

PHA Plans

Streamlined Annual Version

U.S. Department of Housing
and Urban Development
Office of Public and Indian
Housing

OMB No. 2577-
0226
(exp. 05/31/2006)

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief for certain types of PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

Streamlined Annual PHA Plan for Fiscal Year: 2004 PHA Name:

Ogle County Housing Authority

NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue.

Streamlined Annual PHA Plan Agency Identification

PHA Name: Ogle County Housing Authority

PHA Number: IL095

PHA Fiscal Year Beginning: (mm/yyyy) 07/2004

PHA Programs Administered:

Public Housing and Section 8 **Section 8 Only** **Public Housing Only**
 Number of public housing units: 129 Number of S8 units: Number of public housing units:
 Number of S8 units: 141

PHA Consortia: (check box if submitting a joint PHA Plan and complete table)

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				

PHA Plan Contact Information:

Name: Deborah S. Worden, Executive Director Phone: 815 732-1301
 TDD: NA Email (if available): ocha@essex1.com

Public Access to Information

Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)

PHA's main administrative office PHA's development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection. Yes No.

If yes, select all that apply:

- Main administrative office of the PHA
- PHA development management offices
- Main administrative office of the local, county or State government
- Public library PHA website Other (list below)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

- Main business office of the PHA PHA development management offices
 Other (list below)

Streamlined Annual PHA Plan Fiscal Year 2004

[24 CFR Part 903.12(c)]

Table of Contents

[24 CFR 903.7(r)]

Provide a table of contents for the Plan, including applicable additional requirements, and a list of supporting documents available for public inspection.

A. PHA PLAN COMPONENTS

1. Site-Based Waiting List Policies
903.7(b)(2) Policies on Eligibility, Selection, and Admissions
2. Capital Improvement Needs
903.7(g) Statement of Capital Improvements Needed
3. Section 8(y) Homeownership
903.7(k)(1)(i) Statement of Homeownership Programs
4. Project-Based Voucher Programs
5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan.
6. Supporting Documents Available for Review
7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report
8. Capital Fund Program 5-Year Action Plan
9. Attachments:

Attachment: il095a01 – Capital Fund Program FY 2003 P & E Report (IL06P09550103)

Attachment: il095b01 – Capital Fund Program FY 2003 Annual Statement (IL06P09550203)

Attachment: il095c01 – Capital Fund Program FY 2002 P & E Report (IL06P09550102)

B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

Form HUD-50076, PHA Certifications of Compliance with the PHA Plans and Related Regulations. Board Resolution to Accompany the Streamlined Annual Plan identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the PHA's principal office;

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

Form HUD-50070, Certification for a Drug-Free Workplace;

Form HUD-50071, Certification of Payments to Influence Federal Transactions; and

Form SF-LLL & SF-LLLa, Disclosure of Lobbying Activities.

1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)

[24 CFR Part 903.12(c), 903.7(b)(2)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. Site-Based Waiting Lists-Previous Year– Not Applicable

The Ogle County Housing Authority has not operated site-based waiting lists in the previous year.

1. Has the PHA operated one or more site-based waiting lists in the previous year?
No! If yes, complete the following table; if not skip to B.

Site-Based Waiting Lists				
Development Information (Name, number, location)	Date Initiated	Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics

2. What is the number of site based waiting list developments to which families may apply at one time?
3. How many unit offers may an applicant turn down before being removed from the site-based waiting list?
4. Yes No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

B. Site-Based Waiting Lists – Coming Year – Not Applicable.

The Ogle County Housing Authority does not plan to operate any site-based waiting lists in the coming year.

If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to next component.

1. How many site-based waiting lists will the PHA operate in the coming year?
2. Yes No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously HUD-approved site based waiting list plan)?
If yes, how many lists?
3. Yes No: May families be on more than one list simultaneously?
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
 - PHA main administrative office
 - All PHA development management offices
 - Management offices at developments with site-based waiting lists
 - At the development to which they would like to apply
 - Other (list below)

2. Capital Improvement Needs

[24 CFR Part 903.12 (c), 903.7 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. Capital Fund Program

1. Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.
2. Yes No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

B. HOPE VI and Public Housing Development and Replacement Activities (Non-Capital Fund)

Applicability: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

1. Yes No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on

the next page, copying and completing as many times as necessary).

2. Status of HOPE VI revitalization grant(s):

HOPE VI Revitalization Grant Status	
a. Development Name:	
b. Development Number:	
c. Status of Grant:	
<input type="checkbox"/>	Revitalization Plan under development
<input type="checkbox"/>	Revitalization Plan submitted, pending approval
<input type="checkbox"/>	Revitalization Plan approved
<input type="checkbox"/>	Activities pursuant to an approved Revitalization Plan underway

3. Yes No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year?
If yes, list development name(s) below:

4. Yes No: Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year? If yes, list developments or activities below:

5. Yes No: Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement? If yes, list developments or activities below:

3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program

(if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

1. Yes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to the next component; if "yes", complete each program description below (copy and complete questions for each program identified.)

2. Program Description:

a. Size of Program

Yes No: Will the PHA limit the number of families participating in the Section 8 homeownership option?

If the answer to the question above was yes, what is the maximum number of participants this fiscal year?

b. PHA-established eligibility criteria

Yes No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria:

c. What actions will the PHA undertake to implement the program this year (list)?

3. Capacity of the PHA to Administer a Section 8 Homeownership Program:

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources.
- Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.
- Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below):
- Demonstrating that it has other relevant experience (list experience below):

4. Use of the Project-Based Voucher Program

Intent to Use Project-Based Assistance

Yes No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If the answer is "no," go to the next component. If yes, answer the following questions.

1. Yes No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:

- low utilization rate for vouchers due to lack of suitable rental units
- access to neighborhoods outside of high poverty areas
- other (describe below):

2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

5. PHA Statement of Consistency with the Consolidated Plan

[24 CFR Part 903.15]

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.

1. Consolidated Plan jurisdiction: (State of Illinois)
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan/s.
 - The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
 - The Ogle County Housing Authority will continue to maintain and renovate its public housing units.
 - The Ogle County Housing Authority will continue to market its public housing program and Section 8 Program to make families and elderly persons aware of the availability of decent, safe, sanitary and affordable housing in Ogle County.
 - The Ogle County Housing Authority will continue to apply its limited resources to the effective and efficient management and operation of public housing and Section 8 programs.
 - Other: (list below)

The Ogle County Housing Authority Admission and Continued Occupancy Policy (ACOP) requirements are established and designed to:

:

- To provide improved living conditions for very low and low income families while maintaining their rent payments at an affordable level.
- To operate a socially and financially sound public housing agency that provides decent, safe, and sanitary housing within a drug free, suitable living environment for tenants and their families.
- To lawfully deny the admission of applicants, or the continued occupancy of residents, whose habits and practices reasonably may be expected to adversely affect the health, safety, comfort or welfare of other residents or

the physical environment of the neighborhood, or create a danger to PHA employees.

- To attempt to house a tenant body in each development that is composed of families with a broad range of incomes and rent-paying abilities that are representative of the range of incomes of low-income families in our jurisdiction.
- To facilitate the judicious management of our inventory, and the efficient management of staff.
- To ensure compliance with Title VI of the Civil Rights Act of 1964 and all other applicable Federal laws and regulations so that the admissions and continued occupancy are conducted without regard to race, color, religion, creed, sex, national origin, handicap or familial status.

We have similar principles for our Section 8 program:

- To create positive public awareness and expand the level of family, owner, and community support in accomplishing our mission.
- To maintain a high level of standards and professionalism in our day to-day management of all program components.
- To provide decent, safe, and sanitary housing for very low income families while maintaining their rent payments at an affordable level.
- To ensure that all units meet Housing Quality Standards and families pay fair and reasonable rents.
- To promote fair housing and the opportunity for very low-income families of all ethnic backgrounds to experience freedom of housing choice.
- To promote a housing program which maintains quality service and integrity while providing an incentive to private property owners to rent to very low income families.
- To promote a market-driven housing program that will help qualified low-income families be successful in obtaining affordable housing and increase the supply of housing choices for such families.

3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

The State Consolidated Plan Action Plan identifies the following State Priorities:

A. Affordable Housing

-

The provision of affordable housing for low and very low-income households in the State is a major priority. Specific actions required to address the affordable housing need include the preservation and rehabilitation of existing housing stock and homebuyer assistance as well as other actions.

B. Supportive Housing for the Homeless

The provision of supportive housing is a priority in the State's Consolidated Plan. In addition to programs to address supportive housing for the homeless, the State will address programs to meet the needs of the population at risk of being homeless.

C. Supportive Housing for Persons With Special Needs

The State has identified an increasing need for programs for the elderly and persons with disabilities and for housing that is integrated in and typical of local communities. This priority includes addressing the needs for persons with alcohol and substance abuse problems and the need for drug-free affordable housing.

The Action Plan addresses the following activities will be maintained by the State regarding Public Housing Resident Initiatives:

- Resource Guide updates on PHA homeownership programs.
- NOFA distribution to statewide housing organizations and advocacy groups on federal and state-funded resident management and homeownership programs, as is available.
- Limited application review via the Consolidated Plan Certification of Consistency process for applicable programs.
- Participation of interested groups, including PHA tenant representatives, on the OHCS Advisory Committee.

The Action Plan addresses the need for changes to be made by the State with regard to welfare reform and housing. The State is joining forces with other State agencies, nonprofit organizations and PHAs to address the needs of low income residents moving from welfare to work.

6. Supporting Documents Available for Review for Streamlined Annual PHA Plans

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
NA	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans,</i>	5 Year and Annual Plans
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan</i>	Streamlined Annual Plans
NA	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA's public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input checked="" type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development. <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
X	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
NA	Any policies governing any Section 8 special housing types <input type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Public housing grievance procedures <input type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures. <input type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
NA	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
NA	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
NA	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
NA	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
NA	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
X	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
NA	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
NA	Policies governing any Section 8 Homeownership program (Section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Public Housing Community Service Policy/Programs <input checked="" type="checkbox"/> Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
X	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
NA	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
NA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
X	Other supporting documents (optional) (list individually; use as many lines as necessary) Resident Member on the PHA Governing Board Membership of the Resident Advisory Board Definition of Substantial Deviation and Significant Amendment or Modification	(specify as needed) Annual Plan Annual Plan Annual Plan
NA	Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
		Operations

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Ogle County Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL06P09550104 Replacement Housing Factor Grant No:		Federal FY of Grant: 2004
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	18,000			
3	1408 Management Improvements				
4	1410 Administration	10,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,653			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	127,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	170,653			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation	50,000			

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Ogle County Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL06P09550104 Replacement Housing Factor Grant No:		Federal FY of Grant: 2004
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
	Measures				

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Ogle County Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL06P03550104 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	<u>Operations</u>	1406						
	P H Operations		LS	18,000				
	Subtotal Acct 1406			18,000				
HA Wide	<u>Administration</u>	1410						
	CFP Administration		LS	10,000				
	Subtotal Acct 1410			10,000				
HA Wide	<u>Fees and Costs</u>	1430						
	A&E Fees; reimbursable costs; consulting fees		LS	15,653				
	Subtotal Acct 1430			15,653				
IL095-1	<u>Dwelling Structures</u>	1450						
	Replace windows		10 units	50,000				
IL095-6	Siding & Painting		10 units	50,000				
IL095-6	Upgrade HVAC		10 units	27,000				
	Subtotal Acct 1460			127,000				
	Grand Total			170,653				

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Ogle County Housing Authority			Grant Type and Number Capital Fund Program No: IL06P09550104 Replacement Housing Factor No:				Federal FY of Grant: 2004
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA Wide	09/30/06			09/30/08			
IL095-1	09/30/06			09/30/08			
IL095-6	09/30/06			09/30/08			

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan					
Part I: Summary					
PHA Name: Ogle County Housing Authority				<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
Development Number/Name/ HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2005 PHA FY: 07/2005	Work Statement for Year 3 FFY Grant: 2006 PHA FY: 07/2006	Work Statement for Year 4 FFY Grant: 2007 PHA FY: 07/2007	Work Statement for Year 5 FFY Grant: 2008 PHA FY: 07/2008
	Annual Statement				
HA Wide		48,000	47,653	48,000	48,000
IL095-1		122,653	44,000		
IL095-4			39,000		
IL095-5			5,000		
IL095-6			35,000	122,653	122,653
CFP Funds Listed for 5-year planning		170,653	170,653	170,653	170,653
Replacement Housing Factor Funds					

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan						
Part II: Supporting Pages—Work Activities						
Activities for Year 1	Activities for Year :__2__ FFY Grant: 2005 PHA FY: 07/2005			Activities for Year: __3__ FFY Grant: 2006 PHA FY: 07/2006		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
	HA Wide	<u>Operations (1406)</u>		HA Wide	<u>Operations (1406)</u>	
		P H Operations	18,000		P H Operations	17,653
See	HA Wide	<u>Administration (1410)</u>		HA Wide	<u>Administration (1410)</u>	
Annual		CFP Administration	10,000		CFP Administration	10,000
Statement	HA Wide	<u>Fees and Costs (1430)</u>		HA Wide	<u>Fees and Costs (1430)</u>	
		A&E Fees; reimbursable costs; consulting fees	20,000		A&E Fees; reimbursable costs; consulting fees	20,000
		Total HA Wide	48,000		Total HA Wide	47,653
		<u>Dwelling Structures (1460)</u>		IL095-4	<u>Site Improvements (1450)</u>	
	IL095-1	Update common area lighting	22,653		Seal/stripe pavement	9,000
	IL095-1	Roof replacement	50,000	IL095-4	<u>Dwelling Structures (1460)</u>	
	IL095-1	Replace A/C in units in the elderly building	50,000		Replace fire doors	30,000
		Total IL095-1	122,653		Total IL095-4	39,000
				IL095-1	<u>Dwelling Structures (1460)</u>	
					Replace dwelling unit door hardware and locks (30 units)	10,000

8. Capital Fund Program Five-Year Action Plan

					Replace intercom system	15,000
					Replace sinks and countertops	19,000
					Total IL095-1	44,000
				IL095-5	<u>Dwelling Structures</u>	
					<u>(1460)</u>	
					Replace dwelling unit door hardware and locks (30 units)	5,000
					Total IL095-5	5,000
				IL095-6	<u>Dwelling Structures</u>	
					<u>(1460)</u>	
					Replace dwelling unit door hardware and locks (10 units)	5,000
					Replace exterior doors	30,000
					Total IL095-6	35,000
					Total CFP Estimated Cost	\$170,653

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities					
Activities for Year : <u> 4 </u> FFY Grant: 2007 PHA FY: 07/2007			Activities for Year: <u> 5 </u> FFY Grant: 2008 PHA FY: 07/2008		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
HA Wide	<u>Operations (1406)</u>		HA Wide	<u>Operations (1406)</u>	
	P H Operations	18,000		P H Operations	18,000
HA Wide	<u>Administration (1410)</u>		HA Wide	<u>Administration (1410)</u>	
	CFP Administration	10,000		CFP Administration	10,000
HA Wide	<u>Fees and Costs (1430)</u>		HA Wide	<u>Fees and Costs (1430)</u>	
	A&E Fees; reimbursable costs; consulting fees	20,000		A&E Fees; reimbursable costs; consulting fees	20,000
	Total HA Wide	48,000		Total HA Wide	48,000
IL095-6	<u>Dwelling Structures (1460)</u>		IL095-6	<u>Dwelling Structures (1460)</u>	
	Rehab dwelling unit entries (10 units)	122,653		Rehab dwelling unit entries (10 units)	122,653
	Total IL095-6	122,653		Total IL095-6	122,653
Total CFP Estimated Cost		\$170,653			\$170,653

Attachment A

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: The Ogle County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P09550103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/03 <input type="checkbox"/> Final Performance and Evaluation Report					
Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	14,000		14,000	14,000
3	1408 Management Improvements				
4	1410 Administration	10,000		0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	27,000		0	0
10	1460 Dwelling Structures	52,000		0	0
11	1465.1 Dwelling Equipment— Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	27,895		0	0
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHA Name: The Ogle County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P09550103 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12/31/03 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	140,895		14,000	14,000
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: The Ogle County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P09550103 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	<u>Operations</u>	1406						
	Public Housing Operations		Lump sum	14,000		14,000	14,000	
	<u>Subtotal Acct 1406</u>			14,000		14,000	14,000	
HA Wide	<u>Administration</u>	1410						
	CFP Administration		Lump sum	10,000		0	0	
	<u>Subtotal Acct 1410</u>			10,000		0	0	
HA Wide	<u>Fees and Costs</u>	1430						
	A & E Fees; reimbursable costs; consulting fees		Lump sum	10,000		0	0	
	<u>Subtotal Acct 1430</u>			10,000		0	0	
IL095-1	<u>Site Improvements</u>	1450						
	Sidewalk repairs		Lump sum	10,000		0	0	
	Replace project sign		Lump sum	10,000		0	0	
	New trash station		Lump sum	7,000		0	0	
	<u>Subtotal Acct 1450</u>			27,000		0	0	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: The Ogle County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P09550103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IL095-1	<u>Dwelling Structures</u>	1460						
	Insulate storage sheds		10 units	7,000		0	0	
	Remodel community room/kitchen		Lump sum	0				
	Add/replace dwelling unit lighting		30 units	0				
	Upgrade bathrooms			30,000		0	0	
	Upgrade HVAC			15,000		0	0	
	Subtotal Acct 1460			52,000		0	0	
IL095-1	<u>Non Dwelling Equipment</u>	1475						
	Playground equipment		Lump sum	27,895		0	0	
	Subtotal Acct 1475			27,895		0	0	
	Grand Total			140,895		14,000	14,000	

**Annual Statement/Performance and Evaluation Report
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
 Part III: Implementation Schedule**

PHA Name: The Ogle County Housing Authority		Grant Type and Number Capital Fund Program No: IL06P09550103 Replacement Housing Factor No:					Federal FY of Grant: 2003
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA Wide	09/16/05			09/16/07			
IL095-1	09/16/05			09/16/07			

Attachment B

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Ogle County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P09550203 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	4,758			
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment— Nonexpendable	25,000			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHA Name: Ogle County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P09550203 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement **Reserve for Disasters/ Emergencies** **Revised Annual Statement (revision no:)**
 Performance and Evaluation Report for Period Ending: **Final Performance and Evaluation Report**

Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	29,758			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Ogle County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P09550203 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations	1406						
	P H Operations		LS	4,758				
	Subtotal Acct 1406			4,758				
IL095-4	Dwelling Equipment - Nonexpendable	1465.1		25,000				
	Subtotal Acct 1465.1			25,000				
	Grand Total			29,758				

**Annual Statement/Performance and Evaluation Report
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
 Part III: Implementation Schedule**

PHA Name: Ogle County Housing Authority	Grant Type and Number Capital Fund Program No: IL06P09550203 Replacement Housing Factor No:	Federal FY of Grant: 2003
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Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA Wide	02/12/06			02/12/08			
IL095-4	02/12/06			02/12/08			

Attachment C

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: The Ogle County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P09550102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2003 <input type="checkbox"/> Final Performance and Evaluation Report					
Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	18,000		18,000	18,000
3	1408 Management Improvements				
4	1410 Administration	10,000		0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	16,000		0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	43,480		0	0
10	1460 Dwelling Structures	94,000		0	0
11	1465.1 Dwelling Equipment— Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary**

PHA Name: The Ogle County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P09550102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 12/31/2003 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	181,480		18,000	18,000
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: The Ogle County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P09550102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	<u>Operations</u>	1406						
	Public Housing Operations		Lump sum	18,000		18,000	18,000	
	<u>Subtotal Acct 1406</u>			18,000		18,000	18,000	
HA Wide	<u>Administration</u>	1410						
	CFP Administration		Lump sum	10,000		0	0	Planning
	<u>Subtotal Acct 1410</u>			10,000		0	0	
HA Wide	<u>Fees and Costs</u>	1430						
	A & E Fees; reimbursable costs		Lump sum	16,000		0	0	
	<u>Subtotal Acct 1430</u>			16,000		0	0	
IL095-5	<u>Site Improvements</u>	1450						Planning
	Repair retaining wall/parking lot		Lump sum	17,000		0	0	
	Replace project sign		Lump sum	9,480		0	0	
	Repair/replace sidewalks		Lump sum	17,000		0	0	
	<u>Subtotal Acct 1450</u>			43,480		0	0	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: The Ogle County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P09550102 Replacement Housing Factor Grant No:			Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IL095-5	<u>Dwelling Structures</u>	1460						Planning
	Replace water heaters		Lump sum	15,000		0	0	
	Replace windows		30 units	50,000		0	0	
	Replace common area carpet		Lump sum	29,000		0	0	
	Subtotal Acct 1460			94,000		0	0	
	Grand Total			181,480		18,000	18,000	

**Annual Statement/Performance and Evaluation Report
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
 Part III: Implementation Schedule**

PHA Name: The Ogle County Housing Authority		Grant Type and Number Capital Fund Program No: IL06P09550102 Replacement Housing Factor No:					Federal FY of Grant: 2002
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA Wide	12/31/03	09/25/04		06/30/05	09/25/06		ACC Amendment Execution Date
IL095-5	12/31/03	09/25/04		06/30/05	09/25/06		