

**PHA Plans**  
**Streamlined Annual**  
**Version 2**

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

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

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

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

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**Streamlined Annual PHA Plan**  
**For Fiscal Year: 2008**  
**PHA Name: MOLINE 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:** Moline Housing Authority

**PHA Number:** IL 020

**PHA Fiscal Year Beginning:** 04/2008

**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:

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: Teresa Meegan

Phone: 309-764-1819 ext.313

TDD: 309-764-2026

Email (if available): tmeegan@molinehousing.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  
Moline Housing Authority  
4141 11<sup>th</sup> Avenue A  
Moline, IL 61265

PHA's development management offices  
Moline Housing Authority  
Spring Valley Office  
1150 41<sup>st</sup> Street  
Moline, IL 61265

Moline Housing Authority  
Hillside Heights Office  
825 17th Street  
Moline, I 61265

**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:

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

- X Main business office of the PHA      X PHA development management offices
- X Other (list below)  
City of Moline Illinois Office of Planning & Development  
Moline, IL 61265

**Streamlined Annual PHA Plan**  
**Fiscal Year 2008**  
[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**
- X 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
- X 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.
- X 6. Supporting Documents Available for Review
- X 7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report
- X 8. Capital Fund Program 5-Year Action Plan
- X 9. Carbon Monoxide Detector Act
- X 10. Violence Against Women Act

**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? If yes, complete the following table; if not skip to B.

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

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

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

**MH does not plan to operate one or more site based waiting list in the coming years.**

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

2. Status of HOPE VI revitalization grant(s):

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

3.  Yes  No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year?  
If yes, list development name(s) below:

4.  Yes  No: Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below:

5.  Yes  No: Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:

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

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

2. Program Description:

a. Size of Program

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

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

b. PHA-established eligibility criteria

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

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

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

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

- Establishing a minimum homeowner down payment 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.

- 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):
- 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: City of Moline, 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)
  - X The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan/s.
  - X The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
  - X The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
  - X Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (List below)
  - X Other: (list below)

**POLICY CHANGES:**

**The Moline Housing Authority has revised the Admissions and Occupancy for the PHA program, the Public Housing Lease, MHA Procurement Policy, the Section 8 Administrative Plan and Reasonable Accommodation Policy. Copies of these documents are available for review at all Moline Housing Authority sites.**

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

- Priority Needs:
  - **The need for additional affordable housing stock in the City of Moline**
  - **Affordable Standards Housing**
  - **The need for additional vouchers to be allocated to meet the current homeless status and affordable housing needs**

Objectives: The following programs will address homeowner and rental needs:

- Home Owner-Occupied Rehabilitation Program
- Comprehensive Grant Program
- Section 8 Vouchers
- Low-Income Energy Assistance Program
- Housing and Neighborhood Services Program
- Homebuyer Program
- Technical Assistance to First-Time Homebuyers

- Incorporation of Lead Based Paint Regulations
- Housing Counseling Services
- American Dream Down payment Initiative Program
- Small Rental Property Program

Objectives: New and/or pending projects:

- Kitchen and Bathroom Remodel (Including Sink, Cabinets & Flooring) for Spring Valley and Hillside Heights
- Review and analyze current housing stock and demographics in order to evaluate the needs of tenants and the surrounding community
- Evaluate current housing stock for Capital Improvements projects as well as redevelopment
- Donate corner lot land to Moline Housing’s Not for Profit Organization (PROS) for the development of special needs housing
- Maintenance Garage for Spring Brook and Spring Valley

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

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
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
X	<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
	Deconcentration Income Analysis	Annual Plan: Eligibility,

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
		Selection, and Admissions Policies
X	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
X	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. 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
X	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. X Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
X	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	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 X Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures. X Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
	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
	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
X	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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
	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
	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
X	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
	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:		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant:
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
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 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)				
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				





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

Capital Fund Program Five-Year Action Plan					
Part I: Summary					
PHA Name				<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
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: PHA FY:	FFY Grant: PHA FY:	FFY Grant: PHA FY:	FFY Grant: PHA FY:
	Annual Statement				
CFP Funds Listed for 5-year planning					
Replacement Housing Factor Funds					

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

<b>Capital Fund Program Five-Year Action Plan</b>						
<b>Part II: Supporting Pages—Work Activities</b>						
Activities for Year 1	Activities for Year : ____ FFY Grant: PHA FY:			Activities for Year: ____ FFY Grant: PHA FY:		
	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
<b>See</b>						
<b>Annual</b>						
<b>Statement</b>						
Total CFP Estimated Cost			\$			\$



## **ILLINOIS CARBON MONOXIDE ALARM DETECTOR ACT**

The Moline Housing Authority has complied with the requirements of the Carbon Monoxide Alarm Detector Act (Public Act 094-0741).

All units of Public Housing administered by the Moline Housing Authority have been equipped with a working carbon monoxide detector as of March 28, 2007.



## Moline Housing Authority

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4141 11th Avenue A  
Moline, IL 61265  
2120

Telephone 309-764-1819  
Fax: 309-764-

### **Violence Against Women Act Report**

**The Moline Housing Authority provides or offers the following services, programs, or activities, directly or in partnership with other agencies or service providers, to adult or child victims of domestic violence, dating violence, sexual assault, or stalking:**

The Moline Housing Authority will assist any family who reports domestic violence, sexual assault, dating violence, or stalking by providing referrals to the appropriate agencies on a case by case basis to Project Now, Bethany Home for Women and Children or the Department of Children and Family Services.

**The Moline Housing Authority offers or provides the following services, programs, or activities that help adult and child victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing:**

Although the Moline Housing Authority does not directly provide services, activities or programs to allow victims of domestic violence to obtain or maintain housing, we can provide referrals to the appropriate agencies on a case by case basis to Project Now, South Moline Township, Bethany Home for Women and Children or the Department of Children and Family Services.

**The Moline Housing Authority offers or provides the following services, programs, or activities that help adult and child victims of domestic violence, dating violence, sexual assault, or stalking, to enhance victim safety in assisted families:**

Although the Moline Housing Authority does not directly provide services, activities or programs to allow victims of domestic violence we will assist any family who reports domestic violence, sexual assault, dating violence, or stalking by providing referrals to the appropriate agencies on a case by case basis to Project Now, Bethany Home for Women and Children or the Department of Children and Family Services.

## CAPITAL FUND PROGRAM TABLES START HERE

11-15-07

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: MOLINE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: IL06P02050108 Replacement Housing Factor Grant No:			Federal FY of Grant: 2008
<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	\$231,800.00	\$0.00	\$0.00	\$0.00
4	1410 Administration	\$115,900.00	\$0.00	\$0.00	\$0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$60,000.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	\$351,300.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$360,000.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment—Nonexpendable	\$20,000.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$20,000.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
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				

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

<b>PHA Name:</b> MOLINE HOUSING AUTHORITY	<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P02050108 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2008
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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
20	1502 Contingency	\$0.00	\$0.00	\$0.00	\$0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$1,159,000.00	\$0.00	\$0.00	\$0.00
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				





# Capital Fund Program Five-Year Action Plan

## Part I: Summary

PHA Name MOLINE HOUSING AUTHORITY		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2009 PHA FY: 2009	Work Statement for Year 3 FFY Grant: 2010 PHA FY: 2010	Work Statement for Year 4 FFY Grant: 2011 PHA FY: 2011	Work Statement for Year 5 FFY Grant: 2012 PHA FY: 2012
	Annual Statement				
HA-Wide		\$1,161,000	\$1,161,000	\$1,161,000	\$1,161,000
IL-20-01					
IL-20-02A					
IL-20-02B					
CFP Funds Listed for 5-year planning		\$1,161,000	\$1,161,000	\$1,161,000	\$1,161,000
Replacement Housing Factor Funds					





Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part I: Summary**

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

OMB Approval No. 2577-0157  
 (exp. 3/31/2001)

HA Name <b>MOLINE HOUSING AUTHORITY</b>	Comprehensive Grant Number <b>IL06P02050105</b>	FFY of Grant Approval <b>2005</b>
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Original Annual Statement     Reserve for Disasters/Emergencies     Revised Annual Statement/Revision Number 3  
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_     Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised 1	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)	0.00	0.00	0.00	0.00
3	1408 Management Improvements	25,000.00	25,000.00	25,000.00	25,000.00
4	1410 Administration	96,500.00	96,500.00	96,500.00	96,500.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	40,000.00	40,000.00	40,000.00	36,977.94
8	1440 Site Acquisition				
9	1450 Site Improvement	8,100.00	8,100.00	8,100.00	8,100.00
10	1460 Dwelling Structures	771,238.00	771,238.00	771,238.00	771,238.00
11	1465.1 Dwelling Equipment--Non-expendable	20,000.00	20,000.00	20,000.00	20,000.00
12	1470 Non-dwelling Structures	0.00	0.00	0.00	0.00
13	1475 Non-dwelling Equipment	5,000.00	5,000.00	5,000.00	5,000.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency (may not exceed 8% of line 20)	0.00	0.00	0.00	0.00
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	<b>965,838.00</b>	<b>965,838.00</b>	<b>965,838.00</b>	<b>962,815.94</b>
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director _____	Date(mm/dd/yyyy) _____	Signature of Public Housing Director _____	Date(mm/dd/yyyy) _____
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1 To be completed for the Performance and Evaluation Report or a Revised Statement.  
 2 To be completed for the Performance and Evaluation Report.

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

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

OMB Approval No. 2577-0157 (exp7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work 2
				Original	Revised 1	Funds Obligated 2	Funds Expended 2	
pha wide	operations	1406		0.00	0.00	0.00	0.00	n/a
pha wide	notebook computers x 2	1408		4,053.08	3,748.00	3,748.00	3,748.00	finished
pha wide	staff dev training	1408		10,000.00	15,354.80	15,354.80	15,354.80	finished
pha wide	HAB Software	1408		6,906.92	1,857.20	1,857.20	1,857.20	finished
pha wide	wsi program	1408		750.00	750.00	750.00	750.00	finished
il 20-2	color multiplexer and joystick ad	1408		3,290.00	3,290.00	3,290.00	3,290.00	finished
	subtotal	1408		25,000.00	25,000.00	25,000.00	25,000.00	
pha wide	mod dir salary	1410		32,000.00	32,000.00	33,012.06	33,012.06	finished
pha wide	technical salary	1410		17,000.00	17,000.00	16,118.76	16,118.76	finished
pha wide	employee benefits	1410		18,000.00	18,000.00	17,643.50	17,643.50	finished
pha wide	accounting salary	1410		14,500.00	14,500.00	16,368.63	16,368.63	finished
pha wide	exec dir salary	1410		14,000.00	14,000.00	12,603.06	12,603.06	finished
pha wide	admin asst salary	1410		1,000.00	1,000.00	753.99	753.99	finished
	subtotal	1410		96,500.00	96,500.00	96,500.00	96,500.00	
il 20-1	mcclure - sewer/water	1430		7,147.50	7,147.50	7,147.50	7,147.50	finished

Signature of Executive Director & Date:

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

**X**

1 To be completed for the Performance and Evaluation Report or a Revised Annual Statement

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Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

**U.S. Department of Housing  
 and Urban Development**

OMB Approval No. 2577-0157 (exp7/31/98)

Office of Public and Indian Housing

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work 2
				Original	Revised 1	Funds Obligated 2	Funds Expended 2	
il 20-1	kelly - siding/roofing/insulation	1430		26,322.06	26,322.06	26,322.06	23,300.00	in process
il 20-2	mcclure - corner lot	1430		409.94	409.94	409.94	409.94	finished
il-20-01	shive - sb boilers	1430		2,175.00	2,175.00	2,175.00	2,175.00	finished
il-20-01	mcclure - sewer/water extension	1430		3,945.50	3,945.50	3,945.50	3,945.50	finished
	subtotal	1430		66,322.06	66,322.06	66,322.06	60,277.94	
pha wide	site work	1450		3,000.00	3,000.00	3,000.00	3,000.00	finished
il-20-01	2 litter receptacles	1450		1,044.32	1,044.32	1,044.32	1,044.32	finished
il-20-01	concrete replacement	1450		3,171.68	3,171.68	3,171.68	3,171.68	finished
il-20-01	outdoor concepts - sv fence	1450		884.00	884.00	884.00	884.00	finished
	subtotal	1450		8,100.00	8,100.00	8,100.00	8,100.00	
il-20-01	sewer & water	1460		650,268.58	580,523.58	580,523.58	580,523.58	finished
il-20-02	Remove/Replace doors & frame	1460		1,475.00	1,475.00	1,475.00	1,475.00	finished
il-20-01	siding, shingles, insulation-jense	1460		119,494.42	189,239.42	189,239.42	189,239.42	finished
	subtotal	1460		771,238.00	771,238.00	771,238.00	771,238.00	
pha wide	appliances	1465.1		20,000.00	20,000.00	20,000.00	20,000.00	finished
pha wide	ez dumper with cab protector	1475		2,414.00	2,414.00	2,414.00	2,414.00	finished

Signature of Executive Director & Date:

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

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Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

**U.S. Department of Housing  
 and Urban Development**

OMB Approval No. 2577-0157 (exp7/31/98)

Office of Public and Indian Housing

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work 2
				Original	Revised 1	Funds Obligated 2	Funds Expended 2	
il-20-01	digital recording for main loca	1475		1,551.15	1,551.15	1,551.15	1,551.15	finished
pha wide	stems rods curb valve	1475		525.89	525.89	525.89	525.89	finished
pha wide	led lamps/safety vests	1475		508.96	508.96	508.96	508.96	finished
	subtotal	1475		5,000.00	5,000.00	5,000.00	2,586.00	
pha wide	contingency	1502		0.00	0.00	0.00	0.00	
	grand total			965,838.00	965,838.00	965,838.00	962,815.94	

Signature of Executive Director & Date:  
**X**

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:  
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Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

**U.S. Department of Housing  
 and Urban Development**

OMB Approval No. 2577-0157 (exp7/31/98)

Office of Public and Indian Housing

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work 2
				Original	Revised 1	Funds Obligated 2	Funds Expended 2	

Signature of Executive Director & Date:

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

**X**

1 To be completed for the Performance and Evaluation Report or a Revised Annual Statement

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Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

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

OMB Approval No. 2577-0157 (exp7/31/98)

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>2</sup>
	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	
all projects	8/18/2007			8/18/2009			

Signature of Executive Director & Date:

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

**X**

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

<sup>2</sup> To be completed for the Performance and Evaluation Report

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part I: Summary**

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

OMB Approval No. 2577-0157  
 (exp. 3/31/2001)

HA Name <b>MOLINE HOUSING AUTHORITY</b>	Comprehensive Grant Number <b>IL06P02050106</b>	FFY of Grant Approval <b>2006</b>
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Original Annual Statement     Reserve for Disasters/Emergencies     Revised Annual Statement/Revision Number   2    
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_     Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised 1	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)	0.00	0.00	0.00	0.00
3	1408 Management Improvements	75,000.00	75,000.00	1,767.00	1,767.00
4	1410 Administration	85,000.00	85,000.00	46,497.79	46,497.79
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	40,000.00	40,000.00	12,644.04	5,143.60
8	1440 Site Acquisition				
9	1450 Site Improvement	25,744.32	25,744.32	25,744.32	25,744.32
10	1460 Dwelling Structures	569,351.00	569,351.00	499,677.45	348,523.76
11	1465.1 Dwelling Equipment--Non-expendable	20,000.00	20,000.00	13,894.00	13,894.00
12	1470 Non-dwelling Structures	0.00	0.00	0.00	0.00
13	1475 Non-dwelling Equipment	5,000.00	5,000.00	884.00	884.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency (may not exceed 8% of line 20)	34,255.68	34,255.68	0.00	0.00
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	<b>854,351.00</b>	<b>854,351.00</b>	<b>601,108.60</b>	<b>442,454.47</b>
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director _____	Date(mm/dd/yyyy) _____	Signature of Public Housing Director _____	Date(mm/dd/yyyy) _____
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1 To be completed for the Performance and Evaluation Report or a Revised Statement.  
 2 To be completed for the Performance and Evaluation Report.

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part I: Summary**

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

OMB Approval No. 2577-0157  
 (exp. 3/31/2001)

HA Name <b>MOLINE HOUSING AUTHORITY</b>	Comprehensive Grant Number <b>IL06P02050206</b>	FFY of Grant Approval <b>2006</b>
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Original Annual Statement     Reserve for Disasters/Emergencies     Revised Annual Statement/Revision Number \_\_\_\_\_  
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_     Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised 1	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)	0.00	0.00	0.00	0.00
3	1408 Management Improvements	0.00	0.00	0.00	0.00
4	1410 Administration	0.00	0.00	0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	0.00	0.00	0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	0.00	0.00	0.00	0.00
10	1460 Dwelling Structures	0.00	0.00	0.00	0.00
11	1465.1 Dwelling Equipment--Non-expendable	0.00	0.00	0.00	0.00
12	1470 Non-dwelling Structures	72,284.00	0.00	0.00	0.00
13	1475 Non-dwelling Equipment	0.00	0.00	0.00	0.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency (may not exceed 8% of line 20)	0.00	0.00	0.00	0.00
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	<b>72,284.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director _____	Date(mm/dd/yyyy) _____	Signature of Public Housing Director _____	Date(mm/dd/yyyy) _____
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Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

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

OMB Approval No. 2577-0157 (exp7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work 2
				Original	Revised 1	Funds Obligated 2	Funds Expended 2	
pha wide	operations	1406		0.00	0.00	0.00	0.00	n/a
pha wide	software addit & upgrades	1408		5,000.00	5,000.00	0.00	0.00	n/a
pha wide	staff dev training	1408		70,000.00	70,000.00	1,767.00	1,767.00	finished
pha wide	consultants	1408		0.00	0.00	0.00	0.00	n/a
	subtotal	1408		75,000.00	75,000.00	1,767.00	1,767.00	
pha wide	mod dir salary	1410		25,000.00	25,000.00	16,648.30	16,648.30	finished
pha wide	technical salary	1410		12,000.00	12,000.00	7,692.04	7,692.04	finished
pha wide	employee benefits	1410		22,000.00	22,000.00	10,344.37	10,344.37	finished
pha wide	accounting salary	1410		11,000.00	11,000.00	6,198.88	6,198.88	finished
pha wide	exec dir salary	1410		10,000.00	10,000.00	5,614.20	5,614.20	finished
pha wide	admin asst salary	1410		5,000.00	5,000.00	0.00	0.00	n/a
	subtotal	1410		85,000.00	85,000.00	46,497.79	46,497.79	
pha wide	a&e fees	1430		27,355.96	27,355.96	0.00	0.00	n/a
il-20-01	mcclure - sb water/sewer extens	1430		1,462.50	1,462.50	1,462.50	0.00	in process
il-20-02	IEFM - hh fire alarm sys upgrade	1430		2,000.00	2,000.00	2,000.00	0.00	in process

Signature of Executive Director & Date:

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

**X**

1 To be completed for the Performance and Evaluation Report or a Revised Annual Statement

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Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

**U.S. Department of Housing  
 and Urban Development**

OMB Approval No. 2577-0157 (exp7/31/98)

Office of Public and Indian Housing

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work 2
				Original	Revised 1	Funds Obligated 2	Funds Expended 2	
il 20-1	kelly - siding/roofing/insulation	1430		2,677.94	2,677.94	2,677.94	0.00	in process
il 20-1	kelly - maint garage	1430		4,800.00	4,800.00	4,800.00	3,840.00	in process
il 20-1	american testing eng corp garag	1430		1,303.60	1,303.60	1,303.60	1,303.60	finished
il 20-1	kelly - corner lot	1430		400.00	400.00	400.00	0.00	in process
	subtotal	1430		40,000.00	40,000.00	12,644.04	5,143.60	
il-20-01	cement work - centennial	1450		25,744.32	25,744.32	25,744.32	25,744.32	finished
il-20-02	siding, insulation, roofing	1460		569,351.00	499,606.00	429,932.45	278,778.76	in process
il-20-01	sb sewer/water	1460		0.00	69,745.00	69,745.00	69,745.00	finished
	subtotal	1460		569,351.00	569,351.00	499,677.45	348,523.76	
pha wide	appliances	1465.1		20,000.00	20,000.00	13,894.00	13,894.00	finished
pha wide	vehicles, tools, and equipment	1475		4,116.00	4,116.00	0.00	0.00	n/a
il-20-01	2 2yd dumpsters - elliott equip	1475		884.00	884.00	884.00	884.00	finished
	subtotal	1475		5,000.00	5,000.00	884.00	884.00	
pha wide	contingency	1502		34,255.68	34,255.68	0.00	0.00	n/a
	grand total			854,351.00	854,351.00	600,708.60	442,454.47	

Signature of Executive Director & Date:

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

**X**

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Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

**U.S. Department of Housing  
 and Urban Development**

OMB Approval No. 2577-0157 (exp7/31/98)

Office of Public and Indian Housing

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work 2
				Original	Revised 1	Funds Obligated 2	Funds Expended 2	

Signature of Executive Director & Date:

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

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Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

**U.S. Department of Housing  
 and Urban Development**

OMB Approval No. 2577-0157 (exp7/31/98)

Office of Public and Indian Housing

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work 2
				Original	Revised 1	Funds Obligated 2	Funds Expended 2	

Signature of Executive Director & Date:  
**X**

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:  
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1 To be completed for the Performance and Evaluation Report or a Revised Annual Statement

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Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

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

OMB Approval No. 2577-0157 (exp7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
il-020-01	maintenance garage	1470		72,284.00	0.00	0.00	0.00	n/a
	grand total			72,284.00	0.00	0.00	0.00	

Signature of Executive Director & Date:

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

**X**

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

<sup>2</sup> To be completed for the Performance and Evaluation Report

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

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

OMB Approval No. 2577-0157 (exp7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work 2
				Original	Revised 1	Funds Obligated 2	Funds Expended 2	

Signature of Executive Director & Date:

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

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Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

**U.S. Department of Housing  
 and Urban Development**

OMB Approval No. 2577-0157 (exp7/31/98)

Office of Public and Indian Housing

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work 2
				Original	Revised 1	Funds Obligated 2	Funds Expended 2	

Signature of Executive Director & Date:

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Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

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OMB Approval No. 2577-0157 (exp7/31/98)

Office of Public and Indian Housing

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work 2
				Original	Revised 1	Funds Obligated 2	Funds Expended 2	

Signature of Executive Director & Date:

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

**X**

1 To be completed for the Performance and Evaluation Report or a Revised Annual Statement

2 To be completed for the Performance and Evaluation Report

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

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

OMB Approval No. 2577-0157 (exp7/31/98)

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>2</sup>
	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	
all projects	7/18/2008			7/18/2010			

Signature of Executive Director & Date:

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

**X**

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement

<sup>2</sup> To be completed for the Performance and Evaluation Report

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 Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

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

OMB Approval No. 2577-0157 (exp7/31/98)

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>2</sup>
	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	
all projects	5/4/2009			5/4/2011			

Signature of Executive Director & Date:

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

**X**

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Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part I: Summary**

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

OMB Approval No. 2577-0157  
 (exp. 3/31/2001)

HA Name <b>MOLINE HOUSING AUTHORITY</b>	Comprehensive Grant Number <b>IL06P02050107</b>	FFY of Grant Approval <b>2007</b>
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Original Annual Statement     Reserve for Disasters/Emergencies     Revised Annual Statement/Revision Number 1  
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_     Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised 1	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)	0.00	0.00	0.00	0.00
3	1408 Management Improvements	50,000.00	0.00	0.00	0.00
4	1410 Administration	90,035.00	0.00	0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	40,000.00	0.00	0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	6,000.00	0.00	0.00	0.00
10	1460 Dwelling Structures	600,319.00	0.00	0.00	0.00
11	1465.1 Dwelling Equipment--Non-expendable	20,000.00	0.00	0.00	0.00
12	1470 Non-dwelling Structures	93,000.00	0.00	0.00	0.00
13	1475 Non-dwelling Equipment	1,000.00	0.00	0.00	0.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency (may not exceed 8% of line 20)	0.00	0.00	0.00	0.00
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	<b>900,354.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director	Date(mm/dd/yyyy)	Signature of Public Housing Director	Date(mm/dd/yyyy)
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Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

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

OMB Approval No. 2577-0157 (exp7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work 2
				Original	Revised 1	Funds Obligated 2	Funds Expended 2	
pha wide	operations	1406		0.00	0.00	0.00	0.00	n/a
pha wide	software addit & upgrades	1408		5,000.00	0.00	0.00	0.00	n/a
pha wide	staff dev training	1408		40,000.00	0.00	0.00	0.00	n/a
pha wide	consultants	1408		5,000.00	0.00	0.00	0.00	n/a
	subtotal	1408		50,000.00	0.00	0.00	0.00	
pha wide	mod dir salary	1410		25,000.00	0.00	0.00	0.00	n/a
pha wide	technical salary	1410		17,035.00	0.00	0.00	0.00	n/a
pha wide	employee benefits	1410		22,000.00	0.00	0.00	0.00	n/a
pha wide	accounting salary	1410		11,000.00	0.00	0.00	0.00	n/a
pha wide	exec dir salary	1410		10,000.00	0.00	0.00	0.00	n/a
pha wide	admin asst salary	1410		5,000.00	0.00	0.00	0.00	n/a
	subtotal	1410		90,035.00	0.00	0.00	0.00	
pha wide	a&e fees	1430		40,000.00	0.00	0.00	0.00	n/a
pha wide	site improvements	1450		6,000.00	0.00	0.00	0.00	n/a
il-20-01	sv cabinets	1460		600,319.00	0.00	0.00	0.00	n/a

Signature of Executive Director & Date:

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Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

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 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

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

OMB Approval No. 2577-0157 (exp7/31/98)

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				Original	Revised 1	Funds Obligated 2	Funds Expended 2	
pha wide	appliances	1465.1		20,000.00	0.00	0.00	0.00	n/a
il-20-01	maintenance garage	1470		93,000.00	0.00	0.00	0.00	n/a
pha wide	vehicles, tools, and equipment	1475		1,000.00	0.00	0.00	0.00	n/a
	grand total			900,354.00	0.00	0.00	0.00	

Signature of Executive Director & Date:

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Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

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	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	
all projects	9/12/2009			9/12/2011			

Signature of Executive Director & Date:

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Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

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