

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>HOUSING AUTHORITY OF PULASKI COUNTY</u> PHA Code: <u>IL000045</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>04-01-2010</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>134</u> Number of HCV units: _____				
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.)				
	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: Our aim is to ensure safe, decent, and affordable housing; create opportunities for residents' self sufficiency and economic independence; and assure fiscal integrity by all program participants.				
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. See Attachment G				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: See Attachment H (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. The PHA Plan is available for review and copying at the PHA Office, 130 Richland Terrace, Mounds, IL 62964				
7.0	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>				
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.				
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.				
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. See Attachment L				

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. HAPC continues to provide safe, decent, affordable housing to families in need in the Pulaski County area. Although our waitlist is currently open, the list continues to grow because of the need for more housing. HAPC has met with local mayors and addressed the need for more affordable housing to be built in the area. We will continue to collaborate with the mayors and look into acquiring HUD funding to build more housing units in the area.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested. See Attachment M</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>
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> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. See Attachment N</p> <p>(g) Challenged Elements See Attachment N</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

Part I: Summary		
PHA Name: Housing Authority of Pulaski County	Grant Type and Number Capital Fund Program Grant No: IL06P04550110 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2010 FFY of Grant Approval:

Type of Grant
 Original Annual Statement **Reserve for Disasters/Emergencies** **Revised Annual Statement (revision no:)**
 Performance and Evaluation Report for Period Ending: **Final Performance and Evaluation Report**

Line	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	8,600			
3	1408 Management Improvements	8,000			
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	20,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	5,000			
10	1460 Dwelling Structures	146,000			
11	1465.1 Dwelling Equipment—Nonexpendable	15,000			
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: Housing Authority of Pulaski County		Grant Type and Number Capital Fund Program Grant No: IL06P04550110 Replacement Housing Factor Grant No: Date of CFPP:			FFY of Grant:2010 FFY of Grant Approval:	
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)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	202,600				
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			
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: Housing Authority of Pulaski County			Grant Type and Number Capital Fund Program Grant No: IL06P04550110 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	
HA Wide	A/E Fees	1430		20,000				
	Stoves/Refrigerators	1465.1		10,000				
	Boilers	1465.1		5,000				
	Internet Cost/Security Cameras	1406		5,100				
	Tree Removal	1450		5,000				
	House Washing	1460		15,000				
Administrative	Computers	1408		8,000				
	Travel for Staff Trainings	1406		3,500				
IL045-2 & IL045-3	Replace Boiler Room Doors	1460		70,000				
	Move/Reposition Filtro Tanks	1460		40,000				
	Replace Boiler Pump/Motor	1460		21,000				

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

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

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

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

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

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

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

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

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

Part I: Summary						
PHA Name/Number: Housing Authority of Pulaski County (IL0000045)		Locality (City/County & State) Mounds, Pulaski, 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	303,400	215,120	380,750	213,120
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment			30,000		
E.	Administration					
F.	Other		20,000	20,000	20,000	20,000
G.	Operations		23,600	23,600	23,600	23,600
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		347,000	288,720	424,350	256,720
L.	Total Non-CFP Funds					
M.	Grand Total					

HAPC's QUANTIFIABLE GOALS & OBJECTIVES

PHA Goal: Improve public housing management: (PHAS score)

- Housing Authority of Pulaski County (HAPC) continues to strive to improve the agency PHAS score. HAPC has always been deemed a High Performer, but in 2008 we were dropped to Standard Performer because of the high vacancy rate within the authority. During that year, we had a few units that were heavily damaged by tenants which took a great amount of time to turn around. To remedy this issue, we have instructed our maintenance department to advise the office staff if they notice that a unit has lots of damage within between inspections. These units will be inspected every 2 weeks until the tenant shows improvement with damage control of the unit.

PHA Goal: Improve customer satisfaction

- HAPC continues to strive to improve customer satisfaction by maintaining an open-door policy with all tenant issues. We encourage our tenants to talk with us if there is an issue within the authority, especially if it involves behavior from management or the maintenance department. A suggestion box is available to all tenants.

PHA Goal: Renovate or modernize public housing units

- HAPC receives CFP funds each year to renovate and modernize our public housing units. Over the past five years, we have replaced tub surrounds in all units, and updated all refrigerators and stoves to Energy Star appliances to improve energy use.

PHA Goal: Strive to work closely with law enforcement agencies and Service Agencies

- HAPC continues to build a working relationship with local law enforcement agencies and the mayors in each town that our developments are located.

PHA Goal: Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability.

- HAPC ensures access to assisted housing regardless of race, color, religion, national origin, sex familial, status and disability through its policies and procedures.

PHA Goal: Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required.

- HAPC has met its 504 goals and continues to provide reasonable accommodations when requested.

PHA Goal: We shall strive to enhance and maintain our current housing stock

- HAPC will continue to utilize capital fund program grants to modernize its public housing units and by performing a physical needs assessment and energy audit for the development every 5 years.

PHA Goal: We shall keep our line of communication open to residents and community leaders for ideas and concerns.

- HAPC provides to our residents a quarterly newsletter informing them of any information that will directly affect them and their living environments. We also welcome comments from the mayors for ways to continue to live in harmony with the local communities.

PHA PLAN UPDATE

(SUMMARY OF POLICY OR PROGRAM CHANGES)

Section 6 (a)

1. no change
2. no change
3. no change
4. no change
5. no change
6. no change
7. no change
8. no change
9. no change
10. see attachment (emailed to PHA plan coordinator)
11. The Housing Authority has an Audit done in compliance with HUD regulations on an annual basis. It is available for review during normal business hours at our main office.
12. n/a
13. see attachment (see attachment n)

- Since our plan from last year, we have added an addendum to our Procurement Policy, as instructed by HUD, to expedite the expenditures of ARRA Stimulus Funds.
- We have recorded current Declarations of Trust against every open Capital Fund Grant at our local courthouse.
- We completed and filed all Section 3 requirements.

Procurement Policy Amendment to facilitate obligation
and expenditure of Recovery Act Funds (ARRA)

Since the Housing Authority of Pulaski County is receiving funding from American Recovery and Reinvestment Act of 2009 (Recovery Act) that was signed into law by President Obama on February 17th, 2009; and

Since HUD published PIH Notice 2009-12 stating that a PHA shall amend its procurement policy to facilitate obligation and expenditure of Recovery Act funds; and

Since we always want to comply with HUD requirements,

Be it hereby resolved that the Housing Authority of Pulaski County amends its Procurement Policy when dealing solely with Recovery Act funding to authorize our Contracting Officer to ignore state and local procurement requirements as expressed in our Procurement Policy except where permitted by 24 CFR 85 (i.e., conflict of interest and bid protest procedures).

In addition, The sentence that reads “In the event an applicable law or regulation is modified or eliminated, or a new law or regulation is adopted, the revised law or regulation shall, to the extent inconsistent with these Policies, automatically supersede these Policies” contained in the Changes in Laws and Regulations Section under General Provisions is suspended solely for procurements made with Recovery Act funding.

Voting as follows:

Ayes: Massie, Riley, Thomas, Dixon

Not available: Hudson

Nays: none

This resolution shall become effective immediately and shall become an addendum to our Procurement Policy.

Violence Against Women Act Report

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

The HAPC has entered into an Agreement with the Pulaski County State's Attorney's Victim's Advocate Program. This Agreement provides for a network of services which mutually lead to the betterment of our clients. As follows:

1. Recognize the existence of their respective professional services.
2. Maintain regular and frequent contact regarding changes in service elements present within each.
3. Assist in providing necessary client information with the use of appropriate release of information forms.
4. Acquaint and refer individuals who may have need of the other's services.
5. Generally promote the continuation of a cooperating coordination of services now available to victims of crime.
6. Neither agency will be required to accept a referral for inappropriate services.

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

For current residents, the HAPC will provide the Mandatory Notification material (brochures) which makes them aware of the requirements of VAWA. At the time of initial lease-up, the resident will be provided Mandatory Notification material (brochures) which outlines VAWA and the resident's rights. After proper notification, the dwelling lease has been modified to include the VAWA requirements.

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

The HAPC will issue a HUD approved certification form for victims of abuse to use to certify that the alleged incidents of abuse are bona fide or in certain instances accept certifications from service providers. The HAPC will work closely with the Pulaski County Victim's Advocate, State's Attorney, and local police departments to effectively bar perpetrators of said activities from HAPC property.

Housing Authority of Pulaski County
2010 Fiscal Year
2010 to 2014 Five Year Plan

CARBON MONOXIDE DETECTOR ACT PLAN

The Carbon Monoxide Detector Act is effective as of January 1, 2007 and requires that a carbon monoxide detector is to be installed within 15 feet of a bedroom (a room where someone sleeps) and where there is a possibility for combustion, such as with gas furnace (does not apply to electric base board heat). The Housing Authority of Pulaski County has complied as of January 1, 2007 and has installed battery operated carbon monoxide detectors in all units with gas furnaces. When a resident moves in to property owned by the Housing Authority of Pulaski County, 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.

As Executive Director of the Housing Authority of Pulaski County, I hereby certify that the Housing Authority has met the requirements of the Carbon Monoxide Alarm Detector Act by installing combination Carbon Monoxide/Smoke Alarms that are hard wired with battery backup.

HOUSING NEEDS

In Illinois in 1990, over 1.1 million households had at least one housing problem, as defined by HUD. The most common housing problem in Illinois is a cost burden of over 30% of income, experienced by 22% of all low and moderate income households. These households pay more than 30% of their income for housing related costs, including utilities. Among some income groups severe cost burden (over 50% of income) is common.

While future demand cannot be positively determined, the need for available assisted housing is not anticipated to drastically change within the next five year period. Therefore, while we can not justify a need for units to be built, preservation and rehabilitation of the existing housing stock is a priority.

MARKET CONDITIONS

The State's housing markets are most certainly local phenomena. They are affected, as most housing markets, by national and global economic trends and changing housing production technologies. Public policies can also influence local markets and the markets in turn can influence how government can effectively use programs to assist people in need.

On a more local level, the market condition in Pulaski County is very much affected by the income level of most of the country. The market for additional housing is very slim because of affordability to build and maintain them.

PULASKI COUNTY STATISTICAL INFORMATION (Obtained from Illinois Housing Development Authority)

The entire Pulaski County area is in a designated empowerment zone.

Racial/Ethnic – Pulaski County is one of five counties in Illinois with Black population percentages that exceed that of the State as a whole. Pulaski County's Black population percentage is 32.7% with the overall State percentage of Black population being 14.6%.

Low-Income-Pulaski County has 60.5% of the households with 0-80% MFI.

Extremely Low Income-Pulaski County has 27.8% of the households with 0-30% MFI.

Poverty-Pulaski County shows 30.2% of persons below the poverty level with the State level being 17.85% - The highest rates of poverty in 1990 were actually found to be in the remote, nonmetropolitan counties. Among family types, poverty rates are highest in female-headed households.

Based upon information compiled from Authority records, the majority of the public housing tenant's fall below 30% of medium income range, with the remainder being very low to low income. Approximate 30% of our current waiting list claims zero income. Public housing tenants pay 30% of their income for rent, with flat rents established for all bedroom sizes. This makes the average payment by households in Public Housing at approximately \$150.00 (including utilities) per month. Because of limited financial resources, it is difficult for them to become homeowners or rent units without assistance. It is necessary that subsidized housing programs continue and employment opportunities increase.

Currently, the waiting list for family units is plenty long enough to meet our family needs. However, the waiting list for our elderly one bedroom units is almost nonexistent.

The Welfare to Work initiatives have encouraged employment among the residents and due to lack of employment opportunities in the area, relocation has become necessary.

In summary, the provision of affordable housing for low, very low and extremely low income households in the state is a major priority. The same holds true in the Pulaski County area alone. We need to concentrate on the preservation and rehabilitation of our current stock.

Section 10-Additional information

STATEMENT OF PROGRESS IN MEETING FIVE-YEAR PLAN GOALS:

HAPC has met most of the goals described in the previous 5-year plan. We have completed the installation of its security camera system at all sites. This has brought awareness to the housing residents that we are serious about helping to prevent crime within the housing communities. We have also completed the installation of new tub surrounds in the bathrooms at all sites. With the availability of CFP funds, we will continue to renovate, update and maintain our current housing stock.

(B) Substantial Deviation from the 5-year Plan:

Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.

The Housing Authority of the Pulaski County reserves the right to full fungibility in the accomplishment of its goals and objectives in the capital improvement plan. Funds from one year's plan may be utilized to accomplish any work item scheduled during the five-year plan and shall not be considered a substantial deviation. Any excess funds remaining after completion of the scheduled work items for the annual plan year may be utilized for a future year's planned work items or transferred into the operations account. This shall not be considered a substantial deviation. Capital Funds may be transferred into Operations at any time to prevent the Housing Authority from being designated as financially troubled.

Significant Amendment or Modification to the Annual Plan:

Significant amendments or modifications to the Annual Plan are defined as changes to rent or admissions policies or organization of the waiting list.

(C) n/a

Membership of the Resident Advisory Board
Housing Authority of Pulaski County
Beverly Evers, Karnak, IL
Sheila Thompson, Ullin, IL
Leon Patterson, Mound City, IL
Toni Terry, Mounds, IL
Rebecca Ayedelott, RD

MINUTES TO RESIDENT ADVISORY BOARD
July 27, 2009

The resident advisor board held a meeting at the Housing Office in Mounds on Monday, July 27, 2009 at 3:00 PM.

Those in attendance were as follows:

Toni Terry, Leon Patterson, Sheila Thompson, Beverly Evers, Rebecca Ayedelott & Joann Pink-Executive Director

Secretary read the minutes of the previous meeting.

Items discussed were as follows:

Election of new officers, 2 seats were up for election. Current RAB members Leon Patterson and Sheila Thompson were re-elected to serve on the board for 3 year term.

The floor was opened for discussion. Mrs. Pink opened the discussion by informing the RAB of a new policy that HUD has strongly suggest that HA consider adopting, a No Smoking Policy in Public Housing. All RAB members were against adopting this policy and since it was only a suggestion from HUD recommended that we table the issue.

Discussion was then brought up about concerns at the different sites. Some of the concerns discussed were:

Children unattended outside and playing in street

Parking on grass

Wading pools

Behavior of tenants-getting involved in the neighborhood.

Members of RAB were encouraged to notify the office of serious offenses in the site areas. No policies were changed. RAB suggested placing speed bumps at the other sites.

CFP funded projects for this year will be replacing electrical poles at all sites and replacing tub surrounds at the Mounds site. This project will be partially funded with ARRA Stimulus fund. Next project will be replace kitchen cabinets, and gutters & downspouts.

There being no further business to discuss, meeting was adjourned at 4:23pm.
RAB Member Sheila Thompson mailed the following comments to the housing office.
Suggested repairs/upgrades for Ullin:

- Removal of broken trees (due to ice storm)
- Removal of unwanted furniture around trash area
- Provide concrete blocks in parking lot so drivers won't park on sidewalks
- Replacement of Heat covers
- New playground equipment (especially swings)
- replacement of bathroom heaters

The Public Hearing was held January 13, 2010, regard the 5-year PHA Plan.
In attendance was Executive Director Joann Pink. No other person was in attendance and no comments were made or submitted to me on the Plan contents.

No elements of the PHA Plan were challenged.

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		FFY of Grant: 2010	
PHA Name: Housing Authority of Pulaski County	Grant Type and Number Capital Fund Program Grant No: IL06P04550110 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending: _____
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: _____)
 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)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	202,600			
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		Signature of Public Housing Director		Date	
<i>Jeanne Park</i>				01-14-2010	

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
 Expires 4/30/2011

Part I: Summary

PHA Name: Housing Authority of Pulaski County		Grant Type and Number Capital Fund Program Grant No. IL06FP04550109 Date of CFFP: _____		Replacement Housing Factor Grant No: _____		FFY of Grant: 2009	
						FFY of Grant Approval: _____	

Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: _____		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report					
Line Summary by Development Account		Total Estimated Cost		Revised ²		Total Actual Cost ¹	

Signature of Executive Director <i>Jamie Steele</i>		Date 01-14-2010		Signature of Public Housing Director		Obligated		Date		Expended	
--------------------------------------------------------	--	--------------------	--	--------------------------------------	--	-----------	--	------	--	----------	--

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
 Expires 4/30/2011

Part I: Summary

PHA Name: Housing Authority of Pulaski County		Grant Type and Number Capital Fund Program Grant No.: IL06P04550108		Replacement Housing Factor Grant No.:		FFY of Grant: 2008	
		Date of CFFP: _____				FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: _____				<input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no:2) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
	Signature of Executive Director <i>[Signature]</i>	Date 01-14-2010		Signature of Public Housing Director			Date

