

PHA Plans

Streamlined Annual Version

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

OMB No. 2577-0226
(exp. 08/31/2009)

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: 2007

PHA Name: EDWARDS COUNTY

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: Edwards County Housing Authority **PHA Number:** IL080

PHA Fiscal Year Beginning: (mm/yyyy) 01/2007

PHA Programs Administered:

Public Housing and Section 8
 Section 8 Only
 Public Housing Only
 Number of public housing units:
 Number of S8 units:
 Number of public housing units: 51
 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: Debbie L. Smith Phone: 618-445-2715
 TDD: Email (if available): echa@fairfieldwireless.net

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 2007
[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. ECHA HAS INSTALLED INTO THE IL080-1 FLOWER GARDEN COURT LOCATION, 34 CARBON MONOXIDE ALARM DETECTORS AS OF JANUARY 1, 2007. (IL080-2 IS TOTAL ELECTRIC. CO DETECTORS WILL NOT BE REQUIRED).

- 10. ECHA HAS AN AGREEMENT BETWEEN THE LOCAL WOVAN/FAMILY SHELTER, STOPPING WOMAN ABUSE NOW (SWAN) AND WILL WORK WITH THE AGENCY THRU REFERRALS, FOLLOW-UPS AND FEEDBACK. THE PHA WILL HAVE BROCHURES AVAILABLE TO ALL RESIDENTS, APPLICANTS AND LEASE UPS THAT MEETS THE NOTIFICATION REQUIRMENTS OF THE VAWA, IN THE RECEPTION AREA OF THE OFFICE.

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

1. Has the PHA operated one or more site-based waiting lists in the previous year? 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.

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):

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 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)
- Other: (list below)

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

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
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
	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
	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
	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
	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents. <input 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
	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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any 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 checked="" type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures. <input type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
X	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
	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
	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
	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	Annual Plan: Annual Audit

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
	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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: EDWARDS COUNTY HOUSING AUTHORITY			Grant Type and Number CAPITAL FUNDS Capital Fund Program Grant No: IL06P08050107 Replacement Housing Factor Grant No:		Federal FY of Grant: 2007
<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	16,000			
3	1408 Management Improvements				
4	1410 Administration	7,500			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	7,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	49,500			
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 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	80,000			
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				

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: Edwards County Housing			Grant Type and Number 2007 Capital Funds Capital Fund Program Grant No: IL06P08050107 Replacement Housing Factor Grant No:				Federal FY of Grant: 2007	
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA WIDE	9/2009		9/2011					

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan					
Part I: Summary					
PHA Name Edwards County				<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	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
		FFY Grant: 2008 PHA FY: 2009	FFY Grant: 2009 PHA FY:2010	FFY Grant: PHA FY:	FFY Grant: PHA FY:
<i>IL080-1</i>	Annual Statement	Combine with 2007 funds if Necessary to complete Storage Building Project for 14 family units started in 2007.	Combine with any 2008 funds remaining to complete any previous work items listed from past years where funding was not enough to perform work and purchase office & maintenance equip.		
HA WIDE		Replace Maintenance Truck			
HAWIDE		Replace 2 HA Signs			
IL080-1		Replace & add retaining wall			
HA WIDE		Replace 2 PHA signs			
HA WIDE		Replace maintenance equipment			
HA WIDE		Continue to Refurnish Apts (miniblinds, carpet, cable access thru attic with box outlets, etc.)			

8. Capital Fund Program Five-Year Action Plan

		80,000	80,000		
CFP Funds Listed for 5-year planning					
Replacement Housing Factor Funds					

Capital Fund Program Five-Year Action Plan						
Part II: Supporting Pages—Work Activities						
Activities for Year 1	Activities for Year :2008 FFY Grant: 2008 PHA FY: 2009			Activities for Year: 2009 FFY Grant: 2009 PHA FY: 2010		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	<i>IL080-1</i>	<i>1470</i>	30,000	<i>Ha Wide</i>	<i>1460</i>	50,000
Annual	HA Wide	<i>1408</i>	16,000	Ha Wide	<i>1450</i>	20,000
Statement	<i>HA Wide</i>	1475	20,000	<i>Ha Wide</i>	<i>1475</i>	10,000
	IL080-1	1450	10,000			
	HA Wide	1450	9,000			
	HA Wide	1475	10,000			
	HA Wide	1460				

8. Capital Fund Program Five-Year Action Plan

Total CFP Estimated Cost	\$				\$

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I n s t r u c t i o n s

ENTER DATA IN THE BLUE CELLS

DO NOT CHANGE THE RED CELLS

Introduction

NAHRO, together with Mobley & Associates, is pleased to provide its *CFP MANAGER© Capital Fund Management Software*. This product is designed to be used with Excel© Version 5.0 or higher or Lotus 1-2-3© for Windows, Version 3 or higher.

CFP MANAGER© helps you plan for the future and saves you hours of valuable staff time, by facilitating the preparation of the CFP portion of the Annual Plan, the CFP Performance and Evaluation ("P&E") report, which also goes along with the Annual Plan, and all the forms required under the program. It is a powerful planning tool, which helps you answer "WHAT IF" questions: to simulate various Capital Fund grant levels and capital and management improvement "investment" strategies. It can help you develop contingency plans to cope with the uncertainties we now face. In just a few keystrokes, you can "try on" various versions of your capital budget. It also facilitates Revised Annual Statements and Replacement Housing Factor (RHF) submittals.

The product has been sold with a full year's technical support included. For help in using this product or other technical support, contact Dennis Mobley at:

Cell: (678) 612-3286
Page: (800) 317-8579
Voice: (404) 584-7985
Fax: (404) 584-7786
E-mail: Dmobley671@aol.com

After your first year, technical support AND product enhancement (new forms and/or changes in forms or instructions) will be provided by Mobley & Associates for a nominal fee which will include unlimited telephone support.

Step 1: Install

- 1) DOWNLOAD *NAHRO CFP MANAGER© USING YOUR E-MAIL SOFTWARE, AND BE AWARE* INTO WHICH "FOLDER" YOUR E-MAIL PROGRAM PUTS DOWNLOADED FILES
- 2) GET YOUR EXCEL© OR LOTUS© PROGRAM UP AND RUNNING.
- 3) CLICK ON "FILE", "OPEN", SELECT THE FOLDER INTO WHICH THE CFP MANAGER© FILE WAS DOWNLOADED, AND OPEN THE FILE WITH EXCEL© OR LOTUS© (THE FILE IS NAMED NCFP101.XLS FOR EXCEL© USERS, NCFP101.WK4 FOR LOTUS© USERS).
- 4) CLICK ON "FILE", "SAVE AS", AND CREATE YOUR FIRST WORKING COPY OF THE FILE. GIVE IT A NEW FILE NAME SUCH AS FY2002A, ETC. YOU MAY WANT TO SAVE THIS FILE INTO A TOTALLY DIFFERENT FOLDER FROM THE ORIGINAL DOWNLOADED VERSION. (MANY PEOPLE USE "MY DOCUMENTS" OR SIMILAR FOLDERS FOR THIS PURPOSE).

This product has been designed as one (1) spreadsheet file with multiple worksheets, including "Annual Statement" and "Five-Year Action Plan" forms, including enough Part II forms for thirty (30) developments! The product can be used for the Annual Performance and Evaluation (P & E) report as well as for budgeting.

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I n s t r u c t i o n s (c o n t ' d .)

ENTER DATA IN THE BLUE CELLS

DO NOT CHANGE THE RED CELLS

To move from one worksheet to another, simply click on the labeled "file folders" on the computer screen (labelled "Annual_Part I", etc.)

We have used BLUE to indicate cells where users should enter information. We have used RED for cells which generally shouldn't be disturbed because they have formulae embedded in them.

However, users may override information in any cell (at their own peril). This is in the spirit of making NAHRO's spreadsheet-based planning tools as flexible as possible, to suit your particular needs. We are always open to your suggestions on additional product ideas, or on improving existing products. (Feel free to call Technical Support in this regard).

For best printing results, use a LASER printer, and print each worksheet separately by **highlighting each one in turn**. First, "Set Print Area" from the "File" menu. On "Page Setup", use "Fit to 1 Page Tall by 1 Wide", and use *landscape* orientation. Use the following ranges where appropriate.

NAHRO CFP MANAGER© Software Print Settings

Worksheet	Print Range	Orientation
Annual Statement Part_ I	A1..N44	Landscape
Annual Statement Part_ II	[Various]	"
Annual Statement Part_ III	A1..L40	"
Five-Year Action Plan Part_ I	A1..M26	"
Five-Year Action Plan Part_ II	[Various]	"
Actual Modernization Cost Certificate	A1..O74	Portrait

Step 2: Start Planning and Reporting!

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

PHA Name: EDWARDS COUNTY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No. IL06P08050106 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006
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- Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending:
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations	\$12,772.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements	\$0.00	\$0.00	\$0.00	\$0.00
4	1410 Administration	\$7,500.00	\$0.00	\$7,500.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$11,000.00	\$0.00	\$9,600.00	\$3,300.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$32,585.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment-Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1490 Replacement Reserve	\$0.00	\$0.00	\$0.00	\$0.00
16	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
17	1495.1 Relocation Cost	\$0.00	\$0.00	\$0.00	\$0.00
18	1499 Development Activities	\$0.00	\$0.00	\$0.00	\$0.00
19	1501 Collateralization or Debt Service	\$0.00	\$0.00	\$0.00	\$0.00
20	1502 Contingency	\$0.00	\$0.00	\$0.00	\$0.00
21	Amount of Annual Grant: (sum of lines 2-20)	\$63,857.00	\$0.00	\$17,100.00	\$3,300.00
22	Amount of line 21 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 21 Related to Section 504 Compliance	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 21 Related to Security -- Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
25	Amount of line 21 Related to Security -- Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
26	Amount of line 21 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00

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

PHA Name:		Grant Type and Number			Federal FY of Grant:			
EDWARDS COUNTY HOUSING AUTHORITY		Capital Fund Program Grant No IL06P08050106 Replacement Housing Factor Grant No:			2006			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
HA WIDE	Site: None	1450		\$0.00	\$0.00	\$0.00	\$0.00	
			Total Site:	\$0.00	\$0.00	\$0.00	\$0.00	
	Mechanical and Electrical: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total M&E:	\$0.00	\$0.00	\$0.00	\$0.00	
	Building Exterior: None	1460		\$0.00	\$0.00	\$0.00	\$0.00	
			Total B.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Dwelling Units: replace interior doors add carbon monoxide detectors to the gas development 08-1	1460		\$32,585.00	\$0.00	\$0.00	\$0.00	
			Total DUs:	\$32,585.00	\$0.00	\$0.00	\$0.00	
	Dwelling Equipment: None	1465.1		\$0.00	\$0.00	\$0.00	\$0.00	
			Total D.E.:	\$0.00	\$0.00	\$0.00	\$0.00	
	Interior Common Areas: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total ICAs:	\$0.00	\$0.00	\$0.00	\$0.00	
	Site-Wide Facilities: None	1470		\$0.00	\$0.00	\$0.00	\$0.00	
			Total SWFs:	\$0.00	\$0.00	\$0.00	\$0.00	
Nondwelling Equipment: None	1475		\$0.00	\$0.00	\$0.00	\$0.00		
		Total NDE:	\$0.00	\$0.00	\$0.00	\$0.00		
Total, WIDE			Project Total:	\$63,857.00	\$0.00	\$0.00	\$0.00	

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

PHA Name: EDWARDS COUNTY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No.: IL06P08050106 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006			
Development Number Name/HA-Wide Activities		All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
		Original	Revised	Actual	Original	Revised	Actual	
XX Y-19	Anywhere							
XX Y-20	Anywhere							
XX Y-21	Anywhere							
XX Y-22	Anywhere							
XX Y-23	Anywhere							
XX Y-24	Anywhere							
XX Y-25	Anywhere							
XX Y-26	Anywhere							
XX Y-27	Anywhere							
XX Y-28	Anywhere							
XX Y-29	Anywhere							
XX Y-30	Anywhere							

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

PHA Name:						<input checked="" type="checkbox"/>
EDWARDS COUNTY HOUSING AUTHORITY						<input type="checkbox"/>
Development Number/Name/HA-Wide	Year 1 2006	Work Statement for Year 2 FFY Grant: 2007 PHA FY:	Work Statement for Year 3 FFY Grant: 2008 PHA FY:	Work Statement for Year 4 FFY Grant: 2009 PHA FY:	Woi	
XX Y-01, Anywhere Homes	Annual Statement	\$0	\$0	\$0		
XX Y-02, Anywhere Homes		\$0	\$0	\$0		
XX Y-03, Anywhere Homes		\$0	\$0	\$0		
XX Y-04, Anywhere Homes		\$0	\$0	\$0		
XX Y-05, Anywhere Homes		\$0	\$0	\$0		
XX Y-06, Anywhere Homes		\$0	\$0	\$0		
XX Y-07, Anywhere Homes		\$0	\$0	\$0		
XX Y-08, Anywhere Homes		\$0	\$0	\$0		
HA-Wide Physical Activities		\$0	\$0	\$0		
HA-Wide Non-Physical Activities		\$0	\$0	\$0		
HA-Wide Contingency @ X%	\$0	\$0	\$0			
CFP Funds Listed for						
5-year planning		\$0	\$0	\$0		
Replacement Housing						
Factor Funds		\$0	\$0	\$0		

**Capital Fund Program Five-Year Action Plan
Part I: Summary (Continuation)**

HA Name:						<input checked="" type="checkbox"/>
EDWARDS COUNTY HOUSING AUTHORITY						<input type="checkbox"/>
Development Number/Name/HA-Wide	Year 1 2006	Work Statement for Year 2 FFY Grant: 2007 PHA FY:	Work Statement for Year 3 FFY Grant: 2008 PHA FY:	Work Statement for Year 4 FFY Grant: 2009 PHA FY:	Woi	
XX Y-09, Anywhere Homes		\$0	\$0	\$0		
XX Y-10, Anywhere Homes		\$0	\$0	\$0		
XX Y-11, Anywhere Homes		\$0	\$0	\$0		
XX Y-12, Anywhere Homes		\$0	\$0	\$0		
XX Y-13, Anywhere Homes		\$0	\$0	\$0		
XX Y-14, Anywhere Homes		\$0	\$0	\$0		
XX Y-15, Anywhere Homes		\$0	\$0	\$0		
XX Y-16, Anywhere Homes		\$0	\$0	\$0		
XX Y-17, Anywhere Homes		\$0	\$0	\$0		
XX Y-18, Anywhere Homes		\$0	\$0	\$0		
XX Y-19, Anywhere Homes		\$0	\$0	\$0		
XX Y-20, Anywhere Homes		\$0	\$0	\$0		
XX Y-21, Anywhere Homes		\$0	\$0	\$0		
XX Y-22, Anywhere Homes		\$0	\$0	\$0		
XX Y-23, Anywhere Homes		\$0	\$0	\$0		
XX Y-24, Anywhere Homes		\$0	\$0	\$0		
XX Y-25, Anywhere Homes		\$0	\$0	\$0		
XX Y-26, Anywhere Homes		\$0	\$0	\$0		
XX Y-27, Anywhere Homes		\$0	\$0	\$0		
XX Y-28, Anywhere Homes		\$0	\$0	\$0		

XX Y-29, Anywhere Homes		\$0	\$0	\$0
XX Y-30, Anywhere Homes		\$0	\$0	\$0

\$0

\$0

\$0

Original 5-Year Plan

Revision No: ____

Work Statement for Year 5

FFY Grant: **2010**
PHA FY:

\$0

\$0

\$0

\$0

\$0

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\$0

\$0

\$0

\$0

\$0

\$0

\$0

Original 5-Year Plan

Revision No: ____

Work Statement for Year 5

FFY Grant: **2010**
PHA FY:

\$0

\$0

\$0

\$0

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Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages---Work Activities

Activities for Year 1 2006	Activities for Year 2 FFY Grant: 2007 PHA FY:			Activities for Year 3 FFY Grant: 2008 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
	XX Y-01, Anywhere Homes	Site:		XX Y-01, Anywhere Homes	Site:	
		None	\$0	None	None	\$0
		Total Site:	\$0	Total Site:	Total Site:	\$0
		Mechanical and Electrical:		Mechanical and Electrical:	Mechanical and Electrical:	
		None	\$0	None	None	\$0
		Total M&E:	\$0	Total M&E:	Total M&E:	\$0
		Building Exterior:		Building Exterior:	Building Exterior:	
		None	\$0	None	None	\$0
		Total B.E.:	\$0	Total B.E.:	Total B.E.:	\$0
		Dwelling Units:		Dwelling Units:	Dwelling Units:	
		None	\$0	None	None	\$0
		Total DUs:	\$0	Total DUs:	Total DUs:	\$0
		Dwelling Equipment:		Dwelling Equipment:	Dwelling Equipment:	
		None	\$0	None	None	\$0
		Total D.E.:	\$0	Total D.E.:	Total D.E.:	\$0
		Interior Common Areas:		Interior Common Areas:	Interior Common Areas:	
		None	\$0	None	None	\$0
		Total ICAs:	\$0	Total ICAs:	Total ICAs:	\$0
		Site-Wide Facilities:		Site-Wide Facilities:	Site-Wide Facilities:	
		None	\$0	None	None	\$0
Total SWFs:	\$0	Total SWFs:	Total SWFs:	\$0		
Nondwelling Equipment:		Nondwelling Equipment:	Nondwelling Equipment:			
None	\$0	None	None	\$0		
Total NDE:	\$0	Total NDE:	Total NDE:	\$0		
Subtotal of Estimated Cost		\$0	Subtotal of Estimated Cost		\$0	

Actual Modernization Cost Certificate

U.S. Dep
and Urban
Office of P

Comprehensive Improvement Assistance Program (CIAP)
Comprehensive Grant Program (CGP)

Public Reporting burden for this collection of information is estimated to average 2 data sources, gathering and maintaining the data needed, and completing and reviewing any other aspect of this collection of information, including suggestions for reducing the burden (2577-0044), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, DC 20472-4302, and a person is not required to respond to, a collection of information unless it displays a unique identification number. Do not send this form to the above address.

This collection of information requires that each Housing Authority (HA) submit information which will be used by HUD to determine whether the modernization grant is ready to be audited and fiscal close out. Responses to the collection are required by regulation. The information is not to be used for any other purpose.

HA Name:

Anytown Housing Authority

The HA hereby certifies to the Department of Housing and Urban Development that:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") is:

A. Original Funds Approved

B. Funds Disbursed

C. Funds Expended (Actual Modernization Cost)

D. Amount to be Recaptured (A-C)

E. Excess of Funds Disbursed (B-C)

-
2. That all modernization work in connection with the Modernization Grant ha
 3. That the entire Actual Modernization Cost or liabilities therefor incurred by
 4. That there are no undischarged mechanics', laborers', contractors', or mat work on file in any public office where the same should be filed in order to
 5. That the time in which such liens could be filed has expired.

I hereby certify that all the information stated herein, as well as any info
Warning: HUD will prosecute false claims and statements. Conviction may result in crim
Signature of Executive Director & Date:

X

For HUD Use Only

The Cost Certificate is approved for audit:

Approved for Audit (Director, Office of Public Housing / ONAP Administrator)

X

The audited costs agree with the costs shown above:

Verified: (Designated HUD Official)

X

Approved: (Director, Office of Public Housing / ONAP Administrator)

X

**Department of Housing
 and Urban Development
 Public and Indian Housing**

OMB No. 2577-0044 (exp. 4/30/2004)

OMB No. 2577-0157 (exp. 12/31/99)

hours per response, including the time for reviewing instructions, searching existing data sources, gathering the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044), Washington, D.C. 20410-3600. This agency may not conduct or sponsor a collection of information unless that collection displays a currently valid OMB control number.

information to enable HUD to initiate the fiscal closeout process. The information provided is not to be edited and closed out. The information is essential for audit verification and the information requested does not lend itself to confidentiality.

	Modernization Project Number: US001P0019XX
--	--

presented as follows:

Modernization Cost") of the Modernization Grant, is as shown below:

	\$0.00

\$0.00

is been completed;

the HA have been fully paid;

erial-mens' liens against such modernization
be valid against such modernization work; and

rmation provided in the accompaniment herewith, is true and accurate
inal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

	Date:
	Date:
	Date:

Existing
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