

<p>6.0</p>	<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:</p> <ol style="list-style-type: none"> 1. Eligibility, Selection and Admission Policies – See Attachment a (il010a03) 2. Financial Resources – See attachment b (il010b03) 3. Rent Determinations – See attachment c (il010c03) 4. Operation and Management – No changes 5. Grievance Procedures – No changes. Now incorporated in ACOP 6. Designated Housing for Elderly and Disabled Families - No changes. 7. Community Service and Self-Sufficiency - No changes. Now incorporated in ACOP 8. Safety and Crime Prevention - No changes. 9. Pets - No changes. Now incorporated in ACOP 10. Civil Rights Certification - No changes. 11. Audit – No changes. No audit findings 12. Asset Management - No changes. 13. Violence Against Women Act (VAWA) – See attachment d (il010d03) 14. Carbon Monoxide - No changes. See attachment d (il010d03) 15. Resident Advisory Board Comments- See attachment d (il010d03) 16. Challenged Elements- None. See attachment d (il010d03) 17. Section 3 Policy- Original Section 3 Policy created in October 1995 was reviewed and updated to meet current regulations. 18. Procurement Policy- Changes required due to ARRA. See attachment d (il010d03) <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.</p> <p>The Greater Metropolitan Area Housing Authority Annual Plan is available for public review and comment at the Housing Authority’s Administrative Office located at 325 2nd Street, Silvis, IL 61282 during hours of operation on Monday –Friday 8:30 AM – 5:00 PM.</p>
<p>7.0</p>	<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></p> <p><u>Hope VI, Mixed Finance, Modernization or development:</u> GMAHA does not currently have any pending proposals for Hope VI or Mixed Finance funding. Should Mixed Finance or other Development be deemed appropriate, the GMAHA may seek funding.</p> <p>The GMAHA will continue to explore mixed-income and mixed –finance opportunities in its efforts to provide new affordable housing opportunities. The GMAHA has an approved Replacement Housing Plan and is seeking properties throughout its jurisdiction for purchase to provide availability for low-income residents.</p> <p><u>Demolition and/or Disposition:</u> GMAHA does not have any current plans for demolition or disposition of property.</p> <p><u>Conversion of Public Housing:</u> No conversions of PH properties are being considered at this time.</p> <p><u>Homeownership Programs:</u> Homeownership is identified in the HUD Strategic Plan as a goal as well as the GMAHA Strategic Plan developed in April 2010. Although a homeownership program is not currently in place, the GMAHA homeownership goals include: identifying funding opportunities, educating staff about home ownership programs, and exploring how other housing authorities are increasing home ownership. Homeownership training for residents/participants is coordinated with local community resources.</p> <p><u>Project Based Vouchers:</u> As identified in our prior Agency Plans, the GMAHA intends to provide up to seventeen project based vouchers for a senior development located in East Moline, Illinois. Project based vouchers may be considered for future development projects if deemed appropriate to serve the housing needs in our jurisdiction and HUD approval is obtained.</p>
<p>8.0</p>	<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> <p>See Attachment e (il010e03) CFP Annual Statement Grant No. 501-11 & 501-11RHF Attachment f (il010f03) CFP Performance & Evaluation Reports 501-07 & 501-07 RHF Attachment g (il010g03) CFP Performance & Evaluation Reports 501-08 & 501-08 RHF Attachment h (il010h03) CFP Performance & Evaluation Report 501-09 ARRA Funding Attachment i (il010i03) CFP Performance & Evaluation Reports 501-09 & 501-09 RHF Attachment j (il010j03) CFP Performance & Evaluation Reports 501-10 & 501-10 RHF</p>																																																																																
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p> <p>See Attachment k (il010k03) Capital Fund Program Five-Year Action Plan 50075.2 Five Year Action Plan</p>																																																																																
8.3	<p>Capital Fund Financing Program (CFFP). <input checked="" 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> <p>In May 2005 the Greater Metropolitan Area Housing Authority of Rock Island County was one of the recipients of IHDA Capital Fund Revenue Bonds, Series 2005A. The proceeds were used for the substantial rehabilitation of William Young Homes I & II located in Milan, IL. William Young Homes I & II is an elderly/disabled site originally consisting of 100 units which included 16 efficiency units that were converted to 12 one bedroom units at substantial rehab. Other updates included new windows and doors, electrical, plumbing, and HVAC updates including the addition of central air conditioning. Complete bathroom and kitchen renovation including new oak cabinets, tubs with showers and fixtures. Solid wood interior doors, new flooring and accessibility updates throughout the property. Site improvements included new drives, parking and landscaping. The project was completed in August 2007. Annual debt service is paid through the Capital Funds for a twenty year period.</p>																																																																																
9.0	<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.</p> <p>The GMAHA reviewed all housing data in the Comprehensive Housing Affordability dataset from the 2000 U.S. Census bureau, the Consolidated Plan and GMAHA public housing and Section 8 housing waiting lists to determine the following housing needs for our jurisdiction (Rock Island County):</p> <table border="1" data-bbox="225 1339 1487 1971"> <thead> <tr> <th>Family Type</th> <th>Overall</th> <th>Affordability</th> <th>Supply</th> <th>Quality</th> <th>Accessibility</th> <th>Size</th> <th>Location</th> </tr> </thead> <tbody> <tr> <td>Income</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><=30% AMI</td> <td>2,700</td> <td>5</td> <td>5</td> <td>5</td> <td>3</td> <td>2</td> <td>4</td> </tr> <tr> <td>Income >30% but <=50% AMI</td> <td>1,970</td> <td>5</td> <td>4</td> <td>5</td> <td>2</td> <td>2</td> <td>4</td> </tr> <tr> <td>Income >50% but <=80% AMI</td> <td>2,880</td> <td>4</td> <td>3</td> <td>5</td> <td>2</td> <td>2</td> <td>4</td> </tr> <tr> <td>Elderly</td> <td>2,000</td> <td>5</td> <td>4</td> <td>5</td> <td>3</td> <td>1</td> <td>4</td> </tr> <tr> <td>Families with Disabilities</td> <td>390</td> <td>4</td> <td>5</td> <td>3</td> <td>3</td> <td>3</td> <td>4</td> </tr> <tr> <td>Ethnicity-White</td> <td>3,510</td> <td>5</td> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>3</td> </tr> <tr> <td>Ethnicity-Black</td> <td>2,500</td> <td>5</td> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>3</td> </tr> <tr> <td>Ethnicity-Hispanic</td> <td>600</td> <td>5</td> <td>5</td> <td>4</td> <td>3</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	Family Type	Overall	Affordability	Supply	Quality	Accessibility	Size	Location	Income								<=30% AMI	2,700	5	5	5	3	2	4	Income >30% but <=50% AMI	1,970	5	4	5	2	2	4	Income >50% but <=80% AMI	2,880	4	3	5	2	2	4	Elderly	2,000	5	4	5	3	1	4	Families with Disabilities	390	4	5	3	3	3	4	Ethnicity-White	3,510	5	5	4	3	2	3	Ethnicity-Black	2,500	5	5	4	3	2	3	Ethnicity-Hispanic	600	5	5	4	3	2	3
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<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>10.0</p>	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>The GMAHA continues to expand the supply of assisted housing by providing an expedient turnover of vacated units and bringing renovation units back on-line for re-occupancy. The Authority has been successful in reducing public housing vacancies and improving vacancy turnaround. The Authority has an approved Replacement Housing Plan and intends to purchase single family homes and/or multifamily complexes to assist more families in the jurisdiction through the use of our RHF funds.</p> <p>The agency strives to provide the best in customer service to clients and has provided intense on-going training to staff in order to maintain a high level of customer service. Newsletters and resident meetings are a preferred method of communication with existing clients. Website information is also utilized.</p> <p>The agency continues to increase assisted housing choices for clients by seeking good potential landlords within the community. Landlord briefing information is available on the agency website and personal communication with potential landlords is a high priority in order to provide quality affordable housing choices for the Section 8 program.</p> <p>The agency continues to work with local Police departments through cooperative agreements and has onsite police liaison offices at two of our properties. Security improvements at all locations continues to be addressed through the use of additional lighting, surveillance and other security equipment.</p> <p>The promotion of self sufficiency remains a strong focus to the agency. The family self-sufficiency program remains in effect for the Section 8 Voucher program. The agency maintains a strong relationship with local service partners (Illinois Extension Service, Project Now, IL-IA Independent Living Center, Township, etc) to provide or attract supportive services for our housing clients. Through this collaboration, the authority continues to assist clients on a variety of issues including homemaking skills, budgeting, energy assistance, job seeking and transportation options.</p> <p>The agency embraces equal opportunity in housing and follows fair housing practices to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status or disability. Staff training is provided on an annual basis to ensure that equal opportunity and fair housing regulations are fully met. The agency continues to make accessibility improvements through the use of modernization (CFP) funds and through in-house maintenance work.</p> <p>(b) Significant Amendment and Substantial Deviation/Modifications. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”.</p> <p>Category 1: Substantial deviations from the 5-year plan</p> <p>Substantial deviations from the 5-year plan occur when the Board of Commissioners decides to revise the mission statement, goals or objectives of the plan.</p> <p>Category 2: Significant amendments or modifications to the annual plan</p> <p>Significant amendments or modifications to the annual plan are defined as discretionary changes in the plans or policies of the housing authority that fundamentally changes the plans of the agency and which require formal approval of the Board of Commissioners.</p>

<p>11.0</p>	<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, 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. (g) Challenged Elements (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)
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Attachment a

1. Eligibility, Selection and Admissions Policy

The Public Housing Admission and Occupancy Policy (ACOP) and the Section 8 Administrative Plan (Admin Plan) have been updated utilizing the Nan McKay plan formats. Revisions in the plans that defer from our previous plan documents are:

Updated reference to LEP guidance

Updated reference on PIH Notice on accessibility

Update on new SSN disclosure and documentation requirements

Revised list of items included in Briefing packets to update reference to OIG guidance on fraud and to add "What You Should Know about EIV"

Policy to reflect mandatory use of EIV system and verification guidance on Notice PIH 2010-19

Additional guidance on treatment of overpayment deductions from SS benefits

Revisions to reflect new HUD regulations and guidance on mandatory use of the EIV system, disclosure and documentation of SSNs

Revised text and policy to reflect that sending EIV data to receiving PHAs is mandatory, not discretionary, and that rules of disclosure and documentation of SSNs have changed

Revised text and new policy on deferral of termination for failure to disclose and document SSNs and new materials on the death of a sole family member

Revised to reflect new regulations on Quality Control and Analysis

Revised policy to incorporate new guidance on repayment of debts by families

Revised reference on Project Based Housing subsidy layering requirements (Sec. 8 only)

Revised Community Service Policy, added new heading for enforcement documentation regarding compliance enforcement (ACOP only)

Attachment b

Statement of Financial Resources		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2010)		
PH Operating Fund	\$1,313,656	PH Operations
PH Capital Fund	\$ 933,416	Modernization
Section 8 HCV	\$1,369,524	Rental Assistance
2. Prior Year Federal Grants (unobligated)		
Capital Fund 501-09	\$ 18,786	PH Capital Improvements
Capital Fund 501-10	\$ 584,434	PH Capital Improvements
3. PH Dwelling Rental Income	\$1,016,996	PH Operations
4. Other Income		
Interest (3610)	\$ 95,000	PH Operations
Other (3690) tenant charges,	\$ 62,000	PH Operations
Vending		
Total Resources		\$ 5,393,812

Family-Initiated Interim Reexaminations

The PHA must adopt policies prescribing when and under what conditions the family must report changes in family income or expenses [24 CFR 960.257(c)]. In addition, HUD regulations require that the family be permitted to obtain an interim reexamination any time the family has experienced a change in circumstances since the last determination [24 CFR 960.257(b)].

Required Reporting

HUD regulations give the PHA the freedom to determine the circumstances under which families will be required to report changes affecting income.

PHA Policy

Families are required to report all increases in earned income, including new employment, within 10 business days of the date the change takes effect.

The PHA will conduct interim reexaminations when the following occur:

A family household income cumulatively increases by \$200 or more a month.

A family that qualifies for the earned income disallowance (EID), and only when the EID family's rent will change as a result of the increase.

In all other cases where increases in income are less than \$200 per month, between annual recertification, the PHA will note the information in the tenant file, but will not conduct an interim reexamination.

Optional Reporting

The family may request an interim reexamination any time the family has experienced a change in circumstances since the last determination [24 CFR 960.257(b)]. The PHA must process the request if the family reports a change that will result in a reduced family income [PH Occ GB, p. 159].

If a family reports a decrease in income from the loss of welfare benefits due to fraud or non-compliance with a welfare agency requirement to participate in an economic self-sufficiency program, the family's share of the rent will not be reduced [24 CFR 5.615]. For more information regarding the requirement to impute welfare income see Chapter 6.

PHA Policy

If a family reports a change that it was not required to report and that would result in an increase in the tenant rent, the PHA will note the information in the tenant file, but will not conduct an interim reexamination unless the income increase is \$200 a month or more.

If a family reports a change that it was not required to report and that would result in a decrease in the tenant rent, the PHA will conduct an interim reexamination and process the rent adjustment unless the PHA confirms that the decrease in income will last less than 30 days.. See Section 9-III.D. for effective dates.

CARBON MONOXIDE ALARM DETECTOR ACT (No changes)

Greater Metropolitan Area Housing Authority of Rock Island County is in compliance with the Carbon Monoxide Detector Act.

Prior to the January 1, 2007 due date, a portion of the public housing stock previously had carbon monoxide detectors installed at the apartments. The remaining units were equipped with carbon monoxide detectors as instructed in the Act

Carbon monoxide detectors are maintained and tested by housing authority maintenance staff. Residents are instructed on the procedures of testing their equipment and are to report non –operating equipment through the work order system.

Section 8 landlords and participants were provided advance notice on the subject to ensure compliance prior to the due date. Proper compliance with the Act is verified at the units and carbon monoxide detectors are tested during the annual HQS inspection process.

VAWA – THE VIOLENCE AGAINST WOMEN ACT (No Changes)

A goal of the Greater Metropolitan Area Housing Authority of Rock Island County 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.

The Greater Metropolitan Area Housing Authority of Rock Island County 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: Safe shelter, individual and family counseling, support groups, life skills training and police liaison services. Local agencies we partner with include Family Resources Inc, Christian Family Care Center, Bethany Homes and local police agencies.

The Greater Metropolitan Area Housing Authority of Rock Island County 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: Assistance with housing applications, landlord referrals, job training skills, onsite policing services and referrals to appropriate agencies for assistance.

PROCUREMENT PLAN CHANGES AS REQUIRED BY ARRA

The Greater Metropolitan Area Housing Authority of Rock Island County has amended its procurement policy with regard to ARRA funds as required and directed within Notice PIH 2009-12.

RESIDENT ADVISORY BOARD 2011 ANNUAL PLAN QUESTIONS & COMMENTS

The Resident Advisory Board is composed of residents from each AMP development at the Agency. Participating in the resident advisory board meetings this year were:

AMP 1-

Anita Marshall
Mario Munoz
Kristine Snyder

Patty Boyd
Mildred Woodford
Melinda Hansen

Amp 5-

Nadine Delacroiz
Jean Shadwell
Joyce Carroll
Richard Cameron
Sharon Johnson
Roy McClintock
Delia Eagan
Tommye Gilbert
Lorraine Tracy
Gerry Moyer
Sandi James
Dixie Kanke
Mary Reeves
Viola Dietsch
Mary Ann Whipple
Janet Kunst
Wanda Milner
Bernice Gray
Carmen Flores
Sandy Morel
Frank Morel

AMP 7-

Lee Clester
Rosie Yates
Carmen Marshall
Ruth Seehase
Penny Brightman
Vernon Fonger
Dale Johnson
Lori Keehn
Diana Toney
Crystal Ludin

AMP 12-

Rita Schatteman
Deborah Snavel
Russell Nolan
Karen Wexell
Dan Rothwell
Roy Ditto
Peggy Brose
Charles Moss
Bonnie Green

Questions and Comments from the RAB group are listed by development:

AMP 1 – Oak Grove, East Moline, IL

I have concerns about banned individuals on the property. *A list of banned individuals is provided in the monthly newsletter and posted at the office. Banned persons on the property should be reported to the office and to the East Moline Police Department.*

Do bans have a time limit? *No. A banned individual may request a review to be removed from the banned list after one year. A hardship request may also be granted in certain cases.*

Can I park in the parking lot across the street from my apartment rather than on the street in front? *There is no designated parking at your location. Please feel free to park in the lot across the street as there is ample parking in the lot.*

Thank you for the Halloween Party and the other functions that are offered. The back packs and school supplies were really appreciated. It helps out a lot and is a blessing. *You are very welcome!*

AMP 5 – William Young, Milan, IL

Is the newsletter being prepared by another location? Items regarding the Friendship Club and potlucks were not put in the last newsletter. *The newsletter is geared to each location and is produced at the location. With recent staff changes some items may have been inadvertently omitted. Any requests/concerns about the newsletter can be addressed to the Property Manager.*

A lot of people don't read the newsletter. They don't care and some of their questions to the office could've been answered by reading the newsletter. *Everyone has a different level of interest. The intent is to provide residents with an easy way to keep up with things going on within the developments and to provide information.*

If you are a non-profit organization, why do we have to cut personnel? *We are a non-profit organization, but our funding amts. have declined steadily over the years.*

Do you save money for improvements? *We put our Capital Fund money into "bricks and mortar" at all of our properties.*

Maintenance work isn't being done, because all Mike's time is going into mowing the grass. An extra person at Milan would make a difference. Mike isn't able to do his job because GMAHA has him doing everything else. Gutters are still needed, the bushes need trimming and the tables need to be painted. *Gutters are part of capital funds and it is coming up in the Spring of 2011. There has been a lot of work going on at other properties and from time to time Mike may be called on to help elsewhere, staff from other sites also help at this location as needed. Some work items have to be prioritized, we will look into whether additional staffing is needed.*

Where is Richard? *Richard accepted a part time position at the Streed location.*

What about hiring a lawn crew? *We outsourced lawn care in the past. When it used to be contracted out, we had a lot of complaints.*

I haven't had any shrubs for the last 2 years. I'm really interested in the rain gutters. I want to improve my home and I would like some shrubs. I'm the only one that doesn't have shrubs. *After the gutters are replaced we plan on adding some landscaping in the bare areas.*

Why can't we get the privilege back on using the water for plants and washing out the garbage cans? *Water conservation and cost savings. Please call in a work order if you would like your garbage can washed out. We will also look at adding that to the maintenance schedule.*

Are the drainage issues at the corner of some buildings during heavy rains going to be addressed? *The problem is that the area is very flat. We need to re-establish more grass in some areas and additional fill in needed certain areas. Also the downspouts need to be facing the correct way. These site issues should be addressed in the upcoming year.* Could the same blinds that are in the community room be installed in our apartments if they purchase them? *No, they are not cost effective. Also, installation for this type causes more damage to the window frame, that's why we stick with mini blinds for the apts..*

AMP 7 – Streed Tower, East Moline, IL

Are there going to be cameras in the community room after the renovation work? *Yes, additional security will be part of the renovation work in the common areas.*

With the cabinets taken away, what's going to happen with the pool table? *The pool table will remain, it will more than likely be moved as the community room will be reconfigured.*

Is the piano going to be removed? *The piano is old and in need of repairs. It doesn't see much use and more than likely will be removed at renovation.*

Is there going to be new stove in the kitchen? *Yes, new more energy efficient appliances will be installed, including a 30" standard electric range.*

Do work orders go in order and is the afterhours number Raul's? *Work orders are addressed in order of importance with emergency items addressed first, within 24 hours. The work order number 755-1297 goes to the answering service after normal business hours. During normal business hours you should could the office number to report a work order. An emergency after hours work order such as a water leak or an overflowing toilet should be called to the 755-1297 number. We can see that you get one of the magnets with the number on it.*

Are there cameras in elevators or are there going to be? *A particular gentleman makes me uneasy when he gets on the elevator with me. There are not cameras in the elevator and none are projected at present as the wiring for them is a little more complex and costly. I would recommend that you get off at the next floor and wait for the other elevator. Please report any unusual behavior to the office.*

What about 1 or 2 portable cameras, it may be cost saving and they could be moved to areas of concern. *We have utilized portable cameras in the past and may do so in the future if needed.*

Could you put something in the newsletter about people putting in written complaints, because things don't get addressed unless they are in writing. *Residents should bring any issues directly to the property manager to be addressed.*

AMP 12– Warren Tower/Heights, Silvis, IL

The resident parking sign is too small, people are always parking in my parking spot. *We are going to get larger resident parking signs.*

I am very impressed and happy with my apartment. *Thank you!*

CHALLENGED ELEMENTS OF THE PHA PLAN

There were no challenged elements of the PHA 2011 Annual Plan

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: 2011	
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County		Grant Type and Number Capital Fund Program Grant No: IL06P010501-11	
Date of CFPP:		Replacement Housing Factor Grant No:	

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/>	Original	Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹
				Total Estimated Cost	Revised ²	
1	Summary by Development Account					Expended
2	Total non-CFP Funds					
3	1406 Operations (may not exceed 20% of line 21) ³		26,000.00			
4	1408 Management Improvements		8,000.00			
5	1410 Administration (may not exceed 10% of line 21)		93,341.00			
6	1411 Audit					
7	1415 Liquidated Damages					
8	1430 Fees and Costs		10,000.00			
9	1440 Site Acquisition		10,000.00			
10	1450 Site Improvement		30,000.00			
11	1460 Dwelling Structures		410,000.00			
12	1465.1 Dwelling Equipment—Nonexpendable		9,924.96			
13	1470 Non-dwelling Structures		25,000.00			
14	1475 Non-dwelling Equipment		20,000.00			
15	1485 Demolition					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs		2,500.00			
	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		FFY of Grant: 2011	
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County	Grant Type and Number Capital Fund Program Grant No: IL06P010501-11 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval: 2011	

<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	
Type of Grant	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
Line		Original	Revised ²
18a	1501 Collateralization or Debt Service paid by the PHA		Obligated
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	288,650.04	Expended
19	1502 Contingency (may not exceed 8% of line 20)	0	
20	Amount of Annual Grant:: (sum of lines 2 - 19)	933,416.00	
21	Amount of line 20 Related to LBP Activities		
22	Amount of line 20 Related to Section 504 Activities	30,000.00	
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	15,000.00	
Signature of Executive Director		Date	Signature of Public Housing Director
<i>Shirley Fuller</i>		1/6/2011	
			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.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2011				
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County		Capital Fund Program Grant No: IL06P010501-11 CFFP (Yes/ No): Replacement Housing Factor Grant No:						
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 I Oak Grove	Sidewalk Repair/Replacement	1450		5,000				
	Replace Windows @ Admin Bldg	1470		25,000				
	Replace boiler @ Admin Bldg	1475		20,000				
	Landscaping	1450		10,000				
	Site Acquisition	1440		10,000				
	Relocation	1495		2,500				
	Operations	1406		10,000				
	Staff Training	1408		2,000				
AMP 5 Wm Young Homes	Gutter Replacement	1460		25,000				
	Operations	1406		1,000				
	Staff Training	1408		2,000				

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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
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Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2011				
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County		Capital Fund Program Grant No: IL06P010501-11						
		CFPP (Yes/ No):						
		Replacement Housing Factor Grant No:						
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 7 Streed	Security upgrades	1460		5,000				
	Misc sidewalk replacement	1450		10,000				
	Ranges & Refrigerators	1465		4,924.96				
	Air Conditioners	1465		5,000				
	Operations	1406		5,000				
	Staff Training	1408		2,000				
AMP 12 Warren	Elevator Upgrade	1460		375,000				
	Security upgrades	1460		5,000				
	Sidewalk repair/replace,ment	1450		5,000				
	Operations	1406		10,000				
	Staff Training	1408		2,000				
Admin costs	MGMT Fees	1410		93,341				
Fees & Costs	Fees & Costs	1430		10,000				
Debt Service	Debt Service	9000		288,650.04				

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²To be completed for the Performance and Evaluation Report.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
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Part I: Summary		FFY of Grant: 2011	
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County		FFY of Grant Approval: 2011	
Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R010501-11		Date of CFFP:	

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Summary by Development Account	Reserve for Disasters/Emergencies <input type="checkbox"/>	Total Estimated Cost		Obligated	Total Actual Cost ¹
			Original	Revised ²		
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures					
11	1465 J. Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495 J. Relocation Costs					
17	1499 Development Activities ⁴		64,214.00			

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.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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U.S. Department of Housing and Urban Development
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Part I: Summary		FFY of Grant: 2011	
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R010501-11 Date of CFFP:	FFY of Grant Approval: 2011	

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	64,214.00			
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		Date	Signature of Public Housing Director		Date
<i>[Signature]</i>		11/16/2011			

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.
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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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Part I: Summary		PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County		Grant Type and Number Capital Fund Program Grant No: IL06P010501-07 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2007 FFY of Grant Approval: 2007	
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Line	Type of Grant	Original	Total Estimated Cost		Obligated	Total Actual Cost ¹
			Revised ²	Final Performance and Evaluation Report		
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³	20,000.00	0.00	0.00	0.00	0.00
3	1408 Management Improvements	5,000.00	3,000.00	3,000.00	3,000.00	3,000.00
4	1410 Administration (may not exceed 10% of line 21)	89,487.00	89,487.00	89,487.00	89,487.00	89,487.00
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	25,000.00	38,750.00	38,750.00	38,750.00	38,750.00
8	1440 Site Acquisition					
9	1450 Site Improvement	120,000.00	12,341.60	12,341.60	12,341.60	12,341.60
10	1460 Dwelling Structures	315,000.00	458,917.36	458,917.36	458,917.36	458,917.36
11	1465.1 Dwelling Equipment—Nonexpendable	15,000.00	0.00			
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs	10,000.00	1,925.00	1,925.00	1,925.00	1,925.00
17	1499 Development Activities ⁴					

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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Part I: Summary		FFY of Grant: 2007	
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County		FFY of Grant Approval: 2007	
Grant Type and Number Capital Fund Program Grant No: IL06P010501-07 Replacement Housing Factor Grant No: Date of CFFP:			

Line	Type of Grant	Original	Total Estimated Cost		Obligated	Total Actual Cost ¹	
			Revised ²	Final Performance and Evaluation Report		Expended	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09-30-10 <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report							
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	290,450.04	290,450.04		290,450.04	290,450.04	
19	1502 Contingency (may not exceed 8% of line 20)	4,933.96	0.00				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	894,871.00	894,871.00		894,871.00	894,871.00	
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities	20,000.00					
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	15,000.00					
Signature of Executive Director		Date		Signature of Public Housing Director		Date	
<i>Sharon J. Fuller</i>		1/10/2011					

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 RHH funds shall be included here.

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Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2007				
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County		Capital Fund Program Grant No: IL06P010501-07 CFPP (Yes/ No): Replacement Housing Factor Grant No:						
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 Oak Grove	Asbestos Abatement	1460		10,000	35,056.36	35,056.36	35,056.36	completed
	Lead Based Paint Abatement	1460		5,000	0.00	0	0	omitted
	Masonry Restoration	1460		65,000	116,000	116,000	116,000	completed
	Roofing Repairs	1460		20,000	20,000	20,000	20,000	completed
	Canopy Replacement	1460		102,000	101,052	101,052	101,052	completed
	Electrical upgrades	1460		42,000	23,623	23,623	23,623	completed
	Bathroom modernization	1460		36,000	36,000	36,000	36,000	completed
	Kitchen upgrades	1460		20,000	20,000	20,000	20,000	completed
	Landscaping	1450		40,000	0	0	0	omitted
	Sidewalk replacement	1450		50,000	12,341.60	12,341.60	12,341.60	completed
	Porch replacement	1450		10,000	0	0	0	omitted
	Tree Removal	1450		10,000	0	0	0	omitted
	Ranges & Refrigerators	1465		15,000	0	0	0	omitted
	Relocation	1495		10,000	1,925	1,925	1,925	completed
	Operations	1406		5,000	0	0	0	omitted
	Staff Training	1408		1,250	0	0	0	omitted
AMP 5 Wm Young	Operations	1406		5,000	0	0	0	omitted
	Staff Training	1408		1,250	0	0	0	omitted

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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U.S. Department of Housing and Urban Development
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Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2007				
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County		Capital Fund Program Grant No: IL06P010501-07 CFPP (Yes/ No): Replacement Housing Factor Grant No:						
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		
AMP 7 Streed	Building Entry Door Replacement	1460		Original 10,000	Revised ¹ 0	Funds Obligated ² 0	Funds Expended ² 0	fungibility
	Misc sidewalk/patio repairs	1450		5,000	0	0	0	omitted
	Elevator Renovation	1460		0	107,186	107,186	107,186	completed
	Operations	1406		5,000	0	0	0	omitted
	Staff Training	1408		1,250	0	0	0	omitted
AMP 12 Warren	Misc Site Repairs	1450		5,000	0	0	0	omitted
	Operations	1406		5,000	0	0	0	omitted
	Staff Training	1408		1,250	3,000	3,000	3,000	completed
Admin costs	Salaries/Benefits/MGMT Fees	1410		89,487	89,487	89,487	89,487	completed
Fees & Costs	Fees & Costs	1430		25,000	38,750	38,750	38,750	completed
Debt Service	Debt Service	9000		290,450.04	290,450.04	290,450.04	290,450.04	completed
Contingency	Contingency	1502		4,933.96	0	0	0	omitted

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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
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Part I: Summary					
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R010501-07 Date of CFFP:		FFY of Grant: 2007 FFY of Grant Approval: 2007	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09-30-10	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report	Revised Annual Statement (revision no:)		Total Actual Cost ¹	
			Original	Revised ²	Obligated	Expended
1	Summary by Development Account					
2	Total non-CFP Funds					
3	1406 Operations (may not exceed 20% of line 21) ³					
4	1408 Management Improvements					
5	1410 Administration (may not exceed 10% of line 21)					
6	1411 Audit					
7	1415 Liquidated Damages					
8	1430 Fees and Costs					
9	1440 Site Acquisition					
10	1450 Site Improvement					
11	1460 Dwelling Structures					
12	1465.1 Dwelling Equipment—Nonexpendable					
13	1470 Non-dwelling Structures					
14	1475 Non-dwelling Equipment					
15	1485 Demolition					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					
		69,805.00	69,805.00	0.00	0.00	

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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Part I: Summary		FFY of Grant: 2007	
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County Grant Type and Number: Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R010501-07 Date of CFP:		FFY of Grant Approval: 2007	
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"/> Final Performance and Evaluation Report			
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09-30-10			
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ²
18a	1501 Collateralization or Debt Service paid by the PHA		Obligated
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	Expended
19	1502 Contingency (may not exceed 8% of line 20)	0	
20	Amount of Annual Grant:: (sum of lines 2 - 19)	69,805.00	0.00
21	Amount of line 20 Related to LBP Activities	69,805.00	
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>Deborah M. Jules</i>		Date	Signature of Public Housing Director
		11/6/2011	
			Date

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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Part I: Summary					
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County		Grant Type and Number Capital Fund Program Grant No: IL06P010501-08 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2008 FFY of Grant Approval: 2008	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09-30-10	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹	
			Original	Total Estimated Cost Revised ²	Obligated	Expended
1	Summary by Development Account					
	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³		37,500.00	6,000.00	6,000.00	6,000.00
3	1408 Management Improvements		8,000.00	1,187.16	1,187.16	1,187.16
4	1410 Administration (may not exceed 10% of line 21)		93,690.00	93,690.00	93,690.00	93,690.00
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs		30,000.00	10,000.00	10,000.00	4,992.50
8	1440 Site Acquisition					
9	1450 Site Improvement		78,500.00	11,591.70	11,591.70	11,591.70
10	1460 Dwelling Structures		345,000.00	486,329.14	486,329.14	268,727.07
11	1465.1 Dwelling Equipment—Nonexpendable		50,000.00	31,392.00	31,392.00	31,392.00
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs		2,500.00	5,902.46	5,902.46	
17	1499 Development Activities ⁴					5,902.46

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

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Part I: Summary		FFY of Grant: 2008	
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County	Grant Type and Number Capital Fund Program Grant No: IL06P010501-08 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09-30-10 <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		Total Estimated Cost		Total Actual Cost ¹	
Line	Summary by Development Account	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	290,812.54	290,812.54	290,812.54	290,812.54
19	1502 Contingency (may not exceed 8% of line 20)	902.46	0.00	0.00	0.00
20	Amount of Annual Grant: (sum of lines 2 - 19)	936,905.00	936,905.00	936,905.00	714,295.43
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	20,000.00			
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	15,000.00			
Signature of Executive Director <i>Deanna J. Fuller</i>		Date <i>11/6/2011</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.
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Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2008		Status of Work		
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County		Capital Fund Program Grant No: IL06P010501-08 CFPP (Yes/No): Replacement Housing Factor Grant No:						
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost			
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 1 Oak Grove	Asbestos & Lead Based Paint Abatement	1460		10,000	5,000	2,323.19	2,323.19	completed
	Replace Kitchen Cabinets	1460		20,000	70,000	70,000	70,000	completed
	Bathroom upgrades	1460		15,000	250,000	250,000	188,716.80	in progress
	Electrical Upgrades	1460		0	156,318.87	156,318.87	0	in progress
	Replace windows in Admin Bldg	1460		30,000	0	0	0	omitted
	Security upgrades	1460		15,000	7,687.08	7,687.08	7,687.08	completed
	Landscaping	1450		5,000	0	0	0	omitted
	Sidewalk replacement	1450		8,500	4,550	4,550	4,550	completed
	Upgrade Lift station	1450		30,000	7,041.70	7,041.70	7,041.70	completed
	Ranges & Refrigerators	1465		10,000	11,567	11,567	11,567.	completed
	Relocation	1495		2,500	5,902.46	5,902.46	5,902.46	completed
	Operations	1406		10,000	6,000	6,000	6,000	completed
	Staff Training	1408		2,000	0	0	0	omitted
	Air Conditioner units	1465		5,000	0	0	0	omitted
AMP 5 Wm Young	Operations	1406		7,500	0	0	0	omitted
	Staff Training	1408		2,000	0	0	0	omitted
AMP 7 Streed	Replace 1 st Floor flooring	1460		10,000	0	0	0	fungibility
	Elevator renovation	1460		200,000	0	0	0	fungibility
	Security upgrades	1460		15,000	0	0	0	omitted

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.

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 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 II: Supporting Pages

PHA Name: Greater Metropolitan Area Housing Authority
 of Rock Island County

Grant Type and Number
 Capital Fund Program Grant No: IL06P010501-08
 CFPP (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	
AMP 7 Streed CONT	Landscaping	1450	5,000	0	0	0	0	omitted
	Ranges & Refrigerators	1465	10,000	420	420	420	420	completed
	Air conditioner units	1465	5,000	6,640	6,640	6,640	6,640	completed
	Operations	1406	10,000	0	0	0	0	omitted
	Staff Training	1408	2,000	0	0	0	0	omitted
AMP 12 Warren	Kitchen updates @ Heights	1460	10,000	0	0	0	0	omitted
	Bath updates @ Heights	1460	15,000	0	0	0	0	omitted
	Security upgrades	1460	5,000	0	0	0	0	omitted
	Additional parking at Tower	1450	20,000	0	0	0	0	omitted
	Landscaping	1450	10,000	0	0	0	0	omitted
	Ranges & Refrigerators	1465	10,000	4,215	4,215	4,215	4,215	completed
	Air Conditioner units	1465	10,000	8,550	8,550	8,550	8,550	completed
	Operations	1406	10,000	0	0	0	0	omitted
	Staff Training	1408	2,000	1,187.16	1,187.16	1,187.16	1,187.16	completed
Admin Costs	Salaries & Benefits/MGMT Fee	1410	93,690	93,690	93,690	93,690	93,690	completed
Fees & Costs	Fees & Costs	1430	30,000	10,000	10,000	10,000	4,992.50	in progress
Debt Servidew	Debt Service	9000	290,812.54	290,812.54	290,812.54	290,812.54	290,812.54	completed
Contingency	Contingency	1502	902.46	0	0	0	0	omitted

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.

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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U.S. Department of Housing and Urban Development
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Part I: Summary					
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R010501-08 Date of CFFP:		FFY of Grant: 2008 FFY of Grant Approval: 2008	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09-30-10	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report		Revised Annual Statement (revision no:) <input type="checkbox"/> Revised Annual Statement and Evaluation Report		Total Actual Cost ¹
		Original	Revised ²	Obligated	Expended	
1	Summary by Development Account					
2	Total non-CFP Funds					
3	1406 Operations (may not exceed 20% of line 21) ³					
4	1408 Management Improvements					
5	1410 Administration (may not exceed 10% of line 21)					
6	1411 Audit					
7	1415 Liquidated Damages					
8	1430 Fees and Costs					
9	1440 Site Acquisition					
10	1450 Site Improvement					
11	1460 Dwelling Structures					
12	1465.1 Dwelling Equipment—Nonependable					
13	1470 Non-dwelling Structures					
14	1475 Non-dwelling Equipment					
15	1485 Demolition					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
17	1499 Development Activities ⁴	73,413.00	73,413.00	0.00	0.00	0.00

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.

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Part I: Summary		FFY of Grant: 2008 FFY of Grant Approval: 2008	
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R010501-08 Date of CFFP:		

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 09-30-10	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
			Original	Revised ²	Obligated	Expended	
18a	<input type="checkbox"/> Reserve for Disasters/Emergencies	1501 Collateralization or Debt Service paid by the PHA					
18ba	<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	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)	73,413.00	73,413.00	0.00	0.00	
21		Amount of line 20 Related to LBP Activities					
22		Amount of line 20 Related to Section 504 Activities					
23		Amount of line 20 Related to Security - Soft Costs					
24		Amount of line 20 Related to Security - Hard Costs					
25		Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director		<i>Sharon Fuller</i>	Date	11/6/2011	Signature of Public Housing Director		Date

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

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Part I: Summary					
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County		Grant Type and Number Capital Fund Program Grant No: IL06S010501-09 Replacement Housing Factor Grant No: Date of CFP:		FFY of Grant: 2009 FFY of Grant Approval: 2009	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09-30-10	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹
			Original	Revised ²	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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Part I: Summary		FFY of Grant: 2009	
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County	Grant Type and Number Capital Fund Program Grant No.: IL06S010501-09 Replacement Housing Factor Grant No: Date of CHFP:	FFY of Grant Approval: 2009	

<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09-30-10		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report	
Type of Grant			
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
18a	1501 Collateralization or Debt Service paid by the PHA	Original	Obligated
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	Revised ²	Expended
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	1,278,863.00	1,278,863.00
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		Date	Signature of Public Housing Director
		11/6/2011	
Date			Date

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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 CHFP Grants for operations.
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Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2009				
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County		Capital Fund Program Grant No: IL06S010501-09 CFHP (Yes/No): Replacement Housing Factor Grant No:						
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 I Oak Grove	Asbestos Abatement	1460		20,000	0.00	0	0	omitted
	Lead Based Paint Abatement	1460		10,000	10,000	10,000	10,000	Completed
	504 Compliance updates	1460		50,000	70,000	70,000	70,000	Completed
	Replace Kitchen cabinets	1460		100,000	100,000	100,000	100,000	Completed
	Bathroom upgrades	1460		40,000	40,000	40,000	40,000	Completed
	Electrical upgrades	1460		200,000	200,000	200,000	200,000	Completed
	Plumbing upgrades	1460		200,000	200,000	200,000	200,000	Completed
	HVAC upgrades	1460		200,000	200,000	200,000	200,000	Completed
	Interior Doors	1460		15,000	15,000	15,000	15,000	Completed
	Flooring	1460		55,977	55,977	55,977	55,977	Completed
	A/C units	1465		10,000	10,000	10,000	10,000	Completed
AMP 7 Streed	Elevator Upgrades	1460		250,000	250,000	250,000	250,000	Completed
ADMIN COSTS	Admin MGMT Fee	1410		127,886	127,886	127,886	127,886	Completed

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² To be completed for the Performance and Evaluation Report.

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Part I: Summary		Grant Type and Number		FY of Grant: 2009	
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County		Capital Fund Program Grant No: IL06F010501-09		FFY of Grant Approval: 2009	
		Replacement Housing Factor Grant No:			
		Date of CFFP:			

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09-30-10	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report		Revised Annual Statement (revision no:) <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹
		Original	Total Estimated Cost	Revised ²	Obligated	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³	43,191.96	25,691.96	25,691.96	25,691.96	25,691.96
3	1408 Management Improvements	8,000.00	0	0		
4	1410 Administration (may not exceed 10% of line 21)	94,224.00	94,224.00	94,224.00	94,224.00	94,224.00
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	30,000.00	38,500.00	38,500.00	38,500.00	13,300.00
8	1440 Site Acquisition	20,000.00	0	0		
9	1450 Site Improvement	48,500.00	0	0		
10	1460 Dwelling Structures	340,000.00	460,500.00	460,500.00	460,500.00	26,793.88
11	1465.1 Dwelling Equipment—Nonexpendable	65,000.00	30,000.00	30,000.00	11,213.58	0
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs	2,500.00	2,500.00	2,500.00	2,500.00	2,500.00
17	1499 Development Activities ⁴					

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³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
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Part I: Summary		FFY of Grant: 2009	
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County	Grant Type and Number Capital Fund Program Grant No: IL06P010501-09 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:) 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	290,825.04	290,825.04		290,825.04	216,725.02	
19	1502 Contingency (may not exceed 8% of line 20)	0	0				
20	Amount of Annual Grant: (sum of lines 2 - 19)	942,241.00	942,241.00		923,454.58	379,234.86	
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	63,000.00	63,000.00				
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures	15,000.00	15,000.00				
Signature of Executive Director <i>Deanna Julias</i>		Date <i>1/4/2011</i>	Signature of Public Housing Director		Date		

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Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2009				
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County		Capital Fund Program Grant No: IL06P010501-09 CHFP (Yes/ No): Replacement Housing Factor Grant No:						
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 I Oak Grove	Asbestos Abatement	1460	1 bldg	10,000	17,680	17,680	8,262.78	in progress
	Lead Based Paint Abatement	1460	1 bldg	5,000	0	0	0	omitted
	504 compliance updates	1460	1 apt	30,000	30,000	30,000	0	in progress
	Replace kitchen cabinets	1460	1 bldg	20,000	20,000	20,000	0	in progress
	Bathroom upgrades	1460	1 bldg	30,000	30,000	30,000	0	in progress
	Electrical upgrades	1460	1 bldg	40,000	40,000	40,000	0	in progress
	Plumbing upgrades	1460	1 bldg	20,000	117,320	117,320	0	in progress
	HVAC upgrades	1460	1 bldg	20,000	20,000	20,000	0	in progress
	Interior Doors	1460	1 bldg	15,000	15,000	15,000	0	in progress
	Flooring	1460	1 bldg	10,000	10,000	28,531.10	18,531.10	in progress
	Security upgrades	1460	1 bldg	15,000	0	0	0	omitted
	Landscaping	1450		10,000	0	0	0	omitted
	Sidewalk replacement	1450	10%	8,500	0	0	0	omitted
	Ranges & Refrigerators	1465	20%	10,000	10,000	0	0	omitted
	Central Air Units	1465	1 bldg	20,000	20,000	11,213.58	0	in progress
	Site Acquisition	1440		20,000	0	0	0	omitted
	Relocation	1495		2,500	2,500	2,500	2,500	completed
	Operations	1406		10,000	10,000	10,000	10,000	completed
	Staff Training	1408		2,000	2,000	0	0	in progress

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² To be completed for the Performance and Evaluation Report.

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Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant: 2009				
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County		Capital Fund Program Grant No: IL06P010501-09 CFPP (Yes/ No): Replacement Housing Factor Grant No:						
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		
Amp 12 Warren Tower/Heights	504 Compliance updates	1460		Original 20,000	Revised ¹ 0	Funds Obligated ² 0	Funds Expended ² 0	omitted
	Roof Replacement	1460	0	141,968.90	141,968.90	0	0	in progress
	Security updates	1450		15,000	0	0	0	omitted
	Tree Removal	1450		5,000	0	0	0	omitted
	Misc site repairs	1450		10,000	0	0	0	omitted
	Landscaping	1450	10%	10,000	0	0	0	omitted
	Ranges & Refrigerators	1465	20%	10,000	0	0	0	omitted
	Air Conditioning units	1465		10,000	0	0	0	omitted
	Operations	1406		15,691.96	15,691.96	15,691.96	0	omitted
	Staff Training	1408		2,000	0	0	0	omitted
Admin Costs	Salaries & Benefits/Mgmt Fee	1410		94,224	94,224	94,224	94,224	completed
	Physical Needs Assessment	1410		0	0	0	0	
Fees & Costs	Fees & Costs	1430		30,000	38,500.	38,500	13,300	in progress
Debt Service	Bond Debt Obligation	9001		290,825.04	290,825.04	290,825.04	216,725.02	in progress
Contingency	Contingency	1502		0	0			

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Part I: Summary		FFY of Grant: 2009	
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County		FFY of Grant Approval: 2009	
Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R010501-09		Date of CFPP:	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09-30-10	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report	Revised Annual Statement (revision no:)		Obligated	Total Actual Cost ¹ Expended
			Original	Total Estimated Cost Revised ²		
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴		64,825.00	64,825.00		

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Part I: Summary		FFY of Grant: 2009	
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R010501-09 Date of CFFP:	FFY of Grant Approval: 2009	

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09-30-10	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <input type="checkbox"/>	Total Estimated Cost		Total Actual Cost ¹	
				Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant: (sum of lines 2 - 19)			64,825.00	64,825.00		
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>Deanne M. Fuller</i> Date <i>11/10/2011</i>				Signature of Public Housing Director		Date	

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Part I: Summary PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County	Grant Type and Number Capital Fund Program Grant No: IL06P010501-10 Replacement Housing Factor Grant No: Date of CFPF:	FFY of Grant: 2010 FFY of Grant Approval: 2010
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Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09-30-10	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		Total Estimated Cost Revised ²		Obligated	Total Actual Cost ¹ Expended	
		Summary by Development Account	Original	Revised ²	Expended			
1	Total non-CFP Funds							
2	1406 Operations (may not exceed 20% of line 21) ³	88,057.96	88,057.96	0	0	0	0	0
3	1408 Management Improvements	8,000.00	8,000.00	0	0	0	0	0
4	1410 Administration (may not exceed 10% of line 21)	93,341.00	93,341.00	0	0	0	0	0
5	1411 Audit							
6	1415 Liquidated Damages							
7	1430 Fees and Costs	30,217.00	30,217.00	0	0	0	0	0
8	1440 Site Acquisition	20,000.00	20,000.00	0	0	0	0	0
9	1450 Site Improvement	23,500.00	23,500.00	0	0	0	0	0
10	1460 Dwelling Structures	345,000.00	345,000.00	58,681.10	0	0	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	30,000.00	30,000.00	0	0	0	0	0
12	1470 Non-dwelling Structures							
13	1475 Non-dwelling Equipment							
14	1485 Demolition							
15	1492 Moving to Work Demonstration							
16	1495.1 Relocation Costs	5,000.00	5,000.00	0	0	0	0	0
17	1499 Development Activities ⁴							

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³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
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 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2010	
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County		FFY of Grant Approval: 2010	
Grant Type and Number Capital Fund Program Grant No: IL06P010501-10 Replacement Housing Factor Grant No: Date of CFFP:			

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	290,300.04	290,300.04	290,300.04	0
19	1502 Contingency (may not exceed 8% of line 20)	0			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	933,416.00	933,416.00	348,981.14	0
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities		63,000.00		
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	15,000.00	15,000.00		
Signature of Executive Director		Date	Signature of Public Housing Director		Date
<i>Deborah M. Fuller</i>		1/6/2011			

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 CFF 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
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 Expires 4/30/2011

Part II: Supporting Pages

PHA Name: Greater Metropolitan Area Housing Authority
 of Rock Island County

Grant Type and Number
 Capital Fund Program Grant No: IL06P010501-10
 CHFP (Yes/No):
 Replacement Housing Factor Grant No:

Federal FFY of Grant: 2010

Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP I Oak Grove	Asbestos Abatement	1460	1 bldg	10,000	10,000	0	0	
	Lead Based Paint Abatement	1460	1 bldg	5,000	5,000	0	0	
	504 compliance updates	1460	1 apt	30,000	30,000	0	0	
	Replace kitchen cabinets	1460	1 bldg	20,000	20,000	0	0	
	Bathroom upgrades	1460	1 bldg	30,000	30,000	0	0	
	Electrical upgrades	1460	1 bldg	40,000	40,000	0	0	
	Plumbing upgrades	1460	1 bldg	20,000	20,000	0	0	
	HVAC upgrades	1460	1 bldg	20,000	20,000	0	0	
	Interior Doors	1460	1 bldg	15,000	15,000	0	0	
	Flooring	1460	1 bldg	10,000	10,000	0	0	
	Security upgrades	1460		25,000	25,000	0	0	
	Landscaping	1450		10,000	10,000	0	0	
	Sidewalk replacement	1450	10%	8,500	8,500	0	0	
	Ranges & Refrigerators	1465	20%	10,000	10,000	0	0	
	Central Air Units	1465	1 bldg	0	0	0	0	
	Site Acquisition	1440		20,000	20,000	0	0	
	Relocation	1495		5,000	5,000	0	0	
	Operations	1406		10,000	10,000	0	0	
	Staff Training	1408		2,000	2,000	0	0	

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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
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Part II: Supporting Pages

PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County		Grant Type and Number Capital Fund Program Grant No: IL06P010501-10 CFPP (Yes/ No): Replacement Housing Factor Grant No:		Federal FFY of Grant: 2010		Status of Work	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost		
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²
AMP 5 W/m Young Homes	Operations	1406		1,000	1,000	0	0
	Staff Training	1408		2,000	2,000	0	0
AMP 7 Streed	Update 1 st Floor bathrooms	1460		75,000	75,000	0	0
	Security upgrades	1460		20,000	20,000	0	0
	Misc sidewalk replacement	1450		5,000	5,000	0	0
	Ranges & Refrigerators	1465		5,000	5,000	0	0
	Air Conditioners	1465		5,000	5,000	0	0
	Operations	1406		52,057.96	52,057.96	0	0
	Staff Training	1408		2,000	2,000	0	0
AMP 12 Warren	Ranges & Refrigerators	1465		10,000	10,000	0	0
	Roof Replacement	1460		0	58,681.10	58,681.10	0
	Security upgrades	1460		25,000	25,000	0	0
	Operations	1406		25,000	25,000	0	0
	Staff Training	1408		2,000	2,000	0	0
	Admin costs	1410		93,341	93,341	0	0
	Fees & Costs	1430		30,217	30,217	0	0
	Debt Service	9000		290,300.04	290,300.04	290,300.04	0

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

U.S. Department of Housing and Urban Development
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Part I: Summary			
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: IL06R010501-10 Date of CFFP:		FFY of Grant: 2010 FFY of Grant Approval: 2010

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09-30-10	Reserve for Disasters/Emergencies <input type="checkbox"/>	Total Estimated Cost		Obligated	Total Actual Cost ¹	
			Original	Revised ²		Expended	
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³						
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures						
11	1465.1 Dwelling Equipment—Nonexpendable						
12	1470 Non-dwelling Structures						
13	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration						
16	1495.1 Relocation Costs						
17	1499 Development Activities ⁴		64,214.00	64,214.00	0		0

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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		FFY of Grant: 2010	
PHA Name: Greater Metropolitan Area Housing Authority of Rock Island County Grant Type and Number: Capital Fund Program Grant No: IL06R010501-10 Replacement Housing Factor Grant No: IL06R010501-10 Date of CFFP:		FFY of Grant Approval: 2010	
Type of Grant: <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09-30-10 <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ²
18a	1501 Collateralization or Debt Service paid by the PHA		Obligated
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		Expended
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)	64,214.00	0
21	Amount of line 20 Related to LBP Activities	64,214.00	
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>Doreen Fuller</i> Date <i>1/10/2011</i>		Signature of Public Housing Director _____ Date _____	

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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

Part I: Summary

PHA Name/Number	Greater Metropolitan Area Housing Authority of Rock Island County IL 010	Locality (City/County & State) Silvis/Rock Island/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 2011	Work Statement for Year 2 FFY 2012	Work Statement for Year 3 FFY 2013	Work Statement for Year 4 FFY 2014	Work Statement for Year 5 FFY 2015
B.	Physical Improvements Subtotal	Annual Statement Amp 1 Oak Grove 35,000 Amp 5 W/m Young 25,000 Amp 7 Streed 85,000 Amp 12 Warren 400,000	Amp 1 Oak Grove 220,000 Amp 5 W/m Young 5,000 Amp 7 Streed 35,000 Amp 12 Warren 270,000	Amp 1 Oak Grove 30,000 Amp 5 W/m Young 5,000 Amp 7 Streed 290,000 Amp 12 Warren 228,000	Amp 1 Oak Grove 20,000 Amp 5 W/m Young 20,000 Amp 7 Streed 385,000 Amp 12 Warren 125,000	
C.	Management Improvements	1,000	1,000	1,000	1,000	
D.	PHA-Wide Non-dwelling Structures and Equipment	0	0	0	0	
E.	Administration	94,224	94,224	94,224	94,224	
F.	Other	6,117	9,242	2,742	2,000	
G.	Operations	5,000	20,000	2,000	2,000	
H.	Demolition	0	0	0	0	
I.	Development	0	0	0	0	
J.	Capital Fund Financing – Debt Service	290,900	287,775	289,275	287,000	
K.	Total CFP Funds	942,241	942,241	942,241	936,224	
L.	Total Non-CFP Funds					
M.	Grand Total					

Capital Fund Program—Five-Year Action Plan

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

Work Statement for Year 1 FFY _____	Work Statement for Year: _____ 2014 _____		Work Statement for Year: _____ 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 Annual Statement	AMP 1 Oak Grove	Replace appliances 504 compliance updates	20,000.00 10,000.00	AMP 1 Oak Grove	Misc Site Repairs	20,000
	AMP 5 Wm Young	Landscaping	5,000.00	AMP 5 Wm Young	Misc Site Repairs	20,000
	AMP 7 Streed	Renovate kitchens 504 compliance updates Replace appliances Landscaping	250,000.00 10,000.00 25,000.00 5,000.00	AMP 7 Streed	Replace Windows Misc Site Repairs	375,000 10,000
	AMP 12 Warren	Sidewalk/repair replacement Renovate kitchens @ Heights Replace DHWH @ Heights Replace flooring and stairtreads @ Apt Bldg Replace appliance	10,000.00 150,000.00 23,000.00 20,000.00 25,000.00	AMP 12	Replace Fencing Exterior Bldg Repairs	25,000 100,000
	Subtotal of Estimated Cost		\$530,000.00	Subtotal of Estimated Cost		\$550,000.00

