

U.S.DepartmentofHousingandUrbanDevelopment  
OfficeofPublicandIndianHousing

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SmallPHAPlanUpdate  
AnnualPlanforFiscalYear:2003

**NOTE:THISPHAPLANSTEMPLATE(HUD50075)ISTOBECOMPLETEDIN  
ACCORDANCEWITHINSTRUCTIONSLOCATEDINAPPLICABLEPIHNOTICES**

## PHA Plan Agency Identification

**PHAName:** DeWittCountyHousingAuthority

**PHANumber:** IL06-P031

**PHAFiscalYearBeginning:** 10/2003

### PHA Plan Contact Information:

Name: David O. Hinton

Phone: 217 -935-8804

TDD:

Email (if available): dchadohint@mchsi.com

### Public Access to Information

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

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

### Display Locations For PHA Plans and Supporting Documents

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

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

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

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

### PHA Programs Administered :

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

**AnnualPHAPlan**  
**FiscalYear2003**  
 [24CFRPart903.7]

**i. Table of Contents**

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the filename in parentheses in the space to the right of the title.

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**Attachments**

- Attachment A: Supporting Documents Available for Review **(il031a01)**
- Attachment B: Capital Fund Program Annual Statement **(il031b01)**
- Attachment C: Capital Fund Program 5 Year Action Plan **(il031c01)**
- Attachment\_\_: Capital Fund Program Replacement Housing Factor Annual Statement
- Attachment\_\_: Public Housing Drug Elimination Program (PHDEP) Plan
- Attachment D: Resident Membership on PHA Board or Governing Body **(il031d01)**
- Attachment E: Membership of Resident Advisory Board or Boards **(il031e01)**
- Attachment F: Comments of Resident Advisory Board or Boards & Explanation of PHA Response (must be attached if not included in PHA Plan text) **(il031f01)**
- Other (List below, providing each attachment name)
  - Attachment G: Performance & Evaluation Report for CFPI L06 -P031-501-02 **(il031g01)**
  - Attachment H: Component 3,(6) Deconcentration and Income Mixing **(il031h01)**

**ii. Executive Summary**

[24CFRPart903.79(r)]

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

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

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

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The DeWitt County Housing Authority adopted a revised capitalization policy regarding materials, non-expendable equipment and personal property acquired by the Housing Authority. Items costing a minimum of \$500.00 or with a life span greater than one year shall be capitalized and recorded as a capital expenditure. Items costing less than \$500 or having less than a one year life span shall be considered materials or inventory. The Executive Director shall determine which items shall be classified as material or non-expendable.

## 2. Capital Improvement Needs

[24CFR Part 903.79(g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$460,000.00 (estimate)

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

D. Capital Fund Program Grant Submissions

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

The Capital Fund Program 5 - Year Action Plan is provided as Attachment C (il031c01)

### (2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B (il031b01)

## 3.D Demolition and Disposition

[24CFR Part 903.79(h)]

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

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

2. Activity Description

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

**4. Voucher Homeownership Program**

[24CFR Part 903.79(k)]

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

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

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

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

## 5. Safety and Crime Prevention: PHDEP Plan

[24CFR Part 903.7(m)]

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

Plan

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

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

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

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

## 6. Other Information

[24CFR Part 903.79(r)]

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

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

2. If yes, the comments are attached at **Attachment F (il031f01)**

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

The PHA changed portions of the PHA Plan in response to comments  
A list of these changes is included

Yes  No: below or

Yes  No: at the end of the RAB Comments in Attachment\_F \_\_\_\_\_.

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

Other: (list below)

## B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: State of Illinois

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

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

3. PHA Requests for support from the Consolidated Plan Agency

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

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: **None**

## C. Criteria for Substantial Deviation and Significant Amendments

*This was submitted with 2000 Annual Plan.*

### 1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5 -year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

**A. Substantial Deviation from the 5 -year Plan:**

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

## Attachment A

### Supporting Documents Available for Review

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

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

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHA S Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPEVI applications or, if more recent, approved or submitted HOPEVI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHA participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHA participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
X	There is a copy of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
X	Other supporting documents: Voluntary Conversion Initial Assessment	Conversion of Public Housing

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor( CFP/CFPRHF) Part 1: Summary**

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations				
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 Non Dwelling Structures				
13	1475 Non Dwelling 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	Amount of Annual Grant: (sum of lines 2 -19)				
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				

Annual Statement/Performance and Evaluation Report						
Capital Fund Program and Capital Fund Program Replacement Housing Factor ( CFP/CFPRHF) Part 1: Summary						
PHAName:		Grant Type and Number Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant:	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
24	Amount of line 20 Related to Energy Conservation Measures					







## Capital Fund Program 5 - Year Action Plan

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.

CFP5 - Year Action Plan		
<input type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
<b>Totalestimatedcostovernext5years</b>		

## PHA Public Housing Drug Elimination Program Plan

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

### **Section 1: General Information/History**

**A. Amount of PHDEP Grant \$** \_\_\_\_\_

**B. Eligibility type (Indicate with an "x")**                      **N1** \_\_\_\_\_ **N2** \_\_\_\_\_                      **R** \_\_\_\_\_

**C. FFY in which funding is requested** \_\_\_\_\_

### **D. Executive Summary of Annual PHDEP Plan**

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

### **E. Target Areas**

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

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

### **F. Duration of Program**

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

**12 Months** \_\_\_\_\_ **18 Months** \_\_\_\_\_ **24 Months** \_\_\_\_\_

**G. PHDEP Program History**

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs havenot been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balance should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Dates should include any HUD -approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant#	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY1995						
FY1996						
FY1997						
FY1998						
FY1999						

**Section 2: PHDEP Plan Goals and Budget**

**A. PHDEP Plan Summary**

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

**B. PHDEP Budget Summary**

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

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

**C. PHDEP Plan Goals and Activities**

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise — not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

<b>9110 – Reimbursement of Law Enforcement</b>		<b>Total PHDEP Funding: \$</b>
Goal(s)		
Objectives		

ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9115 -SpecialInitiative</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/ Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9116 -GunBuybackTAMatch</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9120 -SecurityPersonnel</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9130 –EmploymentofInvestigators</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

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

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

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

1.							
2.							
3.							

<b>9170 -DrugIntervention</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9180 -DrugTreatment</b>					<b>TotalPHDEPFunding:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							

<b>9190 -OtherProgramCosts</b>					<b>TotalPHDEPFunds:\$</b>		
Goal(s)							
Objectives							
ProposedActivities	#of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	OtherFunding (Amount/Source)	PerformanceIndicators
1.							
2.							
3.							



## Required Attachment \_\_D\_\_: Resident Member on the PHA Governing Board

Information is in attachment file D: (il031d01)

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

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

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

- Elected  
 Appointed

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

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

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

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

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

**Required Attachment \_\_\_E\_\_\_: Membership of the Resident Advisory Board or Boards**

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

*Information is in attachment file E: (il031e01)*

## Attachment A Supporting Documents Available for Review

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

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing § 504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99 -52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriation Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing home ownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
<b>X</b>	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
<b>X</b>	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	PHDEP-related documentation: <ul style="list-style-type: none"> <li>· Baseline law enforcement services for public housing developments assisted under the PHDEP plan;</li> <li>· Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15);</li> <li>· Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities;</li> <li>· Coordination with other law enforcement efforts;</li> <li>· Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and</li> <li>· All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.</li> </ul>	Annual Plan: Safety and Crime Prevention
<b>X</b>	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input type="checkbox"/> check here if included in the public housing A&O Policy	Pet Policy
<b>X</b>	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
<b>X</b>	Other supporting documents: Voluntary Conversion Initial Assessment	Conversion of Public Housing

# Annual Statement/Performance and Evaluation Report

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

PHAName: DEWITT COUNTY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: <b>IL06 -P031-501-03</b> Replacement Housing Factor Grant No:	Federal FY of Grant: FFY2003
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement ( revision no:    )  
  Performance and Evaluation Report for Period Ending:  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds	0			
2	1406 Operations	92,000			
3	1408 Management Improvements	4,000			
4	1410 Administration	46,000			
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	23,200			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	5,800			
10	1460 Dwelling Structures	270,000			
11	1465.1 Dwelling Equipment — Nonexpendable	11,000			
12	1470 Non Dwelling Structures	0			
13	1475 Non Dwelling Equipment	5,000			
14	1485 Demolition	0			
15	1490 Replacement Reserve	0			
16	1492 Moving to Work Demonstration	0			
17	1495.1 Relocation Costs	3,000			
18	1499 Development Activities	0			
19	1501 Collateralization or Debt Service	0			
20	1502 Contingency	0			
21	Amount of Annual Grant: (sum of lines 2 – 20)	460,000			
22	Amount of line 21 Related to LBP Activities	20,000			
23	Amount of line 21 Related to Section 504 Compliance	0			
24	Amount of line 21 Related to Security – Soft Costs	0			
25	Amount of line 21 Related to Security – Hard Costs	0			
26	Amt. line 21 Related to Energy Conservation Measures	0			

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

PHAName: <b>DEWITT COUNTY HOUSING AUTHORITY</b>		Grant Type and Number Capital Fund Program#: <b>IL06-P031-501-03</b>			Federal FY of Grant: <b>FFY200 3</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Work Status
				Original	Revised	Funds Obligated	Funds Expended	
<b>IL06-P031-001</b>	Phase I - Continuation	1460	16 units	267,000				
<b>Webster Apts</b>	Exterior remodel of 4							
	4-unit apts. Includes replacing							
	Siding, windows, roofs & minor							
	Interior repairs. Lead paint and							
	asbestos removal .							
	Site Improvements –includes	1450	16	4,800				
	Concrete stoops, sidewalks,							
	Plantings, seating, lighting							
	Relocation	1495	16	3,000				
<b>IL06-P031-003</b>	Firesprinkler testing	1430	1	400				
<b>Nixon Manor</b>	Repair/replace windows	1460		500				
	Replace apartment flooring	1460	2	1,000				
<b>IL06-P031-004</b>								
<b>DeWitt Manor</b>	Firesprinkler testing	1430	1	400				
	Repair/replace windows	1460		500				
	Replace apartment flooring	1460	2	1,000				

**AnnualStatement/Performan ceandEvaluationReport  
 CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)  
 PartII:SupportingPages**

PHAName: <b>DEWITTCOUNTYHOUSINGAUTHORITY</b>		GrantTypeandNumber CapitalFundProgram#: <b>IL06-P031-501-03</b> ReplacementHousingFactor#:			FederalFYofGrant: <b>FFY200 3</b>			
Development Number  Name/HA-Wide Activities	GeneralDescriptionofMajor WorkCategories	Development Account  Number	Quantity	TotalEstimatedCost		TotalActualCost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>PHA-WIDE</b>	Operations	1406		92,000				
	AdministrativeTraining	1408		2,000				
	ComputerSoftware	1408		2,000				
	Salaries&Benefits	1410		46,000				
	EnvironmentalReview	1430		100				
	Architectural/EngineeringFees	1430		22,000				
	Asbestos&LeadPaintTesting	1430		300				
	ConcreteRepair	1450		1,000				
	Appliances	1465	32	11,000				
	CommunityFurniture	1475		500				
	ComputerHardware	1475		2,000				
	MaintenanceEquipment	1475		2,000				
	OfficeEquipment&Furniture	1475		500				
	GrandTotal			460,000				

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

<b>PHAName:</b> <b>DEWITTCOUNTYHOUSINGAUTHORITY</b>	<b>GrantTypeandNumber</b> CapitalFundProgram#: <b>IL06-P031-501-03</b> ReplacementHousingFactor#:	<b>FederalFYofGrant:</b> <b>FFY200 3</b>
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DevelopmentNumber Name/HA-Wide Activities	AllFundObligated (QuarterEndingDate)			AllFundsExpended (QuarterEndingDate)			ReasonsforRevisedTargetDates
	Original	Revised	Actual	Original	Revised	Actual	
<b>IL06-P031-002</b>	9-30-05			9-30-07			
<b>WebsterApts</b>							
<b>IL06-P031-003</b>	9-30-05			9-30-07			
<b>NixonManor</b>							
<b>IL06-P031-004elderly</b>	9-30-05			9-30-07			
<b>DeWittManor</b>							
<b>PHA-WIDE</b>	9-30-05			9-30-07			

**CapitalFundProgramFive -YearActionPlan  
PartI:Summary**

PHA Name <b>DeWittCounty HousingAuthority</b>		<input checked="" type="checkbox"/> <b>Original5 -YearPlan</b> <input type="checkbox"/> <b>RevisionNo:</b>			
Development Number/Name/HA- Wide	Year1	WorkStatementforYear2 FFYGrant:200 4 PHAFY:200 5	WorkStatementforYear3 FFYGrant:200 5 PHAFY:200 6	WorkStatementforYear4 FFYGrant:200 6 PHAFY:200 7	WorkStatementforYear5 FFYGrant: 200 7 PHAFY:200 8
	Annual Statement				
31-01Webster		\$7,000	\$266,000	\$257,000	\$0
31-02MacArthur		\$7,000	\$0	\$2,000	\$0
31-03Nixon		\$42,000	\$5,000	\$7,000	\$114,000
31-04Countryside		\$183,000	\$0	\$0	\$40,000
31-04DeWitt		\$40,000	\$8,000	\$5,000	\$99,000
PHAWide		\$181,000	\$181,000	\$189,000	\$207,000
CFPFundsListedfor 5-yearplanning		\$460,000	\$460,000	\$460,000	\$460,000
ReplacementHousing FactorFunds		0	0	0	0

**CapitalFundProgramFive -YearActionPlan**  
**PartII:SupportingPages —WorkActivitiesDeWittCountyHousingAuthorityIL031**

Activitiesfor Year1	ActivitiesforYear: <u>2</u> <u>4</u> FFYGrant:200 4 PHAFY:2005			ActivitiesforYear: <u>3</u> FFYGrant:2005 PHAFY:2006		
	<b>Development Name/Number</b>	<b>MajorWorkCategories</b>	<b>EstimatedCost</b>	<b>Development Name/Number</b>	<b>MajorWorkCategories</b>	<b>EstimatedCost</b>
See	<b>31-01Webster</b>	SealcoatParking	<b>7,000</b>	<b>31-01Webster</b>	ExteriorRemodelPh.II	250,000
					SiteIm provements	16,000
					<b>Subtotal</b>	<b>266,000</b>
	<b>31-02MacArthur</b>	SealcoatParking	2,000			
		SiteImprovements	5,000			
		<b>Subtotal</b>	<b>7,000</b>	<b>31-03Nixon</b>	ApartmentFlooring	<b>5,000</b>
	<b>31-03Nixon</b>	ApartmentFlooring	5,000	<b>31-04DeWitt</b>	ApartmentFlooring	5,000
		Windows	35,000		ApartmentDoors	3,000
		SealcoatParking	2,000		<b>Subtotal</b>	<b>8,000</b>
		<b>Subtotal</b>	<b>42,000</b>			
	<b>31-04Countryside</b>	RoofReplacement	<b>183,000</b>			
	<b>31-04DeWitt</b>	ApartmentFlooring	5,000			
		Windows	35,000			
		<b>Subtotal</b>	<b>40,000</b>			
				<b>PHA-Wide</b>	Operations	92,000
	<b>PHA-Wide</b>	Operations	92,000		Training	2,000
		Training	2,000		ComputerSoftware	2,000
		ComputerSoftware	2,000		Administration	46,000
		Administration	46,000		Fees&Costs	30,000
		Fees&Costs	30,000		ComputerHardware	3,000
		ComputerHardware	3,000		OfficeEquipment	2,000
		OfficeEquipment	2,000		MaintenanceEquipment	4,000
		MaintenanceEquipment	4,000		<b>Subtotal</b>	<b>181,000</b>
		<b>Subtotal</b>	<b>181,000</b>			
		<b>TotalCFPEstimatedCost</b>	<b>\$460,000</b>			<b>\$460,000</b>



**Required Attachment \_\_D\_\_: Resident Member on the PHA Governing Board**

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

A. Name of resident member(s) on the governing board: Nellie Coppenbarger

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

- Elected  
 Appointed

C. The term of appointment is (include the date term expires): 5-Year Term; expires 5-29 2006

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

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

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

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

**Required Attachment \_\_\_E\_\_\_: Membership of the Resident Advisory Board or Boards**

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

Barbara Zink	100 S. Railroad, Apt. 403	Clinton, IL 61727
Lynn Flowers	700 N. Cain, Apt. 101	Clinton, IL 61727
Jean Maltby	1700 E. Main, Apt. 1 43	Clinton, IL 61727
Hattie Ogg	700 N. Madison, Apt. 1A	Clinton, IL 61727
Minnie Branch	520 E. Main, Apt. 307	Clinton, IL 61727

## ATTACHMENT F

### DeWitt County Housing Authority Resident Advisory Board Recommendations & PHAResponse

The resident advisory board met on January 15, 2003. Three of the five board members attended; two others were ill. The missing members were requested in writing to provide any additional comments or suggestions. No additional comments or suggestions were received from the missing members.

The members were given an update on the progress of the two ongoing modernization programs. The members were advised that Congress had not passed a FFY 2003 Budget and no accurate estimate could be given for the amount of capital funds which will be available in 2003.

Two suggestions were provided by the members of the board. One was to increase exterior lighting at MacArthur Apartments near the east parking lot. Illinois Power Company will be contacted to install a night light on the alley pole near the parking lot. The second suggestion was to tuck point the Nixon Manor hi-rise. This request was based on a water problem to a specific unit. The unit will be repaired and tuck pointing has been added to the five-year plan.

# Annual Statement/Performance and Evaluation Report

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

PHAName: DEWITT COUNTY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: <b>IL06 -P031-501-02</b> Replacement Housing Factor Grant No:	Federal FY of Grant: FFY2002
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Original Annual Statement  
  Reserve for Disasters/Emergencies  
  Revised Annual Statement ( revision no:    )  
  Performance and Evaluation Report for Period Ending: **3-31-2003**  
  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	0	0	0	0
2	1406 Operations	98,000	98,000	0	0
3	1408 Management Improvements	5,000	5,000	0	0
4	1410 Administration	49,300	49,300	32,000	27,726.66
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	28,791	28,791	5,100	0
8	1440 Site Acquisition	7,000	0	0	0
9	1450 Site Improvement	25,000	25,000	25,000	0
10	1460 Dwelling Structures	267,000	275,000	271,000	26,029.95
11	1465.1 Dwelling Equipment — Nonexpendable	2,500	2,500	0	0
12	1470 Nondwelling Structures	0	0	0	0
13	1475 Nondwelling Equipment	5,500	5,500	129.99	129.99
14	1485 Demolition	0	0	0	0
15	1490 Replacement Reserve	0	0	0	0
16	1492 Moving to Work Demonstration	0	0	0	0
17	1495.1 Relocation Costs	5,000	4,000	1,422.25	1,422.25
18	1499 Development Activities	0	0	0	0
19	1501 Collateralization or Debt Service	0	0	0	0
20	1502 Contingency	0	0	0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	493,091	493,091	334,652.24	55,308.85
22	Amount of line 21 Related to LBP Activities	25,000	18,000	18,000	18,000
23	Amount of line 21 Related to Section 504 Compliance	0	0	0	0
24	Amount of line 21 Related to Security – Soft Costs	0	0	0	0
25	Amount of line 21 Related to Security – Hard Costs	0	0	0	0
26	Amt. line 21 Related to Energy Conservation Measures	0	0	0	0

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

**Part II: Supporting Pages**

**P&E Report – March 31, 2003**

PHAName: <b>DEWITT COUNTY HOUSING AUTHORITY</b>		Grant Type and Number Capital Fund Program#: <b>IL06-P031-501-02</b>			Federal FY of Grant: <b>FFY 2002</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Work Status
				Original	Revised	Funds Obligated	Funds Expended	
<b>IL06-P031-001</b>	Phase I - Exterior remodel of 4	1460	16 units	255,000	271,000	271,000	26,029.95	Ongoing
<b>Webster Apts</b>	4-unit apts. Includes replacing siding, windows, roofs & minor interior repairs. Potential lead paint and asbestos removal							
	Site Improvements – includes concrete stoops, sidewalks, plantings, seating, lighting	1450	16	23,000	25,000	25,000	0	Ongoing
	Relocation	1495	16	5,000	4,000	1,422.25	1,422.25	Ongoing
<b>IL06-P031-003</b>	Firesprinkler testing	1430	1	750	750	0	0	Not Started
<b>Nixon Manor</b>	Repair/replace windows	1460		4,000	0	0	0	Omitted
	Replace apartment flooring	1460	2	2,000	2,000	0	0	Not Started
<b>IL06-P031-004</b>	Generator engineering study	1430		1,500	1,500	0	0	Not Started
<b>DeWitt Manor</b>	Firesprinkler testing	1430	1	750	750	0	0	Not Started
	Repair/replace windows	1460		4,000	0	0	0	Omitted
	Replace apartment flooring	1460	2	2,000	2,000	0	0	Not Started
	Upgrade generator controls	1465		2,500	2,500	0	0	Not Started

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages** **P&E Report – March 31, 2003**

PHAName: <b>DEWITT COUNTY HOUSING AUTHORITY</b>		Grant Type and Number Capital Fund Program#: <b>IL06-P031-501-02</b> Replacement Housing Factor#:			Federal FY of Grant: <b>FFY2002</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>PHA-WIDE</b>	Operations	1406		98,000	98,000	0	0	Not Started
	Administrative Training	1408		2,500	2,500	0	0	Not Started
	Computer Software	1408		2,500	2,500	0	0	Not Started
	Salaries & Benefits	1410		49,300	49,300	32,000	27,726.66	Ongoing
	Environmental Review	1430		291	291	0	0	Not Started
	Architectural/Engineering Fees	1430		24,000	24,000	5,100	0	Ongoing
	Asbestos & Lead Paint Testing	1430		1,500	1,500	0	0	Not Started
	Site Acquisition	1440		7,000	0	0	0	Omitted
	Concrete Repair	1450		2,000	0	0	0	Omitted
	Community Furniture	1475		500	500	0	0	Not Started
	Computer Hardware	1475		2,500	2,500	0	0	Not Started
	Maintenance Equipment	1475		2,000	2,000	0	0	Not Started
	Office Equipment & Furniture	1475		500	500	129.99	129.99	Ongoing
	<b>Grand Total</b>			<b>493,091</b>	<b>493,091</b>	<b>334,652.24</b>	<b>55,308.85</b>	

**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**      **P&E Report – March 31, 2003**

<b>PHAName:</b> <b>DEWITTCOUNTYHOUSINGAUTHORITY</b>	<b>GrantTypeandNumber</b> CapitalFundProgram#: <b>IL06-P031-501-02</b> ReplacementHousingFactor#:	<b>FederalFYofGrant:</b> <b>FFY2002</b>
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DevelopmentNumber Name/HA-Wide Activities	AllFundObligated (QuarterEndingDate)			AllFundsExpended (QuarterEndingDate)			ReasonsforRevisedTargetDates
	Original	Revised	Actual	Original	Revised	Actual	
<b>IL06-P031-002</b> <b>WebsterApts</b>	9-30-04		9-30-04	9-30-06		9-30-06	
<b>IL06-P031-003</b> <b>NixonManor</b>	9-30-04		9-30-04	9-30-06		9-30-06	
<b>IL06-P031-004elderly</b> <b>DeWittManor</b>	9-30-04		9-30-04	9-30-06		9-30-06	
<b>PHA-WIDE</b>	9-30-04		9-30-04	9-30-06		9-30-06	

**Component 3,(6) Deconcentration and Income Mixing**

- a.  Yes  No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b.  Yes  No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

<b>Deconcentration Policy for Covered Developments</b>			
<b>Development Name :</b>	<b>Number of Units</b>	<b>Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]</b>	<b>Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]</b>