

**PHA Plans**  
**Streamlined Annual**  
**Version**

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

OMB No. 2577-0226  
(exp. 05/31/2006)

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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief for certain types of PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

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**Streamlined Annual PHA Plan**  
**for Fiscal Year: 2004**  
**PHA Name:**

**Grundy County**  
**Housing Authority**

**Morris, Illinois**

**NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue.**

## Streamlined Annual PHA Plan Agency Identification

**PHA Name:** Grundy County Housing Authority

**PHA Number:** IL027

**PHA Fiscal Year Beginning: (mm/yyyy) 10/2004**

**PHA Programs Administered:**

**Public Housing and Section 8**

Number of public housing units:  
Number of S8 units:

**Section 8 Only**

Number of S8 units:

**Public Housing Only**

Number of public housing units: 95

**PHA Consortia: (check box if submitting a joint PHA Plan and complete table)**

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				

**PHA Plan Contact Information:**

Name: T. Brent Newman, Executive Director  
TDD: NA  
Email (if available): bnewman@gcha.us

Phone: 815 942-6198

**Public Access to Information**

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

PHA's main administrative office       PHA's development management offices

**Display Locations For PHA Plans and Supporting Documents**

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection.       Yes       No.

If yes, 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)

## Streamlined Annual PHA Plan

**Fiscal Year 2004**

[24 CFR Part 903.12(c)]

### Table of Contents

[24 CFR 903.7(r)]

Provide a table of contents for the Plan, including applicable additional requirements, and a list of supporting documents available for public inspection.

#### A. PHA PLAN COMPONENTS

1. Site-Based Waiting List Policies  
**903.7(b)(2) Policies on Eligibility, Selection, and Admissions**
2. Capital Improvement Needs  
**903.7(g) Statement of Capital Improvements Needed**
3. Section 8(y) Homeownership  
**903.7(k)(1)(i) Statement of Homeownership Programs**
4. Project-Based Voucher Programs
5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan.
6. Supporting Documents Available for Review
7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report
8. Capital Fund Program 5-Year Action Plan
9. Attachments:

il027a01: Capital Fund Program FY 2003 P & E Report (IL06P02750103)

il027b01: Capital Fund Program FY 2003 P & E Report (IL06P02750203)

il027c01: Capital Fund Program FY 2002 P & E Report (IL06P02750102)

il027d01: Non-Capital Fund Program FY 2002 P & E Report

il027e01: Non-Capital Fund FY 2001 P & E Report

#### B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

**Form HUD-50076, PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Streamlined Annual Plan** identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the PHA's principal office;

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

**Form HUD-50070, Certification for a Drug-Free Workplace;**

**Form HUD-50071, Certification of Payments to Influence Federal Transactions;** and

**Form SF-LLL & SF-LLL a, Disclosure of Lobbying Activities.**

**1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)**

[24 CFR Part 903.12(c), 903.7(b)(2)]

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

**A. Site-Based Waiting Lists-Previous Year - NA**

1. Has the PHA operated one or more site-based waiting lists in the previous year? **NO**. If yes, complete the following table; if not skip to B.

<b>Site-Based Waiting Lists</b>				
<b>Development Information:</b> (Name, number, location)	<b>Date Initiated</b>	<b>Initial mix of Racial, Ethnic or Disability Demographics</b>	<b>Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL</b>	<b>Percent change between initial and current mix of Racial, Ethnic, or Disability demographics</b>

2. What is the number of site based waiting list developments to which families may apply at one time?
3. How many unit offers may an applicant turn down before being removed from the site-based waiting list?
4.  Yes  No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

**B. Site-Based Waiting Lists – Coming Year - NA**

If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to next component.

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

2.  Yes  No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?
3.  Yes  No: May families be on more than one list simultaneously?  
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
  - PHA main administrative office
  - All PHA development management offices
  - Management offices at developments with site-based waiting lists
  - At the development to which they would like to apply
  - Other (list below)

## **2. Capital Improvement Needs**

[24 CFR Part 903.12 (c), 903.7 (g)]

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

### **A. Capital Fund Program**

1.  Yes  No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.
2.  Yes  No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

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

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

1.  Yes  No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary).
2. Status of HOPE VI revitalization grant(s):

<b>HOPE VI Revitalization Grant Status</b>	
a. Development Name:	
b. Development Number:	
c. Status of Grant:	
<input type="checkbox"/>	Revitalization Plan under development
<input type="checkbox"/>	Revitalization Plan submitted, pending approval
<input type="checkbox"/>	Revitalization Plan approved
<input type="checkbox"/>	Activities pursuant to an approved Revitalization Plan underway

3.  Yes  No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year?  
If yes, list development name(s) below:
4.  Yes  No: Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below:
5.  Yes  No: Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:

**3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program**  
(if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

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

2. Program Description:

a. Size of Program

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

If the answer to the question above was yes, what is the maximum number of participants this fiscal year?

b. PHA-established eligibility criteria

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

c. What actions will the PHA undertake to implement the program this year (list)?

3. 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 of purchase price and requiring that at least 1 percent of the purchase price 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.
- Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below):
- Demonstrating that it has other relevant experience (list experience below):

**4. Use of the Project-Based Voucher Program**

**Intent to Use Project-Based Assistance**

Yes  No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If the answer is "no," go to the next component. If yes, answer the following questions.

1.  Yes  No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:

- low utilization rate for vouchers due to lack of suitable rental units
- access to neighborhoods outside of high poverty areas
- other (describe below):

2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

**5. PHA Statement of Consistency with the Consolidated Plan**

[24 CFR Part 903.15]

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.

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 on its waiting lists on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
  - The Grundy County Housing Authority will continue to provide a drug free workplace.
  - The Grundy County Housing Authority will continue to maintain its public housing units in a decent, safe and sanitary condition.
  - The Grundy County Housing Authority will continue to maintain and renovate its public housing units utilizing Operating Funds and Capital Fund Program funds provided by HUD.
  - The Grundy County Housing Authority will continue to meet the special needs of families with disabilities by providing reasonable accommodation and accessible housing in the public housing program.
  - The Grundy County Housing Authority will continue to market its public housing program to make elderly and disabled families and individuals aware of the availability of decent, safe, sanitary and affordable housing in the City of Morris and Grundy County.
  - The Grundy County Housing Authority will continue to apply its limited resources to the effective and efficient management and operation of the public housing program.
- Other: (list below)

The Grundy County Housing Authority Admission and Continued Occupancy Policy (ACOP) requirements are established and designed to:

1. Provide improved living conditions for very low and low-income elderly and disabled families and individuals while maintaining their rent payments at an affordable level.
2. To operate a socially and financially sound public housing agency that provides violence and drug-free, decent, safe and sanitary housing with a suitable living environment for residents.

3. To lawfully deny the admission of applicants, or the continued occupancy of residents, whose habits and practices reasonably may be expected to adversely affect the health, safety, comfort or welfare of other residents or the physical environment of the neighborhood, or create a danger to our employees.
4. To facilitate the judicious management of our inventory and efficient management of our staff.
5. To ensure compliance with Title VI of the Civil Rights Act of 1964 and all other applicable Federal fair housing laws and regulations so that the admissions and continued occupancy are conducted without regard to race, color, religion, creed, sex, national origin, handicap or familial status.

Our agency is part of the entire effort undertaken by Grundy County, the City of Morris, and the State of Illinois to address our jurisdiction's affordable housing needs. We will continue to address some of the identified need by using appropriate resources to maintain and preserve our existing stock. When appropriate and feasible, we will apply for additional grants and loans from federal, state and local sources, including private sources to enhance the affordable housing available in our community. We intend to continue working with our local partners to try and meet these identified needs.

This year we are continuing to utilize the funds we receive for our existing programs to house people. We will be focusing on management improvements and modernization. Priorities and guidelines for programs often change from year to year and our decisions to pursue certain opportunities and resources may change over the coming year if there are program changes beyond our control.

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

The State Consolidated Plan Action Plan identifies the following State Priorities:

A. Affordable Housing

The provision of affordable housing for low and very low-income households in the State is a major priority. Specific actions required to address the affordable housing need include the preservation and rehabilitation of existing housing stock and homebuyer assistance as well as other actions.

B. Supportive Housing for the Homeless

The provision of supportive housing is a priority in the State's Consolidated Plan. In addition to programs to address supportive housing for the homeless, the State will address programs to meet the needs of the population at risk of being homeless.

**C. Supportive Housing for Persons With Special Needs**

The State has identified an increasing need for programs for the elderly and persons with disabilities and for housing that is integrated in and typical of local communities. This priority includes addressing the needs for persons with alcohol and substance abuse problems and the need for drug-free affordable housing.

The Action Plan addresses the following activities will be maintained by the State regarding Public Housing Resident Initiatives:

- Resource Guide updates on PHA homeownership programs.
- NOFA distribution to statewide housing organizations and advocacy groups on federal and state-funded resident management and homeownership programs, as is available.
- Limited application review via the Consolidated Plan Certification of Consistency process for applicable programs.
- Participation of interested groups, including PHA tenant representatives, on the OHCS Advisory Committee.

The Action Plan addresses the need for changes to be made by the State with regard to welfare reform and housing. The State is joining forces with other State agencies, nonprofit organizations and PHAs to address the needs of low-income residents moving from welfare to work.

In summary, the Illinois State Consolidated Plan strategies are consistent with and support the goals and objectives of the Grundy County Housing Authority.

**6. Supporting Documents Available for Review for Streamlined Annual PHA Plans**

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
NA	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;</i>	5 Year and Annual Plans
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan</i>	Streamlined Annual Plans
NA	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	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 for families on the PHA's public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
NA	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input checked="" type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
NA	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development. <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
NA	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
X	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
NA	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
NA	Any policies governing any Section 8 special housing types <input type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
NA	Section 8 informal review and hearing procedures. <input type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
NA	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
NA	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
NA	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
NA	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing	Annual Plan: Designation of

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	(Designated Housing Plans).	Public Housing
NA	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
X	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
NA	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
NA	Policies governing any Section 8 Homeownership program (Section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Public Housing Community Service Policy/Programs <input checked="" type="checkbox"/> Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
X	Cooperative 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
NA	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
NA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
X	Other supporting documents (optional) (list individually; use as many lines as necessary) Resident on the Governing Board Resident Advisory Board Definition of Substantial Deviation	(specify as needed)  Annual Plan Annual Plan Annual Plan
NA	Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Grundy County Housing Authority			Grant Type and Number Capital Fund Program Grant No: GA06P07750104 Replacement Housing Factor Grant No:		Federal FY of Grant: 2004
<input checked="" 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	15,000			
3	1408 Management Improvements	10,000			
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	25,510			
10	1460 Dwelling Structures	55,500			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	4,000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	110,010			
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				

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report                      Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Grundy County Housing Authority		Grant Type and Number Capital Fund Program Grant No: GA06P07750104 Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2004</b>	
<input checked="" 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
	Measures				

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: Grundy County Housing Authority			Grant Type and Number Capital Fund Program Grant No: GA06P07750104 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>IL027-1</b> <b>Saratoga Tower</b>	<b><u>Operations</u></b>	1406						
	PH Operations/expenses		LS	15,000				
	<b>Subtotal Acct 1406</b>			<b>15,000</b>				
<b>IL027-1</b>	<b><u>Management Improvements</u></b>	1408						
	Staff Training		LS	10,000				
	<b>Subtotal Acct 1408</b>			<b>10,000</b>				
<b>IL027-1</b>	<b><u>Site Improvements</u></b>	1450						
	Repair exterior water line		LS	3,000				
	Resurface parking lot		LS	22,510				
	<b>Subtotal Acct 1450</b>			<b>25,510</b>				
<b>IL027-1</b>	<b><u>Dwelling Structures</u></b>							
	Emergency doors and frames		LS	5,000				

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: Grundy County Housing Authority			Grant Type and Number Capital Fund Program Grant No: GA06P07750104 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004		
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	
	Repair Maintenance room collapsed drain		LS	3,000				
	Building waterproofing		LS	45,000				
	Replace emergency pressure pump		LS	2,500				
	<b>Subtotal Acct 1460</b>			<b>55,500</b>				
<b>IL027-1</b>	<b><u>Non-Dwelling Equipment</u></b>	1475						
	Handicap accessible furniture		LS	4,000				
	<b>Subtotal Acct 1475</b>			<b>4,000</b>				
	<b>Grand Total</b>			<b>110,010</b>				



## 8. Capital Fund Program Five-Year Action Plan

<b>Capital Fund Program Five-Year Action Plan</b>					
<b>Part I: Summary</b>					
PHA Name: Grundy County Housing Authority				<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2005 PHA FY: 10/2005	Work Statement for Year 3 FFY Grant: 2006 PHA FY: 10/2006	Work Statement for Year 4 FFY Grant: 2007 PHA FY: 10/2007	Work Statement for Year 5 FFY Grant: 2008 PHA FY: 10/2008
	Annual Statement				
IL027-1 Saratoga Tower		110,010	110,010	110,010	110,010
CFP Funds Listed for 5-year planning		110,010	110,010	110,010	110,010
Replacement Housing Factor Funds					

## 8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan						
Part II: Supporting Pages—Work Activities						
Activities for Year 1	Activities for Year : <u>2</u> FFY Grant: 2005 PHA FY: 10/01/05 – 09/30/06			Activities for Year: <u>3</u> FFY Grant: 2006 PHA FY: 10/01/2006 – 09/30/07		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	IL027-1	<u>Operations (1406)</u>		IL027-1	<u>Operations (1406)</u>	
Annual		P H Operations Expenses	15,000		P H Operations Expenses	15,000
Statement	IL027-1	<u>Mgt. Improvements (1408)</u>		IL027-1	<u>Mgt. Improvements (1408)</u>	
		Staff Training	10,000		Staff Training	10,000
	IL027-1	<u>Fees and Costs (1430)</u>		IL027-1	<u>Fees and Costs (1430)</u>	
		A&E Fees; reimbursable costs	8,000		A&E Fees; reimbursable costs	8,000
	IL027-1	<u>Dwelling Structures (1460)</u>		IL027-1	<u>Dwelling Structures (1460)</u>	
		Replace 44 kitchen cabinets, sinks & faucets	72,010		Replace 7kitchen cabinets, sinks & faucets	12,894
	IL027-1	<u>Replacement Reserve (1490)</u>			Replace 14 tub/shower units	59,116
		Roof Replacement fund	5,000	IL027-1	<u>Replacement Reserve (1490)</u>	
					Roof replacement fund	5,000
	<b>Total CFP Estimated Cost</b>		<b>110,010</b>			<b>110,010</b>

## 8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities			Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities		
Activities for Year : <u>4</u> FFY Grant: 2007 PHA FY: 10/01/07 – 09/30/08			Activities for Year: <u>5</u> FFY Grant: 2008 PHA FY: 10/01/08 – 09/30/09		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
IL027-1	<b><u>Operations (1406)</u></b>		IL027-1	<b><u>Operations (1406)</u></b>	
	P H Operations Expenses	15,000		P H Operations Expenses	15,000
IL027-1	<b><u>Mgt. Improvements (1408)</u></b>		IL027-1	<b><u>Mgt. Improvements (1408)</u></b>	
	Staff Training	10,000		Staff Training	10,000
IL027-1	<b><u>Fees and Costs (1430)</u></b>		IL027-1	<b><u>Fees and Costs (1430)</u></b>	
	A&E Fees; reimbursable costs	8,000		A&E Fees; reimbursable costs	8,000
IL027-1	<b><u>Dwelling Structures (1406)</u></b>		IL027-1	<b><u>Dwelling Structures (1406)</u></b>	
	Community room addition	54,010		Community room addition	54,010
	Replace tub/shower units @ 12 units	18,000		Replace tub/shower units @ 12 units	18,000
IL027-1	<b><u>Replacement Reserve (1490)</u></b>		IL027-1	<b><u>Replacement Reserve (1490)</u></b>	
	Roof replacement fund	5,000		Roof replacement fund	5,000
<b>Total CFP Estimated Cost</b>		<b>110,010</b>			<b>110,010</b>

**Attachment A**

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

PHA Name: Grundy County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P02750103 Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2003</b>
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 03/31/04  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	15,000		15,000	15,000
3	1408 Management Improvements	10,000		10,000	10,000
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8,000		4,150.09	4,150.09
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	52,827		0	0
11	1465.1 Dwelling Equipment— Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	5,000		0	0
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	90,827		29,150.09	29,150.09

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

PHA Name: Grundy County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P02750103 Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2003</b>
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Original Annual Statement  
 Reserve for Disasters/ Emergencies  
 Revised Annual Statement (revision no:    )  
 Performance and Evaluation Report for Period Ending: 03/31/04  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
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: Grundy County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P02750103 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	
<b>HA Wide</b>	<b><u>Operations</u></b>							100%
	P H Operations Expenses;	1406	Lump Sum	15,000		15,000	15,000	
	<b>Subtotal Acct 1406</b>			<b>15,000</b>		<b>15,000</b>	<b>15,000</b>	
<b>HA Wide</b>	<b><u>Management Improvements</u></b>							100%
	Staff Training;	1408	Lump Sum	10,000		10,000	10,000	
	<b>Subtotal Acct 1408</b>			<b>10,000</b>		<b>10,000</b>	<b>10,000</b>	
<b>IL027-1</b>	<b><u>Fees and Cost</u></b>							100%
	A&E Fees: Reimbursable Costs	1430	Lump Sum	8,000		4,150.09	4,150.09	
	<b>Subtotal Acct 1430</b>			<b>8,000</b>		<b>4,150.09</b>	<b>4,150.09</b>	
<b>IL027-1</b>	<b><u>Dwelling Structures</u></b>							Planning
	Replace kitchen cabinets, sinks & faucets	1460	44 units	52,827		0	0	
	<b>Subtotal Acct 1460</b>			<b>52,827</b>		<b>0</b>	<b>0</b>	
<b>IL027-1</b>	<b><u>Replacement Reserve</u></b>							
	Reserve for roof replacement fund	1490	Lump Sum	5,000		0	0	
	<b>Subtotal Acct 1490</b>			<b>5,000</b>		<b>0</b>	<b>0</b>	
	<b>Grand Total</b>			<b>90,827</b>		<b>29,150.09</b>	<b>29,150.09</b>	

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

PHA Name: Grundy County Housing Authority		Grant Type and Number Capital Fund Program No: IL06P02750103 Replacement Housing Factor No:					Federal FY of Grant: <b>2003</b>
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	
HA Wide Operations	09/16/05		03/31/04	09/16/07		03/31/04	
HA Wide Mgt. Improvements	09/16/05		03/31/04	09/16/07		03/31/04	
IL027-1 Dwelling Structures	09/16/05			09/16/07			
IL027-1 Replacement Reserve	09/16/05			09/16/07			

**Attachment B**

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

PHA Name: Grundy County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P02750203 Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2003</b>
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 03/31/04  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	19,183		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				
21	Amount of Annual Grant: (sum of lines 2 – 20)	19,183		0	0

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

<b>PHA Name:</b> Grundy County Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P02750203 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> <b>2003</b>
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Original Annual Statement  
  Reserve for Disasters/ Emergencies  
  Revised Annual Statement (revision no:    )  
  Performance and Evaluation Report for Period Ending: 03/31/04  
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
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				





**Attachment C**

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

PHA Name: Grundy County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P02750102 Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2002</b>
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: 1)  
 Performance and Evaluation Report for Period Ending: 03/31/2004  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	32,497.00	24,422.00	24,422.00	24,422.00
3	1408 Management Improvements	10,000.00	12,050.00	12,050.00	12,050.00
4	1410 Administration	0	6,025.00	6,025.00	6,025.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	73,000.00	73,000.00	25,818.00	25,818.00
11	1465.1 Dwelling Equipment— Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	5,000.00	5,000.00	5,000.00	5,000.00
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	120,497.00	120,497.00	73,315.00	73,315.00

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

PHA Name: Grundy County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P02750102 Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2002</b>
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: 1)  
 Performance and Evaluation Report for Period Ending: 03/31/2004  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
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: Grundy County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P02750102 Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2002</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>HA Wide</b>	<b><u>Operations</u></b>							100%
	P H Operations Expenses; maintenance vehicle replacement	1406	Lump Sum	32,497.00	24,422.00	24,422.00	24,422.00	
	<b>Subtotal Acct 1406</b>			<b>32,497.00</b>	<b>24,422.00</b>	<b>24,422.00</b>	<b>24,422.00</b>	
<b>HA Wide</b>	<b><u>Management Improvements</u></b>							100%
	Staff Training;	1408	Lump Sum	10,000.00	12,050.00	12,050.00	12,050.00	
	<b>Subtotal Acct 1408</b>			<b>10,000.00</b>	<b>12,050.00</b>	<b>12,050.00</b>	<b>12,050.00</b>	
	<b><u>Administration</u></b>	1410						100%
<b>HA Wide</b>	Prorated Salaries & benefits for administration of CFP		Lump Sum	0	6,025.00	6,025.00	6,025.00	
	<b>Subtotal Acct 1410</b>				<b>6,025.00</b>	<b>6,025.00</b>	<b>6,025.00</b>	
<b>IL027-1</b>	<b><u>Fees and Cost</u></b>							
	A&E Fees: Reimbursable Costs	1430	Lump Sum	0				
	<b>Subtotal Acct 1430</b>							
<b>IL027-1</b>	<b><u>Dwelling Structures</u></b>							In progress
	Replace Bathroom sinks & vanities	1460	50 units	35,000.00	35,000.00	25,818.00	25,818.00	
	Renovate community room kitchen		Lump Sum	38,000.00	38,000.00	0	0	
	<b>Subtotal Acct 1460</b>			<b>73,000.00</b>	<b>73,000.00</b>	25,818.00	25,818.00	

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

PHA Name: Grundy County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P02750102 Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2002</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
<b>IL027-1</b>	<b><u>Replacement Reserve</u></b>							100%
	Reserve for roof replacement fund	1490	Lump Sum	5,000.00	5,000.00	5,000.00	5,000.00	
	<b>Subtotal Acct 1490</b>			<b>5,000.00</b>	<b>5,000.00</b>	<b>5,000.00</b>	<b>5,000.00</b>	
	<b>Grand Total</b>			<b>120,497.00</b>	<b>120,497.00</b>	<b>73,315.00</b>	<b>73,315.00</b>	

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

PHA Name: Grundy County Housing Authority		Grant Type and Number Capital Fund Program No: IL06P02750102 Replacement Housing Factor No:					Federal FY of Grant: <b>2002</b>	
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		
HA Wide Operations	03/31/04	09/30/04	03/31/03	09/30/05	09/30/06	03/31/03		
HA Wide Mgt. Improvements	03/31/04	09/30/04	03/31/03	09/30/05	09/30/06	03/31/03		
HA Wide Administration	03/31/04	09/30/04	03/31/03	09/30/05	09/30/06	03/31/03		
IL027-1 Dwelling Structures	03/31/04	09/30/04		09/30/05	09/30/06			
IL027-1 Replacement Reserve	03/31/04	09/30/04	03/31/03	09/30/05	09/30/06	03/31/03		

# Annual Statement / Performance and Evaluation Report on Replacement Reserve Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157  
(exp. 06/30/2005)

See page 3 for Instructions and Public Reporting burden statement

## Part I: Summary

HA Name	Submission (mark one) <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Revised Annual Statement / Revision No. _____ <input type="checkbox"/> Performance & Evaluation for Program Year Ending _____
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Section 1: Replacement Reserve Status Must be completed each year there is a balance in the replacement reserve.	Estimated	Actual
1. Replacement Reserve Interest Earned (account 6200/1420.7; equals line 17 of section 2, below)		
2. Replacement Reserve Withdrawal (equals line 16 of section 2, below)		
3. Net Impact on Replacement Reserve (line 1 minus line 2; equals line 18 of section 2, below)		
4. Current FFY Funding for Replacement Reserve (line 15 of form HUD-52837)		
5. Replacement Reserve Balance at End of Previous Program Year (account 2830)		
6. Replacement Reserve Balance at End of Current Program Year (line 4 + line 5 + (or -) line 3) (account 2830)		

Section 2: Replacement Reserve Withdrawal Report Complete this section if there is withdrawal/expenditure activity. Summary by Account (6200 subaccount)	Estimated Cost		Actual Cost
	Column 1 Original	Column 2 Revised	Column 3 Expended
1. Reserved			
2. 1406 Operations			
3. 1408 Management Improvements			
4. 1410 Administration			
5. 1415 Liquidated Damages			
6. 1430 Fees and Costs			
7. 1440 Site Acquisition			
8. 1450 Sites Improvement			
9. 1460 Dwelling Structures			
10. 1465 Dwelling Equipment -Nonexpendable			
11. 1470 Nondwelling Structures			
12. 1475 Nondwelling Equipment			
13. 1485 Demolition			
14. 1495 Relocation Costs			
15. 1498 Mod Used for Development			
16. Replacement Reserve Withdrawal (sum of lines 2 thru 15)			
17. 1420.7 Replacement Reserve Interest Income	( )	( )	( )
18. Net Withdrawal from Replacement Reserve (line 16 minus line 17)			
19. Amount of line 16 related to LBP Activities			
20. Amount of line 16 related to Section 504 Compliance			
21. Amount of line 16 related to Emergencies			

Signature of the Executive Director	Date	Signature of the Field Office Manager	Date
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**Annual Statement / Performance and Evaluation Report on Replacement Reserve**  
**Part II: Supporting Pages**  
 Comprehensive Grant Program (CGP)

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <u>1/</u>
			Original	Revised <u>1/</u>	Funds Obligated <u>1/</u>	Funds Expended <u>1/</u>	

1/ To be completed at the end of the program year.

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Public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This collection of information requires that each eligible grantee submit information to HUD regarding use of all or a portion of its annual formula grant for a replacement reserve. This information will be used by HUD to determine whether the replacement reserve established with CGP funds meets HUD requirements. Responses to the collection are required by Section 14(e)(3) and (4) of the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

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## **Instructions for completing form HUD-52842, Annual Statement/Performance and Evaluation Report on Replacement Reserve**

### **For the Performance and Evaluation Report:**

The first report after a replacement reserve has been established is due by 9/30 of the FFY following approval of the Annual Statement establishing the reserve. Mark the box, Performance and Evaluation Report for Program Year Ending \_\_\_\_\_. Submit one form HUD-52842 annually with form HUD-52837, Annual Statement/Performance and Evaluation Report, as long as the HA maintains a balance in the replacement reserve or has withdrawal/expenditure activity from the replacement reserve. At the end of each program year (6/30), complete Part I, Section 1; also, complete Part I, Section 2, and Part II if there has been withdrawal/expenditure activity. Where the replacement reserve has been funded from more than one grant, submit one combined form HUD-52842.

### **For the Annual Statement:**

Submit form HUD-52482 with Section 2 of Part I and Part II completed, for prior HUD approval where the HA plans to withdraw/expend funds from the replacement reserve.

#### **Part I: Summary**

**HA Name** - Enter the HA's name.

**Type of Submission** - Check the appropriate box to indicate whether the submission is the Original Annual Statement, the Revised Annual Statement (and revision number), or the Performance and Evaluation Report for Program Year Ending (enter date; e.g., 6/30/97).

#### **Section 1 - Replacement Reserve Status:**

**Line 1** - Replacement Reserve Interest Earned (Account 6200/1420.7) - Enter the estimated amount of interest that the HA should have earned on the replacement reserve during the reporting period in the "Estimated" column. This amount should, at a minimum, equal interest at or above the operating budget TII rate (average 91-day Treasury Bill rate) for the reporting period (July 1 through June 30). If Section 2 is completed, this amount must equal Line 17, Column 1 (or 2, if applicable) of Section 2. Enter the actual interest earned during the reporting period in the "Actual" column. If Section 2 is completed, this amount must equal Line 17, Column 3 of Section 2.

**Line 2** - Replacement Reserve Withdrawal - Enter the amount that was estimated to be withdrawn from the replacement reserve during the reporting period in the "Estimated" column. If Section 2 is completed, this amount must equal Line 16, Column 1 (or 2, if applicable) of Section 2. Enter the actual withdrawal amount in the "Actual" column. If Section 2 is completed, this amount must equal Line 16, Column 3 of Section 2.

**Line 3** - Net Impact on Replacement Reserve - Enter the amount of Line 1 minus Line 2. If Section 2 is completed, this amount must equal Line 18, Column 3 of Section 2.

**Line 4** - Current FFY Funding for Replacement Reserve - Enter the amount of the increase to the replacement reserve in the appropriate column. This amount must equal Line 15 of Part I of form HUD-52837 for the current FFY.

**Line 5** - Replacement Reserve Balance at End of Previous Program Year - Enter the replacement reserve balance from the previous program year (Account 2830). This amount will be the same for the "Estimated" and "Actual" columns.

**Line 6** - Replacement Reserve Balance at End of Current Program Year - Enter the sum of Lines 4 and 5, plus or minus Line 3. For the "Actual" column, the number entered must agree with the program year end closing balance of the replacement reserve.

#### **Section 2 - Replacement Reserve Withdrawal Report**

Once the replacement reserve has been established, prepare form HUD-52842 when the HA plans to withdraw funds from the reserve. Complete Section 2 of Part I and Part II and submit to HUD for approval. Complete this section for the annual Performance and Evaluation Report when the HA has withdrawn/expended funds from the reserve.

**Line 1** - Reserved - Do not use at this time.

**Lines 2 - 15** - Summary by Account

**Column 1** - Original Estimated Cost -

For each line, enter the original current program year estimated cost for all work to be undertaken in a particular development account as a result of the withdrawal of funds from the replacement reserve.

**Column 2** - Revised Estimated Cost -

For each line, enter any cost decrease or increase after initial approval by HUD. When the HA wishes to draw down additional funds from the reserve for expenditure activities, the HA shall reflect the cumulative dollar amount estimated to be expended and submit the form to HUD for approval. After HUD approves the revisions, the dollars in the revised column shall be reflected in the original column when the next Performance and Evaluation Report is submitted.

**Column 3** - Expended Actual Cost -

For each line, enter the actual amount of funds expended as of the end of the program year (6/30). Mark the box Performance and Evaluation Report for Program Year Ending \_\_\_\_\_ and submit to HUD by 9/30. **Note:** If the amount expended in Column 3 is less than the budgeted amount in Column 1 (or 2, if applicable), then the HA shall include the unexpended amount in the subsequent years estimate or provide an explanation of the change from the estimate.

**Line 16** - Replacement Reserve Withdrawal - Enter the sum of lines 2 through 15. The amount in Column 1 (or 2, if applicable) must equal the estimated amount entered on Line 2 of Section 1. The amount entered in Column 3 must equal the actual amount entered on Line 2 of Section 1.

**Line 17 - Replacement Reserve Interest Income** - Enter the interest income earned on the replacement reserve (bracketed). The amount entered in Column 1 (or 2, if applicable) must equal the estimated amount entered on Line 1 of Section 1. The amount entered in Column 3 must equal the actual amount entered on Line 1 of Section 1.

**Line 18 - Net Withdrawal from Replacement Reserve** - Subtract from Line 16, the amount inside the brackets on Line 17 and enter on Line 18. The amount in Column 1 (or 2, if applicable) must equal the estimated amount of Line 3 of Section 1. The amount entered in Column 3 must equal the actual amount entered on Line 3 of Section 1.

**Sample:**

Line 16 - Replacement Reserve Withdrawal. .... \$10,000

Line 17 - Replacement Reserve Interest Income ..... ( 500)

Line 18 - Net Withdrawal from Replacement Reserve. \$ 9,500

**Line 19 - Amount of Line 16 Related to Lead-Based Paint (LBP) Activities** - Enter the amount of line 16 related to LBP activities in Column 1 (or 2, if applicable). At the end of the program year, enter the actual amount in Column 3.

**Line 20 - Amount of Line 16 Related to Section 504 Compliance** - Enter the amount of line 16 related to Section 504 compliance in Column 1 (or 2, if applicable). At the end of the program year, enter the actual amount in Column 3.

**Line 21 - Amount of Line 16 Related to Emergencies** - The HA shall exhaust its replacement reserve before being eligible to apply for funding for emergencies from the \$75 million reserve. Where applicable, enter the amount of the replacement reserve to be used for emergencies in Column 1 (or 2, if applicable). At the end of the program year, enter the actual amount in Column 3.

**Part II: Supporting Pages**

**Development Number/Name** - Enter the abbreviated number (e.g., VA-36-1) and the name, if any, of each development where a major work category will be undertaken. Enter "HA-wide" for work categories that relate to a HA-wide activity (e.g., management improvements, administration, nondwelling equipment, operations).

**General Description of Major Work Categories** - For each development listed, enter a general description of the major work categories (physical or management, as applicable) that will be undertaken at that development, with replacement reserve funds, before listing major work categories to be undertaken at other developments. After listing all major work categories for all developments being funded from the replacement reserve, enter a general description of HA-wide activities, such as management improvements, administrative costs, equipment, etc. When a work category is subsequently deleted, draw a line through the General Description, Development Account Number, and Estimated Cost. When a major work category is subsequently added, enter the new work category under the appropriate development number. Enter the quantity of the work as a percentage or whole number. Do not specify the per unit cost or the quality of materials.

**Development Account Number** - For each major work category and HA-wide activity that will be funded from replacement reserve funds, enter the appropriate development account which corresponds to the major work categories described under the General Description of Major Work Categories column. For appropriate development accounts, refer to CGP Handbook 7485.3.

**Total Estimated Cost** - For each major work category and HA-wide activity, enter the Original Estimated Cost. Then enter a subtotal for each development and a grand total. Where the estimated cost is revised, enter a Revised Estimated Cost as appropriate.

**Total Actual Cost** - For each major work category and HA-wide activity, enter the cumulative dollar amount of all funds obligated and all funds expended opposite the Original Estimated Cost. Then enter subtotals for each development and a grand total.

**Status of Proposed Work** - At the end of each program year, complete this section and submit to HUD for the Performance and Evaluation Report. For each work category listed, prepare a brief description of the status of the item, e.g., work completed, contract awarded on 5/2/96, etc. Explain the addition, deletion or modification of any work categories, such as the addition of any emergency work.

# Annual Statement / Performance and Evaluation Report on Replacement Reserve Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157  
(exp. 06/30/2005)

See page 3 for Instructions and Public Reporting burden statement

## Part I: Summary

HA Name	Submission (mark one) <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Revised Annual Statement / Revision No. _____ <input type="checkbox"/> Performance & Evaluation for Program Year Ending _____
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Section 1: Replacement Reserve Status Must be completed each year there is a balance in the replacement reserve.	Estimated	Actual
1. Replacement Reserve Interest Earned (account 6200/1420.7; equals line 17 of section 2, below)		
2. Replacement Reserve Withdrawal (equals line 16 of section 2, below)		
3. Net Impact on Replacement Reserve (line 1 minus line 2; equals line 18 of section 2, below)		
4. Current FFY Funding for Replacement Reserve (line 15 of form HUD-52837)		
5. Replacement Reserve Balance at End of Previous Program Year (account 2830)		
6. Replacement Reserve Balance at End of Current Program Year (line 4 + line 5 + (or -) line 3) (account 2830)		

Section 2: Replacement Reserve Withdrawal Report Complete this section if there is withdrawal/expenditure activity. Summary by Account (6200 subaccount)	Estimated Cost		Actual Cost
	Column 1 Original	Column 2 Revised	Column 3 Expended
1. Reserved			
2. 1406 Operations			
3. 1408 Management Improvements			
4. 1410 Administration			
5. 1415 Liquidated Damages			
6. 1430 Fees and Costs			
7. 1440 Site Acquisition			
8. 1450 Sites Improvement			
9. 1460 Dwelling Structures			
10. 1465 Dwelling Equipment -Nonexpendable			
11. 1470 Nondwelling Structures			
12. 1475 Nondwelling Equipment			
13. 1485 Demolition			
14. 1495 Relocation Costs			
15. 1498 Mod Used for Development			
16. Replacement Reserve Withdrawal (sum of lines 2 thru 15)			
17. 1420.7 Replacement Reserve Interest Income	( )	( )	( )
18. Net Withdrawal from Replacement Reserve (line 16 minus line 17)			
19. Amount of line 16 related to LBP Activities			
20. Amount of line 16 related to Section 504 Compliance			
21. Amount of line 16 related to Emergencies			

Signature of the Executive Director	Date	Signature of the Field Office Manager	Date
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**Annual Statement / Performance and Evaluation Report on Replacement Reserve**  
**Part II: Supporting Pages**  
 Comprehensive Grant Program (CGP)

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <u>1/</u>
			Original	Revised <u>1/</u>	Funds Obligated <u>1/</u>	Funds Expended <u>1/</u>	

1/ To be completed at the end of the program year.

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Public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This collection of information requires that each eligible grantee submit information to HUD regarding use of all or a portion of its annual formula grant for a replacement reserve. This information will be used by HUD to determine whether the replacement reserve established with CGP funds meets HUD requirements. Responses to the collection are required by Section 14(e)(3) and (4) of the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

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## **Instructions for completing form HUD-52842, Annual Statement/Performance and Evaluation Report on Replacement Reserve**

### **For the Performance and Evaluation Report:**

The first report after a replacement reserve has been established is due by 9/30 of the FFY following approval of the Annual Statement establishing the reserve. Mark the box, Performance and Evaluation Report for Program Year Ending \_\_\_\_\_. Submit one form HUD-52842 annually with form HUD-52837, Annual Statement/Performance and Evaluation Report, as long as the HA maintains a balance in the replacement reserve or has withdrawal/expenditure activity from the replacement reserve. At the end of each program year (6/30), complete Part I, Section 1; also, complete Part I, Section 2, and Part II if there has been withdrawal/expenditure activity. Where the replacement reserve has been funded from more than one grant, submit one combined form HUD-52842.

### **For the Annual Statement:**

Submit form HUD-52482 with Section 2 of Part I and Part II completed, for prior HUD approval where the HA plans to withdraw/expend funds from the replacement reserve.

#### **Part I: Summary**

**HA Name** - Enter the HA's name.

**Type of Submission** - Check the appropriate box to indicate whether the submission is the Original Annual Statement, the Revised Annual Statement (and revision number), or the Performance and Evaluation Report for Program Year Ending (enter date; e.g., 6/30/97).

#### **Section 1 - Replacement Reserve Status:**

**Line 1** - Replacement Reserve Interest Earned (Account 6200/1420.7) - Enter the estimated amount of interest that the HA should have earned on the replacement reserve during the reporting period in the "Estimated" column. This amount should, at a minimum, equal interest at or above the operating budget TII rate (average 91-day Treasury Bill rate) for the reporting period (July 1 through June 30). If Section 2 is completed, this amount must equal Line 17, Column 1 (or 2, if applicable) of Section 2. Enter the actual interest earned during the reporting period in the "Actual" column. If Section 2 is completed, this amount must equal Line 17, Column 3 of Section 2.

**Line 2** - Replacement Reserve Withdrawal - Enter the amount that was estimated to be withdrawn from the replacement reserve during the reporting period in the "Estimated" column. If Section 2 is completed, this amount must equal Line 16, Column 1 (or 2, if applicable) of Section 2. Enter the actual withdrawal amount in the "Actual" column. If Section 2 is completed, this amount must equal Line 16, Column 3 of Section 2.

**Line 3** - Net Impact on Replacement Reserve - Enter the amount of Line 1 minus Line 2. If Section 2 is completed, this amount must equal Line 18, Column 3 of Section 2.

**Line 4** - Current FFY Funding for Replacement Reserve - Enter the amount of the increase to the replacement reserve in the appropriate column. This amount must equal Line 15 of Part I of form HUD-52837 for the current FFY.

**Line 5** - Replacement Reserve Balance at End of Previous Program Year - Enter the replacement reserve balance from the previous program year (Account 2830). This amount will be the same for the "Estimated" and "Actual" columns.

**Line 6** - Replacement Reserve Balance at End of Current Program Year - Enter the sum of Lines 4 and 5, plus or minus Line 3. For the "Actual" column, the number entered must agree with the program year end closing balance of the replacement reserve.

#### **Section 2 - Replacement Reserve Withdrawal Report**

Once the replacement reserve has been established, prepare form HUD-52842 when the HA plans to withdraw funds from the reserve. Complete Section 2 of Part I and Part II and submit to HUD for approval. Complete this section for the annual Performance and Evaluation Report when the HA has withdrawn/expended funds from the reserve.

**Line 1** - Reserved - Do not use at this time.

**Lines 2 - 15** - Summary by Account

**Column 1** - Original Estimated Cost -

For each line, enter the original current program year estimated cost for all work to be undertaken in a particular development account as a result of the withdrawal of funds from the replacement reserve.

**Column 2** - Revised Estimated Cost -

For each line, enter any cost decrease or increase after initial approval by HUD. When the HA wishes to draw down additional funds from the reserve for expenditure activities, the HA shall reflect the cumulative dollar amount estimated to be expended and submit the form to HUD for approval. After HUD approves the revisions, the dollars in the revised column shall be reflected in the original column when the next Performance and Evaluation Report is submitted.

**Column 3** - Expended Actual Cost -

For each line, enter the actual amount of funds expended as of the end of the program year (6/30). Mark the box Performance and Evaluation Report for Program Year Ending \_\_\_\_\_ and submit to HUD by 9/30. **Note:** If the amount expended in Column 3 is less than the budgeted amount in Column 1 (or 2, if applicable), then the HA shall include the unexpended amount in the subsequent years estimate or provide an explanation of the change from the estimate.

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