

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: Housing Authority for LaSalle County PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): 07/01/2011 PHA Code: IL014																										
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 948 Number of HCV units: 536																										
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
Participating PHAs	PHA Code					Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program																			
		PH	HCV																								
PHA 1:																											
PHA 2:																											
PHA 3:																											
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:																										
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.																										
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: See Attachment A il014a01 (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. Halc Administrative Office 526 East Norris Drive, Ottawa, IL, 61350																										
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i> The PHA is in the planning stages of submitting a disposition request for a building housing a Day Care Center located in Streator, IL, and 12 single family homes scattered through out the County. We are also working with a Developer wanting to build a 55 unit elderly complex in Marseilles, IL, and a 60 unit elderly complex in Ottawa, IL. If the developments go through, the PHA plans to submit a request to Project-base approximately 36 Vouchers.																										
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 <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. See Attachments B il014b01, C il014c01, and D il014d01																										
8.2	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. See Attachment E il014e01																										
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.																										
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.																										

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.
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10.0	<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. The PHA was successful in meeting its stop loss goals by transitioning to asset management within the time frame allotted by HUD. We have continued to keep our occupancy rate at 98% or above and have reduced our unit turn over time. We have maintained high utilization rates for our Voucher program. We have completed modernization in all of our elderly developments and are now turning our attention to the family developments which were last done 20 years ago. We have updated all our Policies and procedural manuals to bring them inline with the changes to Asset Management and regulation changes. In cooperation with Illinois Valley Community College, we are offering GED programs to residents on site at our three largest family developments. In cooperation with two local hospitals, we have established two Adult Day Care centers within our senior high rises. We have also brought Women and Infant Children Programs directly on site to better serve our residents.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" Substantial Deviation: Discretionary changes in the plans or policies of the Authority that fundamentally change the mission, goals, objectives, or plans of the agency which do not require formal approval by resolution of the Board of Commissioners. Changes to the Capital Fund Annual Statement and Five Year Action Plan as allowed through fungibility. Significant Amendment: Discretionary changes in the plans or policies of the Authority that fundamentally change the missions, goals, objectives, or plans of the agency and which require the formal approval through resolution by the Board of Commissioners.</p> <p>(c) Resident Commissioner. Florence Kepper 705 Calhoun St., Peru, IL. Term 07/01/2008 thru 06/30/2013</p> <p>(d) Advisory Board Members See Attachment F il014f01</p> <p>(e) Advisory Board Recommendations See Attachment G il014g01</p>
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11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>
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Attachment A

Section 6.0 -- PHA Plan Elements. (24 CFR 903.7)

Instructions

For each Element below that **HAS** changed since the last PHA Plan, using the HUD 50075 instructions, enter the “changed” text in column 3.

For each Element below that **HAS NOT** changed since the last PHA Plan, enter “No Change” in column 3.

IL014	Housing Authority for LaSalle County	07/01/2011

	Plan Element	Column #3
1.	Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.	No Changes

Attachment A

Section 6.0 -- PHA Plan Elements. (24 CFR 903.7)

2.	Financial Resources:	
	Financial Resources: Planned Sources and Uses	
	Sources	Planned \$
	Planned Uses	
	1. Federal Grants (FY 2010 grants)	
	a) Public Housing Operating Fund	2,459,106
	b) Public Housing Capital Fund	1,592,374
	c) HOPE VI Revitalization	
	d) HOPE VI Demolition	
	e) Annual Contributions for Section 8 Tenant-Based Assistance	2,432,524
	f) Resident Opportunity and Self- Sufficiency Grants	
	g) Community Development Block Grant	
	h) HOME	
	2. Prior Year Federal Grants (unobligated funds only) (list below)	
	Capital Fund 501-10	80,000
	3. Public Housing Dwelling Rental Income	
		1,978,556
	4. Other Income (list below)	
	Interest Income	87,600
	Misc. Income	129,100
	5. Non-federal sources (list below)	
	Total resources	8,759,260
3.	Rent Determination.	No Changes
4.	Operation and Management.	No Changes

Attachment A

Section 6.0 -- PHA Plan Elements. (24 CFR 903.7)

5.	Grievance Procedures.	No Changes
6.	Designated Housing for Elderly and Disabled Families.	No Changes
7.	Community Service and Self-Sufficiency.	No Changes
8.	Safety and Crime Prevention.	No Changes
9.	Pets.	No Changes
10.	Civil Rights Certification.	No Changes
11.	Fiscal Year Audit.	The Housing Authority for LaSalle County is required to have an audit conducted under Section 5 (h) (2) of the US Housing Act of 1937 (42USC 1437 c (h)). It has been completed and submitted to HUD. There were no findings
12.	Asset Management.	The Housing Authority for LaSalle received confirmation from HUD that it had successfully transitioned to Assessment Management on 12/14/2007.
13.	Violence Against Women Act (VAWA).	The Housing Authority for LaSalle County (HALC) has adopted and implemented the provisions of the Violence Against Women and Department of Justice Reauthorization Act of 2005 by revising its Administrative Plan for the Voucher Program And its Admissions and Occupancy Plan for Public Housing to include the provisions of the Act. HALC will work with local service providers, local police departments, and other organizations that provide services and programs to child and adult victims of domestic violence, dating violence, sexual assault or stalking to ensure that these victims maintain housing and enhance their safety and prevent domestic violence, dating violence, sexual assault and stalking.
14.	Carbon Monoxide Act	The Housing Authority for LaSalle County has installed carbon monoxide detectors in all of its units that fall under the Illinois Carbon Monoxide Alarm Detector Act.

Attachment B

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: Housing Authority for LaSalle County		Grant Type and Number Capital Fund Program Grant No: IL06P014501-09 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/2010 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	125,000		125,000	125,000
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	152,788		152,788	152,788
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	135,000	130,000	107,684.37	101,262.84
8	1440 Site Acquisition				
9	1450 Site Improvement	170,000	208,668	208,668	164,401.11
10	1460 Dwelling Structures	974,810	953,646	953,244.64	763,808.21
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

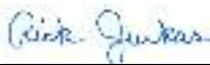
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
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PHA Name: Housing Authority for LaSalle County		Grant Type and Number Capital Fund Program Grant No: IL06P014501-09 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval:	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/2010		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)	49,839	37,335			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,607,437	1,607,437	1,547,385.01	1,307,260.16	
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 03/30/2011		Signature of Public Housing Director		
				Date		

¹ To be completed for the Performance and Evaluation Report.

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

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Part II: Supporting Pages								
PHA Name: Housing Authority for LaSalle County			Grant Type and Number Capital Fund Program Grant No: IL06P014501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
IL014000001	14-6 R/R Roofs	1460	4	44,810	67,229.06	67,229.06	67,229.06	COMPLETE
IL014000001	14-14 R/R Roofs	1460	4	40,000	40,000	40,000	40,000	COMPLETE
IL014000001	14-17 R/R Parking Lot	1450	1	20,000	61,164	61,164	61,164	COMPLETE
IL014000001	14-26 Tuckpoint seal exterior	1460	1	195,000	153,866.58	153,866.58	153,866.58	COMPLETE
IL014000001	14-29 R/R Roofs	1460	7	45,000	47,500	47,500	47,500	COMPLETE
IL014000002	14-2 R/R Roofs	1460	3	40,000	40,000	40,000	40,000	COMPLETE
IL014000002	14-4/7 Exterior Doors	1460	184	150,000	220,594	220,594	100,779.34	UNDER CONTRACT
IL014000002	14-4/7 R/R Storm Doors	1460	184	90,000	90,000	90,000	65,993.95	UNDER CONTRACT
IL014000002	14-4/7 Add Sanitary Cleanouts	1450	1	50,000	35,000	35,000	35,000	COMPLETE
IL014000002	14-4/7 R/R Furnace Flues	1460	92	30,000	25,000	25,000	0	UNDER CONTRACT
IL014000002	14-4/7 Install Ind. Water	1450	1	70,000	44,100	44,100	4,469.11	UNDER CONTRACT
IL014000002	14-12/15 R/R Roofs	1460	2	190,000	160,000	160,000	139,384.28	UNDER CONTRACT
IL014000002	14-12/15 R/R Carpet/Tile	1460	2	150,000	109,456.36	109,055	109,055	COMPLETE
IL014000002	14-13 R/R East Ramp	1450	2	15,000	38,404	38,404	33,768	UNDER CONTRACT
IL014000003	14-11 Exterior Lighting	1450	1	15,000	30,000	30,000	30,000	COMPLETE
IL014000001	A/E Services	1430		35,000		34,200	32,700	Under Contract
IL014000002	A/E Services	1430		73,500		70,625	65,703.47	Under Contract
IL014000003	A/E Services	1430		1,500		1,500	1,500	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 II: Supporting Pages								
PHA Name: Housing Authority for LaSalle County			Grant Type and Number Capital Fund Program Grant No: IL090014501-09 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant:		
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	
IL014000001	INSPECTION COSTS	1430.7		4,500		241.16	241.16	ON GOING
IL014000002	INSPECTION COSTS	1430.7		10,200		525.36	525.36	ON GOING
IL014000003	INSPECTION COSTS	1430.7		300		0	0	ON GOING
IL014000001	SUNDRY	1430.19		1,500		25.00	25.00	ON GOING
IL014000002	SUNDRY	1430.19		3,400		554.15	554.15	ON GOING
IL014000003	SUNDRY	1430.19		100		13.70	13.70	ON GOING
IL014000001	MANAGEMENT FEES	1410		57,316		57,316	57,316	COMPLETE
IL014000002	MANAGEMENT FEES	1410		68,052		68,052	68,052	COMPLETE
IL014000003	MANAGEMENT FEES	1410		27,420		27,420	27,420	COMPLETE
IL014000001	OPERATIONS	1406		65,527		65,527	65,527	COMPLETE
IL014000002	OPERATIONS	1406		41,469		41,469	41,469	COMPLETE
IL014000003	OPERATIONS	1406		18,004		18,004	18,004	COMPLETE
IL014000001	CONTINGENCY	1502		14,950		0	0	ON GOING
IL014000002	CONTINGENCY	1502		33,890	21,386	0	0	ON GOING
IL014000003	CONTINGENCY	1502		999		0	0	ON GOING

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: Housing Authority for LaSalle County				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	
IL014000001	9/15/2011		9/15/2013		
IL014000002	9/15/2011		9/15/2013		
IL014000003	9/15/2011		9/15/2013		

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.

Attachment C

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: Housing Authority for LaSalle County	Grant Type and Number Capital Fund Program Grant No: IL06P014501-10 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2010 FFY of Grant Approval:

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12/2010 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	125,000		125,000	125,000
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	152,788		152,788	25,464
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	135,000		104,500	
8	1440 Site Acquisition				
9	1450 Site Improvement	25,000			
10	1460 Dwelling Structures	1,038,000			
11	1465.1 Dwelling Equipment—Nonexpendable	60,000			
12	1470 Non-dwelling Structures	10,000			
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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PHA Name: Housing Authority for LaSalle County		Grant Type and Number Capital Fund Program Grant No: IL06P014501-10 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2010 FFY of Grant Approval: 2010	
Type of Grant						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:)		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)	61,649	46,586			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,607,437	1,592,374	382,288	150,464	
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 03/30/2011		Signature of Public Housing Director		
				Date		

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Part II: Supporting Pages								
PHA Name: Housing Authority for LaSalle County			Grant Type and Number Capital Fund Program Grant No: IL06P014501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant:		
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	
IL014000001	14-1 Tuckpoint Seal Caulk	1460	25	100,000				IN A/E
IL014000001	14-6 R/R Apartment Baths	1460	20	100,000				IN A/E
IL014000001	14-17 R/R Building Exterior Doors	1460	5	40,000				IN A/E
IL014000001	14-27 Misc Work	1460	4	20,000				IN A/E
								IN A/E
IL014000002	14-4/7 R/R Apt Entry Stoops	1460	92	100,000				IN A/E
IL014000002	14-5 Rehab Community Space	1470	1	10,000				IN A/E
IL014000002	14-12/15 R/R Domestic Boilers & Tanks	1460	1	125,000				IN A/E
IL014000002	14-13 R/R Basement Windows	1460	1	25,000				IN A/E
IL014000002	14-13 Patch & Seal Bldg Exterior	1460	1	165,000				IN A/E
IL014000002	14-13 R/R Exterior Site Lighting	1450	1	25,000				IN A/E
IL014000002	14-16 R/R Rooftop Unit	1460	1	30,000				IN A/E
IL014000002	14-16 Tuckpoint Seal Caulk	1460	1	200,000				IN A/E
IL014000002	14-16 R/R Roof Exhausters	1460	1	10,000				IN A/E
								IN A/E
IL014000003	14-9 R/R Door Passage Set/Deadbolts	1460	60	28,000				IN A/E
IL014000003	14-11 R/R Appliances	1465	60	60,000				IN A/E
IL014000003	14-18 Install Security Camera	1460	1	25,000				IN A/E
IL014000003	14-18 R/R door Passage Set/Deadbolts	1460	25	12,500				IN A/E

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: Housing Authority for LaSalle County			Grant Type and Number Capital Fund Program Grant No: IL06P014501-10 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
IL014000003	14-18 R/R Furnaces	1460	25	37,500				IN A/E
IL014000003	14-27 Misc Work	1460	4	20,000				IN A/E
IL014000001	A/E Services	1430		28,000		21,750		UNDER CONTRACT
IL014000002	A/E Services	1430		67,750		67,750		UNDER CONTRACT
IL014000003	A/E Services	1430		19,250		15,000		UNDER CONTRACT
IL014000001	Inspection costs	1430.7		5,700				PLANNING
IL014000002	Inspection costs	1430.7		6,600				PLANNING
IL014000003	Inspection costs	1430.7		2,700				PLANNING
IL014000001	Sundry	1430.19		1,900				PLANNING
IL014000002	Sundry	1430.19		2,200				PLANNING
IL014000003	Sundry	1430.19		900				PLANNING
IL014000001	Management Fees	1410		38,197		38,197	6,366	ON GOING
IL014000002	Management Fees	1410		88,617		88,617	14,768	ON GOING
IL014000003	Management Fees	1410		25,974		25,974	4,330	ON GOING
IL014000001	Operations	1406		47,500	63,000	63,000	63,000	COMPLETE
IL014000002	Operations	1406		55,000	44,000	44,000	44,000	COMPLETE
IL014000003	Operations	1406		22,500	18,000	18,000	18,000	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: Housing Authority for LaSalle County				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	
IL014000001	7/14/2012		7/14/2014		
IL014000002	7/14/2012		7/14/2014		
IL014000003	7/14/2012		7/14/2014		

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.

ATTACHMENT D

Part I: Summary					
PHA Name: HOUSING AUTHORITY FOR LASALLE COUNTY		Grant Type and Number Capital Fund Program Grant No: IL06P014501-11 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2011 FFY of Grant Approval:
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	125,000			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	152,788			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	245,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	130,000			
10	1460 Dwelling Structures	796,000			
11	1465.1 Dwelling Equipment—Nonexpendable	67,500			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	1000			
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

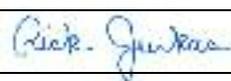
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

⁴ RHF funds shall be included here.

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

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

Part I: Summary					
PHA Name: HOUSING AUTHORITY FOR LASALLE COUNTY	Grant Type and Number Capital Fund Program Grant No: IL06P014501-11 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2011 FFY of Grant Approval:			
Type of Grant					
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	75,086			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,592,374			
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 03/30/2011		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: HOUSING AUTHORITY FOR LASALLE COUNTY			Grant Type and Number Capital Fund Program Grant No: IL06P014501-11 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2011		
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	
IL014000001	14-10 Replace Windows	1460	1	210,000				
IL014000001	14-14 Replace Refrigerators	1465	14	7,500				
IL014000001	14-17 Replace Compactor	1460	1	15,000				
IL014000001	14-26 Replace Hall Carpet	1460	1	50,000				
IL014000001	14-26 Replace Hall Lighting	1460	1	20,000				
IL014000001	14-26 Increase Security	1460	1	10,000				
IL014000001	14-27 Replace Windows # 7	1460	1	10,000				
IL014000002	14-2 Tuckpoint Foundation	1460	3	15,000				
IL014000002	14-4/7 Tuckpoint Foundation	1460	21	75,000				
IL014000002	14-4/7 Increase Security	1460	1	20,000				
IL014000002	14-4/7 Rehab 101-102	1460	1	36,000				
IL014000002	14-5 Install Soffit Heat	1460	1	40,000				
IL014000002	14-12/15 Replace Em. Generator	1460	1	30,000				
IL014000002	14-12/15 Increase Security	1460	1	20,000				
IL014000002	14-12/15 Replace Boiler Room Valves	1460	1	50,000				
IL014000002	14-16 Install Booster Pump	1460	1	20,000				
IL014000002	14-16 Replace 1st Floor Windows/doors	1460	1	40,000				
IL014000002	14-16 Increase Security	1460	1	10,000				

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: HOUSING AUTHORITY FOR LASALLE COUNTY			Grant Type and Number Capital Fund Program Grant No: IL0P014501-11 CFPP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2011		
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	
IL014000003	14-9 Replace Appliances	1465.10	60	60,000				
IL014000003	14-9 Replace Drive & Parking	1450	1	75,000				
IL014000003	14-11 Increase Security	1460	1	10,000				
IL014000003	14/18 Replace Apt Shutoffs	1460	1	75,000				
IL014000003	14-18 Parking/Landscaping	1450	1	55,000				
IL014000003	14-27 Foundation Replacement # 13	1460	1	40,000				
Area Wide	Relocation	1495	1	1,000				
IL014000001	A/E Services	1430	1	32,000				
IL014000002	A/E Services	1430	1	36,000				
IL014000003	A/E Services	1430	1	32,000				
IL014000001	LBP Testing	1430	1	30,000				
IL014000002	LBP Testing	1430	1	40,000				
IL014000003	LBP Testing	1430	1	15,000				
IL014000001	Energy Audit	1430	1	15,200				
IL014000002	Energy Audit	1430	1	17,600				
IL014000003	Energy Audit	1430	1	7,200				

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: HOUSING AUTHORITY FOR LASALLE COUNTY			Grant Type and Number Capital Fund Program Grant No: IL0P014501-11 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2011		
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	
IL014000001	Inspection Costs	1430		4,800				
IL014000002	Inspection Costs	1430		5,400				
IL014000003	Inspection Costs	1430		4,800				
IL014000001	Sundry	1430		1,600				
IL014000002	Sundry	1430		1,800				
IL014000003	Sundry	1430		1,600				
IL014000001	Management Fees	1410		48,896				
IL014000002	Management Fees	1410		54,996				
IL014000003	Management Fees	1410		48,896				
IL014000001	Operations	1406		63,000				
IL014000002	Operations	1406		44,000				
IL014000003	Operations	1406		18,000				
IL014000001	Contingency	1502		24,028				
IL014000002	Contingency	1502		27,030				
IL014000003	Contingency	1502		24,028				

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: Housing Authority for LaSalle County					Federal FFY of Grant: 2011
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	
IL014000001	7/14/13		7/14/14		
IL014000002	7/14/13		7/14/14		
IL014000003	7/14/13		7/14/14		

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.

ATTACHMENT E

Part I: Summary						
PHA Name/Number		Locality (City/County & State)			<input 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	1,040,000	1,101,500	939,000	895,000
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment		25,000	37,000	178,000	225,000
E.	Administration		152,788	152,788	152,788	152,788
F.	Other		249,586	176,086	197,586	194,586
G.	Operations		125,000	125,000	125,000	125,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		1,592,374	1,592,374	1,592,374	1,592,374

Part I: Summary (Continuation)

PHA Name/Number		Locality (City/county & State)				<input 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_____	
		Annual Statement					
	IL014000001		390,000	385,000	565,000	500,000	
	IL014000002		605,000	604,500	327,000	385,000	
	IL014000003		70,000	149,000	225,000	235,000	

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year _____ 2012 _____ FFY _____			Work Statement for Year: _____ 2013 _____ FFY _____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	Amp 1			Amp 1		
Annual	14-6 Replace Parking	2	100,000	14-1 Landscape Signage	1	10,000
Statement	14-6 UpGrade shop	1	25,000	14-3 Landscape Signage	1	15,000
	14-14 Tuckpoint Seal	4	60,000	14-6 Landscape Signage	1	20,000
	14-17 Elevator Int Rehab	2	35,000	14-10 Landscape Signage	1	20,000
	14-17 Replace Hall Lighting	1	20,000	14-10 Increase Security	1	10,000
	14-17 Boiler Room Valves	1	25,000	14-10 Replace Hall & Stairwell lights	1	30,000
	14-26 Replace South Parking	1	125,000	14-10 Replace Ext Doors	4	40,000
				14-10 Replace Air Handler 2.8	1	90,000
	Amp 2			14-14 Landscape Signage	1	5,000
	14-8 Replace Roofs	4	45,000	14-14 Replace Heating Boiler/Controls	5	60,000
	14-12/15 Replace Apt Doors & Lock sets	160	360,000	14-17 Landscape Signage	1	7,500
	14-12/15 Replace Hvac Roof Top Unit 14-15	1	55,000	14-17 Increase Security	1	10,000
	14/13 Increase Security	1	10,000	14-26 Landscape Signage	1	7,500
	14-13 Replace Apt Doors & Lock sets	60	135,000	14-26 Replace Boiler Valves	1	20,000
				14-27 Misc Work	1	40,000
	Amp 3					
	14-11 Replace Hvac Unit 1st floor Closet	1	70,000	AMP 2		
				14-2 Tree Replacement	1	5,000
				14-2 Replaced Ext Stoops	1	15,000
	Subtotal of Estimated Cost		\$ 1065,000	Subtotal of Estimated Cost		\$

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year ____2013 CONTINUED_____ FFY _____			Work Statement for Year: ____2014_____ FFY _____		
	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	14-5 Tuckpoint Seal	10	100,000	Amp-1		
Annual	14-8 Replace Heating Boilers/Controls	6	50,000	14-1 Replace Appliances	50	50,000
	14-2 Landscape Signage	1	5,000			
Statement	14-8 Landscape Signage	1	5,000	14-1 Replace Furnace Flues	50	20,000
	14-8 Replace Refrigerators	20	12,000	14-10 Replace Roof	1	80,000
	14-12/15 Replace Fire Alarm Panel	2	150,000	14-10 Replace Air Handler 1st Floor	1	65,000
	14-13 Replace Em Generator set	1	37,500	14-10 Replace Ext Lighting	1	40,000
	14-13 Replace Domestic Boiler & Tanks	1	100,000	14-17 Tuckpoint Seal Ext	1	125,000
	14-13 Replace Boiler Control Valves	1	50,000	14-17 Replace Stairwell Doors	12	24,000
	14-13 Install Backflow Preventer	1	35,000	14-17 Replace Domestic Holding Tanks	1	20,000
	14-16 Replace Boiler Control Valves	1	40,000	14-26 Replace Air Handler	1	67,500
				14-26 Elevator Int Rehab	2	37,500
	Amp 3			14-29 Replace Storage Sheds	9	36,000
	14-9 Replace Furnace Flues	60	24,000			
	14-9 Landscape Sitework	1	15,000	Amp2		
	14-18 Replace Appliances	25	25,000	14-4/7 Replace Appliances	92	92,000
	14-27 Misc Work	1	50,000	14-4/7 Replace Admin Roof	1	40,000
	14-9 DC Replace Furnace & A/C	8	35,000	14-5 Landscape Signage	1	5,000
				14-8 Install Security Cameras	1	30,000
				14-12/15 Elevator Int Rehab	4	40,000
				14-13 Elevator Int Rehab	1	20,000

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

	Subtotal of Estimated Cost	\$	1,138,500	Subtotal of Estimated Cost	\$	
Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year ____2014 CONTINUED _____ FFY _____			Work Statement for Year: ____2015 _____ FFY _____		
	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	14-13 Replace 1st Floor Hvac	1	75,000	Amp 1		
Annual	14-13 Seal Strip Parking	1	25,000	14-1 Admin Seal Caulk	1	50,000
Statement				14-1 Int Renovation	1	40,000
	Amp 3			14-6 R/R Appliances	20	20,000
	14-18 Replace Windows	25	225,000	14-10 Rehab Comm Kitchen	1	15,000
				14-10 Replace Fire Panel	1	145,000
				14-1 Rehab 1806-1808 Seneca	1	50,000
				14-10 Replace Emergency Generators	1	50,000
				14-17 Replace Emergency Generators	1	50,000
				14-26 Replace Emergency Generators	1	80,000
				Amp 2		
				14-2 Upgrade Playgrounds	1	25,000
				14-5 Upgrade Playgrounds	1	25,000
				14-4/7 Int Renovation	1	40,000
				14-4/7 Admin Parking	1	50,000
				14-4/7 Upgrade Playground	1	25,000
				14-8 Tuckpoint Seal	1	50,000
				14-13 Replace Fire Panel	1	85,000
				14-16 Replace fire Panel	1	85,000
				Amp 3		
				14-9 Install Security Camers	1	40,000
				14-11 R/R Roof Exhausts	1	10,000
				14-11 R/R Roof	1	100,000
				14-11 Replace Fire Panel	1	85,000
	Subtotal of Estimated Cost		\$1,117,000	Subtotal of Estimated Cost		\$ 1,120,000

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

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

ATTACHMENT F

ADVISORY BOARD VOLUNTEERS

AMP	Development	Name	Address	Phone
1	Parkview 14-01	Della Dummitt	502 Utica Dr. Ottawa, IL 61350	815-277-7141
1	James O'Brien 14-03	Agie Orvis	213 Englewood Drive, Box 296 Seneca, IL 61360	815-357-8047
1	Ravlin Congregate 14-26	Henrietta Quinn	400 E. Washington St., 3-M Ottawa, IL 61350	815-434-3673
1	Stricker Courts 14-06	Cynthia Buss	32 Sycamore Street Marseilles, IL 61341	815-993-2678
1	Dougherty Manor 14-10	Terri Thomas	900 Paul St. #209 Ottawa, IL 61350	815-431-0104
1	Ben Guerrini 14-14	Sara Grant	503 Wallace Street #7 Marseilles, IL 61341	815-795-9548
1	Ottawa Scattered Sites 14-29	Alison Billings	1541 West Main St. Ottawa, IL 61350	815-712-3041
1	Scattered Sites 14-27	Delia Holcomb	2416 E. 2360 th Rd Marseilles, IL 61341	815-257-0188
2	Stan Clark Homes 14-02	Jason Sparling	410 W. Second St. #22 Oglesby, IL 61348	815-312-2325
2	Southview Manor 14-05	Sarah Friewald	100 S. Ninth Ave., #113 Mendota, IL 61342	815-539-6090
2	Mendota High Rise 14-16	Virginia Hampton	701 Meadowview Drive, #403 Mendota, IL 61342	815-910-7076
2	Phillip Mueller 14-13	Florence Kepper	705 Calhoun St., 7-F Peru, IL 61354	815-224-5952
3	Delbert Egan 14-18	Jeannine Short	501 Frech St. #1720 Streator, IL 61364	815-673-2838
3	Scattered Sites 14-27	Mary McDonald	1602 Shaft St. Streator, IL 61364	815-672-3615

ATTACHMENT G

ADVISORY BOARD RECOMMENDATIONS

An Advisory Board meeting was held on Wednesday, October 27, 2010, at which time draft copies of the Authority's 2011 Annual Plan and the 2010 thru 2014 Five Year Plan were distributed and discussed. Members would take the Plans back and discuss them at their individual resident meetings and be ready with any comments or changes for the January meeting.

An Advisory Board meeting was held on Thursday, January 13, 2011. At that meeting Members and Authority staff discussed the Plan. Members had no comments or changes to the Plan. It was decided that the plan would be submitted as proposed.