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: 2008 PHA Name:

EDWARDS COUNTY HOUSING AUTHORITY

IL080v04.doc

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) 01/2008

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: Deborah 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 20
[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

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. **NO**

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: ☐ Revitalization Plan under development ☐ Revitalization Plan submitted, pending approval ☐ Revitalization Plan approved ☐ 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**
	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;	5 Year and Annual Plans
X	*PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan*	Streamlined Annual Plans
X	*Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan*.	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. ☒ 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. ☐ 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. ☐ 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. ☐ 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
N/A	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
		Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any policies governing any Section 8 special housing types ☐ Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures ☒ Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures. ☐ 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 ☒ 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). ☒ 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 Only: 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

8. Capital Fund Program Five-Year Action Plan

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 2008** Capital Fund Program Grant No: **IL06P080501-08** Replacement Housing Factor Grant No:	**Federal FY of Grant: 2008**

☐X **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				
3	1408 Management Improvements				
4	1410 Administration	10,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	28,000			
10	1460 Dwelling Structures	8,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	8,000			
13	1475 Nondwelling Equipment	20,000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	83,000			
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				

8. Capital Fund Program Five-Year Action Plan

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 AUTHORITY		**Grant Type and Number** Capital Fund Program Grant No: IL06P080501-08 Replacement Housing Factor Grant No:				**Federal FY of Grant:** 2008		
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	
IL080-1	COMBINE W/2007 IF NEEDED TO COMPLETE WORK ITEMS (storage bldgs, add washer/dryer AL laundry room) Replace Carpet in Office areas	1470 1475		25,000				
	REPLACE HP PRINTER							
	REPLACE RETAINING WALL IN FAMILY CORRECT DRAINAGE PROBLEMS	1450		17,000				
	REPLACE 2 PHA SIGNS & CONVERT AREA TO PARKING SPACE	1450		11,000				
	REFURBISH APARTMENTS	1460		10,000				

8. Capital Fund Program Five-Year Action Plan

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 AUTHORITY		**Grant Type and Number** Capital Fund Program Grant No: IL06P080501-08 Replacement Housing Factor Grant No:				**Federal FY of Grant:** 2008		
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	
IL080	FEES & COSTS	1430	1	10,000				
IL080	ADMINISTRATION	1410	1	10,000				
IL080	SITE	1450	2	28,000				
IL080	DWELLING	1460		8,000				
IL080	NONDWELLING	1470	1	8,000				
IL080	NONDWELLING	1475	1	20,000				

8. Capital Fund Program Five-Year Action Plan

Annual Statement/Performance and Evaluation Report **Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)** **Part III: Implementation Schedule**							
PHA Name: EDWARDS COUNTY HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program No: IL06P080501-08 Replacement Housing Factor No:						**Federal FY of Grant:** 2008
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
IL080	09/2010			09/2012			

Capital Fund Program Five-Year Action Plan **Part I: Summary**		
PHA Name EDWARDS CO. HOUSING AUTHORITY		☒ **Original 5-Year Plan** ☐ **Revision No:**

8. Capital Fund Program Five-Year Action Plan

Development Number/Name/ HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2009 PHA FY: 2010	Work Statement for Year 3 FFY Grant: 2010 PHA FY: 2011	Work Statement for Year 4 FFY Grant: 2011 PHA FY: 2012	Work Statement for Year 5 FFY Grant: 2012 PHA FY: 2011
	Annual Statement	COMBINE W/2008 TO COMPLETE ANY PREVIOUS REMAINING ITEMS. BEGIN REPLACING 29 YEAR OLD BOILER SYSTEM WITH UPGRADED ENERGY EFFICIENT SYSTEM INCLUDING REPLACEMENT & REVISED SETUP OF ZONE VALUE &TRANSFORMER COMPONENTS LOCATED IN THE UNITS. 8 BOILER SYSTEMS THAT HEATS 34 UNITS (PROJECT REPLACING 2 BLDGS THIS YEAR)	CONSTRUCT NEW BOILER ROOM OUTSIDE THE UNIT FOR THE 4-BEDROOM SYSTEM THAT IS LOCATED IN THE TENANT'S UNIT PHYSICAL NEEDS ASSESSMENT/ENERGY AUDIT REPLACE REMAINING SYSTEMS: 29 YEAR OLD BOILER SYSTEM WITH UPGRADED ENERGY EFFICIENT SYSTEM INCLUDING REPLACEMENT & REVISED SETUP OF ZONE VALUE &TRANSFORMER COMPONENTS LOCATED IN THE UNITS. PROJECT REPLACE 1 BLDG	REPLACING REMAINING 29 YEAR OLD BOILER SYSTEM WITH UPGRADED ENERGY EFFICIENT SYSTEM INCLUDING REPLACEMENT & REVISED SETUP OF ZONE VALUE &TRANSFORMER COMPONENTS LOCATED IN THE UNITS. PROJECT REPLACING 2 BLDGS	REPLACING 29 YEAR OLD BOILER SYSTEM WITH UPGRADED ENERGY EFFICIENT SYSTEM INCLUDING REPLACEMENT & REVISED SETUP OF ZONE VALUE &TRANSFORMER COMPONENTS LOCATED IN THE UNITS. PROJECT REPLACING FINAL 3 BLDGS

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities						
Activities for Year 1	Activities for Year :2 FFY Grant: 2009 PHA FY: 2010			Activities for Year: 3 FFY Grant: 2010 PHA FY: 2011		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	IL080-1	1410	7,500	IL080-1	1410	7,500
Annual	IL080-1	1430	15,000	IL080-1	1430	15,000
Statement	IL080-1	1465.1	59,500	IL080-1	1465.1	59,500
Total CFP Estimated Cost			$82,000			$82,000

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities					
Activities for Year :4 FFY Grant: 2011 PHA FY: 2012			Activities for Year: 5 FFY Grant: 2012 PHA FY: 2013		
Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
IL080-1	1410	7,500	IL080-1	1410	7,500
“	*1430*	*15,000*	“	*1430*	*15,000*
“	*1465.1*	*59,500*	“	*1465.1*	*59,500*
Total CFP Estimated Cost		$82,000			$82,000

EDWARDS COUNTY HOUSING AUTHORITY
2005 to 2009 FIVE YEAR PLAN
2008 FISCAL YEAR

The PHA satisfied the requirement of the Violence Against Women Act (VAWA) in April 2007 by adding to the Dwelling Lease the language that included the VAWA act for all future tenant/lease-ups. In May 2007, a notice and a dwelling lease attachment were delivered to each rental unit of the PHA.

The PHA conformed to the requirements of the Carbon Monoxide Alarm Detector Act by replacing the existing smoke alarms with combination Smoke/Carbon Monoxide Alarms. These alarms installed are 120V AC Wired-in with battery backup. The alarms are 2-in-1 Voice Alarms that beeps and voice announces “Fire! Fire!” or “Warning! Carbon Monoxide”

The installation process began November 2006 and was completed by December 31, 2006.

Deborah L. Smith
Executive Director

IL080av04.doc

NAHRO
Capital Fund Manager ©

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

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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.

NAHRO
Capital Fund Manager ©

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.)

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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:	Grant Type and Number	Federal FY of Grant:
EDWARDS COUNTY HOUSING AUTHORITY	Capital Fund Program Grant No. IL06P08050107 Replacement Housing Factor Grant No:	2007

[ ] Original Annual Statement [ ] Reserve for Disasters/Emergencies [ ] Revised Annual Statement (revision no:)

[X] Performance and Evaluation Report for Period Ending: 30-Jun-07 [ ] 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	$16,000.00	$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	$0.00	$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	$7,000.00	$0.00	$0.00	$0.00
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	$0.00	$0.00	$0.00	$0.00
11	1465.1	Dwelling Equipment-Nonexpendable	$0.00	$0.00	$0.00	$0.00
12	1470	Nondwelling Structures	$49,500.00	$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)**		$80,000.00	$0.00	$0.00	$0.00
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 IL06P0805107 Replacement Housing Factor Grant No:	2007

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	
	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: None	1460		$0.00	$0.00	$0.00	$0.00	
			Total DUs:	$0.00	$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:	1470		$0.00	$0.00	$0.00	$0.00	
			Total ICAs:	$0.00	$0.00	$0.00	$0.00	
Flower Garden Court	**Site-Wide Facilities:** add storage bldings/family area	1470		$49,500.00	$0.00	$0.00	$0.00	
			Total SWFs:	$49,500.00	$0.00	$0.00	$0.00	
	Nondwelling Equipment:	1475		$0.00	$0.00	$0.00	$0.00	
			Total NDE:	$0.00	$0.00	$0.00	$0.00	
Total,			Project Total:	$80,000.00	$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:	Grant Type and Number	Federal FY of Grant:
EDWARDS COUNTY HOUSING AUTHORITY	Capital Fund Program Grant No.: IL06P0805107 Replacement Housing Factor Grant No:	2007

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:
EDWARDS COUNTY HOUSING AUTHORITY

X

Development Number/Name/HA-Wide	Year 1 2007	Work Statement for Year 2 FFY Grant: 2008 PHA FY:	Work Statement for Year 3 FFY Grant: 2009 PHA FY:	Work Statement for Year 4 FFY Grant: 2010 PHA FY:	Wo
XX Y-01, Anywhere Homes		$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	Annual	$0	$0	$0	
XX Y-06, Anywhere Homes		$0	$0	$0	
XX Y-07, Anywhere Homes	Statement	$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:
EDWARDS COUNTY HOUSING AUTHORITY

X

Development Number/Name/HA-Wide	Year 1 2007	Work Statement for Year 2 FFY Grant: 2008 PHA FY:	Work Statement for Year 3 FFY Grant: 2009 PHA FY:	Work Statement for Year 4 FFY Grant: 2010 PHA FY:	Wo
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: ___

rk Statement for Year 5

FFY Grant: **2011**
PHA FY:

$0
$0
$0
$0
$0
$0
$0
$0
$0
$0
$0
$0
$0

Original 5-Year Plan

Revision No: ___

rk Statement for Year 5

FFY Grant: **2011**
PHA FY:

$0
$0
$0
$0
$0
$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 2007	Activities for Year 2 FFY Grant: 2008 PHA FY:			Activities for Year 3 FFY Grant: 2009 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
	XX Y-01, Anywhere Homes			XX Y-01, Anywhere Homes		
		Site:			**Site:**	
		None	$0		None	$0
		Total Site:	$0		Total Site:	$0
		Mechanical and Electrical:			**Mechanical and Electrical:**	
		None	$0		None	$0
		Total M&E:	$0		Total M&E:	$0
		Building Exterior:			**Building Exterior:**	
		None	$0		None	$0
		Total B.E.:	$0		Total B.E.:	$0
		Dwelling Units:			**Dwelling Units:**	
		None	$0		None	$0
		Total DUs:	$0		Total DUs:	$0
		Dwelling Equipment:			**Dwelling Equipment:**	
		None	$0		None	$0
		Total D.E.:	$0		Total D.E.:	$0
		Interior Common Areas:			**Interior Common Areas:**	
		None	$0		None	$0
		Total ICAs:	$0		Total ICAs:	$0
		Site-Wide Facilities:			**Site-Wide Facilities:**	
		None	$0		None	$0
		Total SWFs:	$0		Total SWFs:	$0
		Nondwelling Equipment:			**Nondwelling Equipment:**	
		None	$0		None	$0
		Total NDE:	$0		Total NDE:	$0
	Subtotal of Estimated Cost		$0	**Subtotal of Estimated Cost**		$0

Actual Modernization Cost Certificate

U.S. Dep
and Urba
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 revie
or any other aspect of this collection of information, including suggestions for redu
(2577-0044), Office of Information Technology, U.S. Department of Housing and Urb
or sponsor, and a person is not required to respond to, a collection of information u
Do not send this form to the above address.
This collection of information requires that each Housing Authority (HA) submit info
will be used by HUD to determine whether the modernization grant is ready to be au
fiscal close out. Responses to the collection are required by regulation. The inform

HA Name:

Anytown Housing Authority

The HA hereby certifies to the Department of Housing and Urban Developme

1. That the total amount of Modernization Cost (herein called the "Actual Mod

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 infor
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

artment of Housing
an 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 e
wing the collection of information. Send comments regarding this burden est
cing this burden, to the Reports Management Officer, Paperwork Reduction Pr
an Development, Washington, D.C. 20410-3600. This agency may not conduct
unless that collection displays a currently valid OMB control number.

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

	Modernization Project Number: **US001P0019XX**

ent as follows:

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

	$0.00
	$0.00
	$0.00
	$0.00

	$0.00

ıs 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 accura
ıinal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

	Date:
	Date:
	Date:

facsimile **form HUD-53001 (10/96)**
ref. Handbooks 7475.1 & .3

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NAHRO
Capital Fund Manager ©

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

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NAHRO
Capital Fund Manager ©

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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:	Grant Type and Number	Federal FY of Grant:
EDWARDS COUNTY HOUSING AUTHORITY	Capital Fund Program Grant No. IL06P08050106 Replacement Housing Factor Grant No:	2006

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement (revision no:)

☒ Performance and Evaluation Report for Period Ending: 30-Jun-07 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account		Total Estimated Cost		Total Actual Cost	
			Original	Revised	Obligated	Expended
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3	1408	Management Improvements	$0.00	$0.00	$0.00	$0.00
4	1410	Administration	$7,500.00	$0.00	$7,500.00	$7,500.00
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	$8,394.50	$8,394.50
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	$37,462.00	$0.00	$1,300.00	$1,300.00
11	1465.1	Dwelling Equipment-Nonexpendable	$6,795.00	$0.00	$6,795.00	$6,795.00
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	$23,989.50	$23,989.50
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	
HA Wide	**Dwelling Units:**							
	replace interior doors **add carbon monoixide detectors to the gas development 08-1**	1460		$37,462.00	$0.00	$1,300.00	$1,300.00	
			Total DUs:	$37,462.00	$0.00	$1,300.00	$1,300.00	
	Dwelling Equipment:							
	Boiler replacement of bldg A3 **supplies heat for 6 units**	1465.1		$6,795.00	$0.00	$6,795.00	$6,795.00	
			Total D.E.:	$6,795.00	$0.00	$6,795.00	$6,795.00	
	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	$23,989.50	$23,989.50	

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:	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		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:

EDWARDS COUNTY HOUSING AUTHORITY

X

Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Wo
	2006	FFY Grant: 2007 PHA FY:	FFY Grant: 2008 PHA FY:	FFY Grant: 2009 PHA FY:	
XX Y-01, Anywhere Homes		$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	Annual	$0	$0	$0	
XX Y-06, Anywhere Homes		$0	$0	$0	
XX Y-07, Anywhere Homes	Statement	$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:

EDWARDS COUNTY HOUSING AUTHORITY

X

Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Wo
	2006	FFY Grant: 2007 PHA FY:	FFY Grant: 2008 PHA FY:	FFY Grant: 2009 PHA FY:	
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: ___

rk Statement for Year 5

FFY Grant: **2010**
PHA FY:

$0
$0
$0
$0
$0
$0
$0
$0
$0
$0
$0
$0
$0

Original 5-Year Plan

Revision No: ___

rk Statement for Year 5

FFY Grant: **2010**
PHA FY:

$0
$0
$0
$0
$0
$0
$0
$0
$0
$0
$0
$0
$0
$0
$0
$0
$0
$0
$0
$0

$0

$0

$0

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			XX Y-01, Anywhere Homes		
		Site:			**Site:**	
		None	$0		None	$0
		Total Site:	$0		Total Site:	$0
		Mechanical and Electrical:			**Mechanical and Electrical:**	
		None	$0		None	$0
		Total M&E:	$0		Total M&E:	$0
		Building Exterior:			**Building Exterior:**	
		None	$0		None	$0
		Total B.E.:	$0		Total B.E.:	$0
		Dwelling Units:			**Dwelling Units:**	
		None	$0		None	$0
		Total DUs:	$0		Total DUs:	$0
		Dwelling Equipment:			**Dwelling Equipment:**	
		None	$0		None	$0
		Total D.E.:	$0		Total D.E.:	$0
		Interior Common Areas:			**Interior Common Areas:**	
		None	$0		None	$0
		Total ICAs:	$0		Total ICAs:	$0
		Site-Wide Facilities:			**Site-Wide Facilities:**	
		None	$0		None	$0
		Total SWFs:	$0		Total SWFs:	$0
		Nondwelling Equipment:			**Nondwelling Equipment:**	
		None	$0		None	$0
		Total NDE:	$0		Total NDE:	$0
	Subtotal of Estimated Cost		$0	**Subtotal of Estimated Cost**		$0

Actual Modernization Cost Certificate

U.S. Dep
and Urba
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 revie
or any other aspect of this collection of information, including suggestions for redu
(2577-0044), Office of Information Technology, U.S. Department of Housing and Urb
or sponsor, and a person is not required to respond to, a collection of information u
Do not send this form to the above address.
This collection of information requires that each Housing Authority (HA) submit info
will be used by HUD to determine whether the modernization grant is ready to be au
fiscal close out. Responses to the collection are required by regulation. The inform

HA Name:

Anytown Housing Authority

The HA hereby certifies to the Department of Housing and Urban Developme

1. That the total amount of Modernization Cost (herein called the "Actual Mod

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 infor
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

artment of Housing
an 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 e
wing the collection of information. Send comments regarding this burden est
cing this burden, to the Reports Management Officer, Paperwork Reduction Pr
an Development, Washington, D.C. 20410-3600. This agency may not conduct
unless that collection displays a currently valid OMB control number.

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

	Modernization Project Number: **US001P0019XX**

ent as follows:

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

	$0.00
	$0.00
	$0.00
	$0.00

	$0.00

ıs 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 accura
ıinal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

	Date:
	Date:
	Date:

facsimile **form HUD-53001 (10/96)**
ref. Handbooks 7475.1 & .3

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