

6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: See attachment A-Section 6.0</p> <p>(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.</p> <p>The public may obtain copies of the Five-Year Plan/Annual Plan at each AMP office (Coloma Homes and Civic Plaza I) and at the Whiteside County Housing Authority Central Office, located at 401 West 18th Street, Rock Falls, IL.</p> <p>See attachments: il032v01(a) Section 6.0, il032v01(b) VAWA policy, il032v01(c) Procurement Policy as per ARRA, il032v01(d) Carbon Monoxide Detector Policy</p>
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i> N/A</p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. 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. See Attachments il032v01(f)ghij</p>
8.2	<p>Capital Fund Program Five-Year Action Plan. 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. See Attachment il032v01(e)</p>
8.3	<p>Capital Fund Financing Program (CFFP).</p> <p><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. N/A</p>
9.0	<p>Housing Needs. 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. N/A Qualified PHA.</p>
9.1	<p>Strategy for Addressing Housing Needs. 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. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. N/A Qualified PHA.</p>
10.0	<p>Additional Information. 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.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>"significant amendment" – is defined as changes of a significant nature to the Rent or Admissions policies, or the organization of the waiting list not required by federal regulatory requirements as to effect a change in the Section 8 Administrative Plan or the Public Housing Admissions and Continued Occupancy Policy (ACOP). A change in the planned or use of replacement reserve funds under the Capital Fund that exceeds 20% of the Whiteside County Housing Authority's budget.</p> <p>"substantial deviation/modification"- is defined as: Any change in the planned or actual use of federal funds for activities that would prohibit or redirect the WCHA's strategic goals of increasing the availability of WCHA decent, safe and affordable housing. Any single or cumulative annual change in the planned or actual use of federal funds as identified in the Five-Year Plan that exceeds 20% of the WCHA's budget for the Housing Choice voucher Program or WCHA activities. A need to respond immediately to an "Act of God" –beyond the control of the WCHA such as an earthquake, or other unforeseen significant event or occurrence. A mandate from local government officials, specifically the WCHA governing board of the WCHA to modify, revise or delete long range goals and objectives.</p> <p>See attachment il032v01(k) Resident Advisory Board comments</p>

11.0	<p>Required Submission for HUD Field Office Review. 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. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none">(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)(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)(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.(g) Challenged Elements(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)
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Attachment il032v01-a

PHA Plan Update

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:

(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.

PHA Plan elements: Only the following PHA Plan elements have been revised.

- | | |
|--|--------------------------|
| 1. Eligibility, Selection and Admissions Policies, including De-concentration & Waiting List Procedures – | No Revision |
| 2. Operating & Management – | No Revision |
| 3. Grievance Procedures – For the Public Housing “Lease & Grievance Procedures” the actual names of the Hearing Officers were deleted because they change so often, due to the impartiality requirements. | Revised |
| 4. Designated Housing for Elderly & Disabled Families:
Garden Homes, designation for elderly/near elderly, approval status effective May 1, 2009, 40 units.
Civic Plaza I, designation for elderly/near elderly, approval status effective May 1, 2009, 100 units. | Revised |
| 5. Pets – added to page 1 Section 18.1 EXCLUSIONS: The person requesting an exclusion to the Pet Policy must have a disability and the accommodation must be necessary to afford the person with a disability an equal opportunity to enjoy their dwelling unit. However the WCHA is not required to provide a reasonable accommodation that would pose a threat to the health and safety, or result in physical damage to the property, or to the residents, staff or visitors. Also page 1 Section 18.4 TYPES AND NUMBER OF PETS: deleted – “All cats must have their front claws removed.” | Revised |
| 6. Cable Policy: changed Item #5 page 2 to read as follows: If a tenant has a zero (-0-) rent, they are eligible for basic cable service,
As long as they pay for their monthly cable service; as per the Rent Collection Policy. | Revised |
| 7. Key Card Policy: changed item #2 page 1 to allow two key cards per visitor, instead of one, at a cost of \$15 each. | Revised |
| 8. Coloma Homes Tenant Handbook, Garden Homes Tenant Handbook and Civic Plaza I Tenant Handbook – added the following: The Whiteside County Housing Authority will not tolerate nor condone harassment, intimidation, or violence in any form. This type of behavior is unacceptable, either from or against a resident, WCHA employee, a WCHA board member, a contractor, or anyone who is on WCHA property. Some examples of violence are: threatening language, antagonism, intimidation of another person. Hurtful, hostile, or disrespectful treatment of another person. Physical confrontations which may be verbal, or physical to another person. Violent physical behavior such as fighting, striking and or threatening to another person, or persons with a weapon. Any employee who violates this policy will be subject to appropriate disciplinary action, which may include termination of employment. Violations by residents may be cause for termination of their lease. Violations of criminal statutes will be reported to local law enforcement officials. Also included along with the section pertaining to Smoke Detectors information regarding Carbon Monoxide Detectors. | Revised |
| 9. Rent Collection Policy: reworded page 2 as follows: RETROACTIVE RENTAL CHARGES: when the charge is due to a resident who has not reported their income, as per the regulations. For a First Offense: a payment agreement may be done-but shall not exceed six months. For a Second Offense: a 30 day Eviction Notice shall be issued. If the retro-rent is due to fraud (i.e. not reporting income at move-in, or re-exam) a 30-day Eviction Notice shall be Issued. | |
| 10. Fiscal Year Audit – | No Revision |
| 11. Violence Against Women Act - | See Attached |
| 12. Procurement Policy- revised as per the American Recovery and Reinvestment Act (ARRA) | Revised-See attachment c |
| 13. Carbon Monoxide Detector - | See Attached |

Supporting Documentation

Attachment il032v01-b

VAWA

The Violence Against Women Act was first passed in 1994, it was amended January 1, 2006. It is a fact that domestic violence does contribute to “homelessness”. Though the act refers to violence against women, it is not gender specific.

The definition of “homelessness” is: an individual who

1. is sharing the housing of other persons due to the loss of their housing, economic hardship, or a similar reason;
2. is living in a motel, hotel, trailer park, or campground due to the lack of alternative adequate accommodations;
3. is living in an emergency or transitional shelter;
4. is abandoned in a hospital; or
5. is awaiting foster care placement; (an individual who has a primary nighttime residence that is a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings; or migratory children who qualify as homeless under this section because the children are living in circumstances as described here).

The Whiteside County Housing Authority (WCHA) provides, or offers assistance to victims of domestic violence, dating violence, sexual assault or stalking to help them to live in a safe environment. 1. The victim and/ or their children are referred locally to the YWCA Domestic Violence Shelter. The WCHA has a written Networking Agreement with the YWCA of Sauk Valley Domestic Violence Program. The staff at the shelter is specifically trained to handle domestic violence, sexual assault or stalking issues. 2. The WCHA can and does issue a trespassing notice to the victim’s assailant to protect the victim and his/her family.

The Whiteside County Housing Authority shall not deny any applicant to any public housing project, or to the Housing Choice Voucher program, who has been a victim of domestic violence, dating violence, or stalking, if the applicant is otherwise qualified for admission. The Whiteside County Housing Authority public housing dwelling Lease contains provisions regarding criminal activity directly relating to domestic violence, dating violence or stalking are not to be considered a violation of the lease by the victim or threatened victim of that criminal activity justifying termination of the victim’s lease or the threatened victim’s lease.

The Whiteside County Housing Authority may terminate Housing Choice Voucher Assistance to a resident if the housing agency can demonstrate an actual imminent threat to other residents or

those employed at or providing service to the property or public housing agency, if that resident is not evicted or terminated from assistance. Nothing in VAWA shall be construed to supersede any provision of any Federal, State or local law that provides greater protection. The public housing Admissions & Continued Occupancy Policy also includes a section on VAWA.

A public housing agency may request that an individual certify via a HUD approved certification form that the individual is a victim of domestic violence, dating violence or stalking and that the incident or incidents in question are bona fide incidents of such actual or threatened abuse and meet the requirements set forth in the previous paragraphs. Such certification shall include: the name of the perpetrator. The individual shall provide such certification within 14 business days after the public housing agency requests such certification. If the individual does not provide the certification within 14 business days after the public housing agency has requested such certification in writing, nothing may be construed to limit the authority of the public housing agency to evict any tenant or lawful occupant that commits violations of the lease. The housing authority may extend the 14 day deadline at its discretion.

“satisfactory certification” – provide the requesting public housing agency with documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney or a medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence, or stalking or the effects of the abuse in which the professional attest under penalty of perjury to the professional’s belief that the incident or incidents in question are bona fide incidents of abuse and the victim of domestic violence, dating violence, or stalking has signed or attests to the documentation; or produces a Federal, State, or local police or court record.

Addendum to Procurement Policy

Whiteside County Housing Authority

Attachment il032v01-c

Adopted

By Resolution #

AUGUST 12, 2009

This addendum only applies to the use of American Recovery and Reinvestment Act (ARRA) Capital Fund Formula Grants

In accordance with PIH Notice 2009-12, our Agency has amended our current procurement policy with this addendum in order to expedite and facilitate the use of the American Recovery and Reinvestment Act (ARRA) Capital Fund Formula Grants. **THIS AMENDED POLICY CAN ONLY BE USED FOR PROCUREMENTS UNDER THE ARRA CAPITAL FUND STIMULUS GRANTS.**

The following changes apply to the ARRA Grants only:

1. **Priorities:** Our PHA will give priority to 'Capital Fund Stimulus Grant projects that can award contracts based on bids within 120 days from February 17, 2009.
2. **State and Local:** As provided for in PIH Notice 2009-12 and the ARRA, any requirements relating to the procurement of goods and services arising under state and local laws and regulations shall not apply to the Capital Fund Stimulus Grants. Our PHA will follow the Part 85 requirements instead.
3. **Small Purchase Procedures:** For any amounts above the Petty Cash ceiling, but not exceeding \$100,000, our PHA will use small purchase procedures.
4. **Part 85 Compliance:** With this Capital Fund Stimulus Grant Procurement Policy amendment, all procurement standards that are contrary to Part 85 or the Recovery Act are removed.
5. **Procurement Handbook for Public Housing Agencies:** Handbook 7460.8 rev-2 has been used for guidance.

6. Noncompetitive Proposals: According to 24 CFR 85.36(d)(4), if solicitation of a proposal is only from one source or if our PHA finds that after solicitation of a number of sources, that competition is inadequate, we may award the contract noncompetitively where small purchase procedures, sealed bids or competitive proposals are infeasible and one of the circumstances in 85.36(d)(4)(i) applies. Our PHA may use the noncompetitive proposals methods, but will do so on a contract-by-contract basis and in compliance with all Part 85 requirements including the requirement for cost analysis and the conflict of interest requirement. Our PHA will maintain records sufficient to detail the significant history of each contract's procurement. No HUD pre-award review is requirement.
7. Force Account: Our PHA will consider employing existing or additional force account laborers on either a permanent or a temporary basis to perform Capital Fund stimulus grant work. No prior HUD approval is required specifically for force account labor, but such work must be incorporated into the Capital Fund planning, budgeting, and reporting documents.
8. Buy American: Our PHA will follow Buy American requirements of section 1605 of the Recovery Act and use only iron, steel and manufactured goods produced in the United States.

Supporting Documentation

Attachment il032v01-d

WCHA CARBON MONOXIDE DETECTOR ACT PLAN

The Carbon Monoxide Detector Act was effective January 1, 2007 and requires that a carbon monoxide detector be installed within 15 feet of a bedroom (a room where someone sleeps) and where there is a possibility for combustion, such as with a gas furnace (does not apply to electric base board heat).

The Whiteside County Housing Authority complied as of January 1, 2007 and installed battery operated carbon monoxide detectors in all units with gas furnaces. When a resident moves in to property owned by the Whiteside County Housing Authority the resident is required to sign an addendum to their lease regarding the Carbon Monoxide Detector Act. The addendum provides the resident with information about the Act and informs the resident that at move-in the Whiteside County Housing Authority does test the detector to make sure it is operational.

After the resident moves in, it is their responsibility to replace the batteries and make sure the carbon monoxide detector is tested regularly and that it is operating correctly. The carbon monoxide detector is installed for the resident's safety and it is the law in Illinois. When a resident moves out of WCHA they are to leave their carbon monoxide detector; or they will be charged a replacement fee.

Attachment il032v01-e

Part I: Summary						
PHA Name/Number		Locality (City/County & State)			<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY ___2010_	Work Statement for Year 2 FFY ___2011_____	Work Statement for Year 3 FFY ___2012_____	Work Statement for Year 4 FFY ___2013_____	Work Statement for Year 5 FFY _____2014____
B.	Physical Improvements Subtotal	Annual Statement	392,600.00	375,300.00	352,000.00	
C.	Management Improvements		33,000.00	33,000.00	34,000.00	
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		50,000.00	50,000.00	50,000.00	
F.	Other		79,061.00	96,361.00	118,661.00	
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		554,661.00	554,661.00	554,661.00	
L.	Total Non-CFP Funds					
M.	Grand Total	554,661.00	554,661.00	554,661.00	554,661.00	

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year <u>2013</u> FFY _____			Work Statement for Year: <u>2014</u> FFY _____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See						
Annual Statement	Amp #2- CPI/GH IL32-2,3			Amp #1 - Coloma IL32-1		
	CPI-replace wires/jacks for phone lines (2 per apt) + office	202	12,000.00	Construct Parking Lot, put up fencing, landscaping		20,000.00
				Construct Building		50,000.00
				Repairs to Building		15,000.00
				Replace Sewer Lines		750,000.00
				Replace Gable Vents		50,000.00
				Replace Closet Doors		648,000.00
				Replace Floor Tile		500,000.00
				Replace Electric Meters		16,500.00
				Mulch		10,000.00
				Replace Exterior Doors		155,000.00
	CPI- Replace rest of plumbing in apts + common areas	101	340,000.00	Renovate Bathrooms- replace shower heads, faucets/vanity, tub, shower surround, sinks, mirrors		500,625.00
				Soffits & Fascia		108,000.00
				Replace Vents on Bldgs		12,500.00
				Landscaping/bushes/flo wers, trees		5,000.00
				Sheds/replace or repair siding		94,500.00

	Subtotal of Estimated Cost	\$352,000.00	Subtotal of Estimated Cost	\$
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Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____			Work Statement for Year: _____2014_____ FFY _____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Amp #1 Coloma Homes IL32-1 General Description of Major Work Categories	Quantity	Estimated Cost
See						
Annual Statement						
				Add on to Admin Bldg		50,000.00
				Add on to Maint Bldg		40,000.00
				Install vent over range		62,500.00
				Update office Sec System		15,000.00
				Replace A/C Sleeves		28,125.00
				Add/Update Outside Lights		15,000.00
				Replace Kitchen Faucets		20,200.00
				Add/Replace/Repair Fence		10,000.00
				Replace Dielectrics in piping		25,000.00
				Install Dryer Vents/utility room		8,000.00
				Gutters/Downspouts		37,500.00
				Trim/Shutters on Bldgs		135,000.00
				Tuck Point & Seal Brick		175,000.00
				Upgrade wiring/admin & maint bldg		50,000.00
				Replace siding on bldgs		140,000.00
				Clean Air Ducts		38,000.00

	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$
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Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____			Work Statement for Year: _____ 2014 _____ FFY _____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Amp #1 Coloma Homes IL 32-1 General Description of Major Work Categories	Quantity	Estimated Cost
See						
Annual Statement						
				Blacktop parking areas		45,000.00
				Replace curbs		18,000.00
				Seal 17 th Street		15,000.00
				Replace Furnaces		250,000.00
				Replace Water Heaters		45,000.00
				Paint/Repair/Remove Playground Equip		12,000.00
				Asbestos Removal		85,000.00
				Remove/Add/Replace gas piping/fittings/valves/t's		10,000.00
				Install anti-tip anchors/stove		7,500.00
				Exterior payment box		1,000.00
				Frost free refrigerators		50,000.00
				Carbon monoxide detectors		18,750.00
				Boxes for resident info		6,250.00
				Replace stair treads		75,000.00
				Add insulation to blgs		63,000.00
				Paint apts		90,000.00
	Subtotal of Estimated Cost			Subtotal of Estimated Cost		
			\$			

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____			Work Statement for Year: ____2014____ FFY _____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Amp #2 Garden Homes IL 32-2 General Description of Major Work Categories	Quantity	Estimated Cost
See						
Annual Statement						
				Replace stoves		12,000.00
				Repair/replace/add fencing		10,000.00
				Remove/trim/add trees		5,000.00
				Landscaping/bushes/Seeding/flowers		5,000.00
				Replace closet doors		50,000.00
				Replace roof vents		15,000.00
				Sewer lines		500,000.00
				Replace plumbing throughout		350,000.00
				Update laundry room		5,000.00
				Replace furnaces		80,000.00
				Refrigerators		18,000.00
				Replace kitchen faucets		6,000.00
				Add/replace insulation		40,000.00
				Replace inside lights		75,000.00
				Replace wiring		500,000.00
				Gutters/downspouts		10,000.00
				Facia/soffits		10000.00
	Subtotal of Estimated Cost		\$	Subtotal of Estimated Cost		\$

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____			Work Statement for Year: ____2014____ FFY _____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Amp #2 Garden Homes IL 32-2 General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
				Replace exterior doors		120,000.00
				Mulch		2,500.00
				Bathroom/replace vanity/tub, faucets, showerheads, surrounds, sinks		175,000.00
				Replace floor tile/apts/community room		16,000.00
				Asbestos removal		15,000.00
				Paint apts + comm. Rm		41,000.00
				Add/replace outside lights		25,000.00
				Tuck point/seal brick		150,000.00
				Repair/replace/add sidewalks		8,000.00
				Clean air ducts		12,000.00
				Add additional outlets		10,000.00
				Replace water heaters		12,000.00
				Replace roofs		125,000.00
				Replace carpet		25,000.00
				Replace curbs		12,000.00
				Blacktop road		30,000.00

	Subtotal of Estimated Cost		\$	Subtotal of Estimated Cost		\$
Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____			Work Statement for Year: ____2014____ FFY _____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Amp #2 Garden Homes IL 32-2 General Description of Major Work Categories	Quantity	Estimated Cost
See						
Annual Statement				Replace register vents		10,000.00
				Replace gable vents		7,000.00
				Replace kitchen cupboards		124,000.00
				Upgrade fire/emergency call system		15,000.00
				Install extra cable hook-ups		3,000.00
				Replace dielectrics/piping to water heaters		5,000.00
				Repair/replace thresholds to exterior door		8,225.00
				Install carbon monoxide detectors		4,000.00

	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$
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Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____			Work Statement for Year: _____ 2014 FFY _____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Amp #2 Civic Plaza I IL 32-3 General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
				Install booster pumps		25,000.00
				Replace/repair lift stations(s)		15,000.00
				Replace curbs		20,000.00
				Replace exterior doors		50,000.00
				Replace water heaters		
				Enlarge laundry room		82,500.00
				Replace/add/expand security equipment		8,000.00
				Replace roof		73,000.00
				Add/repair/replace sidewalks		9,500.00
				Replace kitchen faucets		9,500.00
				Upgrade/replace fire & emergency alarms		10,000.00
				Replace closet doors		238,000.00
				Install emergency cords in living room		25,000.00
				Replace a/c sleeves		14,100.00
				Install overhead lights in living room		10,000.00
				Paint apts/common areas		90,000.00

	Subtotal of Estimated Cost		\$	Subtotal of Estimated Cost	

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____			Work Statement for Year: __2014__ FFY _____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Amp #2 Civic Plaza I IL32-3 General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
				Install ceiling fans in hallways		10,000.00
				Replace phone lines		80,000.00
				Expand parking area		30,000.00
				Install patio in back of bldg		5,000.00
				Additional outlets in apts		60,000.00
				Replace sinks – 1 st floor apts/replumb if req.		1,500.00
				Install water softner		8,000.00
				Replace motor on sump pump		4,000.00
				Remove wall in common area/install shelves		8,000.00
				Replace generator		30,000.00
				Replace sewer lines		21,000.00
				Asbestos removal		25,000.00
				Carbon monoxide det.		7,000.00
				Replace carpet		25,000.00
				Replace floor tiles		60,000.00
				Install trash compactor		30,000.00
				Tuck point/seal brick		105,000.00
				Replace door locks		50,000.00

				Replace refrigerators		35,000.00
	Subtotal of Estimated Cost		\$	Subtotal of Estimated Cost		\$
Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____			Work Statement for Year: _2014_ _____ FFY _____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Amp #2 Civic Plaza I IL 32-3 General Description of Major Work Categories	Quantity	Estimated Cost
See						
Annual				Upgrade cable/install add hook-ups		25,000.00
Statement				Replace/repair wiring throughout bldg		650,000.00
				Replace water piping throughout		350,000.00
				Add/replace outside light fixtures		7,000.00
				Replace bathrooms – sinks, faucets, vanities, mirrors, surrounds, shower heads, rails, tile, stool		200,000.00
				Replace kitchen cupboards		280,000.00
				Replace stoves		25,000.00
				Upgrade elevators		12,000.00
				Replace pressure pumps		12,000.00
				Mulch		2,500.00
				Remove/add/trim trees		5,000.00
				replace tile-laundry rm		3,000.00
				Clean out pipes		8,000.00

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year ____2013_____ FFY _____		Work Statement for Year: _2014_____ FFY _____	
	General Description of Major Work Categories	Estimated Cost	Amp #1 Coloma Homes IL 32-1 General Description of Major Work Categories	Estimated Cost
See				
Annual Statement	Amp #1 – Coloma		Security Services	32,000.00
	Security Services	27,000.00	A&E	40,000.00
	Admin	50,000.00	Admin	50,000.00
	A&E services	9,000.00	Operations	15,000.00
	Operations	28,800.00	Relocation	15,000.00
			Upgrade Computers/Software/Hardware	10,000.00
			Utility Allowance Review	5,000.00
	Amp #2 – CPI & GH		Update Office Security/Fire System	15,000.00
			Purchase maint radios	5,000.00
	Security Services	7,000.00	Training Assistance	2,000.00
	A&E Fees	40,000.00	Purchase lawn vacuum	4,000.00
	Relocation	10,000.00	Purchase maint truck	22,000.00
			Energy audit	15,000.00
			Physical needs assessment	7,000.00
	Contingency	30,861.00	Compact tractor	10,000.00
			Copy machine	12,000.00
	Subtotal of Estimated Cost	\$202,661.00	Subtotal of Estimated Cost	\$

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year ____201_____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual				
Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

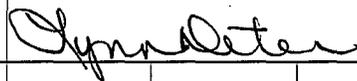
Part III: Supporting Pages – Management Needs Work Statement(s)

Capital Fund Program—Five-Year Action Plan

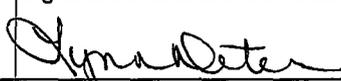
**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011**

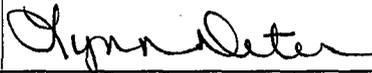
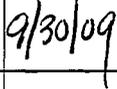
Work Statement for Year 1 FFY _____	Work Statement for Year ____201_____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual				
Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

Part III: Supporting Pages – Management Needs Work Statement(s)

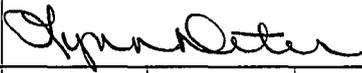
							OMB No. 2577-0226	
							Expires 4/30/2011	
Part 1: Summary								
PHA Name:			Grant Type and Number:			FFY of Grant: 2010		
Whiteside County Housing Authority			Capital Fund Program No: IL06-P032-501-10		FFY of Grant Approval::			2010
			Replacement Housing Factor Grant No:					
			Date of CCFP:					
Type of Grant								
<input type="checkbox"/> Original Annual Statement			<input type="checkbox"/> Reserved 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			
		Revised			Obligated		Expended	
18a	1501 Collateralization or Debt Service							
18ab	9000 Collateralization or Debt Service paid Via System of Direct Payment							
19	1502 Contingency (may not exceed 8% of line 20)		31,561.00					
20	Amount of Annual Grant (sums of lines 2-19)		554,661.00					
21	Amount of line 20 Related to LBP Activities							
22	Amount of Line 20 Related to Section 504 Compliance							
23	Amount of Line 20 Related to Security - Soft Costs		33,000.00					
24	Amount of Line 20 Related to Security - Hard Costs							
25	Amount of Line 20 Related to Energy Conservation Measures							
Signature of Executive Director			Date	Signature of Public Housing Director			Date	
			9/30/09					

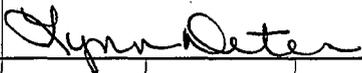
							OMB No. 2577-0226		
							Expires 4/30/2011		
Part II: Supporting Pages									
PHA Name:			Grant Type and Number:			Federal FY of Grant: 2010			
Whiteside County Housing Authority			Capital Fund Program Grant No IL06-P032-501-10						
			CFFP (Yes/No):						
			Replacement Housing Factor Grant No:						
Development Number Name/PHA - Wide Activities	General Description of Major Work		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
	Categories				Original	Revised	Funds Obligated	Funds Expended	
Amp #1 Coloma Homes IL032-1	Security Services		1408		\$26,000.00				
	Administration		1410		\$50,000.00				
	A&E Services		1430		\$33,000.00				
	Asbestos Abatement		1450	3	\$88,000.00				
	Insulation - Attics + extra in walls		1460	3	\$6,100.00				
	Replace elec. Wiring in apts, phone wiring and jacks, install new cable wire throughout, replace some plumbing		1460	3	\$206,000.00				
	FURNACES		1460	43	\$86,000.00				
	A&E SERVICES-FURNACES		1460		\$9,000.00				
	Relocation		1495		\$12,000.00				
Amp#2 - CPI &	Security Services		1408		\$7,000.00				
	Contingency		1502		31,561.00				
	TOTAL				554,661.00				

							OMB No. 2577-0226	
							Expires 4/30/2011	
Part 1: Summary								
PHA Name:			Grant Type and Number:			FFY of Grant: 2007		
Whiteside County Housing Authority			Capital Fund Program No: IL06-P032-501-07		FFY of Grant Approval::			
			Replacement Housing Factor Grant No:					
			Date of CCFP:					
Type of Grant								
<input type="checkbox"/> Original Annual Statement			<input type="checkbox"/> Reserved for Disasters/Emergencies			<input type="checkbox"/> Revised Annual Statement/Revision no:		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2009						<input type="checkbox"/> Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost			Total Actual Cost			
		Revised			Obligated		Expended	
18a	1501 Collateralization or Debt Service							
18ab	9000 Collateralization or Debt Service paid Via System of Direct Payment							
19	1502 Contingency (may not exceed 8% of line 20)		0.00					
20	Amount of Annual Grant (sums of lines 2-19)		527,019.00		527,019.00	\$527,019.00		376,140.42
21	Amount of line 20 Related to LBP Activities							
22	Amount of Line 20 Related to Section 504 Compliance							
23	Amount of Line 20 Related to Security - Soft Costs							
24	Amount of Line 20 Related to Security - Hard Costs							
25	Amount of Line 20 Related to Energy Conservation Measures							
Signature of Executive Director		09/30/09		Signature of Public Housing Director			Date	
								

							OMB No. 2577-0226	
							Expires 4/30/2011	
Part 1: Summary								
PHA Name:			Grant Type and Number:			FFY of Grant: 2008		
Whiteside County Housing Authority			Capital Fund Program No: IL06-P032-501-08		FFY of Grant Approval::			
			Replacement Housing Factor Grant No:					
			Date of CCFP:					
Type of Grant								
<input type="checkbox"/> Original Annual Statement			<input type="checkbox"/> Reserved for Disasters/Emergencies			<input type="checkbox"/> Revised Annual Statement/Revision no:		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2009						<input type="checkbox"/> Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost			Total Actual Cost			
		Revised			Obligated		Expended	
18a	1501 Collateralization or Debt Service							
18ab	9000 Collateralization or Debt Service paid Via System of Direct Payment							
19	1502 Contingency (may not exceed 8% of line 20)		21,973.00		30,000.00			
20	Amount of Annual Grant (sums of lines 2-19)		515,973.00		515,973.00	\$306,459.57		150,148.45
21	Amount of line 20 Related to LBP Activities							
22	Amount of Line 20 Related to Section 504 Compliance							
23	Amount of Line 20 Related to Security - Soft Costs							
24	Amount of Line 20 Related to Security - Hard Costs							
25	Amount of Line 20 Related to Energy Conservation Measures							
Signature of Executive Director			Signature of Public Housing Director			Date		
								

								OMB No. 2577-0226	
								Expires 4/30/2011	
Part II: Supporting Pages									
PHA Name:			Grant Type and Number:				Federal FY of Grant: 2008		
Whiteside County Housing Authority			Capital Fund Program Grant No: IL06-P032-501-09						
			CFFP (Yes/No):						
			Replacement Housing Factor Grant No:						
Development Number Name/PHA - Wide Activities	General Description of Major Work		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
	Categories				Original	Revised	Funds	Funds	
							Obligated	Expended	
PHA WIDE	ADMINISTRATION		1410		\$25,000.00	\$51,597.00	\$3,251.43	\$3,251.43	
	SECURITY GUARD SERVICES		1408		\$31,000.00	\$32,500.00	\$0.00	\$0.00	TO BE BID OUT
	A&E SERVICES		1430		\$31,000.00	\$50,892.00	\$48,645.00	\$23,375.02	PHASE 3
	PHYSICAL NEEDS ASSESSMENT		1408			\$18,000.00	\$0.00	\$0.00	TO BE BID OUT
	OPERATIONS		1406			\$63,325.36	\$0.00	\$0.00	
IL 32-1, Coloma Homes	Asbestos Design		1450		\$2,200.00	\$2,200.00	\$2,200.00	\$2,200.00	PH 2 COMPLETE
Amp # 1	Asbestos Abatement + Monitoring-Attics		1450		\$99,250.00	\$106,558.00	\$106,558.00	\$106,558.00	PH 2 COMPLETE
	Insulation - Attics + extra in walls		1450		\$9,424.00	\$9,424.00	\$9,424.00	\$9,424.00	PH 2 COMPLETE
	Replace elec. Wiring in apts, phone wiring and jacks, install new cable wire throughout, replace some plumbing		1460	5 bldgs	\$284,126.00	\$0.00		\$0.00	TO OTHER GRANT
	Asbestos Removal + air monitoring		1450	6 bldgs	\$0.00	\$110,000.00	\$107,904.50	\$0.00	PH 3 Sept 09
	Insulate Attics		1450	8	\$0.00	\$16,476.64	\$16,476.64	\$0.00	PH 3 Sept 09
	Contingency		1502		\$21,973.00	\$30,000.00	\$0.00	\$0.00	
	Relocation		1495		\$12,000.00	\$12,000.00	\$12,000.00	\$5,340.00	
Amp#2									
IL32-2 Civic Plaza I	Update Security Equipment/Camera's and recorder		1475		\$0.00	\$13,000.00			TO BE BID OUT
	TOTAL				515,973.00	515,973.00	306,459.57	150,148.45	

							OMB No. 2577-0226	
							Expires 4/30/2011	
Part 1: Summary								
PHA Name:			Grant Type and Number:			FFY of Grant: 2006		
Whiteside County Housing Authority			Capital Fund Program No: IL06-P032-502-06			FFY of Grant Approval::		
			Replacement Housing Factor Grant No:					
			Date of CCFP:					
Type of Grant								
<input type="checkbox"/> Original Annual Statement			<input type="checkbox"/> Reserved for Disasters/Emergencies			<input type="checkbox"/> Revised Annual Statement/Revision no:		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: SEPT 30, 2009			<input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost				
			Revised	Obligated	Expended			
18a	1501 Collateralization or Debt Service							
18ab	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 (sums of lines 2-19)	42,311.00	42,311.00	\$42,311.00	41,704.00			
21	Amount of line 20 Related to LBP Activities							
22	Amount of Line 20 Related to Section 504 Compliance							
23	Amount of Line 20 Related to Security - Soft Costs							
24	Amount of Line 20 Related to Security - Hard Costs							
25	Amount of Line 20 Related to Energy Conservation Measures							
Signature of Executive Director		Date		Signature of Public Housing Director		Date		
		9-30-09						

							OMB No. 2577-0226	
							Expires 4/30/2011	
Part 1: Summary								
PHA Name:			Grant Type and Number:			FFY of Grant: 2009		
Whiteside County Housing Authority			Capital Fund Program No: IL06-S032-501-09			FFY of Grant Approval::		
			Replacement Housing Factor Grant No:					
			Date of CCFP:					
Type of Grant								
<input type="checkbox"/> Original Annual Statement			<input type="checkbox"/> Reserved for Disasters/Emergencies			<input type="checkbox"/> Revised Annual Statement/Revision no:		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: Sept 30, 2009						<input type="checkbox"/> Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost				
			Revised	Obligated	Expended			
18a	1501 Collateralization or Debt Service							
18ab	9000 Collateralization or Debt Service paid Via System of Direct Payment							
19	1502 Contingency (may not exceed 8% of line 20)	30,000.00	0.00	\$0.00				
20	Amount of Annual Grant (sums of lines 2-19)	653,119.00	653,119.00	\$653,119.00	6,159.92			
21	Amount of line 20 Related to LBP Activities							
22	Amount of Line 20 Related to Section 504 Compliance							
23	Amount of Line 20 Related to Security - Soft Costs							
24	Amount of Line 20 Related to Security - Hard Costs							
25	Amount of Line 20 Related to Energy Conservation Measures							
Signature of Executive Director		9/30/2009	Signature of Public Housing Director			Date		
								

								OMB No. 2577-0226	
								Expires 4/30/2011	
Part II: Supporting Pages									
PHA Name:			Grant Type and Number:				Federal FY of Grant: 2009		
Whiteside County Housing Authority			Capital Fund Program Grant No IL06-S032-501-09						
			CFFP (Yes/No):						
			Replacement Housing Factor Grant No:						
Development Number Name/PHA - Wide Activities	General Description of Major Work		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
	Categories				Original	Revised	Funds Obligated	Funds Expended	
Amp #1 Coloma Homes IL032-1	Physical Needs Assessment		1408	1	\$8,000.00	0	0	0	TRANS TO OTHER GRANT
Amp# 2 Civic Plaza I and Garden Homes IL032-2	Physical Needs Assessment		1408	1	\$4,000.00	0	0	0	TRANS TO OTHER GRANT
IL 32-1, Coloma Homes Amp # 1	Asbestos Abatement Design		1450	1450	3,000.00	0.00	0.00	0.00	
	Asbestos Abatement + Monitoring-Attics		1450	2 bldgs	176,000.00	72,848.08	72,848.08	4,539.00	
	Insulation - Attics + extra in walls		1450	8 bldgs	20,000.00	0.00			TRANS TO OTHER GRANT
	Replace elec. Wiring in apts, phone wiring and jacks, install new cable wire throughout, replace some plumbing		1460	8 bldgs	399,619.00	578,650.00	578,650.00	0.00	
	Payment Box in front of office		1475		2,500.00	0.00	0.00	0.00	TRANS TO OTHER GRANT
	Contingency		1502		27,000.00	0.00	0.00	0.00	
	Administration		1410		3,000.00	1620.92	1,620.92	1,620.92	
Amp #2	and recorder								
IL32-2 Civic Plaza I Amp #2	Update Security Equipment/Camera's and recorder		1475		10,000.00	0	0.00	0.00	TRANS TO OTHER GRANT
	TOTAL				\$653,119.00	653,119.00	653,119.00	6,159.92	

RESIDENT ADVISORY BOARD

Richard Downey
Administrator for City of Rock Falls

Adriana Palmer
Coloma Homes

Fred Swanson
Civic Plaza I

Lyle Hammelman
Garden Homes

On Wednesday, October 27th at 10:30 a.m. there was a Resident Advisory Board meeting at the WCHA Central Office. All of the above attended, except for Adriana Palmer. The WCHA Deputy Director and the Executive Director also attended the meeting. The contents of the Five-Year Plan was discussed; including the proposed goals . The Deputy Director made a few minor corrections to the Capital Fund forms.

There were no comments received regarding the Plan.