

**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 there under at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

---

# **PHA Plans**

## **5-Year Plan for Fiscal Years 2005-2006**

### **Annual Plan for Fiscal Year 2006**

**Moline Housing Authority (MHA)**  
**IL020**

**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:** Moline Housing Authority

**PHA Number:** IL020

**PHA Fiscal Year Beginning:** (04/2006)

**PHA Programs Administered:**

**Public Housing and Section 8**

**Section 8 Only**

**Public Housing Only**

Number of public housing units: **486**

Number of S8 units:

Number of public housing units:

Number of S8 units: 234

**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: Teresa Meegan, Executive Director  
 TDD: 309 -764-2026

Phone (309) 764-1819 x 313

Email (if available): tmeegan@molinehousing.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**

Moline Housing Authority  
 4141 11<sup>th</sup> Avenue A  
 Moline, Illinois 61265

**PHA's Development management offices**

Moline Housing Authority	Moline Housing Authority
Spring Valley offices	Hill Side Heights
1150 -41 <sup>st</sup> Street	825 -17 <sup>th</sup> Street
Moline, Illinois 61265	Moline, Illinois 61265

## 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:

**City of Moline Illinois Office of Planning & Development, Moline Illinois 61265**

- 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)

**City of Moline Illinois Office of Planning & Development  
Moline Illinois 61265**

## Streamlined Annual PHA Plan

**Fiscal Year 2006**

[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 **MHA does not administer site based waiting list**

903.7(b)(2) Policies on Eligibility, Selection, and Admissions

**XX** 2. Capital Improvement Needs

903.7(g) Statement of Capital Improvements Needed (statement is attached to template)

3. Section 8(y) Homeownership **MHA does not have a current homeownership program in place**

903.7(k)(1)(i) Statement of Homeownership Programs

4. Project-Based Voucher Programs **MHA does not administer project based voucher programs**

**XX** 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.

**XX** 6. Supporting Documents Available for Review

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

**XX** 8. Capital Fund Program 5-Year Action Plan

**B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE**

**XX 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:

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

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

**XX 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**

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

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**

MHA does not plan to operate one or more site based waiting list 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.)  
MHA proposes to fill 1.5-acre ravine at 41<sup>st</sup> Street and 12<sup>th</sup> Avenue on MHA property to accommodate a future proposed community center (reserve funds) Please refer to Capital Fund Program Table for details.

HUD approved on January 5, 2006.

### **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):

<b>HOPE VI Revitalization Grant Status</b>
a. Development Name:
b. Development Number:

c. Status of Grant:

- Revitalization Plan under development
- Revitalization Plan submitted, pending approval
- Revitalization Plan approved
- Activities pursuant to an approved Revitalization Plan underway

3.  Yes **X 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 **X 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 **X 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 **X 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 down payment 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: (provide name here)  
City of Moline 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)
- Other: (list below)

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

**The City of Moline Illinois Consolidated Plan states in the plans section:**

- **The identified need for additional affordable housing stock in the City of Moline, Illinois.**
- **Consolidated plan has outlined as a local priority in the priority needs & objectives section, the need for the preservation of current Moline Housing Authority public housing stock.**
- **The need for additional vouchers to be allocated to meet the current homelessness & affordable housing needs.**
- **Continue participation, coordination and collaboration from the related community projects, organizations and Quad City Housing cluster to enrich and expand affordable housing opportunities.**
- **Promote homeownership opportunities through the continuum of providing home buying seminars to public housing residents. (Translations, counseling, accompany to lenders, realtors, MHIP, etc.)**
- **Continue to be a resource in the initiatives for providing Education to participants of assisted housing on the reduction to Reduce the potential for lead based painting poisonings.**

**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
	<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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
XX	<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
XX	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
XX	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
XX	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
XX	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
XX	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
	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
XX	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. X Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
XX	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
XX	Public housing rent determination policies, including the method for setting public housing flat rents. X Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
XX	Schedule of flat rents offered at each public housing development. X Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
XX	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. X Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
XX	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
XX	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary) MHA NOT REQUIRED TO SUBMIT A FOLLOW UP PLAN DUE TO SURVEY RESULTS SCORE	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
XX	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	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
XX	Public housing grievance procedures X Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
XX	Section 8 informal review and hearing procedures. X Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
XX	The Capital Fund/Comprehensive Grant Program Annual Statement	Annual Plan: Capital Needs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	/Performance and Evaluation Report for any active grant year.	
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
	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
XX	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
	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
	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
XX	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (Section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
XX	Public Housing Community Service Policy/Programs X Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
XX	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
	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
XX	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
	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
XX	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). X Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
XX	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
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
	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 Operations

7.

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name: MOLINE HOUSING AUTHORITY</b>			<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P02050105 Replacement Housing Factor Grant No:		<b>Federal FY of Grant: 2005</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <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				
3	1408 Management Improvements	\$125,500.00	\$125,500.00	\$0.00	\$0.00
4	1410 Administration	\$96,500.00	\$96,500.00	\$0.00	\$0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$40,000.00	\$40,000.00	\$0.00	\$0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	\$5,000.00	\$5,000.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$638,838.00	\$638,838.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment—Nonexpendable	\$20,000.00	\$20,000.00	\$8,094.79	\$0.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$5,000	\$5,000.00	\$0.00	\$0.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency	\$35,000.00	\$35,000.00	\$0.00	\$0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$965,838.00	\$965,838.00	\$8,094.79	\$0.00
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				

**7.**

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

PHA Name: MOLINE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: IL06P02050105 Replacement Housing Factor Grant No:				Federal FY of Grant: 2005		
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	Management Improvement	1408	LS	\$125,500.00	\$125,500.00	\$0.00	\$0.00	
HA-Wide	Administration	1410	LS	\$96,500.00	\$96,500.00	\$0.00	\$0.00	
HA-Wide	A/E Fees	1430	LS	\$40,000.00	\$40,000.00	\$0.00	\$0.00	
HA-Wide	Site Improvements	1450	LS	\$5,000.00	\$5,000.00	\$0.00	\$0.00	
IL-20-01	Sewer/Water	1460	LS	\$638,838.00	\$638,838.00	\$0.00	\$0.00	
HA-Wide	Appliances	1465 1	LS	\$20,000.00	\$20,000.00	\$8,094.79	\$0.00	
HA-Wide	Building Accessories/Remodeling	1470	LS	\$0.00	\$0.00	\$0.00	\$0.00	
HA-Wide	Vehicles, Tools, Equipment	1475	LS	\$5,000.00	\$5,000.00	\$0.00	\$0.00	
HA-Wide	Contingency	1502	LS	\$35,000.00	\$35,000.00	\$0.00	\$0.00	

**7.**

<b>Annual Statement/Performance and Evaluation Report            Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)            Part III: Implementation Schedule</b>							
PHA Name: MOLINE HOUSING AUTHORITY			<b>Grant Type and Number</b> Capital Fund Program No: IL06P02050105 Replacement Housing Factor No:				<b>Federal FY of Grant: 2005</b>
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	3-30-07			9-30-08			

## 8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan					
Part I: Summary					
PHA Name		<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: 2006 PHA FY: 2006	Work Statement for Year 3 FFY Grant: 2007 PHA FY: 2007	Work Statement for Year 4 FFY Grant: 2008 PHA FY: 2008	Work Statement for Year 5 FFY Grant: 2009 PHA FY: 2009
	Annual Statement				
HA-Wide		\$665,000	\$657,000	\$599,000	\$1,161,000
IL-20-01		\$225,000			
IL-20-02A		\$225,000	\$500,000	\$200,000	
IL-20-02B				\$360,000	
CFP Funds Listed for 5-year planning		\$1,155,000	\$1,157,000	\$1,159,000	\$1,161,000

## 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: 2006 PHA FY: 2006			Activities for Year: __3__ FFY Grant: 2007 PHA FY: 2007		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<b>See</b>	HA-Wide	<i>Mgt. Improvements</i>	\$231,000	HA-Wide	<i>Mgt. Improvements</i>	\$231,400
<b>Annual</b>	<i>HA-Wide</i>	<i>Administration</i>	\$115,500	<i>HA-Wide</i>	Administration	\$115,700
<b>Statement</b>	HA-Wide	Fees/Costs	\$60,000	HA-Wide	Fees/Costs	\$60,000
	HA-Wide	Site Improvements	\$150,000	HA-Wide	Site Improvement	\$159,900
	HA-Wide	Appliances	\$20,000	HA-Wide	Appliances	\$20,000
	HA-Wide	Vehicles, Tools, Equip.	\$40,000	HA-Wide	Vehicles, Tools, Equip.	\$20,000
	IL-20-02A	Handicapped Units.	\$225,000	IL-20-02A	Cabinet/Sinks	\$500,000
	IL-20-01	Bath Surrounds	\$225,000	HA-Wide	Contingency	\$50,000
	HA-Wide	Contingency	\$48,500			
Total CFP Estimated Cost			\$1,155,000			\$1,157,000





**CAPITAL FUND PROGRAM TABLES START HERE**

08-20-04

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name: MOLINE HOUSING AUTHORITY</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: IL06P02050105 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 2005
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)					
<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				
3	1408 Management Improvements	\$125,500.00	\$125,500.00	\$0.00	\$0.00
4	1410 Administration	\$96,500.00	\$96,500.00	\$0.00	\$0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$40,000.00	\$40,000.00	\$0.00	\$0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	\$5,000.00	\$5,000.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$638,838.00	\$638,838.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment—Nonexpendable	\$20,000.00	\$20,000.00	\$8,094.79	\$0.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$5,000	\$5,000.00	\$0.00	\$0.00
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: MOLINE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: IL06P02050105 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005
------------------------------------	---------------------------------------------------------------------------------------------------------------	------------------------------

Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: 1)  
 Performance and Evaluation Report for Period Ending:  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency	\$35,000.00	\$35,000.00	\$0.00	\$0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$965,838.00	\$965,838.00	\$8,094.79	\$0.00
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: MOLINE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: IL06P02050105 Replacement Housing Factor Grant No:				Federal FY of Grant: 2005		
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	Management Improvement	1408	LS	\$125,500.00	\$125,500.00	\$0.00	\$0.00	
HA-Wide	Administration	1410	LS	\$96,500.00	\$96,500.00	\$0.00	\$0.00	
HA-Wide	A/E Fees	1430	LS	\$40,000.00	\$40,000.00	\$0.00	\$0.00	
HA-Wide	Site Improvements	1450	LS	\$5,000.00	\$5,000.00	\$0.00	\$0.00	
IL-20-01	Sewer/Water	1460	LS	\$638,838.00	\$638,838.00	\$0.00	\$0.00	
HA-Wide	Appliances	1465. 1	LS	\$20,000.00	\$20,000.00	\$8,094.79	\$0.00	
HA-Wide	Building Accessories/Remodeling	1470	LS	\$0.00	\$0.00	\$0.00	\$0.00	
HA-Wide	Vehicles, Tools, Equipment	1475	LS	\$5,000.00	\$5,000.00	\$0.00	\$0.00	
HA-Wide	Contingency	1502	LS	\$35,000.00	\$35,000.00	\$0.00	\$0.00	

**Annual Statement/Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part III: Implementation Schedule**

PHA Name: MOLINE HOUSING AUTHORITY		<b>Grant Type and Number</b> Capital Fund Program No: IL06P02050105 Replacement Housing Factor No:				Federal FY of Grant: 2005	
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	3-30-07			9-30-08			

# Capital Fund Program Five-Year Action Plan

## Part I: Summary

PHA Name MOLINE 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: 2006 PHA FY: 2006	Work Statement for Year 3 FFY Grant: 2007 PHA FY: 2007	Work Statement for Year 4 FFY Grant: 2008 PHA FY: 2008	Work Statement for Year 5 FFY Grant: 2009 PHA FY: 2009
	Annual Statement				
HA-Wide		\$665,000	\$657,000	\$599,000	\$1,161,000
IL-20-01		\$225,000			
IL-20-02A		\$225,000	\$500,000	\$200,000	
IL-20-02B				\$360,000	
CFP Funds Listed for 5-year planning		\$1,155,000	\$1,157,000	\$1,159,000	\$1,161,000
Replacement Housing Factor Funds					

**Capital Fund Program Five-Year Action Plan**  
**Part II: Supporting Pages—Work Activities**

Activities for Year 1	Activities for Year : <u>2_</u> FFY Grant: 2006 PHA FY: 2006			Activities for Year: <u>3_</u> FFY Grant: 2007 PHA FY: 2007		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	HA-Wide	Mgt. Improvements	\$231,000	HA-Wide	Mgt. Improvements	\$231,400
Annual	HA-Wide	Administration	\$115,500	HA-Wide	Administration	\$115,700
Statement	HA-Wide	Fees/Costs	\$60,000	HA-Wide	Fees/Costs	\$60,000
	HA-Wide	Site Improvements	\$150,000	HA-Wide	Site Improvement	\$159,900
	HA-Wide	Appliances	\$20,000	HA-Wide	Appliances	\$20,000
	HA-Wide	Vehicles, Tools, Equip.	\$40,000	HA-Wide	Vehicles, Tools, Equip.	\$20,000
	IL-20-02A	Handicapped Units.	\$225,000	IL-20-02A	Cabinet/Sinks	\$500,000
	IL-20-01	Bath Surrounds	\$225,000	HA-Wide	Contingency	\$50,000
	HA-Wide	Contingency	\$48,500			
	<b>Total CFP Estimated Cost</b>		\$1,155,000			\$1,157,000

**Capital Fund Program Five-Year Action Plan**  
**Part II: Supporting Pages—Work Activities**

Activities for Year :_4_ FFY Grant: 2008 PHA FY: 2008			Activities for Year: _5_ FFY Grant: 2009 PHA FY: 2009		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
HA-Wide	Mgt. Improvements	\$231,800	HA-Wide	Mgt. Improvements	\$232,200
HA-Wide	Administration	\$115,900	HA-Wide	Administration	\$116,100
HA-Wide	Fees/Costs	\$60,000	HA-Wide	Fees/Costs	\$35,000
HA-Wide	Site Improvement	\$100,000	HA-Wide	Site Improvement	\$50,000
HA-Wide	Appliances	\$20,000	HA-Wide	Appliances	\$20,000
HA-Wide	Vehicles, Tools, Equip.	\$20,000	HA-Wide	Vehicles, Tools, Equip.	\$5,000
IL-20-02B	Cabinets/Sinks	\$360,000	HA-Wide	Apt & Bldg Renovation	\$652,700
IL-20-02A	Bath Surrounds	\$200,000	HA-Wide	Contingency	\$50,000
HA-Wide	Contingency	\$51,300			
<b>Total CFP Estimated Cost</b>		\$1,159,000			\$1,161,000



## CAPITAL FUND PROGRAM TABLES START HERE

03-17-06

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: MOLINE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: IL06P02050106 Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2006</b>
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	\$112,500.00	\$0.00	\$0.00	\$0.00
4	1410 Administration	\$112,500.00	\$0.00	\$0.00	\$0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$40,000.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	\$20,000.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$731,500.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment—Nonexpendable	\$20,000.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$40,000	\$0.00	\$0.00	\$0.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization 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: MOLINE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: IL06P02050106 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006
------------------------------------	---------------------------------------------------------------------------------------------------------------	------------------------------

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 No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency	\$48,000.00	\$0.00	\$0.00	\$0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	\$1,125,000.00	\$0.00	\$0.00	\$0.00
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: MOLINE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: IL06P02050106 Replacement Housing Factor Grant No:				Federal FY of Grant: 2006		
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	Management Improvement	1408	LS	\$112,500.00	\$0.00	\$0.00	\$0.00	
HA-Wide	Administration	1410	LS	\$112,500.00	\$0.00	\$0.00	\$0.00	
HA-Wide	A/E Fees	1430	LS	\$40,000.00	\$0.00	\$0.00	\$0.00	
HA-Wide	Site Improvements	1450	LS	\$20,000.00	\$0.00	\$0.00	\$0.00	
IL-20-01	Apartment Siding/Roofs	1460	LS	\$731,500.00	\$0.00	\$0.00	\$0.00	
HA-Wide	Appliances	1465. 1	LS	\$20,000.00	\$0.00	\$0.00	\$0.00	
HA-Wide	Building Accessories/Remodeling	1470	LS	\$0.00	\$0.00	\$0.00	\$0.00	
HA-Wide	Vehicles, Tools, Equipment	1475	LS	\$40,000.00	\$0.00	\$0.00	\$0.00	
HA-Wide	Contingency	1502	LS	\$48,000.00	\$0.00	\$0.00	\$0.00	

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

PHA Name: MOLINE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program No: IL06P02050106 Replacement Housing Factor No:					Federal FY of Grant: 2006
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	3-30-08			9-30-09			

# Capital Fund Program Five-Year Action Plan

## Part I: Summary

PHA Name MOLINE 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: 2007 PHA FY: 2007	Work Statement for Year 3 FFY Grant: 2008 PHA FY: 2008	Work Statement for Year 4 FFY Grant: 2009 PHA FY: 2009	Work Statement for Year 5 FFY Grant: 2010 PHA FY: 2010
	Annual Statement				
HA-Wide		\$657,000	\$599,000	\$1,161,000	\$1,161,000
IL-20-01					
IL-20-02A		\$500,000	\$200,000		
IL-20-02B			\$360,000		
CFP Funds Listed for 5-year planning		\$1,157,000	\$1,159,000	\$1,161,000	\$1,161,000
Replacement Housing Factor Funds					

### Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year : _2_ FFY Grant: 2007 PHA FY: 2007			Activities for Year: _3_ FFY Grant: 2008 PHA FY: 2008		
	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
See	HA-Wide	Mgt. Improvements	\$231,400	HA-Wide	Mgt. Improvements	\$231,800
Annual	HA-Wide	Administration	\$115,700	HA-Wide	Administration	\$115,900
Statement	HA-Wide	Fees/Costs	\$60,000	HA-Wide	Fees/Costs	\$60,000
	HA-Wide	Site Improvement	\$159,900	HA-Wide	Site Improvement	\$100,000
	HA-Wide	Appliances	\$20,000	HA-Wide	Appliances	\$20,000
	HA-Wide	Vehicles, Tools, Equip.	\$20,000	HA-Wide	Vehicles, Tools, Equip.	\$20,000
	IL-20-02A	Cabinet/Sinks	\$500,000	IL-20-02B	Cabinets/Sinks	\$360,000
	HA-Wide	Contingency	\$50,000	IL-20-02A	Bath Surrounds	\$200,000
				HA-Wide	Contingency	\$51,300
	<b>Total CFP Estimated Cost</b>		\$1,157,000			\$1,159,000

**Capital Fund Program Five-Year Action Plan**  
**Part II: Supporting Pages—Work Activities**

Activities for Year :_4_ FFY Grant: 2009 PHA FY: 2009			Activities for Year: _5_ FFY Grant: 2010 PHA FY: 2010		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
HA-Wide	Mgt. Improvements	\$232,200	HA-Wide	Mgt. Improvements	\$232,200
HA-Wide	Administration	\$116,100	HA-Wide	Administration	\$116,100
HA-Wide	Fees/Costs	\$35,000	HA-Wide	Fees/Costs	\$35,000
HA-Wide	Site Improvement	\$50,000	HA-Wide	Site Improvement	\$50,000
HA-Wide	Appliances	\$20,000	HA-Wide	Appliances	\$20,000
HA-Wide	Vehicles, Tools, Equip.	\$5,000	HA-Wide	Vehicles, Tools, Equip.	\$5,000
HA-Wide	Apt & Bldg Renovation	\$652,700	HA-Wide	Apt & Bldg Renovation	\$652,700
HA-Wide	Contingency	\$50,000	HA-Wide	Contingency	\$50,000
<b>Total CFP Estimated Cost</b>		\$1,161,000			\$1,161,000

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part I: Summary**

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

OMB Approval No. 2577-0157  
 (exp. 3/31/2001)

HA Name <b>MOLINE HOUSING AUTHORITY</b>	Comprehensive Grant Number <b>IL06P02050104</b>	FFY of Grant Approval <b>2004</b>
--------------------------------------------	----------------------------------------------------	--------------------------------------

Original Annual Statement  Reserve for Disasters/Emergencies  Revised Annual Statement/Revision Number \_\_\_\_\_  
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised 1	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)	0.00	0.00	0.00	0.00
3	1408 Management Improvements	200,000.00	200,000.00	20,365.01	20,365.01
4	1410 Administration	100,000.00	100,000.00	67,314.09	67,314.09
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	65,000.00	65,000.00	65,000.00	37,803.91
8	1440 Site Acquisition				
9	1450 Site Improvement	65,000.00	65,000.00	65,000.00	65,000.00
10	1460 Dwelling Structures	540,000.00	540,000.00	493,468.58	438,568.08
11	1465.1 Dwelling Equipment--Non-expendable	10,000.00	10,000.00	10,000.00	10,000.00
12	1470 Non-dwelling Structures	0.00	0.00	0.00	0.00
13	1475 Non-dwelling Equipment	5,000.00	5,000.00	1,466.85	0.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency (may not exceed 8% of line 20)	23,793.00	23,793.00	11,350.00	11,350.00
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	<b>1,008,793.00</b>	<b>1,008,793.00</b>	<b>733,964.53</b>	<b>650,401.09</b>
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director _____	Date(mm/dd/yyyy) _____	Signature of Public Housing Director _____	Date(mm/dd/yyyy) _____
---------------------------------------	------------------------	--------------------------------------------	------------------------

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



Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

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

OMB Approval No. 2577-0157 (exp7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work 2
				Original	Revised 1	Funds Obligated 2	Funds Expended 2	
pha wide	operations	1406		0.00	0.00	0.00	0.00	n/a
pha wide	software addit & upgrades	1408		100,000.00	100,000.00	0.00	0.00	n/a
pha wide	staff dev training	1408		50,000.00	50,000.00	20,365.01	20,365.01	finished
pha wide	consultants/salary/perf award	1408		50,000.00	50,000.00	0.00	0.00	n/a
	subtotal	1408		200,000.00	200,000.00	20,365.01	20,365.01	
pha wide	mod dir salary	1410		32,000.00	32,000.00	22,100.39	22,100.39	finished
pha wide	technical salary	1410		15,000.00	15,000.00	10,547.78	10,547.78	finished
pha wide	employee benefits	1410		20,000.00	20,000.00	18,899.04	18,899.04	finished
pha wide	accounting salary	1410		15,000.00	15,000.00	7,266.14	7,266.14	finished
pha wide	exec dir salary	1410		6,000.00	6,000.00	5,971.27	5,971.27	finished
pha wide	admin asst salary	1410		12,000.00	12,000.00	2,529.47	2,529.47	finished
	subtotal	1410		100,000.00	100,000.00	67,314.09	67,314.09	
pha wide	a&e fees	1430		54,398.96	0.00	0.00	0.00	n/a
il 20-1	shive - sb boiler replacement	1430		8,251.04	10,722.60	10,722.60	7,345.00	in process
il 20-2	kelly - hh parking lot	1430		2,350.00	2,350.00	2,350.00	2,350.00	finished

Signature of Executive Director & Date:

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

**X**

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

2 To be completed for the Performance and Evaluation Report

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

**U.S. Department of Housing  
 and Urban Development**

OMB Approval No. 2577-0157 (exp7/31/98)

Office of Public and Indian Housing

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work 2
				Original	Revised 1	Funds Obligated 2	Funds Expended 2	
il 20-2	mcclure - corner lot	1430		0.00	14,847.44	14,847.44	7,287.11	in process
il 20-1	mcclure - sewer/water	1430		0.00	37,079.96	37,079.96	20,821.80	in process
	subtotal	1430		65,000.00	65,000.00	65,000.00	37,803.91	
pha wide	cement work	1450		45,000.00	9,150.00	9,150.00	9,150.00	finished
il-20-02	pavilion	1450		20,000.00	38,000.00	38,000.00	38,000.00	finished
	sidewalks/firelanes	1450		0.00	17,850.00	17,850.00	17,850.00	finished
	subtotal	1450		65,000.00	65,000.00	65,000.00	65,000.00	
il-20-01	boilers	1460		540,000.00	492,008.58	492,008.58	437,108.08	in process
pha wide	sewer/water	1460		0.00	46,531.42	0.00	0.00	n/a
il-20-01	Extra Dampers for Boiler Proj	1460		0.00	1,460.00	1,460.00	1,460.00	finished
	subtotal	1460		540,000.00	540,000.00	493,468.58	438,568.08	
pha wide	appliances	1465.1		10,000.00	10,000.00	10,000.00	10,000.00	finished
pha wide	vehicles, tools, and equipment	1475		5,000.00	3,533.15	0.00	0.00	n/a
pha wide	john deere 757 mower	1475		0.00	1,466.85	1,466.85	0.00	in process
	subtotal	1475		5,000.00	5,000.00	1,466.85	0.00	
pha wide	contingency	1502		23,793.00	12,443.00	0.00	0.00	n/a

Signature of Executive Director & Date:

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

**X**

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

2 To be completed for the Performance and Evaluation Report

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

**U.S. Department of Housing  
 and Urban Development**

OMB Approval No. 2577-0157 (exp7/31/98)

Office of Public and Indian Housing

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work 2
				Original	Revised 1	Funds Obligated 2	Funds Expended 2	
pha wide	sidewalks/firelanes	1502		0.00	11,350.00	11,350.00	11,350.00	finished
	subtotal	1502		23,793.00	23,793.00	11,350.00	11,350.00	
	grand total			1,008,793.00	1,008,793.00	733,964.53	650,401.09	

Signature of Executive Director & Date:

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

**X**

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

2 To be completed for the Performance and Evaluation Report

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

**U.S. Department of Housing  
 and Urban Development**

OMB Approval No. 2577-0157 (exp7/31/98)

Office of Public and Indian Housing

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work 2
				Original	Revised 1	Funds Obligated 2	Funds Expended 2	

Signature of Executive Director & Date:

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

**X**

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

2 To be completed for the Performance and Evaluation Report

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

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

OMB Approval No. 2577-0157 (exp7/31/98)

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>2</sup>
	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	
all projects	9/30/2006			9/30/2007			

Signature of Executive Director & Date:

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

**X**

<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  
 Comprehensive Grant Program (CGP) **Part I: Summary**

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

OMB Approval No. 2577-0157  
 (exp. 3/31/2001)

HA Name <b>MOLINE HOUSING AUTHORITY</b>	Comprehensive Grant Number <b>IL06P02050105</b>	FFY of Grant Approval <b>2005</b>
--------------------------------------------	----------------------------------------------------	--------------------------------------

Original Annual Statement     Reserve for Disasters/Emergencies     Revised Annual Statement/Revision Number   1    
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_     Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised 1	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)	0.00	0.00	0.00	0.00
3	1408 Management Improvements	125,500.00	125,500.00	0.00	0.00
4	1410 Administration	96,500.00	96,500.00	0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	40,000.00	40,000.00	0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	5,000.00	5,000.00	0.00	0.00
10	1460 Dwelling Structures	638,838.00	638,838.00	0.00	0.00
11	1465.1 Dwelling Equipment--Non-expendable	20,000.00	20,000.00	8,094.79	0.00
12	1470 Non-dwelling Structures	0.00	0.00	0.00	0.00
13	1475 Non-dwelling Equipment	5,000.00	5,000.00	0.00	0.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency (may not exceed 8% of line 20)	35,000.00	35,000.00	0.00	0.00
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	<b>965,838.00</b>	<b>965,838.00</b>	<b>8,094.79</b>	<b>0.00</b>
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director _____	Date(mm/dd/yyyy) _____	Signature of Public Housing Director _____	Date(mm/dd/yyyy) _____
---------------------------------------	------------------------	--------------------------------------------	------------------------

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

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

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

OMB Approval No. 2577-0157 (exp7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work 2
				Original	Revised 1	Funds Obligated 2	Funds Expended 2	
pha wide	operations	1406		0.00	0.00	0.00	0.00	n/a
pha wide	software addit & upgrades	1408		50,000.00	50,000.00	0.00	0.00	n/a
pha wide	staff dev training	1408		50,000.00	50,000.00	0.00	0.00	n/a
pha wide	consultants	1408		25,500.00	25,500.00	0.00	0.00	n/a
	subtotal	1408		125,500.00	125,500.00	0.00	0.00	
pha wide	mod dir salary	1410		32,000.00	32,000.00	0.00	0.00	n/a
pha wide	technical salary	1410		15,000.00	15,000.00	0.00	0.00	n/a
pha wide	employee benefits	1410		20,000.00	20,000.00	0.00	0.00	n/a
pha wide	accounting salary	1410		12,000.00	12,000.00	0.00	0.00	n/a
pha wide	exec dir salary	1410		6,000.00	6,000.00	0.00	0.00	n/a
pha wide	admin asst salary	1410		11,500.00	11,500.00	0.00	0.00	n/a
	subtotal	1410		96,500.00	96,500.00	0.00	0.00	
pha wide	a&e fees	1430		40,000.00	40,000.00	0.00	0.00	n/a
pha wide	site work	1450		5,000.00	5,000.00	0.00	0.00	n/a
il-20-01	sewer & water	1460		638,838.00	638,838.00	0.00	0.00	n/a

Signature of Executive Director & Date:

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

**X**

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

2 To be completed for the Performance and Evaluation Report

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

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

OMB Approval No. 2577-0157 (exp7/31/98)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work 2
				Original	Revised 1	Funds Obligated 2	Funds Expended 2	
pha wide	appliances	1465.1		20,000.00	20,000.00	8,094.79	0.00	in process
pha wide	vehicles, tools, and equipment	1475		5,000.00	5,000.00	0.00	0.00	n/a
pha wide	contingency	1502		35,000.00	35,000.00	0.00	0.00	n/a
	grand total			965,838.00	965,838.00	8,094.79	0.00	

Signature of Executive Director & Date:

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

**X**

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

2 To be completed for the Performance and Evaluation Report



Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

**U.S. Department of Housing  
 and Urban Development**

OMB Approval No. 2577-0157 (exp7/31/98)

Office of Public and Indian Housing

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work 2
				Original	Revised 1	Funds Obligated 2	Funds Expended 2	

Signature of Executive Director & Date:

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

**X**

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

2 To be completed for the Performance and Evaluation Report

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

**U.S. Department of Housing  
 and Urban Development**

OMB Approval No. 2577-0157 (exp7/31/98)

Office of Public and Indian Housing

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work 2
				Original	Revised 1	Funds Obligated 2	Funds Expended 2	

Signature of Executive Director & Date:

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

**X**

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

2 To be completed for the Performance and Evaluation Report

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

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

OMB Approval No. 2577-0157 (exp7/31/98)

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>2</sup>
	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	
all projects	8/18/2007			8/18/2009			

Signature of Executive Director & Date:

**X**

Signature of Public Housing Director/Office of Native American Programs Administrator & Date:

**X**

<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