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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2003

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

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

PHA Plan
Agency Identification

PHA Name: Hancock County Housing Authority

PHA Number: IL 97

PHA Fiscal Year Beginning: (mm/yyyy) 01/2003

PHA Plan Contact Information:

Name: Ms. Donna Leffler
Phone: 217/852-3482
TDD: 217/852-3482
Email (if available): hancock_cty@yahoo.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

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

i. Table of Contents

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

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ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

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

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

Summary of Policy and Program changes

The HCHA has not made nor intends to make any major policy or program changes in 2003. Local preferences were established and will not change, rent policies remain the same, community service policy parameters were included in our lease and ACOP, and our family development pet policy has been implemented. New market value flat rents were implemented October 1, 2002, to replace previous flat/ceiling rents.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

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

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? $ 47,221

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

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

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3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition ☐ Disposition ☐
3. Application status (select one) Approved ☐ Submitted, pending approval ☐ Planned application ☐
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected: 6. Coverage of action (select one) ☐ Part of the development ☐ Total development
7. Relocation resources (select all that apply) ☐ Section 8 for units ☐ Public housing for units ☐ Preference for admission to other public housing or section 8 ☐ 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:

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4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

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

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

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

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

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

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

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

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

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

D. ☐ Yes ☒ No: The PHDEP Plan is attached at Attachment ____

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6. Other Information

[24 CFR Part 903.7 9 (r)]

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

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

2. If yes, the comments are Attached at Attachment (File name)

3. In what manner did the PHA address those comments? (select all that apply)
   - ☐ The PHA changed portions of the PHA Plan in response to comments
     A list of these changes is included
     - ☐ Yes ☐ No: below or
     - ☐ Yes ☐ No: at the end of the RAB Comments in Attachment ____.
   - ☐ Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment ____.
   - ☐ Other: (list below)

B. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: State of Illinois

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
   - ☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
   - ☒ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
   - ☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
   - ☐ Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
   - ☐ Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

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

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)
The State of Illinois's plan has established the following priorities to address housing needs, which are also the priorities of the Hancock County Housing Authority:
- Maintain its supply of decent, safe and sanitary rental housing that is affordable for low, very low and moderate income families.
- The modernization of HCHA housing for occupancy by low, very low income families.

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:

The Hancock County Housing Authority's (HCHA) Definition of Substantial Deviation and Significant Amendment or Modification are as follows:
- changes to rent or admissions policies or organization of the waiting list;
- additions of non-emergency work items (items not intended in the current 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund; and
- any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

B. Significant Amendment or Modification to the Annual Plan:

The Hancock County Housing Authority's (HCHA) Definition of Substantial Deviation and Significant Amendment or Modification are as follows:
- changes to rent or admissions policies or organization of the waiting list;
- additions of non-emergency work items (items not intended in the current Annual Statement) or change in use of replacement reserve funds under the Capital Fund; and
- any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

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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**
YES	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
N/A	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
YES	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
YES	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
YES	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
YES	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
YES	Any policy governing occupancy of Police Officers in Public Housing ☒ check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
YES	Public housing rent determination policies, including the method for setting public housing flat rents ☒ check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
YES	Schedule of flat rents offered at each public housing development ☒ check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

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List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
N/A	Section 8 rent determination (payment standard) policies ☐ check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
N/A	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
YES	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
YES	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types ☐ check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
YES	Public housing grievance procedures ☒ check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures ☒ check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
YES	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
YES	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
YES	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
YES	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____of the Section 8 Administrative Plan)	Annual Plan: Homeownership
YES	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
YES	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: · 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
YES	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) ☒ check here if included in the public housing A & O Policy	Pet Policy

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List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
YES	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
-	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Attachment B

CAPITAL FUND PROGRAM TABLES START HERE

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

PHA Name: Hancock County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P097501-03 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003

☒ 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	14,501			
3	1408 Management Improvements	18,000			
4	1410 Administration	4,720			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	5,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	5,000			
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				

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

PHA Name: Hancock County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P097501-03 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003

☒ 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
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	47,221			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Hancock County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P097501-03 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Operations	Housing Operations	1406	31%	14,501				
	Subtotal			**14,501**				
HA Wide Management Improvements	A. Upgrade computer software	1408	20%	8,000				
	B. Vacancy reduction program	1408	3 units	10,000				
	Subtotal			**18,000**				
HA Wide Administrative Cost	Partial salary & benefits for staff involved in capital fund program	1410	10%	4,720				
	Subtotal			**4,720**				
HA Wide Fees & Cost	Consulting services	1430	100%	5,000				
	Subtotal			**5,000**				

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

PHA Name: Hancock County Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: IL06P097501-03 Replacement Housing Factor Grant No:				**Federal FY of Grant:** 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IL 97-1	Site improvements	1450	25%	5,000				
	Subtotal			**5,000**				
	Grand Total			**47,221**				

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

PHA Name: Hancock County Housing Authority	**Grant Type and Number** Capital Fund Program No: IL06P097501-03 Replacement Housing Factor No:	**Federal FY of Grant:** 2003

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
IL 97-1	12/31/04			12/31/06			
HA Wide	12/31/04			12/31/06			

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

PHA Name Hancock County Housing Authority		Dallas City /Hancock /Illinois		☒ **Original 5-Year Plan** ☐ **Revision No:**	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: PHA FY: 2004	Work Statement for Year 3 FFY Grant: PHA FY: 2005	Work Statement for Year 4 FFY Grant: PHA FY: 2006	Work Statement for Year 5 FFY Grant: PHA FY: 2007
	Annual Statement				
IL 97-1		21,659	24,781	6,000	3,000
HA Wide Operations		13,776	9,444	13,776	31,221
HA Wide Other		11,786	12,996	11,786	5,000
HA Wide Nondwelling		0	0	15,659	8,000
CFP Funds Listed for 5-year planning		47,221	47,221	47,221	47,221
Replacement Housing Factor Funds					

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : __2__ FFY Grant: 2004 PHA FY: 2004			Activities for Year: ___3 FFY Grant: 2005 PHA FY: 2005		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	IL 97-1	Replace furnaces	21,659	IL 97-1	A. Replace furnace	14,790
Annual		**Subtotal**	**21,659**		B. Replace lawn furniture	2,000
Statement					C. Landscaping	7,991
					Subtotal	**24,781**
	HA Wide Operations	Housing Operations	13,776	HA Wide Operations	Housing Operations	9,444
		Subtotal	**13,776**		**Subtotal**	**9,444**
	HA Wide Other	A. Upgrade computer software	7,454	HA Wide Other	A. Upgrade computer software	8,664
		B. Partial salary & benefits of staff involved in capital fund program	4,332		B. Partial salary & benefits of staff involved in capital fund program	4,332
		Subtotal	**11,786**		**Subtotal**	**12,996**
Total CFP Estimated Cost			$47,221			$47,221

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year :__4__ FFY Grant: 2006 PHA FY: 2006			Activities for Year: _5__ FFY Grant: 2007 PHA FY: 2007		
Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
IL 97-1	Landscaping	6,000	IL 97-1	A. Replace appliances	3,000
	Subtotal	**6,000**		**Subtotal**	**3,000**
HA Wide Operations	Housing Operations	13,776	HA Wide Operations	Housing Operations	31,221
	Subtotal	**13,776**		**Subtotal**	**31,221**
HA Wide Other	A. Upgrade computer software	7,454	HA Wide Other	A. Consulting Services	5,000
	B. Partial salary & benefits of staff involved in capital fund program	4,332		**Subtotal**	**5,000**
	Subtotal	**11,786**			
			HA Wide Nondwelling	A. Replace lawn tractor	6,000
HA Wide Nondwelling	A. Replace office equipment	10,659		B. Replace snow blower	2,000
	B. Replace maintenance equipment	5,000		**Subtotal**	**8,000**
	Subtotal	**15,659**			
Total CFP Estimated Cost		$47,221			$47,221

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 have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place "GE" in colu

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

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 TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

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

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:

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:

October 2003

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

Mr. Lee Ourth, County Board Chairman

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.)

Ms. Chandra Olenick
Ms. Nikki Vaughan
Ms. Sharon Neuman

Attachment F: Progress in meeting the 5-year plan mission and goals:

The PHA has been able to maintain its mission to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination through the utilization of previous Capital funds and the proper application of our public housing policies.

We are continuing to address public housing vacancies very aggressively and our PHAS scores indicate that other operational issues are being positively addressed.

Capital funds have been utilized to provide modernization of our property and our FY 2003 application will continue that effort.

PHA has implemented local preferences to improve the living environment in addition to our modernization efforts.

The implementation of a family pet policy has provided the opportunity for residents to enjoy pets within a regulated environment. In addition, PHA implemented a Community Service program that began January 1, 2002 but has since been suspended per HUD notification and each adult member of every household has been notified. The Community Service program will be re-instated upon notification that the FY03 bill is enacted and community service is back in effect by Congress. New market value flat rents were implemented October 1, 2002, to replace previous flat/ceiling rents.

We are confident that the PHA will be able to continue to meet and accommodate all our goals and objectives for FY 2003.

Attachment G

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:

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

Attachment H:

Component 10 (B) Voluntary Conversion Initial Assessments

a. How many of the PHA's developments are subject to the Required Initial Assessments?
One.

b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)?
None.

c. How many Assessments were conducted for the PHA's covered developments?
One.

d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:
None.

Development Name	Number of Units

e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments:
N/A.

Attachment I: Implementation of Public Housing Resident Community Service Requirement

PHA Responsibilities

(1) Eligibility Determination

The PHA will review every existing resident file to determine each Adult member's status regarding community service per the following guidelines.

a. As family status is determined a registered letter or other certifiable document of receipt will be sent to each adult member of that family to notify them of their status (exempt or non-exempt) and explaining the steps they should immediately proceed with through their housing representative.

b. The PHA will include a copy of the general information section of its Community Service Policy and a listing of PHA and/or third party work activities that are eligible for certification of the community service requirement.

c. At the scheduled meeting with each non-exempt adult family member, not only will the parameters of the community service requirement be reviewed but also the PHA and/or third party work activities will be identified and selected for compliance with the annual obligation for certification at their annual lease renewal date.

(2) Work Activity Opportunities

The Hancock County Housing Authority has elected to provide to those adult family members that must perform community service activities the opportunity to select either PHA sanctioned work activities or Third Party certifiable work items. The administration of the certification process would be:

a. PHA Provided Activities.

When qualifying activities are provided by the Authority directly, designated Authority employee(s) shall provide signed certification that the family member has performed the proper number of hours for the selected service activities.

b. Third Party Certification

When qualifying activities are administered by any organization other than PHA, the family member must provide signed certification (see III A (c)) to the Authority by such third party organization that said family member has performed appropriate service activities for the required hours.

c. Verification of Compliance.

The Authority is required to review family compliance with service requirement, and must verify such compliance annually at least thirty (30) days before the end of the twelve (12) month lease term (annual re-certification time). Evidence of service performance and/or exemption must be maintained in the participant files.

d. Notice of Noncompliance.

If the Authority determines that, a family member who is subject to fulfilling a service requirement, but who has violated the family's obligation (a noncompliant resident) the Authority must notify the specific family member of this determination.

The Notice of Noncompliance must:

1. Briefly, describe the noncompliance (inadequate number of hours).
2. State that the Authority will not renew the lease at the end of the twelve (12) month lease term unless:

The resident or any other noncompliant adult family member enters into a written agreement with the Authority to cure the noncompliance and in fact perform to the letter of agreement.

- Or -

The family provides written assurance satisfactory, to the PHA that the resident or other noncompliant adult family member no longer resides in the unit.

This Notice of Noncompliance must also state that the resident may request a grievance hearing and that the resident may exercise any available judicial remedy to seek timely redress for the Authority's non-renewal of the lease because of a noncompliance determination.

e. Resident agreement to comply with the service requirement.

The written agreement entered into with the Authority to cure the service requirement noncompliance by the resident and any other adult family member must:

1. Agree to complete additional service hours needed to make up the total number of hours required over the twelve (12) month term of the new lease.
2. State that all other members of the family subject to the service requirement are in current compliance with the service requirement or are no longer residing in the unit.

f. The Hancock County Housing Authority has developed a list of Agency certifiable and/or third party work activities of which each non-exempt adult family member can select to perform their individual service requirement.

Attachment J: PHA's Policy on Pet Ownership In Public Housing Family Developments

In compliance with Section 526 of The Quality Housing and Work Responsibility Act of 1998, PHA residents shall be permitted to own and keep common household pets. Animals that are an auxiliary for persons with a disability are excluded from this policy. The ownership of common household pets is subject to the following rules and limitations:

1. Common household pets shall be defined as "domesticated animals such as a dog, cat, bird, rodent, fish or turtle". Common household pets are defined as follows:

   Bird — Includes Canary, Parakeet, Finch and other species that are normally kept caged; birds of prey are not permitted.

   Fish — In tanks or aquariums, not to exceed twenty (20) gallons in capacity; poisonous or dangerous fish are not permitted.

   Dogs — Not to exceed twenty-five pounds (25 lbs.) weight, or fifteen (15) inches in height at full growth. Dogs must be spayed or neutered. Veterinarian's recommended /suggested types of dogs are as follows:

   a. Chihuahua
   b. Pekingese
   c. Poodle
   d. Schnauzer
   e. Cocker Spaniel
   f. Dachshund
   g. Terriers

   NO PIT BULLS WILL BE PERMITTED

   Cats — Cats must be spayed or neutered and be de-clawed or have a scratching post, and should not exceed fifteen pounds (15 lbs.).

   Rodents — Rodents other than hamsters, gerbils, white rats or mice are not considered common household pets. These animals must be kept in appropriate cages.

   Reptiles — Reptiles other than turtles or small lizards such as chameleons are not considered common household pets.

   Exotic Pets — At no time will the PHA approve of exotic pets, such as snakes, monkeys, game pets, etc.

2. No more than one (1) dog or cat shall be permitted in a household. In the case of birds, a maximum of two birds may be permitted. There shall be no limit as to the number of fish, but no more than one aquarium with a maximum capacity of twenty (20) gallons shall be permitted. A Resident with a dog or cat may also have other categories of "common household pets" as defined above.

3. Pets other than a dog or cat shall be confined to an appropriate cage or container. Such a pet may be removed from its cage while inside the owner's housing unit for the purpose of handling, but shall not generally be unrestrained.

4. Only one (1) dog or cat is allowed per household. NO PIT BULLS WILL BE PERMITTED. All dogs and cats will need to be on a leash, tied up, or otherwise restrained at all times when they are outside. Neither dogs nor cats shall be permitted to run loose.

5. Pet owners shall maintain their pet in such a manner as to prevent any damage to their unit, yard or common areas of the community in which they live. The animal shall be maintained so as not

to be a nuisance or a threat to the health or safety of neighbors, PHA employees, or the public, by reason of noise, unpleasant odors or other objectionable situations.

6. Each pet owner shall be fully responsible for the care of the pet, including proper disposal of pet wastes in a safe and sanitary manner. Specific instructions for pet waste shall be available in the management office. Improper disposal of pet waste is a lease violation and may be grounds for termination.

7. All pets shall be inoculated and licensed in accordance with applicable state and local laws. All cats or dogs shall be neutered or spayed, unless a veterinarian certifies that the spaying or neutering would be inappropriate or unnecessary (because of health, age, etc.).

8. Visiting pets may be allowed as long as they generally conform to the guidelines expressed in this policy, except that: no additional security deposit shall be required of the Resident with whom the pet is visiting unless the visit is in excess of seventy-two (72) hours, and two (2) verified complaints shall be grounds for excluding the pet from further visits.

All pets shall be registered with the Management Office immediately or no longer than ten (10) days following their introduction to the community.

Attachment K:

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

PHA Name: Hancock County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P097501-02 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	13,776		0	0
3	1408 Management Improvements	8,664		0	0
4	1410 Administration	4,332		0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	20,449		0	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				

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

PHA Name: Hancock County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P097501-02 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)	47,221		0	0
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Hancock County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P097501-02 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Operations	Housing Operations	1406	28%	13,776		0	0	0% complete
	Subtotal			**13,776**		**0**	**0**	
HA Wide Management Improvements	Upgrade computer software	1408	20%	8,664		0	0	0% complete
	Subtotal			**8,664**		**0**	**0**	
HA Wide Administrative Cost	Partial salary & benefits for staff involved in capital fund program	1410	10%	4,332		0	0	0% complete
	Subtotal			**4,332**		**0**	**0**	
IL 97-1	A. Replace furnaces	1460	8 units	15,449		0	0	0% complete
	B. Replace DHW heaters	1460	20 EA	5,000		0	0	0% complete
	Subtotal			**20,449**		**0**	**0**	
	Grand Total			**47,221**		**0**	**0**	

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

PHA Name: Hancock County Housing Authority	**Grant Type and Number** Capital Fund Program No: IL06P097501-02 Replacement Housing Factor No:	**Federal FY of Grant:** 2002

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
IL 97-1	6/30/03			12/31/04			
HA Wide	6/30/03			12/31/04			

Attachment L:

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

PHA Name: Hancock County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P097501-01 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)
☒ Performance and Evaluation Report for Period Ending: 6/30/02 ☐ 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	9,490		0	0
3	1408 Management Improvements	9,000		0	0
4	1410 Administration	4,740		0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	7,000		0	0
10	1460 Dwelling Structures	9,000		0	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	9,201		0	0
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				

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

PHA Name: Hancock County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P097501-01 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)
☒ Performance and Evaluation Report for Period Ending: 6/30/02 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)	48,431		0	0
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Hancock County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P097501-01 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Operations	Housing Operations	1406	20%	9,490		0	0	0% complete
	Subtotal			**9,490**		**0**	**0**	
HA Wide Management Improvements	Computer software upgrades	1408	20%	9,000		0	0	0% complete
	Subtotal			**9,000**		**0**	**0**	
HA Wide Administration Cost	Partial salary & benefits of staff involved in capital fund	1410	10%	4,740		0	0	0% complete
	Subtotal			**4,740**		**0**	**0**	
IL 97-1	A. Site improvements	1450	LS	7,000		0	0	0% complete
	B. Replace furnaces	1460	3 ea	6,500		0	0	0% complete
	C. Replace DHW heaters	1460	10 ea	2,500		0	0	0% complete
	Subtotal			**16,000**		**0**	**0**	

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

PHA Name: Hancock County Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: IL06P097501-01 Replacement Housing Factor Grant No:				**Federal FY of Grant:** 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Nondwelling equipment	Replace maintenance vehicle	1475	1 ea	9,201		0	0	0% complete
	Subtotal			**9,201**		**0**	**0**	
	Grand Total			**48,431**		**0**	**0**	

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

PHA Name: Hancock County Housing Authority	**Grant Type and Number** Capital Fund Program No: IL06P097501-01 Replacement Housing Factor No:	**Federal FY of Grant:** 2001

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
IL 97-1	3/31/03			9/30/04			
HA Wide	3/31/03			9/30/04			

Attachment M:

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

PHA Name: Hancock County Housing Authority	Grant Type and Number Capital Fund Program: IL06P097501-00 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2000

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☒ Revised Annual Statement (revision no: 2)
☒ Performance and Evaluation Report for Period Ending: 6/30/02 ☐ 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	4,749	12,494	9,409	9,409
3	1408 Management Improvements	9,498	9,498	8,515	8,515
4	1410 Administration	4,749	4,749	4,749	4,749
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	3,000	5,000	4,508	4,508
8	1440 Site Acquisition				
9	1450 Site Improvement	10,745	7,000	1,339	1,339
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	12,000	6,000	992	992
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	2,751	2,751	1,334	1,334
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)	47,492	47,492	30,846	30,846

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

PHA Name: Hancock County Housing Authority	Grant Type and Number Capital Fund Program: IL06P097501-00 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2000

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☒ **Revised Annual Statement (revision no:** 2)
☒ **Performance and Evaluation Report for Period Ending: 6/30/02** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

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

PHA Name: Hancock County Housing Authority	Grant Type and Number Capital Fund Program #: IL06P097501-00 Capital Fund Program Replacement Housing Factor #:	Federal FY of Grant: 2000

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide Operations	A. Housing Operations	1406		4,749	12,494	9,409	9,409	75% complete
	Subtotal			**4,749**	**12,494**	**9,409**	**9,409**	
HA-Wide Mgt Improvement	A. Staff training	1408	LS	2,500	9,498	8,515	8,515	90% complete
	B. Computer upgrades	1408	LS	6,998	0	0	0	Delete
	Subtotal			**9,498**	**9,498**	**8,515**	**8,515**	
HA-Wide Administration Cost	A. Partial salary and benefits of staff involved in capital fund	1410	10%	4,749	4,749	4,749	4,749	Complete
	Subtotal			**4,749**	**4,749**	**4,749**	**4,749**	
HA-Wide Fees & Cost	Consulting Services	1430	100%	3,000	5,000	4,508	4,508	90% complete
	Subtotal			**3,000**	**5,000**	**4,508**	**4,508**	

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

PHA Name: Hancock County Housing Authority		**Grant Type and Number** Capital Fund Program #: IL06P097501-00 Capital Fund Program Replacement Housing Factor #:				**Federal FY of Grant:** 2000		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
IL 97-1	A. Landscaping	1450	LS	5,745	7,000	1,339	1,339	19% complete
	B. Playground equipment	1450	1 sys	5,000	0	0	0	Delete
	C. Replace appliances	1465.1	15 sets	12,000	6,000	992	992	16% complete
	Subtotal			**22,745**	**13,000**	**2,331**	**2,331**	
HA Wide Nondwelling equipment	Replace maintenance tools & equipment	1475	LS	2,751	2,751	1,334	1,334	48% complete
	Subtotal			**2,751**	**2,751**	**1,334**	**1,334**	
	Grand Total			**47,492**	**47,492**	**30,846**	**30,846**	

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

PHA Name: Hancock County Housing Authority	**Grant Type and Number** Capital Fund Program #: IL06P097501-00 Capital Fund Program Replacement Housing Factor #:	**Federal FY of Grant:** 2000

Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
IL 97-1	3/31/02			9/30/03			
HA-Wide	3/31/02			9/30/03			