



	<p><b>PHA Plan Update</b></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"> <li>1. Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List procedures: NO CHANGES</li> <li>2. Financial Resources: <i>See Attachment IL039b01 entitled, "KCHA 2011 Statement of Financial Resources"</i></li> <li>3. Rent Determination: NO CHANGES</li> <li>4. Operation and Management: <i>The KCHA is considering implementing a Nonsmoking Policy in its Public Housing developments.</i></li> <li>5. Grievance Procedures: NO CHANGES</li> <li>6. Designated Housing for Elderly and Disabled Families: NO CHANGES</li> <li>7. Community Service and Self-Sufficiency: NO CHANGES</li> <li>8. Safety and Crime Prevention: NO CHANGES</li> <li>9. Pets: NO CHANGES</li> <li>10. Civil Rights Certification: NO CHANGES</li> <li>11. Fiscal Year Audit: Finding – <u>Low Rent Tenant Files are not in compliance with HUD regulations.</u> <i>KCHA Management response on 10/28/10: Management will review tenant files to make sure they are in compliance with re-certification process. On time certifications are being done and has been cleared from 2009 Audit findings (09-01). The KCHA Management has made changes in program to ensure compliance. Although some third party verifications were not present, KCHA utilized EIV. Going forward, procedures are in place to follow the hierarchy of file maintenance in regards to third party verifications. All files (from move ins to re-certifications and interim re-examinations are being checked for accurateness and compliance.</i></li> <li>12. Asset Management: NO CHANGES</li> <li>13. Violence Against Women Act (VAWA): <i>See Attachment IL039c01 entitled, "KCHA Violence Against Women's Act (VAWA) Statement"</i></li> <li>14. Carbon Monoxide Act: <i>See Attachment IL039d01 entitled, "Resolution # 07-16: Resolution Approving the Carbon Monoxide Alarm Detector Act Amendment"</i></li> </ol> <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><i>The KCHA Annual Plan is available for public review and comment at the Kankakee County Housing Authority's Administrative Office located at 185 N. St. Joseph Avenue, Kankakee, 60901 during its hours of operation on Monday through Friday 8:30 am – 4:30 pm.</i></p>
7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p> <ol style="list-style-type: none"> <li>a. The KCHA would like to apply for a Mixed Finance Modernization program to renovate the high-rise located at 340 N. Dearborn, commonly known as Midtown Towers, development IL039-006 (AMP 0000002) and the Family Sites developments IL039-003 and IL039-007 (AMP 0000003). The time table would be within the next 2-4 years. No application has been processed, but moneys to be applied for would be Hope VI, State Donation Credits, LIHTC's or State Preservation funds or IHDA Trust Funds. Other projects would be applications to build new affordable housing under IHDA programs. KCHA to convert 62 vouchers to PBV for a senior/special needs project thru IHDA Tax Credit Program for April 2011.</li> <li>b. The KCHA is investigating disposing of some of development IL039-003 and IL039-007, commonly known as Wildwood Complex and Locust Street respectively (both under AMP 0000003). These would approximately 36 units (10 bldgs) within these developments. No application has been prepared, this is only in investigative stage. The disposition/demolition is being considered due to high turnover, crime statistics, age of property and physical needs. An application may be presented to HUD within 2 - 4 years. Relocation vouchers may be requested for existing tenants at the time of application. The KCHA may request to develop a mixed finance project under these properties or Hope VI combination program.</li> <li>c. No conversion of PH properties is being considered at this time.</li> <li>d. No PH Homeownership is planned. The KCHA has set up a plan on HCV Homeownership approved in 2006.</li> </ol> <p>Project Based Vouchers (Approx. 62) – these will be utilized in a mixed income project as noted above for the Housing Authority under other approved competitive awards through IHDA. PBV's further assist the Housing Authority with promoting the building or renovation of affordable housing within its' jurisdiction and providing low and extremely low-income individuals/families more housing opportunity. The KCHA will follow regulations.</p>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>

8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> 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. <b>Attached are following P/E's: IL06R039501-07; IL06R039501-08; IL06R039501-09; FY2009 CFP Annual Statement; IL06S039501-09 ARRA; IL06R039501-10; FY2010 CFP Annual Statement; IL06R039501-11; FY2011 CFP Annual Statement</b></p>
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> 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>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b>  <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p> <p><i>NOTE: Although the KCHA does not currently participate in a CFFP, the KCHA has had discussions with HUD and IHDA as well as Fannie Mac in regards to a proposed CFFP program in the next two years. The KCHA has begun the process or initial steps of review, PNA, etc. in order to prepare for this process should it deem to be feasible to proceed and secure moneys in order to accomplish some of its' Capital Fund, modernization or rehabilitation needs.</i></p>
9.0	<p><b>Housing Needs.</b> 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><i>("Statement of Housing Needs in Kankakee County" is an electronic attachment (IL039e01) to the Annual Plan - a Microsoft Word document)</i></p>

9.1	<p><b>Strategy for Addressing Housing Needs.</b> 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. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p>The shortage of affordable housing for all eligible populations will be addressed by the KCHA by:</p> <ol style="list-style-type: none"> <li>(1) Maximizing the number of affordable units available to the KCHA within its current resources by (a) employing effective maintenance and management policies to minimize the number of public housing units offline and (b) reducing turnover time for vacated public housing units and (c) reducing time to renovate public housing units and (d) seeking replacement of public housing units lost to the inventory through mixed finance development and through Section 8 replacement housing resources and (e) maintaining or increasing Section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction and (f) undertaking measures to ensure access to affordable housing among families assisted by the KCHA, regardless of unit size required and (g) maintaining or increasing Section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration and by effectively screening Section 8 applicants to increase owner acceptance of program and (h) participating in the Consolidated Plan development process to ensure coordination with broader community strategies.</li> <li>(2) Increasing the number of affordable housing units by (a) applying for additional Section 8 units should they become available and (b) leveraging affordable housing resources in the community through the creation of mixed – finance housing and (c) pursuing housing resources other than public housing or Section 8 tenant-based assistance and (d) applying to the State of Illinois Rental Housing Support Program for moneys to assist in housing rental payments.</li> </ol>
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<b>10.0</b>	<p><b>Additional Information.</b> 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 Kankakee County Housing Authority submits its annual plan for FY 2011. In some areas of the plan, changes were made based on what occurred from previous years. Details of these changes are as follows:</p> <p>The KCHA is continuing to investigate opportunities of “acquiring or building additional units” in order to increase its public housing units. In “leveraging private or public funds”, and “utilizing Project Based Vouchers through KCHA program”, these statements have also been added and acted upon in its 5-year plans. KCHA is looking at adding housing through the development of Tax Credit mixed income properties and replacing older Public Housing units once these are fully on-line. The KCHA also changed its statements in “providing replacement housing and replacement housing vouchers” in the homeownership programs. The KCHA is working on advancing its’ Section 8 Homeownership Program to further assist families in the community to further their self-sufficiency and has begun qualifying existing tenants for the program. The KCHA continues to focus on implementing and revising its’ Section 8 FSS program to be more effective. The KCHA has also identified its RHF Funds to purchase rental property in the area to add to its’ Public Housing program.</p> <p>In 2010 made further progress of rehabbing units as vacancies lead to these opportunities. Site and building improvements were made to Midtown Towers and to some Family Site units as vacancies occurred. An Energy Performance Contract was completed. All units continue to run at 97-100% occupancy.</p> <p>The KCHA continues to improve its PHAS and SEMAP scoring. For Fiscal-Year 2010, the Section 8 Program was once again a High Performer under SEMAP. KCHA continues to advance its PHAS score to be a high Standard Performer.</p> <p>In the area of the Capital Fund Programs, the KCHA has based its current and future moneys allocation based on Small Agency protocol. Moneys will be drawn into operations so as materials and work can be performed on the developments to improve units and sites. A Physical Needs Assessment has been completed and the reports are being utilized for the funds expenditures. The KCHA will continue this progress with current and future funds. It continues to have all available units on-line (rehab of vacant units). The KCHA has developed future plan goals utilizing all funds available as well as estimated. (See attached P &amp; E Reports for all open CFP’s.)</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” The KCHA defines “substantial deviation” or “significant deviation” as any project which is undertaken outside the scope of the CFP work items as noted in the annual plan or any project that would not be listed in the Physical Needs Assessment on file in the KCHA main office.</p>
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<b>11.0</b>	<p><b>Required Submission for HUD Field Office Review.</b> 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. <b>Note:</b> 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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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

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

## Instructions form HUD-50075

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

### 1.0 PHA Information

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

### 2.0 Inventory

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

### 3.0 Submission Type

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

### 4.0 PHA Consortia

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

### 5.0 Five-Year Plan

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

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

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

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

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

#### PHA Plan Elements. (24 CFR 903.7)

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

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

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

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

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

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

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

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

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

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

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

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

**8.2 Capital Fund Program Five-Year Action Plan**

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

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

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

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

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

**9.1 Strategy for Addressing Housing Needs.** Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

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

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

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

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

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

Kankakee County Housing Authority  
Minutes of the Resident Advisory Board Meeting  
2011 Annual Plan  
March 4, 2011

Committee Members:

Public Housing:

Midtown – Mr. Ted Chandler  
Midtown – Ms. Brenda Barnes  
Family Sites – Ms. Portia Calbert (Evergreen)

Section 8:

Ms. Tina Letcher, Kankakee, IL  
Ms. Darlene Hundley, St. Anne, IL

KCHA

Mr. Randy McGill, KCHA Executive Director  
Ms. Brenda Pombert, KCHA Executive Assistant

Meeting was called to order at 4:30 pm with the following individuals in attendance: Mr. Ted Chandler, Ms. Brenda Barnes, Ms. Portia Calbert, Ms. Tina Letcher, Mr. Randy McGill and Ms. Brenda Pombert. Ms. Darlene Hundley was provided a copy of the annual plan but did not attend the meeting and did not provide any comments.

Randy McGill began the meeting by explaining the process of the annual and 5-year Agency Plans. The Annual Plan is prepared each year for the current year describing what the Agency plans on doing with Capital Funds, operation and budgets, dwellings, etc. The plan is open for public comment with a Public Hearing on March 22, 2011, followed by Board approval.

He explained that the Resident Advisory Board (RAB) is a cross section of residents from the various KCHA properties to advise the KCHA on various Housing Authority matters, most importantly the Annual and Five Year Plans of the Authority. He stated that the input from the Resident Advisory Board would become part of the plan. From the input from the Resident Advisory Board (RAB) and the public, the KCHA Board of Commissioners will deliberate and make decisions as whether to incorporate changes or to approve it as presented.

At this time, Randy McGill walked through the 2011 annual plan, reviewing the mission statement, goals & objectives, explaining the various sections and what each contained and meant. Highlights were as follows:

Kankakee County Housing Authority  
Minutes of the Resident Advisory Board Meeting  
2011 Annual Plan  
March 4, 2011

Randy reviewed the updates noted that there were only minor changes, if any, to the KCHA's programs. With regards to the Non-Smoking Policy in Public Housing, the KCHA is following Illinois State Law until HUD finalizes its regulations regarding this issue.

There was one finding in the 2010 audit regarding Public Housing 3<sup>rd</sup> Party Verifications that has been addressed and corrected going forward.

The "KCHA Waiting List Numbers 2011" was reviewed. Currently all the Public Housing waiting lists (1, 2, 3, 4, and 5 bedroom) and the Section 8 Waiting List are closed due to the large number of applicants. The KCHA does not anticipate reopening these lists any time soon due to the number of units available and the current turnover rate.

Randy reviewed the "KCHA 2011 Statement of Financial Resources", and "Statement of Housing Needs in Kankakee County", noting that these reports could change based on the proposed budget cuts by Congress. Currently, the repair of the sidewalks in the Public Housing Family Sites will continue; however due to funding, the KCHA is uncertain about future projects.

Section 7.0 of the Annual Plan was reviewed noting that the KCHA is in the initial phase of pursuing a development of senior housing units. The KCHA is pursuing Tax Credit options and other funding opportunities.

The Replacement Housing Funds received from buildings previously torn down have been accumulating for the past five years. There is approximately \$368,000 available and the KCHA is looking to purchase existing units/building(s) instead of building new units. Once identified the KCHA would need approval from HUD and to secure the financing prior to finalizing any purchase.

The Section 8 Family Self Sufficiency Program had its first graduate last year to Homeownership with two more participants anticipated to graduate this year. The KCHA applied for a Public Housing Family Self Sufficiency Coordinator, but was not granted any funds.

At the conclusion of the discussion, all members indicated they were in agreement with all they read, had no changes to recommend and looked forward to continued improvement of the Agency. Randy offered to meet with this committee on a quarterly basis and the members agreed and would check their respective schedules accordingly.

The meeting was adjourned approximately 5:15 p.m.

**KCHA 2011 Statement of Financial Resources**

<b>Sources</b>	<b>Amounts</b>	<b>Planned Uses</b>
Public Housing Operating Fund *	\$ 790,053.00	Operations
Public Housing Capital Fund *	\$ 272,550.00	Capital Improvements, Management Improvements, Operations, Fees and Costs
Public Housing Replacement Housing Funds	\$ 316,031.00	Replacement Housing for Public Housing
HCV Annual Contributions *	\$ 2,370,185.00	HAP, FSS and Administrative Costs
PH Capital Fund (previous years)	\$ 166,436.00	Capital Improvements, Management Improvements, Operations, Fees and Costs
PH Housing Dwelling Rental Collections	\$ 394,409.00	Operations
<b>Non Federal:</b>		
State Of Illinois Rental Housing Support Program (RHSP)	\$ 316,103.00	Housing Assistance Payments/Admin

**Totals:** \$ 4,625,767.00

\* = Based on 21% Budget cut being discussed by Congress (budget not expected to be passed until sometime end of March)

# **Kankakee County Housing Authority Annual Plan Violence Against Women's Act (VAWA) Statement**

## **Domestic Violence, Dating Violence, Sexual Assault, Stalking:**

The Kankakee County Housing Authority (KCHA) has adopted a policy (the KCHA VAWA Policy”) to implement applicable provisions of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162) (VAWA). KCHA’s goals, objectives and policies to enable KCHA to serve the needs of child and adult victims of domestic violence, dating violence and stalking, as defined in VAWA, are stated in the KCHA VAWA Policy. In addition:

- A. The following activities, services, or programs are provided by KCHA, directly or in partnership with other service providers, to child and adult victims of domestic violence, dating violence, sexual assault or stalking:
  - Referrals to Kankakee County Victims Assistant Program
  - Referrals to Aunt Martha’s Domestic Victims Program
  
- B. The following activities, services, or programs are provided by KCHA to help child and adult victims of domestic violence, dating violence, sexual assault, or stalking maintain housing: *NONE*
  
- C. The following activities, services or programs are provided by KCHA to prevent domestic violence, dating violence, sexual assault and stalking, or to enhance victim safety in assisted families: *NONE*

**End**

RESOLUTION NO. 07-16

**RESOLUTION APPROVING THE CARBON MONOXIDE ALARM DETECTOR ACT  
AMENDMENT**

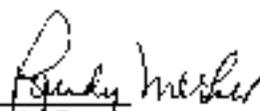
**WHEREAS**, the Illinois General Assembly on May 8, 2006, passed the "Carbon Monoxide Alarm Detector Act", public act # 094-0741 incorporated in this Resolution by reference, and

**WHEREAS**, the Kankakee County Housing Authority will follow the guidelines as stated in Public Act # 094-0741 effective January 1, 2007, and

**WHEREAS**, the Kankakee County Housing Authority has determined the need to update the Admissions and Continued Occupancy Policy (ACOP), effective date July 1, 2006 and the Section 8 Housing Choice Voucher Program Administrative Plan, effective date July 1, 2006 by incorporating the Carbon Monoxide Alarm Detector Act as an addendum to those policies;

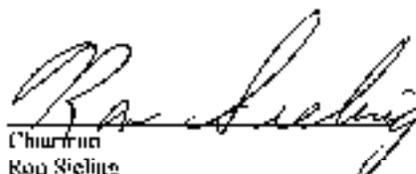
**NOW, THEREFORE, BE IT RESOLVED** by the Board of Commissioners of the Kankakee County Housing Authority this 24<sup>th</sup> day of October 2006 that the Carbon Monoxide Alarm Detector Act incorporated herein by reference be approved.

**NOW, THEREFORE, BE IT FURTHER RESOLVED** by the Board of Commissioners of the Kankakee County Housing Authority this 24<sup>th</sup> day of October 2006 that the Carbon Monoxide Alarm Detector Act be incorporated to the Admissions and Continued Occupancy Policy, effective date July 1, 2006 and the Section 8 Housing Choice Voucher Program Administrative Plan, effective date July 1, 2006 as an Amendment be approved.

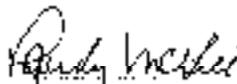
  
Executive Director  
Randy McGill

10/24/06  
Date

10/24/06  
Date Approved

  
Chairman  
Ron Stelling

10/24/06  
Date

  
Secretary  
Randy McGill

## Statement of Housing Needs in Kankakee County 2011

### Jurisdiction Data:

Total Families below median income: 13,751

Less than 30% median income: 2,556

Between 30 and 50% median income: 2,749

Between 50 and 80% median income: 8,446

Households below median Income: 19,333

Less than 30% median income: 5,985

Between 30 and 50% median income: 4,885

Between 50 and 80% median income: 8,462

### Poverty Status based on 1999

#### Below poverty level:

Families 2,338

Families w/ female HOH 1,373

Individuals 11,445

18 years and older 7,050

65 years and over 901

Related Children < 18 yrs 4,294

Related children 5 to 17 yrs 3,057

Unrelated individual 15 yrs & > 3,220

### Race:

Caucasian 82,954

Black 16,065

Hispanic 4,959

Other 3,182

Am. Indian 184

Asian/Pacific Islander 1,448

<b>Part I: Summary</b>					
<b>PHA Name: Kankakee County Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P03950111 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2011</b> <b>FFY of Grant Approval: 2011</b>
<b>Type of Grant</b> <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:            )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$272,550			
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 <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

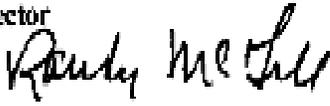
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

<sup>4</sup> 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**

<b>Part I: Summary</b>						
<b>PHA Name:</b> Kankakee County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P03950111 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2011</b> <b>FFY of Grant Approval: 2011</b>	
<b>Type of Grant</b>						
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b>		
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	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)	\$272,550				
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	\$55,200.00				
24	Amount of line 20 Related to Security - Hard Costs	\$5,000.00				
25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director</b> 			<b>DATE</b> 1/6/11		<b>Signature of Public Housing Director</b>  <b>Date</b>	

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

<b>Part II: Supporting Pages</b>								
PHA Name: Kankakee County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P03950111 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2011</b>			
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide	Operations	1406	100%	\$272,550				
	(AMP Operations;unit rehab/renovations; site improvements - walks, parking lots, lighting, landscape; building improvements;							
	appliances - range hoods, stoves, refrigerators							
	maintenance / cleaning equipment/tools							
	non-dwelling improvements - furniture, fixtures, painting							
	Management Improvements - MIS,vehicle, computers, communication; training, training materials; security							
	504 activities/improvements (contract administration)							

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.



<b>Part I: Summary</b>					
PHA Name: Kankakee County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P03950111 Replacement Housing Factor Grant No: IL06R03950111 Date of CFFP:			<b>FFY of Grant: 2011</b> <b>FFY of Grant Approval: 2011</b>
<b>Type of Grant</b> <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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
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 <sup>4</sup>	\$113,450.00			

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

<b>Part I: Summary</b>					
<b>PHA Name:</b> Kankekee County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P03950111 Replacement Housing Factor Grant No: IL06R03950111 Date of CFFP:		<b>FFY of Grant:2011</b> <b>FFY of Grant Approval: 2011</b>	
<b>Type of Grant</b>					
<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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	\$113,450.00			
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				
<b>Signature of Executive Director</b> <i>Randy Mether</i>		<b>DATE</b> <i>1/6/11</i>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

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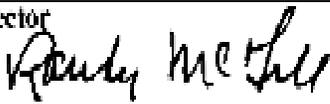
<b>Part I: Summary</b>					
<b>PHA Name: Kankakee County Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P03950110 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2010 FFY of Grant Approval: 2010</b>
<b>Type of Grant</b> <input type="checkbox"/> 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: 12/31/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$341,152.00		\$191,391.95	\$156,559.47
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 <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

<b>Part I: Summary</b>						
<b>PHA Name:</b> Kankakee County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P03950110 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2010</b> <b>FFY of Grant Approval: 2010</b>	
<b>Type of Grant</b>						
<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: 12/31/10				<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	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)	\$341,152.00				
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	\$55,200.00		\$55,200.00	\$29,075.00	
24	Amount of line 20 Related to Security - Hard Costs	\$5,000.00		0.00	0.00	
25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director</b> 			<b>DATE</b> 1/6/11		<b>Signature of Public Housing Director</b>  <b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: Kankakee County Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P03950110 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2010</b>		
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide	Operations	1406	100%	\$341,152.00		\$191,391.95	\$156,559.47	45.9%
	(AMP Operations;unit rehab/renovations; site improvements - walks, parking lots, lighting, landscape; building improvements;							
	appliances - range hoods, stoves, refrigerators							
	maintenance / cleaning equipment/tools							
	non-dwelling improvements - furniture, fixtures, painting							
	Management Improvements - MIS,vehicle, computers, communication; training, training materials; security							
	504 activities/improvements contract administration)							

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Kankakee County Housing Authority				<b>Federal FFY of Grant: 2010</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA Wide	12/10		12/12		

<sup>1</sup> 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.

<b>Part I: Summary</b>					
PHA Name: Kankakee County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P03950110 Replacement Housing Factor Grant No: IL06R03950110 Date of CFFP:			<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval: 2010</b>
<b>Type of Grant</b> <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: 12/31/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
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 <sup>4</sup>	\$143,608.00			

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

<b>Part I: Summary</b>					
<b>PHA Name:</b> Kankekee County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P03950110 Replacement Housing Factor Grant No: IL06R03950110 Date of CFFP:		<b>FFY of Grant:2010</b> <b>FFY of Grant Approval: 2010</b>	
<b>Type of Grant</b>					
<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: 12/31/10		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	\$143,608.00			
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				
<b>Signature of Executive Director</b> <i>Randy Mether</i>		<b>DATE</b> <i>1/6/11</i>		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.





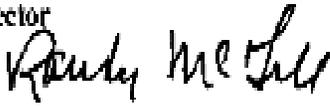
<b>Part I: Summary</b>					
<b>PHA Name: Kankakee County Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P03950109 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>
<b>Type of Grant</b> <input type="checkbox"/> 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: 12/31/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$345,767.00		\$345,767.00	\$336,430.68
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 <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

<b>Part I: Summary</b>						
<b>PHA Name:</b> Kankakee County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P03950109 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2009</b> <b>FFY of Grant Approval: 2009</b>	
<b>Type of Grant</b>						
<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: 12/31/10				<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	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)	\$345,767.00		\$345,767.00	\$336,430.68	
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	\$55,200.00	\$49,4962.50	\$49,962.50	\$49,962.50	
24	Amount of line 20 Related to Security - Hard Costs	\$5,000.00		\$0.00	\$0.00	
25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director</b> 			<b>Signature of Public Housing Director</b>		<b>Date</b> 1/6/11	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: Kankakee County Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P03950109 CFFP (Yes/ No): No Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>		
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide	Operations	1406	100%	\$345,767		\$345,767	\$336,430.68	97.3%
	(AMP Operations;unit rehab/renovations; site improvements - walks, parking lots, lighting, landscape; building improvements;							
	appliances - range hoods, stoves, refrigerators							
	maintenance / cleaning equipment/tools							
	non-dwelling improvements - furniture, fixtures, painting							
	Management Improvements - MIS,vehicle, computers, communication; training, training materials; security							
	504 activities/improvements (contract administration)							

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Kankakee County Housing Authority				<b>Federal FFY of Grant: 2009</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA Wide	12/09	09/10	12/10		

<sup>1</sup> 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.

<b>Part I: Summary</b>					
PHA Name: Kankakee County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P03950109 Replacement Housing Factor Grant No: IL06R03950109 Date of CFFP:			<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>
<b>Type of Grant</b> <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: 12/31/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
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 <sup>4</sup>	\$156,893.00			

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

<b>Part I: Summary</b>					
<b>PHA Name:</b> Kankekee County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P03950109 Replacement Housing Factor Grant No: IL06R03950109 Date of CFFP:		<b>FFY of Grant:2009</b> <b>FFY of Grant Approval: 2009</b>	
<b>Type of Grant</b>					
<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: 12/31/10				<input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	\$156,893.00			
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				
<b>Signature of Executive Director</b> <i>Randy Mether</i>		<b>DATE</b> 1/6/11		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.





<b>Part I: Summary</b>					
PHA Name: Kankakee County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P03950109 Replacement Housing Factor Grant No: IL06R03950209 Date of CFFP:			<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>
<b>Type of Grant</b> <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: 12/31/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
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 <sup>4</sup>	\$1,578.00			

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

<b>Part I: Summary</b>					
<b>PHA Name:</b> Kankekee County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P03950109 Replacement Housing Factor Grant No: IL06R03950209 Date of CFFP:		<b>FFY of Grant:2009</b> <b>FFY of Grant Approval: 2009</b>	
<b>Type of Grant</b>					
<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: 12/31/10		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$1,578.00			
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				
<b>Signature of Executive Director</b> <i>Randy Mether</i>		<b>DATE</b> 1/6/11		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.





<b>Part I: Summary</b>					
PHA Name: Kankakee County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06S03950109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval: 2009
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	\$29,368	\$1,076.85	\$1,076.85	\$1,076.85
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$38,074		\$38,074	\$38,074
8	1440 Site Acquisition				
9	1450 Site Improvement	\$36,258	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$483,664	\$548,213.15	\$548,213.15	\$548,213.15
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 <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> 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**

<b>Part I: Summary</b>					
<b>PHA Name:</b> Kankee County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06S03950109 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:2009</b> <b>FFY of Grant Approval: 2009</b>	
<b>Type of Grant</b>					
<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: 12/31/10		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	\$587,364	\$587,364	\$587,364	\$587,364
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				
<b>Signature of Executive Director</b> <i>Randy Mether</i>			<b>Signature of Public Housing Director</b>		<b>Date</b> <i>1/6/11</i>

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Kankakee County Housing Authority				<b>Federal FFY of Grant: 2009</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
IL00003 unit rehab	6/09	6/09	9/09	06/10	Punch list to complete
IL00006 interior doors	9/09	9/09	12/09	06/10	
Agency Wide (1450)	9/09				Deleted from work
IL00006 (windows)	9/09				Deleted from work
Agency Wide (1430)	9/09	9/09	9/09	9/09	

<sup>1</sup> 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.

<b>Part I: Summary</b>					
PHA Name: Kankakee County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P039501-08 Replacement Housing Factor Grant No: IL06R039501-08 Date of CFFP:			<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval: 2008</b>
<b>Type of Grant</b> <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: 12/31/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
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 <sup>4</sup>	\$13,380			

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

<b>Part I: Summary</b>					
<b>PHA Name:</b> Kankekee County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P039501-08 Replacement Housing Factor Grant No: IL06R039501-08 Date of CFFP:		<b>FFY of Grant:2008</b> <b>FFY of Grant Approval: 2008</b>	
<b>Type of Grant</b>					
<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: 12/31/10				<input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	\$13,380		\$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				
<b>Signature of Executive Director</b> <i>Randy Mecher</i>			<b>Signature of Public Housing Director</b>		<b>Date</b> 1/6/11

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.





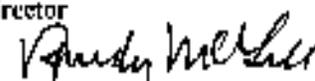
<b>Part I: Summary</b>					
PHA Name: Kankakee County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P039501-07 Replacement Housing Factor Grant No: IL06R039501-07 Date of CFFP:			<b>FFY of Grant: 2007</b> <b>FFY of Grant Approval: 2007</b>
<b>Type of Grant</b> <input 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: 12/31/10 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
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 <sup>4</sup>	\$572.00			

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.

<b>Part I: Summary</b>					
<b>PHA Name:</b> Kankekee County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P039501-07 Replacement Housing Factor Grant No: IL06R039501-07 Date of CFFP:		<b>FFY of Grant:2007</b> <b>FFY of Grant Approval: 2007</b>	
<b>Type of Grant</b>					
<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: 12/31/10		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	\$572.00		\$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				
<b>Signature of Executive Director</b> 		<b>Date</b> 1/16/11		<b>Signature of Public Housing Director</b>	
				<b>Date</b>	

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

<sup>4</sup> RHF funds shall be included here.





**Capital Fund Program—Five-Year Action Plan**

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

<b>Part I: Summary</b>						
PHA Name/Number Kankakee County Housing Authority (IL039)		Locality (City/County & State) Kankakee, IL			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: One	
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				
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations		\$345,000	\$347,000	\$347,000	\$347,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$345,000	\$347,000	\$347,000	\$347,000
L.	Total Non-CFP Funds					
M.	Grand Total		\$345,000	\$347,000	\$347,000	\$347,000

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY _____	Work Statement for Year _____ 2 _____ FFY _____ 2012 _____			Work Statement for Year: _____ 3 _____ FFY _____ 2013 _____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See						
Annual Statement	PHA Wide  (work includes unit renovations/rehab, site improvements – walks, parking lots, lighting, landscaping, appliances – range hoods, stoves, maintenance equipment and tools, non-dwelling improvements – furniture, fixtures, carpeting, painting, as well as Operations allocation, fees and costs allocation, audit costs for CFP, Management Improvements allocation – vehicle, MIS, computers, communication equipment, training, training materials)	1	\$345,000.00	PHA Wide  (work includes unit renovations/rehab, site improvements – walks, parking lots, lighting, landscaping, appliances – range hoods, stoves, maintenance equipment and tools, non-dwelling improvements – furniture, fixtures, carpeting, painting, as well as Operations allocation, fees and costs allocation, audit costs for CFP, Management Improvements allocation – vehicle, MIS, computers, communication equipment, training, training materials)	1	\$347,000.00
	Subtotal of Estimated Cost		\$345,000.00	Subtotal of Estimated Cost		\$347,000.00

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY _____	Work Statement for Year <u>4</u> FFY <u>2014</u>			Work Statement for Year: <u>5</u> FFY <u>2015</u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See						
Annual Statement	PHA Wide  (work includes unit renovations/rehab, site improvements – walks, parking lots, lighting, landscaping, appliances – range hoods, stoves, maintenance equipment and tools, non-dwelling improvements – furniture, fixtures, carpeting, painting, as well as Operations allocation, fees and costs allocation, audit costs for CFP, Management Improvements allocation – vehicle, MIS, computers, communication equipment, training, training materials)	1	\$347,000.00	PHA Wide  (work includes unit renovations/rehab, site improvements – walks, parking lots, lighting, landscaping, appliances – range hoods, stoves, maintenance equipment and tools, non-dwelling improvements – furniture, fixtures, carpeting, painting, as well as Operations allocation, fees and costs allocation, audit costs for CFP, Management Improvements allocation – vehicle, MIS, computers, communication equipment, training, training materials)	1	\$347,000
	Subtotal of Estimated Cost		\$347,000.00	Subtotal of Estimated Cost		\$347,000



