

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

Housing Authority of Greene County
325 N. Carr Street, P.O. Box 336
White Hall, Illinois 62092

Small PHA Plan Update
Annual Plan for Fiscal Year: 2002
Five Year Plan for Fiscal Years: 2003-2006

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

PHA Plan Agency Identification

PHA Name: Housing Authority of Greene County, Illinois

PHA Number: IL072

PHA Fiscal Year Beginning: (mm/yyyy) 1/2002

PHA Plan Contact Information:

Name: Mr. Randell A. Hutchens, Executive Director

Phone: 217-374-2128

TDD:

Email (if available): gcha@irtc.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 On

**Annual PHA Plan
Fiscal Year 2002**
[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.

Contents	<u>Page #</u>
Annual Plan – il072v02	
i. Executive Summary (optional)	
ii. Annual Plan Information	
iii. Table of Contents	
1. Description of Policy and Program Changes for the Upcoming Fiscal Year	
2. Capital Improvement Needs	
3. Demolition and Disposition	
4. Homeownership: Voucher Homeownership Program	
5. Crime and Safety: PHDEP Plan	
6. Other Information:	
A. Resident Advisory Board Consultation Process	
B. Statement of Consistency with Consolidated Plan	
C. Criteria for Substantial Deviations and Significant Amendments	
Attachments	
<input checked="" type="checkbox"/> Attachment A: Supporting Documents Available for Review	
<input checked="" type="checkbox"/> Attachment il072a02: Capital Fund Program Annual Statement – see separate attachment entitled: il072a02 on Capital Fund Program Tables.	
<input checked="" type="checkbox"/> Attachment il072a02: Capital Fund Program 5 Year Action Plan - see separate attachment entitled: il072a02 on Capital Fund Program Tables.	
<input type="checkbox"/> Attachment <u>N/A</u> : Capital Fund Program Replacement Housing Factor Annual Statement	
<input checked="" type="checkbox"/> Attachment B: Resident Membership on PHA Board or Governing Body	
<input checked="" type="checkbox"/> Attachment C: Membership of Resident Advisory Board or Boards	
<input checked="" type="checkbox"/> Attachment D: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text)	
<input type="checkbox"/> Attachment <u>N/A</u> : Public Housing Drug Elimination Program (PHDEP) Plan	
<input checked="" type="checkbox"/> Other (Voluntary Conversion Initial Assessment- Attachment List il072bo2	
<input checked="" type="checkbox"/> Performance and Evaluation Report CFP IL06-PO72-50100 - Attachment il072c02	
<input checked="" type="checkbox"/> Performance and Evaluation Report CFP IL06-PO72-50101 – Attachment il072d02	

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

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

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.

There are no changes in policies or programs.

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? \$ 348,870.00

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

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as a separate attachment entitled: il072a02 on Capital Fund Program Tables.

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as a separate attachment as part of il072a02 above.

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

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

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

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

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

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

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

with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards

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

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

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

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

B. What is the amount of the PHA’s estimated or actual (if known) PHDEP grant for the upcoming year? \$ Not applicable

- 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) D

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 D.
- Other: (list below)

The members of the Residents Advisory Board agreed with the PHA Plans as covered in FFY 2002 Annual Statement & Five Year Plan.

B. Statement of Consistency with the Consolidated Plan

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

- 1. Consolidated Plan jurisdiction: State of 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)
 - 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)

No actions or commitments are anticipated from the State of Illinois.

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: No substantial deviations from the 5 year Plan.

B. Significant Amendment or Modification to the Annual Plan: There are not significant amendments or modifications to the Annual Plan

Attachment A
Supporting Documents Available for Review

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

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
N/A	Section 8 rent determination (payment standard) policies <input type="checkbox"/> 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 <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
N/A	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
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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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 (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

X	Component 10 (B) Voluntary Conversion Initial Assessment – See attachment il072b02	Annual Plan
---	--	-------------

Required Attachment B: Resident Member on the PHA Governing Board

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

A. Name of resident member(s) on the governing board: Mr. Leland Carnes

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

Elected

Appointed

C. The term of appointment is (include the date term expires): 5 years; effective 8/10/99

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

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

Other (explain):

B. Date of next term expiration of a governing board member: 6/2001

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

Mr. Eric Ivers, County Board Chairman

Mr. Mark Shade, Vice-Chairman

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

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

1. Lois Ellis
2. John Chapman
3. Leland Carnes
4. Dora Mae Lemons
5. Doris Wheeler
6. Maxine Booth
7. Stanley Pyatt

Required Attachment D:

**Comments of Resident Advisory Board or Boards & Explanation of PHA Response
(must be attached if not included in PHA Plan text)**

The members of the Resident Advisory Board agreed with the PHA Plans as articulated in the Annual Statement for FFY 2002 and Five Year Plan.

PHA Public Housing Drug Elimination Program Plan

- Not Applicable to the Housing Authority of Greene County

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

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

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

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

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

E. Target Areas

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

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

F. Duration of Program

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

12 Months _____ 18 Months _____ 24 Months _____

G. PHDEP Program History (Not Applicable)

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

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1995						
FY 1996						
FY 1997						
FY1998						
FY 1999						

Section 2: PHDEP Plan Goals and Budget (Not Applicable)

A. PHDEP Plan Summary

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

B. PHDEP Budget Summary (Not Applicable)

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

FFY _____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide

information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

						Total PHDEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

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

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

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

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

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

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

9160 - Drug Prevention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9170 - Drug Intervention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9190 - Other Program Costs					Total PHDEP Funds: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDep Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

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

PHA Name: Housing Authority of Greene County	Grant Type and Number Capital Fund Program Grant No: CFP IL06-PO72-50102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
---	--	-------------------------------------

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	8,000			
3	1408 Management Improvements				
4	1410 Administration	1,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	41,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	81,870			
10	1460 Dwelling Structures	207,000			
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	10,000			
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	348,870			
22	Amount of line 21 Related to LBP Activities	0			

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

PHA Name: Housing Authority of Greene County	Grant Type and Number Capital Fund Program Grant No: CFP IL06-PO72-50102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
---	--	--

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
23	Amount of line 21 Related to Section 504 compliance	0			
24	Amount of line 21 Related to Security – Soft Costs	0			
25	Amount of Line 21 Related to Security – Hard Costs	0			
26	Amount of line 21 Related to Energy Conservation Measures	51,000			

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

PHA Name: Housing Authority of Greene County		Grant Type and Number Capital Fund Program Grant No: CFP IL06-PO72-50102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IL 72-3/Glen Rowe	Light Fixture Replacement	1460	32 units	20,000				
	Asbestos Removal & Floor Tile Replacement	1460	32 units	68,000				
	Bi-fold Closet Door Replacement	1460	32 units	28,000				
	Subtotal			116,000				
IL 72-5/Kane Apts.	Roof Replacement	1460	6 buildings	25,000				
	Exterior Entry Door & Hardware Replacement	1460	10 units	11,000				
	Sidewalk Replacement	1450	Lump Sum	10,000				
	Subtotal			46,000				
IL 76-6/Eldred Apts.	Exterior Entry Door & Hardware Replacement	1460	10 units	10,000				
	Sidewalk Replacement	1450	Lump Sum	10,000				
	Subtotal			20,000				

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

PHA Name: Housing Authority of Greene County		Grant Type and Number Capital Fund Program Grant No: CFP IL06-PO72-50102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IL 72-7/9 th & Maple Apts	Exterior Entry Door & Hardware Replacement	1460	20 units	20,000				
	Sidewalk Replacement	1450	Lump Sum	10,099				
	Subtotal			30,099				
IL 72-4/Lincoln Drive Apts.	Exterior Entry Door & Hardware Replacement	1460	20 units	10,000				
	Sidewalk Replacement	1450	Lump Sum	51,771				
	Subtotal			61,771				
HA WIDE	Roof Replacement –Maintenance Building	1460	Lump Sum	15,000				
	Operations	1406	Lump Sum	8,000				
FEES & COSTS	A/E Fees for preparation of bid documents and inspections	1430	Lump Sum	26,000				
	Modernization Consultant Services Fees	1430	Lump Sum	15,000				
	Relocation	1495	Lump Sum	10,000				
	Advertisement for bidding	1410	Lump Sum	1,000				
	Subtotal			75,000				
	TOTAL			348,870				

**Annual Statement/Performance and Evaluation Report
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

Part III: Implementation Schedule

PHA Name: Housing Authority of Greene County		Grant Type and Number Capital Fund Program No: CFP IL06-PO72-50102 Replacement Housing Factor No:					Federal FY of Grant: 2002	
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		
IL 72-3/Glen Rowe Apts.	12/31/2003			9/30/2004				
IL 72-4/Kane Apts.	12/31/2003			9/30/2004				
IL 72-6/Eldred Apts.	12/31/2003			9/30/2004				
IL 72-7/9 th & Maple Street Apts.	12/31/2003			9/30/2004				
IL 72-4/Lincoln Drive Apts.	12/31/2003			9/30/2004				

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

PHA Name:		Housing Authority of Greene County			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
Development Number/ Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 3 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 4 FFY Grant: 2005 PHA FY: 2005	Work Statement for Year 5 FFY Grant: 2006 PHA FY: 2006	
IL 72-1/Tunison Apts.	Annual Statement	102,350	0	0	0	
IL 72-1/Lincoln Homes		90,600	0	0	0	
IL 72-3/Glen Rowe Apts.		29,000	0	0	0	
IL72-4/Lincoln Drive Apts.		22,350	0	129,100	0	
IL 72-4/Prather Drive Apts.		10,000	0	91,000	0	
IL 72-4/Park Drive		23,800	81,450	70,000	0	
IL 72-5/Kane Apts.		0	0	0	99,200	
IL 72-6.Eldred Apts.		0	0	0	77,800	
IL 72-7/9 th & Maple St. Apts.		0	0	0	108,750	
Relocation		10,000	0	10,000	10,000	
HA WIDE		0	200,000	0	0	
Fees & Costs		42,000	42,000	42,000	42,000	
Operations		18,770	25,420	6,770	11,120	
CFP Funds Listed for 5-yr planning		348,870	348,870	348,870	348,870	

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

Activities for Year 1	Activities for Year : <u> 2 </u> FFY Grant: 2003 PHA FY: 01/2003			Activities for Year: <u> 3 </u> FFY Grant: 2004 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	IL 72-1/Tunison Apts.	Gas Lines	20,000	IL 72-4/Park Drive Apts	Light Fixtures	9,500
Annual		TV System	4,000		Exterior Entry Doors	14,350
Statement		Cover Hardboard Siding	9,350		Storm Doors	8,000
		Locks & Door Hardware	5,000		A/C Sleeves	6,000
		Sidewalks & Parking	27,000		Windows	43,600
		Asbestos floor tile removal	30,000	HA WIDE	Office Renovation	200,000
		Furnace Room Doors	7,000		Operations	25,420
		Subtotal	102,350	Fees & Costs	A/E Fees	27,000
					Mod. Consultant Fees	15,000
	IL 72-1/Lincoln Homes	Gas Lines	25,000			
		Cover Hardboard Siding	12,000			
		Locks & Door Hardware	5,600			
		Asbestos Tile Removal	30,000			
		Furnace Room Doors	14,000			
		TV System	4,000			
		Subtotal	90,600			
	IL 72-3/Glen Rowe	Gas Lines	25,000			
		TV Systems	4,000			
		Subtotal	29,000			
Total CFP Estimated Cost			\$			\$ 348,870

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

Activities For Year 1	Activities for Year : <u> 2 </u> FFY Grant: 2003 PHA FY: 01/2003			Activities for Year: <u> 4 </u> FFY Grant: 2005 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	IL 72-4/Lincoln Drive	Exterior Entry Door	14,350	IL 72-4/Lincoln Drive	Light Fixtures	9,500
Annual		Storm Doors	8,000		Windows	43,600
Statement		Subtotal	22,350		A/C Sleeves	6,000
					Kitchen Cabinets	35,000
	IL 72-4/Prather Drive	Sidewalks & Parking	10,000		Asbestos Floor Tile	35,000
		Subtotal	10,000		Subtotal	129,100
	IL 72-4/Park Drive	Sidewalks & Parking	20,000	IL 72-4/Prather Drive	Light Fixtures	5,000
		TV Systems	3,800		Exterior Entry Doors	7,500
		Subtotal	23,800		Storm Doors	4,000
					Windows	26,500
	IL 72-1 (Project Wide)	Relocation	10,000		A/C Sleeves	3,000
	Fees & Costs	A/E Fees	27,000		Kitchen Cabinets	20,000
		Modernization Consultant	15,000		Asbestos Floor Tile	25,000
		Subtotal	52,000		Subtotal	91,000
	HA WIDE	Operations	18,770	IL 72-4/Park Drive	Kitchen Cabinets	35,000
					Asbestos Floor Tile	35,000
					Subtotal	70,000
				IL 72-4 (Project Wide)	Relocation	10,000
				HA Wide	Operations	6,770
				Fees & Costs	A/E Fees	27,000
					Mod. Consultant	15,000
		Total CFP Estimated Cost	\$ 348,870			\$ 348,870

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

Activities for Year : 5
FFY Grant: 2006 PHA FY: 01/2006

Activities for Year: ____
FFY Grant: PHA FY:

Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
IL 72-5/Kane	Windows	34,900			
	A/C Sleeves	3,000			
	Light Fixtures	4,800			
	Furnaces	15,000			
	Trash Enclosures	1,500			
	Floor Tile	20,000			
	Closet Doors	20,000			
IL 72-6/Eldred	Floor Tile	20,000			
	TV System	1,900			
	Trash Enclosures	1,500			
	Light Fixtures	4,800			
	Windows	34,900			
IL 72-7/9 th & Maple	A/C Sleeves	3,000			
	Exterior & Storm Doors	11,700			
	Floor Tile	30,000			
	TV System	3,800			
	Trash Enclosures	3,000			
	Exterior & Storm Doors	22,350			
	Windows	43,600			
HA WIDE Fees & Costs	A/C Sleeves	6,000			
	Relocation	10,000			
	A/E Fees	27,000			
	Mod. Consultant Fees	15,000			
	Operations	11,120			
Total CFP Estimated Cost		\$ 348,870			\$

Attachment il049b02 - Component 10 (B) Voluntary Conversion Initial Assessments

- a. How many of the PHA's developments are subject to the Required Initial Assessments? (4)
- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? (4)
- c. How many Assessments were conducted for the PHA's covered developments? (4)
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments: (4)

Development Name	Number of Units
None	0

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

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

PHA Name: Housing Authority of Greene County	Grant Type and Number Capital Fund Program Grant No: CFP IL06-PO72-50100 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
--	---	---

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)

Performance and Evaluation Report for Period Ending: 9/30/01 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	46,964		38,094.78	30,131.16
3	1408 Management Improvements	7,200		2,596.63	2,596.63
4	1410 Administration	13,500		13,500.00	12,302.39
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	17,935		17,935.00	17,935.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	256,500		249,613.11	71,999.79
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	342,099		321,739.52	134,964.97
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	0			

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

PHA Name: Housing Authority of Greene County	Grant Type and Number Capital Fund Program Grant No: CFP IL06-PO72-50100 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
--	---	---

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 9/30/01 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
24	Amount of line 21 Related to Security – Soft Costs	0			
25	Amount of Line 21 Related to Security – Hard Costs	0			
26	Amount of line 21 Related to Energy Conservation Measures	0			

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

PHA Name: Housing Authority of Greene County		Grant Type and Number Capital Fund Program Grant No: CFP IL06-PO72-50102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-WIDE	OPERATIONS	1406	L.S.	46,964		38,094.78	30,131.16	64%
	Computer Software				10,500.00	10,500.00	10,500.00	Complete
	Phase 1 – Technical Training				2,546.34	2,546.34	2,546.34	Complete
	Phase 2 – Technical Training				2,285.47	2,285.47	2,285.47	Complete
	Gas Line Training				1,213.32	1,213.32	1,215.32	Complete
	Phase 3 – Technical Training				178.75	178.75	178.75	Complete
	Advertisement – PHA Plan				206.80	206.80	206.80	Complete
	Advertisement - PHA Plan				108.00	108.00	108.00	Complete
	Advertisement – PHA Plan				71.90	71.90	71.90	Complete
	Advertisement – PHA Plan				43.20	43.20	43.20	Complete
	Gas Line Training				1,582.00	1,582.00	1,582.00	Complete
	A/E Fees – remainder of contract				7,565.00	7,565.00	1,351.38	75 %
	A/C Sleeves				9,792.00	9,792.00	9,792.00	Complete
	Blinds				1,750.00	1,750.00	0	10 %
	Subtotal			46,964.00		38,094.78	38,094.78	
	Upgrade Computers	1408	L.S.	7,200.00		2,596.63	2,596.63	Complete
	CIAP Coordinator & Clerical	1410	L.S.	13,500.00		13,500.00	12,302.39	91 %
	Fees & Costs	1430. 1	L.S.	17,935.00				
	A/E Fees				17,435.00	17,435.00	17,435.00	

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

PHA Name: Housing Authority of Greene County		Grant Type and Number Capital Fund Program Grant No: CFP IL06-P072-50100 Replacement Housing Factor Grant No:				Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA WIDE	Environmental Services – release of funds.	1430. 2	L.S.	0	500.00	500.00	500.00	Complete
	Subtotal			17,935.00	17,935.00	17,935.00	17,935.00	
IL 72-3, Glen Rowe & IL 72-4, Prather Drive	Dwelling Structures	1460	2 sites	256,500.00		249,613.11	71,999.79	42 %
	Subtotal			256,500.00		249,613.11	71,999.79	
	TOTAL			\$342,099.00	342,099.000	321,739.52	134,964.97	

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

PHA Name: Housing Authority of Greene County		Grant Type and Number Capital Fund Program No: CFP IL06-PO72-50100 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	
IL 72-3, Glen Rowe	12/31/2001			3/31/2002			
IL 72-4, Prather Drive	12/31/2001			3/31/2002			

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

PHA Name: Housing Authority of Greene County	Grant Type and Number Capital Fund Program Grant No: CFP IL06-P072-50101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
--	---	------------------------------

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 9/30/01 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	6,771		0	0
3	1408 Management Improvements				
4	1410 Administration	1,000		0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	38,000		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	118,000		0	0
10	1460 Dwelling Structures	175,000		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	10,000		0	0
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	348,870		0	0
22	Amount of line 21 Related to LBP Activities				

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

PHA Name: Housing Authority of Greene County	Grant Type and Number Capital Fund Program Grant No: CFP IL06-P072-50101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
--	---	------------------------------

Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 9/30/01
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
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: Housing Authority of Greene County		Grant Type and Number Capital Fund Program Grant No: CFP IL06-PO72-50101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IL 72-2, Prairie Court, Greenfield	Sidewalk Replacement	1450	L.S.	10,000	0	0	0	Pending A/E contract
	Parking Lot Renovation	1450	L.S.	30,000	0	0	0	“ “
	Boundry Fencing Installation –Delete	1450	L.S.	8,000	0	0	0	“ ”
	Roof Replacement	1460	11 bldgs.	55,099	0	0	0	Pending A/E Contract
	Kitchen Cabinet Replacement	1460	21 units	20,000	0	0	0	“ “
	Floor Tile & Asbestos Material Removal	1460	21 units	60,000	0	0	0	“ “
	Furnaces – Delete	1460	21 units	40,000	0	0	0	“ “
IL 72-3, Glen Rowe, Roodhouse	Sidewalk Replacement	1450	L.S.	10,000	0	0	0	“ “
	Parking Lot Renovation	1450	L.S.	20,000	0	0	0	“ “
IL 72-4, Lincoln Drive, White Hall	Sidewalk Replacement	1450	L.S.	20,000	0	0	0	“ “
	Parking Lot Renovation							
HA- Wide	A/E Fees – Preparation of Bid Documents & Inspection	1430.1	1 YEAR	24,000	0	0	0	Pending A/E contract
	CFP Program Consultant	1430.2	1 YEAR	14,000	0	0	0	Pending completion of CFP 50100 work items
	Operations	1406	L.S.	6,771	0	0	0	
	Advertisement for preparation of bid documents.	1410	L.S.	1,000	0	0	0	

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

PHA Name: Housing Authority of Greene County		Grant Type and Number Capital Fund Program Grant No: CFP IL06-PO72-50101 Replacement Housing Factor Grant No:			Federal FY of Grant: 2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Relocation of IL 72-2 residents	1495. 1	L.S.	10,000	0	0	0	
	TOTAL			348,870	0	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: Housing Authority of Greene County	Grant Type and Number Capital Fund Program No: CFP IL06-PO72-50101 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	
IL 72-2, Prairie Court	12/31/02			12/31/2003			
IL 72-3, Glen Rowe	12/31/02			12/31/2003			
IL 72-4, Lincoln Drive	12/31/02			12/31/2003			

