

PHA 5-Year and Annual Plan

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

OMB No. 2577-0226
Expires 4/30/2011

1.0	PHA Information PHA Name: <u>Saline County Housing Authority</u> PHA Code: <u>IL043</u> 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: (MM/YYYY): <u>01/2010</u>																														
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>488</u> Number of HCV units: <u>128</u>																														
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																														
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																														
	<table border="1"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	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:									
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:																															
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.																														
5.1	Mission. 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: Saline County Housing Authority has transitioned to Project Based Accounting and Management as per Federal Regulations. The Housing Authority is committed to providing clean, safe, sanitary, affordable housing to low-income families. The Housing Authority is finding it difficult to rent apartments due to the poor economic situation in the rural area we live. We have removed housing stock that had been unoccupied trying to maintain a solid foundation for the future longevity of the Housing Authority with minimal effect on our residents whom we provide housing. We are planning demolition on twelve units consisting of two buildings at the Don Leibenguth Apartments located at 927 W. Barnett Street, Harrisburg, IL.																														
5.2	Goals and Objectives. 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. Report included as Table A Reduce Public Housing Vacancies: SCHA has advertised in papers to generate applicants to fill vacancies Improve Public Housing Management Scores: 90 -Will continue to improve management and maintenance operations Improve Voucher Management Scores: 100- Will continue efforts to achieve consistent 100 % ranking. Renovate & Modernize Public Housing units: Ongoing renovations to modernize, sustain and conserve energy at all developments. Demolish part of developments with vacancy problems: Planning demolition of part of a development Barnett Street 12 Units Implement public housing security improvements: Hired off -duty Deputy Sheriffs to patrol sites on foot.																														
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <ol style="list-style-type: none"> 1. Admissions and Continued Occupancy Policy: Included in this plan as Table B 2. Section 8 Administrative Plan: No Changes made 3. Personnel Policy: Included in this plan as Table C 4. Organizational Chart Revision: Included in this plan as Table D 5. Procurement Policy Changes: Included in this plan as Table E 6. Financial Resources: Included in this plan as Table F 7. Carbon Monoxide Wording: Included in this plan as Table K 8. VAWA Wording: Included in this plan as Table L 9. Housing Needs (Waiting Lists): Included in this plan as Table H 10. Definition of "significant amendment" and "substantial deviation/modification Table I 11. Resident Advisory Board Comments Table J 12. Carbon Monoxide Wording Table K 13. Violence Against Women Wording Table L (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. <ol style="list-style-type: none"> 1. Saline County Housing Authority Office 927 W. Barnett Street Harrisburg, Illinois 62946 																														
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable. Included in this plan as Attachment 1																														

8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.
8.1	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. Included in this plan as Attachment 1
8.2	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. Included in this plan as Attachment 1
8.3	Capital Fund Financing Program (CFFP). <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.
9.0	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. Included in this plan as Table H
9.1	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.
10.0	Additional Information. Describe the following, as well as any additional information HUD has requested. (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. Included in this plan as Table A (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" Included in this plan as Table I
11.0	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. Resident Advisory Board Comments Included in this plan as attachment J (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 None (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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HIGHLIGHTED ELEMENTS OF THE PHA POLICIES HAVE BEEN CHANGED BY THE SALINE COUNTY HOUSING AUTHORITY BOARD OF COMMISSIONERS

PLAN ELEMENTS

DESCRIPTION

- A. REPORT ON PROGRESS IN MEETING GOALS AND OBJECTIVES
- B. ACOP CHANGES
- C. PERSONNEL POLICY CHANGES
- D. ORGANIZATIONAL CHART AS REVISED
- E. PROCUREMENT POLICY CHANGES
- F. FINANCIAL RESOURCES
- G. CAPITAL FUND TABLES & 5-YEAR ACTION PLAN
- H. HOUSING NEEDS (WAITING LISTS)
- I. DEFINITION OF SIGNIFICANT AMMENDMENT AND SUBSTANTIAL DIVIATION
- J. RESIDENT ADVISORY BOARD COMMENTS
- K. CARBON MONIXIDE WORDING
- L. VAWA WORDING

ATTACHMENT 1

FILE NAME

FILE CONTENTS

CFPTABLES.PDF

CAPITAL FUND PERFORMANCE REPORTS, ANNUAL STATEMENTS, 5-YEAR ACTION PLAN

ELEMENT A

Report on Meeting our Strategic Goals

II. REDUCE PUBLIC HOUSING VACANCIES

Saline County Housing Authority occupancy has been down during the last 12 months. We have advertised, had meetings with agencies in our county and with church groups to improve occupancy. We have also demolished 5 units and renovated the exteriors of one of our problem developments. It is now at 100% occupancy. We plan to demolish 12 more units at another one of our developments with occupancy issues.

III. IMPROVE THE QUALITY OF ASSISTED HOUSING

PHA Score 90 (equal score)
SEMAP Score 100 (improved score)

We have held several residents meeting during the past 12 months to improve customer satisfaction. We have added air conditioning to some of our apartments and are in the process of installing several additional air conditioning units. Our Capital Fund Program allows us to modernize our existing housing stock so we can be competitive with private management companies while catering to the needs of our residents. As mentioned above we have done some demolition and plan to demolish 12 more units with Capital Funds. We are not planning any replacement housing due to the vacancy issues in our rural community.

Increasing Assisted Housing Choices

Our Section 8 Coordinator counsels and explains the benefits of portability to Section Participants. She also outreaches to potential Landlords by advertising in the local Newspapers. She explains the benefits of being a Section 8 Landlord to prospective landlords.

IV. PROVIDE IMPROVED LIVING ENVIRONMENT

We hired 2 additional off-duty policemen to patrol from 9:00 p.m. to 2:00 a.m., 4-5 nights a week at some of our family developments. We have installed security cameras at some of our sites and plan to install more. We review the DVDs when there are problems.

We redecorated the common area at one of high rises and plan to purchase a ping-pong table for that building.

V. PROMOTION OF SELF-SUFFICIENCY AND ASSET DEVELOPMENT

We go into great detail explaining the Mandatory Earned Income Program and our Flat Rents so residents understand they can go to work and not be forced to pay excessive amounts of rent when their earned income increases.

We continue to provide space for Adult Daycares in some of our high rises. We also work closely with agencies in our area that provide elderly and disabled services.

Ensure Equal Opportunity and Affirmatively further Fair Housing Objectives

Management meets with employees, explaining and assuring that all employees understand Fair Housing. We plan to attend additional Fair Housing Training in 2010.

ELEMENT B

THE FOLLOWING HIGHLIGHTED CHANGES HAVE BEEN MADE BY THE SALINE COUNTY HOUSING AUTHORITY BOARD OF COMMISSIONERS TO THE ADMISSIONS AND CONTINUED OCCUPANCY POLICY

Chapter 6

INCOME AND RENT DETERMINATIONS

[24 CFR Part 5, Subparts E and F; 24 CFR 960, Subpart C]

6-II.G. PERMISSIVE DEDUCTIONS [24 CFR 5.611(b)(1)]

Permissive deductions are additional, optional deductions that may be applied to annual income. As with mandatory deductions, permissive deductions must be based on need or family circumstance and deductions must be designed to encourage self-sufficiency or other economic purpose. If the PHA offers permissive deductions, they must be granted to all families that qualify for them and should complement existing income exclusions and deductions [PH Occ GB, p. 128].

The Form HUD-50058 Instruction Booklet states that the maximum allowable amount for total permissive deductions is less than \$90,000 per year.

PHA Policy

The PHA has opted to allow Child Support as a Permissible Deduction. If a household member pays court ordered child support, the PHA will allow up to \$500.00 per month as a deduction of their annual income. The member must bring in documentation showing the amount of child support they pay and a record of payments in the last 12 months. The child support amount will be deducted from the family's annual income when calculating rent. The PHA has estimated the cost of such deductions before implementing. (effective 8/1/09)

6-II.D. MEDICAL EXPENSES DEDUCTION [24 CFR 5.611(a)(3)(i)]

Unreimbursed medical expenses may be deducted to the extent that, in combination with any disability assistance expenses, they exceed three percent of annual income.

The medical expense deduction is permitted only for families in which the head, spouse, or cohead is at least 62 or is a person with disabilities. If a family is eligible for a medical expense deduction, the medical expenses of all family members are counted [VG, p. 28].

Definition of Medical Expenses

HUD regulations define *medical expenses* at 24 CFR 5.603(b) to mean "medical expenses, including medical insurance premiums, that are anticipated during the period for which annual income is computed, and that are not covered by insurance."

PHA Policy

The most current IRS Publication 502, *Medical and Dental Expenses*, will be used to determine the costs that qualify as medical expenses.

Summary of Allowable Medical Expenses from IRS Publication 502	
Services of medical professionals	Substance abuse treatment programs
Surgery and medical procedures that are necessary, legal, noncosmetic	Psychiatric treatment
Services of medical facilities	Ambulance services and some costs of transportation related to medical expenses
Hospitalization, long-term care, and in-home nursing services	The cost and care of necessary equipment related to a medical condition (e.g., eyeglasses/lenses, hearing aids, crutches, and artificial teeth)
Prescription medicines and insulin, but <u>not</u> nonprescription medicines even if recommended by a doctor	Cost and continuing care of necessary service animals and emotional support animals.
Improvements to housing directly related to medical needs (e.g., ramps for a wheel chair, handrails)	Medical insurance premiums or the cost of a health maintenance organization (HMO)
Note: This chart provides a summary of eligible medical expenses only. Detailed information is provided in IRS Publication 502. Medical expenses are considered only to the extent they are not reimbursed by insurance or some other source.	

Emotional Support Animals as a Medical Deduction for disabled and Elderly Families

Disabled and elderly families who claim medical deductions may be approved to have “Emotional Support Animals” and the care of the animal is part of the medical deductions. The families must provide written documentation from 2 medical professionals stating their need for such animals. The “ESA” will be subject to the pet policy guidelines regarding pet deposit, immunization records, weight limits, behavior, etc., however the family with “ESA” medical deductions will include the food and veterinary bills of the animal. (effective 8/1/09)

Families That Qualify for Both Medical and Disability Assistance Expenses

PHA Policy

This policy applies only to families in which the head, spouse, or cohead is 62 or older or is a person with disabilities.

When expenses anticipated by a family could be defined as either medical or disability assistance expenses, the PHA will consider them medical expenses unless it is clear that the expenses are incurred exclusively to enable a person with disabilities to work.

In order for the family to claim a medical deduction, a medical professional must provide the PHA with written documentation.

Chapter 14

COMPLAINTS, GRIEVANCES AND APPEALS

[24 CFR Part 966 Subpart B]

INTRODUCTION

The informal hearing requirements defined in HUD regulations are applicable to participating families who disagree with an action, decision, or inaction of the PHA. This Chapter describes the policies to be used when families disagree with a PHA decision. It is the policy of the PHA to ensure that all families have the benefit of all protections due to them under the law.

Grievances shall be handled in accordance with the PHA's approved Grievance Procedures. The written grievance procedure is incorporated into this document by reference and is the guideline to be used for grievances and appeals.

A. COMPLAINTS

The PHA will respond promptly to all complaints.

Each complaint regarding physical condition of the units may be reported by phone to the Housing Authority Staff or **Project Manager**. Anonymous complaints are checked whenever possible. The PHA does not require that complaints be put in writing.

Complaints from families. If a family disagrees with an action or inaction of the PHA, complaints will be referred to the **Project Manager**.

Complaints regarding physical condition of the units may be reported by phone to the **Project Manager**.

Complaints from staff. If a staff person reports a family is violating or has violated a lease provision or is not complying with program rules, the complaints will be referred to the **Project Manager**.

Complaints from the general public. Complaints or referrals from persons in the community in regard to the PHA or a family will be referred to the **Project Manager**.

Anonymous complaints will be checked whenever possible.

B. APPEALS BY APPLICANTS

Applicants who are determined ineligible, who do not meet the PHA's admission standards, or where the PHA does not have an appropriate size and type of unit in its inventory will be given written notification promptly, including the reason for the determination.

Ineligible applicants will be promptly provided with a letter detailing their individual status, stating the reason for their ineligibility, and offering them an opportunity for an informal hearing.

Applicants must submit their request for an informal hearing orally or in writing (**preferably writing**) to the PHA within 15 days from the date of the notification of their ineligibility.

If the applicant requests an informal hearing, the PHA will provide an informal hearing within 15 days of receiving the request. The PHA will notify the applicant of the place, date, and time.

Informal hearings will be conducted by an impartial hearing officer. The person who is designated as the hearing officer cannot be the person who made the determination of ineligibility or a subordinate of that person.

The applicant may bring to the hearing any documentation or evidence he/she wishes and the evidence along with the data compiled by the PHA will be considered by the hearing officer.

The hearing officer will make a determination based upon the merits of the evidence presented by both sides. **Within 15 days** of the date of the hearing, the hearing officer will mail a written decision to the applicant and place a copy of the decision in the applicant's file. The decision will be explained in detail in the letter.

Pre-Hearing Procedures

Informal Conference Procedures

Any grievance shall be presented orally or in writing (**preferably writing**) to the PHA office that sent the notice on which the grievance is based. Written grievances must be signed by the complainant. The grievance must be presented within 15 days for evictions or disputes regarding rent due and 30 day for all other evictions or PHA action the tenant disputes. It may be simply stated, but shall specify:

The particular grounds upon which it is based,

The action requested; and

The name, address, and telephone number of the complainant, and similar information about the complainant's representative, if any.

The purpose of the initial discussion is to discuss and to resolve the grievance without the necessity of a formal hearing.

Within 10 working days, a summary of this discussion will be given or mailed to the complainant by a PHA representative. One copy will be filed in the tenant's file.

The summary will include: names of participants, the date of the meeting, the nature of the proposed disposition, and the specific reasons for the disposition. The summary will also specify the steps by which a formal hearing can be obtained if the complainant is not satisfied.

Dissatisfaction with Informal Conference

If the complainant is dissatisfied with the proposed disposition of the grievance, s/he shall submit an oral or written (**preferably written**) request for a hearing within 15 working days of the date of the summary of the informal meeting.

The request for a hearing must be presented to the Executive Director.

The request must specify the reason for the grievance request and the relief sought.

This policy was added to the Personnel Policy

GPS POLICY & PROCEDURES

GPS Systems have been installed in all SCHA owned vehicles. The vehicles will be tracked to save gas, make sure employees are where they should be and aid in the Project Based Management tracking.

Management will be running reports at least weekly.

The reports will show if the GPS has been tampered with. Employees must not pull on the wires or try to disconnect the unit. If an employee thinks something is wrong with the unit, they must contact Ed Littlefield immediately.

If the GPS has been tampered with, the employee driving the car will be reprimanded and if there are repeated incidents, the employee will be terminated.

According to the Personnel Policy, Disciplinary Action and Cause for Immediate Dismissal-

A . Disciplinary Action-

Warning Notice/Dismissal

2. Failure to be in an assigned workplace at starting time and quitting time
3. Failure to notify to Authority when taking leave of any kind
4. Being in an unassigned area during working hours without permission other than in the line of duty
5. Failure to follow any work standard or any policy or procedure established by the Authority

These types of infractions are all grounds for discipline. If violated, the employee will be given a warning notice and this warning notice will stay in the employee file for a period of six (6) months and if there is a repeated violation of this type that occurs within the six (6) month period that the warning notice is in effect, the employee shall be terminated. See Personnel Policy page 21.

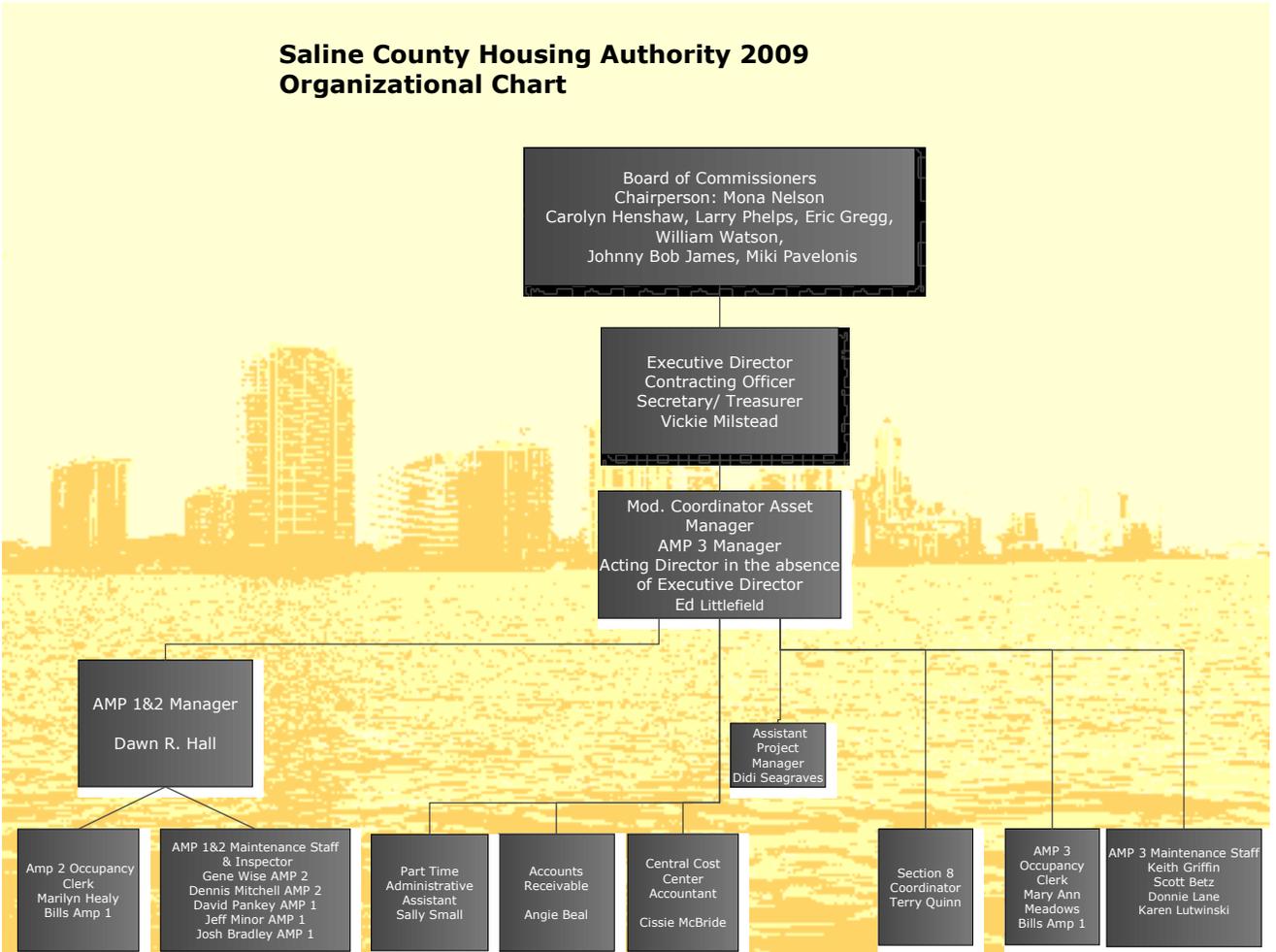
These infractions are just examples. Other situations may come up that would also be grounds for discipline.

If you are required to switch cars, please notify your Project Manager and note in your daily log.

Every maintenance employee will be required to park in the County lot and before clocking in, they should pick up their vehicle and drive it to the maintenance barn. This is a must for the GPS System and there will be no exceptions.

ELEMENT D

2009 Organizational Chart



ELEMENT E

Procurement Policy Change

THE FOLLOWING HIGHLIGHTED CHANGES HAVE BEEN MADE BY THE SALINE COUNTY HOUSING AUTHORITY BOARD OF COMMISSIONERS

Small purchase amount increased from \$5000 to \$15,000

VI. 2.0 PROCUREMENT METHODS

If it has been decided that the Housing Authority will directly purchase the required items, one of the following procurement methods shall be chosen, based on the nature and anticipated contract value of the total requirement.

- A. **General** - Any construction contracts (demolition, excavation, construction, alteration or renovation) and purchases of materials or supplies not exceeding \$15,000 may be made in accordance with the small purchase procedures authorized in this section. Contract requirements shall not be artificially divided so as to constitute a small purchase under this section (except as may be reasonably necessary to comply with Section 5.0 of this Policy).

ELEMENT F

Financial Resources- Planned Sources and Uses

SUBSIDY 2010

Public Housing Operating Fund	1,376,165.00
Section 8 Vouchers	481,440.00
FmHA Section 515	212,208.00

CFP GRANTS

CFP 07	293.80
CFP 08	302,815.80
CFP 09	799,520.00
ARRA	957,531.00

PHA DWELLING RENTAL INCOME

813,844.98

OTHER INCOME

Non dwelling rental	12,600.00
Laundry & Soda Income	25,000.00

Total Resources

4,981,418.58

ELEMENT H

SALINE COUNTY HOUSING AUTHORITY HOUSING NEEDS – WAITING LISTS

Public Housing has 67 families on the waiting list ranging from extremely low-to- low income. The majority of these applicants are families with children. The waiting list is not closed.

Section 8 has a total of 111 applicants on the waiting list with the majority of these applicants in the extremely low income range with children. The waiting list is not closed.

ELEMENT I

Definition of a Substantial Deviation or Significant Amendments of 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.

ELEMENT J

Resident Advisory Board Comments

<u>Resident Name</u>	<u>Description of Improvements</u>
Lenora Krause	New closet doors on interior of apartments at Mill Street Apartments
Wilma Hopkins	Storage shelves in closets, counter for rolling out pie crust at Kathrine Neal Apartments

No changes in the Housing Authorities Plans were made due to the residents' comments. Explained to the RAB that the items that were suggested at the meetings were in the PHA Plans that the Authority currently had.

The Authority received no objections.

ELEMENT K

Carbon Monoxide Detector Act 430 ILCS 135

Saline County Housing Authority had installed carbon monoxide detectors in 2001 prior to the Illinois Compiled Statute 430 ILCS 135. Every unit that has gas-operated appliances under the Housing Authority's control, has carbon monoxide detectors on each level and are checked for proper operation twice a year and replaced per manufacturers' recommendations.

ELEMENT L

SALINE COUNTY HOUSING AUTHORITY VIOLENCE AGAINST WOMEN ACT (VAWA)

It is the policy of SCHA to cooperate with organizations and entities, both private and governmental that provides shelter and/or services to victims of domestic violence. If SCHA staff become aware that an individual assisted by SCHA is a victim of domestic violence, dating violence or stalking, SCHA will refer the victim to such providers of shelter or services as appropriate. Notwithstanding the foregoing, our Policy does not create any legal obligation requiring SCHA either to maintain a relationship with any particular provider of shelter or services to victims or domestic violence or to make a referral in any particular case.

SCHA works in conjunction with local law enforcement agencies, Illinois Department of Children and Family Services and Anna Bixby Women Center to ensure safety of residents against crimes of violence. Every resident at lease-up time is explained the policy in detail, given a resident handbook which includes the policy, and signs an addendum to the lease at both lease-up time and re-certification time.

Part I: Summary				FFY of Grant: 2010	
PHA Name: Saline County Housing		Grant Type and Number Capital Fund Program Grant No: IL06P04350110 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant Approval: 2010	
Type of Grant					
<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	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	75,646.00			
5	1411 Audit	1,800.00			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	52,600.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	277,514.00			
10	1460 Dwelling Structures	309,000.00			
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 ⁴				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary					
PHA Name: Saline County		Grant Type and Number Capital Fund Program Grant No: IL06P04350110 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2010 FFY of Grant Approval: 2010	
Type of Grant					
<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	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
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)	40,000.00			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	756,560.00			
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				
Signature of Executive Director 		Date 08/26/2009		Signature of Public Housing Director	
				Date	

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

Part II: Supporting Pages								
PHA Name: Saline County Housing			Grant Type and Number Capital Fund Program Grant No: IL06P04350110 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP Wide	Administration	1410	L.S.	75,646.00				Planned 2010
AMP Wide	Audit Costs	1411	L.S.	1,800.00				Planned 2010
AMP Wide	A/E Fees	1430	L.S.	52,600.00				Planned 2010
AMP 3 43-8	Install new water main	1450	L.S.	30,000.00				Planned 2010
AMP 2 43-13A	Install new roof systems & Ventalation	1460	2Buildings	35,000.00				Planned 2010
AMP 2 43-13A	Install new entrance doors & storm doors	1460	6 Units	24,000.00				Planned 2010
AMP 2 43-13A	Replace driveway section & sidewalk	1450	L.S.	20,000.00				Planned 2010
AMP 2 43-14M	Install Security lighting	1450	6 Lights	12,000.00				Planned 2010
AMP 2 43-14M	Install new roofs & ventalation systems	1460	5Buildings	45,000.00				Planned 2010
AMP 1 43-7	Install new windows in building	1460	186 Units	190,000.00				Planned 2010
AMP 1 43-7	Exterior Painting & wall repairs	1460	1Building	15,000.00				Planned 2010
AMP 3 43-4	Driveway Repairs, Sidewalks, Drainage	1450	L.S.	215,514.00				Planned 2010
AMP Wide	Contingency	1502	L.S.	40,000.00				Planned 2010

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

² To be completed for the Performance and Evaluation Report.

Part I: Summary					
PHA Name: Saline County Housing IL043		Grant Type and Number Capital Fund Program Grant No: IL06P04350107 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2007 FFY of Grant Approval: 2007
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	5,000.00			
4	1410 Administration (may not exceed 10% of line 21)	74,355.20			
5	1411 Audit	1,800.00			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	50,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	41,505.00			
10	1460 Dwelling Structures	557,800.00			
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 ⁴				

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: Saline County IL043		Grant Type and Number Capital Fund Program Grant No: IL06P04350107 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2007 FFY of Grant Approval: 2007	
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: 1)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/31/2009		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
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)	13,091.80			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	743,552.00			
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				
Signature of Executive Director 		Date 8-20-09		Signature of Public Housing Director	
				Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Saline County Housing IL043			Grant Type and Number Capital Fund Program Grant No: IL06P03450107 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2007		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
43-13C Neal Apts	Install New Bifold Doors in all units	1460	105 Doors	54,645.20		54,645.20		In Progress
43-13C Neal Apts	Install New Intraance doors in all units	1460	100 Doors	56,354.20		56,354.20		In Progress
43-13C Neal Apts	Install New Security Lighting	1450	LumpSum	18,931.20		18,931.20		In Progress
43-7 Blackman	Install new Bifold doors & Fire AlarmSys	1460	60 Apts	152,000.00		152,000.00		In Progress
43-14S Sneed	Install New boiler system & Water heater	1450	1 Sys	93,602.20		93,602.20		In Progress
43-7 Blackman	Install New Roofing System	1460	1BLD	82,000.00		82,000.00		In Progress
AMP Wide	A/E Fees	1430	L.S.	50,000.00		50,000.00		In Progress
43-14S Sneed	Install new Fire Alarm System	1460	L.S.	56,925.00		56,925.00		In Progress
43-14C BradleyChoisser	Install new Fire Alarm System	1460	L.S.	56,925.00		56,925.00		In Progress
43-14S Sneed	Install new Refrigerators	1460	51	38,670.20		38,670.20		In Progress
AMP Wide	Administration	1410	L.S.	74,355.20		74,355.20		In Progress
Contingency AMP Wide	Contingency	1502	L.S.	9,143.80		0.00		

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

² To be completed for the Performance and Evaluation Report.

Part I: Summary						
PHA Name: Saline County Housing IL043		Grant Type and Number Capital Fund Program Grant No: IL06P04350108 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2008 FFY of Grant Approval: 2008	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)	75,646.00				
5	1411 Audit	1,800.00				
6	1415 Liquidated Damages					
7	1430 Fees and Costs	53,000.00				
8	1440 Site Acquisition					
9	1450 Site Improvement	60,000.00				
10	1460 Dwelling Structures	534,015.80				
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition	25,000.00				
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary						
PHA Name: Saline County IL043		Grant Type and Number Capital Fund Program Grant No: IL06P04350108 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2008 FFY of Grant Approval: 2008	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/2009			<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
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)	7,000.00				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	756,462.00				
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					
Signature of Executive Director 		Date 8.26.09		Signature of Public Housing Director		
				Date		

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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⁴ RHF funds shall be included here.

Part I: Summary		
PHA Name: Saline County Housing IL043	Grant Type and Number Capital Fund Program Grant No: IL06P04350109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009

Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report
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Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	79,500.00			
5	1411 Audit	1,800.00			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	55,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	42,000.00			
10	1460 Dwelling Structures	576,206.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition	25,000.00			
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary					
PHA Name: Saline County IL043		Grant Type and Number Capital Fund Program Grant No: IL06P04350109 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2009 FFY of Grant Approval: 2009	
Type of Grant <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	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
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)	45,014.00			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	799,520.00			
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				
Signature of Executive Director 		Date 09/03/2009 8-24-09		Signature of Public Housing Director _____	
				Date _____	

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Part II: Supporting Pages								
PHA Name: Saline County Housing IL043			Grant Type and Number Capital Fund Program Grant No: IL06P04350109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
43-144 Mings	Install new E.E. Furnaces & Accessories	1460	10	45,000.00				Planned
43-144 Mings	Removate Kitchens	1460	10	40,000.00				Planned
43-144 Mings	Install Security Lighting	1450	4	12,000.00				Planned
43-144 Mings	Install new interior doors	1460	50	30,000.00				Planned
43-144 Mings	Renovate Bathrooms	1460	10	30,000.00				Planned
43-144 Mings	Install new entrance & storm doors	1460	50	47,000.00				Planned
43-9 Mill Street	Install Security Lighting	1450	10	30,000.00				Planned
43-9 Mill Street	Renovate Kitchens	1460	12	48,000.00				Planned
43-9 Mill Street	Replace interior doors	1460	48	24,000.00				Planned
43-9 Mill Street	Remove & Replace Floor Tile	1460	12	78,000.00				Planned
43-9 Mill Street	Replace Plumbing	1460	12	86,406.00				Planned
H.A. Wide Admin	Administration	1410	1	79,500.00				Planned
AMP Wide Audit	Audit Costs	1411	1	1,800.00				Planned
A/E Fees	Architect/Engineer Fees	1430	1	55,000.00				RFQ Stage
43-131 Holland Street	Termite Treatment	1460	2 Building	8,000.00				Planned
43-131 Holland Street	Replace interior doors	1460	54	27,000.00				Planned
43-131 Holland Street	Replace Exterior Doors & Strom Doors	1460	30	22,800.00				Planned
Contingency	Contingency	1502	1	48,420.00				Planned
43-144 Mings	Install new Roofs & Ventalation System	1460	5Buildings	86,594.00				Planned

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

² To be completed for the Performance and Evaluation Report.

Part I: Summary					
PHA Name: Saline County Housing IL043		Grant Type and Number Capital Fund Program Grant No: IL0S04350109 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2009 FFY of Grant Approval: 2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/31/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	75,646.00	79,500.00		
5	1411 Audit	1,800.00	1,800.00		
6	1415 Liquidated Damages				
7	1430 Fees and Costs	55,000.00	55,000.00		
8	1440 Site Acquisition				
9	1450 Site Improvement	19,500.00	42,000.00		
10	1460 Dwelling Structures	574,014.00	576,206.00		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition	25,000.00	0.00		
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary						
PHA Name: Saline County IL043		Grant Type and Number Capital Fund Program Grant No: IL0S04350109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval: 2009	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)		
<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 ¹		
		Original	Revised ²	Obligated	Expended	
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)	40,000.00	45,014.00			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	790,960.00	799,520.00			
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					
Signature of Executive Director <i>Duke M. Stead</i>			Date 8-24-09		Signature of Public Housing Director	
					Date	

¹ To be completed for the Performance and Evaluation Report.

² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Saline County Housing IL043			Grant Type and Number Capital Fund Program Grant No: IL0S04350109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
43-144 Mings	Install new E.E. Furnaces & Accessories	1460	10	45,000.00	45,000.00			Planned
43-144 Mings	Removate Kitchens	1460	10	55,000.00	40,000.00			Planned
43-144 Mings	Install Security Lighting	1450	4	7,500.00	12,000.00			Planned
43-144 Mings	Install new interior doors	1460	50	30,000.00	30,000.00			Planned
43-144 Mings	Renovate Bathrooms	1460	10	30,000.00	30,000.00			Planned
43-144 Mings	Install new entrance & storm doors	1460	50	36,000.00	47,000.00			Planned
43-9 Mill Street	Install Security Lighting	1450	10	12,000.00	30,000.00			Planned
43-9 Mill Street	Renovate Kitchens	1460	12	48,000.00	48,000.00			Planned
43-9 Mill Street	Replace interior doors	1460	48	18,000.00	24,000.00			Planned
43-9 Mill Street	Remove & Replace Floor Tile	1460	12	78,000.00	78,000.00			Planned
43-9 Mill Street	Replace Plumbing	1460	12	108,000.00	86,406.00			Planned
H.A. Wide Admin	Administration	1410	1	76,646.00	79,500.00			Planned
AMP Wide Audit	Audit Costs	1411	1	1,800.00	1,800.00			Planned
A/E Fees	Architect/Engineer Fees	1430	1	55,000.00	55,000.00			RFQ Stage
43-131 Holland Street	Termite Treatment	1460	2 Building	8,000.00	8,000.00			Planned
43-131 Holland Street	Replace interior doors	1460	54	15,000.00	27,000.00			Planned
43-131 Holland Street	Replace Exterior Doors & Strom Doors	1460	30	18,000.00	22,800.00			Planned
Contingency	Contingency	1502	1	30,000.00	48,420.00			Planned
43-144 Mings	Install new Roofs & Ventalation System	1460	5Buildings	0.00	90,000.00			Planned

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

² To be completed for the Performance and Evaluation Report.

PART I: SUMMARY

PHA Name/Number Saline County IL043		Locality Harrisburg, Saline, Illinois			<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	600,814.00	534,814.00	595,814.00	595,814.00
C.	Management Improvements		21,000.00	25,000.00	25,000.00	25,000.00
D.	PHA-Wide Non-dwelling Structures and Equipment					
E	ADMINISTRATION		75,646.00	75,646.00	75,646.00	75,646.00
F.	Other A/E Fees		59,000.00	59,000.00	60,000.00	60,000.00
G.	Operations					
H.	Demolition			62,000.00		
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		756,460.00	756,460.00	756,460.00	756,460.00
L.	Total Non-CFP Funds					
M.	Grand Total		756,460.00	756,460.00	756,460.00	756,460.00

PART I: SUMMARY (CONTINUATION)

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
	43-143 Bradley-Choisser	Annual Statement	Install new boiler systems Renovate old elevator			Replace through wall heat/ac
	43-146 Sneed		Renovate old Elevator		Renovate kitchens	Replace through wall heat/ac
	43-142 Barnes		Install new roofs & Doors			
	43-5 HARRISON STREET		Replace Driveways, Construct Dumpster surround			
	43-4 Washington Street		Replace Driveways Phase II			Renovate interiors
	43-8 Delmon Bean		Replace Driveway & Renovate Kitchens			
	43-1		Demo 12 Units & Construct Parking Lot	Site Work, renovate bathrooms, new roofs, install new doors, security cameras, replace driveway, sidewalks Construct trash containers		
	43-7 Blackman				Replace through wall heat/ac, replace stairwell windows & doors, renovate ground floor bathrooms	
	43-3 Kermit Coffee					Install security cameras
	43-145 Richey					Install security cameras & security lighting
	43-144 Mings				Install security cameras	

