLIPSBURGHOUSINGAUTHORITY -PHA WIDE -year4	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Replace 12 refrigerators	7000	10/1/2006
Carpet in center	4000	10/1/2006
Kitchen ranges	3000	10-1-2006
Kitchen & bathroom flooring	24,000	10-1-2006
<b>Total estimated cost</b>	<b>38,000</b>	

**CFP5 -Year Action Plan**

<b>Original statement</b>	<b>Revised statement</b>	
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	
KS16P03650107	PHILLIPSBURGH HOUSING AUTHORITY - PHA WIDE - year 5	
<b>Description of Needed Physical Improvements or Management Improvements</b>	<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Carpet in units	41,000	10-1-2007
<b>Total estimated cost over next 5 years</b>	<b>203,100</b>	

# PHA Public Housing Drug Elimination Program Plan NA

Note: THIS PHDEP Plan template (HUD 50075 - PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

## Section 1: General Information/History

A. Amount of PHDEP Grant \$      -0-     

B. Eligibility type (Indicate with an "x")                      N1           N2                           R     

C. FFY in which funding is requested     

### D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long.

### E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

### F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an "x" to indicate the length of program by # of months). For "Other", identify the # of months.

12Months \_\_\_\_\_ 18Months \_\_\_\_\_ 24Months \_\_\_\_\_

**G. PHDEP Program History**

Indicate each FY that funding has been received under the PHDEP Program (place an "x" by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD -approved extensions or waivers. For grant extensions received, place "GE" in column or "W" for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY1999	-0-					

**Section 2: PHDEP Plan Goals and Budget**

**A. PHDEP Plan Summary**

We plan to have several programs at the Sr. Center for the elderly provided by the Phillips County Health Dept.

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP -funded activities. This summary should not exceed 5 -10 sentences.

**B. PHDEP Budget Summary**

Enter the total amount of PHDEP funding allocated to each line item.

9110 - Reimbursement of Law Enforcement	





## PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered by budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the information in shaded boxes). Information provided must be concise — not to exceed two sentences in any column. Tables for line items with no activities may be deleted.

PHEDEP Funding	Other Funding (Amount/Source)	Performance Indicators

9115 -Special Initiative						Total PHEDEP Funding
Goal(s)						
Objectives						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)
1.						
2.						
3.						

9116 -Gun Buyback TAMatch						Total PHEDEP Funding \$
Goal(s)						
Objectives						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)
1.						
2.						
3.						

9120 -Security Personnel						Total PHEDEP Funding: \$
Goal(s)						
Objectives						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/Source)
1.						
2.						
3.						

<b>9130 – Employment of Investigators</b>						<b>Total PHEDEP Funding: \$</b>
Goal(s)						
Objectives						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other (Amount)
1.						
2.						
3.						

<b>9140 – Voluntary Tenant Patrol</b>						<b>Total PHEDEP Funding: \$</b>
Goal(s)						
Objectives						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other (Amount)
1.						
2.						
3.						

<b>9150 - Physical Improvements</b>						<b>Total PHEDEP Funding: \$</b>
Goal(s)						
Objectives						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount)
1.						
2.						
3.						

<b>9160 - Drug Prevention</b>						<b>Total PHEDEP Funding: \$</b>
Goal(s)						
Objectives						
Proposed Activities	# of Persons	Target Population	Start Date	Expected Complete	PHEDEP Funding	Other (Amount)

	Served			Date		
1.						
2.						
3.						

<b>9170 -Drug Intervention</b>						<b>Total PHEDEP Funding</b>
Goal(s)						
Objectives						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other (Am
1.						
2.						
3.						

<b>9180 -Drug Treatment</b>						<b>Total PHEDEP Funding:\$</b>
Goal(s)						
Objectives						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funds (Amount/S
1.						
2.						
3.						

<b>9190 -Other Program Costs</b>						<b>Total PHEDEP Funds:\$</b>
Goal(s)						
Objectives						
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funds (Amount/
1.						
2.						
3.						

**Required Attachment \_\_D\_\_: Resident Member on the PHA Governing Board**

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

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

JANEYLYBARGER

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

Elected

Appointed BY THE CITY OF PHILLIPSBURG

C. The term of appointment is (include the date term expires): 4/30/2006

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:

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

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

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

The Sr. Citizens Club of Westview Homes serves as the Resident Advisory Board with officers selected by the Club. They meet once a month in the Center. The Resident Commissioner is also a member of the Club.