

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): 07/01/2012 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 24 single family homes scattered through out the County.																										
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.																										

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 an Adult Day Care center within one of 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> <p>(f) Challenged Elements. See Attachment H il014h01</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <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>

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	07/01/2012

	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	1,928,035
	b) Public Housing Capital Fund	1,323,069
	c) HOPE VI Revitalization	
	d) HOPE VI Demolition	
	e) Annual Contributions for Section 8 Tenant-Based Assistance	2,403,686
	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	175,000
	3. Public Housing Dwelling Rental Income	
		2,008,000
	4. Other Income (list below)	
	Interest Income	52,000
	Misc. Income	120,000
	5. Non-federal sources (list below)	
	Total resources	8,009,790
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.

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: 12/2011 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		110,702.29	108,162.29
8	1440 Site Acquisition				
9	1450 Site Improvement	25,000	15,523.71	15,523.71	14,703.71
10	1460 Dwelling Structures	1,038,000	1,060,285.26	1,003,351.09	817,286.97
11	1465.1 Dwelling Equipment—Nonexpendable	60,000	50,400	50,400	50,400
12	1470 Non-dwelling Structures	10,000	12,500	12,500	
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 8/31/2011

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: 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: 12/2011		<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)	46,586	40,877.03			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,592,374	1,592,374	1,470,265.09	1,268,340.97	
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 03/14/2012	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		100,000	100,000	COMPLETE
IL014000001	14-6 R/R Apartment Baths	1460	20	100,000	170937.17	170937.17	140554.55	ON GOING
IL014000001	14-17 R/R Building Exterior Doors	1460	5	40,000	0			RESCHEDULED
IL014000001	14-27 Misc Work	1460	4	20,000	22,663.98			IN A/E
IL014000002	14-4/7 R/R Apt Entry Stoops	1460	92	100,000	93,236	93,236	93,236	COMPLETE
IL014000002	14-5 Rehab Community Space	1470	1	10,000	12,500	12,500		ON GOING
IL014000002	14-12/15 R/R Domestic Boilers & Tanks	1460	1	125,000	154,100.02	154,100.02	154,100.02	COMPLETE
IL014000002	14-13 R/R Basement Windows	1460	1	25,000	0			RESCHEDULED
IL014000002	14-13 Patch & Seal Bldg Exterior	1460	1	165,000		165,000	16,683.30	ON GOING
IL014000002	14-13 R/R Exterior Site Lighting	1450	1	25,000	15,523.71	15,523.71	14703.71	ON GOING
IL014000002	14-16 R/R Rooftop Unit	1460	1	30,000	30,557.93	30,557.93	30,557.93	COMPLETE
IL014000002	14-16 Tuckpoint Seal Caulk	1460	1	200,000	235,697.36	230,490	223,125.20	ON GOING
IL014000002	14-16 R/R Roof Exhausters	1460	1	10,000	9,062.83			IN A/E
IL014000003	14-9 R/R Door Passage Set/Deadbolts	1460	60	28,000	10,995	10,995	10,995	COMPLETE
IL014000003	14-11 R/R Appliances	1465	60	60,000	50,400	50,400	50,400	COMPLETE
IL014000003	14-18 Install Security Camera	1460	1	25,000	0			RESCHEDULED
IL014000003	14-18 R/R door Passage Set/Deadbolts	1460	25	12,500	304.97	304.97	304.97	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: 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	47,730	47,730	47,730	COMPLETE
IL014000003	14-27 Misc Work	1460	4	20,000				IN A/E
IL014000001	A/E Services	1430		28,000		25,779.10	25,779.10	UNDER CONTRACT
IL014000002	A/E Services	1430		67,750		67,750	65,210	UNDER CONTRACT
IL014000003	A/E Services	1430		19,250		15,000	15,000	UNDER CONTRACT
IL014000001	Inspection costs	1430.7		5,700		430.91	430.91	ON GOING
IL014000002	Inspection costs	1430.7		6,600		1308.87	1308.87	ON GOING
IL014000003	Inspection costs	1430.7		2,700		238.41	238.41	ON GOING
IL014000001	Sundry	1430.19		1,900		65.00	65.00	ON GOING
IL014000002	Sundry	1430.19		2,200		65.00	65.00	ON GOING
IL014000003	Sundry	1430.19		900		65.00	65.00	ON GOING
IL014000001	Management Fees	1410		38,197		38,197	38,197	COMPLETE
IL014000002	Management Fees	1410		88,617		88,617	88,617	COMPLETE
IL014000003	Management Fees	1410		25,974		25,974	25,974	COMPLETE
IL014000001	Operations	1406		63,000		63,000	63,000	COMPLETE
IL014000002	Operations	1406		44,000		44,000	44,000	COMPLETE
IL014000003	Operations	1406		18,000		18,000	18,000	COMPLETE

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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.

Expires 8/31/2011

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 checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/2011 <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	50,000		
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	152,788	132,000	132,000	22,002
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	245,000	226,000	90	90
8	1440 Site Acquisition				
9	1450 Site Improvement	130,000			
10	1460 Dwelling Structures	796,000	641,483		
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				

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 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
Expires 8/31/2011

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 type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		Revised Annual Statement (revision no)		
<input checked="" 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	1,323,069	132,090	22,092	
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 03/14/2012		Signature of Public Housing Director		
				Date		

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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: IL06P014501-11 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	251,483			A/E PENDING
IL014000001	14-14 Replace Refrigerators	1465	14	7,500				A/E PENDING
IL014000001	14-17 Replace Compactor	1460	1	15,000	0			RESCHEDULED
IL014000001	14-26 Replace Hall Carpet	1460	1	50,000	70,000			A/E PENDING
IL014000001	14-26 Replace Hall Lighting	1460	1	20,000	30,000			A/E PENDING
IL014000001	14-26 Increase Security	1460	1	10,000	0			RESCHEDULED
IL014000001	14-27 Replace Windows # 7	1460	1	10,000	0			RESCHEDULED
IL014000002	14-2 Tuckpoint Foundation	1460	3	15,000	0			RESCHEDULED
IL014000002	14-4/7 Tuckpoint Foundation	1460	21	75,000	0			RESCHEDULED
IL014000002	14-4/7 Increase Security	1460	1	20,000	0			RESCHEDULED
IL014000002	14-4/7 Rehab 101-102	1460	1	36,000	50,000			A/E PENDING
IL014000002	14-5 Install Soffit Heat	1460	1	40,000				A/E PENDING
IL014000002	14-12/15 Replace Em. Generator	1460	1	30,000	37,500			A/E PENDING
IL014000002	14-12/15 Increase Security	1460	1	20,000	0			RESCHEDULED
IL014000002	14-12/15 Replace Boiler Room Valves	1460	1	50,000	37,500			R/E PENDING
IL014000002	14-16 Install Booster Pump	1460	1	20,000	0			RESCHEDULED
IL014000002	14-16 Replace 1st Floor Windows/doors	1460	1	40,000				A/E PENDING
IL014000002	14-16 Increase Security	1460	1	10,000	0			RESCHEDULED

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Part II: Supporting Pages								
PHA Name: HOUSING AUTHORITY FOR LASALLE COUNTY			Grant Type and Number Capital Fund Program Grant No: ILOP014501-11 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	
IL014000003	14-9 Replace Appliances	1465.10	60	60,000				IN PLANNING
IL014000003	14-9 Replace Drive & Parking	1450	1	75,000				A/E PENDING
IL014000003	14-11 Increase Security	1460	1	10,000	0			RESCHEDULED
IL014000003	14/18 Replace Apt Shutoffs	1460	1	75,000	45,000			A/E PENDING
IL014000003	14-18 Parking/Landscaping	1450	1	55,000				A/E PENDING
IL014000003	14-27 Foundation Replacement # 13	1460	1	40,000				A/E PENDING
Area Wide	Relocation	1495	1	1,000				IN PLANNING
IL014000001	A/E Services	1430	1	32,000	35,000			OUT FOR RFQ
IL014000002	A/E Services	1430	1	36,000	22,000			OUT FOR RFQ
IL014000003	A/E Services	1430	1	32,000	24,000			OUT FOR RFQ
IL014000001	LBP Testing	1430	1	30,000				OUT FOR RFQ
IL014000002	LBP Testing	1430	1	40,000				OUT FOR RFQ
IL014000003	LBP Testing	1430	1	15,000				OUT FOR RFQ
IL014000001	Energy Audit	1430	1	15,200				PLANNING
IL014000002	Energy Audit	1430	1	17,600				PLANNING
IL014000003	Energy Audit	1430	1	7,200				PLANNING

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: ILOP014501-11 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				IN PLANNING
IL014000002	Inspection Costs	1430		5,400				IN PLANNING
IL014000003	Inspection Costs	1430		4,800				IN PLANNING
IL014000001	Sundry	1430		1,600		30	30	ON GOING
IL014000002	Sundry	1430		1,800		30	30	ON GOING
IL014000003	Sundry	1430		1,600		30	30	ON GOING
IL014000001	Management Fees	1410		48,896	49,784	49,784	8,298	ON GOING
IL014000002	Management Fees	1410		54,996	58,603	58,603	9,768	ON GOING
IL014000003	Management Fees	1410		48,896	23,613	23,613	3,936	ON GOING
IL014000001	Operations	1406		63,000	30,000			ON GOING
IL014000002	Operations	1406		44,000	10,000			ON GOING
IL014000003	Operations	1406		18,000	10,000			ON GOING
IL014000001	Contingency	1502		24,028				IN PLANNING
IL014000002	Contingency	1502		27,030				IN PLANNING
IL014000003	Contingency	1502		24,028				IN PLANNING

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	8/3/13		8/2/15		
IL014000002	8/3/13		8/2/15		
IL014000003	8/3/13		8/2/15		

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

Part I: Summary		
PHA Name: HOUSING AUTHORITY FOR LASALLE COUNTY	Grant Type and Number Capital Fund Program Grant No: IL06P014501-12 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2012 FFY of Grant Approval:

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	50,000			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	132,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	151,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	220,000			
10	1460 Dwelling Structures	605,000			
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	1,000			
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 08/31/2011

Part I: Summary	
PHA Name: HOUSING AUTHORITY FOR LASALLE COUNTY	Grant Type and Number Capital Fund Program Grant No:IL06P014501-12 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant:2012 FFY of Grant Approval:	

Type of Grant

Original Annual Statement

 Reserve for Disasters/Emergencies

 Revised Annual Statement (revision no:)

Performance and Evaluation Report for Period Ending:

 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
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)	59,852			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,218,852			
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 03/14/2012	Signature of Public Housing Director 	Date
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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:IL06P014501-12 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant:2012		
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 PARKING AREA	1450	1	100,000				
IL014000001	14-10 INCREASE SECURITY	1460	1	15,000				
IL014000001	14-10 R/R EXT DOORS	1460	4	40,000				
IL014000001	14-10 R/R HALL AIR HANDLER	1460	1	120,000				
IL014000001	14-14 TUCKPOINT SEAL BLDG	1460	4	80,000				
IL014000001	14-14 R/R HTG BOILERS & CONTROLS	1460	4	25,000				
IL014000001	14-17 ELEVATOR CAR REHAB	1460	2	60,000				
IL014000001	14-26 R/R SOUTH PARKING AREA	1450	1	120,000				
IL014000002	14-8 R/R ROOFS	1460	4	60,000				
IL014000002	14-8 R/R HTG BOILERS & CONTROLS	1460	6	40,000				
IL014000002	14-12/15 R/R EXT STEEL DOORS	1460	4	15,000				
IL014000002	14/12/15 INSTALL HVAC UNIT 14-15	1460	1	50,000				
IL014000002	14-13 R/R DOMESTIC BOILERS & TANKS	1460	1	70,000				
IL014000002	14-13 R/R BOILER CONTROL VALVES	1460	1	30,000				

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:IL06P014501-12 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2012			
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	
AREA WIDE	RELOCATION	1495	1	1,000				
IL014000001	A/E SERVICES AMP 1	1430	1	60,000				
IL014000002	A/E SERVICES AMP 2	1430	1	34,000				
IL014000003	A/E SERVICES AMP 3	1430	1	2,000				
IL014000001	INSPECTION COSTS AMP 1	1430	1	6,000				
IL014000002	INSPECTION COSTS AMP 2	1430	1	4,500				
IL014000003	INSPECTION COSTS AMP 3	1430	1	1,000				
			1					
IL014000001	MANAGEMENT FEES AMP 1	1410	1	49,784				
IL014000002	MANAGEMENT FEES AMP 2	1410	1	58,603				
IL014000003	MANAGEMENT FEES AMP 3	1410	1	23,613				
			1					
IL014000001	OPERATIONS AMP 1	1406	1	30,000				
IL014000002	OPERATIONS AMP 2	1406	1	10,000				
IL014000003	OPERATIONS AMP 3	1406	1	10,000				
IL014000001	SUNDRY AMP 1	1430	1	1,800				
IL014000002	SUNDRY AMP 2	1430	1	1,200				
IL014000003	SUNDRY AMP 3	1430	1	500				
IL014000001	CONTINGENCY AMP 1	1502	1	35,852				
IL014000002	CONTINGENCY AMP 2	1502	1	22,000				
IL014000003	CONTINGENCY AMP 3	1502	1	2,000				
IL014000001	PHYSICAL NEEDS ASSESMENT AMP1	1430	1	17,500				
IL014000002	PHYSICAL NEEDS ASSESMENT AMP2	1430	1	15,000				
IL014000003	PHYSICAL NEEDS ASSESMENT AMP3	1430	1	7,500				

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

ATTACHMENT E

Part I: Summary						
PHA Name/Number IL014		Locality (LASALLE, LASALLE, IL)			<input type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY __2012__	Work Statement for Year 2 FFY __2013__	Work Statement for Year 3 FFY __2014__	Work Statement for Year 4 FFY __2015__	Work Statement for Year 5 FFY __2016__
B.	Physical Improvements Subtotal	Annual Statement	820,000	744,000	700,000	642,000
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment		55,000	130,000	172,000	234,000
E.	Administration		132,000	132,000	132,000	132,000
F.	Other		161,852	162,852	164,852	160,852
G.	Operations		50,000	50,000	50,000	50,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		1,218,852	1,218,852	1,218,852	1,218,852

Part I: Summary (Continuation)						
PHA Name/Number IL014		Locality (LASALLE, LASALLE, IL)			<input type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY _2012__	Work Statement for Year 2 FFY _2013_____	Work Statement for Year 3 FFY _____2014_____	Work Statement for Year 4 FFY __2015_____	Work Statement for Year 5 FFY _2016_____
		Annual Statement				
	IL014000001		225,000	495,000	572,000	397,000
	IL014000002		600,000	285,000	215,000	369,000
	IL014000003		50,000	94,000	85,000	110,000

Capital Fund Program—Five-Year Action Plan

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 08/30/2011**

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY ____2012____	Work Statement for Year ____2____ FFY ____2013____			Work Statement for Year: ____3____ FFY ____2014____		
	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 Statement	14-6 UPGRADE SHOP	1	20,000	14-1 SITEWORK/SIGNAGE	1	10,000
	14-17 R/R HALL CEILINGS/LIGHTING	1	75,000	14-1 R/R APPLIANCES	50	50,000
	14-17 INCREASE SECURITY	1	15,000	14-6 SITEWORK/SIGNAGE	1	15,000
	14-17 R/R DOMESTIC TANKS & VALVES	3	20,000	14-6 DUMPSTER SURROUNDS	2	15,000
	14-17 R/R COMPACTOR	1	25,000	14-10 R/R CLOSET DOORS	69	110,000
	14-26 ELEVATOR CAR REHAB	2	60,000	14-10 R/R REFRIGERATORS	69	40,000
	14-27 #7 REPLACE WINDOWS	1	20,000	14-10 SITEWORK/SIGNAGE	1	20,000
				14-14 SITEWORK/SIGNAGE	1	7,500
	Amp 2			14-14 INSTALL SANITARY CLEANOUTS	1	50,000
	14-2 TUCKPOINT FOUNDATION	3	15,000	14-14 DUMPSTER SSURROUND	1	10,000
	14-2 REPLACE STOOPS	1	20,000	14-17 SITEWORK/SIGNAGE	1	7,500
	14-4/7 TUCKPOINT FOUNDATIONS	21	50,000	14-17 R/R REFRIGERATORS	70	40,000
	14-5 TUCKPOINT SEAL	10	75,000	14-26 SITEWORK/SIGNAGE	1	10,000
	14-12/15 R/R APT DOOR & LOCKSETS	165	250,000	14-26 R/R EM GENERATOR	1	75,000
	14-12/15 INCREASE SECURITY	1	30,000	14-26 INCREASE SECURITY	1	15,000
	14-13 INCREASE SECURITY	1	15,000	14-27 MISC WORK ALL SITES	11	20,000
	14-13 R/R APT DOOR & LOCKSETS	60	95,000	AMP 2		
	14-13 SEAL/STRIPE/PARKING	2	15,000	14-2 SITEWORK/SIGNAGE/TREES	1	10,000
	14-16 INSTALL BOOSTER PUMP	1	35,000	14-5 SITEWORK/SIGNAGE/TREES	1	20,000
	AMP 3			14-8 TUCKPOINT SEAL	6	90,000
	14-11 INCREASE SECURITY	1	15,000	14-8 SITEWORK/SIGNAGE/TREES	1	15,000
	14-9 D/C R/R ROOF	1	35,000			
	Subtotal of Estimated Cost		\$ 875,000	Subtotal of Estimated Cost		\$ CONTINUED

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year ___3 CONTINUED_____			Work Statement for Year: ___4_____		
	FFY 2014_____			FFY _____ 2015_____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	14-12/15 ELEVATOR CAR REHAB	4	100,000	AMP 1		
Annual	14-13 R/R EMERGENCY GENERATOR	1	35,000	14-1 R/R FURNACE FLUES	1	20,000
	14-16 INCREASE SECURITY	1	15,000	14-1 ADMIN TUCKPOINT SEAL	1	50,000
Statement	AMP 3			14-1 ADMIN INTERIOR REMODEL	1	25,000
	14-9 R/R FURNACE FLUES	60	24,000	14-3 SITEWORK/SIGNAGE	1	10,000
	14-18 INSTALL SECURITY	1	50,000	14-3 R/R APPLIANCES	12	12,000
	14-27 MISC WORK ALL SITES	14	20,000	14-6 R/R APPLIANCES	20	20,000
				14-10 R/R HALL & STAIRWELL LIGHTS	1	30,000
				14-10 R/R EXT STEEL DOORS	2	10,000
				14-10 R/R EXT LIGHTING	1	30,000
				14-17 REHAB 1 ST FLOOR KITCHEN	1	25,000
				14-17 TUCKPOINT SEAL EXT	1	150,000
				14-17 R/R STAIRWELL DOORS	12	25,000
				14-26 R/R AIR HANDLER	1	75,000
				14/27 MISC WORK ALL SITES	1	20,000
				14-29 R/R CARPET W/VCT	18	70,000
				AMP 2		
				14-2 R/R APPLIANCES	10	10,000
				14-2 R/R FURNACES	10	20,000
				14-4/7 ADMIN R/R CARPET	1	15,000
				14-4/7 ADD SECURITY	1	45,000
				14-4/7 ADMIN SEAL/STRIPE/PARKING	1	3,000
	Subtotal of Estimated Cost		\$874,000	Subtotal of Estimated Cost		\$ Continued

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year ____4__CONTINUED_____			Work Statement for Year: ____5_____		
	FFY ____2015_____			FFY ____2016_____		
	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 ADD SECURITY	1	30,000	AMP 1		
Annual	14-8 R/R REFRIGERATORS	20	12,000	14-1 ADMIN REPLACE OFFICE EQUIP	1	10,000
Statement	14-12/15 SITEWORK/TREES	1	10,000	14-3 INSTALL SANITARY SEWER CLEANOUTS	1	25,000
	14-13 ELEVATOR CAR REMODEL	2	60,000	14-3 SEAL/STRIPE/PATCH PARKING	1	15,000
	14-16 SITEWORK/SIGNAGE/TREE	1	10,000	14-6 R/R FENCE	1	25,000
	AMP 3					
	14-9 SITEWORK/SIGNAGE/TREE	1	25,000	14-10 R/R AIR HANDLER 1 ST FLOOR	1	75,000
	14-11 SITEWORK/SIGNAGE/TREE	1	15,000	14-10 ELEVATOR CAR REMODEL	2	65,000
	14-18 REPLACE APPLIANCES	25	25,000	14-10 REHAB 1 ST FLOOR COMM KITCHEN	1	15,000
	14-27 MISC WARK ALL SITES	13	20,000	14-10 R/R EXT FRONT DOORS	1	25,000
				14-26 R/R BOILER ROOM VALVES	1	20,000
				14-27 MISC WORK ALL SITES	1	20,000
				14-29 R/R FURNACES	18	72,000
				14-29 R/R STORAGE SHEDS	9	30,000
				AMP 2		
				14-2 REPAIR 1 ST FLOOR SLABS	10	30,000
				14-4/7 R/R APPLIANCES	92	92,000
				14-4/7 ADMIN R/R ROOF	1	42,000
				14-5 R/R APPLIANCES	30	30,000
				14-13 R/R AIR HANDLER	1	60,000
				14-16 ELEVATOR CAR Remodel	2	65,000
				Amp 2		
				14-13 R/R Basement Doors & Windows	1	50,000
				Amp 3		
				14-9 add security	1	25,000
				14-11 R/R Air Handler	1	40,000
	Subtotal of Estimated Cost		\$872,000	Subtotal of Estimated Cost		\$ Continued

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year ____5_____ FFY ____2015____			Work Statement for Year: _____ 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	14-9 DC R/R FURNACES/AC UNITS	8	30,000			
Annual	14-27 MISC WORK ALL SITES	1	15,000			
Statement						
	Subtotal of Estimated Cost		\$901,000	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	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	Centennial Courts 14-07	Heather McCoy	901 Grant St., #52 LaSalle, IL 61301	N/A
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 26, 2011, at which time draft copies of the Authority's 2012 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 Wednesday, January 25, 2012. 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.

Challenged Elements

There were no challenged elements to the Plan.