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: **2001**

## EFFINGHAM COUNTY HOUSING AUTHORITY

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

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HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

# PHA Plan
# Agency Identification

**PHA Name:** **EFFINGHAM COUNTY HOUSING AUTHORITY**

**PHA Number:** **IL062**

**PHA Fiscal Year Beginning: (mm/yyyy) 10/2001**

## PHA Plan Contact Information:


Name: **Gina Ziegler**
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TDD: **1-800-545-1833, EXT. 763**
Email (if available): **echa@xel.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 2001
[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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**Annual Plan**

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**Attachments**

☒ Attachment **il062a01**: Supporting Documents Available for Review
☒ Attachment **il062b01**: Capital Fund Program Annual Statement (FY 2001)
☒ Attachment **il062b01**: Capital Fund Program 5 Year Action Plan (FY 2001-2005)
☒ Attachment **il062c01**: Capital Fund Program Performance and Evaluation Report (FY 2000)
☐ Attachment __: Capital Fund Program Replacement Housing Factor Annual Statement (**Not Applicable)**
☐ Attachment __: Public Housing Drug Elimination Program (PHDEP) Plan **(Not Applicable)**
☒ Attachment **il062d01**: Resident Membership on PHA Board or Governing Body
☒ Attachment **il062e01**: Membership of Resident Advisory Board or Boards
☐ Attachment __: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)
☐ Other (List below, providing each attachment name)

## ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

**This Section is left blank since it is optional.**

## 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.

**We have made numerous changes to our policies and/or programs based on changes in statutes and/or HUD regulations that have occurred in the past year. HUD mandated all of these. In addition, we have made the following significant discretionary changes:**

1. **The minimum rent was increased to $50**

2. **We have made a revision to the Capital Fund for FY 2000 and the Capital Fund Five-Year Action Plan. In our original submission to HUD in FY 2000, all funds were allocated to Account 1406, Operations. Our revision allocates funding to various development accounts allowed under the Capital Fund Program. See Attachments il062b01 and il062c01 for detailed fund allocation.**

## 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? **$173,964**

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 as Attachment **il062b01**



HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

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

The Capital Fund Program Annual Statement is provided as Attachment **il062b01**

## 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

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



HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

## 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 Attached at Attachment (File name)

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

   ☐ The PHA changed portions of the PHA Plan in response to comments
   A list of these changes is included
   ☐ Yes ☐ No: below or
   ☐ Yes ☐ No: at the end of the RAB Comments in Attachment ____.

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

   ☐ Other: (list below)

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

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

1. Consolidated Plan jurisdiction: (provide name here) **State of Illinois**

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

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

   **The Housing Authority will continue to offer quality affordable housing to family, elderly and disabled households in its public housing program. The Housing Authority will continue to use available Capital Fund Program monies to maintain and upgrade these properties.**

☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

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

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

**The Consolidated Plan "Action Plan" for 2001 states that the State of Illinois will do the following, through the Illinois Housing Development Authority (IHDA):**

**Provide updates to its Resource Guide on homeownership programs available to low-income families.**

**Provide Notice Of Funding Availablity (NOFA) distribution to statewide housing organizations and advocacy groups on federal and state funding programs.**

**Participation of interested groups, including PHA groups, on its Advisory Committee.**

## 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:**

**Substantial deviations from the 5-year Plan occur when the Board of Commissioners decides that it wants to change the mission statement, goals or objectives of the 5-year plan.**

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

**Significant amendments or modifications to the Annual Plan are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the plans of the agency and which require formal approval of**

**the Board of Commissioners.**

# Attachment il062a01:
## Supporting Documents Available for Review

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

| List of Supporting Documents Available for Review | | |
|---|---|---|
| **Applicable & On Display** | **Supporting Document** | **Related Plan Component** |
| X | PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations | 5 Year and Annual Plans |
| N/A | 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 |
| X | Any policy governing occupancy of Police Officers in Public Housing ☒ check here if included in the public housing A&O Policy | Annual Plan: Eligibility, Selection, and Admissions Policies |
| N/A | Section 8 Administrative Plan | Annual Plan: Eligibility, Selection, and Admissions Policies |

| List of Supporting Documents Available for Review | | |
|---|---|---|
| **Applicable & On Display** | **Supporting Document** | **Related Plan Component** |
| X | Public housing rent determination policies, including the method for setting public housing flat rents<br>☒ 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<br>☐ check here if included in the public housing A & O Policy | Annual Plan: Rent Determination |
| N/A | Section 8 rent determination (payment standard) policies<br>☐ check here if included in Section 8 Administrative Plan | Annual Plan: Rent Determination |
| X | Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation) | Annual Plan: Operations and Maintenance |
| X | Results of latest binding Public Housing Assessment System (PHAS) Assessment | Annual Plan: Management and Operations |
| X | Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary) | Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency |
| N/A | Results of latest Section 8 Management Assessment System (SEMAP) | Annual Plan: Management and Operations |
| N/A | Any required policies governing any Section 8 special housing types<br>☐ check here if included in Section 8 Administrative Plan | Annual Plan: Operations and Maintenance |
| X | Public housing grievance procedures<br>☐ check here if included in the public housing A & O Policy | Annual Plan: Grievance Procedures |
| N/A | Section 8 informal review and hearing procedures<br>☐ 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 |
| N/A | Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants | Annual Plan: Capital Needs |
| N/A | 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 |

| List of Supporting Documents Available for Review | | |
|---|---|---|
| **Applicable & On Display** | **Supporting Document** | **Related Plan Component** |
| 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 |
| N/A | Approved or submitted applications for demolition and/or disposition of public housing | Annual Plan: Demolition and Disposition |
| N/A | Approved or submitted applications for designation of public housing (Designated Housing Plans) | Annual Plan: Designation of Public Housing |
| N/A | 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 |
| N/A | Approved or submitted public housing homeownership programs/plans | Annual Plan: Homeownership |
| N/A | Policies governing any Section 8 Homeownership program (section _____of the Section 8 Administrative Plan) | Annual Plan: Homeownership |
| N/A | 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 |
| N/A | 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 |
| N/A | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports | Annual Plan: Community Service & Self-Sufficiency |
| N/A | The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report | Annual Plan: Safety and Crime Prevention |

| List of Supporting Documents Available for Review | | |
|---|---|---|
| **Applicable & On Display** | **Supporting Document** | **Related Plan Component** |
| N/A | PHDEP-related documentation:<br>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;<br>· 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);<br>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;<br>· Coordination with other law enforcement efforts;<br>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and<br>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. | Annual Plan: Safety and Crime Prevention |
| X | Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G)<br>☒ 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 |
| N/A | Troubled PHAs: MOA/Recovery Plan | Troubled PHAs |
| | Other supporting documents (optional)<br>(list individually; use as many lines as necessary) | (specify as needed) |

# CAPITAL FUND PROGRAM TABLES START HERE

**il062b01**

## Annual Statement/Performance and Evaluation Report
## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

| PHA Name: | Grant Type and Number | Federal FY of Grant: |
|---|---|---|
| **Effingham County Housing Authority** | Capital Fund Program Grant No: **IL06P06250101**<br>Replacement Housing Factor Grant No: | **2001** |

☒ **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 | | | | |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration | | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | 12,964.00 | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | 161,000.00 | | | |
| 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 Collaterization or Debt Service | | | | |

## Annual Statement/Performance and Evaluation Report
## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

| PHA Name: | Grant Type and Number | Federal FY of Grant: |
|---|---|---|
| **Effingham County Housing Authority** | Capital Fund Program Grant No: **IL06P06250101**<br>Replacement Housing Factor Grant No: | **2001** |

☒ **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** |
| 20 | 1502 Contingency | | | | |
| 21 | Amount of Annual Grant: (sum of lines 2 – 20) | **173,964.00** | | | |
| 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: **EFFINGHAM COUNTY HOUSING AUTHORITY** | | **Grant Type and Number**<br>Capital Fund Program Grant No: **IL06P06250101**<br>Replacement Housing Factor Grant No: | | | | **Federal FY of Grant:**<br>**2001** | | |
|---|---|---|---|---|---|---|---|---|
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| | | | | | | | | |
| IL062001 | Insulation, screen doors and window replacement | 1460 | | 96,000.00 | | | | |
| IL062002 | Roofing,, gutters and insulation | 1460 | | 65,000.00 | | | | |
| PHA WIDE | Fees and Costs | 1430 | | 12,964.00 | | | | |

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

| PHA Name: **EFFINGHAM COUNTY HOUSING AUTHORITY** | **Grant Type and Number** Capital Fund Program No: **IL06P06250101** Replacement Housing Factor No: | **Federal FY of Grant:** **2001** |
|---|---|---|

| 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 | |
| | | | | | | | |
| IL062001 | 9/30/03 | | | 9/30/04 | | | |
| IL062002 | 9/30/03 | | | 9/30/04 | | | |
| PHA WIDE | 9/30/03 | | | 9/30/04 | | | |
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**il062b01**

# Capital Fund Program Five-Year Action Plan
## Part I: Summary

| PHA Name: **EFFINGHAM COUNTY HOUSING AUTHORITY** | | | | ☒ **Original 5-Year Plan** ☐ **Revision No:** | |
|---|---|---|---|---|---|
| Development Number/Name/HA-Wide | Year 1 | Work Statement for Year 2 FFY Grant: **2002** PHA FY: **10/1/2002** | Work Statement for Year 3 FFY Grant: **2003** PHA FY: **10/1/2003** | Work Statement for Year 4 FFY Grant: **2004** PHA FY: **10/1/2004** | Work Statement for Year 5 FFY Grant: **2005** PHA FY: **10/1/2005** |
| | Annual Statement | | | | |
| **IL062-001** | | 125,000.00 | 29,297.00 | 117,405.00 | 57,500.00 |
| **IL062-002** | | -0- | 70,000.00 | -0- | 22,000.00 |
| **IL062-003** | | 34,297.00 | -0- | -0- | 10,000.00 |
| **IL062-004** | | -0- | 20,000.00 | -0- | 6,000.00 |
| **IL062-006** | | -0- | 40,000.00 | -0- | 11,000.00 |
| **IL062-008** | | -0- | -0- | -0- | 38,464.00 |
| **PHA-WIDE** | | 14,667.00 | 14,667.00 | 56,559.00 | 29,000.00 |
| | | | | | |
| | | | | | |
| | | | | | |
| CFP Funds Listed for 5-year planning | | **173,964.00** | **173,964.00** | **173,964.00** | **173,964.00** |
| | | | | | |
| Replacement Housing Factor Funds | | | | | |

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

| Activities for Year 1 | Activities for Year: **2**<br>FFY Grant: **2002**<br>PHA FY: **10/1/2002** | | | Activities for Year: **3**<br>FFY Grant: **2003**<br>PHA FY: **10/1/2003** | | |
|---|---|---|---|---|---|---|
| | **Development Name/Number** | **Major Work Categories** | **Estimated Cost** | **Development Name/Number** | **Major Work Categories** | **Estimated Cost** |
| See | IL062-001 | Roofing and gutters | **125,000.00** | IL062-001 | Bathroom Renovation | **29,297.00** |
| Annual | | | | | | |
| Statement | IL062-003 | Bathroom Renovation | **34,297.00** | IL062-002 | Bathroom Renovation | **70,000.00** |
| | | | | | | |
| | PHA-WIDE | Fees and Costs | **14,667.00** | IL062-004 | Bathroom Renovation | **20,000.00** |
| | | | | | | |
| | | | | IL062-006 | Bathroom Renovation | **40,000.00** |
| | | | | | | |
| | | | | PHA-WIDE | Fees and Costs | **14,667.00** |
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| | | | | | | |
| | | **Total CFP Estimated Cost** | **$173,964.00** | | | **$173,964.00** |

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

| Activities for Year: **4**<br>FFY Grant: **2004**<br>PHA FY: **10/1/2004** | | | Activities for Year: **5**<br>FFY Grant: **2005**<br>PHA FY: **10/1/2005** | | |
|---|---|---|---|---|---|
| **Development Name/Number** | **Major Work Categories** | **Estimated Cost** | **Development Name/Number** | **Major Work Categories** | **Estimated Cost** |
| IL062-001 | Bathroom Renovation | **117,405.00** | IL062-001 | Closet Doors | **57,500.00** |
| | | | | | |
| PHA-WIDE | Electrical Work | **40,000.00** | IL062-002 | Closet Doors | **22,000.00** |
| PHA-WIDE | Fees and Costs | **16,559.00** | | | |
| | | | IL062-003 | Closet Doors | **10,000.00** |
| | | | | | |
| | | | IL062-004 | Closet Doors | **6,000.00** |
| | | | | | |
| | | | IL062-006 | Closet Doors | **11,000.00** |
| | | | | | |
| | | | IL062-008 | Kitchen Lights | **18,464.00** |
| | | | | | |
| | | | IL062-008 | Lavatories | **20,000.00** |
| | | | | | |
| | | | PHA-WIDE | Fees and Costs | **29,000.00** |
| | | | | | |
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| | | | | | |
| | **Total CFP Estimated Cost** | **$173,964.00** | | | **$173,964.00** |

# CAPITAL FUND PROGRAM TABLES START HERE

**il062c01**

## Annual Statement/Performance and Evaluation Report
## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

| PHA Name: | Grant Type and Number | Federal FY of Grant: |
|---|---|---|
| EFFINGHAM COUNTY HOUSING AUTHORITY | Capital Fund Program Grant No: IL06P06250100<br>Replacement Housing Factor Grant No: | 2000 |

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies ☐Revised Annual Statement (revision no: )
☒Performance and Evaluation Report for Period Ending: 3/31/01 ☐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 | 171.182.00 | | | |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration | | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | 18,260.00 | 18,260.00 | -0- |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | | 152,922.00 | -0- | -0- |
| 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 Collaterization or Debt Service | | | | |

## Annual Statement/Performance and Evaluation Report
## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

| PHA Name: | Grant Type and Number | Federal FY of Grant: |
|---|---|---|
| EFFINGHAM COUNTY HOUSING AUTHORITY | Capital Fund Program Grant No: **IL06P06250100**<br>Replacement Housing Factor Grant No: | 2000 |

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no: )**
☒ **Performance and Evaluation Report for Period Ending: 3/31/01** ☐ **Final Performance and Evaluation Report**

| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost | |
|---|---|---|---|---|---|
| | | Original | Revised | Obligated | Expended |
| 20 | 1502 Contingency | | | | |
| 21 | Amount of Annual Grant: (sum of lines 2 – 20) | **171,182.00** | **171,182.00** | **18,260.00** | **-0-** |
| 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: **EFFINGHAM COUNTY HOUSING AUTHORITY** | | **Grant Type and Number**<br>Capital Fund Program Grant No: **IL06P06250100**<br>Replacement Housing Factor Grant No: | | | | **Federal FY of Grant:**<br>**2000** | | |
|---|---|---|---|---|---|---|---|---|
| Development Number Name/HA-Wide Activities | General Description of Major Work Categories | Dev. Acct No. | Quantity | Total Estimated Cost | | Total Actual Cost | | Status of Work |
| | | | | Original | Revised | Funds Obligated | Funds Expended | |
| PHA Wide | Operations | 1406 | | 171,182.00 | -0- | | | |
| PHA Wide | Fees and Costs | 1430 | | | 18,260.00 | 18,260.00 | -0- | |
| PHA Wide | Windows and Screens | 1460 | | | 152,922.00 | -0- | -0- | |

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

| PHA Name: **EFFINGHAM COUNTY HOUSING AUTHORITY** | **Grant Type and Number** Capital Fund Program No: **IL06P06250100** Replacement Housing Factor No: | **Federal FY of Grant:** **2000** |
|---|---|---|

| 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 | |
| PHA Wide | 9/30/02 | | | 9/30/03 | | | |
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## Required Attachment il062e01: Membership of the Resident Advisory Board or Boards

i. 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.)

**Rachel Boone**
**Wilma Shoemaker**
**Vicki Verdeyen**
**Marjorie Bushur**
**Floyd Nieukirk**
**Loretta Weaver**