

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 4/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Adams County Housing Authority</u> PHA Code: <u>IL 046</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>04/2010</u>																										
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>126</u> Number of HCV units: <u>0</u>																										
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <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:																											
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.																										
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <b>HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.</b> ACHA Goal: Expand the supply of assisted housing Objectives: <ul style="list-style-type: none"> <li>▪ Reduce public housing vacancies</li> </ul> ACHA Goal: Improve the quality of assisted housing Objectives: <ul style="list-style-type: none"> <li>▪ Improve public housing management</li> <li>▪ Increase customer satisfaction</li> </ul> <b>HUD Strategic Goal: Promote self-sufficiency and asset development of families and individuals</b> ACHA Goal: Promote self-sufficiency and asset development of assisted households Objectives: <ul style="list-style-type: none"> <li>• Provide or attract supportive services to improve assistance recipients' employability</li> </ul>																										
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <u>None</u> (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. <u>Plan is available at ACHA Administrative Offices, 102 N. Adams St., Clayton, IL.</u>																										
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i> <u>N/A</u>																										
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.																										
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. <u>2010 Annual Plan; 2009 Stimulus Performance and Evaluation Report; 2009 Performance and Evaluation Report; and 2008 Performance and Evaluation Report</u>																										
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. <u>Capital Fund Program Five-Year Action Plan 2010-2014</u>																										

8.3	<p><b>Capital Fund Financing Program (CFFP).</b>  <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. <b>(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).</b>  See attached Housing Needs</p>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b>  See attached Strategy for Addressing Housing Needs</p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.  <b>(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).</b></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.  The PHA has been able to maintain its mission to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination through the utilization of previous Capital funds and the proper application of our public housing policies.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>a. Substantial Deviation from the 5-Year Plan  The Adams County Housing Authority’s Definition of Substantial Deviation and Significant Amendment or Modification is as follows:</p> <ul style="list-style-type: none"> <li>• changes to rent or admissions policies or organization of the waiting list;</li> <li>• additions of non-emergency work items (items not intended in the current 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund; and</li> <li>• Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.</li> </ul> <p>b. Significant Amendment or Modification to the Annual Plan  The Adams County Housing Authority’s Definition of Substantial Deviation and Significant Amendment or Modification is as follows:</p> <ul style="list-style-type: none"> <li>• changes to rent or admissions policies or organization of the waiting list;</li> <li>• additions of non-emergency work items (items not intended in the current Annual Statement) or change in use of replacement reserve funds under the Capital Fund; and</li> <li>• Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.</li> </ul>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>

11.0 (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.

Resident Advisory Board was in full accordance with Agency Plan as presented.

11.0 (g) **Challenged Elements**

There were no elements within the ACHA annual plan that were challenged by residents, staff, Board of Commissioners or the general public.

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**

<b>Part I: Summary</b>						
<b>PHA Name:</b> Adams County Housing Authority		<b>Grant Type and Number</b> Capital Fund Date of CFFP Program Grant No: <u>IL06P046501-10</u>			<b>Replacement Housing Factor Grant No:</b>	<b>FFY of Grant:</b> <u>2010</u> <b>FFY of Grant Approval:</b>
<b>Type of Grant</b> <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:    )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	31,821.00				
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit	7,000.00				
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	48,274.00				
11	1465.1 Dwelling Equipment—Nonexpendable	6,000.00				
12	1470 Non-dwelling Structures	66,000.00				
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <sup>4</sup>					
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant: (sum of lines 2-19)	159,095.00				
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					

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

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

<b>Part I: Summary</b>				
PHA Name: Adams County Housing Authority		Grant Type and Number Capital Fund Date of CFFP Program Grant No: <u>IL06PD46501-10</u>		Replacement Housing Factor Grant No:  FFY of Grant: <u>2010</u> 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 <sup>1</sup>
		Original	Revised <sup>2</sup>	Obligated      Expended
Signature of Executive Director <i>Jean Cowen</i>		Date <i>1/11/2010</i>		Signature of Public Housing Director  Date

01/11/2010 14:56 FAX 12178946338 HOUSING AUTHORITY OF ADM 005

<b>Part II: Supporting Pages</b>										
PHA Name: Adams County Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL06P046501-10 Replacement Housing Factor Grant No:			CFPP (Yes/ <u>No</u> ):			Federal FFY of Grant: <b>2010</b>	
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 <sup>1</sup>	Funds Obligated <sub>2</sub>	Funds Expended <sub>2</sub>			
HA Wide Operations	Housing Operations	1406	20%	31,824.00						
	<b>Sub total</b>			<b>31,824.00</b>						
HA Wide Audit	CFP Audit fees	1411	100%	7,000.00						
	<b>Sub total</b>			<b>7,000.00</b>						
IL 46-1 (AMP #1)	A. Window replacement- Liberty	1460	6 Bldgs	48,274.00						
	B. Office remodel	1470	1 Bldg	66,000.00						
	C. Replace refrigerators/stoves	1465.1	12	6,000.00						
	<b>Sub total</b>			<b>120,274.00</b>						
	<b>Grand Total</b>			<b>159,095.00</b>						

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Adams County Housing Authority      IL06P046501-10					Federal FFY of Grant: 2010
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	3/31/2012		3/31/2014		
IL 46-1 (AMP #1)	3/31/2012		3/31/2014		

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U. S. Housing Act of 1937, as amended.

**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

<b>Part I: Summary</b>						
PHA Name/Number Adams County Housing Authority/IL 046		Locality (City/County & State) Clayton/Adams County/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	109,274.00	109,274.00	109,274.00	109,274.00
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other		17,937.00	17,937.00	17,937.00	17,937.00
G.	Operations		31,884.00	31,884.00	31,884.00	31,884.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		159,095.00	159,095.00	159,095.00	159,095.00
L.	Total Non-CFP Funds					
M.	Grand Total		159,095.00	159,095.00	159,095.00	159,095.00

**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 (Continuation)**

PHA Name/Number Adams County Housing Authority/IL 046		Locality (City/County & State) Clayton/Adams County/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 FFY2013	Work Statement for Year 5 FFY 2014
		<b>Annual Statement</b>				
	IL 046-1 (AMP #1)					
	IL 046-2 (AMP #1)			10,000.00		37,137.00
	IL 046-3 (AMP #1)					37,137.00
	IL 046-17 (AMP #1)				74,274.00	
	IL 046-20 (AMP #1)			69,274.00		
	IL 046-21 (AMP #1)		42,137.00			
	IL 046-22 (AMP #1)		42,137.00	10,000.00		15,000.00
	HA Wide		25,000.00	20,000.00	35,000.00	20,000.00





<b>Part III: Supporting Pages – Management Needs Work Statement(s)</b>				
Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011		Work Statement for Year: 3 FFY 2012	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
<b>See</b>	<b>HA Wide Operations</b>		<b>HA Wide Operations</b>	
<b>Annual</b>	Housing Operations	31,884.00	Housing Operations	31,884.00
<b>Statement</b>	<b>Subtotal</b>	<b>31,884.00</b>	<b>Subtotal</b>	<b>31,884.00</b>
	<b>HA Wide Admin Cost</b>		<b>HA Wide Admin Cost</b>	
	Partial salary of staff involved in CFP	10,937.00	Partial salary of staff involved in CFP	10,937.00
	<b>Subtotal</b>	<b>10,937.00</b>	<b>Subtotal</b>	<b>10,937.00</b>
	<b>HA Wide</b>		<b>HA Wide</b>	
	CFP Audit fees	7,000.00	CFP Audit fees	7,000.00
	<b>Subtotal</b>	<b>7,000.00</b>	<b>Subtotal</b>	<b>7,000.00</b>
	Subtotal of Estimated Cost	\$49,821.00	Subtotal of Estimated Cost	\$49,821.00



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**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of Adams County		<b>Grant Type and Number</b> Capital Fund Date of CFFP Program Grant No: <u>IL06S046501-09</u>		<b>FFY of Grant:</b> <u>2009</u> <b>FFY of Grant Approval:</b> <u>2009</u>	
Replacement Housing Factor Grant No:					
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	20,137.00		20,137.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000.00		10,000.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	159,242.00		159,242.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable	7,000.00		7,000.00	0.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	5,000.00		2,348.00	0.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2-19)	201,379.00		198,727.00	0.00
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				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

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		FFY of Grant:	
Housing Authority of Adams County		Capital Fund Date of CFFP Program Grant No: IL06S046501-09		2009	
			Replacement Housing Factor Grant No:	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: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director		Date		Signature of Public Housing Director	
<i>Jean Cowen</i>		<i>1/11/2010</i>			

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of Adams County		Grant Type and Number Capital Fund Program Grant No: IL06S046501-09 Replacement Housing Factor Grant No:			CFFP (Yes/ <u>No</u> ):		Federal FFY of Grant: <b>2009</b>	
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	Partial salary of staff involved in CFP	1410	10%	20,137.00		20,137.00	0.00	0% Complete
Admin Cost	<b>Sub total</b>			<b>20,137.00</b>		<b>20,137.00</b>	<b>0.00</b>	
HA Wide	Consulting Services	1430	100%	10,000.00		10,000.00	0.00	0% Complete
Fees & Cost	<b>Sub total</b>			<b>10,000.00</b>		<b>10,000.00</b>	<b>0.00</b>	
IL 46-1 (AMP #1)	Interior renovations	1460	7 Unit	89,125.00		89,125.00	0.00	0% Complete
	Roof replacement	1460	5 Bldgs	69,242.00		69,242.00	0.00	0% Complete
	Replace showerheads	1460	7 EA	175.00		175.00	0.00	0% Complete
	Install/replace handicap stools	1460	7 EA	700.00		700.00	0.00	0% Complete
	Replace refrigerators with Energy Star	1465.1	7 EA	7,000.00		7,000.00	0.00	0% Complete
	<b>Sub total</b>			<b>166,242.00</b>		<b>166,242.00</b>	<b>0.00</b>	
HA Wide	Computer for Admin office	1475	LS	5,000.00		2,348.00	0.00	0% Complete
	<b>Sub total</b>			<b>5,000.00</b>		<b>2,348.00</b>	<b>0.00</b>	
	<b>Grand Total</b>			<b>201,379.00</b>		<b>198,727.00</b>	<b>0.00</b>	

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Housing Authority of Adams County			IL06S046501-09		Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	3/17/2010		3/17/2012		
IL 46-1 (AMP #1)	3/17/2010		3/17/2012		

<sup>1</sup>Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U. S. Housing Act of 1937, as amended.

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**

<b>Part I: Summary</b>						
<b>PHA Name:</b> Adams County Housing Authority		<b>Grant Type and Number</b> Capital Fund Date of CFFP Program Grant No: <u>IL06P046501-09</u>			<b>Replacement Housing Factor Grant No:</b>	<b>FFY of Grant:</b> <u>2009</u> <b>FFY of Grant Approval:</b> <u>2009</u>
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	31,819.00		0.00	0.00	
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)	15,910.00		0.00	0.00	
5	1411 Audit	6,100.00		0.00	0.00	
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	75,266.00		0.00	0.00	
11	1465.1 Dwelling Equipment—Nonexpendable	6,400.00		0.00	0.00	
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment	23,600.00		0.00	0.00	
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities <sup>4</sup>					
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant: (sum of lines 2-19)	159,095.00		0.00	0.00	
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					

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

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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

<b>Part I: Summary</b>					
PHA Name: Adams County Housing Authority		Grant Type and Number Capital Fund Date of CFFP Program Grant No: <u>IL06P046501-09</u>		Replacement Housing Factor Grant No:	
				FFY of Grant: <u>2009</u>	
				FFY of Grant Approval: <u>2009</u>	
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 checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2009					
		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director <i>Jean Bowen</i>		Date <i>1/11/2010</i>		Signature of Public Housing Director Date	

HOUSING AUTHORITY OF ADM

01/11/2010 14:55 FAX 12178946338

<b>Part II: Supporting Pages</b>								
PHA Name: Adams County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P046501-09 Replacement Housing Factor Grant No:			CFPP (Yes/ <u>No</u> ):		Federal FFY of Grant: <b>2009</b>	
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 <sup>1</sup>	Funds Obligated <sub>2</sub>	Funds Expended <sub>2</sub>	
HA Wide Operations	Housing Operations	1406	20%	31,819.00		0.00	0.00	0% Complete
	<b>Sub total</b>			<b>31,819.00</b>		<b>0.00</b>	<b>0.00</b>	
HA Wide Admin Cost	Partial salary of staff involved in CFP	1410	10%	15,910.00		0.00	0.00	0% Complete
	<b>Sub total</b>			<b>15,910.00</b>		<b>0.00</b>	<b>0.00</b>	
HA Wide Audit	CFP Audit fees	1411	100%	6,100.00		0.00	0.00	0% Complete
	<b>Sub total</b>			<b>6,100.00</b>		<b>0.00</b>	<b>0.00</b>	
IL 46-1 (AMP #1)	Interior renovations	1460	1 Unit	15,100.00		0.00	0.00	0% Complete
	<b>Sub total</b>			<b>15,100.00</b>		<b>0.00</b>	<b>0.00</b>	
IL 46-2 (AMP #1)	Interior renovations	1460	1 Unit	15,100.00		0.00	0.00	0% Complete
	<b>Sub total</b>			<b>15,100.00</b>		<b>0.00</b>	<b>0.00</b>	
IL 46-17 (AMP #1)	Replace roof shingles	1460	3 Bldgs	15,000.00		0.00	0.00	0% Complete
	<b>Sub total</b>			<b>15,000.00</b>		<b>0.00</b>	<b>0.00</b>	
IL 46-18 (AMP #1)	Replace roof shingles	1460	3 Bldgs	15,000.00		0.00	0.00	0% Complete
	Interior renovations	1460	1 Unit	15,066.00		0.00	0.00	0% Complete
	<b>Sub total</b>			<b>30,066.00</b>		<b>0.00</b>	<b>0.00</b>	

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part II: Supporting Pages</b>								
PHA Name: Adams County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P046501-09 Replacement Housing Factor Grant No:			CFFP (Yes/ <b>No</b> ):		Federal FFY of Grant: <b>2009</b>	
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 <sup>1</sup>	Funds Obligated <sub>2</sub>	Funds Expended <sub>2</sub>	
HA Wide	A. Replace appliances	1465.1	8 Pair	6,400.00		0.00	0.00	0% Complete
	B. Replace office equipment	1475	LS	3,600.00		0.00	0.00	0% Complete
	C. Replace maintenance vehicle	1475	1 EA	20,000.00		0.00	0.00	0% Complete
	<b>Sub total</b>			<b>30,000.00</b>		<b>0.00</b>	<b>0.00</b>	
	<b>Grand Total</b>			<b>159,095.00</b>		<b>0.00</b>	<b>0.00</b>	

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Adams County Housing Authority			IL06P046501-09		Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	3/31/2011		3/31/2013		
IL 46-1 (AMP #1)	3/31/2011		3/31/2013		
IL 46-2 (AMP #1)	3/31/2011		3/31/2013		
IL 46-17 (AMP #1 )	3/31/2011		3/31/2013		
IL 46-18 (AMP # 1)	3/31/2011		3/31/2013		

Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U. S. Housing Act of 1937, as amended.

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**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Adams County Housing Authority		<b>Grant Type and Number</b> Capital Fund Date of CFFP Program Grant No: <u>IL06P046501-08</u>		<b>FFY of Grant:</b> <u>2008</u> <b>FFY of Grant Approval:</b> <u>2008</u>	
Replacement Housing Factor Grant No:					
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Final Performance and Evaluation Report <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2009					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	31,818.00		31,818.00	31,818.00
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	15,909.00		15,909.00	15,909.00
5	1411 Audit	6,100.00		6,100.00	6,100.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition	13,000.00		13,000.00	13,000.00
9	1450 Site Improvement				
10	1460 Dwelling Structures	82,265.00		82,265.00	52,445.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	10,000.00		10,000.00	10,000.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2-19)	159,092.00		159,092.00	129,272.00
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				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

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

<b>Part I: Summary</b>				
PHA Name: Adams County Housing Authority		Grant Type and Number Capital Fund Date of CFFP Program Grant No: IL06PO46501-08		Replacement Housing Factor Grant No: 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: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 9/30/2009 <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>	Obligated      Expended
Signature of Executive Director <i>Jean Cowen</i>		Date <i>1/11/2010</i>		Signature of Public Housing Director Date

<b>Part II: Supporting Pages</b>								
PHA Name: Adams County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P046501-08 Replacement Housing Factor Grant No:			CFFP (Yes/ <u>No</u> ):		Federal FFY of Grant: <b>2008</b>	
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 <sup>1</sup>	Funds Obligated <sub>2</sub>	Funds Expended <sub>2</sub>	
HA Wide Operations	Housing Operations	1406	20%	31,818.00		31,818.00	31,818.00	Complete
	<b>Sub total</b>			<b>31,818.00</b>		<b>31,818.00</b>	<b>31,818.00</b>	
HA Wide Admin Cost	Partial salary of staff involved in CFP	1410	10%	15,909.00		15,909.00	15,909.00	Completed
	<b>Sub total</b>			<b>15,909.00</b>		<b>15,909.00</b>	<b>15,909.00</b>	
HA Wide Audit	CFP Audit fees	1411	100%	6,100.00		6,100.00	6,100.00	Complete
	<b>Sub total</b>			<b>6,100.00</b>		<b>6,100.00</b>	<b>6,100.00</b>	
HA Wide	Purchase property	1440	LS	13,000.00		13,000.00	13,000.00	Complete
	<b>Sub total</b>			<b>13,000.00</b>		<b>13,000.00</b>	<b>13,000.00</b>	
IL 46-1 (AMP #1)	Interior renovations	1460	4 Units	82,265.00		82,265.00	52,445.00	64% Complete
	<b>Sub total</b>			<b>82,265.00</b>		<b>82,265.00</b>	<b>52,445.00</b>	
HA Wide Non-dwelling Equipment	Replace maintenance equipment	1475		10,000.00		10,000.00	10,000.00	Complete
	<b>Sub total</b>			<b>10,000.00</b>		<b>10,000.00</b>	<b>10,000.00</b>	
	<b>Grand Total</b>			<b>159,092.00</b>		<b>159,092.00</b>	<b>129,272.00</b>	

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Adams County Housing Authority			IL06P046501-08		Federal FFY of Grant: 2008
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	6/12/2010	9/10/2009	6/12/2012		
IL 46-1 (AMP #1)	6/12/2010	9/10/2009	6/12/2012		

<sup>1</sup>Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U. S. Housing Act of 1937, as amended.

## 9.0 Housing Needs

### Housing Needs of Families on the ACHA's Public Housing Waiting Lists

	Number of families	Percent of total families	Annual Turnover
Waiting list total	67		23
Extremely low income <=30% AMI	64	96%	
Very low income (>30% but <=50% AMI)	3	4%	
Low income (>50% but <80% AMI)	0		
Families with children	58	87%	
Elderly families	7	10%	
Families with Disabilities	2	3%	
Race/ethnicity White	67	100%	
Characteristics by Bedroom Size			
1 Bedroom	33	49%	11
2 Bedroom	29	43%	8
3 Bedroom	5	8%	4
The waiting list is open			

## 9.1 Strategy for Addressing Housing Needs

**Need: Shortage of affordable housing for all eligible populations**

**Strategy: Maximize the number of affordable units available to the ACHA within its current resources by:**

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy: Target available assistance to families at or below 30 % of AMI**

- Adopt rent policies to support and encourage work

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy: Target available assistance to families at or below 50% of AMI**

- Adopt rent policies to support and encourage work

### **Reasons for Selecting Strategies**

The factors listed below influenced the ACHA's selection of the strategies it will pursue:

- Funding and staffing constraints
- Limited availability of sites for assisted housing

**VIOLENCE AGAINST WOMEN ACT (VAWA)  
OUR POLICY**

The PHA shall not deny admission to any applicant on the basis that the applicant is or has been a victim of domestic violence, dating violence, or stalking if the applicant otherwise qualifies for assistance or admission.

This language has been incorporated into the ACOP. The PHA shall not deny admission to any applicant on the basis that the applicant is or has been a victim of domestic violence, dating violence, or stalking if the applicant otherwise qualifies for assistance or admission.

**CARBON MONOXIDE DETECTORS STATEMENT**

The Adams County Housing Authority installed carbon monoxide detectors in all of its public housing units in December 2006.