

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.

The Franklin County Housing Authority adopts the following goals to better serve low-income individuals in our area:

Goal: Expand the supply of assisted housing

Objectives: Apply for additional rental vouchers
Reduce public housing vacancies

Goal: Improve the quality of assisted housing

Objectives: Improve public housing management to become a high-performer under the PHAS.
Improve customer satisfaction
Renovate and modernize public housing units
Improve voucher management

Goal: Develop a more positive public image

Objectives: Improve communication with residents
Increase awareness of housing authorities' amenities and services

Goal: Improve management of the Housing Authority

Objectives: Decrease turnaround time of public housing units
Decrease year-end accounts receivable balance
Decrease the amount of written-off accounts each year

Goal: Decrease energy costs

Objectives: Decrease energy cost incurred by the Resident and Housing Authority

STRATEGY FOR ADDRESSING NEEDS

Need: Expand the supply of assisted housing

Strategy: 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
Maintain or increase Housing Choice Voucher lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction

Need: Improve the quality of assisted housing

Strategy: Reduce turnover time for vacated public housing units
Continue to renovate public housing units
Maintain or increase Housing Choice Voucher lease-up rates by effectively screening applicants to increase owner acceptance of the program.
Apply for additional Housing Choice Vouchers should they become available
Give preference points to elderly applicants and disabled applicants
Give preference points to working families
Work with local mental health provider to provide housing for their clients that are receiving supportive services

Need: Develop a more positive public image

Strategy: Work with local agencies to increase awareness of housing availability
Communicate with Residents their lease requirements and policies of the Housing Authority
Work with local newspapers and television stations to communicate the improvements made to the public housing units

Need: Improve management of the Housing Authority

Strategy: Decrease the amounts of yearly written off-accounts
Decrease the amount of accounts receivable at year-end
Obtain high performance score in HUD's scoring system

Need: Decrease energy costs

Strategy: Buy energy star appliances when financially feasible
Educate Residents in energy conservation measures
Install low-flow toilets in the town with the highest water rates

6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: Admissions & Continued Occupancy Policy & Rent Collection Policy</p> <p>(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. Plans are available at the administrative office located at 302 East Elm Street, West Frankfort, Illinois.</p> <ol style="list-style-type: none"> 1. No change 2. Statement of Financial Resources – Attachment #1 3. No change 4. No change 5. No change 6. No change 7. Community Service & Self Sufficiency – Attachment #2 8. No change 9. No change 10. No change 11. No change 12. No change 13. VAWA – Attachment #3 						
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i> N/A</p>						
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>						
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">2010 Annual Plan – Attachment #4</td> <td style="width: 50%;">2008 P&E Report – Attachment #7</td> </tr> <tr> <td>2006 Final P&E Report – Attachment #5</td> <td>2009 P&E Report – Attachment #8</td> </tr> <tr> <td>2007 P&E Report – Attachment #6</td> <td>2009 Stimulus P&E Report – Attachment #9</td> </tr> </table>	2010 Annual Plan – Attachment #4	2008 P&E Report – Attachment #7	2006 Final P&E Report – Attachment #5	2009 P&E Report – Attachment #8	2007 P&E Report – Attachment #6	2009 Stimulus P&E Report – Attachment #9
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2006 Final P&E Report – Attachment #5	2009 P&E Report – Attachment #8						
2007 P&E Report – Attachment #6	2009 Stimulus P&E Report – Attachment #9						
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. Attachment #10</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.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	1130	5	4	1	1	1	1
Income >30% but <=50% of AMI	754	5	4	1	1	1	1
Income >50% but <80% of AMI	987	5	4	1	1	1	1

Housing Needs of Families on the Waiting List Combined Public Housing and Housing Choice Voucher			
	# of families	% of total families	Annual Turnover
Waiting list total	266		218
Extremely low income <=30% AMI	159	60%	
Very low income (>30% but <=50% AMI)	73	27%	
Low income (>50% but <80% AMI)	35	13%	
Families with children	202	76%	
Elderly families	45	24%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	113	42%	99
2 BR	102	38%	50
3 BR	39	15%	51
4 BR	13	5%	18

Summary: The majority of applications received by the Housing Authority are single family household and two member households. We have since a slight rise in the number of elderly applications. After reviewing the Consolidated Plan and the Housing Authority's application list it is our determination that the majority of applicants find affordability and supply as the number one burden in finding housing. In our general area, quality and accessibility of housing is not usually an issue. One problem that occasionally occurs in our jurisdiction is the location of available housing. Because the local area does not have public transportation, applicants will apply in a town where their support system exists. We sometimes find that we will have apartments available in our smaller, remote towns and applicants will not be interested in moving no matter how desperate they are because their support system is one of the larger towns.

The Housing Authority also has seen an increase in individuals who are leaving a group home setting and are seeking housing to live on their own. We presently work with the local mental health provider in assisting these individuals. Many of the applicants are eligible to participate in the CILA program, which we find very beneficial.

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> <p style="text-align: center;">STRATEGY FOR ADDRESSING NEEDS</p> <p>Need: Shortage of affordable housing for all eligible populations. Strategy: Use effective maintenance and management policies and practices to minimize the number of public housing units off-line. Reduce the turnover time for vacated public housing units. Maintain or increase Housing Choice Voucher lease-up rates by establishing payment Standards that will enable families to rent throughout the jurisdiction Effective screen Housing Choice Voucher applicants to increase owner acceptance of the program. Apply for additional Housing Choice Vouchers should they become available. Continue to work with local mental health provider to provide supportive services for those individuals leaving a group home setting to living on their own.</p> <p>Need: Work with other agencies to security housing for those women who are victims of domestic violence. Strategy: Provide applicants with information regarding housing assistance Provide applicants and resident information regarding agencies that provide services to Those who are victims of domestic violence.</p>
<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 style="text-align: center;">PROGRESS ON REACHING MISSION STATEMENT & GOALS</p> <p>The Housing Authority is continuing the renovation of units with collapsed sewer systems. During this renovation we are replacing all kitchens, bathrooms, doors and tile. We are adding dryer hookups. These changes make our apartments more comparable to the private market.</p> <p>We continue to seek input from our Residents. The Housing Authority mails monthly fliers to all Residents keeping them abreast of all changes and reminding of the requirements of their lease requirements.</p> <p>The Housing Authority is diligently working to decrease vacancy turnaround time. We have decreased our days from 69 in 2005 to 45 in 2008. A monthly reported is posted for all employees to view. The graph shows maintenance, leasing and overall turnaround time. The graph has been very useful in reminding all employees of the importance of reducing the turnaround time. The report is also included in the Board of Commissioners board packet each month. We will strive to reduce this time to below 20 days.</p> <p>The Housing Authority is working with a local health provider Addus in providing well checks in four of our towns. During this bi-weekly visit the nurse checks blood pressure, blood sugar, checks medication and assists the Resident in addressing problems with their doctor or pharmacy. The Housing Authority is also hosting “Flu Clinics” which is conducted by Addus.</p> <p>The Housing Authority continues all efforts to reduce the number of vacancies. As of 10/16/2005 we had 70 vacant units. We have improved that number to 54 as of 10/16/2009. We continue to make improvements in the number of vacancies.</p> <p>One of our goals is to “improve our public image”. The local television stations have recently broadcast two separate segments on the Housing Authority receiving stimulus money and what progress we are making. All broadcasts were very positive and we have received very positive feedback.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>Substantial Deviation: Substantial change in a goal(s) identified in the 5-Year Plan.</p> <p>Significant Amendment/Modification Significant modifications to major strategies to address housing needs and to major policies. (ex. policies governing eligibility, selection or admissions and rent determination) or programs (ex. demolition or dispositions, designation, homeownership programs or conversion activities.)</p>

11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)
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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

Instructions form HUD-50075

Applicability. This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

5.1 Mission. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

5.2 Goals and Objectives. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

6.0 PHA Plan Update. In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 Capital Improvements. This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 Capital Fund Financing Program (CFFP). Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

9.0 Housing Needs. Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

9.1 Strategy for Addressing Housing Needs. Provide a 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: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

10.0 Additional Information. Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

11.0 Required Submission for HUD Field Office Review. In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

ATTACHMENT #1

Financial Resources: Planned Sources and Uses AMP #1		
Sources	Planned \$	Planned Uses
Public Housing Operating Fund	549,158	
CFP 2009	393,462	Tile replacement, renovation of units, kitchens, bathrooms, closet doors, utility room doors
Public Housing Dwelling Rental Income	239,172	Operating expenses
Total resources	1,181,792	

Financial Resources: Planned Sources and Uses AMP #2		
Sources	Planned \$	Planned Uses
Public Housing Operating Fund	491,612	
CFP 2009	246,328	Tile replacement, renovation of units, kitchens, bathrooms, utility room doors
Public Housing Dwelling Rental Income	267,060	Operating expenses
Total resources	1,005,000	

Financial Resources: Planned Sources and Uses AMP #3		
Sources	Planned \$	Planned Uses
Public Housing Operating Fund	209,326	
CFP 2009	101,694	Tile replacement, renovation of units, kitchens, bathrooms, utility room doors
Public Housing Dwelling Rental Income	89,257	Operating expenses
Total resources	400,277	

Financial Resources: Planned Sources and Uses AMP #4		
Sources	Planned \$	Planned Uses
Public Housing Operating Fund	200,330	
CFP 2009	122,049	Tile replacement, renovation of units, kitchens, bathrooms, utility room doors
Public Housing Dwelling Rental Income	222,333	Operating expenses
Total resources	544,712	

Financial Resources: Planned Sources and Uses AMP #5		
Sources	Planned \$	Planned Uses
Public Housing Operating Fund	310,249	
CFP 2009	171,852	Tile replacement, Renovation of units, kitchens, bathrooms, replace apt. doors & lock, replace exit doors
Public Housing Dwelling Rental Income	363,797	Operating Expenses
Total resources	845,898	

Financial Resources: Planned Sources and Uses HOUSING CHOICE VOUCHER PROGRAM		
Sources	Planned \$	Planned Uses
a) Annual Contributions for Section 8 Tenant-Based Assistance	189,353	
Total resources	189,353	

ATTACHMENT #2

IMPLEMENTATION OF PUBLIC HOUSING COMMUNITY SERVICE REQUIREMENTS

The Franklin County Housing Authority changed its lease and Admissions and Continued Occupancy Policy in 2000 to include the community service requirements.

The Franklin County Housing Authority adopted its Community Service Policy in 2000.

At the time of lease-up and recertification all Residents received written notification of the program requirements, along with the exemption status of each adult family member.

In order to fulfill the requirement the Resident may participate in the following:

1. improve the physical environment of the resident's developments
2. volunteer in local schools, day care centers, hospitals, nursing homes, youth or senior organizations, drug/alcohol treatment centers, recreation centers, etc.
3. participate in neighborhood groups, such as Resident Patrols and Resident Organizations
4. enroll and participate in self-improvement activities such as household budget, credit counseling, English proficiency, GED classes or other educational activities
5. tutor elementary or high school age residents

Attachment #3

VIOLENCE AGAINST WOMEN ACT

The Franklin County Housing Authority continues to work in conjunction with the Women's Center and other local agencies who deal with domestic violence.

Any applicant who indicates they are a victim of domestic violence is given information to contact the local police department if they have not already done so.

Any applicant who indicates they are a victim of domestic is sent to the local Women's Center or local homeless shelter.

Any Resident who reports they are a victim of domestic abuse is first instructed to contact the local police department. The Housing Authority also offers the Resident with assistance to contact the Women's Center who is not only a shelter, but also provides supportive services to battered women.

The Housing Authority works with the local police department to barr those individuals who come onto the property and commit any type of crime, including stalking.

The Housing Authority also assists Residents with finding housing in another town or jurisdiction if needed.

Part I: Summary	
PHA Name: Franklin County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P06150110 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				
3	1408 Management Improvements	10,000.00			
4	1410 Administration (may not exceed 10% of line 21)	64,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	51,850.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	900,400.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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

Part I: Summary						
PHA Name: Franklin County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P06150110 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)	39,096.00				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,065,346				
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	100,000.00				
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: Franklin County Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL06P06150110 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP #1	Mod. Coord. salary, benefits, postage, vehicle expense, advertising	1410	1	24,960.00				
AMP #2	Mod. Coord salary, benefits, postage, vehicle expense, advertising	1410	1	29,440.00				
AMP #3	Mod. Coord. salary, benefits, postage, vehicle expense, advertising	1410	1	7,040.00				
AMP #4	Mod. Coord. salary, benefits, postage, vehicle expense, advertising	1410	1	1,920.00				
AMP #5	Mod. Coord. salary, benefits, postage, vehicle expense, advertising	1410	1	640.00				
AMP #1	Fees & Costs	1430	3	16,575.00				
AMP #2	Fees & Costs	1430	4	19,550.00				
AMP #3	Fees & Costs	1430	2	4,675.00				
AMP #4	Fees & Costs	1430	1	1,700.00				
AMP #5	Fees & Costs	1430	1	9,350.00				
AMP #1	Replace Floor Tile	1460	18	36,250.00				
AMP #2	Replace Floor Tile	1460	18	36,250.00				
AMP #3	Replace Floor Tile	1460	8	17,500.00				
AMP #4	Replace Floor Tile	1460	10	22,500.00				
AMP #5	Replace Floor Tile	1460	6	12,500.00				
AMP #1	Renovation of Units	1460	3	195,000.00				
AMP #2	Renovation of Units	1460	4	230,000.00				
AMP #3	Renovation of Units	1460	2	55,000.00				
AMP #4	Renovation of Units	1460	1	15,000.00				

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Franklin County Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL06P06150110 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP #5	Renovation of Units	1460	1	5,000.00				
AMP #5	Canopy Repair Anna Gray	1460	1	5,000.00				
AMP #5	Roof Repair Anna Gray	1460	1	110,000.00				
AMP #1	Energy Audit	1460	1	1,000.00				
AMP #2	Energy Audit	1460	1	1,000.00				
AMP #3	Energy Audit	1460	1	1,000.00				
AMP #4	Energy Audit	1460	1	1,000.00				
AMP #4	Energy Audit	1460	1	1,000.00				
AMP #2	Water Heaters & Valves	1460	163	98,000.00				
AMP #4	Water Heaters & Valves	1460	75	47,400.00				
AMP #5	Anna Gray Air Handler Roof Support	1460	1	10,000.00				
HA-WIDE	Contingency	1502	1	39,096.00				
HA-WIDE	Management Improvements-Scanner, Printer & Software for Blueprints	1408	1	10,000.00				

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

² To be completed for the Performance and Evaluation Report.

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: Franklin County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P06150110 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	Original				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)				39,096.00	
20	Amount of Annual Grant:: (sum of lines 2 - 19)				1,065,346	
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				100,000.00	
Signature of Executive Director: <i>Myra Stewart</i>		Date: <i>10-16-09</i>	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 CFFP Grants for operations.
⁴ RHF funds shall be included here.

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Franklin County Housing Authority		Grant Type and Number IL06P061-501-06 Capital Fund Program Grant No: Replacement Housing Factor Grant No:			Federal FY of Grant: 2006
<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 checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	83,000.00		83,000.00	83,000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	65,000.00		65,000.00	65,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	903,287.00	902,736.00	902,736.00	902,736.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	16,349.00	16,900.00	16,900.00	16,900.00

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: Franklin County Housing Authority	Grant Type and Number IL06P061-501-06 Capital Fund Program Grant No: Replacement Housing Factor Grant No:	Federal FY of Grant: 2006
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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 No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)	1,067,636.00		1,067,636.00	1,067,636.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Franklin County Housing Authority		Grant Type and Number IL06PO61-501-06 Capital Fund Program Grant No: Replacement Housing Factor Grant No:				Federal FY of Grant: 2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Administration	1410		65,000.00	65,000.00	65,000.00	65,000.00	Completed
HA-Wide	Fees & Costs	1430		65,000.00	65,000.00	65,000.00	65,000.00	Completed
HA-Wide	Replace Floor Tile	1460		100,000.00	100,000.00	100,000.00	100,000.00	Completed
HA-Wide	Renovation of Units	1460		530,637.00	784,817.00	784,817.00	784,817.00	Completed
HA-Wide	Renovation of Kitchens	1460		100,000.00	17,919.00	17,919.00	17,919.00	Completed
HA-Wide	Renovation of Bathrooms	1460		100,000.00	0.00	0.00	0.00	
HA-Wide	Replace Utility Room Doors	1460		22,650.00	0.00	0.00	0.00	
HA-Wide	Replace Closet Doors	1460		50,000.00	0.00	0.00	0.00	
HA-Wide	Truck	1410		18,000.00	18,000.00	18,000.00	18,000.00	Completed
HA-Wide	Contingency	1502		16,349.00	16,900.00	16,900.00	16,900.00	Completed

Annual Statement/Performance and Evaluation Report
 Development
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program
 2577-0226

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

Part I: Summary

PHA Name: Franklin County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P06150106 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2006 FFY of Grant Approval:
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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	Original	Total Estimated Cost	Revised ²	Obligated	Total Actual Cost ¹	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)	16,349.00	16,900		16,900	16,900	
20	Amount of Annual Grant: (sum of lines 2 - 19)	1,067,636.00			1,067,636.00	1,067,636.00	
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						
Signature of Executive Director <i>Myra Stewart</i>		Date <i>10-16-09</i>	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 I: Summary	
PHA Name: Franklin County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P061-501-07 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2007	
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: 6/30/2009 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	75,000.00	75,000.00	75,000.00	75,000.00
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)	61,000.00	61,000.00	61,000.00	61,000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	40,000.00	40,000.00	40,000.00	31,850.86
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	875,712.00	875,712.00	875,712.00	289,674.43
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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

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

Part I: Summary					
PHA Name: Franklin County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P061-501-07 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2007 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 checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2009		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	25,999.00	25,999.00	25,999.00	0.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,077,711.00	1,077,711.00	1,077,711.00	457,525.29
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: Franklin County Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL06P061-501-07 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	Administration	1410		61,000.00	61,000.00	61,000.00	61,000.00	
HA-WIDE	Fees & Costs	1430	1	40,000.00	40,000.00	40,000.00	31,850.86	
HA_WIDE	Replace Floor Tile	1460	40	100,000.00	100,000.00	100,000.00	100,000.00	Completed
HA-WIDE	Renovation of Units	1460	2	440,712.00	440,712.00	440,712.00	189,674.43	
HA-WIDE	Renovation of Kitchens	1460	25	125,000.00	125,000.00	125,000.00	0.00	
HA-Wide	Renovation of Bathrooms	1460	10	50,000.00	50,000.00	50,000.00	0.00	
HA-WIDE	Replace Closet Doors	1460	20	50,000.00	50,000.00	50,000.00	0.00	
61-1	Replace Storm Doors	1460	148	60,000.00	60,000.00	60,000.00	0.00	
61-4	Replace Roofs-Family Units	1460	9	20,000.00	20,000.00	20,000.00	0.00	
61-5	Replace Roofs	1460	11	30,000.00	30,000.00	30,000.00	0.00	
HA-WIDE	Transfer to Operating	1406		75,000.00	75,000.00	75,000.00	75,000.00	
HA-WIDE	Contingency	1502		25,999.00	25,999.00	25,999.00	0.00	

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Franklin County Housing Authority					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	
HA_WIDE Administration	9/12/09	9/12/09	9/12/11	9/12/11	
HA-WIDE Fees & Costs	9/12/09	9/12/09	9/12/11	9/12/11	
HA-WIDE Replace Floor Tile	9/12/09	9/12/09	9/12/11	9/12/11	
HA-WIDE Renovation of Units	9/12/09	9/12/09	9/12/11	9/12/11	
HA-WIDE Renovation of Units	9/12/09	9/12/09	9/12/11	9/12/11	
HA-WIDE Renovation of Kitchens	9/12/09	9/12/09	9/12/11	9/12/11	
HA-WIDE Renovation of Bathrooms	9/12/09	9/12/09	9/12/11	9/12/11	
HA-WIDE Replace Closet Doors	9/12/09	9/12/09	9/12/11	9/12/11	
61-1 Replace Storm Doors	9/12/09	9/12/09	9/12/11	9/12/11	
61-4 Replace Roofs	9/12/09	9/12/09	9/12/11	9/12/11	
61-5 Replace Roofs	9/12/09	9/12/09	9/12/11	9/12/11	
HA-WIDE Transfer to Operating	9/12/09	9/12/09	9/12/11	9/12/11	
HA-WIDE Contingency	9/12/09	9/12/09	9/12/11	9/12/11	

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.

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: 2007	
PHA Name: Franklin County Housing Authority		FFY of Grant Approval:	
Grant Type and Number Capital Fund Program Grant No: IL06P061-501-07 Replacement Housing Factor Grant No: Date of CFFP:			
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2009 <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)		<input type="checkbox"/> Final Performance and Evaluation Report <input type="checkbox"/> Revised ²	
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Obligated
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)	25,999.00	25,999.00
20	Amount of Annual Grant: (sum of lines 2 - 19)	1,077,711.00	1,077,711.00
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities		
23	Amount of line 20 Related to Security - Soft Costs		
24	Amount of line 20 Related to Security - Hard Costs		
25	Amount of line 20 Related to Energy Conservation Measures		
Signature of Executive Director <i>Maria Stewart</i>		Signature of Public Housing Director	
Date <i>10-16-09</i>		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 I: Summary	
PHA Name: Franklin County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P061-501-08 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2008 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: 6/30/2009 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	75,000.00	75,000.00	75,000.00	0.00
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	61,000.00	60,200.00	33,946.16	22,836.67
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	40,000.00	40,000.00	31,109.60	15,389.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	885,650.00	872,743.00	797,753.90	250,611.17
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: Franklin County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P061-501-08 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2008 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 checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2009		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	17,865.00	31,572.00	0.00	0.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,079,515.00	1,079,515.00	937,809.66	288,836.84
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: Franklin County Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL06P061-501-08 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	
HA-WIDE	Administration	1410		61,000.00	60,200.00	33,946.16	22,836.67	
AMP #1	Fees & Costs	1430	1	40,000.00	11,666.00	11,199.00	5,516.30	
AMP #2	Fees & Costs	1430	1		16,666.00	13,377.00	6,605.30	
AMP #4	Fees & Costs	1430	1		11,668.00	6,533.60	3,267.40	
AMP #1	Replace Floor Tile	1460	16	100,000.00	40,000.00	683.50	683.50	
AMP #2	Replace Floor Tile	1460	12		30,000.00	820.20	820.20	
AMP #3	Replace Floor Tile	1460	4		10,000.00	0.00	0.00	
AMP #4	Replace Floor Tile	1460	4		10,000.00	409.20	410.20	
AMP #5	Replace Floor Tile	1460	4		10,000.00	0.00	0.00	
AMP #1	Renovation of Units	1460	5	550,000.00	174,530.00	286,503.00	88,794.00	
AMP #2	Renovation of Units	1460	6		180,960.00	342,212.00	106,602.00	
AMP #4	Renovation of Units	1460	3		179,053.00	167,126.00	53,301.27	
HA-WIDE	Renovation of Kitchens	1460	0	125,000.00	0.00	0.00	0.00	
HA-WIDE	Renovation of Bathrooms	1460	0	30,000.00	0.00	0.00	0.00	
HA-WIDE	Replace Closet Doors	1460	0	50,000.00	0.00	0.00	0.00	
AMP #1	Replace Storm Doors	1460	148		67,200.00	0.00	0.00	
AMP #2	Replace Storm Doors	1460	5		1,600.00	0.00	0.00	
AMP #3	Replace Storm Doors	1460	81	20,000.00	31,600.00	0.00	0.00	
AMP #4	Replace Storm Doors	1460	32	10,650.00	12,800.00	0.00	0.00	

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Franklin County Housing Authority					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	
HA-WIDE Administration	9/30/10	9/30/10	9/30/12	9/30/12	
AMP #1 Fees & Costs	9/30/10	9/30/10	9/30/12	9/30/12	
AMP #2 Fees & Costs	9/30/10	9/30/10	9/30/12	9/30/12	
AMP #4 Fees & Costs	9/30/10	9/30/10	9/30/12	9/30/12	
AMP#1 Replace Floor Tile	9/30/10	9/30/10	9/30/12	9/30/12	
AMP#2 Replace Floor Tile	9/30/10	0/30/10	9/30/12	9/30/12	
AMP#3 Replace Floor Tile	9/30/10	9/30/10	9/30/12	9/30/12	
AMP#4 Replace Floor Tile	9/30/10	9/30/10	9/30/12	9/30/12	
AMP#5 Replace Floor Tile	9/30/10	9/30/10	9/30/12	9/30/12	
AMP #1 Renovation of Units	9/30/10	9/30/10	9/30/12	9/30/12	
AMP #2 Renovation of Units	9/30/10	9/30/10	9/30/12	9/30/12	
AMP #4 Renovation of Units	9/30/10	9/30/10	9/30/12	9/30/12	
HA-WIDE Renovation of Kitchens	9/30/10	9/30/10	9/30/12	9/30/12	
HA-WIDE Renovation of Bathrooms	9/30/10	9/30/10	9/30/12	9/30/12	
HA-WIDE Replace Closet Doors	9/30/10	9/30/10	9/30/12	9/30/12	
AMP#1 Replace Storm Doors	9/30/10	9/30/10	9/30/12	9/30/12	

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 III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Franklin County Housing Authority					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	
AMP #2 Replace Storm Doors	9/30/10	9/30/10	9/30/12	9/30/12	
AMP #3 Replace Storm Doors	9/30/10	9/30/10	9/30/12	9/30/12	
AMP #4 Replace Storm Doors	9/30/10	9/30/10	9/30/12	9/30/12	
AMP #2 Replace Roofing	9/30/10	9/30/10	9/30/12	9/30/12	
AMP #3 Replace Roofing	9/30/10	9/30/10	9/30/12	9/30/12	
AMP #4 Replace Roofing	9/30/10	9/30/10	9/30/12	9/30/12	
AMP #2	9/30/10	9/30/10	9/30/12	9/30/12	
HA-WIDE Operating	9/30/10	9/30/10	9/30/12	9/30/12	
HA-WIDE Contingencies	9/30/10	9/30/10	9/30/12	9/30/12	

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.

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: 2008	
PHA Name: Franklin County Housing Authority	Grant Type and Number: Capital Fund Program Grant No.: IL06P061-501-08 Replacement Housing Factor Grant No.: Date of CFFP:	FFY of Grant Approval:	

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 Services paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	17,865.00	31,572.00	0.00	0.00
20	Amount of Annual Grant: (sum of lines 2 - 19)	1,079,515.00	1,079,515.00	937,809.66	288,836.84
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	
<i>Theresa Stewart</i>		10-16-09			

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: Franklin County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P06150109 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2009 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				
3	1408 Management Improvements	22,300.00			
4	1410 Administration (may not exceed 10% of line 21)	61,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	40,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	920,216.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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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: Franklin County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P06150109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 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)	21,830.00				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,065,346.00				
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	26,000.00				
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director			Date		Signature of Public Housing Director	
					Date	

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: Franklin County Housing Authority			Grant Type and Number Capital Fund Program Grant Number IL06P06150109 CFFP (Yes/ No): 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	
AMP #1	Mod. Coord. salary, benefits, postage, vehicle expense, advertising	1410	1	23,180.00				
AMP #2	Mod. Coord salary, benefits, postage, vehicle expense, advertising	1410	1	14,640.00				
AMP #3	Mod. Coord. salary, benefits, postage, vehicle expense, advertising	1410	1	6,100.00				
AMP #4	Mod. Coord. salary, benefits, postage, vehicle expense, advertising	1410	1	7,320.00				
AMP #5	Mod. Coord. salary, benefits, postage, vehicle expense, advertising	1410	1	9,760.00				
AMP #1	Fees & Costs	1430	3	16,062.00				
AMP #2	Fees & Costs	1430	2	10,708.00				
AMP #3	Fees & Costs	1430	1	5,354.00				
AMP #4	Fees & Costs	1430	1	5,354.00				
AMP #5	Fees & Costs	1430	1	2,522.00				
AMP #1	Replace Floor Tile	1460	8	40,000.00				
AMP #2	Replace Floor Tile	1460	6	30,000.00				
AMP #3	Replace Floor Tile	1460	2	10,000.00				
AMP #4	Replace Floor Tile	1460	2	10,000.00				
AMP #5	Replace Floor Tile	1460	2	10,000.00				
AMP #1	Renovation of Units	1460	3	178,470.00				
AMP #2	Renovation of Units	1460	2	118,980.00				
AMP #3	Renovation of Units	1460	1	59,490.00				
AMP #4	Renovation of Units	1460	1	59,490.00				

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Franklin County Housing Authority			Grant Type and Number Capital Fund Program Grant No:IL06Po6150109 CFFP (Yes/ No): 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	
AMP #5	Renovation of Units	1460	1	23,570.00				
AMP #1	Replace Kitchens	1460	16	37,167.00				
AMP #2	Replace Kitchens	1460	13	27,167.00				
AMP #3	Replace Kitchens	1460	3	7,167.00				
AMP #4	Replace Kitchens	1460	3	7,167.00				
AMP #5	Replace Kitchens	1460	3	7,163.00				
AMP #1	Replace Closet Doors	1460	10	50,000.00				
AMP #1	Replace Utility Room Doors	1460	36	5,750.00				
AMP #2	Replace Utility Room Doors	1460	48	12,000.00				
AMP #3	Replace Utility Room Doors	1460	3	750.00				
AMP #4	Replace Utility Room Doors	1460	26	19,885.00				
AMP #1	Renovation of Bathrooms	1460	1	40,000.00				
AMP #2	Renovation of Bathrooms	1460	1	30,000.00				
AMP #3	Renovation of Bathrooms	1460	1	10,000.00				
AMP #4	Renovation of Bathrooms	1460	1	10,000.00				
AMP #5	Renovation of Bathroomks	1460	1	10,000.00				
AMP #5	Replace Kuca Exit Doors	1460	1	15,000.00				
AMP #5	Replace Doors-Kuca	1460	77	30,000.00				
AMP #5	Replace Door Locks_Kuca	1460	77	18,000.00				

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

² To be completed for the Performance and Evaluation Report.

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: 2009	
PHA Name: Franklin County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P06150109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost	Revised²	Obligated	Total Actual Cost¹	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)	21,830.00				
20	Amount of Annual Grant: (sum of lines 2 - 19)	1,065,346.00				
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	26,000.00				
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director <i>Mary Stewart</i> Date <i>10-10-09</i>		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 I: Summary	
PHA Name: Franklin County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06S06150109 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2009 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: 6/30/2009 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)	62,003.00	62,003.00	0.00	382.44
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	74,553.00	74,553.00	18,225.00	108.80
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	1,224,551.00	1,224,551.00	377,832.38	35,344.91
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: Franklin County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06S06150109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 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 checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2009				<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)	5,345.00	5,345.00	0.00	0.00	
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,366,452.00	1,366,452.00	396,057.38	35,836.15	
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	100,000.00	100,000.00			
Signature of Executive Director			Signature of Public Housing Director			
Date			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: Franklin County Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL06S06150109 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	
HA-WIDE	Administration	1410		62,003.00	62,003.00	0.00	382.44	
AMP #5	Fees & Costs	1430	1	74,553.00	74,553.00	18,225.00	108.80	
AMP #1	Storm Door Replacement	1460	148	58,000.00	58,000.00	46,327.00	0.00	
AMP #3	Storm Door Replacement	1460	77	30,000.00	30,000.00	25,869.00	0.00	
AMP #4	Storm Door Replacement	1460	32	12,000.00	12,000.00	10,541.00	0.00	
AMP #5	Replace Fire Alarm Systems	1460	2	370,012.00	370,012.00	0.00	0.00	
AMP #5	Valve Replacement	1460	2	50,000.00	50,000.00	16,396.91	16,396.91	Completed
AMP #5	Seal & Repair Kuca Envelope	1460	1	132,250.00	132,250.00	0.00	0.00	
AMP #3	Repair Roofs	1460	11	82,500.00	82,500.00	51,829.00	0.00	
AMP #4	Repair Roofs	1460	9	67,500.00	67,500.00	42,406.00	18,759.00	
AMP #2	Repair Roofs	1460	15	110,000.00	110,000.00	73,901.00	0.00	
AMP #1	Utility Room Door Replacement	1460	36	7,049.00	7,049.00	0.00	189.00	
AMP #2	Utility Room Door Replacement	1460	48	9,398.00	9,398.00	0.00	0.00	
AMP #3	Utility Room Door Replacement	1460	3	589.00	589.00	0.00	0.00	
AMP #4	Utility Room Door Replacement	1460	41	10,788.00	10,788.00	0.00	0.00	
AMP #5	Emergency Generators	1460	2	184,000.00	184,000.00	0.00	0.00	
AMP #5	Replace Apartment Doors	1460	170	81,340.00	81,340.00	102,998.45	0.00	
AMP #3	Replace Doors & Locks	1460	11	19,125.00	19,125.00	7,564.02	0.00	
HA-WIDE	Contingencies	1460		5,345.00	5,345.00	0.00	0.00	

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Franklin County Housing Authority					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	
HA-WIDE Administration	3/17/10	3/17/10	3/17/12	3/17/12	
AMP #5 Fees & Costs	3/17/10	3/17/10	3/17/12	3/17/12	
AMP #1 Storm Door Replacement	3/17/10	3/17/10	3/17/12	3/17/12	
AMP #3 Storm Door Replacement	3/17/10	3/17/10	3/17/12	3/17/12	
AMP #4 Storm Door Replacement	3/17/10	3/17/10	3/17/12	3/17/12	
AMP #5 Replace Fire Alarm Systems	3/17/10	3/17/10	3/17/12	3/17/12	
AMP #5 Replace Valves	3/17/10	3/17/10	3/17/12	3/17/12	
AMP #5 Seal & Repair Kuca Envelope	3/17/10	3/17/10	3/17/12	3/17/12	
AMP #3 Repair Roofs	3/17/10	3/17/10	3/17/12	3/17/12	
AMP #4 Repair Roofs	3/17/10	3/17/10	3/17/12	3/17/12	
AMP #2 Repair Roofs	3/17/10	3/17/10	3/17/12	3/17/12	
AMP #1 Utility Room Door Replacement	3/17/10	3/17/10	3/17/12	3/17/12	
AMP #2 Utility Room Door Replacement	3/17/10	3/17/10	3/17/12	3/17/12	
AMP #3 Utility Room Door Replacement	3/17/10	3/17/10	3/17/12	3/17/12	
AMP #4 Utility Room Door Replacement	3/17/10	3/17/10	3/17/12	3/17/12	
AMP #5 Emergency Generators	3/17/10	3/17/10	3/17/12	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 III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Franklin County Housing Authority				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	
AMP #5 Replace Apartment Doors	3/17/10	3/17/10	3/17/12	3/17/12	
AMP #3 Replace Doors & Locks	3/17/10	3/17/10	3/17/12	3/17/12	
HA-WIDE Contingencies	3/17/10	3/17/10	3/17/12	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.

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: 2009	
PHA Name: Franklin County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06S06150109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

Line	Summary by Development Account	Total Estimated Cost		Obligated	Total Actual Cost ¹	
		Original	Revised ²		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)	5,345.00	5,345.00	0.00	0.00	
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,366,452.00	1,366,452.00	396,246.44	35,836.15	
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	100,000.00	100,000.00			
Signature of Executive Director		Date		Signature of Public Housing Director		Date
<i>Morgan Stewart</i>		10-16-09				

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 CFFP Grants for operations.
⁴ RHF funds shall be included here.

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 Franklin County Housing			Locality (West Frankfort/Franklin 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 <u>2010</u>	Work Statement for Year 2 FFY <u>2011</u>	Work Statement for Year 3 FFY <u>2012</u>	Work Statement for Year 4 FFY <u>2013</u>	Work Statement for Year 5 FFY <u>2014</u>
B.	Physical Improvements Subtotal	Annual Statement	872,000	848,000	904,000	920,000
C.	Management Improvements			50,000		
D.	PHA-Wide Non-dwelling Structures and Equipment		23,000	23,000		
E.	Administration		80,000	66,000	81,000	66,000
F.	Other		90,346	78,346	80,346	79,346
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		1,065,346	1,065,346	1,065,346	1,065,346
L.	Total Non-CFP Funds					
M.	Grand Total		1,065,346	1,065,346	1,065,346	1,065,346

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year <u>2</u> FFY <u>2011</u>			Work Statement for Year: <u>3</u> FFY <u>2012</u>		
	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	Truck	1	15,000	Management Improvements-Office Expansion	1	50,000
Annual	Amp 2 Install Community Room Emergency Lighting	2	3,000	Amp 5 Replace Boilers	1	125,000
Statement	Amp 3 Install Community Room Emergency Lighting	2	3,000	Amp 5 Pipe Insulation Removal	1	5,000
	Amp 4 Install Community Room Emergency Lighting	1	3,000	Amp 4 Replace Washers & Dryers	8	6,000
	Amp 5 A/C & Sleeves	80	50,000	Amp 5 Replace Washers & Dryers	22	17,000
	Amp 5 Pipe Insulation	1	5,000	Amp 5 Repair Roof	1	10,000
	Amp 4 Replace Tub Surrounds & Faucets	49	25,000	Amp 5 Replace Pumps	1	25,000
	Amp 5 Replace Tub Surrounds & Faucets	160	80,000			
	Amp 4 Accessible Sidewalks	1	10,000	Amp 5 Replace Ceiling Tiles & Grids	1	10,000
	Amp 1 Kitchens	3	6,000			
	Amp 2 Kitchens	2	4,000	Amp 1 Renovation of Units	3	136,000
	Amp 1 Replace Dead Bolts & Locks	126	7,000	Amp 2 Renovation of Units	4	140,000
	Amp 2 Install On-Demand Water Heater in Community Room	1	2,000	Amp 3 Renovation of Units	1	28,000
	Amp 3 Install On-Demand Water Heater in Community Room	1	1,000	Amp 4 Renovation of Units	1	44,000

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**

	Amp 4 Install On-Demand Water Heater in Community Room	1	1,000	Amp 5 Renovation of Units	1	52,000
	Amp 1 Renovation of Units	4	170,000	Amp 1 Floor Tile	8	45,000
	Amp 2 Renovation of Units	7	174,000	Amp 1 Floor Tile	6	30,000
	Amp 3 Renovation of Units	6	36,000	Amp 1 Floor Tile	3	15,000
	Amp 4 Renovation of Units	2	55,000	Amp 1 Floor Tile	4	20,000
	Amp 5 Renovation of Units	2	65,000	Amp 1 Floor Tile	3	15,000
	Amp 1 Floor Tile	8	45,000	Amp 1 Kitchens	3	6,000
	Amp 2 Floor Tile	6	30,000	Amp 2 Kitchens	2	4,000
	Amp 3 Floor Tile	3	15,000	Amp 2 Bathroom Reno	18	90,000
	Amp 4 Floor Tile	4	20,000	Amp 1 Backsplashes	150	15,000
	Amp 5 Floor Tile	3	15,000	Amp 2 Backsplashes	150	15,000
	Amp 1 Site Lighting	1	11,000	Amp 3 Backsplashes	60	6,000
	Amp 2 Site Lighting	1	13,000	Amp 4 Backsplashes	40	4,000
	Amp 3 Site Lighting	1	4,000	Amp 5 Backsplashes	80	8,000
	Amp 4 Site Lighting	1	10,000	Amp 1 Administration	1	20,480
	Amp 5 Site Lighting	1	2,000	Amp 2 Administration	1	19,160
	Amp 5 Electric Ranges	80	30,000	Amp 3 Administration	1	4,620
	Amp 1 Administration	1	18,200	Amp 4 Administration	1	13,580
	Amp 2 Administration	1	16,900	Amp 5 Administration	1	8,160
	Amp 3 Administration	1	4,550	Amp 1 Fees & Costs	3	15,000
	Amp 4 Administration	1	8,450	Amp 2 Fees & Costs	4	20,000
	Amp 5 Administration	1	16,900	Amp 3 Fees & Costs	1	5,000
	Amp 1 Fees & Costs	4	17,550	Amp 4 Fees & Costs	1	5,000
	Amp 2 Fees & Costs	7	20,700	Amp 5 Fees & Costs	1	5,000
	Amp 3 Fees & Costs	6	4,950			
	Amp 4 Fees & Costs	2	1,350			

Capital Fund Program—Five-Year Action Plan

**U.S. Department of Housing and Urban Development
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	Amp 5 Fees & Costs	2	450			
	Contingency	1	45,346	Contingency	1	28,346
	Subtotal of Estimated Cost		\$1,065,346	Subtotal of Estimated Cost		\$1,065,346

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year <u>4</u> FFY <u>2013</u>			Work Statement for Year: <u>5</u> FFY <u>2014</u>		
	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	Amp 5 Replace A/C Units	80	40,000	Amp 3 Washer/Dryer Facility	1	30,000
Annual	Amp 5 Replace Toilet Stools	160	130,000	Amp 2 Replace Heating	75	75,000
Statement	Amp 5 Replace Trash Compactor	1	40,000	Amp 5 Window Repairs	1	100,000
	Amp 5 Replace Handrails	1	15,000	Amp 5 Air Handler & A/C in Hallways	1	50,000
	Amp 5 Enclose Balconies	1	35,000	Amp 5 Repair Foyer	1	15,000
	Amp 2 Replace Water Heater & Valves	168	84,000	Amp 5 Re-tube Boilers	1	50,000
	Amp 1 Floor Tile	8	45,000	Amp 5 Replace Heating Controls	1	50,000
	Amp 2 Floor Tile	6	30,000	Amp 1 Floor Tile	8	45,000
	Amp 3 Floor Tile	3	15,000	Amp 2 Floor Tile	6	30,000
	Amp 4 Floor Tile	4	20,000	Amp 3 Floor Tile	3	15,000
	Amp 5 Floor Tile	3	15,000	Amp 4 Floor Tile	4	20,000
	Amp 1 Renovation of Units	3	156,000	Amp 5 Floor Tile	3	15,000
	Amp 2 Renovation of Units	4	140,000	Amp 1 Renovation of Units	3	146,000
	Amp 3 Renovation of Units	1	28,000	Amp 2 renovation of Units	4	140,000
	Amp 4 Renovation of Units	1	44,000	Amp 3 Renovation of Units	1	28,000
	Amp 5 Renovation of Units	1	52,000	Amp 4 Renovation of Units	1	44,000
	Amp 3 Kitchens	2	4,000	Amp 5 Renovation of Units	1	52,000
	Amp 4 Kitchens	3	6,000	Amp 4 Kitchens	3	6,000

Capital Fund Program—Five-Year Action Plan

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/20011**

	Amp 1 Administration	1	20,480	Amp 3 Kitchens	2	4,000
	Amp 2 Administration	1	19,160	Amp 1 Administration	1	20,480
	Amp 3 Administration	1	4,620	Amp 2 Administration	1	19,160
	Amp 4 Administration	1	13,580	Amp 3 Administration	1	4,620
	Amp 5 Administration	1	8,160	Amp 4 Administration	1	13,580
	Amp 1 Fees & Costs	3	15,000	Amp 5 Administration	1	8,160
	Amp 2 Fees & Costs	4	20,000	Amp 1 Fees & Costs	3	15,000
	Amp 3 Fees & Costs	1	5,000	Amp 1 Fees & Costs	4	20,000
	Amp 4 Fees & Costs	1	5,000	Amp 1 Fees & Costs	1	5,000
	Amp 5 Fees & Costs	1	5,000	Amp 1 Fees & Costs	1	5,000
	Truck	1	15,000	Amp 1 Fees & Costs	1	5,000
	Contingency	1	35,346	Contingency	1	34,346
	Subtotal of Estimated Cost		\$1,065,346	Subtotal of Estimated Cost		\$1,065,346

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

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

ATTACHMENT #11

CARBON MONOXIDE ALARM DETECTOR ACT

The Franklin County Housing Authority installed carbon monoxide detectors in all required units before January 1, 2007.

All Residents have been informed of the proper maintenance of the carbon monoxide detector. All Residents have been informed of the requirement to have carbon monoxide detectors installed and in working order.

Any opportunity our staff has to be in the apartment, the carbon monoxide detector is checked and if not working a new battery is installed.