

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)

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.

Streamlined Annual PHA Plan
for Fiscal Year: 2004
PHA Name: Massac County Housing
Authority

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: Massac County Housing Authority
PHA Number: IL 041**

PHA Fiscal Year Beginning: (mm/yyyy) 07/2004

PHA Programs Administered:

Public Housing and Section 8 **Section 8 Only**

X Public Housing Only

**Number of public housing units: 233
units:**

Number of S8 units: Number of public housing

Number of S8 units:

**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: Massac County Housing Authority Phone: 618-524-8411

TDD: Email (if available): mcha@midwestmail.com

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)]

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[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.

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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**

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-LLLa, ***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

- 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.**

Site-Based Waiting Lists

Development Information: (Name, number, location)	Date Initiated	Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics

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

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. N/A

1. How many site-based waiting lists will the PHA operate in the coming year? 0

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):

HOPE VI Revitalization Grant Status
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 X 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: (provide name here)

Illinois Housing Development Authority

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

The PHA has based its statement of needs of families 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)

Other: (list below)

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

Approves the 5-year plan and collects data necessary to prepare the authority's plan.

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.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	<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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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
N/A	<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
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
N/A	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. X Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	
X	Public housing rent determination policies, including the method for setting public housing flat rents. X 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. X Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	supporting document) and written analysis of Section 8 payment standard policies. <input type="checkbox"/> Check here if included in Section 8 Administrative Plan.	
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
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	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 X Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
N/A	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
N/A	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
X	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
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
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, 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	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary 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
X	Public Housing Community Service Policy/Programs X 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
N/A	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
N/A	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). X 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
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
N/A	Consortium agreement(s) and for Consortium Joint PHA Plans Only: Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	available for inspection.	Operations

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 I: Summary					
PHA Name: Massac County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P041-501-02 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) XPerformance and Evaluation Report for Period Ending: 12/2003 <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	6,000	-0-		
3	1408 Management Improvements	12,5701	-0-		
4	1410 Administration	30,000	1,821.60	1,821.60	1,821.60
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	33,250	53,258.40	53,258.40	46,701.33
8	1440 Site Acquisition				
9	1450 Site Improvement	9,652	18,800	45,800	45,800
10	1460 Dwelling Structures	204,741	253,946	219,524	210,467.09
11	1465.1 Dwelling Equipment— Nonexpendable	18,450	23,990	31,412	31,412
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	20,000	-0-		
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				

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 I: Summary					
PHA Name: Massac County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P041-501-02 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> XPerformance and Evaluation Report for Period Ending: 12/2003 <input type="checkbox"/> Final Performance and Evaluation Report <input type="checkbox"/>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency	29,000	-0-		
21	Amount of Annual Grant: (sum of lines 2 – 20)	363,663	351,816	351,816	336,202.02
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance		33,703		
24	Amount of line 21 Related to Security – Soft Costs		10,000		
25	Amount of Line 21 Related to Security – Hard Costs		107,858		
26	Amount of line 21 Related to Energy Conservation 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: Massac County Housing		Grant Type and Number Capital Fund Program Grant No: IL06P041 501-02 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	
IL041-1	Chimney	1460		5,366	5,366	5,366	5,366	100
2	Chimney	1460		1,192	1,192	1,192	1,192	100
3	Chimney	1460		2,980	2,980	2,980	2,980	100
3	Dumpster Pads	1450		4,500	4,500	4,500	4,500	100
7	Rail	1460		6,395	6,395	6,395	6,395	100
7	Windows	1460		77,690	77,690	77,690	77,690	100
7	AC & Vents	1460		31,412	7,422	7,422	7,422	100
7	Elevator Repair	1460		3,075	3,075	3,075	3,075	100
7	Roof Repair	1460		3,481	3,481	3,481	3,481	100
8	Furnaces	1465		23,990	23,990	23,990	23,990	100
		.1						
8	Ceiling	1460		16,966	16,966	16,966	16,966	100
9	Ramp	1460		18,800	18,800	18,800	18,800	100
9	Doors	1460		60,966	16,966	16,966	61,966	100
9	Dumpster Pads	1450		22,500	22,500	22,500	22,500	100
9	Bath	1460		18,357	42,348	42,348	42,348	78.6
PHA Wide	Adm	1410		1821.60	1,821.60	1,821.60	1821.60	100
PHA Wide	A & E	1430		53,249.40	53,259.40	53,259.40	53,259.40	87.6

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 III: Implementation Schedule							
PHA Name:		Grant Type and Number				Federal FY of Grant:	
Massac County Housing Authority		Capital Fund Program No: IL06P041 501-2002				2002	
		Replacement Housing Factor No:					
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	
PHA Wide	12/2003		7/2003	12/2005	12/2004		Used -02 for '03 A&#
IL041-1	12/2003		3/2003	12/2005		12/2003	
41-2	12/2003		3/2003	12/2005		12/2003	
41-3	12/2003		3/2003	12/2005		12/2003	
41-7	12/2003		3/2003	12/2005		12/2003	
41-9	12/2003		12/2003	12/2005	6/2004		Had money for second project

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

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

PHA Name: Massac County Housing Authority		Grant Type and Number Capital Fund Program No: IL06P041 501-2002 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	
PHA Wide	12/2003		7/2003	12/2005	12/2004		Used -02 for '03 A&#
IL041-1	12/2003		3/2003	12/2005		12/2003	
41-2	12/2003		3/2003	12/2005		12/2003	
41-3	12/2003		3/2003	12/2005		12/2003	
41-7	12/2003		3/2003	12/2005		12/2003	
41-9	12/2003		12/2003	12/2005	6/2004		Had money for second project

PHA Name:
HA Code:

Streamlined Annual Plan for Fiscal Year 20__

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

PHA Name: Massac County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P041 501-03 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
X Performance and Evaluation Report for Period Ending: 12/2003 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	5,000	-0-		
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	28,000	-0-		
8	1440 Site Acquisition				
9	1450 Site Improvement	4,000	-0-		
10	1460 Dwelling Structures	316,286	289,472	289,472	
11	1465.1 Dwelling Equipment— Nonexpendable	10,000	-0-		
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	5,000	-0-		
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: Massac County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P041 501-03 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
X Performance and Evaluation Report for Period Ending: 12/2003 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 - 20)	368,286	289,472	289,472	
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: Massac County Housing Authority		Grant Type and Number Capital Fund Program Grant No:IL06P041 501-03 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003			
Developme nt 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	
IL41-9 Fairmount	Replace Windows and Screens	1460		50,232	56,830	56,830		
9	Replace Interior and Closet Doors	1400		65,900	74,688	74,688		
9	Kitchen Upgrade	1460		56,967	99,000	99,000		
9	Bath Upgrade	1460		22,667	44,454	44,454		
9	Thermostats	1460		3,000	3,000	3,000		
9	FRP Panels	1460		1,500	1,500	1,500		
9	Plumbing	1460		-0-	10,000	10,000		

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

Part III: Implementation Schedule

PHA Name: Massac County Housing		Grant Type and Number Capital Fund Program No: IL06P041 501-03 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	

PHA Name:
HA Code:

Streamlined Annual Plan for Fiscal Year 20__

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

PHA Name: Massac County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06PO41 502-03 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12/3003 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	6,128			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment— Nonexpendable	51,562			
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: Massac County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06PO41 502-03 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement **Reserve for Disasters/ Emergencies** **Revised Annual Statement (revision no:)**
 Performance and Evaluation Report for Period Ending: 12/3003 **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)	57,690			
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	51,562			
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: Massac County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P041502-03 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	
IL41-9	Water Heaters-Elderly	1465.1	40	10,380				
9-Fairmount	AC-Elderly	1465.1	40	41,182				
PHA Wide	A & E	1430		6,128				

8. Capital Fund Program Five-Year Action Plan

PHA Name:
HA Code:

Streamlined Annual Plan for Fiscal Year 20__

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 I: Summary					
PHA Name: Massac County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P041501-04 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				
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	23,382			
10	1460 Dwelling Structures	315,323			
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	\$338,705			

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 I: Summary					
PHA Name: Massac County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P041501-04 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
	2 – 20)				
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	70,000			
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				

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: Massac County Housing Authority		Grant Type and Number Capital Fund Program Grant IL06P041501-2004 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	
IL 041-5	Replace Pads	1450	2500sf	15,000				
41-5	Swale	1450	26 lf	432				
41-5	Tuck Point	1450	100 lf	450				
41-5	Dumpster Pad	1450	1	7,500				
41-5	Replace Fin Tube Housing	1460	870 lf	13,050				
41-5	Boiler	1460	1	4,500				
41-5	AC Thru Wall	1460	20 du	48,000				
41-5	Panel Boards	1460	20 du	10,000				
41-5	Convert for Hand	1460	1	40,000				
41-5	Overlay Flooring	1460	20 du	37,283				
41-5	Replace Storms	1460	20 due	11,500				
41-5	Upgrade Kitchens	1460	20 du	85,090				
41-5	Upgrade Bath	1460	20 du	46,900				
41-5	Dryer Vents & Circuits	1460	20 du	4,000				
41-5	Walk-in Showers	1460	10 du	15,000				

8. Capital Fund Program Five-Year Action Plan

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 I: Summary					
PHA Name: Massac County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P041501-04 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				
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	23,382			
10	1460 Dwelling Structures	315,323			
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				

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 I: Summary					
PHA Name: Massac County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P041501-04 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
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$338,705			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	70,000			
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				

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: Massac County Housing Authority			Grant Type and Number Capital Fund Program Grant No:IL06P041501- 2004 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004		
Develop ment Number Name/HA -Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quanti ty	Total Estimated Cost		Total Actual Cost		Statu s of Work
				Origin al	Revis ed	Funds Obligate d	Funds Expend ed	
IL 041-5	Replace Pads	14 50	2500sf	15,000				
41-5	Swale	14 50	26 lf	432				
41-5	Tuck Point	14 50	100 lf	450				

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: Massac County Housing Authority		Grant Type and Number Capital Fund Program Grant No:IL06P041501-2004 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004			
Develop ment Number Name/HA -Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quanti ty	Total Estimated Cost		Total Actual Cost		Statu s of Work
				Origin al	Revis ed	Funds Obligate d	Funds Expend ed	
41-5	Dumpster Pad	14 50	1	7,500				
41-5	Replace Fin Tube Housing	1460	870 lf	13,050				
41-5	Boiler	146 0	1	4,500				
41-5	AC Thru Wall	146 0	20 du	48,000				

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: Massac County Housing Authority			Grant Type and Number Capital Fund Program Grant No:IL06P041501- 2004 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004		
Develop ment Number Name/HA -Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quanti ty	Total Estimated Cost		Total Actual Cost		Statu s of Work
				Origin al	Revis ed	Funds Obligate d	Funds Expend ed	
41-5	Panel Boards	146 0	20 du	10,000				
41-5	Convert for Hand	146 0	1	40,000				
41-5	Overlay Flooring	146 0	20 du	37,283				

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: Massac County Housing Authority		Grant Type and Number Capital Fund Program Grant No:IL06P041501- 2004 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004			
Develop ment Number Name/HA -Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quanti ty	Total Estimated Cost		Total Actual Cost		Statu s of Work
				Origin al	Revis ed	Funds Obligate d	Funds Expend ed	
41-5	Replace Storms	146 0	20 due	11,500				
41-5	Upgrade Kitchens	146 0	20 du	85,090				
41-5	Upgrade Bath	146 0	20 du	46,900				

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

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan					
Part I: Summary					
PHA Name Massac County Housing Authority				<input type="checkbox"/> Original 5-Year Plan X Revision No: 4	
Development Number/Name/ HA-Wide	Year 1 2004	Work Statement for Year 2 FFY Grant: 2005 PHA FY: FYE 2006	Work Statement for Year 3 FFY Grant: 2006 PHA FY: FYE 2007	Work Statement for Year 4 FFY Grant: 2007 PHA FY: FYE 2008	Work Statement for Year 5 FFY Grant: 2008 PHA FYE 2009
41-1	Annual Statement				21,000.00
41-2					3,500.00
41-3					7,000.00
41-5		149,925.00			
41-6					5,000.00
41-7				204,200.00	198,000.00
41-8		137,425.00			
41-9			301,733.00	68,968.00	32,500.00
PHA Wide		20,300.00	21,121.00	20,300.00	23,000.00
CFP Funds Listed for 5-year planning		307,650.00	322,854.00	293,468.00	290,000.00
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 :_2 FFY Grant: 2005 PHA FY: FYE 2006			Activities for Year: __3 FFY Grant: 2006 PHA FY: FYE 2007		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	41-8	Windows	17,640.00	41-9	Rep. Kitchens E	113,933.00
Annual	41-8	Site	7,640.00	41-9	Update Baths E	84,800.00
Statement	41-8	Roofs	10,000.00	41-9	Exhaust Fans	3,000.00
	41-8	Paint	24,914.00	41-9	504 Upgrade	100,000.00
	41-8	504 Upgrades	15,000.00	PHA Wide	A & E	21,121.00
	41-8	Screens	3,360.00			
	41-8	Cabinets & Counters	23,300.00			
	41-8	Exhaust Fans	500.00			
	41-8	Bath Upgrades	15,000.00			
	41-8	Replace Tile 4 du	18,621.00			
	41-8	FRP Panels	750.00			
	41-8	GFCI	700.00			
	41-9	Abate Panels	26,250.00			
	41-9	Vinyl Siding	4,400.00			
	41-5	Exhaust Fans	900.00			
	41-5	Security Screens	7,360.00			
	41-5	Setback Therm.	3,000.00			
Total CFP Estimated Cost			\$			\$322,854.00

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name: Massac Co. Housing Authority		<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 3			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2004 PHA FY: 2004	Work Statement for Year 3 FFY Grant: 2005 PHA FY: 2005	Work Statement for Year 4 FFY Grant: 2006 PHA FY: 2006	Work Statement for Year 5 FFY Grant: 2007 PHA FY: 2007
41-1 Spence	Annual Statement				\$22,500
41-2 Strickland					3,750
41-3 King					7,000
41-5 Spence Add		76,900	75,110	369,659	85,010
41-6 Bunchman					10,000
41-7 Humma					10,000
41-8 Young			180,676		3,500
41-9 Fairmount		249,968			195,733
PHA Wide		42,000	84,000	30,000	40,000
CFP Funds Listed for 5-year planning		\$368,868	\$339,786	\$399,659	\$377,493
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	41-5 Spence/Strick	Electric Service	28,000	41-5 Spence/Stric	Abate Transite	26,250
Annual	41-5 Spence/Strick	Air Conditioning	48,000	41-5	Siding	4,400
	41-5	Exhaust Fans	900	41-5	Windows	36,960
	41-9 Fairmount	Air Conditioning	64,000	41-5	Water Heaters	7,500
	41-9	504 Upgrades	100,000	41-8 Young	Replace Tile	18,622
	41-9	Carbon Monoxide	5,000	41-8	FRP Panels	750
	41-9	Sinks	12,000	41-8	Paint	24,914
	PHA Wide	A & E	28,000	41-8	Upgrade 504	15,000
	PHA Wide	Administration	4,000	41-8	Windows	17,640
	PHA Wide	Operations	10,000	41-8	Kitchen Upgrades	24,275
	41-9	Windows/Screens	68,968	41-8	Interior Doors	16,300
				41-8	Mechanical	41,225
				41-8	Storm Doors	5,500
				41-8	Hardware	3,500
				41-8	Carbon Monoxide	1,250
				41-8	GFCI	700
				PHA Wide	Training	9,000
				PHA Wide	Operations	35,000
				PHA Wide	Computer system	10,000
				PHA Wide	A & E	30,000
				41-8	Bath Upgrades	11,000

Total CFP Estimated Cost |

\$368,868



\$339,786

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

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
IL041-1	PHA Wide	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Management Improvements	28,430	2008*
A & E	20,300	2005
A & E	21,121	2006
A & E	20,300	2007
A & E	23,000	2008
Maintenance Van	20,000	2008*
*Identified needs— as funds are available		
*		\$133,151

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

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement x Revised statement		
Development Number	Development Name (or indicate PHA wide)	
IL041-1	Spence	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Exterior Site Lights	16,000	2008*
Water Heaters	22,500	2008*
Air Conditioners	72,000	2008*
Replace Gas Meters	9,000	2008*
Carbon Monoxide Detectors	7,500	2008*
Arc Fault Protectors	7,800	2008*
*Identified needs— as funds are available		
*	\$134,800.00	

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

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
IL041-2	Strickland	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Refrigerators	3,500.00	2008
Water Heaters	3,750.00	2008*
Thru Wall A/C	24,000.00	2008*
Carbon Monoxide Detectors	1,250.00	2008*
GFCI Receptacles	700.00	2008*
Arc Fault Protectors	1,440.00	2008*
*Identified needs—completed as funds are available		
Total Estimated Cost Over 5 Years	\$34,640.00	

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

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement x Revised statement		
Development Number	Development Name (or indicate PHA wide)	
IL041-3	King	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Refrigerators	7,000	2008
Water Heaters	7,000	2008*
Air Conditioning	48,000	2008*
504 Unit	30,000	2008*
Carbon Monoxide Detectors	2,500	2008*
Arc Fault Protectors	3,000	2008*
504 Site	15,000	2008*
**		
Total Estimated Cost Over 5 Years	\$112,500	

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

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement x Revised statement		
Development Number	Development Name (or indicate PHA wide)	
IL041-5	Spence/Strickland Addition	
Description of Needed Physical Improvements or Management Improvements (IL-041-5)	Estimated Cost	Planned Start Date (HA Fiscal Year)

Site Improvement/pads	22,500	2004
Swale	432	2004
Tuck point	450	2004
Site Lighting	4,000	2008*
Abate Transite Panels	26,250	2005
Add Vinyl Siding	4,400	2005
Exhaust Fans	900	2005
Security Screens	7,360	2005
Temperature Controls	500	2008*
Replace Underfloor Piping	150,000	2008*
Setback Thermostats	3,000	2005
Fin tube Housing	13,050	2004
Replace Water Heaters	7,500	2005
Thru Wall Air Conditioners	48,000	2004
Gas Piping	12,000	2008*
Electric Service/Panel Boards	28,000	2004 & 08*
Clean Outs	2,400	2005
Paint	42,156	2005
504 Upgrades	40,000	2004
Replace Flooring	37,283	2004
Storm Doors	11,500	2004
Entry Doors	24,000	2008*
Replace Windows	36,960	2005
Remodel Kitchens	85,090	2004
Remodel Baths	61,900	2004
Mechanical	120,800	2004 & 08*
*Identified needs—completed as funds are available		
Total Estimated Cost Over 5 Years	\$790,431	

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

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement x Revised statement		
Development Number	Development Name (or indicate PHA wide)	
IL041-6	Bunchman	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Tuck Point	19,080	2008*
Sit Lighting	4,000	2008*
Carbon Monoxide	1,500	2008*
Arc Fault Protectors	1,800	2008*
Landscaping	5,000	2008
*Identified needs—completed as funds are available		
Total Estimated Cost Over 5 Years	\$31,380	

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

CFP 5-Year Action Plan	
<input type="checkbox"/> Original statement	x Revised statement

Development Number	Development Name (or indicate PHA wide)	
IL041-7	Humma	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Elevator Upgrade	80,000	2008
Stairwell Doors	7,200	2008*
Smoke Doors	6,000	2008*
Replace Ceiling Tile and Grid	19,126	2008*
Interior Doors to Corridor	900	2008*
Replace Heat Air Pumps	14,000	2008
Replace Domestic Waterpiping	4,500	2008*
Paint	69,480	2008*
Remodel Kitchens	120,750	2007
Remodel Baths	59,450	2007
Replace Fire Alarm	20,000	2008
Add Carbon Monoxide Detectors	5,125	2008*
GFCI Receptacles	2,870	2008*
Arc Fault Protection	2,460	2008*
Kitchen Sinks	15,000	2007
Range Hoods	9,000	2007
Lavatories	18,000	2008
Tubs/Showers	40,000	2008
Water Closets	26,000	2008
*Identified needs—completed as funds are available		
Total Estimated Cost Over 5 Years	\$519,861	

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

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement x <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
IL041-8	Young	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)

Replace Walks	2,640	2005
Replace Trash Enclosures	5,000	2005
Tuck Point	450	2008*
Replace Bricks	960	2008*
Replace Shingle Roof	19,125	2005
Replace Fascia	2,130	2008*
Replace Soffit	6,878	2008*
Replace Guttering	1,505	2008*
Replace Down spouts	665	2008*
Replace Siding	3,960	2008*
Water Heaters	3,500	2008
Additional Mechanical	28,900	2008*
Paint	24,914	2005
Handicap Upgrade	15,000	2005
Replace Windows	17,640	2005
Stainless Steel Screens	3,360	2005
Interior and Closet Doors	26,300	2008*
Kitchen Cabinets and Counters	23,675	2005
Exhaust Fans	500	2005
Shut-off Valves/Clean Outs	1,000	2008*
Bath Upgrades	11,000	2005
Mechanical	41,225	2008*
Replace Tile-4 Units	18,621	2005
FRP Panels	750	2005
Interior Doors	16,300	2008*
Hardware	3,500	2008*
Carbon Monoxide Detectors	1,250	2008*
GFCI	700	2005
Arc Fault Protection	600	2008*

* Identified needs—completed as funds are available		
Total Estimated Cost Over 5 Years	\$282,048	

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

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement x <input checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
IL041-9	Fairmount	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)

Replace Tile	53,978	2008*
Set Back Thermostats	3,000	2008*
Water Heaters	7,500	2008
FRP Panels	1,000	2008*
Paint	63,542	2008*
Closet/Interior Doors	43,933	2008*
504 Upgrade	100,000	2006
Carbon Monoxide Detectors	5,000	2008*
GFCI	4,200	2008*
Arch Fault Protection	8,400	2008*
Create Swales	5,250	2008*
Drains	1,000	2008*
Kitchens/E	113,933	2006
Baths/E	84,800	2006
Sewer Clean Outs	6,000	2008*
Replace Walks	17,985	2008*
Pave Parking	61,000	2008*
Exhaust Fans	3,000	2006
Landscaping	20,000	2008*
Replace Windows/Screens (E)	68,968	2007
Air Conditioning (F)	32,000	2008*
Stove and Refrigerators	30,000	2008*
* Identified needs—completed as funds are available		
Total Estimated Cost Over 5 Years	\$734,489	

