PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011

1.0	**PHA Information** PHA Name: **Lawrence County Housing Authority** PHA Code: **IL 108** PHA Type: ☒ Small ☐ High Performing ☒ Standard ☐ HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): **10/2010**
2.0	**Inventory** (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: **181** Number of HCV units:
3.0	**Submission Type** ☐ 5-Year and Annual Plan ☐ Annual Plan Only ☒ 5-Year Plan Only
4.0	**PHA Consortia** ☐ PHA Consortia: (Check box if submitting a joint Plan and complete table below.)

Participating PHAs		Participating PHAs		Participating PHAs	
				PH	
PHA 1:		PHA 1:		PHA 1:	
PHA 2:		PHA 2:		PHA 2:	
PHA 3:		PHA 3:		PHA 3:	

5.0	**5-Year Plan.** Complete items 5.1 and 5.2 only at 5-Year Plan update.
5.1	**Mission.** State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: **The Mission of the Lawrence County Housing Authority is to promote adequate, affordable housing, economic opportunity, and a suitable living environment for the families we serve, without discrimination.**

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. **A. <u>GOALS & OBJECTIVES FOR FISCAL YEARS 2010 – 2014</u>:** **GOAL: EXPAND THE SUPPLY OF ASSISTED HOUSING** **Objectives:** Reduce public housing vacancies – Current Vacancy rate is 6%. Strive for rate of 3% **GOAL: IMPROVE THE QUALITY OF ASSISTED HOUSING** **Objectives:** Continue to renovate and upgrade dwelling units using available CFP funds. **GOAL: PROMOTE SELF-SUFFICIENCY AND ASSET DEVELOPMENT OF ASSISTED HOUSEHOLDS** **Objectives:** Continue to provide and expand upon the provision of on-site supportive services to increase independence for the elderly or families with disabilities. Network with local service agencies for referrals for services the Housing Authority cannot provide on site. **GOAL: ENSURE EQUAL OPPORTUNITY AND AFFIRMATIVELY FURTHER FAIR HOUSING** **Objectives:** Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability **GOAL: CONTINUE COMPLIANCE WITH PROVISIONS OF THE VIOLENCE AGAINST WOMEN ACT (VAWA)** **Objectives:** Continue to fully comply with the Violence Against Women Act (VAWA**).** Continue to work with others to prevent offenses covered by VAWA to the degree we can. Details are in Attachment C.

5.2

B. PROGRESS ON GOALS & OBJECTIVES FOR FISCAL YEARS 2005 – 2009:

The following table reflects the progress we have made in achieving our goals and objectives established for Fiscal Years 2005 – 2009:

GOAL: EXPAND THE SUPPLY OF ASSISTED HOUSING	
Objective	**Progress**
Reduce public housing vacancies: **Attempt to minimize vacancy rate as much as possible**.	Vacancy rate has improved. Current vacancy rate is 6%

GOAL: IMPROVE THE QUALITY OF ASSISTED HOUSING	
Objective	**Progress**
Improve public housing management: (PHAS score) **Achieve high performer status by fiscal year end 2007**	Have not achieved high performer status yet
Renovate or modernize public housing units: **Continue to renovate developments using available CFP funds**	Modernization projects have been ongoing. Some major improvements include Kitchen renovation at IL 108-005, -006, & -003. New A/C - Heater units at IL108-006. New Furnaces and Central A/C at IL108-002.

GOAL: PROVIDE AN IMPROVED LIVING ENVIRONMENT	
Objective	**Progress**
Continue to network with local organizations to provide information and referral services to elderly/disabled residents	Have successfully continued with inter-agency agreements. Some agencies we work with include Lawrence County Senior Citizens, Lawrence/Crawford Association for Exceptional Citizens, R.I.D.E.S. Mass Transit District, C.E.F.S. Economic Opportunity Corporation

GOAL: PROMOTE SELF-SUFFICIENCY AND ASSET DEVELOPMENT OF ASSISTED HOUSEHOLDS	
Objective	**Progress**
Provide or attract supportive services to increase independence for the elderly or families with disabilities.	PHA works with several home health agencies. Some of these include Addus Healthcare, Community Care Program, Lawrence County Health Department

GOAL: ENSURE EQUAL OPPORTUNITY AND AFFIRMATIVELY FURTHER FAIR HOUSING	
Objective	**Progress**
Continue to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability	Successfully ensuring equal access by following applicable laws and regulations

GOAL: DELIVER TIMELY AND HIGH QUALITY MAINTENANCE SERVICE TO THE RESIDENTS OF THE LAWRENCE COUNTY HOUSING AUTHORITY.	
Objective	**Progress**
The Lawrence County Housing Authority will continue to maintain an appealing up-to-date environment in its developments.	Successful
The Lawrence County Housing Authority shall continue to maintain an average response time of 24 hours or less in responding to emergency work orders.	Successful
The Lawrence County Housing Authority shall continue to maintain an average response time of less than three days in responding to routine work orders.	Successful

6.0	**PHA Plan Update** (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. ***This section not Applicable for small PHAs***
7.0	**Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.** *Include statements related to these programs as applicable.* ***This section not Applicable for small PHAs***
8.0	**Capital Improvements.** Please complete Parts 8.1 through 8.3, as applicable.
8.1	**Capital Fund Program Annual Statement/Performance and Evaluation Report.** As part of the PHA 5-Year and Annual Plan, annually complete and submit the *Capital Fund Program Annual Statement/Performance and Evaluation Report,* form HUD-50075.1, for each current and open CFP grant and CFFP financing. ***See page 4***
8.2	**Capital Fund Program Five-Year Action Plan.** As part of the submission of the Annual Plan, PHAs must complete and submit the *Capital Fund Program Five-Year Action Plan,* 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. ***See page 4***
8.3	**Capital Fund Financing Program (CFFP).** ☐ 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. ***Not Applicable for Lawrence County Housing Authority***
9.0	**Housing Needs**. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. ***This section not Applicable for small PHAs***

9.1	**Strategy for Addressing Housing Needs**. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.** ***This section not Applicable for small PHAs***

10.0	**Additional Information**. Describe the following, as well as any additional information HUD has requested. (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. **Progress on the Housing Authority's goals was already included in Section 5.2** (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" a. Substantial Deviation from the 5-Year Plan **Substantial deviations from the 5-year Plan occur when the Board of Commissioners decides that it wants to change the mission statement, goals or objectives of the 5-year plan.** b. Significant Amendment or Modification to the Annual Plan **Significant amendments or modifications to the Annual Plan are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the plans of the agency and which require formal approval of the Board of Commissioners.**

11.0	**Required Submission for HUD Field Office Review**. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. **Note:** Faxed copies of these documents will not be accepted by the Field Office. (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights) (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. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. **See Attachment A** (g) Challenged Elements – **See Attachment B** (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report* (PHAs receiving CFP grants only) (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan* (PHAs receiving CFP grants only)

OTHER ATTACHMENTS:

Attachment C – Violence Against Women Act (VAWA) Statement
Attachment D – Capital Fund Program Annual Statement – FY 2010
Attachment E – FY 2009 Capital Fund Program Performance & Evaluation Report
Attachment F – FY 2009 (ARRA Funds) Capital Fund Program Performance & Evaluation Report
Attachment G – FY 2008 Capital Fund Program Performance & Evaluation Report
Attachment H – FY 2007 Capital Fund Program Performance & Evaluation Report – Final Report
Attachment I – Capital Fund Program Five-Year Action Plan
Attachment J – Illinois Carbon Monoxide Detector Alarm Act

Please note. The Housing Authority does not have a scanner. Documents needing the Executive Director's signature will be sent hard copy via U.S. Postal Service to the HUD Office

Attachment A

Lawrence County Housing Authority

Five-Year Plan
Fiscal Years 10/01/2010 – 10/01/2014

Comments of the Resident Advisory Board

Lawrence County Housing Authority met with the Resident Advisory Board (RAB) on June 17, 2010.

Elements of the PHA Plan Template and the Capital Fund Program grants were discussed. The RAB members agreed with the overall Plan as presented and no suggestions or changes were offered by them.

_____
William Thurman, Executive Director
Lawrence County Housing Authority
July 8, 2010

Please note. The Housing Authority does not have a scanner. Documents needing the Executive Director's signature will be sent hard copy via U.S. Postal Service to the HUD Office

Attachment B

Lawrence County Housing Authority

Five-Year Plan
Fiscal Years 10/01/2010 – 10/01/2014

Challenged Elements

There were no challenged elements to the Housing Authority's Five-year Plan.

_____
William Thurman, Executive Director
Lawrence County Housing Authority
July 8, 2010

Please note. The Housing Authority does not have a scanner. Documents needing the Executive Director's signature will be sent hard copy via U.S. Postal Service to the HUD Office

Attachment C

Lawrence County Housing Authority

Five-Year Plan
Fiscal Years 10/01/2010 – 10/01/2014

Violence Against Women Act Report

A goal of the Lawrence County Housing Authority is to fully comply with the Violence Against Women Act (VAWA). It is our objective to work with others to prevent offenses covered by VAWA to the degree we can.

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

> **Through cooperation with the local domestic violence agency and local police departments, any cases of violence as described are referred for assistance. The local domestic violence agency is the Stop Woman Abuse Now (SWAN), located in Olney, Illinois.**

Lawrence County Housing Authority provides or offers the following activities, services, or programs that help child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing.

> **The above listed agency's program staff is aware of our housing program and makes client referrals to our office. Apparently eligible clients are placed on our waiting list.**
>
> **For persons already living in a Housing Authority unit who become victims as described, these are referred to police and the local domestic violence agency for assistance. If the management becomes aware of any violator who may be restricted through an order of protection, that person is prohibited from the premises and is considered a trespasser subject to arrest and removal. The police departments are cooperative and supportive in cases such as this, and willingly respond and enforce the protective orders.**

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

The same methods as described herein are used, making referrals to SWAN for counseling and support services, and attempting to enforce orders of protection with the cooperation of police department personnel.

Lawrence County Housing Authority has the following procedure in place to assure applicants and residents are aware of their rights and responsibilities under the Violence Against Women Act:

All residents have been notified of their rights and responsibilities under the Violence Against Women Act.

The orientation for new residents includes information on their rights and responsibilities under the Violence Against Women Act.

The Admissions & Continued Occupancy Policy (ACOP) and the Public Housing Dwelling Lease have been updated to include screening and termination language related to the Violence Against Women Act

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

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

Part I: Summary

PHA Name:	**Grant Type and Number**	**FFY of Grant: 2010**
LAWRENCE COUNTY HOUSING AUTHORITY	Capital Fund Program Grant No: **IL06P108 501-10** Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant Approval: 2010**

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]	39,950			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	3,950			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	21,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	28,550			
10	1460 Dwelling Structures	104,300			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities [4]				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	**$197,750**			

[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.

form **HUD-50075.1** (4/2008)

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

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

Part I: Summary

PHA Name:	**Grant Type and Number**	**FFY of Grant:** 2010
LAWRENCE COUNTY HOUSING AUTHORITY	Capital Fund Program Grant No: IL06P108 501-08 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant Approval:** 2010

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
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: **LAWRENCE COUNTY HOUSING AUTHORITY**	**Grant Type and Number** Capital Fund Program Grant No: **IL06P108 501-10** 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]	
PHA Wide	**Operating Costs**	1406	L.S.	39,950				
PHA Wide	**Administration**	1410	L.S.	3,950				
PHA Wide	**A & E Fees**	1430	L.S.	21,000				
	Site Improvement	1450						
	Replace elevator/Canopy roofs		LS	24,515				
	Extend parking (4 stalls)		4 stalls	4,035				
	Dwelling Structures	1460						
IL 108-006	Tub cut-outs for easy entry			104,300				

[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: **LAWRENCE COUNTY HOUSING AUTHORITY**					**Federal FFY of Grant: 2010**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
					Not Applicable – Lawrence County Housing
					Authority is not participating in the
					Capital Fund Financing Program

[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

PHA Name:	**Grant Type and Number**	**FFY of Grant:** 2009
LAWRENCE COUNTY HOUSING AUTHORITY	Capital Fund Program Grant No: **IL06P108 501-09** Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant Approval:** 2009

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**

☒ **Performance and Evaluation Report for Period Ending: *3/31/2010*** ☐ **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				
	(On reserve until Budget Revision is submitted)	134,713		-0-	-0-
2	1406 Operations (may not exceed 20% of line 21) [3]				
3	1408 Management Improvements	38,489		-0-	-0-
4	1410 Administration (may not exceed 10% of line 21)	19,245		-0-	-0-
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities [4]				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	**$192,447**		**-0-**	**-0-**

[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.

form **HUD-50075.1** (4/2008)

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: LAWRENCE COUNTY HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No: **IL06P108 501-09** Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant:** 2009 **FFY of Grant Approval:** 2009

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**

☒ **Performance and Evaluation Report for Period Ending: *3/31/2010*** ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
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: **LAWRENCE COUNTY HOUSING AUTHORITY**	**Grant Type and Number** Capital Fund Program Grant No: **IL06P108 501-09** 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]	
PHA Wide	**Management Improvements**	1408	L.S.	38,489		-0-	-0-	To be planned
PHA Wide	**Administration**	1410	L.S.	19,245		-0-	-0-	To be planned
	In reserve until PHA submits a Budget Revision			134,713		-0-	-0-	To be planned
	(See Note Below)							

[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.

(Please note: The Housing Authority will be submitting a Budget Revision to properly allocate the FY 2009 CFP funds to specific work items.)

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: **LAWRENCE 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	
					Not Applicable – Lawrence County Housing
					Authority is not participating in the
					Capital Fund Financing Program

[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

PHA Name:	**Grant Type and Number**	**FFY of Grant: 2009**
LAWRENCE COUNTY HOUSING AUTHORITY	Capital Fund Program Grant No: **IL06 S108 501-09** Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant Approval: 2009** ***(ARRA)***

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**

☒ **Performance and Evaluation Report for Period Ending: *3/31/2010*** ☐ **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)	11,586		11,586	-0-
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	40,000		40,000	26,869.40
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	171,500		171,500	159,715.91
11	1465.1 Dwelling Equipment—Nonexpendable	17,400		17,400	16,537.50
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities [4]				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	**$240,486**		**$240,486**	**$203,122.81**

[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.

form **HUD-50075.1** (4/2008)

Annual Statement/Performance and Evaluation Report
Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part I: Summary

PHA Name:	**Grant Type and Number**	**FFY of Grant:** 2009
LAWRENCE COUNTY HOUSING AUTHORITY	Capital Fund Program Grant No: **IL06 S108 501-09** Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant Approval:** 2009 ***(ARRA)***

Type of Grant

☐ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**

☒ **Performance and Evaluation Report for Period Ending: *3/31/2010*** ☐ **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost [1]	
		Original	Revised [2]	Obligated	Expended
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: **LAWRENCE COUNTY HOUSING AUTHORITY**	**Grant Type and Number** Capital Fund Program Grant No: **IL06P108 501-09** CFFP (Yes/ No): **No** Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2009** ***(ARRA)***

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]	
PHA Wide	**Administration**	1410		11,586		11,586	-0-	In progress
PHA Wide	**A & E Fees**	1430		40,000		40,000	26,869.40	In progress
	Dwelling Structures	1460						
IL 108-007	Installation costs							
IL 108-002	Furnaces/AC Units							
IL 108-003	Kitchen Renovation							
	Subtotal 1460			171,500		171,500	159,715.91	In progress
	Dwelling Equipment	1465.1						
IL 108-007	PTAC Heating/AC Units			17,400		17,400	16,537.50	In progress

[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: **LAWRENCE 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	
					Not Applicable – Lawrence County Housing
					Authority is not participating in the
					Capital Fund Financing Program

[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

PHA Name:	**Grant Type and Number**	**FFY of Grant: 2008**
LAWRENCE COUNTY HOUSING AUTHORITY	Capital Fund Program Grant No: IL06P108 501-08 Replacement Housing Factor Grant No: Date of CFFP:	**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: *3/31/2010*** ☐ **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]	37,054		37,054	37,054.00
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	3,033		3,033	3,033.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	16,000		16,000	8,535.17
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	133,900		133,900	105,846.00
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]				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	**$189,987**		**$189,987**	**$154,468.17**

[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:	**Grant Type and Number**	**FFY of Grant: 2008**
LAWRENCE COUNTY HOUSING AUTHORITY	Capital Fund Program Grant No: IL06P108 501-08 Replacement Housing Factor Grant No: Date of CFFP:	**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: *3/31/2010*** ☐ **Final Performance and Evaluation Report**

Line	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost [1]**	
		Original	**Revised [2]**	**Obligated**	**Expended**
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: LAWRENCE COUNTY HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No: IL06P108 501-08 CFFP (Yes/ No): **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]	
PHA Wide	Operating Costs	1406	L.S.	37,054		37,054	37,054.00	Complete
PHA Wide	Administration	1410	L.S.	3,033		3,033	3,033.00	Complete
PHA Wide	A & E Fees	1430	L.S.	16,000		16,000	8,535.17	In progress
IL 108-006	Kitchen Renovations	1460		133,900		133,900	105,846.00	In progress

[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: LAWRENCE 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	
					Not Applicable – Lawrence County Housing
					Authority is not participating in the
					Capital Fund Financing Program

[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

PHA Name:	**Grant Type and Number**	**FFY of Grant: 2007**
LAWRENCE COUNTY HOUSING AUTHORITY	Capital Fund Program Grant No: **IL06P108 501-07** Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant Approval: 2007**

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]	34,557	34,557	34,557	34,557
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	3,800	3,800	3,800	3,800
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	16,000	16,000	16,000	16,000
8	1440 Site Acquisition				
9	1450 Site Improvement	137,500	137,500	137,500	137,500
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities [4]				
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	**$191,857**	**$191,857**	**$191,857**	**$191,857**

[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.

form **HUD-50075.1** (4/2008)

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: **LAWRENCE COUNTY HOUSING AUTHORITY**	**Grant Type and Number** Capital Fund Program Grant No: **IL06P108 501-07** Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2007** **FFY of Grant Approval: 2007**

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
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: **LAWRENCE COUNTY HOUSING AUTHORITY**	**Grant Type and Number** Capital Fund Program Grant No: **IL06P108 501-07** CFFP (Yes/ No): **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]	
PHA Wide	Operating Costs	1406	L.S.	34,557.00	34,557.00	34,557.00	34,557.00	Complete
PHA Wide	Administration	1410	L.S.	3,800.00	3,800.00	3,800.00	3,800.00	Complete
PHA Wide	Fees/Costs	1430	L.S.	16,000.00	16,000.00	16,000.00	16,000.00	Complete
IL 108-006	Kitchen renovations	1450		57,527.14	57,527.14	57,527.14	57,527.14	Complete
IL 108-006	Kitchen renovations	1450		5,921.00	5,921.00	5,921.00	5,921.00	Complete
IL 108-006	Kitchen renovations	1450		74,051.86	74,051.86	74,051.86	74,051.86	Complete

[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: **LAWRENCE 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	
					Not Applicable – Lawrence County Housing
					Authority is not participating in the
					Capital Fund Financing Program

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

Part I: Summary

PHA Name/Number: **LAWRENCE COUNTY / IL108**	Locality (City/County & State): **LAWRENCE COUNTY, IL**	☒**Original 5-Year Plan** ☐**Revision No:**

A.	Development Number and Name	Work Statement for Year **1** FFY **2010**	Work Statement for Year **2** FFY **2011**	Work Statement for Year 3 FFY **2012**	Work Statement for Year **4** FFY **2013**	Work Statement for Year **5** FFY **2014**
B.	Physical Improvements Subtotal	Annual Statement	136,875	134,850	134,850	134,850
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		3,950	3,950	3,950	3,950
F.	Other – Fees		16,975	19,000	19,000	19,000
G.	Operations		39,950	39,950	39,950	39,950
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		**$197,750**	**$197,750**	**$197,750**	**$197,750**
L.	Total Non-CFP Funds					
M.	Grand Total		**$197,750**	**$197,750**	**$197,750**	**$197,750**

Part I: Summary (Continuation)

PHA Name/Number: **LAWRENCE COUNTY, IL / IL108**			Locality (City/county & State): **LAWRENCE COUNTY, IL**		☒**Original 5-Year Plan** ☐**Revision No:**	
A.	Development Number and Name	Work Statement for Year **1** FFY **2010**	Work Statement for Year **2** FFY Grant: **2011** PHA FY**: 10/01/2011 – 9/30/2012**	Work Statement for Year **3** FFY Grant: **2012** PHA FY: **10/01/2012 – 9/30/2013**	Work Statement for Year **4** FFY Grant: **2013** PHA FY: **10/01/2013 – 9/30/2014**	Work Statement for Year **5** FFY Grant: **2014** PHA FY: **10/01/2014 – 9/30/2015**
		Annual Statement				
	AMP - IL 108-00000-1		**$197,750**	**$197,750**	**$197,750**	**$197,750**

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY **2010**	Work Statement for Year **2** FFY Grant: **2011** PHA FY: **10/01/2011 – 9/30/2012**			Work Statement for Year **3** FFY Grant: **2012** PHA FY: **10/01/2012 – 9/30/2013**		
	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	IL108-001, 108-002, 108-005, 108-007		136,875	IL108-003, 108-006		5,100
Annual	Parking Lot Renovations			Parking Lot Renovations		
Statement						
	PHA-WIDE – Operations		39,950	IL108-002 Kitchen Renovations		74,725
	PHA-WIDE – Administration		3,950	IL108-007 Build Patio		19,505
	PHA-WIDE – Fees/Costs		16,975	IL108-001, 005 Stairway Safety Treads		19,320
				IL108-006 Stairway Safety Treads		16,200
				PHA-WIDE – Operations		39,950
				PHA-WIDE – Administration		3,950
				PHA-WIDE – Fees/Costs		19,000
	Subtotal of Estimated Cost		**$197,750**	Subtotal of Estimated Cost		**$197,750**

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY **2010**	Work Statement for Year **4** FFY Grant: **2013** PHA FY: **10/01/2013 – 9/30/2014**			Work Statement for Year **5** FFY Grant: **2014** PHA FY: **10/01/2014 – 9/30/2015**		
	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	PHA-WIDE – Operations		39,950	PHA-WIDE – Operations		39,950
Annual	PHA-WIDE – Administration		3,950	PHA-WIDE – Administration		3,950
Statement	PHA-WIDE – Fees/Costs		19,000	PHA-WIDE – Fees/Costs		19,000
	IL108-001, 005 Replace Hall Carpet		24,900	IL108-001, 005 Kitchen Renovations		8,615
	IL108-001, 005 Replace Office Carpet		3,915	IL108-001, 005 Replace Water Closets		56,250
	IL108-001, 005 E.I.F.S. Repair/Replace		42,320	IL108-006 Replace Water Closets		37,500
	IL108-001, 005 Replace Existing Glazing @			IL108-007 Replace Water Closets		15,000
	Storefront w/Insulated Glass		25,900	IL108-003 Replace Windows		12,000
	IL108-006 Replace Hall Carpet		13,630	IL108-003 Replace Storm Doors		3,200
	IL108-001, 005 Replace Flashing @ P.T.A.C.			IL108-003 Replace Water Closets		2,285
	Sleeves and Elevator		7,655			
	IL108-006 Kitchen Renovations		6,325			
	IL108-007 Kitchen Renovations		10,205			
	Subtotal of Estimated Cost		**$197,750**	Subtotal of Estimated Cost		**$197,750**

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY **2010**	Work Statement for Year **2** FFY Grant: **2011** PHA FY: **10/01/2011 – 9/30/2012**		Work Statement for Year **3** FFY Grant: **2012** PHA FY: **10/01/2012 – 9/30/2013**	
	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	**$**	Subtotal of Estimated Cost	**$**

Although there may be management needs, the physical improvements of the Housing Authority's developments take priority for our residents due to limited CFP funds.

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY **2010**	Work Statement for Year **4** FFY Grant: **2013** PHA FY: **10/01/2013 – 9/30/2014**		Work Statement for Year **5** FFY Grant: **2014** PHA FY: **10/01/2014 – 9/30/2015**	
	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	$

Although there may be management needs, the physical improvements of the Housing Authority's developments take priority for our residents due to limited CFP funds.

Attachment J

Lawrence County Housing Authority

Five-Year Plan
Fiscal Years 10/01/2010 – 10/01/2014

Illinois Carbon Monoxide Detector Alarm Act

In accordance with Illinois Carbon Monoxide Detector Alarm Act PA 094-0741 (430 ILCS 135) effective 1/1/07 the Lawrence County Housing Authority has installed detectors in each family unit of project IL 108-002. Projects IL 108-005, 108-006, and 108-007 have central boilers and detectors are installed outside the boiler rooms. Projects IL 108-001 and 108-003 are all electric and no carbon monoxide detectors are required. This follows the written policy interpretation (Policy #06-FP-001) of the Office of the Illinois State Fire Marshall.