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| PHA 5-Year and Annual Plan | U.S. Department of Housing and Urban Development Office of Public and Indian Housing | OMB No. 2577-0226 Expires 4/30/2011 |
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| 1.0 | PHA Information PHA Name: <u>Hays Housing Authority</u> PHA Code: <u>KS091</u> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/2010</u> | | | | | |
| 2.0 | Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>30</u> Number of HCV units: <u>66</u> | | | | | |
| 3.0 | Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only | | | | | |
| 4.0 | PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.) | | | | | |
| | Participating PHAs | PHA Code | Program(s) Included in the Consortia | Programs Not in the Consortia | No. of Units in Each Program | |
| | | | | | PH | HCV |
| | PHA 1: | | | | | |
| | PHA 2: | | | | | |
| | PHA 3: | | | | | |
| 5.0 | 5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update. | | | | | |
| 5.1 | Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: <i>To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.</i> | | | | | |
| 5.2 | Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <i>Goals and Objectives: To renovate or modernize our public housing units by using Capital Fund Program funds to continue ongoing efforts to improve the livability and energy efficiency of the units, and also to preserve the physical integrity of the structures and to improve curb appeal. To improve unit turn around time, maintain prompt responses to maintenance work orders, and maintain high occupancy. To maintain High Performer status. To improve voucher management and achieve at least 98% HAP utilization. To expand the supply of assisted housing opportunities by applying for additional vouchers should they become available.</i> | | | | | |

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| 6.0 | <p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:</p> <ol style="list-style-type: none"> 1. Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures: <i>Hays Housing Authority has not revised its Admissions and Continued Occupancy Policy during the past five years. The Section 8 Administrative Plan was revised during the past five years to reflect regulations regarding Eligibility of Students Enrolled in Institutions of Higher Education.</i> 2. Financial Resources: <i>No changes</i> 3. Rent Determination: <i>No changes</i> 4. Operation and Management: <i>Hays Housing Authority is currently considering revisions to the lease agreement referring to late charges and guests.</i> 5. Grievance Procedures: <i>No changes</i> 6. Designated Housing for Elderly and Disabled Families: <i>Sunrise Apartments is not a designated project and does not intend to apply for designation.</i> 7. Community Service and Self-Sufficiency: <i>No changes</i> 8. Safety and Crime Prevention: <i>No changes</i> 9. Pets: <i>No changes</i> 10. Civil Rights Certification: <i>No changes</i> 11. Fiscal Year Audit: <i>The audit for the period ending 12/31/08 had no findings.</i> 12. Asset Management: <i>As a small agency with only one project the HHA is not required to convert to asset management.</i> 13. Violence Against Women Act (VAWA): <i>No changes. Latest policy was adopted October 29, 2007. The Hays Housing Authority will protect certain victims of criminal domestic violence, dating violence, sexual assault, or stalking; as well as members of the victims' immediate families from losing their HUD assisted housing as a consequence of the abuse of which they were the victim. In Addition the Hays Housing Authority will refer clients and applicants to a local domestic and sexual violence intervention agency.</i> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.</p> <p><i>Copies of the Plan are available at the main administrative office located at 1709 Sunset Trail, Hays, Kansas 67601.</i></p> |
| 7.0 | <p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p> <p><i>Not Applicable</i></p> |
| 8.0 | <p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p> |
| 8.1 | <p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p><i>Included</i></p> |
| 8.2 | <p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p><i>Included</i></p> |
| 8.3 | <p>Capital Fund Financing Program (CFFP).</p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p> <p><i>Not Applicable</i></p> |

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| 9.0 | <p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p><i>The Hays Housing Authority has observed a decrease in the number of families on its waiting list and the wait time has decreased for many applicants. The Hays, Kansas area has several apartment buildings designated for elderly families and recently a new Tax Credit complex has opened for families, which has impacted the need for housing. The Tax Credit property has provided units for several voucher participants. Subsidized units continue to be needed for many families during the current economic times. Accessible units are in high demand and quality issues in the rental market continue to be an issue as well.</i></p> |
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| 9.1 | <p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <p><i>The Hays Housing Authority waiting list is kept open at all times. The Housing Authority exceeds the HUD federal targeting requirements for admission of families at or below 30% of AMI. Other strategies are to reduce unit turn-around time and reduce time to renovate units. Maintain or increase Section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction. To expand the supply of assisted housing opportunities by applying for additional vouchers should they become available.</i></p> |
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| 10.0 | <p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p><i>Progress in Meeting Goals: The Hays Housing Authority was able to maintain a High Performer status during the past five years. With the High Performer status, additional Capital Funds have been awarded and used to make improvements to the units. Some of the projects undertaken have been replacement of kitchen cabinets, replacement of flooring, and replacement of exterior siding and guttering. During the past five years several families have been able to select the flat rent for their unit to limit the amount of rent paid while increasing their income through increased employment. At the beginning of the five year period there were no families eligible for the flat rent. During the past five years payment standards have been increased as needed to increase assisted housing choices for voucher participants.</i></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p><i>Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the PHA that fundamentally change the mission, goals, objectives, or plans of the Agency and which require formal approval of the Board of Commissioners.</i></p> |
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| 11.0 | <p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) |
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ADVISORY BOARD COMMENTS: *I have read the PHA 5 year and Annual Plan. I am pleased to see more improvement in the next 5 years to come. I have no additional comments. Thank You, Pamela Fellows*

CHALLENGED ELEMENTS: NONE

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

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

Instructions form HUD-50075

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

1.0 PHA Information

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

2.0 Inventory

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

3.0 Submission Type

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

4.0 PHA Consortia

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

5.0 Five-Year Plan

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

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

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

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

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

PHA Plan Elements. (24 CFR 903.7)

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

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

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

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

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

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

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

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

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

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

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

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

8.2 Capital Fund Program Five-Year Action Plan

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

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

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

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

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

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

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

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

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

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace* **(PHAs receiving CFP grants only)**
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions* **(PHAs receiving CFP grants only)**
- (d) Form SF-LLL, *Disclosure of Lobbying Activities* **(PHAs receiving CFP grants only)**
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet* **(PHAs receiving CFP grants only)**
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.

- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* **(Must be attached electronically for PHAs receiving CFP grants only).** See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* **(Must be attached electronically for PHAs receiving CFP grants only).** See instructions in 8.2.

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| Part 1: Summary | |
| FILE Name: | Grant Type and Number: |
| Days Housing Authority: | Capital Fund Program Grant No. J2816P0010308 Replacement Housing Factor Grant No: Date of CHFS: |
| FY of Grant: 2008 FY of Grant Approval: | |

| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
|------|---|----------------------|----------------------|--------------------------------|-----------|
| | | Original | Revised ² | Obligated | Expended |
| 1 | Total non-CFP Items | | | | |
| 2 | 140 Operations (may not exceed 20% of line 20) ³ | | | | |
| 3 | 140B Management Improvements | 5,000.00 | 5,000.00 | 2511.98 | 2511.98 |
| 4 | 140C Administration (may not exceed 17% of line 20) | 4,000.00 | 4,000.00 | 4,000.00 | 2335.51 |
| 5 | 141 Adult | | | | |
| 6 | 141B Liquidated Damages | | | | |
| 7 | 141C Fees and Costs | | | | |
| 8 | 140 Site Acquisition | | | | |
| 9 | 140 Site Improvement | | | | |
| 10 | 140 Dwelling Structures | 39,000.00 | 33,631.00 | 23,923.29 | 11,097.29 |
| 11 | 140E Dwelling Equipment—Non-spendable | | | | |
| 12 | 140 Non-dwelling Structures | | | | |
| 13 | 140E Non-dwelling Equipment | | | | |
| 14 | 140E Furniture | | | | |
| 15 | 140E Moving to Work Demonstration | | | | |
| 16 | 140E.1 Relocation Costs | | | | |
| 17 | 140E Development Activities | | | | |

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or Revised Annual Statement.
³ PHAs with under 250 units in management may use 150% of CFP Grants for operations.
⁴ PIY funds shall be included here.

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

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

Part I: Summary

| | | | | | |
|---|--|--|--------------------------------------|-----------|------------|
| PHA Name: Housing Authority | Grant Type and Number Capital Fund Program Grant No. KS16PC0150104 Replacement Housing Factor Grant No. Date of CF-FP | FY of Grant (200) FY of Grant Approval: | | | |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (Section 101) <input checked="" type="checkbox"/> Performance and Evaluation Report for Fiscal Ending 05/31/2005 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | Total Actual Cost ¹ | | |
| | | Original | Revised ² | Obligated | Unexpended |
| 15a | LBC Collateralization Debt Service paid by the PHA | | | | |
| 15b | HCC Collateralization Debt Service paid Via System of Excess Program | | | | |
| 19 | LBC Unexpended (only unexpended 8% of line 20) | | | | |
| 20 | Amount of Annual Grant: (sum of lines 2 - 19) | 38,000.00 | 42,633.00 | 30,415.27 | 15,942.58 |
| 21 | Amount of line 20 Related to LBC Activities | | | | |
| 22 | Amount of line 20 Related to Section 504 activities | | | | |
| 23 | Amount of line 20 Related to Security - Self Care | | | | |
| 24 | Amount of line 20 Related to Support - Self Care | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | | |
| Signature of Executive Director | | Date | Signature of Public Housing Director | | Date |
| <i>Kennedy M. ...</i> | | <i>05/11/2007</i> | | | |

¹ To be completed for the Performance and Evaluation Report
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement
 * PHAs with total > \$50 million in management may use 10% of CF-FP for operations.
³ All funds shall be included here.

| Part III: Supplemental Pages | | Grant Type and Number | | | Federal FY of Grants: 2004 | | | |
|---|--|---|----------|----------------------|----------------------------|---------------------------------|--------------------------------|----------------|
| PHA Name: Lakes Housing Authority | | Capital Fund Program Grant No: KS16-P09L50105 (CFP (Yes/No)) Replacement Housing Factor Grant No: | | | | | | |
| Development Number Name/PHA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated ¹ | Funds Expended ² | |
| Sumrise Apartments | Replacement of Computer Equipment | 1403 | | 5,000.00 | 5,200.00 | 2,511.98 | 2,511.98 | Pending |
| Sumrise Apartments | Clerical to Administer Capital Fund | 1410 | | 4,000.00 | 4,900.00 | 4,000.00 | 2,331.51 | Ongoing |
| Sumrise Apartments | Replacing/gutting, tub/showers, ranges & refrigerators, Replacement of aging A/C units with higher efficiency units | 1466 | | 29,000.00 | 33,633.00 | 25,903.29 | 11,097.29 | In Progress |
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¹ To be completed for the Performance and Evaluation Report and Revised Annual Statement.
² To be completed for the Performance and Evaluation Report

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

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMI No. 2507-0226
 Expires 4/30/201

| Part I: Summary PHA Name: | | Grant Type and Number Capital Fund Program Grant No. HS-8509150130 Replacement Housing Factor Code No. Date of Contract 01/18/2009 | | | FY of Grant: 2009 FY of Grant Approval: | |
|--|---|---|----------------------|-------------|--|--|
| Hays Housing Authority | | | | | | |
| Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (see item 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending 07/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report | | | | | | |
| Line | Summary by Development Account | Total Estimated Cost | | | Total Actual Cost ¹ | |
| | | Original | Revised ² | Obligated | Expended | |
| 1 | Total non-CCF funds | | | | | |
| 2 | 100 Operations (may not exceed 70% of Line 211) | | | | | |
| 3 | 106 Management Improvements | | | | | |
| 4 | 107 Administration (may not exceed 10% of Line 211) | | | | | |
| 5 | 111 Aids | | | | | |
| 6 | 115 Liquidated Damages | | | | | |
| 7 | 130 Pools and Parks | | | | | |
| 8 | 140 Fire Acquisition | | | | | |
| 9 | 145 Site Improvements | | | | | |
| 10 | 150 Dwelling Structures | \$3,964,000 | | \$3,964,000 | | |
| 11 | 155 Dwelling Equipment - nonexpendable | | | | | |
| 12 | 160 Dwelling Structures | | | | | |
| 13 | 175 Non-dwelling Equipment | | | | | |
| 14 | 185 Demolition | | | | | |
| 15 | 190 Moving or Work Demolition | | | | | |
| 16 | 195 Relocation Costs | | | | | |
| 17 | 199 Development Activities ³ | | | | | |

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 10% of CCF funds for operations.
⁴ All funds shall be obligated first.

Annual Statement of Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Finance and
 Capital Fund Financing Programs

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

Part I: Summary

| | | |
|---------------------------------------|---|--|
| PIA Name: Hays Jerome Authority | Grant Type and Number: Capital Fund Program Grant No: 051650014-0109 Replacement Housing Zadar Grant No: Date of CIPF: | FY of Grant: 2009 FY of Grant Approval: |
|---------------------------------------|---|--|

Type of Grant
 Original Annual Statement Reserve for Disasters/Disasters Revised Annual Statement (reasons:)
 Performance and Evaluation Report for Period Ending: 07/31/2009 Fiscal Performance and Evaluation Report

| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | |
|------|--|----------------------|----------------------|--------------------------------|----------|
| | | Original | Revised ² | Obligated | Expended |
| 18 | SH On-line water & Sewer paid by the PHA | | | | |
| 19 | SH On-line water & Sewer paid Via System of Direct Payment | | | | |
| 19 | SH On-line water (may not exceed 8% of line 20) | | | | |
| 20 | Amount of Annual Cost - (sum of lines 18 - 19) | 53,964.00 | | 53,964.00 | |
| 21 | Amount of line 20 Related to IBI Activities | | | | |
| 22 | Amount of line 20 Related to Security - SH Activities | | | | |
| 23 | Amount of line 20 Related to Security - SH Costs | | | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | 53,964.00 | | 53,964.00 | |

| | | | |
|--|------------------|--------------------------------------|------|
| Signature of Executive Director: <i>Heathley M. Johnson</i> | Date: 6/21/09 | Signature of Public Housing Director | Date |
|--|------------------|--------------------------------------|------|

¹ To be completed for the Performance and Evaluation Report
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement
³ PHAs will include SH units in management of up to 100% of CIPF Grants for operations
⁴ SHF Funds shall be included here.

| Part III: Supporting Pages | | Grant Type and Number | | Federal FY of Grant | | | | |
|---|--|--|---------|---------------------------|----------------------|---------------------------------|--------------------------------|----------------|
| PHA Name: Hays Housing Authority | | Capital Fund Program Grant No: K516909150119 | | Federal FY of Grant: 2009 | | | | |
| | | CTEP (Yes/No): | | | | | | |
| | | Replacement Housing Factor Grant No: | | | | | | |
| Development Number Name/PHA Wide Activities | General Description of Major Work Categories | Development Account No. | Quality | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| Sumrise Apartments | Replacement of aging A/C units with higher efficiency units | 1460 | | 55,964.00 | | 51,964.00 | | In Progress |
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¹ To be completed for the Performance and Evaluation Report, and Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

| | | | | | |
|---|--|--|----------------------------|--------------------------|-----------------|
| Part I: Summary | | | | FY of Grant: 2009 | |
| PIA Name: | | Grant Type and Number: | | FY of Grant Approval: | |
| HHS Housing Authority: | | Capital Fund Program Grant No: KS-9708150170 | | | |
| | | Replacement Housing Form Grant No: | | | |
| | | Date of CFP: | | | |
| <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | | <input type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Final Performance and Evaluation Report | | | |
| Line | Summary by Development Account | Total Collected Cost | | Total Actual Cost | |
| | | Original | Revised¹ | Obligated | Expended |
| 1 | 1000 Other CFP Funds | | | | |
| 2 | 1026 Operation (may not exceed 20% of line 10) ² | | | | |
| 3 | 1040 Management Improvements | | | | |
| 4 | 1100 Administration (may not exceed 10% of line 20) ³ | 4,200.00 | | | |
| 5 | 1401 Audit | | | | |
| 6 | 1405 Equipped Damages | | | | |
| 7 | 1409 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1455 Dwelling Structures | 20,406.00 | | | |
| 11 | 1465 Dwelling Equipment - Non-Spendable | | | | |
| 12 | 1470 Non-Dwelling Structures | | | | |
| 13 | 1475 Non-Dwelling Equipment | 18,600.00 | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1499 Moving to Work Transitions | | | | |
| 16 | 3405 Relocation Costs | | | | |
| 17 | 1400 Development Activities ⁴ | | | | |

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

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

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

| Part I: Summary | | | | FFY of Grant: 2009 | |
|---|--|--|----------------------|--|----------|
| PHA Name: _____ PIA Number: _____ Affinity: _____ | | Grant Type and Number: Capital Fund Program Grant No: 2516P09130105 Replacement Housing Factor Grant No: Title of CFPP: _____ | | FFY of Grant Approval: _____ | |
| Type of Grant: <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Disruptions <input checked="" type="checkbox"/> Revised Annual Statement (revision no. 1) _____ <input type="checkbox"/> Performance and Evaluation Report for Period Ending: _____ <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Activity | Total Estimated Cost | | Total Actual Cost ¹ | |
| | | Original | Revised ² | Obligated | Expended |
| 18a | 1911 Utilization of Debt Service paid by the PHA | | | | |
| 18b | 504 Utilization of Debt Service paid Via Section 504 Payment | | | | |
| 19 | 1914 Contingency (may include 18% of line 20) | | | | |
| 20 | Amount of Annual Grant (sum of lines 18-19) | 42,496.00 | | | |
| 21 | Amount of line 20 Related to LBP Activities | | | | |
| 22 | Amount of line 20 Related to Section 504 Activities | | | | |
| 23 | Amount of line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of line 20 Related to Security - Hard Costs | | | | |
| 25 | Amount of line 20 Related to Energy Conservation Measures | | | | |
| Signature of Executive Director _____ | | Date _____ | | Signature of Public Housing Director _____ | |
| | | 09/28/09 | | | |

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 * PHAs with under 250 units in management may use 10% of CFP Grants for operations.
⁴ RHP funds shall be included here.

| Part II: Supporting Pages | | | | | | | | |
|---|--|----------------------------|--|----------------------|----------------------|----------------------------------|--------------------------------|----------------|
| PHA Name: Hays Housing Authority | | | Grant Type and Number Capital Fund Program Grant No. K916PC0170109 CFDF (Yes/No): Replacement Housing Factor Grant No: | | | Federal FY of Grant: 2009 | | |
| Development Number Name/PHA-W/Je Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost: | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| Sunrise Apartments | Clerical to Administer Capital Fund | 1410 | | 4,000.00 | | | | |
| Sunrise Apartments | Replacement of carpet tile, replacement of ranges and refrigerators | 1460 | | 20,496.00 | | | | |
| Sunrise Apartments | Replace Microwave blower | 1475 | | 8,000.00 | | | | |
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¹To be completed by the Performance and Evaluation Report on a Project Annual Statement.
²To be completed for the Performance and Evaluation Report.

| Part I: Summary | | | | 100% of Grants 2010 100% of Grant Approval: | |
|---|--|--|--------------------|--|-------------------|
| PHA Name: _____ | | Grant Type and Number: Capital Fund Program Grant No. _____ Replacement Housing Project Grant No. _____ Date of CFPE: _____ | | | |
| Key Housing Authority: _____ | | | | | |
| Type of Grant: <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Disaster Relief <input type="checkbox"/> Revised Annual Statement (jurisdiction) <input type="checkbox"/> Final Performance and Evaluation Report <input type="checkbox"/> Performance and Evaluation Report for Period Ending: _____ <input type="checkbox"/> Final Performance and Evaluation Report | | | | | |
| Line | Summary by Development Account | Original | Total Revised Cost | Obligated | Total Actual Cost |
| | | | Revised | | Expended |
| 1 | Total non-CFPE Funds | | | | |
| 2 | 142 Operations (may not exceed 20% of line 1) ² | | | | |
| 3 | 142 Management Improvements | | | | |
| 4 | 142 Administration (may not exceed 10% of line 2) | 4,000.00 | | | |
| 5 | 141 ADA | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 140 Fees and Costs | 2,000.00 | | | |
| 8 | 140 Site Acquisition | | | | |
| 9 | 140 Site Acquisition | 16,000.00 | | | |
| 10 | 140 Developing Structures | 18,000.00 | | | |
| 11 | 140 Developing Equipment—Nonresidential | | | | |
| 12 | 140 Non-developing structures | | | | |
| 13 | 140 Non-developing Equipment | | | | |
| 14 | 185 Demolition | | | | |
| 15 | 192 Moving to Other Development | | | | |
| 16 | 1495 Relocation Costs | | | | |
| 17 | 1499 Development Activities ³ | | | | |

¹ To be completed for the Performance and Evaluation Report
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement
³ PHAs with under 550 units in management may use 100% of CFPE Grants for operations
⁴ RHF funds shall be included here.

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

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

| | | | | | |
|---|--|---|----------------------------|--|-----------------|
| Part I: Summary | | | | | |
| PHA Name: | Grant Title and Number | F.Y. of Grant: 2010 | | | |
| Local Housing Authority | Capital Fund Program Grant No: | F.Y. of Grant Approval: | | | |
| | Replacement Housing Factor Grant No: | | | | |
| | Date of CFPP: | | | | |
| Type of Grant | | | | | |
| <input checked="" type="checkbox"/> Original Annual Statement | | <input type="checkbox"/> Reserve for Disasters/Emergencies | | <input type="checkbox"/> Revised Annual Statement (revision not) | |
| <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | | <input checked="" type="checkbox"/> Final Performance and Evaluation Report | | | |
| Line | Summary by Designated Account | Total Estimated Cost | | Total Actual Cost¹ | |
| | | Original | Revised² | Obtained | Expended |
| 18a | 1000 Collateralization on Debt Service paid by the PHA | | | | |
| 18w | 9000 Collateralization on Debt Service paid via System of Direct Payment | | | | |
| 19 | 1100 Fee Agency (only if actual 8% of line 20) | | | | |
| 20 | Amount of Annual Limit (sum of line 2 - 19) | 40,000.00 | | | |
| 21 | Amount of line 20 Related to LSP Activities | | | | |
| 22 | Amount of line 20 Related to Security - Soft Costs | | | | |
| 23 | Amount of line 20 Related to Security - Hard Costs | | | | |
| 24 | Amount of line 20 Related to Energy Conservation Measures | | | | |
| Signature of Executive Director | | Date | | Signature of Public Housing Director | |
| <i>Freddie McLean</i> | | 04/04/09 | | | |

¹ To be completed for the Performance and Evaluation Report
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 200 units in management may use 10% of CFPP Cost in Operations.
⁴ RIF lines still be included here

| Part II: Supporting Pages | | | | | | | | |
|--|---|---|----------|----------------------|----------------------------|---------------------------------|--------------------------------|----------------|
| PHIA Name: Days Housing Authority | | Grant Title and Number Capital Fund Program Grant No. CFPP (Yes/No) Replacement Housing Factor Grant No: | | | Federal FFY of Grant: 2010 | | | |
| Development Number Name/PHIA-Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised ¹ | Funds Obligated ² | Funds Expended ² | |
| Sunrise Apartments | Clerical to Administer Capital Fund | 1419 | | 4,000.00 | | | | |
| Sunrise Apartments | Physical Needs Assessment | 1420 | | 2,000.00 | | | | |
| Sunrise Apartments | Landscaping Improvements | 1430 | | 16,180.00 | | | | |
| Sunrise Apartments | Replacement of carpet tile | 1460 | | 18,000.00 | | | | |
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¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Capital Fund Program—Five-Year Action Plan

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

| Part I: Summary | | | | | | |
|---|--|---------------------------------------|---------------------------------------|---------------------------------------|--|---------------------------------------|
| PIA Name: <u>Heys Housing Authority - KS091</u> | | Locality: <u>Hays, Kansas</u> | | | <input checked="" type="checkbox"/> Original 5-Year Plan | Revision No. _____ |
| 4. | Developer Number and Name | Work Statement for Year 1 FFY 2011 | Work Statement for Year 2 FFY 2012 | Work Statement for Year 3 FFY 2013 | Work Statement for Year 4 FFY 2014 | Work Statement for Year 5 FFY 2015 |
| | <u>Sunrise Apartments KS09100001</u> | | | | | |
| D. | Physical Improvements Subtotal | | 54,000.00 | 54,000.00 | 60,000.00 | 60,000.00 |
| C. | Management Improvements | | | | | |
| D. | PIA-Wide Non-dwelling Structures and Equipment | | | | | |
| E. | Administration | | 4,000.00 | 4,000.00 | 4,000.00 | 4,000.00 |
| F. | Other | | | | | |
| G. | Operations | | | | | |
| H. | Demolition | | | | | |
| I. | Development | | | | | |
| J. | Capital Fund Financing Debt Service | | | | | |
| K. | Total CFF Funds | | | | | |
| L. | Total Non-CFF Funds | | | | | |
| M. | Grand Total | | 54,000.00 | 58,000.00 | 64,000.00 | 64,000.00 |

Capital Fund Program—Five-Year Action Plan

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

| Work Statement for Year 1 FFY 2010 | Work Statement for Year 2 FFY 2011 | | | Work Statement for Year 3 FFY 2012 | | |
|------------------------------------|---|----------------------------|----------------|---|----------------------------|----------------|
| | Development Number/Name General Description of Major Work Categories | Quantity | Estimated Cost | Development Number/Name General Description of Major Work Categories | Quantity | Estimated Cost |
| | Sunrise Apartments | | | Sunrise Apartments | | |
| | Leak Shower Replacements | | 50,000.00 | Concrete Replacement | | 35,000.00 |
| | Replace Closet Doors | | 20,000.00 | Replace Water Heaters | | 14,000.00 |
| | | | | Replace Sign | | 5,000.00 |
| | | | | | | |
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| | | | | | | |
| | | Subtotal of Estimated Cost | \$ | 50,000.00 | Subtotal of Estimated Cost | \$ |

Capital Fund Program—Five-Year Action Plan

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

Part II: Supporting Page – Physical Needs Work Statement(s)

| Work Statement for Year 1: FY 2010 | Work Statement for Year 1 FFY 2010 | | | Work Statement for Year 2 FFY 2011 | | |
|------------------------------------|---|----------|----------------|---|----------|----------------|
| | Development Number/Name General Description of Major Work Categories | Quantity | Estimated Cost | Development Number/Name General Description of Major Work Categories | Quantity | Estimated Cost |
| | Sunrise Apartments | | | Sunrise Apartments | | |
| | Replace Exterior Doors | | 25,000.00 | Replace Windows/storm windows/storm doors | | 40,000.00 |
| | Interior Painting | | 25,000.00 | Replace Patio Fences | | 90,000.00 |
| | Replace Tolerets | | 10,000.00 | | | |
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| | | | | | | |
| | Subtotal of Estimated Cost | \$ | 60,000.00 | Subtotal of Estimated Cost | \$ | 60,000.00 |

Capital Fund Program - Five-Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Figure 4.3A(2011)

| Work Statement For Year 1 - FY 2010 | Work Statement for Year 2 FY 2011 | | Work Statement for Year 3 FY 2012 | |
|-------------------------------------|---|--------------------|---|--------------------|
| | Development Number/Name General Description of Major Work Categories | Estimated Cost | Development Number/Name General Description of Major Work Categories | Estimated Cost |
| | [REDACTED] | Sunrise Apartments | | Sunrise Apartments |
| Clerical to administer Capital Fund | | 4,000.00 | Clerical to administer Capital Fund | 4,000.00 |
| | | | | |
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| | Subtotal of Estimated Cost \$ | 4,000.00 | Subtotal of Estimated Cost \$ | 4,000.00 |

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2013

| Work Statement for Year 1 FFY 2012 | Work Statement for Year 1 FFY 2013 | | Work Statement for Year 5 FFY 2014 | |
|------------------------------------|---|----------------------------|---|----------------|
| | Development Number/Name General Description of Major Work Categories | Estimated Cost | Development Number/Name General Description of Major Work Categories | Estimated Cost |
| | Sunrise Apartments Clerical to administer Capital Fund | \$ 4,000.00 | Sunrise Apartments Clerical to administer Capital Fund | \$ 4,000.00 |
| Subtotal of Estimated Cost | \$ 4,000.00 | Subtotal of Estimated Cost | \$ 4,000.00 | |

**PHA Certifications of Compliance
with PHA Plans and Related
Regulations**

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2517-0226
Expires 4/30/2011

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, or its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 5-Year and/or Annual PHA Plan for the PHA fiscal year beginning 01/2010, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 503.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses those recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and Title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining local programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50055 POC/MS Module in an accurate, complete and timely manner (as specified in PHH Notice 2005-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.76(a)(1)
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1974.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low- or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.

13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 35 or Part 56, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by its Plan in a manner consistent with its Plan and will utilize reverse grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available in all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certificate that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

Public Housing Authority

K5091

PHA Name

PHA Number/HA Code

2 Year PHA Plan for Fiscal Years 20¹⁰ - 20¹⁴

Annual PHA Plan for Fiscal Years 20¹⁰ - 20¹⁰

I hereby certify that all the information stated herein, as well as any facts making material the statements herein, are true and accurate. Warning: HUD will prosecute false statements. Conviction may result in criminal and/or civil penalties. (48 CFR 101-11.6, 101-11.612, 41 CFR 101-11.625, 28CFR)

Name of Authorized Official

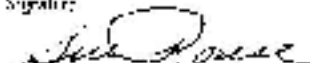
Title

Signature

Chairman, Board of Commissioners

Signature

Date



Sue Rouse, 2/20/09

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

Hays Housing Authority

Program/Activity: Housing/Section 8/Other Funding

Public Housing/Section 8

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Burnse Apartments
17D/A - 1717D Sunset Trail
(15 buildings; 30 apartments)
Hays, Elia, Kansas 67601

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

I hereby certify that all the information stated herein, as well as any information provided in the accompanying hereto file, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (HUD S.C. 1001, 1010, 31... S.C. 3724, 3632)

Name of Authorized Official

Kathy Nelson

Title

Executive Director

Signature

Kathy Nelson

Date

10/08/2009

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Hays Housing Authority

Program/Activity Receiving Federal Grant/Funding

Public Housing/Section 8

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

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

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-117, Disclosure Form to Report Lobbying, in accordance with its instructions.

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

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1353, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

Warning: HUD will assess a false claim penalty. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1011, 1012; 31 U.S.C. 3729, 3802)

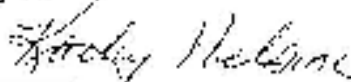
Name of Authorized Official

Kathy Nelson

Title

Executive Director

Signature



Date (mm/dd/yyyy)

10/08/2009

Previous edition is obsolete.

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

Approved by GAO
12MAR-0045

| | | |
|--|---|--|
| 1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guaranteed <input type="checkbox"/> f. loan insurance | 2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award | 3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____ |
| 4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subgrantee Tier _____, if known: <div style="text-align: center; font-size: 2em; font-family: cursive;">N/A</div> Congressional District, if known: 4c | 5. If Reporting Entity in No. 4 is a Subgrantee, Enter Name and Address of Prime: Congressional District, if known: | |
| 6. Federal Department/Agency: | 7. Federal Program Name/Description: OIRA Number, # applicable: _____ | |
| 8. Federal Action Number, if known: | 9. Award Amount, if known: \$ _____ | |
| 10. a. Name and Address of Lobbying Registrant (if individual last name, first name, MI): | b. Individuals Performing Services (including address if different from No. 10a): (last name, first name, MI): | |
| 11. <small>Information requested through this form is authorized by the 31 U.S.C. section 1352. The disclosure of lobbying activities is a material representation of fact and cannot be made without payment of the fee or unless the interest was made at insured rate. The disclosure requires payment to the GAO of 10% of the amount of the award. The disclosure is required pursuant to 31 U.S.C. 1352. The disclosure will be available for public release. Any person who has been the recipient of a disclosure shall be added to a confidential list and their disclosure will remain confidential for the life of the disclosure.</small> | Signature: <u><i>Kathy Nelson</i></u> Print Name: <u>Kathy Nelson</u> Title: <u>Executive Director</u> Telephone No.: <u>785 625 3188</u> Date: <u>10/15/2009</u> | |
| Federal Use Only: | Authorized for Local Reproduction Standard Form 111 (Rev. 7-97) | |

Civil Rights Certification

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

Civil Rights Certification

Annual Certification and Board Resolution

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


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

Hays Housing Authority

KS091

PHA Name

PHA Number/HA Code

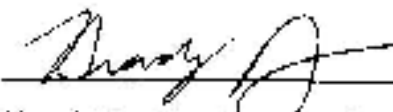
| | |
|--|---|
| <small>Please verify that all the information stated herein, as well as any information provided in the accompanying brochures, is true and accurate. Violating this rule may constitute a civil offense and may result in criminal and/or civil penalties. (14 U.S.C. 1021, 1510, 1610; 42 U.S.C. 3720, 3802)</small> | |
| Name of Authorized Official _____ _____ _____ | Sue Rouse Title: Chairman, Board of Commissioners _____ _____ _____ |
| SIGNATURE:  | Date: 10/19/2009 |

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

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

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

I, Bradley S. Reiff the Consolidated Plan Coordinator, Kansas Housing Resources Corporation certify that the Five Year and Annual PHA Plan of the Hays Housing Authority is consistent with the Consolidated Plan of the State of Kansas prepared pursuant to 24 CFR Part 91.



September 2, 2009
Signed / Dated by Appropriate State or Local Official