

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

Small PHA Plan Update
5 Year Plan for 2001 - 2004
Annual Plan for Fiscal Year: 2003

Vermilion County Housing Authority
Rossville, Illinois

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

PHA Plan Agency Identification

PHAName: Vermilion County Housing Authority

PHANumber: IL036

PHAFiscal Year Beginning:(mm/yyyy) October 1, 2003

PHA Plan Contact Information:

Name: Tony Hasbargen

Phone: (217) 748 -6820

TDD:

Email (if available): pha@ cooketech.net

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

- Main administrative office of the PHA
- PHA development management offices
- Main administrative office of the local, county or State government
- Public library
- PHA website
- Other (list below) other office located 407 Kennedy Dr Georgetown IL 61846

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

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

PHA Programs Administered :

Public Housing and Section 8 Section 8 Only Public Housing Only

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

i. Table of Contents

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

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- Other (List below, providing each attachment name)

ii.ExecutiveSummary

[24CFR Part 903.79(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 PHAP that are not covered in other sections of this Update.

We updated the pet policy, New investment policy, New board member travel policy, Addendum to lease on late charges.

2.Capital Improvement Needs

[24CFR Part 903.79(g)]

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

A. X 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? \$250,000

C. X 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 X

(2)Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment X

3.D emolition and Disposition

[24CFR Part 903.79(h)]

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

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

2. Activity Description

Demolition/Disposition Activity Description (Not including activities associated with HOPE VI or Conversion Activities)	
1a. Development name:	
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: (DD/MM/YY)	
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 Plan meeting specified requirements prior to receipt of PHDEP funds.

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

B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$ -0-

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? A meeting was called, advertised in the paper at the meeting we had five residents come to the meeting. The only comment was they thought the plan of bond pooling CFP money was a good idea to complete a bigger project.

2. If yes, the comments are attached at Attachment (Filename) _____ Comments are in the first statement.

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 below.
 Yes No: below
 Yes No: at the end of the RAB Comments in Attachment _____.

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

Other: (list below)

All Residents have been appointed to the Resident Advisory Board. We are a small Housing Authority scattered throughout the County and have some difficulty organizing residents or getting them to come to meetings. The annual Plan for 2003 did not change from FY2002 we added the wording to participate in the CFP bond pooling.

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (provide name here) Illinois Housing Development 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 specific initiatives contained in the Consolidated Plan. (list such initiatives below)
- Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

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

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

To provide decent affordable housing to low income families of Vermilion County.

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

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

A. Substantial Deviation from the 5-year Plan:

We plan to take part of the Illinois Bond Pooling of four CFP. This will allow for the housing authority to do major remodeling of 66 units and would save travel time to the out laying units. The remodel would consist of New Bathrooms, New Kitchens, Removal of asbestos floor tile, and New heating and air conditioning.

B. Significant Amendment or Modification to the Annual Plan:

There are no major amendments or modifications to the Annual Plan except for the Capital Funds Program. Those are addressed under that section.

Attachment A
Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
XX	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
XX	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
XX	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
XX	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
XX	Most recent board -approved operating budget for the public housing program	Annual Plan: Financial Resources
XX	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
XX	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
XX	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
XX	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
XX	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
XX	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
XX	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
XX	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
XX	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
XX	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
	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Grievance Procedures
XX	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
XX	The HUD -approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
XX	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
XX	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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	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
	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
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	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"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
	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
XX	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
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

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 for the remainder of this Five Year Period**

CFP5 -Year Action Plan		
<input type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
IL06P03608	Centennial Manor	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Carpeting, Air Conditioning, Windows, etc. for marketing and upgrading of high rise	287,275	2003
Completion of work on High Rise	52,000	2003
Total estimated cost over next 5 years	339,275	

Development Number	Development Name (or indicate PHA wide)	
IL06P03606	Kennedy Court	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
HVAC, Water Heaters, Electrical, Kitchen and Bathrooms, floor replacements	213,528	2003
Total estimated cost over next 5 years	213,528	

Development Number	Development Name (or indicate PHA wide)	
IL06P03603	Ramey Court	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
HVAC, Water Heaters, Electrical, Kitchen and Bathrooms, floor replacements, indoor & exterior door replacement, lighting	225,528	2004
	40,500	2004
Total estimated cost over next 5 years	266,028	

Development Number	Development Name (or indicate PHA wide)
IL06P03606	Ramey Court

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
HVAC, Water Heaters, Electrical, Kitchen and Bathrooms, floor replacements – Completion of work started the previous year	213,528	2005
Total estimated cost over next 5 years	213,528	

IL06P03607	Hubard Trails/Hilcrest Homes	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
HVAC, Water Heaters, Electrical, Kitchen and Bathrooms, floor replacements – Completion of work started the previous year	213,528	2006
Total estimated cost over next 5 years	213,528	

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: II06P036501004 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2004	
<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	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	10,000			
4	1410 Administration	17,000			
5	1411 Audit	6,550			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	26,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	266,278			
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	Amount of Annual Grant: (sum of lines 2 - 19)	325,828			
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: II06P036501004 Capital Fund Program Replacement Housing Factor Grant No:			Federal FY of Grant: 2004
<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			

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHAName: Vermilion County Housing Authority		Grant Type and Number Capital Fund Program: II06P036501005 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2005	
<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	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds				
2	1406 Operations	15,445			
3	1408 Management Improvements	15,000			
4	1410 Administration	25,000			
5	1411 Audit	5,550			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	130,278			
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	Amount of Annual Grant: (sum of lines 2 - 19)	338,995			
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				
PHA Name: Vermilion County Housing Authority		Grant Type and Number Capital Fund Program: II06P036501005 Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant: 2005
<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			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Vermilion County Housing Authority		Grant Type and Number Capital Fund Program #: II06P03650102 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant:			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-Wide	Management Improvements	1408	1	10,000				
PHA-Wide	Administrative Salaries	1410	1	17,000				
PHA-Wide	Energy Audits	1411	1	3,000				
PHA-Wide	A&E Fees	1430	1	25,500				
II06P036-01	Centennial Manor General Upgrade – Continued	1460	1	52,000				
II06P036-06	Kennedy Court	1460	1	213,528				

PHAName: VermilionCountyHousingAuthority		GrantTypeandNumber CapitalFundProgram#: II06P03650103 CapitalFundProgram ReplacementHousingFactor#:			FederalFYofGrant:			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-Wide	ManagementImprovements	1408	1	10,000				
PHA-Wide	AdministrativeSalaries	1410	1	17,000				
PHA-Wide	EnergyAudits	1411	1	3,000				
PHA-Wide	A&EFees	1430	1	26,000				
II06P036-06	GeneralUpgrade	1460	1	40,500				
II06P036-03	GeneralUpgrade	1460	1	225,528				

AnnualStatement/PerformanceandEvaluationReport
CapitalFundProgramandCapitalFundProgramReplacementHousingFactor(CFP/CFPRHF)
PartII:SupportingPages

PHAName: VermilionCountyHousingAuthority		GrantTypeandNumber CapitalFundProgram#: II06P03650103 CapitalFundProgram ReplacementHousingFactor#:			FederalFYofGrant:			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHAName: VermilionCountyHousingAuthority		GrantTypeandNumber CapitalFundProgram#: II06P03650104 CapitalFundProgram ReplacementHousingFactor#:			FederalFYofGrant:			
Development Number Name/HA-Wide Activities	GeneralDescriptionofMajorWork Categories	Dev.AcctNo.	Quantity	TotalEstimatedCost		TotalActualCost		Statusof Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-Wide	ManagementImprovements	1408	1	10,000				
PHA-Wide	AdministrativeSalaries	1410	1	16,170				
PHA-Wide	EnergyAudits	1411	1	3,000				
PHA-Wide	A&EFees	1430	1	27,500				
II06P036-01	CentennialManorGeneralUpgrade	1460	1	287,275				

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 NONE We are not eligibl enor have we ever had a PHDEP Program.

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. This 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).

12Months _____ 18Months _____ 24Months _____

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 have not 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	-0-					
FY1996	-0-					
FY1997	-0-					
FY1998	-0-					
FY1999	-0-					

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.

FFY _____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	
9115 -Special Initiative	
9116 -Gun Buyback 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	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

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

9110 – Reimbursement of Law Enforcement	Total PHDEP Funding: \$
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Goal(s)							
Objectives							
Proposed Activities	#of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/Source)	Performance Indicators
1.							
2.							
3.							

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

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

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

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

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

9150 - Physical Improvements					Total PHDEP Funding: \$		
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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.							

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

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

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

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

Required Attachment ____: 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:

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 member of the 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 _____: 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.)

None. All residents have been appointed to the Resident Advisory Board. We are a small County Housing Authority with small projects throughout the county and have no resident organizations or other organized groups.

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

PHAName: Vermilion County Housing Authority	Grant Type and Number Capital Fund Program Grant No: 5010 0 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no 4:)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line#	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds	0	0		
2	1406 Operations	15000	0		
3	1408 Management Improvements Soft Costs	24000	15000		15000
	Management Improvements Hard Costs	0	0		
4	1410 Administration	20000	15400		15400
5	1411 Audit	3000	3000		3000
6	1415 Liquidated Damages	0	0		
7	1430 Fees and Costs	11000	27000		27000
8	1440 Site Acquisition	0	0		
9	1450 Site Improvement	10000	18191		18191
10	1460 Dwelling Structures	162445	205330	201649	
11	1465.1 Dwelling Equipment - Nonexpendable	15000	0		
12	1470 Non Dwelling Structures	38000	0		
13	1475 Non Dwelling Equipment	30000	44524		44524
14	1485 Demolition	0	0		
15	1490 Replacement Reserve	0	0		
16	1492 Moving to Work Demonstration	0	0		
17	1495.1 Relocation Costs	0	0		
18	1499 Development Activities	0	0		
19	1502 Contingency	10000	10000		10000
	Amount of Annual Grant: (sum of lines....)	338445	338445		
	Amount of line XX Related to LBP Activities	0			
	Amount of line 10 Related to Section 504 compliance	0			
	Amount of line 3 Related to Security -- Soft Costs	0			
	Amount of Line XX related to Security -- Hard Costs	0			
	Amount of line XX Related to Energy Conservation Measures	0			
	Collateralization Expenses or Debt Service	0			
Signature of Executive Director		Date		Signature of Public Housing Official	
				Date	

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

PHAName: Vermilion County Housing Authority	Grant Type and Number Capital Fund Program Grant No: 5010 0 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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Original Annual Statement
 Reserve for Disasters/Emergencies Revised Annual Statement (revision no 4:)
 Performance and Evaluation Report for Period Ending:
 Final Performance and Evaluation Report

Line#	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds	0	0		
2	1406 Operations	15000	0		
3	1408 Management Improvements Soft Costs	24000	15000	15000	15000
	Management Improvements Hard Costs	0	0		
4	1410 Administration	20000	15400	15400	15400
5	1411 Audit	3000	3000	3000	3000
6	1415 Liquidated Damages	0	0		
7	1430 Fees and Costs	11000	27000	27000	27000
8	1440 Site Acquisition	0	0		
9	1450 Site Improvement	10000	18191	18191	18191
10	1460 Dwelling Structures	162445	205330	201649	
11	1465.1 Dwelling Equipment - Nonexpendable	15000	0		
12	1470 Nondwelling Structures	38000	0		
13	1475 Nondwelling Equipment	30000	54524	58205	58205
14	1485 Demolition	0	0		
15	1490 Replacement Reserve	0	0		
16	1492 Moving to Work Demonstration	0	0		
17	1495.1 Relocation Costs	0	0		
18	1499 Development Activities	0	0		
19	1502 Contingency	10000	0		
	Amount of Annual Grant: (sum of lines....)	338445	338445	338445	
	Amount of line XX Related to LBP Activities	0			
	Amount of line 10 Related to Section 504 compliance	0			
	Amount of line 3 Related to Security --Soft Costs	0			
	Amount of Line XX related to Security --Hard Costs	0			
	Amount of line XX Related to Energy Conservation Measures	0			
	Collateralization Expenses or Debt Service	0			

Signature of Executive Director	Date	Signature of Public Housing Official	Date
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**Annual Statement/Performance and Evaluation Report
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
 Part 1: Summary**

PHAName: VermilionCountyHousingAuthority	GrantTypeandNumber CapitalFundProgramGrantNo: 50101 ReplacementHousingFactorGrantNo:	FederalFYofGrant: 2001
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Original Annual Statement
 Reserve for Disasters/Emergencies Revised Annual Statement (revision no 5:)
 Performance and Evaluation Report for Period Ending:
 Final Performance and Evaluation Report

Line#	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non -CFP Funds	0	0		
2	1406 Operations	4945	0		4945
3	1408 Management Improvements Soft Costs	5000	0		5000
	Management Improvements Hard Costs	0	0		
4	1410 Administration	20000	0		20000
5	1411 Audit	4000	0		4000
6	1415 Liquidated Damages	0	0		
7	1430 Fees and Costs	10000	0		10000
8	1440 Site Acquisition	0	0		
9	1450 Site Improvement	200000	0		200000
10	1460 Dwelling Structures	0	0		
11	1465.1 Dwelling Equipment - Nonexpendable	0	0		
12	1470 Nondwelling Structures	70000	0		70000
13	1475 Nondwelling Equipment	0	0		
14	1485 Demolition	0	0		
15	1490 Replacement Reserve	0	0		
16	1492 Moving to Work Demonstration	0	0		
17	1495.1 Relocation Costs	0	0		
18	1499 Development Activities	0	0		
19	1502 Contingency	30000	0		30000
	Amount of Annual Grant: (sum of lines....)	\$343,945	\$343,945.00		343945
	Amount of line XX Related to LBP Activities	0			
	Amount of line 10 Related to Section 504 compliance	0			
	Amount of line 3 Related to Security --Soft Costs	0			
	Amount of Line XX related to Security --Hard Costs	0			
	Amount of line XX Related to Energy Conservation Measures	0			
	Collateralization Expenses or Debt Service	0			
Signature of Executive Director		Date		Signature of Public Housing Official	
				Date	

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

PHAName: Vermilion County Housing Authority	Grant Type and Number Capital Fund Program Grant No: 50102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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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#	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non - CFP Funds	0	0		
2	1406 Operations	\$4,445	0		4445
3	1408 Management Improvements Soft Costs	0	0		
	Management Improvements Hard Costs	0	0		
4	1410 Administration	\$20,000	0		20000
5	1411 Audit	\$4,000	0		4000
6	1415 Liquidated Damages	0	0		
7	1430 Fees and Costs	\$10,000	0		10000
8	1440 Site Acquisition	0	0		
9	1450 Site Improvement	\$200,000	0	200000	
10	1460 Dwelling Structures	\$70,000	0		70000
11	1465.1 Dwelling Equipment - Nonexpendable	0	0		
12	1470 Nondwelling Structures	0	0		
13	1475 Nondwelling Equipment	0	0		
14	1485 Demolition	0	0		
15	1490 Replacement Reserve	0	0		
16	1492 Moving to Work Demonstration	0	0		
17	1495.1 Relocation Costs	0	0		
18	1499 Development Activities	0	0		
19	1502 Contingency	\$12,583	0		12583
	Amount of Annual Grant: (sum of lines....)	\$321,028.00	\$321,028.00		321028
	Amount of line XX Related to LBP Activities	0			
	Amount of line 10 Related to Section 504 compliance	0			
	Amount of line 3 Related to Security --Soft Costs	0			
	Amount of Line XX related to Security --Hard Costs	0			
	Amount of line XX Related to Energy Conservation Measures	0			
	Collateralization Expenses or Debt Service	0			

Signature of Executive Director	Date	Signature of Public Housing Official	Date
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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**

PHAName: Vermilion County Housing Authority		Grant Type and Number Capital Fund Program Grant No: 50102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002	
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work
Centennial Manor							
IL36-08	Wall repair & painting of interior areas and common areas		1460	62	\$36,000		
	Mechanical equipment upgrades		1475	1	\$10,000		
	Exterior door replacement		1460	1	\$6,000		
Kennedy Court							
IL36-03	HVAC		1460	12	\$48,000		
	Water heaters		1465	12	\$3,840		
	Electrical service panel upgrades		1460	12	\$8,800		
	Flooring replacement & asbestos removal		1460	12	\$87,583		
	Kitchen renovation		1460	12	\$37,400		
	Bathroom renovation		1460	12	\$27,905		

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

PHAName: Vermilion County Housing Authority		Grant Type and Number Capital Fund Program Grant No: 50102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002	
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost	Status of Work
Centennial Manor							
IL36-08	Wall repair & painting of interior areas and common areas		1460	62	\$36,000		
	Mechanical equipment upgrades		1475	1	\$10,000		
	Exterior door replacement		1460	1	\$6,000		
Kennedy Court							
IL36-03	HVAC		1460	12	\$48,000		
	Water heaters		1465	12	\$3,840		
	Electrical service panel upgrades		1460	12	\$8,800		
	Flooring replacement & asbestos removal		1460	12	\$87,583		
	Kitchen renovation		1460	12	\$37,400		
	Bathroom renovation		1460	12	\$27,905		
Signature of Executive Director				Date	Signature of Public Housing Official		Date

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

PHAName: St. Clair County Housing Authority		Grant Type and Number Capital Fund Program Grant No: 50102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost	Total Actual Cost		Status of Work	
HA Wide	Architect & Engineering Services		1430		\$25,500				
HA Wide	Staff training		1408	1	\$10,000				
Management Improvements									
HA Wide	Audit		1411	1	\$3,000				
Signature of Executive Director				Date	Signature of Public Housing Official				Date

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

PHAName: St. Clair County Housing Authority	Grant Type and Number Capital Fund Program Grant No: 50102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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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
HA Wide	Administrative Costs					
	Executive Director (10% salary & benefits)	1410	1	\$7,700		
	Human Resource Specialist (20% salary & benefits)	1410	1	\$9,300		
				\$17,000.00		
	COST ALLOCATION METHODOLOGY					
	All administrative cost associated with the Capital Improvements Fund will be compiled using timesheets and charged to the CIF. Benefits on the salary expenses will also be charged to the CIF.					
	Positions as noted in the Plan will also be charged to the CIF budget and the appropriate allocation will be made in the operating budget. All positions will be charged at the percentage indicated above. CIF administrative expenses will be designated as noted above.					

Signature of Executive Director	Date	Signature of Public Housing Official	Date
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