

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
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1.0	PHA Information PHA Name: <u>Housing Authority of the County of Williamson</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/01/2009</u> PHA Code: <u>IL050</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>725</u> Number of HCV units: <u>163</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.)				
	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: To provide affordable housing to the community; to maintain safe, quality housing for our residents; to provide rental assistance and other related services; to promote self-sufficiency; to operate in a non-discriminatory, economically responsible, and professional manner; and to create and/or maintain partnerships with our residents and appropriate community agencies in order to accomplish this mission.				
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. 1. To reduce public housing vacancies 2. To improve the quality of assisted housing by increasing resident satisfaction through identification of resident needs and renovation/modernization of public housing units. 3. To continue to strive to improve all aspects of management and finance. 4. To improve community quality of life and economic vitality deconcentration measures, income mixing and security improvements. 5. To promote self-sufficiency and asset development of families and individuals through supportive services to improve assistance recipients' employability and to increase independence for the elderly or families with disabilities. 6. To ensure Equal Opportunity in Housing for all Americans by continuing to undertake affirmative measures to ensure access to a suitable living environment in assisted housing regardless of race, color, religion national origin, sex, familial status, and disability.				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. 1. The ARRA funds have enabled the WCHA to begin replacing heating systems in 234 units with energy efficient heat. 2. The WCHA Plan documents are available for public review at the administrative office located at 300 Hickory St., Carterville, IL, Monday through Friday between the hours of 8:00 a.m. and 4:30 p.m.				
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	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <p>See Attachments</p>
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p>See Attachments</p>
8.3	<p>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.</p>

Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.

Source: U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset

Housing Needs of Families on the Waiting List			
Section 8 Tenant Based Assistance			
	# of families	% of total families	Annual Turnover
Waiting list total	68		31
Extremely low income <=30% AMI	63	93.0%	
Very low income (>30% but <=50% AMI)	4	06.0%	
Low income (>50% but <80% AMI)	1	01.0%	
Families with children	18	26.0%	
Elderly families	6	09.0%	
Families with Disabilities	4	06.0%	
Caucasian	43	63.0%	
African American	21	31.0%	
Multiracial	4	06.0%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	21	31.0%	
2 BR	26	38.0%	
3 BR	14	21.0%	
4 BR	7	10.0%	

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Affordability	Supply	Quality	Accessibility	Size	Location
Income <= 30% of AMI	1859	5	5	3	1	2	4
Income >30% but <=50% of AMI	1024	5	5	4	1	2	4
Income >50% but <80% of AMI	1125	5	5	4	1	2	4
Elderly	1186	5	5	4	4	1	4
Families with Disabilities	n/a	5	5	4	5	2	4
African American	135	5	5	4	1	2	4
Hispanic	48	5	5	4	1	2	4
Race/Ethnicity							
Race/Ethnicity							

Housing Needs of Families on the Waiting List Public Housing			
	# of families	% of total families	Annual Turnover
Waiting list total	105		186
Extremely low income <=30% AMI	91	87.0%	
Very low income (>30% but <=50% AMI)	12	11.0%	
Low income (>50% but <80% AMI)	2	02.0%	
Families with children	12	11.0%	
Elderly families	23	22.0%	
Families with Disabilities	21	02.0%	
Caucasian	93	89.0%	
African American	11	10.0%	
Multiracial	1	01.0%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	64	61.0%	
2 BR	32	30.0%	
3 BR	8	08.0%	
4 BR	1	01.0%	

9.0

<p>9.1</p>	<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.</p> <ol style="list-style-type: none"> 1. To Employ effective maintenance and management policies to minimize the number of public housing units off-line. 2. To reduce turnover time for vacated public housing units. 3. To reduce time to renovate public housing units. 4. To maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction. 5. To undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required. 6. To maintain or increase Section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration.
<p>10.0</p>	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5- Year Plan.</p> <p>The WCHA has completed the total interior renovations for 40 units; new sanitary sewers, water and gas lines for 44 units; new underground electrical services for 79 units; new gas furnaces for 40 units; new gas boilers for 22 units; and new storage sheds for 44 units.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> <p>Definition of Substantial Deviation and Significant Amendment or Modification.</p> <p>The WCHA defines Substantial Deviations or Significant Amendments/ modifications as discretionary changes in the plans or policies of the of the WCHA that fundamentally change the mission, goals, objectives or plans of the agency and which require formal approval of the Board of Commissioners.</p> <p>The Housing Authority of the County of Williamson 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.</p> <p>A change to rent or admission policies, additions of non-emergency items, other than transfers to operations, not included in the current Annual Statement of Five-Year Action Plan, or a change with regard to demolition, disposition, designation, homeownership programs or conversion activities shall be considered a significant amendment or modification. An exception to this definition will be made for any of the above that are adopted to reflect changes in HUD regulatory requirements or State laws. Such changes will not be considered significant amendments.</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.</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>
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1. VAWA COMPLIANCE

The Williamson County Housing Authority has instituted the use of the HUD form 50066, Certification of Domestic Violence, Dating Violence or Stalking; and no applicant or resident will be denied admission if they are otherwise qualified, if they are a victim of domestic violence or stalking.

2. CARBON MONOXIDE DETECTOR COMPLIANCE

Prior to January 1, 2007, The Williamson County Housing Authority completed installation of carbon monoxide detectors in all public housing units.

3. RESIDENT ADVISORY BOARD MEMBERS

Grace Aaron 211 W. Adams Herrin, IL 62948	Phyllis Denam PO Box 261 Hurst, IL 62949	Linda Pickering 819 W. 5 th Street Johnston City, IL 62951	Marie Tucker 203 Stone Street Carterville, IL 62918
George Alexander 301 N. Hickory Apt. 201 Carterville, IL 62918	Terry Harris 301 N. 14 th Apt. 503 Herrin, IL 62948	Keith Pike 301 N. 14 th Apt. 212 Herrin, IL 62948	Billy Tweedy PO Box 344 Hurst, IL 62949
Virginia Davis PO Box 371 Hurst, IL 62949	Sue Johnson 3001 N. 14 th Apt. 402 Herrin, IL 62948	Dorothy Prather 419 N. 17 th Herrin, IL 62948	Debbie Wilson 803 W. 5 th Street Johnston City, IL 62951

RESIDENT ADVISORY BOARD COMMENTS:

1. Terry Harris: "Need to upgrade elevator and cords."
2. Keith Pike: "I agreed with the 5 Year Plan. We just need a few things done. Elevator."

4. PROCURMENT STANDARDS

Pursuant to Part 6, Section 3 of PIH Notice 2009-12 (HA) the WCHA has reviewed its Procurement Policy and found that it is in compliance with the requirements of the ARRA funding.

5. CAPITAL FUND TABLES AS ATTACHMENTS TO PLAN

- a - Five Year Plan A
- b - Five Year Plan B
- c - P&E Report 501-07
- d - P&E Report 501-08
- e - P&E Report 501-09 ARRA
- f - Annual Statement 501-10

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 Williamson County P050		Carterville, Williamson, 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	838,574	833,574	833,574	833,574
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		52,000	52,000	52,000	52,000
F.	Other		100,000	105,000	105,000	105,000
G.	Operations		100,000	100,000	100,000	100,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		1,090,574	1,090,574	1,090,574	1,090,574
L.	Total Non-CFP Funds					
M.	Grand Total		1,090,574	1,090,574	1,090,574	1,090,574

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 Williamson County P050		Carterville, Williamson, 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__
		Annual Statement				
	IL-50-3		5,000			
	IL-50-5			46,000		
	IL-50-7		10,000			
	IL-50-10		10,000			
	IL-50-12					
	IL-50-13		15,000	196,000	833,574	833,574
	IL-50-15			45,000		
	IL-50-16		10,000	406,574		
	IL-50-18		98,940	70,000		
	IL-50-19		98,939			
	IL-50-20		98,939			
	IL-50-21		122,939	60,000		

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY ____2010____	Work Statement for Year ____2____ FFY ____2011____			Work Statement for Year: ____2____ FFY ____2011____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	IL-50-3			IL-50-20		
Annual	Electrical	1 Unit	5,000	Windows	24 Units	98,939
Statement						
	IL-50-7			IL-50-21		
	Electrical	2 Units	10,000	Windows	30 Units	122,939
	IL-50-10			IL-50-22		
	Electrical	2 Units	10,000	Windows	30 Units	122,939
	IL-50-13			IL-50-23		
	Electrical	3 Units	15,000	Windows	30 Units	122,939
	IL-50-16			IL-50-24		
	Electrical	2 Units	10,000	Windows	30 Units	122,939
	IL-50-18					
	Windows	24 Units	98,940			
	IL-50-19					
	Windows	24 Units	98,939			
	Subtotal of Estimated Cost		\$ 247,879	Subtotal of Estimated Cost		\$ 590,695

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 Williamson County P050		Carterville, Williamson, 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__
		Annual Statement				
	IL-50-22		122,939			
	IL-50-23		122,939			
	IL-50-24		122,939			
	HA Office			10,000		

Part I: Summary		
PHA Name: The Housing Authority of the County of Williamson	Grant Type and Number Capital Fund Program Grant No: IL06-P050-501-07 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2007 FFY of Grant Approval: 2007

Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 8/26/09
 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	100,000		100,000	100,000
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	52,000		52,000	52,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	100,000		100,000	30,770.60
8	1440 Site Acquisition				
9	1450 Site Improvement	350,000	737,129	737,129	132,622.28
10	1460 Dwelling Structures	474,129	87,000	87,000	-0-
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.

Part I: Summary					
PHA Name: Williamson County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06-P050-501-07 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:)	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 08/26/09		<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)	1,076,129		1,076,129	315,392.88
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.

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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: The Housing Authority of the County of Williamson			Grant Type and Number Capital Fund Program Grant No: IL06-P050-501-07 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	
IL-50-2	a. Sanitary Sewers	1450	100 Units	350,000	737,129	737,129	132,622.28	In Progress
	Subtotal			350,000	737,129	737,129	132,622.28	
IL-50-10	a. Electrical	1460	24 Units	194,129	-0-			Revised
	Subtotal			194,129	-0-			
IL-50-11	a. Gas Furnaces	1460	22 Units	70,000	-0-			
	Subtotal			70,000	-0-			Revised
IL-50-12	a. Gas Furnaces	1460	54 Units	140,000	-0-			Revised
	Subtotal			140,000	-0-			
IL-50-16	a. Gas Boilers	1460	22 Units	70,000	87,000	87,000	-0-	In Progress
	Subtotal			70,000	87,000	87,000	-0-	

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 II: Supporting Pages								
PHA Name: The Housing Authority of the County of Williamson			Grant Type and Number Capital Fund Program Grant No: IL06-P050-501-07 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	
HA Wide	a. Modernization Coordinator Salary	1410		51,000	51,144.17	51,144.17	51,144.17	Completed
	b. Accountant Salary	1410		1,000	855.83	855.83	855.83	Completed
	Subtotal			52,000	52,000	52,000	52,000	
Fees & Costs	a. A/E for IL-50-2 and IL-50-16	1430		100,000		100,000	30,770.60	In Progress
	Subtotal			100,000		100,000	30,770.60	
HA Wide	a. Operations	1406		100,000		100,000	100,000	Completed
	Subtotal			100,000		100,000	100,000	
	Grand Total			1,076,129				

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 III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: The Housing Authority of the County of Williamson					Federal FFY of Grant: 2007
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
IL-50-2	9/12/09	9/12/09	9/12/11		
IL-50-16	9/12/09	9/12/09	9/12/11		
HA Wide	9/12/09	7/31/09	9/12/11	7/31/09	

¹ 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.

Part I: Summary		
PHA Name: The Housing Authority of the County of Williamson	Grant Type and Number Capital Fund Program Grant No: IL06-P050-501-08 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2008 FFY of Grant Approval: 2008

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 8/26/09 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	100,000		5,858.32	5,858.32
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	52,000		52,000	34,666.68
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	100,000		19,389	
8	1440 Site Acquisition				
9	1450 Site Improvement	225,144		5,798.28	
10	1460 Dwelling Structures	598,430			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	10,000			
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	5,000			
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: Williamson County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06-P050-501-08 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:)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 08/26/09				<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)	1,090,574		83,045.60	40,525	
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		

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: The Housing Authority of the County of Williamson			Grant Type and Number Capital Fund Program Grant No: IL06-P050-501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008		
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	
IL-50-10	a. Water Lines	1450	12 Units	77,644				
	b. Sewers	1450	12 Units	72,000	66,201.72			
	c. Parking/Lighting	1450	12 Units	50,000				
	d. Sidewalks	1450	12 Units	25,500				
	e. Plumbing	1460	12 Units	60,000				
	f. Electrical	1460	12 Units	60,000				
	g. Bathrooms	1460	12 Units	77,370				
	h. Kitchens	1460	12 Units	75,070				Out for Bid
	i. Interior Doors	1460	12 Units	45,399				
	j. Exterior Storage	1460	12 Units	71,200				
	k. Drywall/Insulation	1460	12 Units	75,000				
	l. Asbestos Abatement	1460	12 Units	71,391				
	m. Floor Tile	1460	12 Units	63,000				
	o. Relocation	1495	12 Units	5,000				
	Subtotal			828,574	822,775.72			

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 II: Supporting Pages								
PHA Name: The Housing Authority of the County of Williamson		Grant Type and Number Capital Fund Program Grant No: IL06-P050-501-08 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008			
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	
IL-50-21	a. Windows	1460	1 Comm.	9,000				
	b. Doors		Building	1,000				Out for Bid
	Subtotal			10,000				
IL-50-2	a. Sanitary Sewers	1450	100 Units	-0-	5,798.28	5,798.28	-0-	In Progress
	Subtotal			5,798.28	5,798.28	5,798.28	-0-	
HA Wide	a. Operations	1406		100,000		5,858.32	5,858.32	In Progress
	Subtotal			100,000		5,858.32	5,858.32	
HA Wide	a. Modernization Coordinator Salary	1410		52,000		52,000	34,666.68	In Progress
	Subtotal			52,000		52,000	34,666.68	
Fees & Costs	a. A/E for IL-50-10 and IL-50-21	1430		100,000		19,389	-0-	In Progress
	Subtotal			100,000		19,389	-0-	
	Grand Total			1,090,574				

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 III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: The Housing Authority of the County of Williamson					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 ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
IL-50-10	6/12/10		6/12/12		
IL-50-21	6/12/10		6/12/12		
HA Wide	6/12/10		6/12/12		

¹ 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.

Part I: Summary		
PHA Name: The Housing Authority of the County of Williamson	Grant Type and Number Capital Fund Program Grant No: IL06-S050-501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009

Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 8/26/09
 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	100,000	139,230	139,230	-0-
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	1,280,451	1,241,221		
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.

Part I: Summary						
PHA Name: Williamson County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06-S050-501-09 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:)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 08/26/09				<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)	1,380,451		139,230	-0-	
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: The Housing Authority of the County of Williamson			Grant Type and Number Capital Fund Program Grant No: IL06-S050-501-09 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	
IL-50-2	a. Gas Furnaces	1460	100 Units	506,451	467,221			
	Subtotal			506,451	467,221			
IL-50-11	a. Gas Furnaces	1460	32 Units	166,000				
	Subtotal			166,000				
IL-50-12	a. Gas Furnaces	1460	54 Units	356,000				Not Started
	Subtotal			356,000				
IL-50-19	a. Gas Furnaces	1460	24 Units	126,000				
	Subtotal			126,000				
IL-50-20	a. Gas Furnaces	1460	24 Units	126,000				
	Subtotal			126,000				

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² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: The Housing Authority of the County of Williamson					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 ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
IL-50-2	3/17/10		3/17/12		
IL-50-11	3/17/10		3/17/12		
IL-50-12	3/17/10		3/17/12		
IL-50-19	3/17/10		3/17/12		
IL-50-20	3/17/10		3/17/12		

¹ 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.

Part I: Summary		
PHA Name: The Housing Authority of the County of Williamson	Grant Type and Number Capital Fund Program Grant No: IL06-P050-501-10 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	100,000			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	52,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	100,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	838,574			
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				

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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: Williamson County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06-P050-501-10 Replacement Housing Factor Grant No: Date of CFFP:		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)	1,090,574			
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	

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

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Part II: Supporting Pages								
PHA Name: The Housing Authority of the County of Williamson			Grant Type and Number Capital Fund Program Grant No: IL06-P050-501-10 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	
IL-50-13	a. Roofing	1460	4 Units	15,000				
	Subtotal			15,000				
IL-50-16	a. Roofing	1460	30 Units	90,000				
	Subtotal			90,000				
IL-50-18	a. Gas Boilers	1460	24 Units	100,000				
	Subtotal			100,000				
IL-50-21	a. Gas Furnaces	1460	30 Units	158,392				
	Subtotal			158,392				
IL-50-22	a. Gas Furnaces	1460	30 Units	158,394				
	Subtotal			158,394				

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² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: The Housing Authority of the County of Williamson		Grant Type and Number Capital Fund Program Grant No: IL06-P050-501-10 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	
IL-50-23	a. Gas Furnaces	1460	30 Units	158,394				
	Subtotal			158,394				
IL-50-24	a. Gas Furnaces	1460	30 Units	158,394				
	Subtotal			158,394				
HA Wide	a. Operations	1406		100,000				
	Subtotal			100,000				
HA Wide	a. Modernization Coordinator	1410		52,000				
	Subtotal			52,000				
Fees & Costs	a. A/E for IL-50-13, IL-50-16, IL-50-18 IL-50-21, IL-50-22, IL-50-23, IL-50-24	1430		100,000				
	Subtotal			100,000				
	Grand Total			1,090,574				

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 III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: The Housing Authority of the County of Williamson					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 ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
IL-50-13	6/13/12		6/13/14		
IL-50-16	6/13/12		6/13/14		
IL-50-18	6/13/12		6/13/14		
IL-50-21	6/13/12		6/13/14		
IL-50-22	6/13/12		6/13/14		
IL-50-23	6/13/12		6/13/14		
IL-50-24	6/13/12		6/13/14		
HA Wide	6/13/12		6/13/14		

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