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:

Housing Authority of the County of Jo Daviess

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), 2000-43c (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: Housing Authority of the County of Jo Daviess
PHA Number: IL082

PHA Fiscal Year Beginning: (mm/yyyy) 10/2008

PHA Programs Administered:

☒ **Public Housing and Section 8** ☐ **Section 8 Only** ☐ **Public Housing Only**

Number of public housing units: 111 Number of S8 units: Number of public housing units:
Number of S8 units: 41

☐ 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: Randy Keleher, Executive Director Phone: (815) 777-0782
TDD: NA Email (if available): JDCHA@galenalink.com

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection. ☒ Yes ☐ No.
If yes, select all that apply:
☒ Main administrative office of the PHA
☐ PHA development management offices
☐ Main administrative office of the local, county or State government
☐ Public library ☐ PHA website ☐ Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)
☒ Main business office of the PHA ☐ PHA development management offices
☐ Other (list below)

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

2004 Capital Fund Final Performance and Evaluation Report (il082a01)
2005 Capital Fund Final Performance and Evaluation Report (il082b01)
2006 Capital Fund Performance and Evaluation Report (il082c01)
2007 Capital Fund Performance and Evaluation Report (il082d01)
Violence Against Women Act Report (il082e01)
Illinois Carbon Monoxide Alarm Detector Act (il082f01)
Demolition/Disposition Activity (il082g01)

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*; an**Form SF-LLL &SF-LLLa**, *Disclosure of Lobbying Activities*.

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

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

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

A. Site-Based Waiting Lists-Previous Year

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

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

2. What is the number of site based waiting list developments to which families may apply at one time?

3. How many unit offers may an applicant turn down before being removed from the site-based waiting list?

4. ☐ Yes ☐ No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

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

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

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

2. ☐ Yes ☐ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?

If yes, how many lists?

3. ☐ Yes ☐ No: May families be on more than one list simultaneously
If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
☐ PHA main administrative office
☐ All PHA development management offices
☐ Management offices at developments with site-based waiting lists
☐ At the development to which they would like to apply
☐ Other (list below)

2. Capital Improvement Needs

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

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

A. Capital Fund Program

1. ☒ Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.

2. ☐ Yes ☒ No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

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

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

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

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

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)

- The Housing Authority of the County of Jo Daviess will continue to maintain and renovate its public housing units.

- The Housing Authority of the County of Jo Daviess will continue to market its public housing program and Section 8 Program to make families and elderly persons aware of the availability of decent, safe, sanitary and affordable housing in Jo Daviess County.

- The Housing Authority of the County of Jo Daviess will continue to apply its limited resources to the effective and efficient management and operation of public housing and Section 8 programs.

- The Housing Authority of the County of Jo Daviess will continue to provide accessible housing in the public housing program to persons with disabilities.

☒ Other: (list below)

- The Housing Authority of the County of Jo Daviess Admission and Continued Occupancy Policy (ACOP) requirements are established and designed to:

:

  - To provide improved living conditions for very low and low income families while maintaining their rent payments at an affordable level.

  - To operate a socially and financially sound public housing agency that provides decent, safe, and sanitary housing within a drug free, suitable living environment for tenants and their families.

  - To lawfully deny the admission of applicants, or the continued occupancy of residents, whose habits and practices reasonably may be expected to adversely affect the health, safety, comfort or welfare of other residents or the physical environment of the neighborhood, or create a danger to Housing Authority employees.

- To attempt to house a tenant body in each development that is composed of families with a broad range of incomes and rent-paying abilities that are representative of the range of incomes of low-income families in the Housing Authority's jurisdiction.
- To facilitate the judicious and efficient management of the Housing Authority inventory and staff.
- To ensure compliance with Title VI of the Civil Rights Act of 1964 and all other applicable Federal laws and regulations so that the admissions and continued occupancy are conducted without regard to race, color, religion, creed, sex, national origin, handicap or familial status.

• We have similar principles for our Section 8 program:

- To assist the local economy by increasing the occupancy rate and the amount of money flowing into the community.
- To create positive public awareness and expand the level of family, owner, and community support in accomplishing our mission.
- To attain and maintain a high level of standards and professionalism in our day-to-day management of all program components.
- To administer an efficient, high-performing agency through continuous improvement of our support systems and commitment to our employees and their development.
- To provide decent, safe, and sanitary housing for very low income families while maintaining their rent payments at an affordable level.
- To ensure that all units meet Housing Quality Standards and families pay fair and reasonable rents.
- To promote fair housing and the opportunity for very low-income families of all ethnic backgrounds to experience freedom of housing choice.
- To promote a housing program which maintains quality service and integrity while providing an incentive to private property owners to rent to very low-income families.
- To promote a market-driven housing program that will help qualified low-income families be successful in obtaining affordable housing and increase the supply of housing choices for such families.

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

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

A. Affordable Housing

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

B. Supportive Housing for the Homeless

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

C. Supportive Housing for Persons With Special Needs

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

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

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

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

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

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**
NA	*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
NA	*Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.*	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
X	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. ☒ 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. ☒ 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
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. ☐ 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-

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
		Sufficiency
NA	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
NA	Any policies governing any Section 8 special housing types ☐ 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
X	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
NA	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
NA	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
NA	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
NA	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
NA	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
X	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
NA	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
NA	Policies governing any Section 8 Homeownership program (Section _____of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Public Housing Community Service Policy/Programs ☒ Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
X	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
NA	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
NA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). ☒ Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
X	Other supporting documents (optional) (list individually; use as many lines as necessary) Resident on the Governing Board Resident Advisory Board Definition of Substantial Deviation	(specify as needed) Annual Plan Annual Plan Annual Plan
NA	Consortium agreement(s) and for Consortium Joint PHA Plans Only:	Joint Annual PHA Plan for

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
	Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	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: Housing Authority of the County of Jo Daviess	Grant Type and Number Capital Fund Program Grant No: IL06P08250108 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	10,000.00	0	0	0
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	500.00	0	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	2,500.00	0	0	0
10	1460 Dwelling Structures	92,000.00	0	0	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	1,000.00	0	0	0
13	1475 Nondwelling Equipment	2,000.00	0	0	0
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				

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

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

PHA Name: Housing Authority of the County of Jo Daviess	Grant Type and Number Capital Fund Program Grant No: IL06P08250108 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
19	1501 Collectivization or Debt Service				
20	1502 Contingency	17,453.00	0	0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	125,453.00	0	0	0
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

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

PHA Name: Housing Authority of the County of Jo Daviess		**Grant Type and Number** Capital Fund Program Grant No: IL06P082501-08 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	
IL082-000001	Training & Software	1408		10,000.00				
IL082-000001	A&E Fees	1430		500.00				
IL082-000001	Landscaping	1450		500.00				
IL082-000001	Concrete work	1450		2,000.00				
IL082-000001	Cabinets	1460		8,000.00				
IL082-000001	Doors	1460		4,000.00				
IL082-000001	Vanities	1460		2,000.00				
IL082-000001	Roofs	1460		50,000.00				
IL082-000001	Vanities	1460		11,000.00				
IL082-000001	Medicine Cabinets	1460		1,000.00				
IL082-000001	Carpeting	1460		16,000.00				
IL082-000001	Storage Sheds	1470		1,000.00				
IL082-000001	Washers & Dryers	1475		1,000.00				
IL082-000001	Furniture	1475		1,000.00				
IL082-000001	Contingency	1502		17,453.00				
	Grand Total			125,453.00				

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

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

PHA Name: Housing Authority of the County of Jo Daviess		**Grant Type and Number** Capital Fund Program Grant No: IL06P082501-08 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	

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

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

PHA Name: Housing Authority of the County of Jo Daviess	**Grant Type and Number** Capital Fund Program No: IL06P082501-08 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	
IL082-000001	6/12/10			6/12/12			

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name		Housing Authority of the County of Jo Daviess IL082		☒ **Original 5-Year Plan** ☐ **Revision No: 1**	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: IL06P082501-09 PHA FY: 2009	Work Statement for Year 3 FFY Grant: IL06P082501-10 PHA FY: 2010	Work Statement for Year 4 FFY Grant: IL06P082501-11 PHA FY: 2011	Work Statement for Year 5 FFY Grant: IL06P082501-12 PHA FY: 2012
	Annual Statement				
Il082000001		125,453.00	125,453.00	125,453.00	125,453.00
CFP Funds Listed for 5-year planning					
		125,453.00	125,453.00	125,453.00	125,453.00
Replacement Housing Factor Funds					

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year :__2__ FFY Grant: IL06P82501-09 PHA FY: 2009			Activities for Year: __3_ FFY Grant: IL06P082501-10 PHA FY: 2010		
	Development Name/Number	**Major Work Categories**	Estimated Cost	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	IL082000001	Consulting/Training/ software	10,000.00	IL082000001	Consulting/Training / Software	14,953.00
Annual	IL082000001	Fees and Costs	500.00	IL082000001	Fees and Costs	500.00
Statement	IL082000001	Landscaping	500.00	IL082000001	Landscaping	500.00
	IL082000001	Concrete Work	2,000.00	IL082000001	Concrete Work	3,000.00
	IL082000001	Cabinets	8,000.00	IL082000001	Cabinets	8,000.00
	IL082000001	Doors	4,000.00	IL082000001	Doors	4,000.00
	IL082000001	Vanities	2,000.00	IL082000001	Vanities	4,000.00
	IL082000001	Roofs	25,000.00	IL082000001	Roofs	10,000.00
	IL082000001	Elevator update	15,000.00	IL082000001	Elevator	15,000.00
	IL082000001	Medicine Cabinets	1,000.00	IL082000001	Medicine Cabinets	1,500.00
	IL082000001	Windows	35,000.00	IL082000001	Windows	35,000.00
	IL082000001	Storage Sheds	2,000.00	IL082000001	Range Hoods	3,000.00
	IL082000001	Washers & Dryers	2,000.00	IL082000001	Storage Sheds	3.000.00
	IL082000001	Furniture	1,000.00	IL082000001	Washer & Dyers	2,000.00
	IL082000001	Contingency	17,453.00	IL082000001	Furniture	1,000.00
				IL082000001	Contingency	20,000.00
Total CFP Estimated Cost			$ 125,453.00			$ 125,453.00

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: IL06P082501-11 PHA FY: 2011			Activities for Year: _5_ FFY Grant: IL06P082501-12 PHA FY: 2012		
Development Name/Number	**Major Work Categories**	Estimated Cost	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
IL082000001	Consulting/Training/Software	14,000.00	IL082000001	Consulting/Training /Software	14,000.00
IL082000001	Fees and Costs	2,000.00	IL082000001	Landscaping	3,500.00
IL082000001	Landscaping	3,000.00	IL082000001	Concrete Work	8,000.00
IL082000001	Concrete Work	8,000.00	IL082000001	Cabinets	8,000.00
IL082000001	Cabinets	8,000.00	IL082000001	Doors	4,000.00
IL082000001	Doors	4,000.00	IL082000001	Vanities	4,000.00
IL082000001	Vanities	4,000.00	IL082000001	Medicine Cabinets	2,000.00
IL082000001	Roofs	10,000.00	IL082000001	Range Hoods	3,000.00
IL082000001	Elevator Update	15,000.00	IL082000001	Storage Sheds	3,000.00
IL082000001	Medicine Cabinets	1,500.00	IL082000001	Washers & Dryers	1,000.00
IL082000001	Windows	15,000.00	IL082000001	Maintenance Truck	42,000.00
IL082000001	Range Hoods	3,000.00	IL082000001	Furniture	2,953.00
IL082000001	Storage Sheds	3,000.00	IL082000001	Contingency	30,000.00
IL082000001	Washers & Dryers	2,000.00	IL082000001		
IL082000001	Furniture	2,953.00	IL082000001		
IL082000001	Contingency	30,000.00	IL082000001		
IL082000001					
Total CFP Estimated Cost		125,453.00			$ 125,453.00

Attachment A

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

PHA Name: Housing Authority of the County of Jo Daviess	Grant Type and Number Capital Fund Program Grant No: IL06P08250104 Replacement Housing Factor Grant No:	Federal FY of Grant: 2004

Original Annual Statement ☐ **Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)**
X Performance and Evaluation Report for Period Ending: 03/31/07 X 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	9,187.40	9,187.40	9,187.40	9,187.40
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	8,650.00	8,650.00	8,650.00	8,650.00
8	1440 Site Acquisition				
9	1450 Site Improvement	34,098.43	34,098.43	34,098.43	34,098.43
10	1460 Dwelling Structures	77,363.89	77,363.89	77,363.89	77,363.89
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	9,165.28	9,156.28	9,156.28	9,156.28
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency	0	0	0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	138,456.00	138,456.00	138,456.00	134,856.00
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				

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

PHA Name: Housing Authority of the County of Jo Daviess		**Grant Type and Number** Capital Fund Program Grant No: IL06P08250104 Replacement Housing Factor Grant No:				**Federal FY of Grant: 2004**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	**<u>Management Improvements</u>** Management Improvements **Subtotal Acct 1408**	1408 1430	L. S.	9,187.40 **9,187.40**	9,187.40 9,187.40	9,187.40 9,187.40	9,187.40 9,187.40	Done
HA Wide	**<u>Fees and Costs</u>**							
	A&E Fees and reimbursable costs; LBP assessment			8,650.00	8,650.00	8,650.00	8,650.00	Done
	Subtotal Acct 1430			**8,650.00**	**8,650.00**	**8,650.00**	**8,650.00**	
	<u>Site Improvements (1450)</u>	1450	L. S.					

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

PHA Name: Housing Authority of the County of Jo Daviess		**Grant Type and Number** Capital Fund Program Grant No: IL06P08250104 Replacement Housing Factor Grant No:				**Federal FY of Grant: 2004**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IL082-1 Franklin McCoy	Seal Drive			690.74	690.74	690.74	690.74	Done
IL082-2 Elizabeth	Seal Drive			2,435.48	2,435.48	2,435.48	2,435.48	Done
IL082-3 Hanover	Seal Drive			2,661.37	2,661.37	2,661.37	2,661.37	Done
IL082-4 Warren	Seal Drive			1,311.94	1,311.94	1,000.00	1,311.94	Done
IL082-01 Franklin McCoy	Retaining Wall			25,198.90	25,198.90	25,198.90	25,198.90	Done
HA-Wide	Landscaping			1,800.00	1,800.00	1,800.00	1,800.00	Done
	Subtotal Acct 1450			**34,098.43**	**34,098.43**	**34,098.43**	**34,098.43**	

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

PHA Name: Housing Authority of the County of Jo Daviess		**Grant Type and Number** Capital Fund Program Grant No: IL06P08250104 Replacement Housing Factor Grant No:				**Federal FY of Grant: 2004**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Dwelling Structures (1460)	1460						
IL082-1 Gear View	Replace siding			23,250.00	23,250.00	23,250.00	23,250.00	Done
IL082-1 Bader House	Physical Improvements			41,919.39	41,919.39	41,919.39	41,919.39	Done
IL082-1 Gear View	Tub surrounds			6,444.50	6,444.50	6,444.50	6,444.50	Done
IL082-3 Hanover Estates	Stain Dwelling Stuctures			5,750.00	5,750.00	5,750.00	5,750.00	Done
	Subtotal Acct 1460			**77,363.89**	77,363.89	77,363.89	77,363.89	
	Non Dwelling Structures (1470)	1470						
IL082-1 B H Garage	Physical Improvements			9,156.28	9,156.28	9,156.28	9,156.28	Done

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

PHA Name: Housing Authority of the County of Jo Daviess		**Grant Type and Number** Capital Fund Program Grant No: IL06P08250104 Replacement Housing Factor Grant No:				**Federal FY of Grant: 2004**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Subtotal Acct 1470			**9,156.28**	9,156.28	9,156.28	9,156.28	Done
HA-Wide	**Contingency (1502)**	1502						
	Reserve to cover cost shortfalls			0	0	0	0	
	Subtotal Acct 1502			**0**	0	0	0	
	Grand Total			**138,456.00**	138,456.00	138,456.00	134856.00	

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

PHA Name: Housing Authority of the County of Jo Daviess	**Grant Type and Number** Capital Fund Program No: IL06P08250104 Replacement Housing Factor No:	**Federal FY of Grant: 2004**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA Wide	06/30/06	06/30/06	06/30/06	06/30/08	06/30/08	03/31/08	
IL082-1 Franklin McCoy	06/30/06	06/30/06	06/30/06	06/30/08	06/30/08	03/31/08	
IL082-1 Gear View	06/30/06	06/30/06	06/30/06	06/30/08	06/30/06	03/31/08	
IL082-1 Bader House	06/30/06	06/30/06	06/30/06	06/30/08	06/30/06	03/31/08	
IL082-2 Elizabeth	06/30/06	06/30/06	06/30/06	06/30/08	06/30/06	03/31/08	
IL082-3 Hanover	06/30/06	06/30/06	06/30/06	06/30/08	06/30/06	03/31/08	
IL082-4 Warren	06/30/06	06/30/06	06/30/06	06/30/08	06/30/06	03/31/08	

Attachment B

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

PHA Name: Housing Authority of the County of Jo Daviess	Grant Type and Number Capital Fund Program Grant No: IL06P08250105 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005

Original Annual Statement ☐ **Reserve for Disasters/ Emergencies** **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 3/31/2008** ☒ **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	6,050.85	6,050.85	6,050.85	6,050.85
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,559.24	15,559.24	15,559.24	15,559.24
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	51,115.27	57,115.27	57,115.27	57,115.27
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	50,839.64	50,839.64	50,839.64	50,839.64
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				

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

PHA Name: Housing Authority of the County of Jo Daviess	Grant Type and Number Capital Fund Program Grant No: IL06P08250105 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005

Original Annual Statement ☐ **Reserve for Disasters/ Emergencies** **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending: 3/31/2008** ☒ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency	0	0	0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	129,565.00	129,565.00	129,565.00	129,565.00
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				

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

PHA Name: Housing Authority of the County of Jo Daviess		**Grant Type and Number** Capital Fund Program Grant No: IL06P082501-05 Replacement Housing Factor Grant No:				**Federal FY of Grant: 2005**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA - Wide HA - Wide	Computer maintenance, training Professional Fees	1408 1430		6,050.85 15,559.24	6,050.85 15,559.24	6,050.85 15,559.24	6,050.85 15,559.24	Preparing AMCC Preparing AMCC
IL082-2 Flint Hills Manor	Exterior Work	1460		57,115.27	57,115.27	57,115.27	57,115.27	Preparing AMCC
IL082-1	Bader Garage	1470		50,839.64	50,839.64	50,839.64	50,839.64	Preparing AMCC
HA - Wide	Contingency	1502		0	0	0	0	
	Grand Total			**129,565.00**	**129,565.00**	**129,565.00**	**129565.00**	

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

PHA Name: Housing Authority of the County of Jo Daviess		**Grant Type and Number** Capital Fund Program Grant No: IL06P082501-05 Replacement Housing Factor Grant No:				**Federal FY of Grant: 2005**		
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	

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

PHA Name: Housing Authority of the County of Jo Daviess				**Grant Type and Number** Capital Fund Program No: IL06P082501-05 Replacement Housing Factor No:			**Federal FY of Grant:** 2005
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA – Wide	6/30/07	6/30/07	6/30/07	6/30/09	6/30/09	3/31/08	

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

PHA Name: Housing Authority of the County of Jo Daviess	**Grant Type and Number** Capital Fund Program No: IL06P082501-05 Replacement Housing Factor No:	**Federal FY of Grant:** 2005

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	
IL082-2	6/30/07	6/30/07	6/30/07	6/30/09	6/30/09	3/31/08	
IL082-1	6/30/07	6/30/07	6/30/07	6/30/09	6/30/09	3/31/08	

Attachment C

Annual Statement/Performance and Evaluation Report **Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**			
PHA Name: Housing Authority of the County of Jo Daviess	**Grant Type and Number** Capital Fund Program Grant No: IL06P08250106 Replacement Housing Factor Grant No:		**Federal FY of Grant:** **2006**
Original Annual Statement ☐ **Reserve for Disasters/ Emergencies** _x_ **Revised Annual Statement (revision no:** 2) x **Performance and Evaluation Report for Period Ending: 03/31/2008** ☐ **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	7,000.00	7,584.02	7,584.02	7,584.02
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	3,000.00	2,073.06	2,073.06	2,073.06
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	99,894.96	100,237.88	100,237.88	99,710.94
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	15,092.04	15092.04	15,092.04	15,092.04
13	1475 Nondwelling Equipment				
14	1485 Demolition				

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

PHA Name: Housing Authority of the County of Jo Daviess	Grant Type and Number Capital Fund Program Grant No: IL06P08250106 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006

Original Annual Statement ☐ **Reserve for Disasters/ Emergencies** _x_ **Revised Annual Statement (revision no:** 2)
x **Performance and Evaluation Report for Period Ending: 03/31/2008** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	**Revised**	**Obligated**	**Expended**
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	0	0	0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	124,987.00	124,987.00	124,987.00	124,460.06
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	95,780.57	95,780.57	95,780.57	95,780.57

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

PHA Name: Housing Authority of the County of Jo Daviess		**Grant Type and Number** Capital Fund Program Grant No: IL06P082501-06 Replacement Housing Factor Grant No:				**Federal FY of Grant: 2006**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA - Wide	Training & Software	1408		7,000.00	7,584.02	7,584.02	7,584.02	Done
HA - Wide	A&E Fees	1430		3,000.00	2,073.06	2,073.06	2,073.06	Done
HA - Wide	Interior Lighting	1460		1,864.39	1,864.39	1,864.39	1,864.39	Done
HA - Wide	Carbon Monoxide Detectors	1460		2,250.00	2,250.00	2,250.00	2,250.00	Done
IL082-2	Exterior Maintenance	1460		95,780.57	96,123.49	96,123.49	95,596.55	Active
IL082-1	Carpeting	1470		14,927.82	14,927.82	14,927.82	14,927.82	Done
HA - Wide	Patio improvement	1470		164.22	164.22	164.22	164.22	Done
	Grand Total			124,987.00	124,987.00	124,987.00	124,460.06	

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

PHA Name: Housing Authority of the County of Jo Daviess		**Grant Type and Number** Capital Fund Program Grant No: IL06P082501-06 Replacement Housing Factor Grant No:				**Federal FY of Grant: 2006**		
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	

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

PHA Name: Housing Authority of the County of Jo Daviess	**Grant Type and Number** Capital Fund Program No: IL06P082501-06 Replacement Housing Factor No:	**Federal FY of Grant:** 2006

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates

	Original	Revised	Actual	Original	Revised	Actual	
HA – Wide	7/18/08	7/18/08	3/31/08	7/18/10	7/18/10		
IL082-2	7/18/08	7/18/08	3/31/08	7/18/10	3/31/08		
IL082-1	7/18/08	7/18/08	3/31/08	7/18/10	3/31/08		

Attachment D

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

PHA Name: Housing Authority of the County of Jo Daviess	Grant Type and Number Capital Fund Program Grant No: IL06P08250107 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007

Original Annual Statement ☐Reserve for Disasters/ Emergencies _ X_Revised Annual Statement (revision no:1)
X Performance and Evaluation Report for Period Ending: 3/31/2008 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	10,000.00	10,000.00	6040.85	3,273.00
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	1,000.00	0	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	900.00	6,400.00	0	0
10	1460 Dwelling Structures	61,500.00	69,011.70	32,518.28	24,279.16
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	3,000.00	10,000.00	10,000.00	0
13	1475 Nondwelling Equipment	32,000.00	28,160.00	28,160.00	28,160.00
14	1485 Demolition				
15	1490 Replacement Reserve				

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

PHA Name: Housing Authority of the County of Jo Daviess	Grant Type and Number Capital Fund Program Grant No: IL06P08250107 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007

Original Annual Statement ☐Reserve for Disasters/ Emergencies _ X_Revised Annual Statement (revision no:1)
X Performance and Evaluation Report for Period Ending: 3/31/2008 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency	19,580.00	4,408.30	1,669.86	1669.86
21	Amount of Annual Grant: (sum of lines 2 – 20)	127,980.00	127,980.00	78,388.99	57,382.02
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Housing Authority of the County of Jo Daviess		**Grant Type and Number** Capital Fund Program Grant No: IL06P082501-07 Replacement Housing Factor Grant No:				**Federal FY of Grant: 2007**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IL082-000001	Training & Software	1408		10,000.00	10,000.00	6040.85	3,273.00	
IL082-000001	A&E Fees	1430		1,000.00	0	0	0	
IL082-000001	Landscaping	1450		900.00	900.00	0	0	
IL082-000001	Concrete work	1450		0	5,500.00	0	0	
IL082-000001	AC Sleeves	1460		7,000.00	4,511.70	4,511.70	4,511.70	
IL082-000001	Vanities	1460		1,000.00	0	0	0	
IL082-000001	Medicine Cabinets	1460		1,000.00	0	0	0	
IL082-000001	Kitchen Cabinets	1460		7,000.00	23,000.00	22,601.13	14,047.76	
IL082-000001	Hallways & Ceiling Tiles	1460		2,500.00	1,500.00	0	0	
IL082-000001	Doors	1460		8,000.00	6,000.00	4,405.45	2,305.09	
IL082-000001	Rehab/Demo/Sale units	1460		35,000.00	4,000.00	1,000.00	500.00	
IL082-000001	Roofs	1460		0	30,000.00			
IL082-000001	Office Conversion	1470		3,000.00	10,000.00	10,000.00	0	
IL082-000001	Maintenance Vehicle	1475		32,000.00	28,160.00	28,160.00	28,160.00	
IL082-000001	Contingency	1502		19,580.00	4,408.30	1,669.86	1,669.86	
	Grand Total			127,980.00	127,980.00	78,388.99	54,467.41	

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

PHA Name: Housing Authority of the County of Jo Daviess		**Grant Type and Number** Capital Fund Program Grant No: IL06P082501-07 Replacement Housing Factor Grant No:				**Federal FY of Grant: 2007**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

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

PHA Name: Housing Authority of the County of Jo Daviess			**Grant Type and Number** Capital Fund Program No: IL06P082501-07 Replacement Housing Factor No:			**Federal FY of Grant:** 2007
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

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

PHA Name: Housing Authority of the County of Jo Daviess	**Grant Type and Number** Capital Fund Program No: IL06P082501-07 Replacement Housing Factor No:	**Federal FY of Grant:** 2007

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	
IL082-000001	9/12/09			9/12/11			

Attachment il082e01
Jo Daviesss County Housing Authority
Annual Plan
Fiscal Year 10/01/2008 – 09/30/2009

Violence Against Women Act Report

The Jo Daviess County Housing Authority provides or offers the following activities, services, or programs, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking.

The Jo Daviess County Housing Authority does not offer any activities, services or programs either directly or in partnership with other service agencies. Although, the Jo Daviess County Housing Authority will assist any family who reports having domestic violence, dating violence, sexual assault, or stalking by providing the appropriate referrals on a case-by case basis.

The Jo Daviess County Housing Authority provides or offers the following activities, services, or programs that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing.

The Jo Daviess County Housing Authority does not offer any activities, services or programs either directly or in partnership with other service agencies. Although, the Jo Daviess County Housing Authority will assist any family who reports having domestic violence, dating violence, sexual assault, or stalking by providing the appropriate referrals on a case-by case basis.

The Jo Daviess County Housing Authority provides or offers the following activities, services, or programs to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

The Jo Daviess County Housing Authority does not offer any activities, services or programs either directly or in partnership with other service agencies. Although, the Jo Daviess County Housing Authority will assist any family who reports having domestic violence, dating violence, sexual assault, or stalking by providing the appropriate referrals on a case-by case basis.

Attachment il082f01
Jo Daviess County Housing Authority
Annual Plan
Fiscal Year 10/01/2008 – 09/30/2009

Illinois Carbon Monoxide Alarm Detector Act

The Illinois General Assembly has passed and the Governor has signed the Carbon Monoxide Alarm Detector Act (Public Act 094-0741). This new law, effective January 1, 2007, requires homeowners and landlords to install carbon monoxide detectors in all buildings containing bedrooms and sleeping facilities.

As a result of this new law, the Jo Daviess County Housing Authority has included the following language in their Admissions and Continued Occupancy Policy and the Section 8 Administrative Plan as follows:

Admissions and Continued Occupancy Policy

17.3 Preventative maintenance inspections

This is generally conducted along with the annual inspection. This inspection is intended to keep items in good repair. It checks weatherization; checks the condition of the smoke detectors, carbon monoxide alarms, water heaters, furnaces, automatic thermostats and water temperatures; checks for leaks; and provides an opportunity to change furnace filters and provide other minor servicing that extends the life of the unit and its equipment.

Section 8 Administrative Plan

12.5 Exceptions to the HQS Acceptability Criteria

The Jo Daviess County Housing Authority will utilize the acceptability criteria as outlined above with applicable State and local codes. Additionally, the Jo Daviess County Housing Authority has received HUD approval to require the following additional criteria:

The JDCHA will utilize the acceptability criteria as outlined above with applicable State and local codes. Additionally, the JDCHA has received HUD approval to require the following additional criteria:

A. In each room, there will be at least one exterior window that can be opened and that contains a screen.

B. Adequate heat shall be considered to be 68 degrees.

C. In units where the resident must pay for utilities, each unit must have separate metering device(s) for measuring utility consumption.

D. A ¾” overflow pipe must be present on the hot water heater safety valves and installed down to within 6 inches of the floor.

E. Every dwelling unit shall be equipped with at least one approved carbon monoxide alarm in an operating condition within 15 feet of every room used for sleeping purposes. The carbon monoxide alarm may be combined with smoke detecting devices provided that the combined unit complies with the respective provisions of the administrative code, reference standards, and departmental rules relating to both smoke detecting devices and carbon monoxide alarms and provided that the combined unit emits an alarm in a manner that clearly differentiates the hazard.

Every structure that contains more than one dwelling unit shall contain at least one approved carbon monoxide alarm in operating condition within 15 feet of every room used for sleeping purposes.

It is the responsibility of the owner of a structure to supply and install all required alarms. It is the responsibility of a tenant to test and to provide general maintenance for the alarms within the tenant's dwelling unit or rooming unit, and to notify the owner or the authorized agent of the owner in writing of any deficiencies that the tenant cannot correct. The owner is responsible for providing one tenant per dwelling unit with written information regarding alarm testing and maintenance.

The tenant is responsible for replacement of any required batteries in the carbon monoxide alarms in the tenant's dwelling unit, except that the owner shall ensure that the batteries are in operating condition at the time the tenant takes possession of the dwelling unit. The tenant shall provide the owner or the authorized agent of the owner with access to the dwelling unit to correct any deficiencies in the carbon monoxide alarm that have been reported in writing to the owner or the authorized agent of the owner.

The carbon monoxide alarms may be either battery powered, plug-in with battery back-up, or wired into the structure's AC power line with secondary battery back-up.

Attachment il082g01
Jo Daviess County Housing Authority
Annual Plan
Fiscal Year 10/01/2008 – 09/30/2009

Demolition and Disposition

[24 CFR Part 903.12(b), 903.7 (h)]
Applicability of component 6: Section 8 only PHAs are not required to complete this section.

a. ☐ Yes ☒ No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 or 24 (Hope VI)of the U.S. Housing Act of 1937 (42 U.S.C. 1437p) or Section 202/Section 33 (Mandatory Conversion) in the plan Fiscal Year? (If "No", skip to component 7; if "yes", complete one activity description for each development on the following chart.)

Demolition/Disposition Activity Description
1a. Development name: Hanover Estates 1b. Development (project) number: IL082-3
2. Activity type: Demolition ☐ Disposition ☒
3. Application status (select one) Approved ☐ Submitted, pending approval ☐ Planned application ☒
4. Date application planned for submission: (30/09/09)
5. Number of units affected: 10 6. Coverage of action (select one) ☒ Part of the development ☐ Total development
7. Timeline for activity: a. Actual or projected start date of activity: Unknown at this time b. Projected end date of activity: Unknown at this time