

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

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# PHA Plans

5 Year Plan for Fiscal Years 2003 - 2007  
Annual Plan for Fiscal Year 2003

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

**PHA Plan  
Agency Identification**

**PHA Name:** Springfield Housing Authority

**PHA Number:** IL004

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

**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
- PHA local 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
- PHA local offices
- Main administrative office of the local government
- Main administrative office of the County government
- Main administrative office of the 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)

**5-YEAR PLAN**  
**PHA FISCAL YEARS 2003 - 2007**  
[24 CFR Part 903.5]

**A. 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. (select one of the choices below)

- The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- The PHA's mission is: (state mission here)

**The Springfield Housing Authority is the primary leader in providing quality affordable housing to individuals and families, while encouraging partnerships necessary for residents to develop self-sufficiency and to be productive members of the community.**

**Statement of Progress: The Springfield Housing Authority is continuing to service an increasing number of public housing and Section 8 clients. The number of Family Self-Sufficiency program graduates and the amount of escrow funds disbursed has increased each year.**

**B. Goals**

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

**HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.**

- PHA Goal: Expand the supply of assisted housing  
Objectives:
- Apply for additional rental vouchers:
  - Reduce public housing vacancies:
  - Leverage private or other public funds to create additional housing opportunities:
  - Acquire or build units or developments
  - Other (list below)  
**Pursue the disposition/demolition of aged hi-rise buildings.**

**Statement of Progress: The Springfield Housing Authority is slowly reducing the amount of vacancies in public housing developments. Additional housing opportunities are happening in the final phase of the HOPE VI project with the addition of 27 units of affordable housing. The SHA continues to partner with the Capital City Coalition to develop 25 units of permanent supportive housing to homeless persons with special needs.**

- PHA Goal: Improve the quality of assisted housing
- Objectives:
  - Improve public housing management: (PHAS score) To be a high performer
  - Improve voucher management: (SEMAP score) To be a Section 8 high-performer
  - Increase customer satisfaction:
  - Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections) Quality of maintenance service responsiveness.
  - Renovate or modernize public housing units: Continue to update units.
  - Demolish or dispose of obsolete public housing: To explore options to combat a declining occupancy rate and pursue the disposition/demolition of aged hi-rise buildings.
  - Provide replacement public housing:
  - Provide replacement vouchers: Distribute the vouchers received for the replacement of the units lost with IL 4-01 John Hay Homes.
  - Other: (list below)

**Statement of Progress: The SHA has improved its PHAS score and SEMAP score, including levels of customer satisfaction. Concentrated efforts to update the current stock of public housing units are in place.**

- PHA Goal: Increase assisted housing choices
- Objectives:
  - Provide voucher mobility counseling:
  - Conduct outreach efforts to potential voucher landlords
  - Increase voucher payment standards
  - Implement voucher homeownership program: Continue with and expand the Section 8 Homeownership Program.
  - Implement public housing or other homeownership programs: Continue to administer the homeownership program at Madison Park Place (HOPE VI); and the off-site MPP as well as initiate and develop home ownership opportunities at 4-22.
  - Implement public housing site-based waiting lists: Administer site-based waiting lists for projects IL4-10, IL4-20, IL4-22, and Madison Park Place.
  - Convert public housing to vouchers:
  - Other: (list below)

**Statement of Progress: The Section 8 department instituted a monthly landlord training class. The Section 8 voucher homeownership program is fully operational, in addition to the HOPE VI homeownership program already in place. Site-based waiting lists have shortened the waiting list for specific bedroom needs.**

**HUD Strategic Goal: Improve community quality of life and economic vitality**

- PHA Goal: Provide an improved living environment
  - Objectives:
    - Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:  
Deconcentration at IL4-05
    - Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments: Madison Park Place (HOPE VI) is a mixed-income development.
    - Implement public housing security improvements: Purchase additional lighting; keep SHA Security force at full-staff; purchase additional exterior cameras; purchase personal security devices for residents.
    - Designate developments or buildings for particular resident groups (elderly, persons with disabilities) SHA will update its current designations in accordance with CFR's
    - Other: (list below)

**Statement of Progress: The Springfield Housing Authority continues to implement deconcentration measures by promoting and advertising mixed-income developments. Additional security cameras and lighting have been purchased for various developments. SHA is updating its current designations.**

**HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals**

- PHA Goal: Promote self-sufficiency and asset development of assisted households
  - Objectives:
    - Increase the number and percentage of employed persons in assisted families: Emphasize participation in the FSS program whereby Job Development Specialists and FSS Specialists can work one-on one to connect participants with employment and educational resources.
    - Provide or attract supportive services to improve assistance recipients' employability: Initiate and maintain cooperative agreements with area support service agencies; work with local continuum of care.
    - Provide or attract supportive services to increase independence for the elderly or families with disabilities: Work with area social service providers through Memorandums of Agreement of service delivery and referrals. The Springfield Housing Authority will hire, in accordance with HUD (PIH notice 2003-22) an Elderly/Disabled Service Coordinator to further its concentration and efforts for this area.

Other: (list below)

**Statement of Progress: The Springfield Housing Authority Family Self-Sufficiency program has grown each year of its operation, with more families graduating and increased amounts of escrow funds disbursed. Job Development Specialists are connecting individuals with educational resources and job opportunities. The Springfield Housing Authority has ongoing partnerships with Springfield Center for Independent Living and Mental Health Centers of Illinois to assist residents with their needs to maintain independence.**

**HUD Strategic Goal: Ensure Equal Opportunity in Housing for all Americans**

- PHA Goal: Ensure equal opportunity and affirmatively further fair housing  
Objectives:
- Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:
  - Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:
  - Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:
  - Other: (list below)

**Statement of Progress: The Springfield Housing Authority continues its efforts to offer clean, safe, affordable housing to ALL persons needing housing assistance.**

**Other PHA Goals and Objectives: (list below)**

1. To encourage and support the youth of today toward becoming the leaders of tomorrow.
2. To be the best landlord in the Springfield Community.
3. To obtain and maintain partnerships and agreements with the various community resources.
4. To equip residents with the skills to become self-sufficient.
5. To provide quality housing.
6. To achieve a 97% occupancy rate.
7. To improve the overall image of the Springfield Housing Authority.
8. To establish an income stream apart from that generated by rental income.
9. Move towards disposition and revitalization efforts of the (5) SHA hi-rise buildings.
10. Move toward the consolidation of SHA administrative operations and maintenance from multiple locations to one central location.
11. Develop retail space in the Madison Park Place subdivision.

**Statement of Progress: The Springfield Housing Authority continues to work toward implementing measures to reach each of its other goals and objectives.**

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

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

**Standard Plan**

**Streamlined Plan:**

- High Performing PHA**
- Small Agency (<250 Public Housing Units)**
- Administering Section 8 Only**

**Troubled Agency Plan**

**ii. Executive Summary of the Annual PHA Plan**

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

**iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

**Table of Contents**

Page #

**Annual Plan**

- i. Executive Summary
- ii. Table of Contents
  - 1. Housing Needs
  - 2. Financial Resources
  - 3. Policies on Eligibility, Selection and Admissions
  - 4. Rent Determination Policies
  - 5. Operations and Management Policies
  - 6. Grievance Procedures
  - 7. Capital Improvement Needs
  - 8. Demolition and Disposition
  - 9. Designation of Housing
  - 10. Conversions of Public Housing
  - 11. Homeownership
  - 12. Community Service Programs
  - 13. Crime and Safety

- 14. Pets (Inactive for January 1 PHAs)
- 15. Civil Rights Certifications (included with PHA Plan Certifications)
- 16. Audit
- 17. Asset Management
- 18. Other Information

**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. Note: 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.

**Required Attachments:**

- Admissions Policy for Deconcentration
- FY 2003 Capital Fund Program Annual Statement
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

**Optional Attachments:**

- PHA Management Organizational Chart
- FY 2000 Capital Fund Program 5 Year Action Plan
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)

- il004a01 ACOP
- il004a02 Policy Changes, Community Service Requirement, Deconcentration Policy
- il004a03 Organizational Chart
- il004a04 CFP 1998
- il004a05 CFP 1999
- il004a06 a-e CFP 2000
- il004a07 a-d CFP 2001
- il004a08 CFP 2002
- il004a09 CFP 2003
- il004a10 RHF 1998
- il004a11 RHF 1999
- il004a12 RHF 2000
- il004a13 RHF 2001
- il004a14 RHF 2002
- il004a15 CFP 5-Year

**Supporting Documents Available for Review**

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

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: 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	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) 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), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology 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
X	Section 8 rent determination (payment standard) policies <input checked="" 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	Annual Plan: Operations and Maintenance

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	eradication of pest infestation (including cockroach infestation)	
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
X	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	Approved or submitted applications for demolition and/or disposition of public housing (1629 E. Glenn)	Annual Plan: Demolition and Disposition
X	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	Annual Plan: Conversion of Public Housing
X	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program <input checked="" type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	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
X	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	Other supporting documents (optional)	(specify as needed)

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	(list individually; use as many lines as necessary)	

## 1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

### A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Affordability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	4,384	4	3	3	1	1	4
Income >30% but <=50% of AMI	2,979	4	3	3	1	1	4
Income >50% but <80% of AMI	3,677	3	2	3	1	1	3
Elderly	2,627	4	2	3	1	1	3
Families with Disabilities	N/A	3	2	3	1	1	2
Caucasian	N/A						
African/American	N/A						
Latino	N/A						
Asian/PI	N/A						

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

- Consolidated Plan of the Jurisdiction/s  
Indicate year: 2000-2004
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset: Integrated into Consolidated Plan
- American Housing Survey data  
Indicate year:

- Other housing market study  
Indicate year:
- Other sources: (list and indicate year of information)

### B. Housing Needs of Families on the Public Housing and Section 8 Tenant- Based Assistance Waiting Lists

State the housing needs of the families on the PHA's waiting list/s. **Complete one table for each type of PHA-wide waiting list administered by the PHA.** PHAs may provide separate tables for site-based or sub-jurisdictional public housing waiting lists at their option.

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/>	Section 8 tenant-based assistance		
<input type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	290		
Extremely low income <=30% AMI	26	9%	
Very low income (>30% but <=50% AMI)	251	87%	
Low income (>50% but <80% AMI)	13	4%	
Families with children	182	63%	
Elderly families	26	9%	
Families with Disabilities	36	12%	
White	84	29%	
Black	202	70%	

Housing Needs of Families on the Waiting List			
Hispanic	2	1%	
Other	2	1%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? 7 months			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <i>Mainstream Voucher to Family Unification Program</i>			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	314		
Extremely low income <=30% AMI	301	96%	
Very low income (>30% but <=50% AMI)	13	14%	
Low income (>50% but <80% AMI)	0	0	
Families with children	275	88%	

<b>Housing Needs of Families on the Waiting List</b>			
Elderly families	13	4%	
Families with Disabilities	37	12%	
Caucasian	93	30%	
Black	213	68%	
Hispanic	3	1%	
Other	5	2%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	92		
2 BR	124		
3 BR	55		
4 BR	24		
5 BR	19		
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

### **C. Strategy for Addressing 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**, and the Agency's reasons for choosing this strategy.

#### **(1) Strategies**

**Need: Shortage of affordable housing for all eligible populations**

**Strategy 1. Maximize the number of affordable units available to the PHA within its current resources by:**

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units

- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)  
Marketing Efforts

**Strategy 2: Increase the number of affordable housing units by:**

Select all that apply

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed - finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below)

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30 % of AMI**

Select all that apply

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- Employ admissions preferences aimed at families with economic hardships
- Adopt rent policies to support and encourage work
- Other: (list below)  
Encourage participation in the Springfield Housing Authority Family Self-Sufficiency Program.

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work
- Other: (list below)

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- Seek designation of public housing for the elderly
- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: (list below): Develop and promote additional amenities in elderly developments.

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

- Seek designation of public housing for families with disabilities: Continue to update designations in accordance with the CFR's.
- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available: Implement the Mainstream Housing Opportunities for Persons with Disabilities with Grant awarded to the Springfield Housing Authority
- Affirmatively market to local non-profit agencies that assist families with disabilities
- Other: (list below)  
Further develop partnerships with agencies that work with disabled populations.

**Need: Specific Family Types: Races or ethnicities with disproportionate housing needs**

**Strategy 1: Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs:**

Select if applicable

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs

Other: (list below)

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
- Market the section 8 program to owners outside of areas of poverty /minority concentrations
- Other: (list below)

**Other Housing Needs & Strategies: (list needs and strategies below)**

**(2) Reasons for Selecting Strategies**

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- Funding constraints
- Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community
- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Influence of the housing market on PHA programs
- Community priorities regarding housing assistance
- Results of consultation with local or state government
- Results of consultation with residents and the Resident Advisory Board
- Results of consultation with advocacy groups
- Other: (list below)

**2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2003 grants)</b>		
a) Public Housing Operating Fund	2,443,829.00	Public housing
b) Public Housing Capital Fund	1,281,500.00	See plan
c) HOPE VI Revitalization	N/A	
d) HOPE VI Demolition	N/A	
e) Annual Contributions for Section 8 Tenant-Based Assistance	11,084,576.00	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	N/A	
g) Resident Opportunity and Self-Sufficiency Grants	250,000.00	
h) Community Development Block Grant	N/A	
i) HOME	N/A	
Other Federal Grants (list below)		
<b>Federal Home Loan Bank of Chicago</b>	17,953.00	HOPE VI Development: Madison Park Place
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
PHDEP 2001	12,500.00	Safety and Security
CFP 2000	324,017.00	Mod and Admin
CFP 2001	782,539.00	Mod and Admin
CGP2002	1,480,561.00	Mod and Admin
CGP 2003	N/A	
HOPE VI URD Grant	1,965,784.00	
<b>3. Public Housing Dwelling Rental Income</b>		
Excess Utilities	15,000.00	Public Utilities
<b>4. Other income (list below)</b>		
Other Income (misc.) 2003	97,221.00	Public Housing
<b>4. Non-federal sources (list below)</b>		
Teen REACH Grant IDHS-2003	55,000.00	Youth Programs
Teen REACH Grant IDHS-2002	14,801.00	Youth Programs
CSPAP	193.00	Youth Programs
Summer Food IL State Board of Education	13,000.00	Youth Food Programs

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
Total resources	\$19,838,474.00	

### **3. PHA Policies Governing Eligibility, Selection, and Admissions**

[24 CFR Part 903.7 9 (c)]

#### **A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

##### **(1) Eligibility**

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: As soon as possible.
- Other: (describe)  
When all requested information has been verified.

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- Criminal or Drug-related activity
- Rental history
- Housekeeping: For developments IL4-20, IL4-22 and IL4-10
- Other (describe)

c.  Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d.  Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e.  Yes  No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

**(2)Waiting List Organization**

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)

- Community-wide list
- Sub-jurisdictional lists
- Site-based waiting lists
- Other (describe)

b. Where may interested persons apply for admission to public housing?

- PHA main administrative office
- PHA development site management office
- Other (list below)

c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year?

Four: elderly conventional family, 4-10 Johnson Park-Lincolnwood/4-20  
Scattered Site/4-22 Scattered Site, 4-24 Madison Park Place Homeownership (HOPEVI)

2.  Yes  No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?

3.  Yes  No: May families be on more than one list simultaneously  
If yes, how many lists? Three (Most individuals are not interested in both rental and for-purchase homes)

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- PHA main administrative office
- All PHA development management offices
- Management offices at developments with site-based waiting lists
- At the development to which they would like to apply
- Other (list below)

**(3) Assignment**

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- One
- Two
- Three or More

b.  Yes  No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

**(4) Admissions Preferences**

a. Income targeting:

Yes  No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- Emergencies
- Overhoused
- Underhoused
- Medical justification
- Administrative reasons determined by the PHA (e.g., to permit modernization work)
- Resident choice: (state circumstances below)
- Other: (list below)

c. Preferences

1.  Yes  No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If “no” is selected, skip to subsection **(5) Occupancy**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness

- High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

- Working families and those unable to work because of age or disability  
 Veterans and veterans' families  
 Residents who live and/or work in the jurisdiction  
 Those enrolled currently in educational, training, or upward mobility programs  
 Households that contribute to meeting income goals (broad range of incomes)  
 Households that contribute to meeting income requirements (targeting)  
 Those previously enrolled in educational, training, or upward mobility programs  
 Victims of reprisals or hate crimes  
 Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use "1" more than once, "2" more than once, etc.

Date and Time

Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability  
 Veterans and veterans' families  
 Residents who live and/or work in the jurisdiction  
 Those enrolled currently in educational, training, or upward mobility programs  
 Households that contribute to meeting income goals (broad range of incomes)  
 Households that contribute to meeting income requirements (targeting)  
 Those previously enrolled in educational, training, or upward mobility programs  
 Victims of reprisals or hate crimes  
 Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:

- The PHA applies preferences within income tiers

- Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Occupancy**

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

- The PHA-resident lease  
 The PHA's Admissions and (Continued) Occupancy policy  
 PHA briefing seminars or written materials  
 Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

- At an annual reexamination and lease renewal  
 Any time family composition changes  
 At family request for revision  
 Other (list)

**(6) Deconcentration and Income Mixing**

a.  Yes  No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b.  Yes  No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

- Adoption of site based waiting lists  
If selected, list targeted developments below:
- Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments  
If selected, list targeted developments below:
- Employing new admission preferences at targeted developments

If selected, list targeted developments below:

- Other (list policies and developments targeted below)  
Offering incentives to those individuals who are willing to move into an impacted area (IL4-05)

d.  Yes  No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

- Additional affirmative marketing  
 Actions to improve the marketability of certain developments  
 Adoption or adjustment of ceiling rents for certain developments  
 Adoption of rent incentives to encourage deconcentration of poverty and income-mixing  
 Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts  
 List (any applicable) developments below:  
Springfield Housing Authority Family Developments, specifically Brandon Court (IL4-05)

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts  
 List (any applicable) developments below:

## **B. Section 8**

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### **(1) Eligibility**

a. What is the extent of screening conducted by the PHA? (select all that apply)

- Criminal or drug-related activity only to the extent required by law or regulation
- Criminal and drug-related activity, more extensively than required by law or regulation
- More general screening than criminal and drug-related activity (list factors below)
- Other (list below)

b.  Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

c.  Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

d.  Yes  No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

Criminal or drug-related activity

Other (describe below)

The Springfield Housing Authority will provide the name, address and telephone number of previous landlords to prospective landlords if the information is requested.

**(2) Waiting List Organization**

a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)

None

Federal public housing

Federal moderate rehabilitation

Federal project-based certificate program

Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

PHA main administrative office

Other (list below)

**(3) Search Time**

a.  Yes  No: Does the PHA give extensions on standard 60-day period to search for a unit?

If yes, state circumstances below:

If an applicant is unable to find suitable housing within the standard 60-day period, an extension may be granted. Medical reasons may also substantiate an extension to the standard 60-day search period.

**(4) Admissions Preferences**

a. Income targeting

- Yes  No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 75% of all new admissions to the section 8 program to families at or below 30% of median area income?

b. Preferences

1.  Yes  No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)

2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

3. If the PHA will employ admissions preferences, please prioritize by placing a "1" in the space that represents your first priority, a "2" in the box representing your second priority, and so on. If you give equal weight to one or more of these

choices (either through an absolute hierarchy or through a point system), place the same number next to each. That means you can use “1” more than once, “2” more than once, etc.

Date and Time

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans’ families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

- Date and time of application
- Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for “residents who live and/or work in the jurisdiction” (select one)

- This preference has previously been reviewed and approved by HUD
- The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

- The PHA applies preferences within income tiers
- Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Special Purpose Section 8 Assistance Programs**

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)

- The Section 8 Administrative Plan
- Briefing sessions and written materials
- Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?

- Through published notices
- Other (list below)  
Through informational materials disseminated from the Springfield Housing Authority Administrative Office.

**4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

**A. Public Housing**

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

**(1) Income Based Rent Policies**

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

- The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

- The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)

- \$0  
 \$1-\$25  
 \$26-\$50

2.  Yes  No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below:

c. Rents set at less than 30% than adjusted income

1.  Yes  No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

1. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

Senior developments have a ceiling/flat rent of \$325.00.

All developments have set ceiling rents based on the FMR's.

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

- For the earned income of a previously unemployed household member  
 For increases in earned income  
 Fixed amount (other than general rent-setting policy)  
If yes, state amount/s and circumstances below:

- Fixed percentage (other than general rent-setting policy)  
If yes, state percentage/s and circumstances below:

- For household heads  
 For other family members  
 For transportation expenses  
 For the non-reimbursed medical expenses of non-disabled or non-elderly families  
 Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

- Yes for all developments
- Yes but only for some developments
- No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- For all developments
- For all general occupancy developments (not elderly or disabled or elderly only)
- For specified general occupancy developments
- For certain parts of developments; e.g., the high-rise portion
- For certain size units; e.g., larger bedroom sizes
- Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- Market comparability study
- Fair market rents (FMR)
- 95<sup>th</sup> percentile rents
- 75 percent of operating costs
- 100 percent of operating costs for general occupancy (family) developments
- Operating costs plus debt service
- The "rental value" of the unit
- Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

- Never
- At family option
- Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)\_\$100/month\_\_\_\_\_
- Other (List Below)  
Anytime a family experiences an income decrease with a threshold amount of \$100.00.

- g.  Yes  No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

## **(2) Flat Rents**

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

- The section 8 rent reasonableness study of comparable housing  
 Survey of rents listed in local newspaper  
 Survey of similar unassisted units in the neighborhood  
 Other (list/describe below)  
Fair market rents.

## **B. Section 8 Tenant-Based Assistance**

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### **(1) Payment Standards**

Describe the voucher payment standards and policies.

- a. What is the PHA's payment standard? (select the category that best describes your standard)

- At or above 90% but below 100% of FMR  
 100% of FMR  
 Above 100% but at or below 110% of FMR  
 Above 110% of FMR (if HUD approved; describe circumstances below)

- b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

- FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area  
 The PHA has chosen to serve additional families by lowering the payment standard  
 Reflects market or submarket  
 Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level?  
(select all that apply)

- FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
- Reflects market or submarket
- To increase housing options for families
- Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)

- Annually
- Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- Success rates of assisted families
- Rent burdens of assisted families
- Other (list below)  
Rent Reasonableness Study/Market Conditions.

## **(2) Minimum Rent**

a. What amount best reflects the PHA's minimum rent? (select one)

- \$0
- \$1-\$25
- \$26-\$50

b.  Yes  No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

Exemptions from Component 5: High performing and small PHAs are not required to complete this section. Section 8 only PHAs must complete parts A, B, and C(2)

### **A. PHA Management Structure**

Describe the PHA's management structure and organization.  
(select one)

- An organization chart showing the PHA's management structure and organization is attached.
- A brief description of the management structure and organization of the PHA follows:

**B. HUD Programs Under PHA Management**

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

<b>Program Name</b>	<b>Units or Families Served at Year Beginning 2003</b>	<b>Expected Turnover</b>
Public Housing	959	120
Section 8 Vouchers	1898	50
Section 8 Certificates	N/A	N/A
Section 8 Mod Rehab	N/A	N/A
Special Purpose Section 8 Certificates/Vouchers (list individually)	New construction-100 Project based-36 Family unification -21 Mainstream Vouch-70	4
Public Housing Drug Elimination Program (PHDEP)	N/A	
Other Federal Programs(list individually)	ShelterPlus-7	2

**C. Management and Maintenance Policies**

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

- (1) Public Housing Maintenance and Management: (list below)
  - 1. Admissions and Continued Occupancy Policy
  - 2. Housing Management and Standard Operating Procedure
  - 3. Personnel Policy
  - 4. Maintenance Standard Operating Procedure
  - 5. Mod/Development Standard Operating Procedures

6. Pest Control Policy
7. One Strike Policy
8. Criminal Trespass Policy
9. Standard Security Procedures
10. Check Signing Policy
11. Funds Transfer Policy
12. Investment Guidelines
13. Capitalization Policy

(1) Section 8 Management: (list below)

1. Section 8 Administrative Plan
2. Section 8 Standard Operating Procedures
3. Section 8 Private Landlord Workshop Booklet

## **6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

Exemptions from component 6: High performing PHAs are not required to complete component 6. Section 8-Only PHAs are exempt from sub-component 6A.

### **A. Public Housing**

1.  Yes  No: Has the PHA established any written grievance procedures in addition to federal requirements found at 24 CFR Part 966, Subpart B, for residents of public housing?

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

- PHA main administrative office  
 PHA development management offices  
 Other (list below)

### **B. Section 8 Tenant-Based Assistance**

1.  Yes  No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)

- PHA main administrative office  
 Other (list below)

## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

Exemptions from Component 7: Section 8 only PHAs are not required to complete this component and may skip to Component 8.

### **A. Capital Fund Activities**

Exemptions from sub-component 7A: PHAs that will not participate in the Capital Fund Program may skip to component 7B. All other PHAs must complete 7A as instructed.

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

Using parts I, II, and III of the Annual Statement for the Capital Fund Program (CFP), identify capital activities the PHA is proposing for the upcoming year to ensure long-term physical and social viability of its public housing developments. This statement can be completed by using the CFP Annual Statement tables provided in the table library at the end of the PHA Plan template **OR**, at the PHA's option, by completing and attaching a properly updated HUD-52837.

Select one:

- The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) Attachment A

-or-

- The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

#### **(2) Optional 5-Year Action Plan**

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

- a.  Yes  No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name) Attachment B

-or-

The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

## **B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)**

Applicability of sub-component 7B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

Yes  No: a) Has the PHA received a HOPE VI revitalization grant? (if no, skip to question c; if yes, provide responses to question b for each grant, copying and completing as many times as necessary)  
b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name: Madison Park Place
2. Development (project) number: IL06URD004L194 (IL4-23)
3. Status of grant: (select the statement that best describes the current status)

- Revitalization Plan under development
- Revitalization Plan submitted, pending approval
- Revitalization Plan approved
- Activities pursuant to an approved Revitalization Plan underway

Yes  No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?  
If yes, list development name/s below:

Yes  No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?  
If yes, list developments or activities below:

- Yes  No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?  
If yes, list developments or activities below: Demolition of 1629 E. Glenn , a single family unit.

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

Applicability of component 8: 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 component 9; if “yes”, complete one activity description for each development.)

### 2. Activity Description

- Yes  No: Has the PHA provided the activities description information in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 9. If “No”, complete the Activity Description table below.)

<b>Demolition/Disposition Activity Description</b>
1a. Development name: Major Byrd
1b. Development (project) number: IL 4-2
2. Activity type: Demolition <input checked="" type="checkbox"/> Partial or Full Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(04/05/04)</u>
5. Number of units affected: 50/76
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development-Major Byrd-IL 4-2
7. Timeline for activity: a. Actual or projected start date of activity: October, 2004 b. Projected end date of activity: December, 2006

<b>Demolition/Disposition Activity Description</b>
1a. Development name: 1629 East Glen (Scattered Site)
1b. Development (project) number: IL 4-19

2. Activity type: Demolition <input checked="" type="checkbox"/> Partial or Full Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (5/23/03 )
5. Number of units affected: One
6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development-1629 E. Glen
7. Timeline for activity: a. Actual or projected start date of activity: April 2004 b. Projected end date of activity: June 2004

<b>Demolition/Disposition Activity Description</b>
1a. Development name: 407 West Hay (Scattered-Site) 1b. Development (project) number: IL 4-18
2. Activity type: Demolition <input type="checkbox"/> Partial or Full Disposition <input checked="" type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: (02/26/2004)
5. Number of units affected: 1
6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: February 2004 b. Projected end date of activity: December 2004

**9. Designation of Public Housing for Occupancy by Elderly Families or Families with Disabilities or Elderly Families and Families with Disabilities**

[24 CFR Part 903.7 9 (i)]

Exemptions from Component 9; Section 8 only PHAs are not required to complete this section.

1.  Yes  No: Has the PHA designated or applied for approval to designate or does the PHA plan to apply to designate any public housing for occupancy only by the elderly families or only by families with

disabilities, or by elderly families and families with disabilities or will apply for designation for occupancy by only elderly families or only families with disabilities, or by elderly families and families with disabilities as provided by section 7 of the U.S. Housing Act of 1937 (42 U.S.C. 1437e) in the upcoming fiscal year? (If “No”, skip to component 10. If “yes”, complete one activity description for each development, unless the PHA is eligible to complete a streamlined submission; PHAs completing streamlined submissions may skip to component 10.) **The SHA has designated developments.**

2. Activity Description

Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 10. If “No”, complete the Activity Description table below.

<b>Designation of Public Housing Activity Description</b>
1a. Development name: Major Byrd Apartments 1b. Development (project) number: IL4-02
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input checked="" type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA’s Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <u>(6/16/99)</u>
5. If approved, will this designation constitute a (select one) <b>N/A</b> <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 75 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

<b>Designation of Public Housing Activity Description</b>
1a. Development name: Bonansinga 1b. Development (project) number: IL4-03 (1)
2. Designation type: Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>

<p>3. Application status (select one)</p> <p>Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/></p> <p>Submitted, pending approval <input type="checkbox"/></p> <p>Planned application <input type="checkbox"/></p>
<p>4. Date this designation approved, submitted, or planned for submission: <u>(6/16/1999)</u></p>
<p>5. If approved, will this designation constitute a (select one) <b>N/A</b></p> <p><input type="checkbox"/> New Designation Plan</p> <p><input type="checkbox"/> Revision of a previously-approved Designation Plan?</p>
<p>6. Number of units affected: 98</p> <p>7. Coverage of action (select one)</p> <p><input type="checkbox"/> Part of the development</p> <p><input checked="" type="checkbox"/> Total development</p>

<b>Designation of Public Housing Activity Description</b>
<p>1a. Development name: Sankey Towers Apartments</p> <p>1b. Development (project) number: IL4-03(2) and IL4-06</p>
<p>2. Designation type:</p> <p>Occupancy by only the elderly <input checked="" type="checkbox"/></p> <p>Occupancy by families with disabilities <input type="checkbox"/></p> <p>Occupancy by only elderly families and families with disabilities <input type="checkbox"/></p>
<p>3. Application status (select one)</p> <p>Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/></p> <p>Submitted, pending approval <input type="checkbox"/></p> <p>Planned application <input type="checkbox"/></p>
<p>4. Date this designation approved, submitted, or planned for submission: <u>(9/24/01)</u></p>
<p>5. If approved, will this designation constitute a (select one) <b>N/A</b></p> <p><input type="checkbox"/> New Designation Plan</p> <p><input type="checkbox"/> Revision of a previously-approved Designation Plan?</p>
<p>6. Number of units affected: 75</p> <p>7. Coverage of action (select one)</p> <p><input type="checkbox"/> Part of the development</p> <p><input checked="" type="checkbox"/> Total development</p>

<b>Designation of Public Housing Activity Description</b>
<p>1a. Development name: Hildebrandt Senior Apartments</p> <p>1b. Development (project) number: IL4-09</p>
<p>2. Designation type:</p> <p>Occupancy by only the elderly <input type="checkbox"/></p> <p>Occupancy by families with disabilities <input type="checkbox"/></p> <p>Occupancy by only elderly families and families with disabilities <input checked="" type="checkbox"/></p>
<p>3. Application status (select one)</p> <p>Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/></p> <p>Submitted, pending approval <input type="checkbox"/></p> <p>Planned application <input type="checkbox"/></p>

4. Date this designation approved, submitted, or planned for submission: <u>(9/24/01)</u>
5. If approved, will this designation constitute a (select one) <b>N/A</b> <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 150 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

**10. Conversion of Public Housing to Tenant-Based Assistance**

[24 CFR Part 903.7 9 (j)]

Exemptions from Component 10; Section 8 only PHAs are not required to complete this section.

**A. Assessments of Reasonable Revitalization Pursuant to section 202 of the HUD FY 1996 HUD Appropriations Act**

1.  Yes  No: Have any of the PHA’s developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If “No”, skip to component 11; if “yes”, complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description

Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? If “yes”, skip to component 11. If “No”, complete the Activity Description table below. **N/A**

<b>Conversion of Public Housing Activity Description</b>
1a. Development name: 1b. Development (project) number:
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current

status)

- Conversion Plan in development
- Conversion Plan submitted to HUD on: (DD/MM/YYYY)
- Conversion Plan approved by HUD on: (DD/MM/YYYY)
- Activities pursuant to HUD-approved Conversion Plan underway

5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)

- Units addressed in a pending or approved demolition application (date submitted or approved: \_\_\_\_\_)
- Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: \_\_\_\_\_)
- Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: \_\_\_\_\_)
- Requirements no longer applicable: vacancy rates are less than 10 percent
- Requirements no longer applicable: site now has less than 300 units
- Other: (describe below)

**B. Reserved for Conversions pursuant to Section 22 of the U.S. Housing Act of 1937**

**C. Reserved for Conversions pursuant to Section 33 of the U.S. Housing Act of 1937**

## **11. Homeownership Programs Administered by the PHA**

[24 CFR Part 903.7 9 (k)]

### **A. Public Housing**

Exemptions from Component 11A: Section 8 only PHAs are not required to complete 11A.

1.  Yes  No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S. Housing Act of 1937 (42 U.S.C. 1437z-4). (If “No”, skip to

component 11B; if “yes”, complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

Yes  No: Has the PHA provided all required activity description information for this component in the **optional** Public Housing Asset Management Table? (If “yes”, skip to component 12. If “No”, complete the Activity Description table below.)

<b>Public Housing Homeownership Activity Description (Complete one for each development affected)</b>	
1a. Development name: Madison Park Place	
1b. Development (project) number: IL-06-URD-0040-1194 (IL4-24)	
2. Federal Program authority:	
<input checked="" type="checkbox"/>	HOPE IV
<input checked="" type="checkbox"/>	5(h)
<input type="checkbox"/>	Turnkey III
<input type="checkbox"/>	Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one)	
<input checked="" type="checkbox"/>	Approved; included in the PHA’s Homeownership Plan/Program
<input type="checkbox"/>	Submitted, pending approval
<input type="checkbox"/>	Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (07/18/2000)	
5. Number of units affected: 44	
6. Coverage of action: (select one)	
<input checked="" type="checkbox"/>	Part of the development
<input type="checkbox"/>	Total development

**B. Section 8 Tenant Based Assistance**

1.  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 component 12; if “yes”, describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program

Yes  No: Will the PHA limit the number of families participating in the section 8 homeownership option?

If the answer to the question above was yes, which statement best describes the number of participants? (select one)

- 25 or fewer participants  
 26 - 50 participants  
 51 to 100 participants  
 more than 100 participants

b. PHA-established eligibility criteria

Yes  No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below:

## **12. PHA Community Service and Self-sufficiency Programs**

[24 CFR Part 903.7 9 (l)]

Exemptions from Component 12: High performing and small PHAs are not required to complete this component. Section 8-Only PHAs are not required to complete sub-component C.

See attachment il004a02.

### **A. PHA Coordination with the Welfare (TANF) Agency**

1. Cooperative agreements:

Yes  No: Has the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

If yes, what was the date that agreement was signed? 4/27/99

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

- Client referrals  
 Information sharing regarding mutual clients (for rent determinations and otherwise)  
 Coordinate the provision of specific social and self-sufficiency services and programs to eligible families

- Jointly administer programs
- Partner to administer a HUD Welfare-to-Work voucher program
- Joint administration of other demonstration program
- Other (describe)

**B. Services and programs offered to residents and participants**

**(1) General**

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

- Public housing rent determination policies
- Public housing admissions policies
- Section 8 admissions policies
- Preference in admission to section 8 for certain public housing families
- Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- Preference/eligibility for public housing homeownership option participation
- Preference/eligibility for section 8 homeownership option participation
- Other policies (list below)

b. Economic and Social self-sufficiency programs

- Yes  No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use. )

<b>Services and Programs</b>				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)

<i>Family Self-Sufficiency Program 200 North Eleventh Street Springfield, IL 62703</i>	374	<i>Any resident of Public Housing or Section 8 who wants to seek and maintain employment and become free from welfare assistance.</i>	<i>Springfield Housing Authority FSS Program-SHA main office  FSS coordinator FSS specialists or FSS Job Developmen Welfare assistancet</i>	<i>Both</i>

**(2) Family Self Sufficiency program/s**

a. Participation Description

<b>Family Self Sufficiency (FSS) Participation</b>		
<b>Program</b>	<b>Required Number of Participants (start of FY 2003 Estimate)</b>	<b>Actual Number of Participants (As of: DD/MM/YY)</b>
Public Housing	0	75
Section 8	72	269
HOPE VI	0	17

- b.  Yes  No: If the PHA is not maintaining the minimum program size required by HUD, does the most recent FSS Action Plan address the steps the PHA plans to take to achieve at least the minimum program size?  
If no, list steps the PHA will take below:

**C. Welfare Benefit Reductions**

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
- Informing residents of new policy on admission and reexamination

- Actively notifying residents of new policy at times in addition to admission and reexamination.
- Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- Establishing a protocol for exchange of information with all appropriate TANF agencies
- Other: (list below)

**D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937**

The Springfield Housing Authority has initiated a Community Service Plan effective 10/01/00. The plan consists of letters being sent to inform residents of this regulation. Administration of the plan is done through partnerships with local service agencies.

**13. PHA Safety and Crime Prevention Measures**

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

**A. Need for measures to ensure the safety of public housing residents**

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

- High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- Residents fearful for their safety and/or the safety of their children
- Observed lower-level crime, vandalism and/or graffiti
- People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- Other (describe below)

2. What information or data did the PHA use to determine the need for PHA actions to improve safety of residents (select all that apply).

- Safety and security survey of residents
- Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- Analysis of cost trends over time for repair of vandalism and removal of graffiti

- Resident reports
- PHA employee reports
- Police reports
- Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- Other (describe below)  
Internal reports generated by SHA Security Department.

3. Which developments are most affected? (list below)

IL 4-05 Brandon Court

IL 4-10 Johnson Park, Lincolnwood Estates

**B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year**

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

- Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
- Crime Prevention Through Environmental Design
- Activities targeted to at-risk youth, adults, or seniors
- Volunteer Resident Patrol/Block Watchers Program
- Other (describe below)

1. Which developments are most affected? (list below)

IL 4-05 Brandon Court

IL 4-10 Johnson Park, Lincolnwood Estates

**C. Coordination between PHA and the police**

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

- Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- Police provide crime data to housing authority staff for analysis and action
- Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- Police regularly testify in and otherwise support eviction cases
- Police regularly meet with the PHA management and residents
- Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services

Other activities (list below)

2. Which developments are most affected? (list below)

IL 4-05 Brandon Court

IL 4-10 Johnson Park, 1111 South 19<sup>th</sup> Street Apartments, Lincolnwood Estates

#### **D. Additional information as required by PHDEP/PHDEP Plan**

PHAs eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

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

Yes  No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan?

Yes  No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_\_)

### **14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

A pet policy was implemented on 10/1/99 that allowed public housing residents to keep domestic animals 30 lbs or less with appropriate immunizations. A specific agreement and security deposit are required at the time of the lease signing.

### **15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

Civil rights certifications are included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

### **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

1.  Yes  No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?  
(If no, skip to component 17.)

2.  Yes  No: Was the most recent fiscal audit submitted to HUD?

3.  Yes  No: Were there any findings as the result of that audit?

4.  Yes  No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? \_\_\_\_

5.  Yes  No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)?

### **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

Exemptions from component 17: Section 8 Only PHAs are not required to complete this component. High performing and small PHAs are not required to complete this component.

1.  Yes  No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock , including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
  
2. What types of asset management activities will the PHA undertake? (select all that apply)
  - Not applicable
  - Private management
  - Development-based accounting
  - Comprehensive stock assessment
  - Other: (list below)  
Exploring options for generating revenue independent of HUD subsidy.
  
3.  Yes  No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board Recommendations**

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?  
*Resident Advisory Board Members are: Telly Pearl-Cropp, Sandra Perez, Brooke Townes, Mary Skeens and Nodra "Jean" Brashers.*
  
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
  - Attached at Attachment (File name)
  - Provided below:
  
3. In what manner did the PHA address those comments? (select all that apply)
  - Considered comments, but determined that no changes to the PHA Plan were necessary.
  - The PHA changed portions of the PHA Plan in response to comments  
List changes below:
  
  - Other: (list below)

## B. Description of Election process for Residents on the PHA Board

1.  Yes  No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
2.  Yes  No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)  
*Alice Strong, public housing resident, was appointed to the SHA Board of Commissioners by Mayor Karen Hasara in 1997. She was re-appointed in 2001 to a four-year term.*

### 3. Description of Resident Election Process

#### a. Nomination of candidates for place on the ballot: (select all that apply)

- Candidates were nominated by resident and assisted family organizations
- Candidates could be nominated by any adult recipient of PHA assistance
- Self-nomination: Candidates registered with the PHA and requested a place on ballot
- Other: (describe)  
The officers of all resident organizations comprise the Joint Officers Council. This body serves as the Resident Advisory Board to the Springfield Housing Authority. All officers are nominated and elected independent from Springfield Housing Authority staff assistance and/or advisement.

#### b. Eligible candidates: (select one)

- Any recipient of PHA assistance
- Any head of household receiving PHA assistance
- Any adult recipient of PHA assistance
- Any adult member of a resident or assisted family organization
- Other (list)

#### c. Eligible voters: (select all that apply)

- All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
- Representatives of all PHA resident and assisted family organizations
- Other (list)

**C. 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: **Springfield Housing Authority**
  
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 the initiatives contained in the Consolidated Plan. (list below)
  
  - Other: (list below)
  
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

**D. Other Information Required by HUD**

Use this section to provide any additional information requested by HUD.

## **Attachments**

Use this section to provide any additional attachments referenced in the Plans.

# PHA Plan Table Library

## Component 7 Capital Fund Program Annual Statement Parts I, II, and II

### Annual Statement Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number      FFY of Grant Approval: (MM/YYYY)

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	
3	1408 Management Improvements	
4	1410 Administration	
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	
8	1440 Site Acquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	
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	1498 Mod Used for Development	
19	1502 Contingency	
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

**Annual Statement**  
**Capital Fund Program (CFP) Part II: Supporting Table**

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost

**Annual Statement**

**Capital Fund Program (CFP) Part III: Implementation Schedule**

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)

## Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>Total estimated cost over next 5 years</b>				



**ATTACHMENT: il004a2**

**ADMISSION AND CONTINUED OCCUPANCY POLICY CHANGES  
2003**

<b>Page/Section</b>	<b>Change</b>	<b>Old Language</b>
Page 6 (section b)	Making programs & facilities accessible to people with disabilities.	More expansive language than previous ACOP.
Page 21 (section 3)	Screening applicants who claim mitigating circumstances allows SHA to look at individual's circumstances that caused negative information (i.e. rent amount was a burden causing non-payment)	No mitigating circumstances considered.
Page 28 (section 5)	The applicant must accept the vacancy offered within 7 days.	The applicant must accept the vacancy offered within 10 days.
Page 29 (section d)	Good cause for applicant refusal of unit offer.	No good cause clause (i.e. good cause could be medical, available funds for move-in expenses.)
Page 30 (section e, 2)	Applicant has 10 days to move in and for the manager to execute the lease.	Applicant has 30 days to move in.
Page 35 (section d, 2)	Medical replaces emergency transfers.	Emergency transfer Medical.
Page 36 (section 1)	Added to bullet points – Does not have record of non-compliance to lease in existing files.	Not in old document.
Page 37 (section c, 2)	Special re-examinations will be scheduled every 90 days unit reasonable estimate of income can be made.	No 90-day review.
Page 39 & 40 (section a, b)	Change income within 30 days.	Silent on change within 30 days.
Page 40 (section c)	If the family fails to meet scheduled recertification, a second and final notice will be sent. Failure to meet second notice will result in termination of residency.	No language addressing failed appointments.
Page 49 (section c)	Anticipating annual income on less than 12 months.	Did not review quarterly. Only used annual.
Page 54 (pets)	Added hamsters, gerbils and guinea pigs, dogs, cats, birds and fish.	Only allowed dogs and cats.
Page 54 (pets)	Weight limit 50 pounds.	Weight limit 30 pounds.
Page 54 (pets)	Removed from policy: Pets do not have to be spayed or neutered.	Pets were required to be spayed or neutered.

## **ATTACHMENT: il004a2**

### **SPRINGFIELD HOUSING AUTHORITY COMMUNITY SERVICE REQUIREMENT**

#### **General**

In order to be eligible for continued occupancy, (unless they are exempt from this requirement) each adult family member must either (1) contribute eight hours per month of community service (not including political activities) within the community in which the public housing development is located, or (2) participate in an economic self-sufficiency program.

#### **Exemptions**

Adult family members of tenant families are exempt from this requirement if they qualify under one of the following:

- Family members who are 62 or older
- Family members who are blind or disabled
- Family members engaged in work activity
- Family members who are exempt from work activity under part A, Title IV of the Social Security Act or under any State Welfare Program, including Welfare-to-Work program
- Family members receiving assistance under state program funded under part A title IV of the Social Security Act or under State welfare program, including welfare-to-work and who are in compliance with the program

#### **Notification of Requirement**

The Springfield Housing Authority shall identify all adult family members of the community service requirement.

The Springfield Housing Authority shall notify all such family members of the community service requirement and of the categories of individuals who are exempt from the requirement. The notification will provide the opportunity from family members to claim and explain and exempt status. The Springfield Housing Authority shall verify such claims.

The notification will advise families that their community service obligation will begin upon execution of lease containing these provisions, be the head of household. For family's paying a flat rent, the obligation begins on the date their annual re-examination would have been effective had an annual re-examination taken place. It will also advise them that failure to comply with the community service requirement will result in ineligibility for continued occupancy at the time of the subsequent annual re-examination.

#### **Volunteer Opportunities**

Community Service includes performing work or duties in the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, and/or increase the self-responsibility of the resident of the community.

## **ATTACHMENT: il004a2**

An economic self-sufficiency program is one that is designed to encourage, assist, train or facilitate the economic independence of participants and their families or to provide work for participants. These programs may include programs for job training, work placement, basic skills, training, education, English proficiency, work fair, financial or household management, apprenticeship, and any program necessary to ready a participant to work (such as substance or mental health treatment).

The Springfield Housing Authority will coordinate with social services agencies, local schools, and the Human Resources Office identifying a list of volunteer community service positions.

Together with the resident advisory councils, the Springfield Housing Authority may create volunteer positions such as hall monitor, litter patrol and supervising and record keeping for volunteers.

### **The Process**

At the first annual re-examination on or after October 1, 1999, and each annual re-examination thereafter, the Springfield Housing Authority will do the following:

- Provide a list of volunteer opportunities to the family members.
- Provide information about obtaining suitable volunteer positions.
- Provide a volunteer time sheet to the family member, instructions for the time sheet require the individual to complete the form and have a supervisor date and sign for each period of work.
- Assign family members to a volunteer coordinator who will assist the family members in identifying appropriate assignments. Volunteer Coordinator will track the family member's progress monthly and will meet with the family member as needed to best encourage compliance.
- Thirty (30) days before the family's next lease anniversary date, the volunteer coordinator will advise the Springfield Housing Authority whether each applicable adult family member is in the compliance with the community service requirement.

### **Notification of Non-Compliance with Community Service Requirement**

The Springfield Housing Authority will notify any family found to be in non-compliance of the following:

- The family member (s) has been determined to be in non-compliance.
- That the determination is subject to the grievance procedure; and
- That, unless the family member (s) enter into an agreement to comply, the lease will not be renewed or will be terminated;

### **Opportunity for Cure**

The Springfield Housing Authority will offer the family member (s) the opportunity to enter into an agreement prior to the anniversary of the lease. The agreement shall state that the family

**ATTACHMENT: il004a2**

member (s) agrees to enter into an economic self-sufficiency program or agrees to contribute to community service for as many hours as needed to comply with the requirement over the past 12-month period. The cure shall occur over the 12-month period beginning with the date of the agreement and the resident shall at the same time stay current with that year's community service requirement. The first hours a resident earns goes towards the current commitment until the current year's commitment is complete.

The volunteer coordinator will assist the family member in identifying volunteer opportunities and will track compliance on a monthly basis. If any applicable family member does not accept the terms of the agreement, does not fulfill their obligation to participate in a economic self-sufficiency program, or falls behind in their obligation under the agreement to perform community service by more that (3) hours after (3) months, the Springfield Housing Authority shall take action to terminate the lease.

**SPRINGFIELD HOUSING AUTHORITY (IL004)  
De-Concentration Policy**

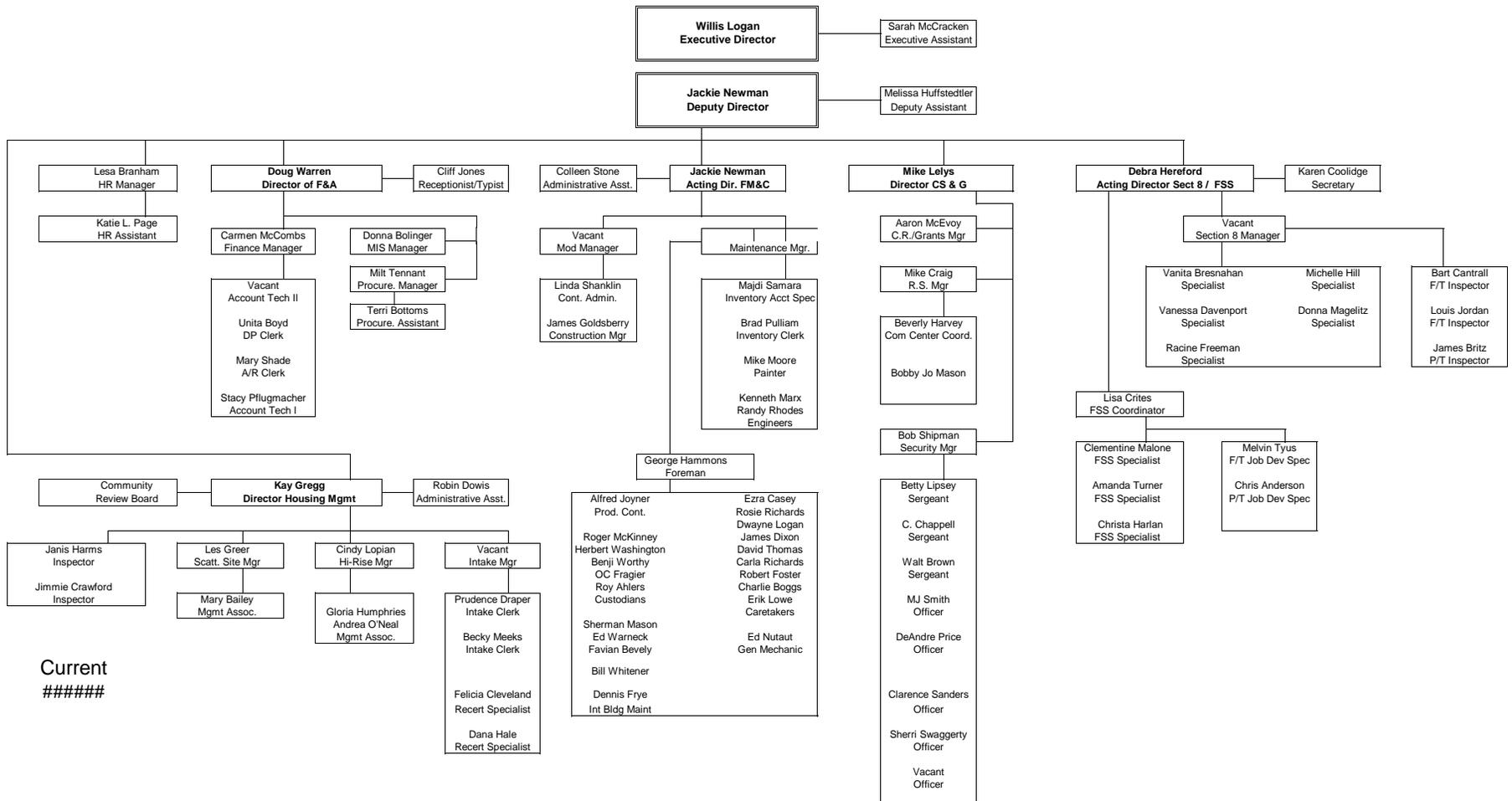
The Springfield Housing Authority shall make every effort to de-concentrate families of certain income characteristics within the Public Housing Authorities complexes. To achieve this, the Housing Authority may offer incentives for eligible families having lower incomes, and provide for occupancy of eligible families having lower incomes in developments predominantly occupied by eligible families having higher income. Incentives by the Housing Authority allow for the eligible family to have the sole discretions in determining whether to accept the incentive and the agency may not take and adverse action toward any eligible family for choosing not to accept these incentives. The skipping of the family on the waiting list to reach another family to implement this de-concentration policy shall not be considered adverse action. As such, the Housing Authority will continue to accept applications and place the individuals on the waiting list. Selection will be made based on a combination of the local preferences and an income target mix. Family who qualifies as a higher income family (exceeds 30% of median income) may accept a dwelling unit assignment and be placed randomly into a vacant housing unit.

The Housing Authority will track the income mix within each project and building, i.e. family development, as an effort to avoid a concentration of higher or lower income families in any one development.

Efforts through marketing and outreach shall be made to increase the number of families with incomes greater than thirty (30) percent of median income in the projects noted above in order to avoid concentrations of very low-income families in the projects as per the requirements of the QHWRA of 1998. An incentive of \$100.00 credit on the third month rent may be offered to higher income families in order to promote occupancy in the lower income family developments.

# Springfield Housing Authority

## Organizational Chart



Current  
#####

**Annual Statement/Performance and Evaluation Report  
Comprehensive Grant Program (CGP) Part I: Summary**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

HA Name **Springfield Housing Authority**

Comprehensive Grant Number

FFY of Grant Approval

**IL06P004707**

**1998**

Original Annual Statement Reserve for Disaster/Emergencies Revised Annual Statement/Revision Number 2 Performance & Evaluation Report for Program Year Ending 6/30/02

Final Performance & Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 19) (Not Available)				
3	1408 Management Improvements	280,035.00	282,938.18		
4	1410 Administration	198,100.00	197,444.63		
5	1411 Audit	250.00	213.71		
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition	190,000.00	5,000.00		
9	1450 Site Improvement	57,191.00	88,172.65		
10	1460 Dwelling Structures	1,161,345.35	1,219,500.41		
11	1465.1 Dwelling Equipment - Nonexpendable	10,296.00	36,787.00		
12	1470 Nondwelling Structures	6,972.00	26,921.29		
13	1475 Nondwelling Equipment	60,032.00	124,071.13		
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1495.1 Relocation Costs				
17	1498 Mod Used for Development (Not Available)				
18	1502 Contingency (May not exceed 8% of line 19)	16,827.65	0.00		
19	Amount of Annual Grant (Sum of lines 2-18)	1,981,049.00	1,981,049.00		
20	Amount of line 19 Related LBP Activities				
21	Amount of line 19 Related to Section 504 Compliance	60,000.00	60,000.00		
22	Amount of line 19 Related to Security	150,000.00	150,000.00		
23	Amount of line 19 Related to Energy Conservation Measures				

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

1- To be completed for the Performance and evaluation report or a Revised Annual Statement  
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Annual Statement/Performance and Evaluation  
 Comprehensive Grant Program (CGP)**Part II: Supporting  
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**U.S. Department of Housing  
 and Urban Development**  
 Office of Public and Indian Housing

OMB Approval No. 2577-0157 (Exp. 7/31/98)  
 IL 06P004707 1998 CGP  
 FINAL P&E

Development Number/Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>(2)</sup>
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
PHA Wide	Security Salaries	1408		122,500.00	109,516.75	109,516.75	109,516.75	Complete
	Security Administrative Costs	1408		4,935.00	2,517.82	2,517.82	2,517.82	Complete
	Security Benefits	1408		37,500.00	35,824.17	35,824.17	35,824.17	Complete
	Staff Training	1408		40,000.00	49,981.83	49,981.83	49,981.83	Complete
	Increase Occupancy	1408		40,000.00	44,906.03	44,906.03	44,906.03	Complete
	Preventive Maintenance Salaries	1408		37,136.00	32,202.00	32,202.00	32,202.00	Complete
	Preventive Maintenance Benefits	1408		<u>7,963.84</u>	<u>7,989.58</u>	<u>7,989.58</u>	<u>7,989.58</u>	Complete
	<b>TOTAL 1408</b>			<b>280,035.00</b>	<b>282,938.18</b>	<b>282,938.18</b>	<b>282,938.18</b>	
PHA Wide	FM&C Salaries	1410		132,133.00	132,133.00	132,133.00	132,133.00	Complete
	FM&C Benefits	1410		<u>65,967.00</u>	<u>65,311.63</u>	<u>65,311.63</u>	<u>65,311.63</u>	Complete
		<b>TOTAL 1410</b>		<b>198,100.00</b>	<b>197,444.62</b>	<b>197,444.62</b>	<b>197,444.62</b>	
SHA Wide	Audit Costs	1411		250.00	213.71	213.71	213.71	Complete
	Support Services Building	1440		190,000.00	5,000.00	5,000.00	5,000.00	Complete

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**IL 06P004707 1998 CGP  
FINAL P&E**

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				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
4-10 Johnson Park	Remove scrub trees near foundation, fence lines, etc.	1450	Partial	4,820.00	4,820.00	4,820.00	4,820.00	Complete
	Landscape yards (trees & bushes)	1450	57	3,920.00	3,919.63	3,919.63	3,919.63	Complete
	Finish Grade & seed	1450	Partial	25,182.00	25,181.61	25,181.61	25,181.61	Complete
	Selected fence install (3' chain link)	1450	Partial	6,270.00	6,270.00	6,270.00	6,270.00	Complete
	Daycare Renovations	1460	Partial	0.00	1,050.00	1,050.00	1,050.00	Complete
4-10 Lincolnwood Estates	Selected fence install	1450	Partial	3,400.00	3,400.00	3,400.00	3,400.00	Complete
4-10 1111 Apts.	Remove Scrub Trees	1450	Partial	4,270.00	4,270.00	4,270.00	4,270.00	Complete
	Landscape yards (Plant trees & bushes) Bring in dirt & level to grade, reseed.			1,145.00	1,145.00	1,145.00	1,145.00	Complete
4-20	Erosion Control	1450	2	<u>6,004.00</u>	<u>6,003.62</u>	<u>6,003.62</u>	<u>6,003.62</u>	Complete
	<b>Total 1450</b>			<b>55,011.00</b>	<b>55,009.86</b>	<b>55,009.86</b>	<b>55,009.86</b>	
	<b>Total 1460</b>				<b>1,050.00</b>	<b>1,050.00</b>	<b>1,050.00</b>	

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				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
4-2 Major Byrd	Trash room exhaust fan	1460	1	1,875.00	1,875.00	1,875.00	1,875.00	Complete
	Fire alarm system	1460	100%	86,364.00	84,363.70	84,363.70	84,363.70	Complete
	Boiler replacement	1460	1	2,168.16	2,168.16	2,168.16	2,168.16	Complete
	Replace thermostats	1460	100	2,300.00	2,285.94	2,285.94	2,285.94	Complete
	Plumbing repairs	1460		1,875.00	1,875.00	1,875.00	1,875.00	Complete
	Masonry	1460		3,895.00	6,190.00	6,190.00	6,190.00	Complete
	Lobby Upgrade	1460		16,572.00	19,631.54	19,631.54	19,631.54	Complete
4-3A Bonansinga	Upgrade public bath to ADA	1460	2	90.00	81.11	81.11	81.11	Complete
	Install trash room exhaust fan	1460	1	1,875.00	1,875.00	1,875.00	1,875.00	Complete
	Fresh water booster pumps	1460	2	18,505.71	18,505.67	18,505.67	18,505.67	Complete
	Refinish window panels	1460		61,896.80	94,974.00	94,974.00	94,974.00	Complete
	Replace ceiling tile in common area	1460	100%	1,939.47	1,939.47	1,939.47	1,939.47	Complete
	Plumbing repairs	1460		949.82	949.82	949.82	949.82	Complete
	Lobby Upgrade	1460		16,572.00	38,792.25	38,792.25	38,792.25	Complete
4-6 401 Sankey	Trash room exhaust fan	1460	1	2,335.00	2,335.00	2,335.00	2,335.00	Complete
	Replace waste lines	1460	103	225.00	225.00	225.00	225.00	Complete
	Fresh water booster pumps	1460	2	18,111.00	18,110.95	18,110.95	18,110.95	Complete
	Rehab kitchens	1460	100%	448,457.69	167,353.07	167,353.07	167,353.07	Complete
	<b>TOTAL 1460</b>			<b>686,006.65</b>	<b>463,530.68</b>	<b>463,530.68</b>	<b>463,530.68</b>	

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Development Number/Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
4-6 401 Sankey	Lobby Upgrade	1460	103	16,572.00	35,921.42	35,921.42	35,921.42	Complete
	Entry guard system	1460		0.00	2,940.00	2,940.00	2,940.00	Complete
	Force Account Labor	1460		0.00	175,689.90	175,689.90	175,689.90	Complete
	Force Account Benefits	1460		0.00	101,414.72	101,414.72	101,414.72	Complete
4-3B 415 Sankey	Trash room exhaust fan	1460	1	1,875.00	1,875.00	1,875.00	1,875.00	Complete
	Fresh water booster pumps	1460	2	18,183.03	18,183.03	18,183.03	18,183.03	Complete
	Hot water boilers	1460	3	12,434.52	12,434.52	12,434.52	12,434.52	Complete
	Replace 15T AC unit	1460	1	5,339.00	5,338.99	5,338.99	5,338.99	Complete
	Remodel Kitchen	1460		28,933.00	4,932.06	4,932.06	4,932.06	Complete
	Lobby Upgrade	1460		16,572.00	35,921.41	35,921.41	35,921.41	
4-9 Hil- debrandt	Fence	1450		2,180.00	2,180.00	2,180.00	2,180.00	Complete
	Trash room exhaust fan	1460	1	1,897.50	1,897.50	1,897.50	1,897.50	Complete
	Fire alarm system	1460	100%	63,154.83	62,351.77	62,351.77	62,351.77	Complete
		1460	2	18,072.17	18,072.17	18,072.17	18,072.17	Complete
	Fresh water booster pumps	1460		4,240.00	4,240.00	4,240.00	4,240.00	Complete
	Magnetic door holder	1460	1	1,000.00	918.00	918.00	918.00	Complete
	Replace 5T AC unit	1460		16,572.00	41,389.80	41,389.80	41,389.80	Complete
	Lobby Upgrade							
	<b>Total 1460</b>			<b>204,845.05</b>	<b>523,520.29</b>	<b>523,520.29</b>	<b>523,520.29</b>	
	<b>Total 1450</b>			<b>2,180.00</b>	<b>2,180.00</b>	<b>2,180.00</b>	<b>2,180.00</b>	

Signature of Executive Director and Date

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				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)		
4-10 1111 Apts.	Rehab Kitchens	1460	12	74,215.00	54,960.16	54,960.16	54,960.16	Complete	
	Rehab bathrooms	1460	12	15,640.00	15,639.43	15,639.43	15,639.43	Complete	
	Re-carpet LR/BR/Closets & Hallways	1460	100%	26,952.03	28,756.22	28,756.22	28,756.22	Complete	
	Install ceiling lights	1460	100%	9,114.00	9,113.89	9,113.89	9,113.89	Complete	
	Replace gutters & downspouts	1460	100%	403.34	403.34	403.34	403.34	Complete	
	Replace entry guard system	1460	12	5,656.00	5,655.70	5,655.70	5,655.70	Complete	
	Shelving for M/BR closet	1460	12	541.58	541.58	541.58	541.58	Complete	
	Re-tile ext. Hallways	1460	100%	14.71	14.71	14.71	14.71	Complete	
		1460							
	Pre-stained baseboard	1460		4,064.43	4,064.43	4,064.43	4,064.43	Complete	
	Strip aluminum stock & paint columns	1460	100%	436.59	436.59	436.59	436.59	Complete	
	Power wash/replace siding as required	1460	100%	514.14	494.16	494.16	494.16	Complete	
	Replace rear porch	1460	Partial	225.00	225.00	225.00	225.00	Complete	
	Water Heaters	1460	1	2,239.00	2,276.70	2,276.70	2,276.70	Complete	
	Force Account Labor	1460		20,785.00	31,665.86	31,665.86	31,665.86	Complete	
	Force Account Benefits	1460		24,255.00	25,973.11	25,973.11	25,973.11	Complete	
Carports	1460		6,311.18	6,311.18	6,311.18	6,311.18			
200 N. 11 <sup>th</sup>	Replace Sewage Pump	1460		8,023.00	8,023.00	8,023.00	8,023.00	Complete	
All Hi-rises	Fire alarm software	1460		2,827.65	15,775.00	15,775.00	15,775.00	Complete	
	Hallway ventilation	1460		31,658.00	1,788.00	1,788.00	1,788.00	Complete	
	Painting Mechanical Rooms	1460		5,898.00	5,898.00	5,898.00	5,898.00	Complete	
	Window Washing	1460		0.00	4,710.00	4,710.00	4,710.00	Complete	
	<b>TOTAL 1460</b>			<b>239,773.65</b>	<b>222,726.06</b>	<b>222,726.06</b>	<b>222,726.06</b>		
4-10 1111 Apts.	Replace electric hot water heaters	1465	12	1,896.00	1,896.00	1,896.00	1,896.00	Complete	
	Replace stoves and refrigerators	1465	12	8,400.00	8,341.00	8,341.00	8,341.00	Complete	
HA WIDE	Refrigerators	1465		0.00	9,515.00	9,515.00	9,515.00	Complete	
	Stoves	1465		0.00	17,035.00	17,035.00	17,035.00		
	<b>TOTAL 1465</b>			<b>10,296.00</b>	<b>36,787.00</b>	<b>36,787.00</b>	<b>36,787.00</b>		

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4-10 1111 Apts.	Convert garage to storage compartments, re-roof and apply siding	1470	1	2,922.00	2,921.14	2,921.14	2,921.14	Complete
SHA Wide	New windows @ NFC	1470	1	4,050.00	4,050.00	4,050.00	4,050.00	Complete
	Computer hardware upgrade	1475		33,704.00	32,253.60	32,253.60	32,253.60	Complete
	SCC bathroom flooring	1460		2,600.00	2,246.98	2,246.98	2,246.98	Complete
	Salt Storage Building	1470		0.00	19,950.15	19,950.15	19,950.15	Complete
	Salt Spreader	1475		7,000.00	11,028.00	11,028.00	11,028.00	Complete
Mod/Dev	½ Ton Cargo Van for Force Account	1475	1	7,100.00	37,949.00	37,949.00	37,949.00	Complete
200 N. 11 <sup>th</sup>	Replace Electric Furnace	1475	1	12,228.00	12,228.00	12,228.00	12,228.00	Complete
	Grounds keeping Equipment	1475		0	30,612.53	30,612.53	30,612.53	Complete
	Backhoe	1475	5	0	0.00	0.00	0.00	Complete
4-14	Pump Replacement	1460		2,070.00	2,070.00	2,070.00	2,070.00	Complete
Admin.	Parking Addition- 200 N. Building	1450		0.00	30,982.79	30,982.79	30,982.79	Complete
	Renovate @ 200 Building	1460		25,000.00	4,356.40	4,356.40	4,356.40	Complete
	Contingency	1502		16,827.65	0.00	0.00	0.00	Complete
	<b>TOTAL 1460</b>			<b>29,670.00</b>	<b>8,673.38</b>	<b>8,673.38</b>	<b>8,673.38</b>	
	<b>TOTAL 1470</b>			<b>6,972.00</b>	<b>26,921.29</b>	<b>26,921.29</b>	<b>26,921.29</b>	
	<b>TOTAL 1475</b>			<b>112,032.00</b>	<b>124,071.13</b>	<b>124,071.13</b>	<b>124,071.13</b>	
	<b>TOTAL 1450</b>			<b>0.00</b>	<b>30,982.79</b>	<b>30,982.79</b>	<b>30,982.79</b>	
	<b>TOTAL 1502</b>			<b>16827.65</b>	<b>0</b>	<b>0</b>	<b>0</b>	

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**Annual Statement/Performance and Evaluation**  
**Comprehensive Grant Program (CGP) Part III: Implementation Schedule**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
Mgmt. Improv.	03/031/00			09/30/01			
Administration	03/031/00			09/30/01			
Audit	03/031/00			09/30/01			
Fees & Costs	03/031/00			09/30/01			
Site Acquisition	03/031/00			09/30/01			
Dwelling Structures	03/031/00			09/30/01			
Dwelling Equipment	03/031/00			09/30/01			
Non-Dwelling Structures	03/031/00			09/30/01			
Non-Dwelling Equipment	03/031/00			09/30/01			
Contingency	03/031/00			09/30/01			

Signature of Executive Director and Date

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**X**

(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.  
2002AS3

**Annual Statement/Performance and Evaluation Report  
Comprehensive Grant Program (CGP) Part I: Summary**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

HA Name <b>SPRINGFIELD HOUSING AUTHORITY</b>	Comprehensive Grant Number <b>IL06-P004-709</b>	FFY of Grant Approval <b>1999</b>
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Original Annual Statement Reserve for Disaster/Emergencies Revised Annual Statement/Revision Number 2 Performance & Evaluation Report for Program Year Ending 6/30/02  
 Final Performance & Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 19) (Not Available)				
3	1408 Management Improvements	257,590.95	259,114.50	259,114.50	259,114.50
4	1410 Administration	166,590.00	157,081.18	157,081.18	157,081.18
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	34,500.00	11,310.97	11,310.97	11,310.97
8	1440 Site Acquisition				
9	1450 Site Improvement	76,088.00	38,771.76	38,771.76	38,771.76
10	1460 Dwelling Structures	1,056,700.05	1,126,142.73	1,126,142.73	1,126,142.73
11	1465.1 Dwelling Equipment - Nonexpendable	29,200.00	28,874.00	28,874.00	28,874.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	26,274.00	33,888.00	33,888.00	33,888.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1495.1 Relocation Costs	19,000.00	10,759.86	10,759.86	10,759.86
17	1498 Mod Used for Development (Not Available)				
18	1502 Contingency (May not exceed 8% of line 19)	0.00	0.00	0.00	0.00
19	Amount of Annual Grant (Sum of lines 2-18)	1,665,943.00	1,665,943.00	1,665,943.00	1,665,943.00
20	Amount of line 19 Related LBP Activities				
21	Amount of line 19 Related to Section 504 Compliance				
22	Amount of line 19 Related to Security				
23	Amount of line 19 Related to Energy Conservation Measures				

Signature of Executive Director and Date

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Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**X**

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.



Annual Statement/Performance and Evaluation  
 Comprehensive Grant Program (CGP)**Part II: Supporting**  
**Pages**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)  
**IL06P004708 1999 CGP FINAL**

Development Number/Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)	
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)		
HA-Wide	<u>Management Improvements</u>	1408		111,000.00	111,000.00	111,000.00	111,000.00	Complete	
	Security and Crime Prevention		2,098.00	2,097.10	2,097.10	2,097.10	Complete		
	Security Operating Cost		38,850.00	38,850.00	38,850.00	38,850.00	Complete		
	Salary & Benefits		30,000.00	34,404.14	34,404.14	34,404.14	Complete		
	Staff Training and Travel		45,642.95	45,642.95	45,642.95	45,642.95	Complete		
	Drives/Hardware & Software		30,000.00	27,120.31	27,120.31	27,120.30	Complete		
	Improve Occupancy		<b>257,590.95</b>	<b>259,114.50</b>	<b>259,114.50</b>	<b>259,114.50</b>			
	<b>TOTAL 1408</b>								
			1410						
	<u>Administration</u>			123,400.00	119,356.54	119,356.54	119,356.54	Complete	
	FM&C Salaries			43,190.00	37,724.64	37,724.64	37,724.64	Complete	
	Benefits			<b>166,590.00</b>	<b>157,081.18</b>	<b>157,081.18</b>	<b>157,081.18</b>		
	<b>TOTAL 1410</b>								
			1430						
	Fees and Costs			34,500.00	11,310.97	11,310.97	11,310.97	Complete	
	1502								
Contingency		0.00	0.00	0.00	0.00	Complete			
	1475								
Mod. Truck		17,774.00	25,774.00	25,774.00	25,774.00	Complete			
Blade Guide		0.00	3,750.00	3,750.00	3,750.00	Complete			
Computer Hardware		8,500.00	4,364.00	4,364.00	4,364.00	Complete			
<b>TOTAL 1475</b>		<b>26,274.00</b>	<b>33,888.00</b>	<b>33,888.00</b>	<b>33,888.00</b>				

Signature of Executive Director and Date

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Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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(1) To be completed for Performance and Evaluation Report or a Revised Annual Statement.  
 (2) To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation  
 Comprehensive Grant Program (CGP)**Part II: Supporting  
 Pages**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
IL 4-2 Major Byrd	<b>Fuel Tank Removal</b>	1460						
		1450		7,647.80	7,647.80		7,647.80	Complete
	Replace Sidewalks	1460	2 2 1	6,958.00	6,958.00	7,647.80	6,958.00	Complete
	Tuckpoint and Seal	1460		33,344.59	32,583.27	6,958.00	32,583.27	Complete
	Elevator Upgrade	1460		114,656.00	115,488.31	32,583.27	115,488.31	Complete
	Entry Guard	1460		13,988.05	13,655.85	115,488.31	13,655.85	Complete
	Expand Common Room	1460		72,568.83	123,122.18	13,655.85	123,122.18	Complete
	Tile Foyer	1460		5,868.18	5,868.18	123,122.18	5,868.18	Complete
						5,868.18		
4-3A Bonan- Singa	Elevator Upgrade	1460		112,506.00	115,233.00		115,233.00	Complete
	Benches/bike racks/external lighting	1450		5,000.00	4,248.90	115,233.00	4,248.90	Complete
	Paint and paper common hall	1460		10,000.00	2,324.00	4,248.90	2,324.00	Complete
	Patio Replacement	1450		17,995.00	6,975.00	2,324.00	6,975.00	Complete
	Curb Replacement	1450		18,175.00	7,155.00	6,975.00	7,155.00	Complete
	Security Fence	1450		19,960.00	8,940.00	7,155.00	8,940.00	Complete
	Tile Foyer	1460		7,176.77	7,176.77	8,940.00	7,176.77	Complete
	Fuel Tank Removal	1460		7,793.80	7,793.80	7,176.77	7,793.80	Complete
	Entry Guard	1460		12,617.85	12,617.85	7,793.80	12,617.85	Complete
	Renovation (Force Account)	1460		10,551.99	0.00	12,617.85	0.00	Complete
						0.00		
4-3b, 4-6 401/415 Sankey	Benches/bike racks/external lighting	1450		8,000	4,494.86		4,494.86	Complete
	Tile Foyer (415)	1460		5,968.17	5,968.17	4,494.86	5,968.17	Complete
	Tile Foyer (401)	1460		12,610.94	12,610.94	5,968.17	12,610.94	Complete
	Force Account Salaries	1460		174,308.16	133,986.02	12,610.94	133,986.02	Complete
	Force Account Benefits	1460		<u>36,049.47</u>	<u>81,986.49</u>	133,986.02	<u>81,986.49</u>	Complete
						<u>81,986.49</u>		
	<b>TOTAL 1450</b>			<b>76,088.00</b>	<b>38,771.76</b>		<b>38,771.76</b>	
	<b>TOTAL 1460</b>			<b>637,656.60</b>	<b>678,042.63</b>	<b>38,771.76</b>	<b>678,042.63</b>	

Signature of Executive Director and Date

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(1) To be completed for Performance and Evaluation Report or a Revised Annual Statement.

Annual Statement/Performance and Evaluation  
 Comprehensive Grant Program (CGP) **Part II: Supporting  
 Pages**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
4-3b & 4-6 401/415 Sankey cont.	Carpet Apartments (401)	1460		70,413.92	70,313.92		70,313.92	Complete
	Fuel Tank Removal (415)	1460		7,647.80	7,647.80	70,313.92	7,647.80	Complete
	Fuel Tank Removal (401)	1460		7,647.80	7,647.80	7,647.80	7,647.80	Complete
	Entry Guard (415)	1460		12,672.86	12,672.86	7,647.80	12,672.86	Complete
	Entry Guard (401)	1460		12,614.85	12,824.85	12,672.86	12,824.85	Complete
	20T A/C Unit (401)	1460		25,000.00	33,073.42	12,824.85	33,073.42	Complete
	Refrigerators	1465		25,000.00	24,674.00	33,073.42	24,674.00	Complete
	Relocation (401/415)	1495		19,000.00	10,759.86	24,674.00	10,759.86	Complete
						10,759.86		
4-9 Hil- debrandt	New Roof/Upper Façade & Panels	1460	100%	85,739.54	86,168.54		86,168.54	Complete
	Hallway Lighting	1460	100%	24,800.50	16,800.50	86,168.54	24,800.50	Complete
	Fuel Tank Removal	1460		7,647.80	7,647.80	24,800.50	7,647.80	Complete
	Entry Guard	1460		12,741.56	12,741.56	7,647.80	12,741.56	Complete
	Tile Foyer	1460		5,868.17	5,868.17	12,741.56	5,868.17	Complete
	Stoves	1465		<u>4,200.00</u>	<u>4,200.00</u>	5,868.17	<u>4,200.00</u>	Complete
						<u>4,200.00</u>		
	<b>TOTAL 1460</b>			<b>272,794.80</b>	<b>273,407.22</b>		<b>273,407.22</b>	
	<b>TOTAL 1465</b>			<b>29,200.00</b>	<b>28,874.00</b>	<b>273,407.22</b>	<b>28,874.00</b>	
	<b>TOTAL 1495</b>			<b>19,000.00</b>	<b>10,759.86</b>	<b>28,874.00</b>	<b>10,759.86</b>	

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**X**

**X**

(1) To be completed for Performance and Evaluation Report or a Revised Annual Statement.  
 (2) To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation  
 Comprehensive Grant Program (CGP) **Part II: Supporting  
 Pages**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
4-10 St. Lukes/ Lincoln-Wood	Lincolnwood Renovation (Force Account)	1460		51,725.28	46,827.50	46,827.50	46,827.50	Complete
4-2,4-3a, 4-3b,4-6	Hallway Ventilation	1460		40,360.00	9,491.45	9,491.45	9,491.45	Complete
	Mechanical Room Upgrade	1460		1,336.00	2,862.00	2,862.00	2,862.00	Complete
	Heating System Upgrade	1460		21,777.24	26,004.70	26,004.70	26,004.70	Complete
	Boiler Replacement	1460		27,550.13	65,728.97	65,728.97	65,728.97	Complete
	Heat Pump Upgrade	1460		<u>3,500.00</u>	<u>23,758.26</u>	<u>23,758.26</u>	<u>23,758.26</u>	Complete
<b>TOTAL 1460</b>				<b>146,248.65</b>	<b>174,672.88</b>	<b>174,672.88</b>	<b>174,672.88</b>	

Signature of Executive Director and Date

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Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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Annual Statement/Performance and Evaluation  
 Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)  
**IL06P004709 – 1999 CGP FINAL P&E**

Development Number/Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
Operations	6-30-01			9-30-02			
Management Improvements	6-30-01			9-30-02			
Administration	6-30-01			9-30-02			
Fees & Costs	6-30-01			9-30-02			
Site Improvements	6-30-01			9-30-02			
Dwelling Structures	6-30-01			9-30-02			
Contingency	6-30-01			9-30-02			
Nondwelling Equipment	6-30-01			9-30-02			

Signature of Executive Director and Date

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Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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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.  
 2002AS3



# Annual Statement/Performance and Evaluation Report

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

PHA Name: <u>Springfield Housing Authority</u>	Grant Type and Number IL06P00450100 Capital Fund Program Grant No: Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2000</b>
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Original Annual Statement  
  Reserve for Disasters/ Emergencies  
  Revised Annual Statement (revision no:    )  
  Performance and Evaluation Report for Period Ending: 9/30/03  
  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	338,000.00	338,000.00	338,000.00	338,000.00
3	1408 Management Improvements	329,850.00	338,700.00	322,329.17	322,372.05
4	1410 Administration	169,426.00	169,426.50	169,425.50	169,425.50
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	0.00	0.00	0.00	0.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	16,906.16	16,906.16	13,293.16	13,293.16
10	1460 Dwelling Structures	764,731.84	760,252.77	757,752.39	712,531.51
11	1465.1 Dwelling Equipment—Nonexpendable	48,500.00	48,500.00	37,500.00	37,500.00
12	1470 Nondwelling Structures	10,000.00	14,479.07	8,763.71	8,763.71
13	1475 Nondwelling Equipment	8,750.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	8,000.00	8,000.00	6,921.99	6,921.99
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collateralization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency	100.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	1,694,264.00	1,694,263.50	1,653,635.21	1,608,413.95
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of line 21 Related to Section 504 compliance	0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security – Soft Costs	270,000.00	273,018.14	273,018.14	273,018.14
25	Amount of Line 21 Related to Security – Hard Costs	0.00	0.00	0.00	0.00
26	Amount of line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

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

PHA Name: <u>Springfield Housing Authority</u>		Grant Type and Number <b>IL06P00450100</b> Capital Fund Program Grant No: 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	
PHA Wide	Operations	1406		185,932.00	160,501.43	160,501.43	160,501.43	Complete
PHA Wide	Construction Manager Safety	1406	1	55,000.00	55,000.00	55,000.00	55,000.00	Complete
PHA Wide	Construction Manager Benefits	1406	1	35,000.00	35,000.00	35,000.00	35,000.00	Complete
PHA Wide	Vehicles	1406	2	48,038.00	73,468.57	73,468.57	73,468.57	Add shortage from 1408
PHA Wide	Computer Licensing	1406		14,030.00	14,030.00	14,030.00	14,030.00	Complete
	<b>TOTAL 1406</b>			<b>338,000.00</b>	<b>338,000.00</b>	<b>338,000.00</b>	<b>338,000.00</b>	
PHA Wide	Security Salaries	1408		189,000.00	210,038.05	210,038.05	210,038.05	Complete
PHA Wide	Security Benefits	1408		81,000.00	62,980.09	62,980.09	62,980.09	Complete
PHA Wide	Staff Training and Travel	1408		30,000.00	30,197.05	30,175.05	30,175.05	Complete
PHA Wide	Marketing	1408		15,000.00	11,995.96	11,995.96	11,995.96	Complete
PHA Wide	Computer Hardware-HP Monitors and Keyboard	1408		0.00	9,345.00	495.00	495.00	Complete
PHA Wide	Computer Software	1408		8,750.00	8,059.12	604.95	604.95	Additional software ordered
PHA Wide	Install Security Cameras	1408	6	5,800.00	5,800.00	5,698.22	5,698.22	Complete-outstanding balance
PHA Wide	CFR's	1408	1 set	300.00	241.85	241.85	241.85	Complete
200 N. 11 <sup>th</sup>	Upgrade copier area-Force Account	1408	1	0.00	42.88	42.88	42.88	Complete-need budget revision
	<b>TOTAL 1408</b>			<b>329,850.00</b>	<b>338,700.00</b>	<b>322,272.05</b>	<b>322,272.05</b>	

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

PHA Name: <u>Springfield Housing Authority</u>		Grant Type and Number <b>IL06P00450100</b> Capital Fund Program Grant No: 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	
PHA Wide	FM&C Salaries	1410		118,599.00	119,792.42	119,792.42	119,792.42	Budget revision needed
PHA Wide	FM&C Benefits	1410		50,827.08	49,633.08	49,633.08	49,633.08	Budget revision needed
	<b>TOTAL 1410</b>	<b>1410</b>		<b>169,426.00</b>	<b>169,425.50</b>	<b>169,425.50</b>	<b>169,425.50</b>	
200 North 11 <sup>th</sup>	Tree removal	1450	13	16,500.00	16,500.00	12,887.00	12,887.00	Budget revision needed
Brandon Drive	Replace rubber chips	1450		406.16	406.16	406.16	406.16	Complete
	<b>TOTAL 1450</b>			<b>16,906.16</b>	<b>16,906.16</b>	<b>13,293.16</b>	<b>13,293.16</b>	
Sankey hi-rise	Replace 25T A/C 415	1460	1 bldg	20,186.32	20,186.32	20,186.32	20,186.32	Complete
415-401	Replace water heater	1460	1	141.63	327.45	327.45	327.45	Budget revision needed
IL 4-32	Weatherize 415- seal/caulk & clean windows, power wash building	1460	1 bldg	74,351.50	75,151.50	75,151.50	75,151.50	Budget revision needed
IL 4-6	Weatherize 401-seal/caulk & clean windows, power wash building	1460	1 bldg	74,351.50	75,151.50	75,151.50	75,151.50	Budget revision needed
IL 4-6 & 4-32	Force Account Salaries	1460	3	106,090.69	106,090.69	106,090.69	106,090.69	Work in progress
IL 4-6 & 4-32	Force Account Benefits	1460	3	54,520.36	58,977.96	58,977.96	58,977.96	Budget revision needed
Il 4-2, 3a,3b, 6, 9	Install heating boilers	1460	8	10,000.00	15,550.25	15,550.25	15,550.25	Awaiting delivery, need budget revision
	<b>Total 1460</b>	<b>1460</b>		<b>339,642.00</b>	<b>351,435.67</b>	<b>351,435.67</b>	<b>351,435.67</b>	

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

PHA Name: <u>Springfield Housing Authority</u>		Grant Type and Number <b>IL06P00450100</b> Capital Fund Program Grant No: 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	
IL 4-2	Provide asphalt parking	1460		0.00	253.16	253.16	253.16	Budget revision needed
4-12 Scattered site	Seal coat parking lots	1460	6	18,249.85	18,519.85	18,519.85	18,519.85	Needs budget revision
4-19 Scattered site	Sewage ejection pump	1460		0.00	256.74	256.74	256.74	
4-31	Seal Coat Parking	1460		5,000.00	0.00	0.00	0.00	Moved to CFP 01
	<b><u>Force Account</u></b>							
4-31	Bathroom renovations	1460		110,301.92	0.00	0.00	0.00	Budget revision needed-move to lobby
4-31	Kitchen renovation	1460		106,035.83	0.00	0.00	0.00	Budget revision move to common room
4-31	Renovate vestibule	1460		0.00	307.74	307.74	307.74	On-going/budget revision
4-31	Refinish lobby- <i>install chair rails, painting, wall paper</i>	1460		0.00	110,301.92	110,301.92	110,301.92	Complete-budget revision needed
4-31	Refinish Common room- <i>painting replace ceiling tile, replace lighting</i>	1460	1	0.00	106,329.80	106,035.83	106,035.83	Budget revision needed/rehab in progress
	<b>Total 1460</b>	<b>1460</b>		<b>239,587.60</b>	<b>235,969.21</b>	<b>235,675.24</b>	<b>235,675.24</b>	

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

PHA Name: <u>Springfield Housing Authority</u>		Grant Type and Number <b>IL06P00450100</b> Capital Fund Program Grant No: 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
<b><u>Force Account (cont'd)</u></b>				Original	Revised	Funds Obligated	Funds Expended	
4-31	Force Account Salaries	1460		51,188.25	51,188.25	51,188.25	51,188.25	Expended
4-31	Force Account Benefits	1460		15,232.00	15,232.00	15,232.00	15,232.00	Expended
	<b>TOTAL 1460</b>	<b>1460</b>		<b>66,420.25</b>	<b>66,420.25</b>	<b>66,420.25</b>	<b>66,420.25</b>	
PHA Wide	Refrigerator replacement	1465		12,500.00	12,500.00	12,500.00	12,500.00	Complete
Bonansinga	Stoves	1465	50	18,000.00	18,000.00	12,500.00	12,500.00	Additional stoves on order
Bonansinga	Refrigerator	1465	55	18,000.00	18,000.00	12,500.00	12,500.00	Additional refrigerators
	<b>TOTAL 1465</b>	<b>1465</b>		<b>48,500.00</b>	<b>48,500.00</b>	<b>37,500.00</b>	<b>37,500.00</b>	
200 N. 11 <sup>th</sup>	Upgrade public restroom/Force Account	1470	2	0.00	0.00	0.00	0.00	Move to 2001 CFP
200 N. 11 <sup>th</sup>	Madison Daycare repairs	1470	1 bldg	0.00	0.00	0.00	0.00	Move top 2001 CFP
PHA Wide	Salt Storage Building	1470	1 bldg	10,000.00	10,000.00	8,150.37	8,150.37	Complete
4-31	Refinish office- <i>paint mgmt office</i>	1470	1	0.00	613.34	613.34	613.34	Budget revision complete
<b>4-31</b>	Seal coat parking	1470		0.00	3,865.73	0.00	0.00	Moved to CFP 2001
	<b>TOTAL 1470</b>	<b>1470</b>		<b>10,000.00</b>	<b>14,479.07</b>	<b>8,763.71</b>	<b>8,763.71</b>	
PHA Wide	Computer hardware-HP Monitor and keyboards	1475	5 sets	8,750.00	0.00	0.00	0.00	Moved to correct acct 1408
	<b>TOTAL 1475</b>			<b>8,750.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

# Annual Statement/Performance and Evaluation Report

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

### Part II: Supporting Pages

PHA Name: <u>Springfield Housing Authority</u>		Grant Type and Number <b>IL06P00450100</b> Capital Fund Program Grant No: 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	
200 North Eleventh	Upgrade Public Restrooms/Force Account	1460		2	2,000.00	0.00	0.00	0.00	Moved to CFP 2001
200 North Eleventh	Madison Daycare repairs	1460		1 bldg	9,729.21	0.00	0.00	0.00	Moved to CFP 2001
4-9	Replace hot water heater	1460		1	141.63	164.89	164.89	164.89	Budget revision needed
4-10	Water Heaters (Force Account)	1460		57 units	8,100.00	10,749.10	10,749.10	3,142.06	Budget revision needed
4-10	Painting (Force Account)	1460		57 units	24,900.00	25,659.57	25,659.57	4,506.73	Budget revision needed
4-10	Concrete patios (Force Account)	1460		10 units	6,461.00	17,220.00	17,220.22	10,759.22	Complete/ Budget revision needed
4-10	Bathroom Plumbing (Force Account)	1460		57 Units	4,000.00	5,163.99	5,163.39	1,163.39	Complete/ Budget revision needed
4-10	Exterior Doors (Force Account)	1460		57 Units	2,000.00	2,165.00	2,165.00	165.00	Complete/ Budget revision needed
<b>TOTAL 1460</b>					<b>57,331.84</b>	<b>61,122.55</b>	<b>61,122.55</b>	<b>19,901.29</b>	

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## Annual Statement/Performance and Evaluation Report

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

#### Part II: Supporting Pages

PHA Name: <u>Springfield Housing Authority</u>		Grant Type and Number <b>IL06P00450100</b> Capital Fund Program Grant No: 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	
4-10	Window Replacement (Force Account)	1460	57 Units	4,000.00	4,105.00	4,105.00	105.00	Complete/ Budget Revision needed
4-10	Replace Garage Roof (Force Account)	1460	1	2,000.00	162.23	162.23	162.23	Work in progress/ Budget revision needed
4-12	Weatherize 623 East Black- <i>paint bldg, replace wood trim, caulk/seal</i>	1460	2 bldgs	53,250.15	38,537.86	38,537.86	38,537.86	Complete/ Budget revision needed
4-12	Master Locks	1460		2,500.00	2,500.00	0.00	0.00	Design Phase
	<b>TOTAL 1460</b>	<b>1460</b>		<b>61,750.15</b>	<b>45,305.09</b>	<b>42,805.09</b>	<b>38,805.09</b>	
IL 4-10	Relocation residents	1495	3	3,000.00	3,000.00	1,921.99	1,921.99	Rehab on- going
IL 4-31	Relocation residents	1495	20	5,000.00	5,000.00	5,000.00	5,000.00	<u>Over Budget</u> Moved \$561.75 to CFP 2001
	<b>TOTAL 1495</b>	<b>1495</b>		<b>8,000.00</b>	<b>8,000.00</b>	<b>6,921.99</b>	<b>6,921.99</b>	
PHA WIDE	Contingency	1502		100.00	0.00	0.00	0.00	Expended- moved to 1408
	<b>TOTAL 1502</b>	<b>1502</b>		<b>100.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
	<b>GRANT TOTAL</b>			<b>1,694,264.00</b>	<b>1,694,263.50</b>	<b>1,653,635.21</b>	<b>1,608,413.95</b>	

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

PHA Name: <u>Springfield Housing Authority</u>		Grant Type and Number <b>IL06P00450100</b> Capital Fund Program No: Replacement Housing Factor No:				Federal FY of Grant: 2000	
Development Number Name/HA-Wide Activities	All Fund Obligated (Monthly Ending Date)			All Funds Expended (Monthly Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
1406	9-30-02		4-16-02	12/20/03		9/28/04	
1408	9-30-02		9-24-02	12/20/03		9/28/04	
1410	9-30-02		2-27-02	12/20/03		9/28/04	
1450	9-30-02		5-30-02	12/20/03		9/28/04	
1460	9-30-02		9-30-02	12/20/03		9/28/04	
1465	9-30-02		8-29-02	12/20/03		9/28/04	
1470	9-30-02		9-30-02	12/20/03		9/28/04	
1475	9-30-02		Pending	12/20/03		9/28/04	
1495	9-30-02		9-30-02	12/20/03		9/28/04	
1502	9-30-02		Moved to 1408	12/20/03		9/28/04	

## Annual Statement/Performance and Evaluation Report

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

<b>PHA Name:</b> Springfield Housing Authority	<b>Grant Type and Number</b> IL06P00450101 Capital Fund Program Grant No: Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2001
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Original Annual Statement  
  Reserve for Disasters/ Emergencies  
  Revised Annual Statement (revision no:    )  
  Performance and Evaluation Report for Period Ending: 09/30/03  
  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	345,600.00	345,600.00	345,600.00	345,600.00
3	1408 Management Improvements	293,500.00	327,051.52	260,187.51	260,187.51
4	1410 Administration	172,833.00	172,833.00	172,833.00	172,833.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	0.00	15,900.00	15,900.00	15,900.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	0.00	0.00	0.00	0.00
10	1460 Dwelling Structures	782,010.50	784,946.23	434,391.11	434,391.11
11	1465.1 Dwelling Equipment—Nonexpendable	55,782.50	57,627.50	57,627.50	57,627.50
12	1470 Nondwelling Structures	3,000.00	5,000.00	4,455.35	4,455.35
13	1475 Nondwelling Equipment	28,144.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	23,500.00	11,311.75	11,311.75	11,311.75
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collateralization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency	23,964.00	8064.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	1,728,334.00	1,728,334.00	1,302,306.22	1,302,306.22
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of line 21 Related to Section 504 compliance	0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security – Soft Costs	221,000.00	232,551.52	232,551.52	232,551.52
25	Amount of Line 21 Related to Security – Hard Costs	0.00	0.00	0.00	0.00
26	Amount of line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

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

PHA Name: Springfield Housing Authority		Grant Type and Number IL06P00450101 Capital Fund Program Grant No: 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	
PHA Wide	Operations	1406		345,600.00	345,600.00	345,600.00	345,600.00	Complete
	<b>TOTAL 1406</b>	<b>1406</b>		<b>345,600.00</b>	<b>345,600.00</b>	<b>345,600.00</b>	<b>345,600.00</b>	
PHA Wide	Computer Software	1408		12,500.00	12,500.00	0.00	0.00	Pending needs assessment
PHA Wide	Staff training & travel	1408		30,000.00	30,000.00	29,394.39	29,394.39	Training sessions scheduled for staff
PHA Wide	Market	1408		30,000.00	30,000.00	7,046.69	7,046.69	Marketing plan in process of being developed & implemented
PHA Wide	Security Benefits	1408		66,300.00	66,300.00	49,984.98	49,984.98	Benefits paid to security staff throughout year
PHA Wide	Security Salaries	1408		154,700.00	166,251.52	166,251.52	166,251.52	Budget revision needed
PHA Wide	Truman Road Security	1408		0.00	9,500.00	7,509.93	7,509.93	Complete-waiting on final billing
PHA Wide	Computer Hardware	1408		0.00	12,500.00	0.00	0.00	Pricing Equipment & Needs Assessment

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

PHA Name: Springfield Housing Authority		Grant Type and Number IL06P00450101 Capital Fund Program Grant No: 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	
	<b>TOTAL 1408</b>	<b>1408</b>		<b>293,500.00</b>	<b>327,051.52</b>	<b>260,187.51</b>	<b>260,187.51</b>	
PHA Wide	FM&C Salaries	1410		120,983.00	130,442.18	130,442.18	130,442.18	Budget revision needed
PHA Wide	FM&C Benefits	1410		51,850.00	42,391.32	42,391.32	42,391.32	Complete
	<b>TOTAL 1410</b>	<b>1410</b>		<b>172,833.00</b>	<b>172,833.00</b>	<b>172,833.00</b>	<b>172,833.00</b>	
4-2 Major Byrd	Emergency engineer assessment for safety concerns at Major Byrd	1430		0.00	15,900.00	15,900.00	15,900.00	Complete
	<b>TOTAL 1430</b>			<b>0.00</b>	<b>15,900.00</b>	<b>15,900.00</b>	<b>15,900.00</b>	
	<b><u>Force Account-*money for projects taken from Salaries and Benefits</u></b>							
PHA Wide	Force Account Salaries	1460		41,400.00	124,832.15	124,832.15	124,832.15	Budget Revision needed
Force Account	Force Account Benefits	1460		27,600.00	76,793.91	76,793.91	76,793.91	Budget revision needed
4-12 Scattered Sites	Force Account	1460	1 shed					Paint shed @ 1014 S. Durkin
4-3a Bonansinga	Force Account	1460						Interior renovation 4-3a
PHA Wide	Force Account	1460	5 Hi-Rises					Remodel hi-rise lobbies & public restrooms

# Annual Statement/Performance and Evaluation Report

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

### Part II: Supporting Pages

PHA Name: Springfield Housing Authority		Grant Type and Number IL06P00450101 Capital Fund Program Grant No: 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	
PHA Wide	Force Account	1460	27					Paint vacant units over 51 days
4-3 Bonansinga	Force Account	1460	1					Library rehab
4-12 Scattered Sites	Force Account	1460	6					Install Trash surrounds
4-9 Hildebrandt	Force Account	1460						Replace damaged ceiling tile
4-3a Bonansinga	Force Account	1460						Replaced 1 <sup>st</sup> floor ceiling tile
4-3b, 4-6 401/415 Sankey	Force Account	1460						Replace damaged ceiling tile
4-9 Hildebrandt	Force Account	1460	39					Replace Hallway lights
4-3b, 4-6 401/415 Sankey	Force Account-installed new lighting on 1 <sup>st</sup> floor and receptacles	1460						Upgrade emergency electric systems
4-9 Hildebrandt	Force Account	1460	1 bldg					Upgrade emergency electric systems

**Annual Statement/Performance and Evaluation Report**

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

**Part II: Supporting Pages**

PHA Name: Springfield Housing Authority		Grant Type and Number IL06P00450101 Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2001</b>			
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	
4-31a Bonansinga	Force Account	1460	1 bldg					Upgrade emergency electric systems

## Annual Statement/Performance and Evaluation Report

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

#### Part II: Supporting Pages

PHA Name: Springfield Housing Authority		Grant Type and Number IL06P00450101 Capital Fund Program Grant No: 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	
Brandon 4-5	Furnace Replacement	1460	72	6,600.00	6,324.87	6,324.87	6,324.87	Complete
Sankey 401/415	Replace shower valves 401	1460		27,204.00	27,204.00	0.00	0.00	Complete
4-6	Replace heat risers 401	1460	S.W. 80 ft N.E. 80 ft	2,500.00	2,500.00	453.70	453.70	Installation phase
Sankey 415 4-3b	Replace waste lines 401	1460	10 units	5,000.00	5,000.00	0.00	0.00	Installation phase
Sankey 415 4-3b	Replace shower valves 415	1460	0	27,204.00	2,514.70	2,514.70	2,514.70	Project under review
Sankey 415 4-3b	Replace heat riser 415	1460		2,500.00	2,500.00	0.00	0.00	Assessment phase
Sankey 415 4-3b	Replace waste lines 415	1460		5,000.00	1,970.00	1,970.00	1,970.00	Assessment phase
Sankey 415 4-3b	Repair flu pipe 415	1460	2	2,000.00	3,915.00	3,915.00	3,915.00	Need budget revision
Hildebrandt Hi-rise 4-9	Replace sink/shutoff valves	1460	125 out of maintenance budget	2,500.00	2,500.00	0.00	0.00	On-going installation as needed by in-house staff
Hildebrandt Hi-rise 4-9	Replace thermostats	1460	0	1,500.00	0.00	0.00	0.00	Assessment phase
Hildebrandt Hi-rise 4-9	Install insulated a/c sleeves	1460		31,346.00	1,356.98	1,356.98	1,356.98	Installation phase
Hildebrandt 4-9	Upgrade smoking room ventilation	1460	1	5,000.00	1,828.92	1,828.92	1,828.92	Complete
4-10 Development	Furnaces	1460	10	5,000.00	2,000.00	521.56	521.56	Purchasing phase
4-10 Johnson Park	Electrical upgrades	1460	1 unit	500.00	472.83	472.83	472.83	Complete
4-22 Scattered Sites	Concrete repair and sealant	1460	4	6,500.00	4,228.50	4,228.50	4,228.50	Complete

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

PHA Name: Springfield Housing Authority		Grant Type and Number IL06P00450101 Capital Fund Program Grant No: 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	
4-12 Apartments	Replace roofs and guttering	1460	5 sites	56,000.00	59,875.40	59,875.40	59,875.40	Budget revision needed
4-14 Scattered Sites	Replace roofs and guttering	1460	12	50,000.00	50,000.00	15,172.87	15,172.87	Complete
4-14	Replace furnaces, a-coils/condensers	1460	2 units	1,300.87	1,300.87	1,300.87	1,300.87	Complete
4-18 Scattered Sites	Asphalt seal coat	1460	7	11,599.57	11,599.57	6,234.00	6,234.00	Complete
4-19	Asphalt seal coat	1460		11,099.56	11,099.56	6,234.00	6,234.00	Complete
4-31a	Refinish office	1460		0.00	5,230.00	5,230.00	5,230.00	Fungibility from 2000
4-2, 4-9, 4-6	Boiler installation	1460	5	18,083.65	18,083.65	4,432.00	4,432.00	Complete
All Hi-rises	Update electrical outlets	1460		1,284.26	1,284.26	1,284.26	1,284.26	Complete
Major Byrd	Interior/exterior renovations (See Force Account)	1460		151,608.75	77,930.37	35,565.13	35,565.13	Project pending due to relocation of residents for safety purposes
4-2	Replace heat risers	1460		5,000.00	1,344.00	1,344.00	1,344.00	Complete
Bonansinga	Interior renovations	1460		269,379.84	269,379.84	60,676.99	60,676.99	See Force Account
4-31	Roof repair	1460	1	300.00	300.00	251.62	251.62	Complete
4-31	Replace Heat risers	1460		5,000.00	181.44	181.44	181.44	Complete

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

PHA Name: Springfield Housing Authority		Grant Type and Number IL06P00450101 Capital Fund Program Grant No: 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	
200 N. 11th	Upgrade Public Restroom	1460		0.00	2,639.00	2,639.00	2,639.00	Fungibility from 2000
200 North 11 <sup>th</sup>	Madison Daycare	1460		0.00	8,756.41	8,756.41	8,756.41	Fungibility from 2000
200 N. 11 <sup>th</sup>	Admin. Bathroom upgrade	1460		2,000.00	0.00	0.00	0.00	Moved to 1470
	<b>Total 1460</b>	<b>1460</b>		<b>782,010.50</b>	<b>784,946.23</b>	<b>434,391.11</b>	<b>434,391.11</b>	
PHA Wide	Refrigerator replacement	1465		26,282.50	26,282.50	26,282.50	26,282.50	Complete
PHA Wide	Stoves/Refrigerators	1465		29,500.00	31,345.00	31,345.00	31,345.00	Budget revision needed
	<b>TOTAL 1465</b>			<b>55,782.50</b>	<b>57,627.50</b>	<b>57,627.50</b>	<b>57,627.50</b>	
200 North 11 <sup>th</sup> Street	Administrative office bathroom upgrade	1470		0.00	2,000.00	2,287.35	2,287.35	Budget revision needed
IL 4-10	Utility Sheds	1470		3,000.00	3,000.00	2,168.00	2,168.00	Complete
	<b>TOTAL 1470</b>	<b>1470</b>		<b>3,000.00</b>	<b>5,000.00</b>	<b>4,455.35</b>	<b>4,455.35</b>	
All hi-rises	Carpet shampooer	1475	5	6,144.00	0.00	0.00	0.00	Pending
PHA Wide	Truman Rd. Security	1475		9,500.00	0.00	0.00	0.00	Move to correct acct 1408
PHA Wide	Computer Hardware	1475		12,500.00	0.00	0.00	0.00	Moved from CFP 2000
	<b>TOTAL 1475</b>	<b>1475</b>		<b>28,144.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	
Bonansinga 4-31a	Relocation of residents	1495		0.00	561.75	561.75	561.75	Fungibility from 2000
PHA Wide	Relocation	1495		23,500.00	10,750.00	10,750.00	10,750.00	
	<b>TOTAL 1495</b>	<b>1495</b>		<b>23,500.00</b>	<b>11,311.75</b>	<b>11,311.75</b>	<b>11,311.75</b>	
PHA Wide	Contingency	1502		23,964.00	8,064.00	0.00	0.00	

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

PHA Name: Springfield Housing Authority		Grant Type and Number <b>IL06P00450101</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2001</b>			
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	
	<b>TOTAL 1502</b>	<b>1502</b>		<b>23,964.00</b>	<b>8,064.00</b>	<b>0.00</b>	<b>0.00</b>	
	<b>GRANT TOTAL</b>			<b>1,728,334.00</b>	<b>1,728,334.00</b>	<b>1,302,306.72</b>	<b>1,302,306.72</b>	

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

PHA Name: Springfield Housing Authority		Grant Type and Number IL06P00450101 Capital Fund Program No: Replacement Housing Factor No:					Federal FY of Grant: <b>2001</b>	
Development Number Name/HA-Wide Activities	All Fund Obligated (Month Ending Date)			All Funds Expended (Month Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
1406 Operations	6-30-03		6-30-03	6-30-05				
1408 Management	6-30-03		6-30-03	6-30-05				
1410 Administration	6-30-03			6-30-05				
1460 Dwelling Structure	6-30-03			6-30-05				
1465 Dwelling Equipment	6-30-03			6-30-05				
1495 Relocation	6-30-03			6-30-05				
1502 Contingency	6-30-03			6-30-05				

**Annual Statement/Performance and Evaluation Report  
Comprehensive Grant Program (CGP) Part I: Summary**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

HA Name **SPRINGFIELD HOUSING AUTHORITY**

Comprehensive Grant Number  
IL06-P004-50100

FFY of Grant Approval  
**2002**

Original Annual Statement - Reserve for Disaster/Emergencies Revised Annual Statement/Revision Number \_\_\_\_\_ Performance & Evaluation Report for Program Year Ending 09-30-03  
Final Performance & Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 19) (Not Available)	330,170.00		0.00	0.00
3	1408 Management Improvements	330,000.00		330,000.00	50,502.89
4	1410 Administration	165,085.00		165,085.00	153,736.79
5	1411 Audit	0.00		0.00	0.00
6	1415 Liquidated Damages	0.00		0.00	0.00
7	1430 Fees and Costs	24,500.00		0.00	0.00
8	1440 Site Acquisition	0.00		0.00	0.00
9	1450 Site Improvement	0.00		0.00	0.00
10	1460 Dwelling Structures	751,095.00		0.00	0.00
11	1465.1 Dwelling Equipment - Nonexpendable	0.00		0.00	0.00
12	1470 Nondwelling Structures	0.00		0.00	0.00
13	1475 Nondwelling Equipment	0.00		0.00	0.00
14	1485 Demolition	0.00		0.00	0.00
15	1490 Replacement Reserve	0.00		0.00	0.00
16	1495.1 Relocation Costs	0.00		0.00	0.00
17	1498 Mod Used for Development (Not Available)	0.00		0.00	0.00
18	1502 Contingency (May not exceed 8% of line 19)	50,000.00		0.00	0.00
19	Amount of Annual Grant (Sum of lines 2-18)	1,650,850.00		495,085.00	204,239.68
20	Amount of line 19 Related LBP Activities	0.00			
21	Amount of line 19 Related to Section 504 Compliance	0.00			
22	Amount of line 19 Related to Security	275,000.00			
23	Amount of line 19 Related to Energy Conservation Measures	0.00			

Signature of Executive Director and Date

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**X**

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.



Annual Statement/Performance and Evaluation  
 Comprehensive Grant Program (CGP)**Part II: Supporting**  
**Pages**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)  
**IL06P004712 -02 P&E**

Development Number/Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
Agency Wide	Operations	1406		330,170.00		0.00	0.00	Pending
	Security Salaries	1408		192,500.00		192,500.00	38,095.00	On-going
	Security Benefits	1408		82,500.00		82,500.00	12,407.00	On-going
	Staff Training & Travel	1408		35,000.00		0.00	0.00	Pending
	Marketing	1408		20,000.00		0.00	0.00	Pending
	<b>Total 1408</b>			<b>330,000.00</b>		<b>275,000.00</b>	<b>50,502.00</b>	
	FM&C Salaries	1410		115,559.50		115,559.50	111,077.78	On-going
	FM&C Benefits	1410		49,525.50		49,525.50	42,659.01	On-going
	<b>Total 1410</b>			<b>165,085.00</b>		<b>165,085.00</b>	<b>153,736.79</b>	
4-12 Scattered Sites	Replace Furnaces & A/C (partial)	1460	30	40,500.00		0.00	0.00	Pending
	Replace Gas Hot Water Heaters	1460	30	4,500.00		0.00	0.00	Pending
4-14 Scattered Sites	Replace Furnaces & A/C (partial)	1460	10	13,500.00		0.00	0.00	Pending
	Replace Gas Hot Water Heaters	1460	20	5,000.00		0.00	0.00	Pending

Signature of Executive Director and Date

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Annual Statement/Performance and Evaluation  
 Comprehensive Grant Program (CGP)**Part II: Supporting  
 Pages**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)  
**IL06P004712-02 P&E**

Development Number/Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
All Hi-Rises	Replace Emergency Lighting	1460	Partial 100%	16,250.00		0.00	0.00	Pending
	Locks for sliding Windows	1460		15,000.00		0.00	0.00	Pending
4-9 Hildebrandt	Electrical Upgrades	1460		25,000.00		0.00	0.00	Pending
4-6 Sankey 401	Install A/C	1460		381,345.00		0.00	0.00	Pending
Admin. Bldg.	Upgrade and Expand Office Building	1460		250,000.00		0.00	0.00	Pending
PHA Wide	Architectural Fees & Costs	1430		24,500.00		0.00	0.00	Pending
	Contingency Funds	1502		50,000.00		0.00	0.00	Pending

Signature of Executive Director and Date

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Annual Statement/Performance and Evaluation  
 Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
1406 Operations	05/30/04			05/30/06			
1408 Management Improvements	05/30/04			05/30/06			
1410 Administration	05/30/04			05/30/06			
1430 Fees & Costs	05/30/04			05/30/06			
1460 Dwelling Structures	05/30/04			05/30/06			
1502 Contingency	05/30/04			05/30/06			

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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**Annual Statement/Performance and Evaluation Report  
Comprehensive Grant Program (CGP) Part I: Summary**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

HA Name **SPRINGFIELD HOUSING AUTHORITY**

Comprehensive Grant Number  
**IL06P00450103**

FFY of Grant Approval  
**2003**

Original Annual Statement Reserve for Disaster/Emergencies Revised Annual Statement/Revision Number \_\_\_\_\_ Performance & Evaluation Report for Program Year Ending \_\_\_\_\_  
 Final Performance & Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 19) (Not Available)	<b>128,168.00</b>			
3	1408 Management Improvements	<b>256,337.00</b>			
4	1410 Administration	<b>128,168.00</b>			
5	1411 Audit	<b>2,500.00</b>			
6	1415 Liquidated Damages	<b>0.00</b>			
7	1430 Fees and Costs	<b>110,000.00</b>			
8	1440 Site Acquisition	<b>0.00</b>			
9	1450 Site Improvement	<b>7,000.00</b>			
10	1460 Dwelling Structures	<b>473,518.00</b>			
11	1465.1 Dwelling Equipment - Nonexpendable	<b>53,100.00</b>			
12	1470 Nondwelling Structures	<b>0.00</b>			
13	1475 Nondwelling Equipment	<b>13,358.00</b>			
14	1485 Demolition	<b>7,000.00</b>			
15	1490 Replacement Reserve	<b>0.00</b>			
16	1495.1 Relocation Costs	<b>0.00</b>			
17	1498 Mod Used for Development (Not Available)	<b>0.00</b>			
18	1502 Contingency (May not exceed 8% of line 19)	<b>102,535.00</b>			
19	Amount of Annual Grant (Sum of lines 2-18)	<b>1,281,684.00</b>			
20	Amount of line 19 Related LBP Activities	<b>0.00</b>			
21	Amount of line 19 Related to Section 504 Compliance	<b>0.00</b>			
22	Amount of line 19 Related to Security	<b>148,769.00</b>			
23	Amount of line 19 Related to Energy Conservation Measures	<b>0.00</b>			

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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Annual Statement/Performance and Evaluation  
 Comprehensive Grant Program (CGP)**Part II: Supporting**  
**Pages**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)  
**Annual Statement IL06P00450103**

Development Number/Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
<b>PHA Wide</b>	Operations	1406		128,168.00				
				97,094.00				
	Security Salaries	1408		50,865.00				
	Security Benefits	1408		35,000.00				
	Staff Training and Travel	1408		35,000.00				
	Computer Software/hardware	1408		23,378.00				
	Maintenance Agreements	1408		<u>15,000.00</u>				
				<b>\$256,337.00</b>				
	Marketing	1410		98,967.00				
	<b>TOTAL 1408</b>	1410		<u>29,201.00</u>				
				<b>\$128,168.00</b>				
	FM&C Salaries	1430		40,000.00				
	FM&C Benefits	1430		<u>70,000.00</u>				
				<b>\$110.00.00</b>				
	A/E Fees	1502		102,535.00				
Consultation Fees & Costs	1502							
<b>TOTAL 1430</b>								
	1411		2,500.00					
Contingency								
Audit								

Signature of Executive Director and Date

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Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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Annual Statement/Performance and Evaluation  
 Comprehensive Grant Program (CGP)**Part II: Supporting  
 Pages**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)  
**Annual Statement IL06P00450103**

Development Number/Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
Admin. Bldg. 200 N. 11th	Condensing Units: One (1) 3-ton 3 Phase One (1) 3-ton 1 Phase One (1) 2-ton 1 Phase Two (2) 5-ton 3 Phase One (1) 8-ton 3 Phase	1460	6 units	7,875.00				
	Furnace 125,000 BTU w/coils	1460	2	5,250.00				
	Refrigerator/Stove Replacements	1465		53,100.00				
	Reseal Entry Doors Study installation of Central Air	1460 1460		6,000.00 63,986.00				
All Hi-Rises	Replace Piping and Pumps on Boilers	1460		15,000.00				
IL 4-6 Sankey 401	Repair Mechanic Room Door	1460		4,500.00				
	Replace First Floor Windows	1460		25,000.00				
IL 4-9 Hildebrandt	Replace A-coils	1460		30,000.00				
	Replace 4-ton Condensing Units	1460		<u>30,000.00</u>				
	<b>TOTAL 1460</b>							
	<b>TOTAL 1465</b>			<b>187,611.00</b>				
				<b>53,100.00</b>				

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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**Annual Statement/Performance and Evaluation  
Comprehensive Grant Program (CGP) Part II: Supporting  
Pages**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)  
**Annual Statement IL06P00450103**

Development Number/Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
IL 4-10 Johnson Pk., Lincoln-wood, 1111 S. 19 <sup>th</sup>	Install Entrance Signs	1450	3	4,000.00				
	Tear down garage and install garbage enclosures.	1450		3,000.00				
IL 4-18 Scattered Sites	Demolish 1629 E. Glenn	1485		7,000.00				
PHA Wide	Install handrails with backer boards	1460		10,000.00				
	Window Blinds in Hallways	1460		2,500.00				
	Range Surrounds	1460		3,000.00				
Non-Dwelling Equip.	Motorola 2-way radios	1475	5 2-sets 1 3	4,000.00				
	Power sewer cleaning machines	1475		1,283.00				
	MIG Wire Welder	1475		3,500.00				
	Bag less Vacuum Sweepers	1475		1,575.00				
	Plan restoration/preservation	1475		<u>3,000.00</u>				
	<b>TOTAL 1450</b>			<b>7,000.00</b>				
	<b>TOTAL 1460</b>			<b>15,500.00</b>				
	<b>TOTAL 1475</b>			<b>13,358.00</b>				
	<b>TOTAL 1485</b>			<b>7,000.00</b>				

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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Annual Statement/Performance and Evaluation  
 Comprehensive Grant Program (CGP) **Part II: Supporting  
 Pages**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)  
**Annual Statement IL06P00450103**

Development Number/Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
IL 4-2 Major Byrd	Replace electric panels Tuckpoint and seal Install 54475 Boiler	1460 1460 1460	76 1	15,000.00 50,000.00 6,394.00				
IL 4-5 Brandon Ct.	Replace Exterior Doors	1460	39	190,263.00				
IL 4-3B Sankey 415	Install ¾ reservation lines Install compressor for Quincy CAT 300715	1460 1460	1	8,000.00 <u>750.00</u>				
	<b>TOTAL 1460</b>			<b>270,407.00</b>				

Signature of Executive Director and Date

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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 (2) To be completed for the Performance and Evaluation Report.

Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

and Urban Development  
Office of Public and Indian Housing

Annual Statement IL06P00450103

Development Number/Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
1406 Operations	09/30/05			09/30/07			
1408 Management Improvements	09/30/05			09/30/07			
1410 Administration	09/30/05			09/30/07			
1411 Audit	09/30/05			09/30/07			
1430 Fees & Costs	09/30/05			09/30/07			
1450 Site Improvement	09/30/05			09/30/07			
1460 Dwelling Structures	09/30/05			09/30/07			

Signature of Executive Director and Date

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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Annual Statement/Performance and Evaluation  
Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)  
**Annual Statement IL06P00450103**

Development Number/Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
1465.1 Dwelling Equipment	09/30/05			09/30/07			
1475 Nondwelling Equipment	09/30/05			09/30/07			
1485 Demolition	09/30/05			09/30/07			
1502 Contingency	09/30/05			09/30/07			
Signature of Executive Director and Date				Signature of Public Housing Director/Office of Native American Programs Administrator and Date			
X				X			

**Annual Statement/Performance and Evaluation Report  
Comprehensive Grant Program (CGP) Part I: Summary**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

HA Name **SPRINGFIELD HOUSING AUTHORITY**

**Comprehensive Grant Number**  
IL06 R004 501-99

**FFY of Grant Approval**  
  
**1998**

Original Annual Statement Reserve for Disaster/Emergencies Revised Annual Statement/Revision Number \_\_\_\_\_  Performance & Evaluation Report for Program Year Ending 06/30/03  
 Final Performance & Evaluation Report **REPLACEMENT HOUSING FACTOR REPORT**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 19) (Not Available)				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	216,948.00	216,948.00	216,948.00	-0-
16	1495.1 Relocation Costs				
17	1498 Mod Used for Development (Not Available)				
18	1502 Contingency (May not exceed 8% of line 19)				
19	Amount of Annual Grant (Sum of lines 2-18)	216,948.00	216,948.00	216,948.00	-0-
20	Amount of line 19 Related LBP Activities				
21	Amount of line 19 Related to Section 504 Compliance				
22	Amount of line 19 Related to Security				
23	Amount of line 19 Related to Energy Conservation Measures				

Signature of Executive Director and Date

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Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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Annual Statement/Performance and Evaluation  
 Comprehensive Grant Program (CGP)**Part II: Supporting  
 Pages**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
	Replacement Reserves	1490		216,948.00	216,948.00	216,948.00	-0-	

Signature of Executive Director and Date  
  
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Annual Statement/Performance and Evaluation  
 Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
	09-29-00	Used w/Hope VI - RRP Approved		09-29-00			

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**X**

**X**

(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.

**Annual Statement/Performance and Evaluation Report  
Comprehensive Grant Program (CGP) Part I: Summary**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

HA Name **SPRINGFIELD HOUSING AUTHORITY**

**Comprehensive Grant Number**  
IL06 P004 708-99

**FFY of Grant Approval**  
  
**1999**

Original Annual Statement Reserve for Disaster/Emergencies Revised Annual Statement/Revision Number \_\_\_\_\_  Performance & Evaluation Report for Program Year Ending 06/30/03  
 Final Performance & Evaluation Report **REPLACEMENT HOUSING FACTOR REPORT**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 19) (Not Available)				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	382,022.00	382,022.00	382,022.00	-0-
16	1495.1 Relocation Costs				
17	1498 Mod Used for Development (Not Available)				
18	1502 Contingency (May not exceed 8% of line 19)				
19	Amount of Annual Grant (Sum of lines 2-18)	382,022.00	382,022.00	382,022.00	-0-
20	Amount of line 19 Related LBP Activities				
21	Amount of line 19 Related to Section 504 Compliance				
22	Amount of line 19 Related to Security				
23	Amount of line 19 Related to Energy Conservation Measures				

Signature of Executive Director and Date

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**X**

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.



Annual Statement/Performance and Evaluation  
 Comprehensive Grant Program (CGP) **Part II: Supporting  
 Pages**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
	Replacement Reserves	1490		382,022.00	382,022.00	382,022.00	-0-	

Signature of Executive Director and Date

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**X**

(1) To be completed for Performance and Evaluation Report or a Revised Annual Statement.  
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Annual Statement/Performance and Evaluation  
 Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
	10-29-99	Use w/Hope VI – RRP Approved		10-29-99			

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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(1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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**Annual Statement/Performance and Evaluation Report  
Comprehensive Grant Program (CGP) Part I: Summary**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

HA Name **SPRINGFIELD HOUSING AUTHORITY**

**Comprehensive Grant Number**  
IL06 R004 501-00

**FFY of Grant Approval**  
  
**2000**

Original Annual Statement Reserve for Disaster/Emergencies Revised Annual Statement/Revision Number \_\_\_\_\_  Performance & Evaluation Report for Program Year Ending 06/30/03  
 Final Performance & Evaluation Report **REPLACEMENT HOUSING FACTOR REPORT**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 19) (Not Available)				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	739,432.00	739,432.00	739,432.00	-0-
16	1495.1 Relocation Costs				
17	1498 Mod Used for Development (Not Available)				
18	1502 Contingency (May not exceed 8% of line 19)				
19	Amount of Annual Grant (Sum of lines 2-18)	739,432.00	739,432.00	739,432.00	-0-
20	Amount of line 19 Related LBP Activities				
21	Amount of line 19 Related to Section 504 Compliance				
22	Amount of line 19 Related to Security				
23	Amount of line 19 Related to Energy Conservation Measures				

Signature of Executive Director and Date

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Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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1- To be completed for the Performance and evaluation report or a Revised Annual Statement  
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Annual Statement/Performance and Evaluation  
 Comprehensive Grant Program (CGP) **Part II: Supporting  
 Pages**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
	Replacement Reserves	1490		739,432.00	739,432.00	739,432.00	-0-	

Signature of Executive Director and Date

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Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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(1) To be completed for Performance and Evaluation Report or a Revised Annual Statement.  
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Annual Statement/Performance and Evaluation  
 Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
	10-10-00			10-10-00			

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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(2) To be completed for the Performance and Evaluation Report.

**Annual Statement/Performance and Evaluation Report  
Comprehensive Grant Program (CGP) Part I: Summary**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

HA Name **SPRINGFIELD HOUSING AUTHORITY**

**Comprehensive Grant Number**  
IL06 R004 501-01

**FFY of Grant Approval**  
  
**2001**

Original Annual Statement Reserve for Disaster/Emergencies Revised Annual Statement/Revision Number \_\_\_\_\_  Performance & Evaluation Report for Program Year Ending 06/30/03  
 Final Performance & Evaluation Report **REPLACEMENT HOUSING FACTOR REPORT**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 19) (Not Available)				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	754,611.00	754,611.00	-0-	-0-
16	1495.1 Relocation Costs				
17	1498 Mod Used for Development (Not Available)				
18	1502 Contingency (May not exceed 8% of line 19)				
19	Amount of Annual Grant (Sum of lines 2-18)	754,611.00	754,611.00	-0-	-0-
20	Amount of line 19 Related LBP Activities				
21	Amount of line 19 Related to Section 504 Compliance				
22	Amount of line 19 Related to Security				
23	Amount of line 19 Related to Energy Conservation Measures				

Signature of Executive Director and Date

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Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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Annual Statement/Performance and Evaluation  
 Comprehensive Grant Program (CGP)**Part II: Supporting  
 Pages**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
	Replacement Reserves	1490		754,611.00	754,611.00	-0-	-0-	

Signature of Executive Director and Date

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Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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(1) To be completed for Performance and Evaluation Report or a Revised Annual Statement.  
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Annual Statement/Performance and Evaluation  
 Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	
	07-12-01			07-12-01			

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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**Annual Statement/Performance and Evaluation Report  
Comprehensive Grant Program (CGP) Part I: Summary**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

HA Name **SPRINGFIELD HOUSING AUTHORITY**

**Comprehensive Grant Number**  
IL06 R004 501-02

**FFY of Grant Approval**  
  
**2002**

Original Annual Statement Reserve for Disaster/Emergencies Revised Annual Statement/Revision Number \_\_\_\_\_  Performance & Evaluation Report for Program Year Ending 06/30/03  
 Final Performance & Evaluation Report **REPLACEMENT HOUSING FACTOR REPORT**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost (2)	
		Original	Revised (1)	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 19) (Not Available)				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	717,239.00	717,239.00	-0-	-0-
16	1495.1 Relocation Costs				
17	1498 Mod Used for Development (Not Available)				
18	1502 Contingency (May not exceed 8% of line 19)				
19	Amount of Annual Grant (Sum of lines 2-18)	717,239.00	717,239.00	-0-	-0-
20	Amount of line 19 Related LBP Activities				
21	Amount of line 19 Related to Section 504 Compliance				
22	Amount of line 19 Related to Security				
23	Amount of line 19 Related to Energy Conservation Measures				

Signature of Executive Director and Date

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Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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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.

Annual Statement/Performance and Evaluation  
 Comprehensive Grant Program (CGP) **Part II: Supporting  
 Pages**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work (2)
				Original	Revised (1)	Funds Obligated (2)	Funds Expended (2)	
	Replacement Reserves	1490		717,239.00	717,239.00	-0-	-0-	

Signature of Executive Director and Date

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**X**

(1) To be completed for Performance and Evaluation Report or a Revised Annual Statement.  
 (2) To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation  
 Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

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

OMB Approval No. 2577-0157 (Exp. 7/31/98)

Development Number/Name HA - Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised (1)	Actual (2)	Original	Revised (1)	Actual (2)	

Signature of Executive Director and Date

Signature of Public Housing Director/Office of Native American Programs Administrator and Date

**X**

**X**

(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.

**Five-Year Action Plan**  
**Part I: Summary**  
**Comprehensive Grant Program (CGP)**

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

OMB Approval No. 2577-0157 (Exp. 07/31/98)

HA Name: SPRINGFIELD HOUSING AUTHORITY		Locality (City/County & State): Springfield Illinois (Sangamon County)			X Original	Revision No.
A. Development Number/Name	Work Stmt. for Year 1 FFY: 2003	Work Statement for Year 2 FFY: 2004	Work Statement for Year 3 FFY: 2005	Work Statement for Year 4 FFY: 2006	Work Statement for Year 5 FFY: 2007	
	See					
B. Physical Improvements Subtotal			\$1,092,700.66	\$871,466.30	\$794,735.00	\$473,720.00
C. Management Improvements			\$395,410.00	\$374,123.80	\$353,099.02	\$359,893.49
D. HA-Wide Nondwelling Structures and Equipment			\$4,825.00	\$6,864.30	\$5,575.00	\$4,000.00
E. Administration			\$140,306.66	\$144,515.86	\$148,851.34	\$153,316.88
F. Other			\$132,116.00	\$165,500.00	\$137,500.00	\$127,500
G. Operations			0	0	0	0
H. Demolition			0	0	0	0
I. Replacement Reserve			0	0	0	0
J. Mod Used for Development			0	0	0	0
K. Total CGP Funds			\$1,765,358.32	\$1,562,470.26	\$1,439,760.36	\$1,118,430.37
L. Total Non-CGP Funds			0	0	0	0
M. Grand Total			\$1,765,358.32	\$1,562,470.26	\$1,439,760.36	\$1,118,430.37
Signature of Public Housing Director/Office of Native American Programs Administrator and Date: X				Signature of Public Housing Director/Office of Native American Programs Administrator and Date: X		

Five-Year Action Plan  
**Part I: Summary** (Continuation)  
 Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157 (exp. 7/31/98)

A. Development Number/Name	Work Stmt. for Year 1 FFY: <del>2003</del>	Work Statement for Year 2 FFY: <del>2004</del>	Work Statement for Year 3 FFY: <del>2005</del>	Work Statement for Year 4 FFY: <del>2006</del>	Work Statement for Year 5 FFY: <del>2007</del>
4-2 Major Byrd High Rise	<b>See Annual Statement</b>	\$20,000.00	\$0	\$0	\$0
4-3a Bonansinga High Rise		\$10,000.00	\$88,300.00	\$98,450.00	\$0
4-3b Sankey High Rise "A"		\$10,000	\$73,450.00	\$124,780.00	\$0
4-5 Brandon		\$153,542.00	\$106,201.00	\$10,000.00	\$0
4-6 Sankey High Rise "B"		\$10,000.00	\$2,500.00	\$50,000.00	\$0
4-9 Hildebrandt High Rise		\$50,000.00	\$0	\$0	\$155,000.00
4-10 1111 Apartments		\$0	\$16,000.00	\$0	\$12,000.00
Lincolnwood Est.		\$44,500.00	\$17,000.00	\$5,000.00	\$14,000.00
Johnson Park		\$0	\$17,000.00	\$5,000.00	\$14,000.00
4-20 Scattered Sites		\$35,000.00	\$0	\$25,000.00	\$2,500.00
4-12 Scattered Sites		\$219,997.00	\$216,515.00	\$208,600.00	\$2,500.00
4-14 Scattered Sites		\$45,000.00	\$76,200.00	\$34,305.00	\$2,500.00
4-18 Scattered Sites		\$23,200.00	\$115,300.00	\$109,300.00	\$2,500.00
4-19 Scattered Sites		\$0	\$7,000.00	\$24,300.00	\$2,500.00
4-22 Scattered Sites		\$7,000.00	\$0	\$0	\$2,500.00
All Hi-Rises		\$176,000.00	\$136,000.00	\$100,000.00	\$0
Non-Dwelling Equipment		\$4,825.00	\$6,864.30	\$5,575.00	\$4,000.00
200 N. 11 <sup>th</sup> St	\$450.00	\$0	\$0	\$0	
All Developments	\$290,011.66	\$0	\$0	\$263,720.00	

**Part II: Supporting Pages**  
**Physical Needs Work Statement(s)**  
 Comprehensive Grant Program (CGP)

Office of Public and Indian Housing

Work Statement  For Year FFY:	Work Statement for Year <u>2</u> FFY: <u>2004</u>			Work Statement for Year <u>2</u> FFY: <u>2004</u>		
	Development Number/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/General Description of Major Work Categories	Quantity	Estimated Costs
See Annual Statement	<b>All Hi-Rises</b>			<b>200 N. 11<sup>th</sup></b>		
	Generator	2	\$35,000/00	Water Heater	1	\$450.00
	Triad Boilers	6	\$25,000.00			
	Replace Ball Valves, Shut off valves under sink and supply liners A/C install		\$15,000.00 - \$100,000.00	<b>4-20</b> Correct Drainage & Terracing Slope		\$35,000.00
	<b>4-9</b> Replace closet doors		\$50,000.00	<b>Non-Dwelling Equipment</b>	1	\$2,300.00
	<b>4-10 Lincolnwood</b>			Automatic Key Cutting & Duplicity Machine	1	\$675.00
	Asphalt Drives	151	\$32,000.00	Lockable Key cabinet w/ folding key holding doors	1	\$650.00
	Utility Sheds	11	\$12,500.00	Scaffolding	2	\$1,200.00
				Eels		
	<b>4-12</b> Replace Windows Replace Stairway Pads	33 units	\$215,465.00 \$2,532.00	<b>All Developments</b>		\$75,061.66
				MPP Daycare –HVAC system	30 units	\$63,270.00
	<b>4-14</b> Roof Replacement	9 units	\$45,000.00	Refrigerators/Stove Replacement	100%	\$25,000.00
				Central A/C		\$10,000.00
	<b>4-18</b> Replace Interior Lights Fixture Fence Yards (Perkins Court)	19 units 6 units	\$11,400.00 \$11,800.00	GFI's (Force Account)	2	\$10,000.00
				<b>4-3a Bonansinga</b> Replace Patio Doors		\$20,000.00
	<b>4-22</b> 31 Eton Ct-Install New Forced Air Furnace & A/C unit 208 Durkin-Install New Forced Air Furnace & A/C unit		\$3,500.00 \$3,500.00	<b>4-3b/4-6 401/415 Sankey</b> Install Sunroom		\$20,000.00
				<b>4-2 Major Byrd</b> Remove Sunroom		
	<b>4-5</b> Replace Exterior Doors Replace Community Center Roof Electric Utility Cart Replace Windows and Screens	38 units 1 1 38 units	\$6,042.00 \$45,000.00 \$2,500.00 \$100,000.00	<b>4-22</b> Replace 11 roofs		\$116,680.00

Five-Year Action Plan

Part II: Supporting Pages

Physical Needs Work Statement(s)

Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157 (exp. 7/31/98)

Work Statement For Year FFY:	Work Statement for Year <u>3</u> FFY: 2005			Work Statement for Year <u>3</u> FFY: 2005		
	Development Number/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/General Description of Major Work Categories	Quantity	Estimated Costs
See Annual Statement	<b>4-3a</b> Kitchen & Bathroom Renovations	49 apts	\$83,300.00	<b>4-14</b> Parking Blocks	20	\$1,200.00
	Patio Replacement	1	\$5,000.00	Power Wash Siding	20	\$5,000.00
	<b>4-3b</b> Kitchen Renovations	54 apts	\$73,450.00	Replace Siding	20	\$50,000.00
	Sunroom	1	\$25,000.00	Kitchen Cabinet/Countertop replacement	10 units	\$20,000.00
	<b>4-5</b> Replace Windows and Screens	39 units	\$100,000.00	<b>4-18</b> Parking Blocks		\$2,000.00
	Replace Exterior Doors	39 units	\$6,201.00	Power Wash Siding	39 units	\$5,000.00
	<b>4-10</b> Utility Sheds	57	\$10,000.00	Interior Lights	20 units	\$13,300.00
	Repair/Replace sidewalks & drives	100%	\$40,000.00	Kitchen Rehab	19 units	\$95,000.00
	<b>HA Wide</b> Replace Appliances		\$63,720.00	<b>4-19</b> Power Wash		\$5,000.00
	Plumbing Eels	2	\$1,200.00	Parking Blocks	39 units	\$2,000.00
	<b>All Hi-Rises</b> Generators	2	\$36,000.00	<b>Non Dwelling Equipment</b>		
	A/C/ Install		\$100,000.00	Motorola 2way Radios	5	\$4,000.00
	<b>4-12</b> Replace Windows	33 units	\$215,465.00	Power Sewer Cleaning Machine	2	\$1,289.30
	Gas Powered Pruner	1	\$450.00	High Quality Bag less Vacuum	3	\$1,575.00
	Table Saw	1	\$100.00			
	Knock-out Set		\$500.00			
	<b>4-6</b> Sunroom		\$2,500.00			

**Five-Year Action Plan**  
**Part II: Supporting Pages**  
**Physical Needs Work Statement(s)**  
**Comprehensive Grant Program (CGP)**

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

Work Statement	Work Statement for Year <u>4</u> FFY: <u>2006</u>			Work Statement for Year <u>4</u> FFY: <u>2006</u>					
	For Year FFY:	Development Number/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/General Description of Major Work Categories	Quantity	Estimated Costs		
See Annual Statement	<b>4-3a</b>	Kitchen & Bath Renovations	50 units	\$73,450.00	<p style="text-align: center;"><b>Non-Dwelling Equipment</b></p> Motorola 2way Radios High Quality Bag less Vacuums  <b>All Hi-Rises</b> A/C install				
		Replace Apt Doors	99 units	\$25,000.00				5	\$4,000.00
	<b>4-3b</b>	Replace Apt Doors	109	\$50,000.00				3	\$1,575.00
		Kitchen Renovations	55 units	\$74,780.00					
	<b>4-12 Scattered Sites</b>	Hot Water Heaters	40	\$8,600.00					
		Replace Windows & Screens	38 units	\$200,000.00					
	<b>4-14</b>	Interior Outlets	20 units	\$6,555.00					
		Thermostats	20	\$3,450.00					
		Hot Water Heaters	20	\$4,300.00					
		Replace Kitchen cabinets/countertop	10 units	\$20,000.00					
	<b>4-18</b>	Hot Water Heaters	20	\$4,300.00					
		Concrete repair/replace		\$10,000.00					
		Kitchen Rehab	20 units	\$95,000.00					
	<b>4-19</b>	Hot Water Heaters	20	\$4,300.00					
		Concrete repair/replace		\$20,000.00					
<b>4-10</b>	Back fill around exterior of foundation and seed		\$10,000.00						
<b>4-20</b>	Replace Mailboxes w/community boxes	36	\$25,000.00						
<b>4-6</b>	Replace Apt. Doors	102	\$50,000.00						
4-5	Backfill around exterior of foundation & seed		\$10,000.00						

**Five-Year Action Plan**  
**Part II: Supporting Pages**  
**Physical Needs Work Statement(s)**  
 Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157 (exp. 7/31/98)

Work Statement  For Year FFY:	Work Statement for Year <u>5</u> FFY: <u>2007</u>			Work Statement for Year <u>    </u> FFY: <u>    </u>		
	Development Number/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/General Description of Major Work Categories	Quantity	Estimated Costs
See Annual Statement	<b>All Developments</b>					
	HVAC Upgrades		\$200,000.00			
	Refrigerator/Stove Replacement		\$31,860.00			
	Electrical Appliance		\$31,860.00			
	Electrical Upgrades					
	<b>4-9</b>					
	Renovate Kitchens	76 units	\$103,330.00			
	Renovate Bathrooms	76 units	\$51,670.00			
	<b>Scattered Sites</b>					
	Road Improvements w/Stepping Stones		\$15,000.00			
<b>Non-Dwelling Equipment</b>						
Motorola 2-Way Radios w/Dual Frequencies	5	\$4,000.00				
<b>4-10</b>						
Reseal Parking Lots		\$40,000.00				

Five-Year Action Plan  
**Part III: Supporting Pages**  
**Management Needs Work Statement(s)**  
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U.S. Department of Housing  
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 Office of Public and Indian Housing

OMB Approval No. 2577-0157 (exp. 7/31/98)

Work Statement  For Year 1 FFY: <u>2003</u>	Work Statement for Year <b>2</b> FFY: <u>2004</u>			Work Statement for Year <b>3</b> FFY: <u>2005</u>		
	Development Number/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/General Description of Major Work Categories	Quantity	Estimated Costs
See Annual Statement	<b><u>1406 - Operations</u></b> Vehicle Replacement	1	12,616.00	<b><u>1406 - Operations</u></b> Vehicle Replacement	1	46,000.00
	<b><u>1408 - Management improvements</u></b> Marketing		15,000.00	<b><u>1408 - Management Improvements</u></b> Marketing		15,000.00
	Security Salaries		217,330.00	Security Salaries		223,849.90
	Security Benefits		73,130.00	Security Benefits		75,323.90
	Upgrade Computer Systems-hardware/software		35,000.00	Upgrade Computer Systems-hardware/software		35,000.00
	Staff training and travel		50,000.00	Staff Training and Travel		20,000.00
	Maintenance Agreements		4,950.00	Maintenance Agreements		4,950.00
	<b><u>1410 - Administration</u></b> FM&C Salaries		100,940.00	<b><u>1410 - Administration</u></b> FM&C Salaries		103,968.00
	FM&C Benefits		39,366.66	FM&C Benefits		40,547.66
	<b><u>1411 - Audit</u></b> Audit		2,500.00	<b><u>1411-Audit</u></b> Audit		2,500.00
	<b><u>1430 - Fees and Cost</u></b> A/E fees		35,000.00	<b><u>1430 - Fees and Costs</u></b> A/E fees		35,000.00
	Consultant fees and Cost (Off-site)		32,000.00	Consultant fees & Cost (Off-site)		32,000.00
	<b><u>1502 - Contingency</u></b> Contingency		50,000.00	<b><u>1502-Contingency</u></b> Contingency		50,000.00
<b>Subtotal of Estimated Cost</b>				<b>Subtotal of Estimated Cost</b>		
			<b>667,832.66</b>			<b>684,139.66</b>

**Five-Year Action Plan**  
**Part III: Supporting Pages**  
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 Comprehensive Grant Program (CGP)

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Work Statement  For Year 1 FFY: <u>2003</u>	Work Statement for Year <u>4</u> FFY: <u>2006</u>			Work Statement for Year <u>5</u> FFY: <u>2007</u>		
	Development Number/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/General Description of Major Work Categories	Quantity	Estimated Costs
See Annual Statement	<b>1406 - Operations</b> Vehicle Replacement	1	25,000.00	<b>1406 - Operations</b> Vehicle Replacement	1	20,000.00
	<b>1408 - Management improvements</b> Marketing		15,000.00	<b>1408 - Management improvements</b> Marketing		15,000.00
	Security Salaries		230,565.40	Security Salaries		237,482.36
	Security Benefits		77,583.62	Security Benefits		79,911.14
	Upgrade Computer Systems-hardware/software		5,000.00	Upgrade Computer Systems-hardware/software		5,000.00
	Staff Training and Travel		20,000.00	Staff Training and Travel		20,000.00
	Maintenance Agreements		4,950.00	Maintenance Agreements		2,500.00
	<b>1410 - Administration</b> FM&C Salaries		107,087.25	<b>1410 - Administration</b> FM&C Salaries		110,300.00
	FM&C Benefits		41,764.09	FM&C Benefits		43,017.01
	<b>1411 - Audit</b> Audit		2,500.00	<b>1411 - Audit</b> Audit		2,500.00
	<b>1430 - Fees and Cost</b> A/E Fees		35,000.00	<b>1430 - Fees and costs</b> A/E fees		35,000.00
	Consultant fees Cost (off site)		25,000.00	Consultant fees Cost (off site)		20,000.00
	<b>1502 - Contingency</b> Contingency		50,000.00	<b>1502 - Contingency</b> Contingency		50,000.00
	<u>Subtotal of Estimated Cost</u>		<b>639,450.36</b>	<u>Subtotal of Estimated Cost</u>		<b>640,710.38</b>