

<b>PHA 5-Year and Annual Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 8/30/2011</b>
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<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Saline County Housing Authority</u> PHA Code: <u>IL043</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/2012</u>					
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>487</u> Number of HCV units: <u>128</u>					
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only					
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)					
	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:					
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.					
<b>5.1</b>	<b>Mission.</b> 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: <b>Saline County Housing Authority has transitioned to Project Based Accounting and Management as per Federal Regulations. The Housing Authority is committed to providing clean, safe, sanitary, affordable housing to low-income families. The Housing Authority is finding it difficult to rent apartments due to the poor economic situation in the rural area we live. We have removed housing stock that had been unoccupied trying to maintain a solid foundation for the future longevity of the Housing Authority with minimal effect on our residents whom we provide housing.</b>					
<b>5.2</b>	<b>Goals and Objectives.</b> 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. N/A (Re: five year plan 2011) <b>Report included as Attachment A</b> <b>Reduce Public Housing Vacancies:</b> SCHA has advertised in papers to generate applicants to fill vacancies <b>Improve Public Housing Management Scores: 88 - Will continue to improve management and maintenance operations</b> <b>Improve Voucher Management Scores: 92% - Will continue to improve our efforts to achieve 100 % ranking.</b> <b>Renovate &amp; Modernize Public Housing units:</b> Ongoing renovations to modernize, sustain and conserve energy at all developments. <b>Implement public housing security improvements:</b> Hired off-duty Deputy Sheriffs to patrol sites and have installed more security cameras					
<b>6.0</b>	<b>PHA Plan Update</b>  (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: <b>Admissions and Continued Occupancy Policy: Attachments B</b> <b>Organizational Chart Revision: Attachment C</b> <b>Violence Against Women Act (VAWA) Policy: Attachment D</b> <b>Carbon Monoxide Policy: Attachment E</b> <b>Resident Advisory Board Comments: Attachment F</b> <b>Housing Needs (Waiting Lists): Attachment G</b>  (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. <b>1. Saline County Housing Authority Office</b> <b>927 W. Barnett Street</b> <b>Harrisburg, IL 62946</b>					
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> Include statements related to these programs as applicable.					
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.					

8.1	<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>Attachment I</b>
8.2	<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.
8.3	<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.
9.0	<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.
9.1	<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> <b>Saline County is striving to reduce the turnaround time on vacant units so when applicants are approved they can be housed as soon as they have their security deposit and first months rent. We are hoping the economy will rebound and the job market in our area will improve. It is difficult for prospective residents to come up with deposit and rent money.</b>
10.0	<b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.  (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan. <b>Attachment A</b> (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” <b>Definition of a Substantial Deviation or Significant Amendments of Modifications: Are defined as discretionary changes in the plans or policies of the Housing Authority that fundamentally change the mission, goals, objectives or plans of the agency and which require formal approval of the Board of Commissioners.</b>
11.0	<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.  (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) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)

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## PLAN ELEMENTS

## DESCRIPTION

A.	REPORT ON PROGRESS IN MEETING GOALS AND OBJECTIVES
B.	ACOP CHANGES REEXAMINATIONS
C.	ORGINIZATIONAL CHART
D.	VAWA WORDING
E.	CARBON MONIXIDE WORDING
F.	RESIDENT ADVISORY BOARD COMMENTS
G.	HOUSING NEEDS (WAITING LISTS)
H.	CAPITAL FUND ANNUAL STATEMENTS

## **ELEMENT A**

### **Report on Meeting our Strategic Goals**

#### **REDUCE PUBLIC HOUSING VACANCIES**

Saline County Housing Authority occupancy has improved during the last 12 months. We have advertised, had meetings with agencies in our county and with church groups to improve occupancy. We are more proactive in our leasing practices. It is now near 98% occupancy. Over the past several years we have demolished 39 dwelling units and we would like to demolish 12 more units at our Barnett Street location that has occupancy issues. We have completed a complete renovation of 12 units at our Mill Street location. We have replaced apartment windows at our Blackman Hi-rise site. As noted below, we have added A/C to 98 units with some of our ARRA grant.

#### **IMPROVE THE QUALITY OF ASSISTED HOUSING**

PHA Score 88  
SEMAP Score 92

In addition to the 98 air conditioning units installed with our ARRA Grant Money we have also provided window A/C units to our tenants. Our Capital Fund Program allows us to modernize our existing housing stock so we can be competitive with private management companies that offer attractive amenities while catering to the needs of our residents. We are currently doing a complete renovation to 10 units at our Old Mings site. We are also in the process of designing parking lot upgrades at our Washington Street location and designing façade renovations at our Blackman Hi-rise site. As mentioned above we have done some demolition and would like to demolish 12 more units with Capital Funds. We are not planning any replacement housing due to the vacancy issues in our rural community.

#### **Increasing Assisted Housing Choices**

Our Section 8 Coordinator counsels and explains the benefits of the Section 8 program portability. She explains the benefits of being a Section 8 Landlord to prospective landlords. She also refers participants to prospective Landlords.

#### **PROVIDE IMPROVED LIVING ENVIRONMENT**

We hired 2 additional off-duty policemen to patrol at various intervals, 4-5 nights a week at some of our family developments. The Local Law Enforcement Agencies have been aggressive in dealing with the illegal drug trafficking in our developments. We have installed security cameras at our 3 Hi-rises and at our 94 unit family development. The cameras at our family development will allow for remote access so that the police department can monitor the site at their convenience. The cameras are recorded at high resolution so that they can be reviewed after an event has occurred.

#### **PROMOTION OF SELF-SUFFICIENCY AND ASSET DEVELOPMENT**

We go into great detail explaining the Mandatory Earned Income Program and our Flat Rents so residents understand they can go to work and not be forced to pay excessive amounts of rent when their earned income increases.

We continue to provide space for Adult Daycares in two of our high rises. We also work closely with agencies in our area that provide elderly and disabled services.

#### **Ensure Equal Opportunity and affirmatively further Fair Housing Objectives**

Management meets with employees, explaining and assuring that all employees understand Fair Housing. Several employees have attended Fair Housing Training in the last 12 months.

We are in the process of revising the entire ACOP & Section 8 Administrative Plan.

## ELEMENT B

THE FOLLOWING POLICIES HAVE BEEN CHANGED BY THE SALINE COUNTY HOUSING AUTHORITY BOARD OF COMMISSIONERS TO THE ADMISSIONS AND CONTINUED OCCUPANCY POLICY

### Chapter 12

#### REEXAMINATIONS

Sections of ACOP that have changed since last PHA Plan Submission are **highlighted**.

#### **C. REPORTING INTERIM CHANGES** [24 CFR 5.613, 24 CFR 5.61524 CFR Part 960 Subpart C]

Families must report all changes in household composition to the PHA between annual reexaminations. This includes additions due to birth, adoption and court-awarded custody. The family must obtain PHA approval prior to all other additions to the household.

When there is a change in head of household or a new adult family member is added, the PHA will complete an application for continued occupancy and reverify, using the same procedures the PHA staff would use for an annual reexamination, except for effective dates of changes. In such case, the Interim Reexamination Policy would be used.

The annual reexamination date will not change as a result of this action.

The U.S. citizenship/eligible immigrant status of additional family members must be declared and verified prior to the approval by the PHA of the family member being added to the lease.

#### **Interim Reexamination Policy**

During an interim reexamination, only the information affected by the changes being reported will be reviewed and verified.

Families are required to report the following changes between annual re-certifications. If the family's rent is being determined under the formula method, these changes will trigger an interim reexamination. The family shall report these changes within ten days of their occurrences.

- A. Any changes in family composition. This includes birth of a child or a household member leaving the family unit.
- B. Any increase in family income. This also includes a member of a family 18 years or older who is not a full-time student and starts receiving income.

Families paying flat rent are not required to report any increases in income or assets.

Families must report all increases in income/assets of all household members to the PHA in writing within 10 calendar days of the occurrence.

Families are required to report the following increases in income:

Increases in earned income from the employment of a current household member;

Increases in income because a person with income joins the household;

Increases in household income which come as a result of a *new* income source.

### **Increases In Income and Rent Adjustments**

The PHA will process rent adjustments for all increases in income, which are reported between regularly scheduled re-certifications. All income changes must be reported within 10 days of change

If a family's income does not increase more than \$200 per month, gross, the rent will not change. *This language was added (9/1/11).*

Rent increases (except those due to misrepresentation) require 30 days notice. Rent will change on the first day of the following month after 30-day notice.

### **Decreases in Income and Rent Adjustments**

Residents may report a decrease in income and other changes, such as an increase in allowances or deductions that would reduce the amount of the total tenant payment.

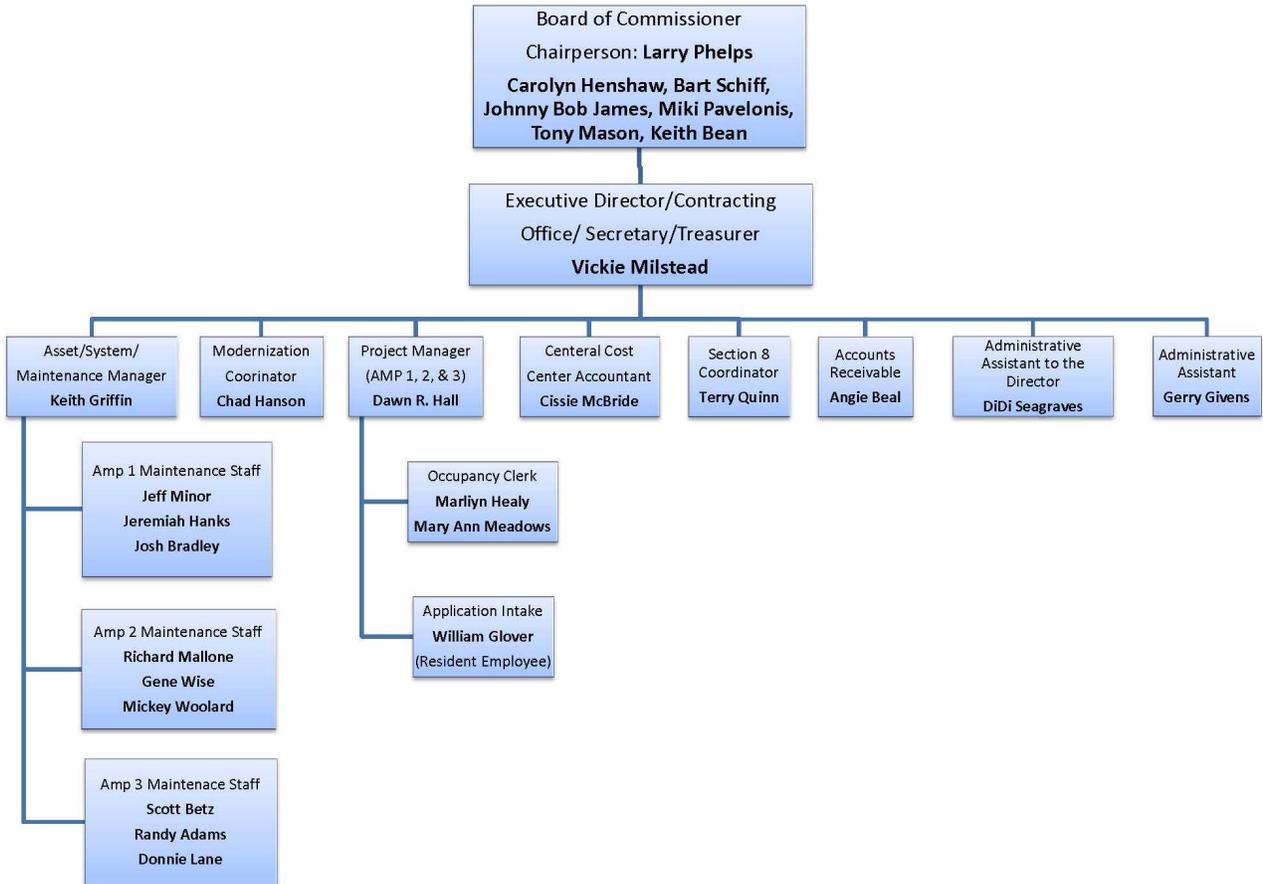
Changes must be reported within 10 days of the change before rent can be lowered. Once verified by PHA, rent will be lowered the first day of the following month in which change was reported.

The PHA will process the rent adjustment unless the PHA confirms that the decrease in income will last less than 30 calendar days.

# ELEMENT C

## Organizational Chart

Saline County Housing Authority 2011 Organizational Chart



## **ELEMENT D**

### **Violence Against Women Act (VAWA) Policy**

It is the policy of SCHA to cooperate with organizations and entities, both private and governmental that provides shelter and/or services to victims of domestic violence. If SCHA staff become aware that an individual assisted by SCHA is a victim of domestic violence, dating violence or stalking, SCHA will refer the victim to such providers of shelter or services as appropriate. Notwithstanding the foregoing, our Policy does not create any legal obligation requiring SCHA either to maintain a relationship with any particular provider of shelter or services to victims or domestic violence or to make a referral in any particular case.

SCHA works in conjunction with local law enforcement agencies, Illinois Department of Children and Family Services and Anna Bixby Women Center to ensure safety of residents against crimes of violence. Every resident at lease-up time is explained the policy in detail, given a resident handbook which includes the policy, and signs an addendum to the lease at both lease-up time and re-certification time.

## **ELEMENT E**

### **Carbon Monoxide Policy**

Carbon Monoxide Detector Act 430 ILCS 135

Saline County Housing Authority had installed carbon monoxide detectors in 2001 prior to the Illinois Compiled Statute 430 ILCS 135. Every unit that has gas-operated appliances under the Housing Authority's control, has carbon monoxide detectors on each level and are checked for proper operation twice a year and replaced per manufacturers' recommendations.

## ELEMENT F

### Resident Advisory Board Comments

<u>Resident Name</u>	<u>Description of Improvements</u>
<b>Lenora Krause</b>	Renovate Units at Milstead Apts. (IL-43-10); Renovate Bathrooms and Kitchens (site(s) not identified)
<b>Jeremy Bishop</b>	Replace or remove antennas, add A/C, Re-strip the parking lot, provide security patrol (site(s) not identified); Replace roofs at Holland St. (IL-43-13A)
<b>Sue &amp; Ken Bolander</b>	Reset clothes line poles at Washington St (IL-43-4); Stuff around trees need cleaned-up at Jake Milstead Apt. (IL-43-10); Some apartments need handrails at Kathryn Neal (IL-43-13C); Paint gutters at Bradley-Choisser (IL-43-14C); Add window screens to Kermit Coffee Apt. (IL-43-3)
<b>Phyllis Lower</b>	New road needed at Washington St. (IL-43-4); New Mail Boxes at Harrison Street (IL-43-5); Need site sign at Blackman Hi-rise (IL-43-7)
<b>Mark Landingham</b>	Need site sign at Blackman Hi-rise (IL-43-7); Gutter Guards, Bathroom Remodel, Remove outside antennas, new mailboxes (site(s) not identified)
<b>Pandora Cochran</b>	Remodel kitchens (new cabinets, stove, refrigerator, sinks and countertops) and bathrooms (new tub, sink & floor) at Jerry Cain Apartment (RD 5012)

**Explained to the RAB that the items that were suggested at the meetings were either completed, in the PHA Plan, not an authorized CFP item, would be added to the PHA Plan or were a maintenance item. Below is a summary for the PHA response to the residents comments.**

**IL-43-3 (Kermit Coffee.)**

Add Window Screens – Screens are removed by tenants, management will encourage tenant to replace screens

**IL-43-4 (Washington St.)**

New Drive & Walks – scheduled for CFP 2010

**IL-43-5 (Harrison St.)**

New mailboxes – maintenance

**IL-43-7 (Blackman Hi-Rise)**

Provide New Unit Signs – maintenance

**IL-43-10 (Milstead Apts.)**

Renovate Units – added to PHA Plan 2015

Clean up yard debris – maintenance

**IL-43-13A (Holland St.)**

Replace roofs – contracted to be replaced using CFP 2009

**IL-43-13C (Kathryn Neil Apts.)**

Add hand rail – maintenance

**IL-43-14C (Bradley-Choisser Apts.)**

Paint gutters – maintenance

**RD 5012**

Remodel Kitchens & Bathroom – This is a rural development project and is NOT authorized to receive CFP funding.

**The Authority received no objections.**

## **ELEMENT G**

### **Saline County Housing Authority Housing Needs – Waiting List**

Public Housing has 48 families on the waiting list ranging from extremely low to low income. The majority of these applicants are families with children. The waiting list is **not** closed.

Section 8 has a total of 103 applicants on the waiting list with the majority of these applicants in the extremely low income range with children. The waiting list is **not** closed.

**ELEMENT H**

**Capital Fund Annual Statement  
&  
Performance & Elevation Reports**

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

<b>Part I: Summary</b>		
<b>PHA Name: Saline County Housing Authority IL-43</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: IL0P04350112 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2012</b> <b>FFY of Grant Approval: 2012</b>

**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 <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)	70,000.00		0.00	0.00
5	1411 Audit	1,800.00			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	55,000.00		0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	576,800.00		0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <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 8/31/2011**

<b>Part I: Summary</b>						
<b>PHA Name:</b> Saline County <b>Housing Authority</b> IL-43		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL0P04350112 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2012</b> <b>FFY of Grant Approval: 2012</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>						
<b>Line</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>1</sup></b>		
		<b>Original</b>	<b>Revised <sup>2</sup></b>	<b>Obligated</b>	<b>Expended</b>	
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)	700,000.00		0.00	.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>		<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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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

<b>Part I: Summary</b>		
<b>PHA Name: Saline County Housing IL043</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P04350108 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval: 2008</b>

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 6-30-2011       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	58,000.00		58,000.00	58,000.00
4	1410 Administration (may not exceed 10% of line 21)	75,646.00		75,646.00	75,646.00
5	1411 Audit	1,800.00		1,800.00	1,800.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs	60,000.00		60,000.00	60,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	539,256.31		539,256.31	539,256.31
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition	21,759.69		21,759.69	21,759.69
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.

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

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

<b>Part I: Summary</b>						
<b>PHA Name:</b> Saline County Housing IL043		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P04350108 Replacement Housing Factor Grant No: 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: 6-30-2011 <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)	0.00	0.00	0.00	0.00	
20	Amount of Annual Grant:: (sum of lines 2 - 19)	756,462.00		756,462.00	756,462.00	
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>		<b>Signature of Public Housing Director</b>		
				<b>Date</b>		

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U.S. Department of Housing and Urban Development  
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<b>Part I: Summary</b>		
<b>PHA Name: Saline County Housing IL043</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06S04350109 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 6-30-2011       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)	90,753.00		90,753.00	90,753.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	65,000.00		65,000.00	65,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	789,778.00		789,778.00	789,778.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	12,000.00		12,000.00	12,000.00
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 8/31/2011**

<b>Part I: Summary</b>						
<b>PHA Name:</b> Saline County Housing IL043		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06S04350109 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: 6-30-2011		<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)	957,531.00		957,531.00	957,531.00	
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>Signature of Public Housing Director</b>			
<b>Date</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: Saline County Housing IL043			<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06S04350109 CFFP (Yes/ 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>	
HA - Wide	Administration	1410		95,753.00		95,753.00	95,753.00	100 % complete
HA - Wide	A/E Fees	1430	LS	65,000.00		65,000.00	65,000.00	100% complete
AMP 3 43-4	Replace Roof & Accessories	1460	8 BLDS	75,800.00		75,800.00	75,800.00	100% complete
AMP 3 43-5	Replace Roofs & Renovate Interiors	1460	6 Units	160,000.00		160,000.00	160,000.00	100% complete
AMP 3 43-10	Replace Electric Service & Panels	1460	10 Units	45,000.00		45,000.00	45,000.00	100% complete
AMP 3 43-10	Install A/C	1460	10 Units	30,000.00		30,000.00	30,000.00	100% complete
AMP 3 43-11	Renovate Kitchens & Flooring	1460	6 Units	32,660.00		32,660.00	32,660.00	100% complete
AMP 3 43-11	Replace Electric Service & Panels	1460	6 Units	28,000.00		28,000.00	28,000.00	100% complete
AMP 3 43-11	Security Lighting & Gas System	1460	6 Units	11,300.00		11,300.00	11,300.00	100% complete
AMP 3 43-142	Security Lighting & Panels	1460	10 Units	28,000.00		28,000.00	28,000.00	100% complete
AMP 3 43-142	Install Energy Efficient Furnaces & Acc	1460	10 Units	35,000.00		35,000.00	35,000.00	100% complete
AMP 3 43-142	Renovate Bathrooms	1460	10 Units	64,000.00		64,000.00	64,000.00	100% complete
AMP 3 43-145	Install Energy Efficient Furnaces & Acc.	1460	10 Units	52,500.00		52,500.00	52,500.00	100% complete
AMP 1 43-133	Install A/C & Accessories	1460	50 Units	150,518.00		150,518.00	150,518.00	100% complete
AMP 2 43-9	Install A/C & Accessories	1460	12 Units	24,000.00		24,000.00	24,000.00	100% complete
AMP 3 43-8	Install A/C & Accessories	1460	20 Units	60,000.00		60,000.00	60,000.00	100% complete
<b>Total</b>				<b>957,531.00</b>		<b>957,531.00</b>	<b>957,531.00</b>	<b>100% complete</b>

<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.



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

<b>Part I: Summary</b>		
<b>PHA Name: Saline County Housing IL043</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P04350109 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 6-30-2011       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)	79,500.00		79,500.00	79,500.00
5	1411 Audit	1,800.00			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	79,631.88		55,000.00	55,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement	24,310.00		24,310.00	0.00
10	1460 Dwelling Structures	614,278.12		590,704.46	61,591.50
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 8/31/2011**

<b>Part I: Summary</b>						
<b>PHA Name:</b> Saline County IL043		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P04350109 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: 6-30-2011 <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)	799,520.00		749,514.46	196,091.50	
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>Signature of Public Housing Director</b>			
<b>Date</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.

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**

<b>Part II: Supporting Pages</b>								
PHA Name: Saline County Housing IL043			<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P04350109 CFFP (Yes/ 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>	
43-131 Holland Street	Install new Roofs & Ventilation System	1460	2Buildings	27,000.00		26,291.38		In Progress
43-144 Mings	Install new E.E. Furnaces & Accessories	1460	10	26,850.00		26,850.00		In Progress
43-144 Mings	Removate Kitchens	1460	10	170,000.00		163,789.98	19,027.25	In Progress
43-144 Mings	Install Security Lighting	1450	10	24,310.00		24,310.00		In Progress
43-144 Mings	Install new interior doors	1460	50	35,000.00		30,000.00		In Progress
43-144 Mings	Renovate Bathrooms	1460	10	170,000.00		163,789.98	19,027.25	In Progress
43-144 Mings	Install new entrance & storm doors	1460	50	38,956.12		38,956.12		In Progress
43-144 Mings	Termite Treatment	1460	5Buildings	3,305		3,305.00		In Progress
43-144 Mings	Install new Roofs & Ventilation System	1460	5Buildings	60,000.00		54,555.00		In Progress
43-144 Mings	Asbestos Abatement	1460	5Buildings	72,500.00		72,500.00	12,870.00	In Progress
43-9 Mill Street	Renovate Kitchens	1460	12	2,400.00		2,400.00	2,400.00	100% Complete
43-9 Mill Street	Replace interior doors	1460	48	1,200.00		1,200.00	1,200.00	100% Complete
43-9 Mill Street	Remove & Replace Floor Tile	1460	12	3,900.00		3,900.00	3,900.00	100% Complete
43-9 Mill Street	Replace Plumbing	1460	12	3,167.00		3,167.00	3,167.00	100% Complete
H.A. Wide Admin	Administration	1410	1	79,500.00		79,500.00	79,500.00	Completed
AMP Wide Audit	Audit Costs	1411	1	1,800.00				Planned
A/E Fees	Architect/Engineer Fees	1430	1	79,631.88		55,000.00	55,000.00	In Progress
<b>Total</b>								

<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.



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

<b>Part I: Summary</b>		
<b>PHA Name: Saline County Housing IL-43</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P04350110 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval: 2010</b>

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 6/30/2010       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)	75,646.00		75,646.00	75,646.00
5	1411 Audit	1,800.00		0.00	0.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs	52,600.00		37,671.14	9,721.46
8	1440 Site Acquisition				
9	1450 Site Improvement	277,514.00		0.00	0.00
10	1460 Dwelling Structures	336,842.00		160,454.00	150,449.44
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 8/31/2011**

<b>Part I: Summary</b>						
<b>PHA Name:</b> Saline County		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P04350110 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: 6/30/2010 <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)	40,000.00		0.00	0.00	
20	Amount of Annual Grant:: (sum of lines 2 - 19)	784,402.00		273,771.14	235,816.90	
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 06/21/2010</b>		<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.

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**

<b>Part II: Supporting Pages</b>								
PHA Name: Saline County Housing			<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P04350110 CFFP (Yes/ 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>	
AMP 1 43-7	Blackman Door	1460	L.S.	608.00		608.00	608.00	100%complete
AMP 1 43-7	Emergency Elevator Upgrade	1460	L.S.	65,846.00		65,846.00	65,241.44	In Progress
AMP 1 43-7	Install new window in building (APT.)	1460	L.S.	94,000.00		94,000.00	84,600.00	In Progress
AMP 1 43-7	Install new windows in building (Comm.)	1460	L.S.	75,000.00		0.00	0.00	Design
AMP 1 43-7	Exterior Painting & wall repairs	1460	1Building	101,388.00		0.00	0.00	Design
AMP 3 43-4	Driveway Repairs, Sidewalks, Drainage	1450	L.S.	247,514.00		0.00	0.00	Design
AMP 3 43-8	Install new water main	1450	L.S.	30,000.00		0.00	0.00	Design
AMP Wide	Administration	1410	L.S.	75,646.00		75,646.00	75,646.00	100%complete
AMP Wide	Audit Costs	1411	L.S.	1,800.00		0.00	0.00	Planned
AMP Wide	A/E Fees	1430	L.S.	52,600.00		37,671.14	9,721.46	In Progress
AMP Wide	Contingency	1502	L.S.	40,000.00		0.00	0.00	Planned
Total				784,402.00		273,771.14	235,816.90	

<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.



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

<b>Part I: Summary</b>		
<b>PHA Name: Saline County Housing Authority IL-43</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: IL0P04350111 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2011</b> <b>FFY of Grant Approval: 2011</b>

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 7-31-2011       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)	69,371.20		0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	49,440.80		0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	574,900.00		0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <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 8/31/2011**

<b>Part I: Summary</b>						
<b>PHA Name:</b> Saline County <b>Housing Authority</b> IL-43		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL0P04350111 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 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: 7-31-2011 <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)	693,712.00		0.00	.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>		<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.



