

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

## PHA Plan Agency Identification

**PHA Name:** HA of Madisonville

**PHA Number:** KY007

**PHA Fiscal Year Beginning: (mm/yyyy)** 04/2003

### **PHA Plan Contact Information:**

Name: James Calvert

Phone: 270-821-5517

TDD: 1-800-247-2510

Email (if available): mha@vci.net

### **Public Access to Information**

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

- Main administrative office of the PHA
- PHA development management offices

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

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

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

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

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

### **PHA Programs Administered:**

- Public Housing and Section 8       Section 8 Only       Public Housing Only

**Annual PHA Plan  
Fiscal Year 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 Plans file, provide the file name in parentheses in the space to the right of the title.

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<b>Attachments</b>	
<input checked="" type="checkbox"/> Supporting Documents Available for Review	
<input checked="" type="checkbox"/> FY03 Capital Fund Program Annual Statement	
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<input type="checkbox"/> Public Housing Drug Elimination Program (PHDEP) Plan	
<input checked="" type="checkbox"/> Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Membership of Resident Advisory Board or Boards	
<input checked="" type="checkbox"/> Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
Performance & Evaluation Report for FY02	
Definition of Significant Amendment	
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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

Under my administration, this authority will continue the upgrade of the housing units by completing projects on schedule at all locations and following the 5 year plan. We are and will continue to induce the residents to become more involved in the management of this Authority. I believe their involvement is tantamount to our success.

### **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.

Flat rent schedule:

1. 1b/r KY007-001-002-003-004 is \$ 245.00  
1b/r KY 007-006 is \$ 195.00
2. 2 b/r KY007-001-002-003-004 is \$ 290.00  
2 b/r KY007-006 is \$ 235.00
3. 3 b/r KY007-001-002-003-004 is \$ 329.00  
Not applicable at KY007-006

### **2. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 309,256.00.

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

D. Capital Fund Program Grant Submissions

#### **(1) Capital Fund Program 5-Year Action Plan**

The Capital Fund Program 5-Year Action Plan is provided within the template.

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

The Capital Fund Program Annual Statement is provided within the template.

**3. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

<b>Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)</b>
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: (DD/MM/YY)
5. Number of units affected:
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units <input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

**4. Voucher Homeownership Program**

[24 CFR Part 903.7 9 (k)]

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

program using the table below (copy and complete questions for each program identified.)

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

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

- Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

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

[24 CFR Part 903.7 (m)]

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

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

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

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

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

**6. Other Information**

[24 CFR Part 903.7 9 (r)]

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

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

2. If yes, the comments are listed below:  
Comment period from December 2, 2002 until January 15, 2003

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

- The PHA changed portions of the PHA Plan in response to comments  
A list of these changes is included  
 Yes  No: below or  
 Yes  No: at the end of the RAB Comments in Attachment \_\_\_\_.
- Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included below:
- 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).

- Consolidated Plan jurisdiction: (provide name here) State-wide consolidated plan (KHC)
- 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:
- The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below) See certification.

## 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 and Significant Amendment or Modification to the Annual Plan:** We define substantial and significant as any action that would involve any amount of dollars in excess of \$20,000.



**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.

<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	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
X	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 type="checkbox"/> 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 <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination

### List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
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 <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	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

### List of Supporting Documents Available for Review

Applicable & On Display	Supporting Document	Related Plan Component
	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
X	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"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· 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);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· 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.</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) <input type="checkbox"/> 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)



## 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:

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

Elected

Appointed

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

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): The PHA is currently in the process of providing notice of this opportunity to residents. After a 30-day notice period, any names of interested residents will be forwarded to the appointing official.

B. Date of next term expiration of a governing board member: The next date for a term expiration will be August 1, 2005

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

## **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.) Our residents are represented by a Resident Council consisting of 5 officers. These officers are elected by vote. All residents 18 and older whose name appears on a lease with the Housing Authority of Madisonville are eligible to vote. This council operates under their own bylaws.

We have been advised by the President of the Resident Council that no one is showing up for their meetings, including the officers. I have asked our RIC and the President of the Resident Council to try to reorganize the Council. If they cannot, they are to advise about disbanding and the Authority will try to appoint RABs from each complex.

# Annual Statement/Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: HA of Madisonville	Grant Type and Number Capital Fund Program Grant No: KY36P007501-03 Replacement Housing Factor Grant No:	Federal FY of Grant: FY03
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Original Annual Statement 
  Reserve for Disasters/ Emergencies 
  Revised Annual Statement (revision no: ) 
  Performance and Evaluation Report for Period Ending: 
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	\$ 35,000			
3	1408 Management Improvements	18,000			
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	209,188.			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	47,812			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$ 310,000			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: HA of Madisonville		Grant Type and Number Capital Fund Program Grant No: KY36P007501-03 Replacement Housing Factor Grant No:			Federal FY of Grant: FY03			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
KY007-001-002-003-004	Bathroom vanities	1460	161	36,000				
KY007-002	Interior drain lines	1460	45	123,188				
HA-wide	Upgrade telephone system	1475		15,000				
HA-wide	Vehicle	1475	1	32,812				
HA-wide	Operations	1406		35,000				
HA/wide	Management/Resident services	1408		18,000				
KY007-004	Replace stoves & refrigs	1460	25 & 25	20,000				
KY007-004	Replace range hoods	1460	25	2,500				
KY007-004	Replace screen doors	1460	50	15,000				
KY007-004	Replace ceramic tile	1460	25	10,000				



**Annual Statement/Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part III: Implementation Schedule**

PHA Name: HA of Madisonville		Grant Type and Number Capital Fund Program No: KY36P007501-03 Replacement Housing Factor No:					Federal FY of Grant: FY03	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
HA-wide	09/2005			09/2007				
KY007-001	09/2005			09/2007				
KY007-002	09/2005			09/2007				
KY007-003-004	09/2005			09/2007				

FY02 funds have not been received as November 30, 2002. We will update later.

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> HA of Madisonville		<b>Grant Type and Number</b> Capital Fund Program Grant No: KY36P007501-02 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> FY02
<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: 9/30/02 <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	\$ 45,850			
3	1408 Management Improvements	18,000			
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	74,256			
10	1460 Dwelling Structures	\$ 171,150			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$ 309,256.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				



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

PHA Name: HA of Madisonville		Grant Type and Number Capital Fund Program Grant No: KY36P007501-02 Replacement Housing Factor Grant No:			Federal FY of Grant: FY02			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-wide	Operating cost	1406		\$45,850				
HA-wide	Great Kids Resident Initiative Program	1408		18,000				
HA-wide	Landscaping	1450		62,256				
KY007-002	Gas lines	1450		12,000				
Ky007-001	Counter tops	1460	50	133,900				
KY007-006	Range hoods	1460	25	1,500				
KY007-003-004	Replace prime locks	1460	75	12,750				
KY007-003-004	Additional kitchen Cabinet 3 B/R	1460		20,000				
HA-wide	Mechanical room locks	1460	160	3,000				

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

PHA Name: HA of Madisonville		Grant Type and Number Capital Fund Program No: KY36P007501-02 Replacement Housing Factor No:				Federal FY of Grant: FY02	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-wide	06-30-04			12-30-05			
KY007-001	06-30-04			12-30-05			
KY007-002	06-30-04			12-30-05			
Ky007-003-004	06-30-04			12-30-05			

## Capital Fund Program Five-Year Action Plan

### Part I: Summary

PHA Name HA of Madisonville		<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>			
Development Number/Name/ HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: FY04	Work Statement for Year 3 FFY Grant: FY05 PHA FY: 2005	Work Statement for Year 4 FFY Grant: FY06 PHA FY:2006	Work Statement for Year 5 FFY Grant: FY07 PHA FY: 2007
	Annual Statement				
HA-wide		\$ 157,350.00	\$ 66,528.00	\$131,000.00	\$ 115,000.00
KY007-01		3,950.00	155,472.00	84,000.00	47,500.00
KY007-02		3,560.00			94,821.00
KY007-03		122,370.00	58,000.00	66,000.00	
KY007-04		1,970.00	20,000.00	20,000.00	52,679.00
Ky007-06		20,800.00	10,000.00	9,000.00	
CFP Funds Listed for 5- year planning		\$310,000	\$310,000	\$310,000	\$310,000
Replacement Housing Factor Funds					



**Capital Fund Program Five-Year Action Plan**  
**Part II: Supporting Pages—Work Activities**

Activities for Year :FY06 _____ FFY Grant: PHA FY:2006			Activities for Year: _FY07 FFY Grant: PHA FY:2007		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
KY007-01	Windows	\$84,000.00	KY007-01	Replace stove & refrigs	\$40,000.00
KY007-02	Windows	66,000.00	KY007-01	Replace shutters	7,500.00
KY007-04	Community room	20,000.00			
KY007-06	Exterior lighting	9,000.00	KY007-02-04	Replace siding w/brick	147,500.00
HA wide	Operations	31,000.00	HA wide	Computer system update	25,000.00
HA wide	Equipment building	75,000.00	HA wide	Vehicle	25,000.00
HA wide	Resident services	25,000.00	HA wide	Resident services	25,000.00
			HA wide	Operations	40,000.00
Total CFP Estimated Cost		\$310,000			\$310,000



### Status Questions on Deconcentration and Income Mixing Analysis

- 1) Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? No.
- 2) Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments?
- 3) If yes, the PHA must complete the table shown below:

Development Name	Number of Units	Explanation (if any)	Deconcentration Strategy

### Status Questions on the Required Initial Assessment on Voluntary Conversion

- 1) How many of the PHA’s developments are subject to the Required Initial Assessments? FOUR  
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)? ONE
- 2) How many Assessments were conducted for the PHA’s covered developments? ONE
- 3) Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: NONE

Development Name	Number of Units

- 5) If the PHA has not completed the Required Initial Assessments, describe the status of these assessments:

