

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> <b>Fulton County Housing Authority</b> <span style="float: right;"><b>IL084</b></span> PHA Name: _____ PHA Code: _____ PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: 07/01/2009				
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 284                      Number of HCV units: 260				
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
					PH              HCV
	PHA 1:				
	PHA 2:				
	PHA 3:				
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.				
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:				
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.				
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <b>Financial Resources - Capital Fund</b> (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. <b>The PHA Plan is available for public review and inspection at the main administrative office, located at 250 South Main St., Canton, Illinois, of the PHA and at each amp site office.</b>				
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> Include statements related to these programs as applicable. <b>N/A</b>				
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.				
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. <b>Attachment il084a01, Annual Statement Recovery Act</b>				
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. <b>Attachment il084b01</b>				
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. <b>N/A</b>				
<b>9.0</b>	<b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. <b>We are a High Performing PHA.</b>				

9.1	<b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan. <b>Attachment il084e01</b></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” <b>The Fulton County Housing Authority has adopted the following definition of “substantial deviation and significant amendment or modification”:</b></p> <p><b>“Substantial Deviations” and “Significant Amendment or Modifications” are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.</b></p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

### ATTACHMENTS

The following are separate file attachments:

- il084a01: Form HUD-50075.1, CF Program Annual Statement/P & E Report
- il084b01: Form HUD-50075.2, CF Revised Five-Year Action Plan
- il084c01: Membership of Resident Advisory Board
- il084d01: Resident Member of PHA Governing Board
- il084e01: Statement of Progress
- il084f01: Voluntary Conversion Initial Assessments
- il084g01: Carbon Monoxide Alarm Detector Act/VAWA
- il084h01: Challenged Elements
- il084i01: LOCCS Summary '09 Annual Statement
- il084j01: P & E CF'07 for '09
- il084k01: P & E Cost Center CF'08
- il084l01: P & E Longview CF'08
- il084m01: P & E Maple Manor CF '07
- il084n01: P & E Oaklawn CF'07
- il084o01: Final P & E CF'06
- il084p01: P & E Cost Center CF'07
- il084q01: P & E Longview CF'07
- il084r01: P & E LOCCS '08 Annual Statement
- il084s01: P & E Maple Manor CF'08
- il084t01: P & E Oaklawn CF'08



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, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide 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 is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 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 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. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

## Instructions form HUD-50075

**Applicability.** This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

### 1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

### 2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

### 3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

### 4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

### 5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

**5.1 Mission.** A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

**5.2 Goals and Objectives.** Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

**6.0 PHA Plan Update.** In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

#### PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

**7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers**

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: [http://www.hud.gov/offices/pih/centers/sac/demo\\_dispo/index.cfm](http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm)  
**Note:** This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

**8.0 Capital Improvements.** This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

**8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report.** PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

**8.2 Capital Fund Program Five-Year Action Plan**

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

**8.3 Capital Fund Financing Program (CFFP).** Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

**9.0 Housing Needs.** Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

**9.1 Strategy for Addressing Housing Needs.** Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

**10.0 Additional Information.** Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

**11.0 Required Submission for HUD Field Office Review.** In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Fulton County Housing Authority 414 North First Ave., Canton, IL 61520			Grant Type and Number Capital Fund Program Grant No: IL084000001P 03/31/2009 Replacement Housing Factor Grant No:		Federal FY of Grant: 2008
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2008 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	9,236.00		-0-	-0-
8	1440 Site Acquisition				
9	1450 Site Improvement	63,220.00		-0-	-0-
10	1460 Dwelling Structures	52,230.00		-0-	-0-
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	124,686.00		-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				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Fulton County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL084000001P 03/31/2009 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	
IL84-1 Oaklawn Apts.	<b>Replace Gutters on 20 Buildings</b>	1460	20 Bldgs.	<b>38,850.00</b>		-0-	-0-	Planning stage
	<b>Replace pipe railings with fencing for traffic control</b>	1450	680 LF	<b>28,220.00</b>		-0-	-0-	Planning stage
	<b>Landscaping</b>	1450	1 Lot	<b>35,000.00</b>		-0-	-0-	Planning stage
	<b>Unplug weep holes on exterior of buildings</b>	1460	300	<b>3,000.00</b>		-0-	-0-	Planning stage
	<b>Provide light fixture with globe in pantry in 4 BR apts.</b>	1460	6	<b>3,000.00</b>		-0-	-0-	Planning stage
	<b>Repair and seal brick in wing walls</b>	1460	7,380 SF	<b>7,380.00</b>		-0-	-0-	Planning stage
	Prepare Constr. Document & Monitor Work	1430	N/A	9,236.00		-0-	-0-	Planning stage
	Page Total			124,686.00		-0-	-0-	Planning stage

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name:		Grant Type and Number				Federal FY of Grant:		
Fulton County Housing Authority		Capital Fund Program Grant No: IL084000001P 03/31/2009 Replacement Housing Factor Grant No:				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	

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name:		Grant Type and Number				Federal FY of Grant:	
Fulton County Housing Authority		Capital Fund Program No: IL084000001P 03/31/2009 Replacement Housing Factor No:				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	
IL84-1 Oaklawn	06/12/2010			06/12/2012			No change



i1084t01

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Fulton County Housing Authority 414 North First Ave., Canton, IL 61520			Grant Type and Number Capital Fund Program Grant No: IL084000004P 03/31/2009 Replacement Housing Factor Grant No:		Federal FY of Grant: 2008
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2008 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	12,356.00		-0-	-0-
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	99,913.00		-0-	-0-
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	112,269.00		-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				



<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name:		Grant Type and Number				Federal FY of Grant:		
Fulton County Housing Authority		Capital Fund Program Grant No: IL084000004P 03/31/09 Replacement Housing Factor Grant No:				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	
	Page Total			112,269.00		-0-	-0-	Planning state

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name:		Grant Type and Number				Federal FY of Grant:	
Fulton County Housing Authority		Capital Fund Program No: IL084000004P 03/31/2009 Replacement Housing Factor No:				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	
IL84-4 Maple Manor	06/12/2010			06/12/2012			No change



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<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Fulton County Housing Authority 414 North First Ave., Canton, IL 61520			<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P08450108 03/31/2009 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2008
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2008 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	44,985.00		-0-	-0-
3	1408 Management Improvements				
4	1410 Administration	44,985.00		44,985.00	22,935.41
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	30,698.00		-0-	-0-
8	1440 Site Acquisition				
9	1450 Site Improvement	63,220.00		-0-	-0-
10	1460 Dwelling Structures	265,966.00		-0-	-0-
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	449,854.00		44,985.00	22,935.41
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				

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
<b>PHA Name:</b> Fulton County Housing Authority 414 North First Ave., Canton, IL 61520			<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P08450108 03/31/2009 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2008
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2008 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
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 I: Summary					
PHA Name: Fulton County Housing Authority 414 North First Ave., Canton, IL 61520			Grant Type and Number Capital Fund Program Grant No: IL084000002P 03/31/2009 Replacement Housing Factor Grant No:		Federal FY of Grant: 2007
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2008 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	5,760		5,760	-0-
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	66,200		66,200	66,200
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	71,960		71,960	66,200
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				





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Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Fulton County Housing Authority 414 North First Ave., Canton, IL 61520			Grant Type and Number Capital Fund Program Grant No: IL084000005P 03/31/2009 Replacement Housing Factor Grant No:		Federal FY of Grant: 2007
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2008 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	-0-		-0-	
3	1408 Management Improvements	2,000		2,000	-0-
4	1410 Administration	42,622		42,622	42,622
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	44,622		44,622	42,622
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				





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Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Fulton County Housing Authority 414 North First Ave., Canton, IL 61520			Grant Type and Number Capital Fund Program Grant No: IL06P08450106 02/25/2009 Replacement Housing Factor Grant No:		Federal FY of Grant: 2006
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	-0-		-0-	-0-
3	1408 Management Improvements	23,600.00		23,600.00	23,600.00
4	1410 Administration	43,866.00		43,866.00	43,866.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	48,145.00		48,145.00	48,145.00
8	1440 Site Acquisition				
9	1450 Site Improvement	37,000.00		37,000.00	37,000.00
10	1460 Dwelling Structures	232,345.00		232,345.00	232,345.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	53,700.00		53,700.00	53,700.00
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	438,656.00		438,656.00	438,656.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	7,500.00		7,500.00	7,500.00
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs	37,000.00		37,000.00	37,000.00
26	Amount of line 21 Related to Energy Conservation Measures				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Fulton County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P08450106 02/25/09 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 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	
IL84-1 Oaklawn Apts.	Upgrade security cameras	1450	1 site	37,000.00		37,000.00	37,000.00	Completed
	Provide barrier to keep playground sand in place	1450	7 sites	-0-		-0-	-0-	Delayed due to lack of funds.
	Provide secure access to attic by rebuilding access panels	1460	20	4,300.00		4,300.00	4,300.00	Completed
	Replace apt. lgt. Fixtures	1460	80 apts.	26,300.00		26,300.00	26,300.00	Completed
	Connect concrete porches to eliminate mud holes	1450	2,000 SF	-0-		-0-	-0-	Delayed due to lack of funds
	Replace windows in apartments	1460	80 apts.	65,063.00		65,063.00	65,063.00	Completed
IL84-2 Longview Apts.	Replace circuit breaker panels	1460	120	106,400.00		106,400.00	106,400.00	Completed
	Replace all light switches	1460	840	-0-		-0-	-0-	Delayed due to lack of funds
	Clean flue pipe	1470	1	1,000.00		1,000.00	1,000.00	Completed
	Waterproof end walls	1470	2	20,200.00		20,200.00	20,200.00	Completed
IL84-4 Maple Manor Apts.	Install fence around generator	1450	1	-0-		-0-	-0-	Delayed due to lack of funds

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Fulton County Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P08450106 02/25/09 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 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	
	Replace all light switches	1460	686	-0-		-0-	-0-	Delayed due to lack of funds
	Make laundry room bath ADA compliant	1470	1	7,500.00		7,500.00	7,500.00	Completed
	Replace Danfoss heater controls in building	1460	98	30,282.00		30,282.00	30,282.00	Completed
	Waterproof Building	1470	1	25,000.00		25,000.00	25,000.00	Completed
PHA Wide	Administration Costs	1410	N/A	43,866.00		43,866.00	43,866.00	Completed
	Mgmt. Impr. – Copier, Acct., Computer, Etc.	1408	N/A	23,600.00		23,600.00	23,600.00	Completed
	Operations	1406	N/A	-0-		-0-	-0-	Transferred to work items.
PHA Wide Prof. A/E Fees	Prepare Constr. Documents, Monitor Work, & Update Needs Assessments	1430	N/A	48,145.00		48,145.00	48,145.00	Completed
	<b>Page Totals</b>			<b>438,656.00</b>		<b>438,656.00</b>	<b>438,656.00</b>	<b>Completed</b>





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Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Fulton County Housing Authority 414 North First Ave., Canton, IL 61520			Grant Type and Number Capital Fund Program Grant No: IL084000001P 03/31/2009 Replacement Housing Factor Grant No:		Federal FY of Grant: 2007
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2008 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	17,251		17,251	16,045.41
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	242,922		242,922	66,309.48
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	400		400	-0-
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	260,573		260,573	82,354.89
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				







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Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Fulton County Housing Authority 414 North First Ave., Canton, IL 61520			Grant Type and Number Capital Fund Program Grant No: IL084000002P 03/31/2009 Replacement Housing Factor Grant No:		Federal FY of Grant: 2008
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2008 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	9,106.00		-0-	-0-
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	113,823.00		-0-	-0-
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	122,929.00		-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				





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Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Fulton County Housing Authority 414 North First Ave., Canton, IL 61520			Grant Type and Number Capital Fund Program Grant No: IL084000005P 03/31/2009 Replacement Housing Factor Grant No:		Federal FY of Grant: 2008
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2008 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	44,985.00		44,985.00	-0-
3	1408 Management Improvements				
4	1410 Administration	44,985.00		44,985.00	22,935.41
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	89,970.00		89,970.00	22,935.41
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				





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Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
<b>PHA Name:</b> Fulton County Housing Authority 414 North First Ave., Canton, IL 61520			<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P08450107 03/31/2009 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2007
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no : ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2008 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	-0-			
3	1408 Management Improvements	2,000		2,000	1,541.66
4	1410 Administration	42,622		42,622	42,622.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	25,571		25,571	16,045.41
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	332,122		332,122	208,058.58
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	23,900		23,900	14,011.20
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	426,215		426,215	282,278.85
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				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Fulton County Housing Authority 414 North First Ave., Canton, IL 61520			<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P08450107 03/31/2009 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2007
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no :) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2008 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
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 I: Summary					
<b>PHA Name:</b> Fulton County Housing Authority 414 North First Ave., Canton, IL 61520			<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P08450109 03/26/2009 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2009
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	44,985.00			
3	1408 Management Improvements	13,836.00			
4	1410 Administration	44,985.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	35,698.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	275,200.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	35,150.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	449,854.00			
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				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Fulton County Housing Authority 414 North First Ave., Canton, IL 61520			<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P08450109    03/26/2009 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2009
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
26	Amount of line 21 Related to Energy Conservation Measures				

**Attachment**  
**CHALLENGED ELEMENTS**

The PHA Plan of the Fulton County Housing Authority was available for review for forty-five days beginning February 13, 2009. The public hearing was held on April 1, 2009, and several residents were present. **Nothing was challenged.**

**PHAName: Fulton County Housing Authority**  
**HA Code: IL084**

**Attachment “g”**

**Carbon Monoxide Alarm Detector Act**

In compliance with the Carbon Monoxide Alarm Detector Act, we completed the installation of 9-volt carbon monoxide detectors in each of our Public Housing units in December 2006.

**Fulton County Housing Authority’s Policy  
On  
Violence Against Women Act (VAWA)**

The Fulton County Housing Authority (PHA) complies with the provisions of VAWA. The Fulton County Housing Authority works with other service providers such as the Fulton - Mason Crisis Service, D.C.F.S. and Lutheran Social Services to serve the needs of child and adult victims of domestic violence, dating violence, or stalking.

The Fulton County Housing Authority shall enforce the following policy: “That an applicant, participant or resident that is or has been a victim of domestic violence, dating violence, or stalking is not an appropriate basis for denial of program assistance or for denial of admission, if the individual otherwise qualifies for admission or assistance.”

The PHA shall request an individual to certify that he/she is a victim of abuse and that the incidences of abuse are bona fide. The written certification must include the name of the perpetrator, and any other statutorily required information. The victim must provide the certification within fourteen business days after the individual receives a request for such certification from the PHA.

Without the written certification, the PHA may terminate assistance. All information provided to the PHA is kept confidential.

The victim may self-certify the abuse; and also the certification requirement may be satisfied with documentation signed by an agent of a victim service provider, an attorney, or a medical professional from whom the victim has sought assistance in addressing the abuse. The certification requirement may also be satisfied by producing a police record or court record.

Notice of these rights under the **Violence Against Women Act (VAWA)** is provided to residents.

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## CONVERSION OF PUBLIC HOUSING

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The FULTON COUNTY HOUSING AUTHORITY is not required by the terms of the 1996 HUD Appropriations Act to convert any of our buildings or developments to tenant-based assistance. Also, at this time, we do not intend to convert any of our buildings or developments to tenant-based assistance.

**Update:** On June 22, 2001, HUD published in the Federal Register a final rule on “Voluntary Conversion of Developments from Public Housing Stock; Required Initial Assessments”. **See Required Attachment, page 24-1.**

**PHA Name: Fulton County Housing Authority**  
**HA Code: IL084**

**Attachment “e”**

**Statement of Progress in Meeting Mission, Goals, and Objectives**

The Fulton County Housing Authority has been able to maintain its mission to promote adequate and affordable housing, economic opportunity, and a suitable living environment free from discrimination through the utilization of previous Capital funds and the proper application of our public housing policies.

The tutoring program continued to be a success in the community room at Oaklawn Apartments. The program began with one teacher and one student. It now has several students.

Our SEMAP score last year was 69%, Standard Performer. We have recently reorganized the management of the Section 8 Voucher Program. We started out by cross-training employees. We are concentrating on file reviews, making sure rents are calculated accurately and properly documented. We also revised some of our procedures and are operating the program more efficiently. Our mission is to increase our lease-up count and improve our SEMAP score in 2009.

In August 2008, one of our Oaklawn residents was arrested for being in possession of and in production of explosive material in his apartment located at the family site. After months of working with legal authorities and several court appearances proving the resident's guilt, we were successful in getting him evicted from our property in December 2008.

Our transition to Project-Based Accounting and Project-Based Budgeting is going smoother. Although it has been more work, knowing exactly how each site is operating financially is beneficial.

We completed the 2009 PHA Plan; and it was available for review for 45 days. We held a public hearing for public comments about the Plan on April 1, 2009. Several residents attended the hearing. **No elements in the Plan were challenged.** We received no comments.

**PHA Name: Fulton County Housing Authority**

**HA Code: IL084**

**Required Attachment:**

**Attachment "d"**

**Resident Member on the PHA Governing Board  
Fiscal Year 07/01/2009 – 06/30/2010**

On February 10, 2007, Mr. Edward Ketcham, Chairman of the Fulton County Board, appointed Mr. Harold Reed to fill the unexpired term of Ruth Blickem as Resident Commissioner on the Fulton County Housing Authority Board. Mr. Reed's address is Apartment #303, 250 South Main Street, Canton, Illinois 61520. His term will expire in May 2010 at which time we shall request his reappointment.

**PHA Name: Fulton County Housing Authority**  
**HA Code: IL084**  
**Required Attachment:**

**Attachment “c”**

**Membership of the Resident Advisory Board**  
**Fiscal Year 07/01/2009 – 06/30/2010**

The members of the **Resident Advisory Board** are as follows:

Jerry Stuber, Oaklawn resident  
Sharon Lewis, Maple Manor resident  
Martha Hunt, Housing Choice Voucher Program  
Rose Fengel, Longview resident  
Betsy Bennett, Housing Choice Voucher Program  
Hometown Rentals, Inc. (all twenty residents)

<b>Optional 5-Year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
IL84-1	Oaklawn Apartments	4	5%
<b>Description of Needed Physical Improvements or Management Improvements</b>		<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Replace flooring in upper floors of units (portion)		195,600	2009
Replace base cove in units and repair the walls before reapplying		43,200	2010
Incorporate laundry water connections in Guy Gray box		20,000	2010
Replace flooring in upper floors of units (portion)		97,527	2010
Install cable TV on second floor in each bedroom		41,200	2010
Replace Closet Doors in Community Building		5,000	2011
Raise storm drain (top of manhole) along west drive		1,500	2011
Refinish soffit at Community Building		1,890	2011
Repair moisture damage on vanities		4,000	2011
Replace exterior wood siding on lower half of units		19,136	2011
Add vinyl fencing on Living Room Side of units		16,000	2012
Combine as-built and original drawings into one		25,000	2012
<b>Total estimated cost over next 5 years</b>		<b>470,053</b>	

<b>Optional 5-Year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
IL84-2	Longview Hi-Rise	0	0%
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>
			<b>Planned Start Date (HA Fiscal Year)</b>
Investigate & repair HVAC problems for first floor			35,000
Install ceiling fan/light units in living room and bedroom			60,000
Provide halogen lights on work stand for painting			150
Replace concrete pavers under west exterior soffit with concrete			7,816
Replace dieing trees			7,000
Purchase Floor Care Machine			5,000
Motion Activated dual-level lighting in stair towers			3,300
Replace medicine cabinets in all but handicap bathrooms			22,000
Replace range hoods in units			30,000
Replace unit ventilators			80,000
Rekey Building			6,250
Replace trash compactor			15,850
Combine as-built and original drawings into one			25,000
<b>Total estimated cost over next 5 years</b>			<b>297,366</b>

<b>Optional 5-Year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
IL84-4	Maple Manor Hi-Rise	1	1%
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>
			<b>Planned Start Date (HA Fiscal Year)</b>
<b>Repair mortar joints de-bonding from brick causing leaking</b>			<b>471,983</b>
<b>Install ceiling fan/light units in living room and bedroom</b>			<b>19,600</b>
<b>Repair parking lots and drives</b>			<b>96,930</b>
<b>Motion Activated dual-level lighting in stair towers</b>			<b>3,300</b>
<b>Replace All Electrical Receptacles (if not done with 2006 funds)</b>			<b>40,572</b>
<b>Remove the abandoned domestic boiler lines</b>			<b>1,000</b>
<b>Replace sun block film on store front windows</b>			<b>1,000</b>
<b>Provide halogen lights on work stand for painting</b>			<b>150</b>
<b>Combine as-built and original drawings into one</b>			<b>25,000</b>
<b>Replace kitchen lighting in units</b>			<b>18,130</b>
<b>Replace cove base in apartments</b>			<b>44,100</b>
<b>Portion of kitchen remodel</b>			<b>225,000</b>
<b>Total estimated cost over next 5 years</b>			<b>946,765</b>



<b>Part I: Summary</b>					
<b>PHA Name:</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: _____ Date of CFFP: _____		Replacement Housing Factor Grant No: _____	
				<b>FFY of Grant:</b> _____ <b>FFY of Grant Approval:</b> _____	
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: _____)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: _____ <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 – 19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security – Soft Costs				
24	Amount of line 20 Related to Security – Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

<b>Part I: Summary</b>				
<b>PHA Name:</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: _____ Replacement Housing Factor Grant No: _____ Date of CFFP: _____		<b>FFY of Grant:</b> _____ <b>FFY of Grant Approval:</b> _____
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: _____) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: _____ <input type="checkbox"/> Final Performance and Evaluation Report				
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated      Expended</b>
<b>Signature of Executive Director</b>		<b>Date</b>	<b>Signature of Public Housing Director</b>	
			<b>Date</b>	









Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
<b>PHA Name:</b> Fulton County Housing Authority 414 North First Ave., Canton, IL 61520			<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P08450107 03/31/2009 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2007
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no : ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2008 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	-0-			
3	1408 Management Improvements	2,000		2,000	1,541.66
4	1410 Administration	42,622		42,622	42,622.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	25,571		25,571	16,045.41
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	332,122		332,122	208,058.58
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	23,900		23,900	14,011.20
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	426,215		426,215	282,278.85
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				

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Fulton County Housing Authority 414 North First Ave., Canton, IL 61520			<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P08450107 03/31/2009 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2007
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no :) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2008 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
26	Amount of line 21 Related to Energy Conservation Measures				