PHA 5-Year and Annual Plan U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

1.0	PHA Information					
1.0	PHA Name: Decatur Housing Auth	oritu			PHA Cod	o. II 012
				C4 1 1		
	PHA Type: Small		Performing	Standard	☐ HCV (S	Section 8)
	PHA Fiscal Year Beginning: (MM/	YYYY):	04/2009			
2.0	Inventory (based on ACC units at t	time of FY	beginning in 1.0 above)			
	Number of PH units: 646		Numbe	er of HCV units: 1046		
3.0	Submission Type					
	5-Year and Annual Plan		Annual Plan Only	5-Year Plan	Only	
	· 		<u> </u>			1.1
4.0	PHA Consortia	PE	IA Consortia: (Check box	if submitting a joint Plar	and compl	ete table
	below.)					
		PHA	Program(s) Included	Programs Not in the	No. of U	
	Participating PHAs			Consortia	Each Pro	gram
		Code	in the Consortia	Consortia	PH	HCV
	PHA 1:					
	PHA 2:					
	PHA 3:				+	
		150 1	- 5 W - D1 - 1 -			
5.0	5-Year Plan. Complete items 5.1 a	nd 5.2 onl	y at 5-Year Plan update.			
5.1	Mission. "To provide and maintain of	quality affo	ordable housing with acces	ss to community resource	es for low to	o moderate
	income families and individuals."					

5.2 Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.

Goals and Objectives:

A. Adapt the Decatur Housing Authority's housing stock by increasing the affordable housing supply for elderly by age and elderly by disability as stated in the Consolidated Plan (see Consolidated Plan Part III, Needs and Strategies, 1.3 Rental Housing, 1.4 Elderly Housing and, 1.5 Housing for Persons with Special Needs), and completing the HOPE VI Program for Longview Place.

Objectives:

- 1. DHA will build or acquire up to 230 new affordable housing units by December 31, 2012.
- 2. DHA will acquire land to construct up to 94 units for affordable senior housing using RHF & Program income funds.
- 3. DHA will construct up to 136 family affordable units.
- 4. DHA, with a private developer will construct 36 ACC units as part of the 90 unit mixed income Wabash Crossing Phase III HOPE VI Project.
- B. Increase opportunities for low and moderate income persons to attain homeownership. Including the following Consolidated Plan strategic goals: 1.6 Barriers to affordable housing, 1.7 Lead Based Paint Monitoring and Abatement, 1.8 Housing Counseling and 1.9 Fair Housing.

Objectives:

- 1. DHA will construct, with a private developer, up to 5 additional ACC units in Wabash Crossing Phase III.
- 2. DHA will, based on feasibility review, construct and sell up to 20 affordable one and two bedroom units for seniors to purchase.
- 3. Seek new income sources to support the creation of additional affordable housing for the community and support for programs.
- 4. DHA with its affiliate Not for Profit, will apply for LIHTC to construct affordable housing.
- 5. DHA will find community partners (banks, S&L's).
- 6. DHA will seek FHLB funding in the coming years.
- C. Encourage resident self sufficiency and facilitate employment opportunities.

Objectives:

- 1. DHA, with a private developer will construct a retail center within Wabash Crossing Phase III Hope VI Project to provide job opportunities to residents.
- 2. DHA will develop a financial incentive package to encourage tenants in Wabash Crossing commercial spaces to employ residents.
- 3. DHA will continue to aggressively pursue its Section 3 Programs with construction contracts.
- 4. DHA will seek new income sources to continue services provided through ROSS.
- D. Provide ethical stewardship of all programs and services.

Objectives:

- 1. Faithfully administer federal programs in accordance with laws and regulations (ongoing).
- 2. Maintain a system for residents and community members to recommend needed changes in DHA's housing stock and service provision (ongoing).
- 3. Provide excellent customer service.
- 4. Manage as a team, cooperating and assisting residents toward self-sufficiency.
- E. In accordance with the Violence Against Women Act the Decatur Housing Authority will ensure that victims of domestic violence, dating violence, or stalking is not an appropriate basis for denial of program assistance or denial of admission, if the applicant otherwise qualifies for assistance or admission. The Decatur Housing Authority will refer applicants/tenants/participants of the Public Housing and Housing Choice Voucher programs, who are victims of domestic violence, dating violence, sexual assault or stalking to the appropriate partner agency for assistance. Those agencies include: 1) Dove, a domestic violence service agency, 2) Growing Strong, a service agency that works with sexual assault victims, 3) Homeward Bound, a partner agency that provides housing to homeless families,4) Land of Lincoln Legal Assistance and other local service agencies. Attachment: il012q01

A statement on Progress in Meeting Five-Year Goals in included as an attachment: il012s01

PHA Plan Update

- (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:
- (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.

The public may obtain a copy of the PHA Plan and all elements listed below at the Main Offices of the Housing Authority and at the office of each AMP.

1 - Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures - The DHA gives preference to local residents for Section 8 eligibility. The DHA will implement a lottery system for selection from the waiting list for the Section 8 Program. There are no changes to the Public Housing portion of this element.

2. Financial Resources

2. Financial Resources	E' '1D	
	Financial Resou Planned Sources a	
Sources	Planned \$	Planned Uses
	Planned \$	Planned Uses
1. Federal Grants (FY2008 grants)	Φ1 1 C4 722	DIT O
a) PH Operating Fund	\$1,164,722	PH Operations
b) PH Capital Fund	\$864,495	Modernization
c) Replacement Housing Fund	\$270,894	Development
d) HOPE VI Revitalization	\$3,490,620	Development
e) ARRA Funds	\$1,437,178	
e) Annual Contributions for Section 8 Tenant	\$5,082,519	Rental Assistance
Based Assistance		
f) ROSS	\$250,000	Resident Services
Prior Year Federal Grants(Un-obligated		
funds)		
CFP IL06P01250107	\$647,000	Modernization
IL06R01250104	\$9,197	Development
IL06R01250105	\$7,550	Development
IL06R01250106	\$8,418	Development
IL06R01250107	\$270,136	Development
3. Public Housing Dwelling Rental Income	\$764,769	PH Operations
4. Non-Federal Sources		
Public Housing Investment Income	\$200,000	PH Operations
" "	\$15,000	Section 8 Operations
Program Income	\$4,659,000	Development
Total Resources	\$18,841,498	

- 3. Rent Determinations No Change
- 4. Operation and Management The Decatur Housing Authority is currently transitioning to the Asset Management form of management.
- 5. Grievance Procedures No Change
- 6. Designated Housing for Elderly and Disabled Families No Change
- 7. Community Service and Self- Sufficiency- No Change
- 8. Safety and Crime Prevention No Change
- 9. Pets No Change
- 10. Civil Rights Certification No Change
- 11. Audit The Decatur Housing Authority is required to have an audit conducted under Section 5(h) (2) of the US Housing Act of 1937 (42USC 1437 c (h). It has been submitted to HUD. There were 2 findings. Responses to findings have been submitted to HUD.

6.0

Housing, Homeov													
The Decatur Housi development. The phases complete. I units of mixed fina in accordance with Start Daycare Cent submission 12/15/2	name of the Phase III is unce replace the HUD ter located 2009. DHA	ne developments going into closement housing approved RHF within Wabash A will develop	t is Longview osing. The Dec with the RHF Plan. There van Crossing on I	Place/Wabash catur Housing a funds that have will be a disposible DHA owned page 1.	Crossing IL012- Authority is plann the been accumulate sition plan submit roperty. The disp	15 & 16 & 17 ing to develoring and seek ted for the E osition plan	7. There are two op up to 156 c LIHTC funds cffie Oliver Head is planned for						
Capital Improver	nents. Ple	ase complete P	Parts 8.1 throug	gh 8.3, as appli	cable.								
Annual Plan, annu Evaluation Report, Statement Perform Performance and E il012i02, RHF IL0 :il012k02, RHF IL il012m02, RHF IL	ally complainty form HUI ance & Every Evaluation 6R01250106R01250	ete and submit D-50075.1, for aluation Repor Report CFP IL 05 Annual P & 106 Annual P &	the Capital Fi each current a rt CFP IL06-S0 06P01250109 E Report: il0 & E Report: il6 & E Report: il6	and Program A nd open CFP § 012-50109: il0 il012a02, RH 12j02, CFP IL0 012l02, CFP II	Annual Statements grant and CFFP fi 12g02 Revised A F IL06R0125010 06P01250106 And L06P01250107 Ad	Performance nancing. Connual States 4 Annual Ponual	e and Driginal Annual ment & E Report: Report Report:						
Capital Fund Pro and submit the Cap a rolling basis, e.g.	gram Five pital Fund , drop curr	e-Year Action Program Five- ent year, and a	Plan. As part- Year Action Padd latest year	<i>lan</i> , form HUI for a five year	D-50075.2, and su	bsequent an	nual updates (on						
Capital Fund Financing Program (CFFP). Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very law income, and outromply low income formilies who reside in the invisit interpretable with a PHA including added to													
and other generally low-income, and e families, families of the public housing address issues of a the housing needs	vavailable xtremely lowith disability and Section for the jurting and the jurt	data, make a repow-income fan lities, and hous on 8 tenant-basey, supply, qualitisdiction serve housing need	easonable effonilies who residue holds of varied assistance vity, accessibilited by the Decis for each fan	rt to identify the in the jurisd ous races and evaiting lists. The y, size of units atur Housing hily type with	ne housing needs of liction served by the thnic groups, and he identification of s, and location. The Authority. Num 1 being no impact.	of the low-ir he PHA, inc other famil of housing ne he table belombers 1-5 inc	cluding elderly eluding elderly ies who are on eeds must ow summarizes dicate the						
the housing needs in the jurisdiction served by the Decatur Housing Authority. Numbers 1-5 indicate the impact of that factor on the housing needs for each family type with 1 being no impact and 5 being severe impact. Housing Needs of Families in the Jurisdiction By Family Type													
Family Type			Supply	Quality	Accessibility		Location 5						
of AMI					<u></u>								
Income >30% but <=50% of AMI	512	5	5	4	1	2	5						
Income >50% but <80% of AMI	207	5	5	4	1	2	5						
Elderly	3087	5	5	4	1	3	3						
disabilities	521			4			3						
African American	779	5	5	4	1	1	5						
	Housing, Homeovas applicable. The Decatur Housidevelopment. The phases complete. I units of mixed fina in accordance with Start Daycare Centsubmission 12/15/2 acquire land to supplicate acquire land to supplica	Housing, Homeownership Fas applicable. The Decatur Housing Author development. The name of the phases complete. Phase III is units of mixed finance replaced in accordance with the HUD Start Daycare Center located submission 12/15/2009. DH. acquire land to support developments. Pleacquire land Program Annual Plan, annually compleacquire land Program Five and Evaluation il012i02, RHF IL06R012501 il012k02, RHF IL06R012501 il012k02, RHF IL06R012501 il012m02, RHF il06R01250	Housing, Homeownership Programs, and as applicable. The Decatur Housing Authority received a development. The name of the development phases complete. Phase III is going into clounits of mixed finance replacement housing in accordance with the HUD approved RHF Start Daycare Center located within Wabasl submission 12/15/2009. DHA will develop acquire land to support development. Capital Improvements. Please complete F Capital Fund Program Annual Statemen Annual Plan, annually complete and submit Evaluation Report, form HUD-50075.1, for Statement Performance & Evaluation Report CFP II. il012i02, RHF IL06R01250105 Annual P & iil012k02, RHF IL06R01250106 Annual P & iil012m02, RHF IL06R01250106 Annual P & IL06R01250108 Annual P & E Report:il012 Capital Fund Program Five-Year Action Plan. Included as in the Five-Year Action Plan. Included as a low-income, and extremely low-income fan families, families with disabilities, and hous the public housing and Section 8 tenant-bas address issues of affordability, supply, qualithe housing needs in the jurisdiction serv impact of that factor on the housing need impact. Housing Type Overall Affordable Income <= 3-% 1627 5 of AMI Income >30% 512 5 but <80% of AMI Income >50% 207 5 but <80% of AMI Income >50% 207 5 but <80% of AMI Income >50% 57 5 5 families with disabilities African 779 5 5 manual processors and the public with the public with supply and the financing with S21 5 families with S21 5 f	Housing, Homeownership Programs, and Project-base as applicable. The Decatur Housing Authority received a HOPE VI Grar development. The name of the development is Longview phases complete. Phase III is going into closing. The Decunits of mixed finance replacement housing with the RHF in accordance with the HUD approved RHF Plan. There v Start Daycare Center located within Wabash Crossing on I submission 12/15/2009. DHA will develop and sell home acquire land to support development. Capital Improvements. Please complete Parts 8.1 througe Capital Fund Program Annual Statement/Performance Annual Plan, annually complete and submit the Capital Fund Evaluation Report, form HUD-50075.1, for each current a Statement Performance & Evaluation Report CFP IL.06-SQ Performance and Evaluation Report CFP IL.06-B012501.09 il012i02, RHF IL.06R01250105 Annual P & E Report: il012i012k02, RHF IL.06R01250105 Annual P & E Report: il012i1012k02, RHF IL.06R01250107 Annual P & E Report: il012i1012k02, RHF IL.06R01250107 Annual P & E Report: il011012m02, RHF IL.06R01250107 Annual P & E Report: il012m02 Annual P & E Report: il012m02 Annual P & E Repor	Housing, Homeownership Programs, and Project-based Vouchers. as applicable. The Decatur Housing Authority received a HOPE VI Grant in 1999. The development. The name of the development is Longview Place/Wabash phases complete. Phase III is going into closing. The Decatur Housing units of mixed finance replacement housing with the RHF funds that hav in accordance with the HUD approved RHF Plan. There will be a dispos Start Daycare Center located within Wabash Crossing on DHA owned p submission 12/15/2009. DHA will develop and sell homeownership uni acquire land to support development. Capital Improvements. Please complete Parts 8.1 through 8.3, as application applied and the support development. Capital Fund Program Annual Statement/Performance and Evaluat Annual Plan, annually complete and submit the Capital Fund Program and Evaluation Report, form HUD-50075.1, for each current and open CFP Statement Performance & Evaluation Report CFP IL06601250109: il012a02, RHF il012i02, RHF IL06R01250105 Annual P & E Report: il012j02, CFP IL il012i02, RHF IL06R01250105 Annual P & E Report: il012j02, CFP IL il012m02, RHF IL06R01250107 Annual P & E Report: il012n02, CFP IL Il06R01250108 Annual P & E Report: il012n02, CFP IL Il06R01250108 Annual P & E Report: il012n02, CFP IL Il06R01250108 Annual P & E Report: il012n02, CFP II Il06R01250108 Annual P & E Report: il012n02, CFP II Il06R01250108 Annual P & E Report: il012n02, CFP II Il06R01250108 Annual P & E Report: il012n02, CFP II Il06R01250108 Annual P & E Report: il012n02, CFP II Il06R01250108 Annual P & E Report: il012n02, CFP II Il06R01250108 Annual P & E Report: il012n02, CFP II Il06R01250108 Annual P & E Report: il012n02, CFP II Il06R01250108 Annual P & E Report: il012n02, CFP II Il06R01250108 Annual P & E Report: il012n02, CFP II Il06R01250108 Annual P & E Report: il012n02, CFP II Il06R01250108 Annual P & E Report: il012n02, CFP II Il06R01250108 Annual P & E Report: il012n02, CFP II Il06R01250108 Annual P & E Report: il012n02, CFP II Il06	Housing, Homeownership Programs, and Project-based Vouchers. Include statements as applicable. The Decatur Housing Authority received a HOPE VI Grant in 1999. The development is development. The name of the development is Longview Place/Wabash Crossing ILO12-phases complete. Phase II is going into closing. The Decatur Housing Authority is plant units of mixed finance replacement housing with the RHF funds that have been accumulat in accordance with the HUD approved RHF Plan. There will be a disposition plan submit in start Daycare Center located within Wabash Crossing on DHA owned property. The disp submission 12/15/2009. DHA will develop and sell homeownership units based on marke acquire land to support development. Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable. Capital Fund Program Annual Statement/Performance and Evaluation Report. As fannual Plan, annually complete and submit the Capital Fund Program Annual Statement Evaluation Report, form HUD-50075.1, for each current and open CFP grant and CFFP fit Statement Performance & Evaluation Report CFP ILO6-S012-50109: il012g02 Revised A Performance and Evaluation Report CFP ILO6-B01250109: il012d02, RHF ILO6R01250105 Annual P & E Report: il012d02, CFP ILO6P01250106 An il012i02, RHF ILO6R01250106 Annual P & E Report: il012j02, CFP ILO6P01250107 A: il012m02, CHF ILO6R01250107 A: il012m02, CFP ILO6P01250107 A: il012m02, CFP ILO6P01250108 Annual P & E Report: il012m02, CFP ILO6P01250108 il ILO6R01250108 Annual P & E Report: il012m02, CFP ILO6P01250108 il ILO6R01250108 Annual P & E Report: il012m02, CFP ILO6P01250108 in ILO6R01250108 Annual P & E Report: il012m02, CFP ILO6P01250108 in ILO6R01250108 Annual P & E Report: il012m02, CFP ILO6P01250108 in ILO6R01250108 Annual P & E Report: il012m02, CFP ILO6P01250108 in ILO6R01250108 Annual P & E Report: il012m02, CFP ILO6P01250108 in ILO6R01250108 Annual P & E Report: il012m02, CFP ILO6P01250108 in ILO6R01250108 Annual P & E Report: il012m02, CFP ILO6P01250108 in ILO6R01250108 Annual P &	The Decatur Housing Authority received a HOPE VI Grant in 1999. The development is a mixed fina development. The name of the development is Longview Place/Wabash Crossing ILO12-15 & 16 & 17 phases complete. Phase III is going into closing. The Decatur Housing Authority is planning to devel units of mixed finance replacement housing with the RHF funds that have been accumulating and seed in accordance with the HUD approved RHF Plan. There will be a disposition plan submitted for the E Start Daycare Center located within Wabash Crossing on DHA owned property. The disposition plan submission 12/15/2009. DHA will develop and sell homeownership units based on market feasibility, acquire land to support development. Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable. Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the P Annual Plan, annually complete and submit the Capital Fund Program Annual Statement/Performance Evaluation Report. Form HUD-50075.1, for each current and open CFP grant and CFFP financing. C Statement Performance & Evaluation Report CFP ILO6601250109; ii012202 RHF ILO6801250104 Annual P ii1012i02, RHF ILO6801250105 Annual P & E Report: ii012a02, RHF ILO6801250104 Annual P ii1012i02, RHF ILO6801250105 Annual P & E Report: ii012i02, CFP ILO6901250108 Annual P & E Iii012k02, RHF ILO6801250107 Annual P & E Report: ii012i02, CFP ILO6901250108 Annual P & E Report: ii012						

Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. The Decatur Housing Authority's strategy for address the housing needs include: 1) Reduce turnover time for vacated public housing units. 2) Seek replacement of public housing units lost to the inventory through mixed finance development 3) Seek replacement of public housing units lost to the inventory through section 8 replacement housing 4) Maintain or increase Section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction. 9.1 5) Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required. 6) Maintain or increase Section 8 lease-up rates by marketing the program to owners. 7) Maintain or increase Section 8 lease-up rates by effectively screening applicants to increase owner acceptance of program. Increase the number of affordable housing units by applying for additional vouchers if they become available. 9) Leverage affordable housing resources in the community through mixed finance. 10) Target available assistance to families at or below 30% of AMI. 11) Adopt rent policies to support and encourage work. 12) Target available assistance to the elderly by seeking designation of public housing elderly only. 13) Seek designation of public housing for families with disabilities. 14) Affirmatively market to races/ethnicities shown to have disproportionate housing needs. Additional Information. Describe the following, as well as any additional information HUD has requested. (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5- Year Plan. Attachment il012s02 10.0 (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" The Decatur Housing Authority's definition of Significant Amendment and Substantial Deviation/Modification is: 1) Changes to rent or admissions policies or organization for the waiting list; 2) Additions of non-emergency work items, items not included in the current Annual Statement or Five-Year Action Plan) or changes in the use of replacement reserve funds under the Capital Fund. Any Change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

- 11.0 Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.
 - (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations* (which includes all certifications relating to Civil Rights)
 - (b) Form HUD-50070, Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)
 - (c) Form HUD-50071, Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)
 - (d) Form SF-LLL, Disclosure of Lobbying Activities (PHAs receiving CFP grants only)
 - (e) Form SF-LLL-A, Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)
 - (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA
 - Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.
 - (g) Challenged Elements
 - (h) Form HUD-50075.1, Capital Fund Program Annual Statement/Performance and Evaluation Report (PHAs receiving CFP grants only)
 - (i) Form HUD-50075.2, Capital Fund Program Five-Year Action Plan (PHAs receiving CFP grants only)

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

Part I: Summary	ummary				
PHA Nam	PHA Name: Decatur Housing Authority Decatur IL Capital Fund Program Grant No: IL06-P012-50109 Replacement Housing Factor Grant No: Date of CFFP:	012-50109			FFY of Grant: 2009 FFY of Grant Approval: 2009
Type of Grant	pe of Grant Original Annual Statement ☐ Reserve for Disasters/Emergencies	×	Revised Annual Statement (revision no:1	no:1	
☐ Perfor	Performance and Evaluation Report for Period Ending:		Final Performance and Evaluation Report	Report	
Line	Summary by Development Account	Total Est	Total Estimated Cost		Total Actual Cost 1
		Original	Revised ²	Obligated	Expended
-	Total non-CFP Funds	\$0.00			
2	1406 Operations (may not exceed 20% of line 21) 3	\$30,000			
3	1408 Management Improvements	\$5,000			
4	1410 Administration (may not exceed 10% of line 21)	86,449			
5	1411 Audit	\$0.00			
6	1415 Liquidated Damages	\$0.00			
7	1430 Fees and Costs	\$196,847			
000	1440 Site Acquisition	\$0.00			
9	1450 Site Improvement	\$1,915			
10	1460 Dwelling Structures	\$117,240			
=	1465.1 Dwelling Equipment—Nonexpendable	\$52,000			
12	1470 Non-dwelling Structures	\$35,000	,		
13	1475 Non-dwelling Equipment	\$290,044			
14	1485 Demolition	\$0.00	-		The control of the co
15	1492 Moving to Work Demonstration	\$0.00			
16	1495.1 Relocation Costs	\$0.00			
[17]	1499 Development Activities *	\$50,000	- Transport		

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

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

Date	Director	Signature of Public Housing Director	If the Sign Sign		Signature of Executive Director	S
				Amount of line 20 Related to Energy Conservation Measures	25 Amount of line 20 Relate	2:
			\$0.00	Amount of line 20 Related to Security - Hard Costs	24 Amount of line 20 Relate	2,
			\$0.00	Amount of line 20 Related to Security - Soft Costs	23 Amount of line 20 Relate	22
			\$0.00	Amount of line 20 Related to Section 504 Activities	22 Amount of line 20 Relate	2;
			\$0.00	d to LBP Activities	21 Amount of line 20 Related to LBP Activities	2
			\$864,495	:: (sum of lines 2 - 19)	20 Amount of Annual Grant: (sum of lines 2 - 19)	20
			\$0.00	502 Contingency (may not exceed 8% of line 20)	19 1502 Contingency (may	
			\$0.00	9000 Collateralization or Debt Service paid Via System of Direct Payment	18ba 9000 Collateralization or	12
			\$0.00	501 Collateralization or Debt Service paid by the PHA	18a 1501 Collateralization or	
Expended	Obligated	Revised ²	Original			
Total Actual Cost 1	Tota	Total Estimated Cost	Total	ent Account	Line Summary by Development Account	_
	Final Performance and Evaluation Report	☐ Final Perfo		teport for Period Ending:	Performance and Evaluation Report for Period Ending:	<u> </u>
Š	Revised Annual Statement (revision no:	☐ Revised An	ies	Reserve for Disasters/Emergencies	Original Annual Statement	152
The second secon					Type of Grant	1 →
	FFY of Grant:2009 FFY of Grant Approval:	FFY of		Grant Type and Number Capital Fund Program Grant No: IL06-P012-50109 Replacement Housing Factor Grant No: Date of CFFP:	PHA Name: Decatur Housing Authority Decatur IL	רםם

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² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
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⁴ RHF funds shall be included here.

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

				\$915		1450	Exterior Improvements at Scat Sites	
				\$27.862		1430	Fees & Costs	AMP II.I. 12-24
						The state of the s		
				\$26,000		1475	Energy Management Improvements	
				\$70,000		1475	Boiler Replacement at Hartford	
				\$1,000		1475	Change Machine at Hartford	
				\$6,000		1475	Video Surveillance at Hartford	
				\$5,000		1470	Window Replacement Hartford Elevators	
				\$15,000		1470	Roof Replacement at Hartford	
				\$1,000		1460	Plumbing Improvements at Macon Street	
		-		\$7,640		1460	Kitchen & Bath Remodeling at Cantrell	
				\$78,737		1430	Fees & Costs	AMP ILL 12-23
				\$2,250		1475	Truck Lift	
				\$27,000		1475	Energy Mgmt Improvements Concord	
			· Ban	\$1,000		1475	Change Machine at Concord	
				\$6,000		1475	Video Surveillance at Concord	
				\$80,044		1470	Fire Alarm Systems	
				\$40,037		1430	Fees & Costs	
				\$1,250		1408	Software Improvements	
		s (e	*.	\$1,250		1408	Training	
				\$15,000		1406	Operations	AMP ILL 12-22
				3000			0	
				\$50,000		1499	Replace Units lost Through HOPE VI	AMP ILL 12-17
	Funds Expended ²	Funds Obligated ²	Revised ¹	Original				
Status of Work	Cost	Total Actual Cost	ated Cost	Total Estimated Cost	Quantity	Account No.	General Description of Major Work Categories	Name/PHA-Wide Activities
								-
			. 10		ant No:	CFFF (xes/ No): No Replacement Housing Factor Grant No:	Replace	
	09	Federal FFY of Grant: 2009	Federal I	109	: IL06-P012-50	Grant Type and Number Capital Fund Program Grant No: IL06-P012-50109	`	PHA Name: Decatur Housing Authority Decatur IL
							S	Part II: Supporting Pages

^{&#}x27;To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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PHA Name: Decatur Housing Authority		Grant Type and Number			Rederal I	FV of Crant. 20	00	
Decatur II.		Capital Fund Program Grant No: IL06-P012-50109 CEFP (Yes/ No): No Renlacement Housing Factor Grant No:	: IL06-P012-50	[09	Federal I	Federal FFY of Grant: 2009	9	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	d Cost	Total Actual Cost	Cost	Status of Work
				Original F	Revised ¹	Funds Obligated ²	Funds Expended ²	
(Cont)	Kitchen and Bath Improvements 12-6	1460		\$48,600				
ANGE 17 12 20								
AIMIT ILL 12-28	Operations	1406		\$15,000				
	Software Improvements	1408		\$1,250				
	Fees & Costs	1430		922.22				
	Exterior Improvements at Poole Street	1450		\$1,000				
	Kitchen & Bath Remod. at Poole St	1460		★ 000,09\$				
	Ranges & Refrigerators at Poole St	1465.1		\$52,000 🕶				
	Video Surveillance at Lexington	1475		\$6,000 🖌				
	Energy Management Improvements	1475		\$32,000 ✔				
	Truck Lift	1475		\$2,250				
ILL 12-999999	Main Office Roof Repair	1470		\$15,000				
The second secon	Energy Management Improvements	1475		\$30,500				
	Fees & Costs	1430		\$10,375				
PHA Wide	Grant Administration Fee	1410		\$86,449				
	In House Construction Observation Fee	1430		\$6,500				

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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

Part III: Implementation Schedule for Capital Fund Program	edule for Capital Fund	Program			
PHA Name: Decatur Housing Authority Decatur IL	3 Authority				Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter I	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
AMP ILL-12-22					
AMP ILL-12-23					
AMP ILL-12-24					
AMP ILL-12-28			7.77.20.00		
PHA Wide					
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Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

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Grand Total	Total Non-CFP Funds	Total CFP Funds	Debt Service	Capital Fund Financing -	Development	Demolition	Operations	Other	Administration	Structures and Equipment	Management Improvements	Physical Improvements Subtotal	ILL 12-28 - Lexington, Poole St., 8 Scattered Sites	ILL 12-24 - 93 Scattered Sites	ILL 12-23 - Hartford, Macon Street, Cantrell St. 22 Scattered Sites	ILL 12-22 - Concord, Townhouses, and 8 Scattered Sites	Development Number and Name	PHA Name/Number	Part I: Summary
																Annual Statement	Work Statement for Year 1 FFY 2009		
\$864,495		\$864,495	6	\$0.00	\$200,000	\$0.00	\$30,000	\$56,000	\$86,449	\$301,000	\$2,000	\$176,046	\$65,000	\$0.00	\$38,546	\$72,000	Work Statement for Year 2 FFY 2010	Locality (City/	
\$864,495		\$864,495	*	\$0.00	\$200,000	\$0.00	\$30,000	\$56,000	\$86,449	\$258,329	\$2,000	\$205,375	\$62,329	\$90,066	\$49,993	\$27,329	Work Statement for Year 3 FFY 2011	Locality (City/County & State)	
\$864,495		\$864,495		\$0.00	\$200,000	00.08	\$30,000	\$56,000	\$86,449	\$46,000	\$2,000	\$419,046	\$194,384	\$37,714	\$75,064	\$136,884	Work Statement for Year 4 FFY 2012	☐Original 5-Year Plan 🛛	
\$864,495		\$864,495	£ 0.00	\$0.00	\$200,000	\$0.00	\$30,000	\$56,000	\$86,449	\$31,000	\$2,000	\$459,046	\$28,032	\$325,894	\$77,088	\$28,032	Work Statement for Year 5 FFY 2013	Revision No: 1	

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Subtotal of Estimated Cost	Management Improve. 1408	ILL 12-999999 Energy Mgmt Improve. & Insulation 1470	Administration 1410	Fees & Costs 1430	PHA Wide Computers 1475	ILL 12-28 Refrigerators at Scat Sites & Lexington 1465.1	ILL 12-28 Elevator Upgrades at Lexington 1475	ILL 12-28 Water Conservation at Lexington 1460	ILL 12-24 Refrigerators at Scat Sites 1465.1	ILL 12-23 Elevator Upgrades at Hartford 1475	ILL 12-23 Refrigerators Scat Sites & Hartford 1465.1	ILL 12-23 Water Conservation at Hartford 1460	ILL 12-22 Vehicles 1475	ILL 12-22-28 Operations 1406	ILL 12-22 Elevator Upgrades 1475	ILL 12-22 Refrigerators Scat Sites 1465.1	ILL 12-22 Water Conservation at Townhouses & Concord 1460	Development Number/Name General Description of Major Work Categories	Work Statement for Year 2 FFY 2010	Part II: Supporting Pages – Physical Needs Work Statement(s)
ted Cost																		Quantity	or Year 2	ork Statem
\$664,495	\$2,000	\$27,000	\$86,449	\$56,000	\$8,000	\$45,000	\$12,000	\$65,000	\$77,110	\$12,000	\$91,786	\$38,546	\$25,000	\$30,000	\$12,000	\$6,104	\$72,500	Estimated Cost		ent(s)
Subtotal of Estimated Cost	Management Improve. 1408	Administration 1410	ILL 12-999999 Office Geothermal Heating 1470	Fees & Costs 1430	PHA Wide Computers 1475	ILL 12-28 Operations 1406	ILL 12-28 Vehicles 1475	ILL 12-28 Water Conservation at Scat Sites 1460	ILL 12-28 Replace A/C units and water heaters at Lexington 1460	ILL 12-24 Water Conservation at Scat Sites 1460	ILL 12-23 Heat Recovery MU Air Hartford 1470	ILL 12-23 Water Conservation at Macon Street & Scattered Sites 1460	ILL 12-23 Water Heaters at Hartford 1460	ILL 12-22 Operations 1406	ILL 12-22 Heat Recovery MU Air at Concord 1470	ILL 12-22 Water Conservation at Scat Sites 1460	ILL 12-22 Water Heaters at Concord 1460	Development Number/Name General Description of Major Work Categories	Work Statement for Year:3 FFY 2011	
Cost		·																Quantity	or Year:3	
\$664,495	\$2,000	\$86,449	\$205,329	\$56,000	\$8,000	\$15,000	\$25,000	\$7,329	\$55,000	\$90,066	\$12,000	\$29,993	\$20,000	\$15,000	\$12,000	\$7,329	\$20,000	Estimated Cost		

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0	Management Improvements	Administration 1410	Fees & Costs 1430	PHA Wide Computers 1475	ILL 12-28 Operations	ILL 12-28 Smoke Detectors Scat Sites	ILL 12-28 Attic Insulation & Smoke Detectors at Poole 1460	ILL 12-28 Furnace A/C Water heaters at Poole 1460	ILL 12-24 Smoke Detectors Scat Site	ILL 12-23 Carpet at Hartford 1470	ILL 12-23 Attic Insulation & Smoke Detectors at Cantrell 1460	Control of the contro	Andrew Control of Cont	ILL 12-23 Furnace A/C Water Heaters at Cantrell 1460	ILL 12-23 A/C units at Hartford 1460		ILL 12-22 Operations 1406	ILL 12-22 Smoke Detectors at Scat Site	ILL 12-22 Vehicles 1475	ILL 12-22 Attic Insulation. & Smoke Detectors Townhouses 1460	ILL 12-22 Furnace A/C Water Heaters at Townhouses 1460	Development Number/Name General Description of Major Work Categories	Work Statement for Year 4 FFY 2012	Part II: Supporting Pages - Physical Needs Work Statement(s)
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	\$2.000	\$86,449	\$56,000	\$6,000	\$15,000	\$2,384	\$32,000	\$160,000	\$37,714	\$15,000	\$8,000		A STATE OF THE STA	\$40,000	\$27,064		\$15,000	\$2,384	\$25,000	\$19,500	\$115,000	Estimated Cost		ent(s)
							Management Improvements 1408	Administration 1410		Fees & Costs	PHA Wide Computers 1475		ILL 12-28 Operations 1406	ILL 12-28 Vehicles 1475	ILL 12-28 Fire Alarm Upgrades 1470	ILL 12-28 Furnace A/C Water Heaters at Scattered Sites 1460	ILL 12-24 Furnace A/C Water Heaters at Scattered Sites	Ill 12-23 Fire Alarm Upgrades 1470	ILL 12-23 Furnace A/C Water Heaters at Scattered Sites 1460	ILL 12-22 Operations 1406	ILL 12-22 Furnace A/C Water Heaters at Scattered Sites 1460	Development Number/Name General Description of Major Work Categories	Work Statement for Year: 5 FFY 2013	
																						Quantity	for Year: 5	
							\$2,000	\$86,449		\$56,000	\$6,000		\$15,000	\$25,000	\$2,000	\$28,032	\$303,894	\$2,000	\$77,088	\$15,000	\$28,032	Estimated Cost		

Capital Fund Program—Five-Year Action Plan

Subtotal of Estimated Cost
\$664,495
Subtotal of Estimated Cost
\$664,495

_		K. Total CF	J. Capital Fund Debt Service	I. Development	H. Demolition	G. Operations	_	 E. Administration 	D. PHA-Wi	C. Managen	B. Physical Subtotal	ILL 12- Poole Sites	ILL 12- Sites	ILL 12- Macon 22 Scatt	ILL 12-22 - C Townhouses, a Scattered Sites	A. and Name	PHA Name/Number	Part I: Summary
	Total Non-CFP Funds	Total CFP Funds	Capital Fund Financing – Debt Service	nent	on	ns		ration	PHA-Wide Non-dwelling Structures and Equipment	Management Improvements	Physical Improvements Subtotal	ILL 12-28 - Lexington, Poole St., 8 Scattered Sites	ILL 12-24 - 93 Scattered Sites	ILL 12-23 - Hartford, Macon Street, Cantrell St. 22 Scattered Sites	ILL 12-22 - Concord, Townhouses, and 8 Scattered Sites	Development Number and Name	ımber	ımary
Carried Control of the control of th															Annual Statement	Work Statement for Year 1 FFY 2009		
		\$864,495	\$0.00	\$200,000	\$0.00	\$30,000	\$56,000	\$86,449	\$301,000	\$2,000	\$176,046	\$65,000	\$0.00	\$38,546	\$72,000	Work Statement for Year 2 FFY 2010	Locality (City/	
		\$864,495	\$0.00	\$200,000	\$0.00	\$30,000	\$56,000	\$86,449	\$258,329	\$2,000	\$205,375	\$62,329	\$90,066	\$49,993	\$27,329	Work Statement for Year 3 FFY 2011	Locality (City/County & State)	
		\$864,495	\$0.00	\$200,000	\$0.00	\$30,000	\$56,000	\$86,449	\$46,000	\$2,000	\$419,046	\$194,384	\$37,714	\$75,064	\$136,884	Work Statement for Year 4 FFY 2012	☐Original 5-Year Plan 🛛	
		\$864,495	\$0.00	\$200,000	\$0.00	\$30,000	\$56,000	\$86,449	\$35,000	\$2,000	\$455,046	\$28,032	\$325,894	\$77,088	\$28,032	Work Statement for Year 5 FFY 2013	⊠Revision No: 1	

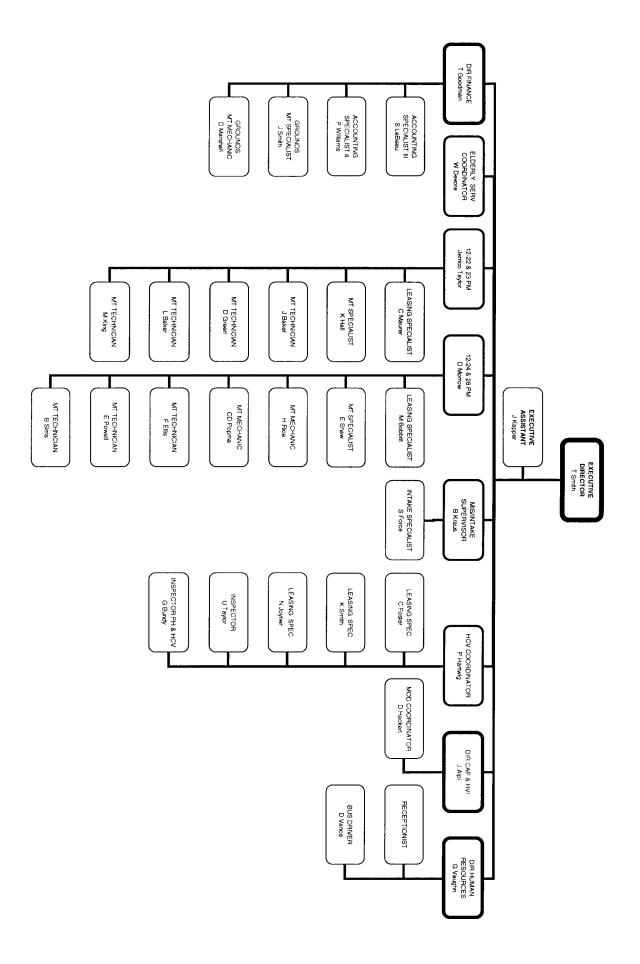
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1408 Subtotal of Estimated Cost	Management Improve.	\$2,000 \$664,495	imated Cost	Management Improve. 1408 Subtotal of Estimated Cost	
	Administration 1410	\$27,000		ILL 12-99999 Energy Mgmt Improve. & Insulation 1470	
Heating	ILL 12-999999 Office Geothermal Heating 1470	\$86,449		Administration 1410	
	Fees & Costs 1430	\$56,000		Fees & Costs 1430	
	PHA Wide Computers 1475	\$8,000		PHA Wide Computers 1475	
	ILL 12-28 Operations 1406	\$45,000		ILL 12-28 Refrigerators at Scat Sites & Lexington 1465.1	
	ILL 12-28 Vehicles 1475	\$12,000		ILL 12-28 Elevator Upgrades at Lexington 1475	
cat Sites	ILL 12-28 Water Conservation at Scat Sites 1460	\$65,000		ILL 12-28 Water Conservation at Lexington 1460	
water	ILL 12-28 Replace A/C units and water heaters at Lexington 1460	\$77,110		ILL 12-24 Refrigerators at Scat Sites 1465.1	
Scat Sites	ILL 12-24 Water Conservation at Scat Sites 1460	\$12,000		ILL 12-23 Elevator Upgrades at Hartford 1475	
r Hartford	ILL 12-23 Heat Recovery MU Air Hartford 1470	\$91,786		ILL 12-23 Refrigerators Scat Sites & Hartford 1465.1	
Macon	ILL 12-23 Water Conservation at Macon Street & Scattered Sites 1460	\$38,546		ILL 12-23 Water Conservation at Hartford 1460	Statement's
ord 1460	ILL 12-23 Water Heaters at Hartford 1460	\$25,000		ILL 12-22 Vehicles 1475	
	ILL 12-22 Operations 1406	\$30,000		ILL 12-22-28 Operations 1406	
at	ILL 12-22 Heat Recovery MU Air at Concord 1470	\$12,000		ILL 12-22 Elevator Upgrades 1475	
Scat Sites	ILL 12-22 Water Conservation at Scat Sites 1460	\$6,104		ILL 12-22 Refrigerators Scat Sites 1465.1	Appual
rd 1460	ILL 12-22 Water Heaters at Concord 1460	\$72,500	*****	ILL 12-22 Water Conservation at Townhouses & Concord 1460	*Sec
me Quantity Work	Development Number/Name General Description of Major Work Categories	Estimated Cost	Quantity	Development Number/Name General Description of Major Work Categories	Year 1 FFY 2009
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		ment(s)	Work State	Part II: Supporting Pages - Physical Needs Work Statement(s)	Part II: Sup

A A Constant of the Constant o	Administration 1410	Fees & Costs 1430	PHA Wide Computers 1475	ILL 12-28 Operations	ILL 12-28 Smoke Detectors Scat Sites	Detectors at Poole 1460	ILL 12-28 Attic Insulation & Smoke	Poole 1460	ILL 12-28 Furnace A/C Water heaters at	ILL 12-24 Smoke Detectors Scat Site	ILL 12-23 Carpet at Hartford 1470	ILL 12-23 Attic Insulation & Smoke Detectors at Cantrell 1460		at Cantrell 1460	ILL 12-23 A/C units at Hartford 1460			ILL 12-22 Operations 1406	ILL 12-22 Smoke Detectors at Scat Site	Substitution in the state of th		Armual ILL 12-22 Attic Insulation. & Smoke	at Townhouses 1460	See ILL 12-22 Furnace A/C Water Heaters			Year 1 FFY Development Number/Name	Work Statement for	Part II: Supporting Pages – Physical Needs Work Statement(s)
Management Improvements			1475		ctors Scat Sites		ion & Smoke		Water heaters at	ectors Scat Site	irtford 1470	ion & Smoke 160		Water Heaters	Hartford 1460			1406	ctors at Scat Site	/3	1460	ion. & Smoke		Water Heaters				Work Statement for Year 4 FFY 2012	vsical Needs Work States
\$2,000	\$86,449	\$56,000	\$6,000	\$15,000	\$2,384		\$32,000		\$160,000	\$37,714	\$15,000	\$8,000		\$40,000	\$27,064		4	\$15,000	\$2,384	\$25,000		\$19,500		\$115,000			Estimated Cost		ment(s)
							Management Improvements 1408		Administration 1410		Fees & Costs	PHA Wide Computers 1475	ILL 12-28 Operations 1406	ILL 12-28 Vehicles 1475	ILL 12-28 Fire Alarm Upgrades 1470	ILL 12-28 Furnace A/C Water Heaters at Scattered Sites 1460	Scattered Sites	ILL 12-24 Furnace A/C Water Heaters at	Ill 12-23 Fire Alarm Upgrades 1470	Scattered Sites 1460		ILL 12-22 Operations 1406	Scattered Sites 1460	-	Categories	General Description of Major Work	Develonment Number/Name	Work Statement for Year: 5 FFY 2013	
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							\$2,000		\$86,449		\$56,000	\$6,000	\$15,000	\$25,000	\$2,000	\$28,032	\$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	\$303.894	\$2,000	\$//,088		\$15,000		\$28,032		Pottimica Cost	Fetimated Cost		

Capital Fund Program—Five-Year Action Plan

Subtotal of Estimated Cost \$664,495 Subt	Subtotal of Estimated Cost \$664,495
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Resident Advisory Board Meeting
Attachment: ilo12c02
April 1, 2009
2:00 p.m.
DHA Main Office
1808 East Locust St.

Diane Hackert, Modernization Coordinator for the Decatur Housing Authority, started the meeting with introductions of all staff present. She then proceeded to discuss the reason for the meeting and the ARRA funding and the amendment to the PHA Plan. Comments were received about items to be included in the plan. Ms. Joyce White, Resident Council President, discussed problems with the windows in the scattered sites that leak air. There was discussion about this and about the improvements at scattered sites that are included in the plan.

Mr. Alpi talked about the status of the HOPE VI grant and the Wabash Crossing development. He stated that when we tore down Longview we demolished 386 units. Of the 381 units built in the Wabash Crossing development 168 are public housing units. The Housing Authority also purchased an apartment building that contains 24 units. There were also two apartments used for storage and a manager's apartment at the Lexington that have been converted to public housing units. This means we are still eligible to add 191 units back to the public housing stock. Mr. Alpi explained about the delay with Phase III of Wabash Crossing.

Mr. Smith, Executive Director, stated that the Housing Authority will be taking applications for low income housing and there will be an announcement in the newspaper to that affect. He stated that the Housing Authority staff is still adjusting to the asset management form of management.

Scattered Sites

The residents of the scattered site single family homes would like more insulation due to high power bills. Windows leaking air.

Response: Staff offered more weather stripping if needed. Staff will investigate causes of air leakage.

The PHA Plan was made available for review for the 10 day period in accordance with Notice 2009-12 and a public hearing was held as part of the Authority's Board meeting. There were no comments received during the Public Hearing.

COMMUNITY SERVICE

Attachment: il012d02

24 CFR 960.603-960.611

A. REQUIREMENT

Each adult resident of the PHA shall:

Contribute 8 hours per month of community service (not including political activities) within the community in which that adult resides; or

Participate in an economic self-sufficiency program (defined below) for 8 hours per month.

Perform 8 hours per month of combined activities (community service and economic self-sufficiency program).

B. EXEMPTIONS

The PHA shall provide an exemption from the community service requirement for any individual who:

Is 62 years of age or older;

is a blind or disabled individual, as defined under section 216[i][l] or 1614 of the Social Security Act, and who is unable to comply with this section, or is a primary caretaker of such individual;

Is engaged in a work activity as defined in section 407[d] of the Social Security Act;

Meets the requirements for being exempted from having to engage in a work activity under the State program funded under part A of title IV of the Social Security Act, or under any other welfare program of the State in which the public housing agency is located, including a State-administered welfare-to-work program; or

Is in a family receiving assistance under a State program funded under part A of title IV of the Social Security Act, or under any other welfare program of the State in which the public housing agency is located, including a State-administered welfare-to-work program, and has not been found by the State or other administering entity to be in noncompliance with such program.

The PHA will re-verify exemption status annually except in the case of an individual who is 62 years of age or older.

The PHA will permit residents to change exemption status during the year if status changes.

C. DEFINITION OF ECONOMIC SELF-SUFFICIENCY PROGRAM

For purposes of satisfying the community service requirement, participating in an economic selfsufficiency program is defined, in addition to the exemption definitions described above, by one of the following:

Participating in the Family Self-Sufficiency Program and being current in the steps outlined in the Individual Training and Services Plan;

Participating in an educational or vocational training program designed to lead to employment, at least 30 hours per week;

Improving the physical environment of the resident=s development;

Volunteer work in a local school, hospital, child care center, homeless shelter, or other community service organization;

Working with youth organizations;

Helping neighborhood groups on special projects;

Raising young (pre-school) children at home where spouse is working;

Participation in programs that develop and strengthen resident self-responsibility such as:

Drug and alcohol abuse counseling and treatment

Household budgeting

Credit counseling

English proficiency

Other activities as approved by the PHA on a case-by-case basis.

The PHA will give residents the greatest choice possible in identifying community service opportunities.

The PHA will consider a broad range of self-sufficiency opportunities.

D. ANNUAL DETERMINATIONS

Requirement B For each public housing resident subject to the requirement of community service, the PHA shall, 30 days before the expiration of each lease term, review and determine the compliance of the resident with the community service requirement.

Such determination shall be made in accordance with the principles of due process and on a nondiscriminatory basis.

The PHA will verify compliance annually. If qualifying activities are administered by an organization other than the PHA, the PHA will require verification of family compliance from

such third parties. Family members are required to provide signed, verifiable statements of completion of service.

Family members may be permitted to self-certify that they have complied with community service requirements.

E. NONCOMPLIANCE

If the PHA determines that a resident subject to the community service requirement has not complied with the requirement, the PHA shall notify the resident of such noncompliance, and that:

The determination of noncompliance is subject to the administrative grievance procedure under the PHA=s Grievance Procedures; and

Unless the resident enters into an agreement to comply with the community service requirement, the resident=s lease will not be renewed, and

The PHA may not renew or extend the resident=s lease upon expiration of the lease term and shall take such action as is necessary to terminate the tenancy of the household, unless the PHA enters into an agreement, before the expiration of the lease term, with the resident providing for the resident to cure any noncompliance with the community service requirement, by participating in an economic self-sufficiency program for or contributing to community service as many additional hours as the resident needs to comply in the aggregate with such requirement over the 12-month term of the lease.

Ineligibility for Occupancy for Noncompliance

The PHA shall not renew or extend any lease, or provide any new lease, for a dwelling unit for any household that includes an adult member who was subject to the community service requirement and failed to comply with the requirement.

F. PHA RESPONSIBILITY

The PHA will ensure that all community service programs are accessible for persons with disabilities.

The PHA will ensure that:

It supplies a list of potential volunteer work sites to tenants.

The work is not labor that would be performed by the PHA=s employees responsible for essential maintenance and property services; or

The work is not otherwise unacceptable.

G. PHA IMPLEMENTATION OF COMMUNITY SERVICE REQUIREMENT

The PHA will administer its own community service program, with cooperative relationships with other entities.

RESIDENT ADVISORY BOARD

Attachment: il012e02

Mary Finley, President 333 E. Center #205 Decatur, IL 62526

Thomas Duncan, Vice President 333. E. Center #513 Decatur IL 62526

Leila Lingard, Secretary 333 E. Center #505 Decatur, IL 62526

Hanley Morrison, Treasurer 333 E. Center #310 Decatur, IL 62526

Sharon Blankenship, Secretary 333 E. Center #211 Decatur IL 62526

Ruth Slater, President 1096 W. Decatur #313 Decatur IL 62522

Mary Pate, Vice President 1096 W. Decatur #210 Decatur IL 62522

Sandra Armour, Secretary 1096 W. Decatur #204 Decatur IL 62522

Kathy Muex, Treasurer 1096 W. Decatur #209 Decatur IL 62522

Barbara McElrath, President 1518 N. Poole St. Decatur, IL 62526

Gladola Harris, Vice. Pres. 1536 N Poole St Decatur IL 62526 Linda Curry, Secretary 1428 N. Poole St. Decatur, IL 62526

Juanita Taylor, Treasurer 1420 N. Poole St. Decatur, IL 62526

Ann Kates, Sect. 8 1290 N. 18th Decatur, IL 62521

REMCO Family Council

Stephanie Bates, President 723 Cassell court Decatur IL 62521

Joyce White, Vice Pres. P O Box 1581
Decatur IL 62523

Dorian Fluker, Treasurer 1120 N Calhoun Decatur IL 62521

Hanley Morrison, Resident on Board of Commissioners 333 E. Center #310 Decatur IL 62522

DECATUR HOUSING AUTHORITY PET AGREEMENT Attachment: il012f02

ADDENDUM TO LEASE

This Agreement entered into this day of, by and between DECATUR HOUSING AUTHORITY, OWNER, and, TENANT, in consideration of their mutual promises agree as follows:
1. TENANT desires and has received permission from the OWNER to keep the pet named and described as:
2. This AGREEMENT is an ADDENDUM to and a part of the Lease between OWNER and TENANT executed on In the event of default by TENANT of any terms of this AGREEMENT, TENANT agrees, upon proper written notice of default from OWNER, to satisfy the default, by either removing the PET or vacate the premises
3. As a special deposit, TENANT agrees to pay OWNER the sum of \$150 deposit of which \$50 is non-refundable (except for fish & turtles for which no deposit is required); which shall be paid in an initial payment of \$50 (non-refundable fee), and monthly payments (of no less than \$20 per month) \$ each thereafter until the \$100 is paid in full. This deposit will be maintained by the agent and refunded according to the Illinois Security Deposit laws. The Pet DEPOSIT under the Pet AGREEMENT is not a limit of the TENANT's liability for property damages, cleaning, deodorization, defleaing, replacements, and/or personal injuries as herein further specified. In addition, if the resident vacates the unit owing Decatur Housing Authority for charges such as, but not limited to, rent, maintenance, or cablevision, all or part of the Pet Deposit may be held by the Authority to cover those charges still outstanding after the resident's regular Security Deposit has been applied to the account.
The TENANT's liability includes, but is not limited to, carpets, doors, drapes, woodwork, windows, screens, furniture, appliances and any other part of the dwelling unit, landscaping, or other improvements to OWNER's property. Furthermore, TENANT shall be liable for the entire amount of any injury to the person or property of others, caused by such pet.

- 4. TENANT agrees to comply with:
 - a. The Health and Safety Code; and
 - b. All other applicable governmental laws and regulations, such as, but not limited to licensing, inoculations, etc.

5. TENANT represents the pet <u>is quiet</u> and housebroken and will not cause any property damage or annoy other tenants, guests, or staff.

6. Pets must be maintained within the resident's unit. When outside of the unit (within the building or on

c. All provisions of DHA's Pet Policy.

6. Pets must be maintained within the resident's unit. When outside of the unit (within the building or on the grounds) dogs and cats must be kept on a leash and under the control of the resident or other responsible individual at all times. Pets may not be chained/tethered outside the resident's unit. When the pet is in the unit and the tenant is not at home, the pet must be caged.

Pets are not permitted in common areas including lobbies, community rooms and laundry areas except for those common areas which are entrances to and exits from the building.

Page 2

Violation of this regulation will result in automatic a warning letter (three warnings total). Repeated offenses will result in removing the pet by animal control authorities or terminating the Lease.

7. TENANT shall not permit the pet to cause any damage, discomfort, annoyance, nuisance, or in any other way to inconvenience or cause complaints from any other tenant, guests, neighbors, or staff. It is the pet owner's responsibility to clean up completely behind his/her pet. Building managers may designate areas for usage by pets.

8. Any pet left unattended for eight (8) hours or more or whose health is jeopardized by the TENANT's neglect, mistreatment, or inability to care for the animal shall be reported to the ANIMAL CONTROL WARDEN or other appropriate authority. Such circumstances shall be deemed an emergency for the purposes of the OWNER's right to enter the TENANT's unit to allow such authority to remove the animal from the premises. The OWNER accepts no responsibility for any pet so removed.

9. TENANT acknowledges that three (3) violations of the policies is considered "Material Non-Compliance" of the pet AGREEMENT and is considered grounds for termination of same.

10. TENANT has read and agrees to comply with the Pet Policies, which are herein incorporated by

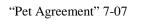
reference, and agrees to comply with such rules and regulations as may be reasonably revised and implemented by OWNER.

DECATUR HOUSI	NG AUTHORITY	TENANT(S	5):	
BY		1)	,	
"Pet Agreement" 7-07	DECATUR HOUSIN PET REGIST		ORITY	
	→ THIS FORM IS TO BE COM	MPLETED <u>A</u>	NNUALLY ←	
	□ 1 st Time Application	☐ Yearl	y Update	
Resident's Name	Ado	lress		Phone
Animal's Name:		☐ Male	☐ Female	
Type of Animal:		Breed:		

Color/Markings:			
Size at Adult Weight:	☐ Small (less than 10	lbs)	☐ Large (16- 25 lbs)
Ag	e of Pet:	Year of birth (if known):	
REQUIRED PAPERS (e	nter date provided):		
* Spaying Certificate _	* Signed * Home	of rabies shots, inoculations & land Harmless Agreement visit evaluation conducted (if ap	
Veterinarian:		Phone:	
Alternate Custodian (in cas	se of emergency to own	er):	
NamePhone		Address	
contained therein, and that I	Decatur Housing Authoricy my pet. I further under	Pet Policy and fully understand the will not be held responsible for stand that failure to obey these rul may result in my eviction.	r any damage/injuries to
☐ Security Dep \$50 non-refu	posit (\$150) paid in full indable	☐ On Payment Plan for Secu	rity Deposit
Resident's Signature:		Date:	
DHA Representative:		Date:	

HOLD HARMLESS AGREEMENT

In consideration of Decatur Housing Authority (DHA) permitting me/us to h	ouse a pet in
my/our unit, being:Dec	atur, Illinois,
I/we agree to indemnify and hold harmless DHA and its agents, emp	ployees, and
representatives, from and against all claims for personal injury or property dama	ige, including
claims against DHA, its agents, employees, and representatives, and all losses	or expenses,
including but not limited to, attorney's fees, that may be incurred by DHA in de	efending such
claims, rising out of or resulting from any personal injury or property dama	ige caused in
whole or in part by my/our pet, the indemnification obligation under this paragraph	raph shall not
be limited in any way by any limitation on the amount or type of claims, action	ons, causes of
action, demands, rights, damages, costs, loss of service, expenses or c	compensation
whatsoever.	
Signed, this Day of,	
Head of Household:	
Co-head/Spouse:	
Accepted by Decatur Housing Authority:	
DHA Representative	



1808 East Locust Street Decatur, Illinois 62521-1596 Phone (217) 423-7711 Fax (217) 423-7771



Fax

To: DO	uca Davis From: Diane Hackert
	2-886-4060 Pages: 6
Phone:	Date: 4/30/69
Re: AR	RA Annual Statement
□ Urgent	☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle
• Comment	ts:
The	following is the corrected
Ann	following is the corrected unal Statement form 140-50075.1
pen	your request. It you have
any	guestions, please call me
	217-423-7745 Ext. 3038.

Diane Hackert

20	19	18ba	18a	17	16	15	14	13	12	11	10	9	∞	7	6	5	4	3	2			Line	Type of Grant ⊠ Original Aı □ Performanı	PHA Nam	Part I: Summary
Amount of Annual Grant:: (sum of lines 2 - 19)	1502 Contingency (may not exceed 8% of line 20)	9000 Collateralization or Debt Service paid Via System of Direct Payment	1501 Collateralization or Debt Service paid by the PHA	1499 Development Activities ⁴	1495.1 Relocation Costs	1492 Moving to Work Demonstration	1485 Demolition	1475 Non-dwelling Equipment	1470 Non-dwelling Structures	1465.1 Dwelling Equipment—Nonexpendable	1460 Dwelling Structures	1450 Site Improvement	1440 Site Acquisition	1430 Fees and Costs	1415 Liquidated Darnages	1411 Audit	1410 Administration (may not exceed 10% of line 21)	1408 Management Improvements	1406 Operations (may not exceed 20% of line 21) 3	Total non-CFP Funds		Summary by Development Account	pe of Grant Original Annual Statement Original Annual Statement Performance and Evaluation Report for Period Ending:	PHA Name: Decatur Housing Authority 1808 E Locust St Decatur IL 62521 Replacement Housing Factor Grant No: Date of CFFP:	ummary
\$1,437,178	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$23,691.62	\$200,000	\$80,501.10	\$934,268.38	\$55,000	\$0.00		\$0.00	\$0.00	\$143,717	\$0.00	\$0.00	\$0.00	Original	Total Esti		-S012-50109	
																						Total Estimated Cost	Revised Annual Statement (revision no: Final Performance and Evaluation Report		
																					Obligated		ı no:) Report		
															The state of the s						Expended	Total Actual Cost 1		FFY of Grant: 2009 FFY of Grant Approval: 2009	

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

Date	Director	Signature of Public Housing Director	Date Signal	Director	Signature of Executive Director	Signati
			\$0.00	Amount of line 20 Related to Energy Conservation Measures	Amount of line 20	25
			\$0.00	Amount of line 20 Related to Security - Hard Costs	Amount of line 20 l	24
			\$0.00	Amount of line 20 Related to Security - Soft Costs	Amount of line 20 l	23
			\$0.00	Amount of line 20 Related to Section 504 Activities	Amount of line 20 l	22
Expended	Obligated		\$0.00	Amount of line 20 Related to LBP Activities	Amount of line 20 l	21
Total Actual Cost 1	Total	Total Estimated Cost	Total Est	elopment Account	Summary by Development Account	Line
	☐ Final Performance and Evaluation Report	☐ Final Perfo		Performance and Evaluation Report for Period Ending:	formance and Evaluat	Per
<u> </u>	Revised Annual Statement (revision no:	☐ Revised Ar	ergencies	nt ☐ Reserve for Disasters/Emergencies	Original Annual Statement	
					Grant	Type of Grant
	FFY of Grant:2009 FFY of Grant Approval:	FFY of)9	Grant Type and Number Capital Fund Program Grant No: IL06-S012-50109 Replacement Housing Factor Grant No: Date of CFFP:	Part I: Summary PHA Name: Decatur Housing Authority 1808 E Locust Decatur IL 62521	Part I: Sumi PHA Name: Decatur Housi 1808 E Locust Decatur IL 62

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

Part II: Supporting Pages								
PHA Name: Decatur Housing Authority 1808 E Locust Street Decatur IL 62521	Grant Type and Number Capital Fund Program Grant No: IL06-S012-50109 CFFP (Yes/ No): No Replacement Housing Factor Grant No:				Federa	Federal FFY of Grant: 2009	2009	:
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	ited Cost	Total Actual Cost	Cost	Status of Work
				Original	Revised 1	Funds Obligated ²	Funds Expended ²	
AMP ILL-12-22								
Concord	Landscaping at Townhouses	1450		\$15,000				
Townhouses	Exterior Improvements at Townhouses	1460		\$65,000				
8 Scattered Sites	Exterior Improvements at Scattered Sites	1460		\$12,000				
	Ranges at Scattered Sites	1465.1		\$3,400				
	Exterior Improvements at Concord	1470		\$25,000				
	Trash Compactor at Concord	1475		\$8,100				
	Computer Upgrades at Concord	1475		\$1,992.21				
						-		
AMP ILL-12-23	Exterior Improvements at Cantrell	1460		\$38,000				
Hartford	Exterior Improvements at Scat. Sites	1460		\$33,000				
Macon Street	Landscaping at Cantrell	1450		\$10,000				
Cantrell Street	Kitchen & Bath Remod. @ Cantrell	1460		\$81,000				
22 Scattered Sites	Tuck Pointing at Macon Street	1460		\$42,000				
	Ranges at Scattered Sites	1465.1		\$9,240	:			
	Ranges at Hartford	1465.1		\$25,000				
	Exterior Improvements at Hartford	1470		\$25,000				
	Computer Upgrades at Hartford	1475		\$1,992.21				
AMP ILL-12-24	Exterior Improvements at Scat. Sites	1460	-	\$129,885				
93 Scattered Sites	Repair Hole left from old A/C at Scat Sites	1460		\$20,000				

To be completed for the Performance and Evaluation Report.
 To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
 PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

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

	-					_		
Part II: Supporting Pages	3							
PHA Name: Decatur Housing Authority 1808 East Locust St. Decatur IL 62521		Grant Type and Number Capital Fund Program Grant No: IL06-S012-50109 CFFP (Yes/ No): Replacement Housing Factor Grant No:	o: II.06-S012-50 rant No:	109	Federal FF	Federal FFY of Grant: 2009	009	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Cost	Total Actual Cost	al Cost	Status of Work
				Original	Revised	Funds Obligated ²	Funds Expended ²	
ILL 12-24 (Cont)	Foundation Repair Scattered Sites	1460		\$15,000				
	Ranges at Scattered Sites	1465.1		\$39,461.10				
		THE REPORT OF THE PERSON OF TH						:
ILL 12-28	Landscaping at Poole St.	1450		\$40,000				
Lexington	Exterior Improvements at Poole St	1460		\$160,023.38				
Poole Street	Exterior Improvements at Scattered Sites	1460		\$12,000				and the control of th
8 Scattered Sites	Kitchen & Bath Remod @ Poole St.	1460		\$316,360				
	Ranges & Refrigerators at Scattered Sites			\$3,400				
	Exterior Improvements at Lexington	1470	a distribution of the state of	\$25,000				
	Computer Upgrades at Lexington	1475		\$1,992.20				
ILL 12-999999 Office	Storage Shed	1470		\$100,000				
	Exterior Improvements	1470		\$25,000				
	Computer upgrades	1475		\$9,615				
PHA WIDE	Administration	1410		\$143,717				

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4 RHF funds shall be included here.

Part III: Implementation Schedule for Capital Fund Program (ARRA Funds)	dule for Capital Fund	Program (ARRA Funds	3)		
PHA Name: Decatur Housing Authority	Authority				Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund (Quarter E	All Fund Obligated (Quarter Ending Date)	All Fund (Quarter I	All Funds Expended (Quarter Ending Date)	Reasons for Revised Target Dates 1
	Original Obligation End	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
	Date		02/10/12		
ILL 12-22	03/18/10		03/18/12		
ILL 12-23	03/18/10		03/18/12		
ILL 12-24	03/18/10		03/18/12		
ILL 12-28	03/18/10		03/18/12		And the second s
PHA WIDE	03/18/10		03/18/12		
		THE RESERVE THE PROPERTY OF TH	A TABLE TO THE PARTY OF THE PAR		
And the state of t					

			The state of the s		

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

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

Attachment: il012h02

Decatur Housing Authority Project Based Section 8 Plan Supplement

Statement of the projected number of project based units and general locations and how project basing would be consistent with the PHA Plan.

In accordance with Federal Register notices of October 13, 2005, Docket No. FR 4636-F-02, the Housing Authority is hereby supplementing its annual plan to include description of its plan for incorporating Project Based Section 8 as part of its existing Section 8 program. Regulations allow a PHA to designate up to 20% of its Section 8 funding available for tenant based assistance for use in project based voucher programs in accordance with Section 983.6. It is DHA's intent to utilize up to 20% of its Section 8 allocation for project based vouchers in support of Low Income Housing Tax Credit Units being developed in conjunction with the Longview Place Hope VI Revitalization Program. This program was implemented in Phase I, tax credits received, and 21 units designated for Section 8 project based vouchers. These units were constructed and are managed by the mixed finance developer selected through competitive selection processes as part of the Authority's Hope VI Revitalization program. For Phase II tax credits have been awarded and the program will be implemented within the next year and will designate a minimum of 35 units to be incorporated into DHA's Section 8 Project Based voucher program, provided the total number of units in the program does not exceed 20% of the annual value of the Authority's Section 8 tenant based program. Phase III will be commenced by 2009 and an additional number of units (up to 35) will be project based Section 8 units.

An additional eighteen (18) units of Project Based Section 8 vouchers are planned to support Heritage Place at Lake Shore, an elderly designated tax-credit project. This designated elderly project will significantly expand the choice of housing for the low-income elderly in the Authority's jurisdiction. The authority will request permission from HUD to establish a site-based waiting list for this project. Selection of this project was based on Section 983-51b2. Supportive services will be provided by the owner/manager.

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

OMB No. 2577-0226

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

Part I:	Part I: Summary			-	
PHA Name:		Grant Type and Number Capital Fund Program Grant No:	Replacement Housing	Replacement Housing Factor Grant No.i106R01250104	
Decati	Decatur Housing Authority	CFFP:			FFY of Grant Approval:
Type o	Type of Grant Original Annual Statement	s/Emergencies 30/2008	Revised Annual Statement (revision no:	evision no:) uation Report	
Line			Fotal Estimated Cost		Fotal Actual Cost 1
		Original	Revised 2	Obligated	Expended
_	Total non-CFP Funds	\$0.00	\$0.00	00:0\$	\$0.00
د1	1406 Operations (may not exceed 20% of line 21) ³	\$0.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements	\$0.00	\$0.00	\$0.00	\$0.00
+	1410 Administration (may not exceed 10% of line 21)	\$0.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	00'0\$]
9	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$0.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition	\$0.00	00.08	\$0.00	\$0.00
6	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$0.00	\$0.00	00.00	\$0.00
11	1465 1 Dwelling Equipment—Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Non-dwelling Structures	00.08	\$0.00	\$0.00	00.0\$
13	1475 Non-dwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
91	1495 1 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00
1.7	1499 Development Activities	\$9,197.00	\$9,197.00	\$0.00	\$0.00
18a	1501 Collateralization or Debt Service paid by the PHA	\$0.00	00.08	\$0.00	\$0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	ct \$0.00	\$0.00	\$0.00	\$0.00
61	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant: (sum of lines 2 - 19)	\$9,197.00	\$9,197.00	\$0.00	\$0.00
21	Amount of line 20 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Security - Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
25	Amount of line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here

Part I: Summary				
PHA Name:	Grant Type and Number Capital Fund Program Grant No: Date of CFFP:	Replacement Housing Factor Grant No.		FFY of Grant: FFY of Grant Approval:
Type of Grant Original Annual Statement Performance and Evaluation Report for Period Ending:	☐Reserve for Disasters/Emergencies ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐Revised Annual Statement (revision no: ☐Final Performance and Evaluation Report	n no:) Report	
Line Summary by Development Account	Total Esti	Total Estimated Cost	Total	Total Actual Cost 1
	Original	Revised 2	Obligated	Expended
Signature of Executive Director	Date 13010 8	Signature of Public Housing Director	irector	Date

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

Part II: Supporting Pages	Pages							
PHA Name: Decatur Housing Authority	Grant Type a Capital Fund Replacement	nd Number Program Grant No: Housing Factor Grant No: il06R01250104	Jo: i106R01250	CFFP (Yes/ No):	es/ No):	Federal FFY of Grant: 2004	Grant:	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	nated Cost	Total Ac	Total Actual Cost	Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
12-1 Longview	Construct new units lost thru Hope VI	1499		\$9,197.00	\$9,197.00	\$0.00	\$0.00	
					1			

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 Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

Capal Type and Number Capal FW of Grant: Capilal Fund Program Grant No. Capilal FW of Grant: Capilal Fund Program Grant No. Capilal Funds Capila Funds Capilal Funds Capilal Funds Capilal Funds Capilal	Part II: Supporting Pages	Pages							
General Description of Major Work Development Quantity Total Estimated Cost Account No. Categories Account No. Original Revised Funds Obligated Expended Expense Expended Ex	HA Name:	Grant Type and Capital Fund Prog Replacement Hou	Number gram Grant No: ising Factor Grant N	⁷ 0:	CFFP (Yes/ No):	Federal FFV of Gr	ant:	
Original Revised Funds Obligated Punds Obligated Continue Control Continue Continue Control Co	Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estim	iated Cost	Total Actu	al Cost	Status of Work
					Original	Revised ¹	Funds Obligated	Funds Expended ²	

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.

ation	Part III: Implementation Schedule for Capital Fund Financing Program PHA Name:			Federal FFY of Grant:
All Fund Obligated (Quarter Ending Date) Original Obligation	08 E Locust , Decatur IL 62521			2004
Original Obligation Actual Obligation End Date 6/30/2010 End Date 6/30/2010	All Fund Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)	Expended ding Date)	Reasons for Revised Target Dates ¹
		Original Expenditure End Date	Actual Expenditure End Date	
	6/30/2010	6/30/2012		

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

	Federal FFY of Grant:	pended Reasons for Revised Target Dates ng Date)	Actual Expenditure End Date								
		All Funds Expended (Quarter Ending Date)	Original Expenditure End Date						-		
inancing Program		oligated ing Date)	Actual Obligation End Date								
hedule for Capital Fund F		All Fund Obligated (Quarter Ending Date)	Original Obligation End Date								
Part III: Implementation Schedule for Capital Fund Financing Program	PHA Name:	Development Number Name/PHA-Wide Activities									

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

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	Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program	eport blacement Housing Factor and	U.S	s. Department of Housii Office of	U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011
Part I:	Part I: Summary				
PHA Name: Decatur H	ousing Authority	Grant Type and Number Capital Fund Program Grant No: Date of CFFP:	Replacement Housing Fact	Replacement Housing Factor Grant No:1106R01250105	FFY of Grant: 2005 FFY of Grant Approval:
Type o	Type of Grant Original Annual Statement Performance and Fvaluation Renort for Period Endino: 9/30/20	rs/Emergencies	Revised Annual Statement (revision no:	ion no:) on Renort	
Line	Summary by Development Account	Totall	Total Estimated Cost		Total Actual Cost 1
		Original	Revised 2	Obligated	Expended
_	Total non-CFP Funds		\$0.00		\$0.00
C1	1406 Operations (may not exceed 20% of line 21) 3	\$0.00	\$0.00	\$0.00	\$0.00
ι.	1408 Management Improvements	00.08	80.00	00.0\$	\$0.00
7	1410 Administration (may not exceed 10% of line 21)	\$0.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	00.0\$	\$0.00	\$0.00	\$0.00
9	1415 Liquidated Damages	00.08	00:0\$	\$0.00	\$0.00
7	1430 Fees and Costs	\$0.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition	(\$0.00	\$0.00	\$0.00	00.08
6	1450 Site Improvement	20.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
=	1465 1 Dwelling Equipment—Nonexpendable	\$0.00	\$0.00	00.08	00:0\$
12		00.0\$	\$0.00	\$0.00	00.0\$
13	1475 Non-dwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
7	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
16	1495 1 Relocation Costs	\$0.00	80.00	00:0\$	20.00
17	1499 Development Activities	\$7,550.00	\$7,550.00	\$0.00	\$0.00
18a	1501 Collateralization or Debt Service paid by the PHA	00:0\$	\$0.00	\$0.00	\$0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	hirect \$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant: (sum of lines 2 – 19)	\$7,550.00	\$7,550.00	\$0.00	\$0.00
21	Amount of line 20 Related to LBP Activities	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Security - Hard Costs		\$0.00	\$0.00	\$0.00
25	Amount of line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	80.00	\$0.00

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

Part I: Summary				
PHA Name:	Grant Type and Number Capital Fund Program Grant No: Date of CFFP:	Replacement Housing Factor Grant No:	Grant No:	FFY of Grant: FFY of Grant Approval:
Type of Grant Original Annual Statement Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies	☐Revised Annual Statement (revision no: ☐Final Performance and Evaluation Report	n no:) Report	
Line Summary by Development Account	Total Es	Total Estimated Cost	Tot	Total Actual Cost 1
	Original	Revised 2	Obligated	Expended
Signature of Executive Director	13-131/2 8	Signature of Public Housing Director	irector	Date

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

Part II: Supporting Pages	Pages								
PHA Name:		Grant Type and	Number		CEED (Vec/ No):		Federal FFY of Grant:	Grant:	
Decatur Housing Authority	Authority	Replacement Housing Fact	Frogram Orani No. Housing Factor Grant No. 106R01250105	Jo: 106R01250	105	ŀ	2005		
Development Number Name/PHA-Wide Activities	General Description of Major Worl Categories	of Major Work ies	Development Account No.	Quantity	Total Estimated Cost	iated Cost	Total Ac	Total Actual Cost	Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
12-1 Longview	Construct new units lost thru Hope	ost thru Hope VI	1499		\$7,550.00	\$7,500.00	\$0.00	\$0.00	

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.

PHA Name:								
	Grant Type and Number Capital Fund Program Gra Replacement Housing Fact	nd Number Program Grant No: Housing Factor Grant No:	Z0:	CFFP (CFFP (Yes/ No):	Federal FFV of Grant:	ant:	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	nated Cost	Total Actual Cost	ıal Cost	Status of Work
				Original	Revised ¹	Funds Obligated	Funds Expended ²	
								2
	A A A A A A A A A A A A A A A A A A A							

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

Part III: Implementation Schedule for Capital Fund Financing Program	hedule for Capital Fund F	inancing Program			
PHA Name: Decatur Housing Authority					Federal FFY of Grant: 2005
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)	bligated ing Date)	All Funds Expended (Quarter Ending Date)	Expended nding Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
12-1 Longview	6/30/2010		6/30/2012		

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

PHA Name: Development Number All Fund Obligated Augenorment Number (Quarter Ending Date) Activities Original Obligation End Date End Da	Part III: Implementation Schedule for Capital Fund Financing Program	chedule for Capital Fund F	inancing Program			
All Fund Obligated (Quarter Ending Date) Original Obligation End Date End D	PHA Name:					Federal FFY of Grant:
Original Obligation Actual Obligation End Date	Development Number Name/PHA-Wide Activities	All Fund O (Quarter End	bligated ling Date)	All Funds (Quarter En	Expended iding Date)	Reasons for Revised Target Dates
		Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
The state of the s						

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

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

Part I:	Part I: Summary				
PHA Name:		Grant Type and Number	l	otor Grant Mo.	FFY of Grant:
Decatu	Decatur Housing Authority	Capital Fully Flogram Grant No. 1200 Date of CFFP.	Neplacinent rousing factor Crain (No.	CIOI GIAIII NO.	FFY of Grant Approval:
Type of Grant Original An	nual Statement	Reserve for Disasters/Emergencies	Revised Annual Statement (revision no:	ision no:)	
Line	Summary by Development Account		Total Estimated Cost		Total Actual Cost 1
		Original	Revised 2	Obligated	Expended
_	Total non-CFP Funds	\$0.00			
СI	1406 Operations (may not exceed 20% of line 21) 3	\$293,338.00		\$293,338.00	\$293,338.00
ε0	1408 Management Improvements	\$113,000.00	\$111,382.59	\$111,382.59	\$111,382.59
7	1410 Administration (may not exceed 10% of line 21)	\$146,600.00	\$142,345.93	\$142,345.93	\$57,317.58
ر.	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
9	1415 Liquidated Damages	00.0\$	00.08	\$0.00	\$0.00
7	1430 Fees and Costs	\$40,000.00	\$84,100.00	\$84,100.00	\$84,100.00
8	1440 Site Acquisition	\$0.00	00.0\$	\$0.00	\$0.00
6	1450 Site Improvement	\$532,253.00	[\$401,793.71	\$401,793.71	\$396,800.31
10	1460 Dwelling Structures	\$36,500.00	\$140,931.00	\$140,931.00	\$140,931.00
11	1465.1 Dwelling Equipment—Nonexpendable	\$12,500.00	\$4,017.80	\$4,017.80	\$4,017.80
12	1470 Non-dwelling Structures	\$0.00	00.08	(\$0.00	80.00
13	1475 Non-dwelling Equipment	\$42,500.00	\$42,745.47	\$42,745.47	\$41,785.53
14	1485 Demolition	\$0.00	\$0.00	\$0.00	80.00
15	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	80.00
91	1495.1 Relocation Costs	\$5,000.00	\$1,036.50	\$1,036.50	\$1,036.50
17	1499 Development Activities ⁴	\$363,567.00	\$363,567.00	\$363,567.00	\$363,567.00
18a	1501 Collateralization or Debt Service paid by the PHA	00.0\$	(\$0.00	00.08	00.08
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	f Direct \$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	80.00
20	Amount of Annual Grant: (sum of lines 2 – 19)	\$1,585,258.00	\$1,585,258.00	\$1,585,258.00	\$1,494,276.40
21	Amount of line 20 Related to LBP Activities	\$0.00	80.00	00.08	80.00
22	Amount of line 20 Related to Section 504 Activities	\$1,500.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	\$70,000.00	\$70,000.00	00:000:02\$	\$70,000.00
54	Amount of line 20 Related to Security - Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
25	Amount of line 20 Related to Energy Conservation Measures		\$0.00	\$0.00	\$0.00

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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

Part I: Summary				
PHA Name:	Grant Type and Number Capital Fund Program Grant No.	Replacement Housing Factor Grant No.	rant No:	FFY of Grant:
	Date of CFFP			FFY of Grant Approval:
Type of Grant				
Original Annual Statement Reserve for	Reserve for Disasters/Emergencies	Revised Annual Statement (revision no:	no:)	
Performance and Evaluation Report for Period Ending:		Final Performance and Evaluation Report	Report	
Line Summary by Development Account		Total Estimated Cost	Tota	Total Actual Cost
	Original	Revised 2	Obligated	Expended
Signature of Executive Director	Date	Signature of Public Housing Director	rector	Date
	12.30 200 %			

Part II: Supporting Pages	Pages							
PHA Name:	Grant Type and Number		0.000			Federal FFY of Grant:	Grant:	
Decatur Housing Authority	Capital Fund Replacement		ILU6PU (250 (U6 t No:	IUO CFFP (Yes/ No):		2006		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	nated Cost	Total Actual Cost	tual Cost	Status of Work
				Original	Revised 1	Funds Obligated ²	Funds Expended ²	The state of the s
12-1 Longview	Replacement Development	1499		\$363,567.00 \$363,567.00	\$363,567.00	\$363,567.00	\$363,567.00	Complete
	a. Replace units lost thru HOPE VI							
	Relocation Costs	1495		\$5,000.00	\$1,036.50	\$1,036.50	\$1,036.50	Complete
12-2 Concord	a. Re-Pave Parking Lot	1450		\$140,000.00 \$140,000.00	\$140,000.00	\$140,000.00	\$140,000.00	Complete
12-4B DavisCenter	a. Re-Pave Parking Lot	1450		\$175,000.00	\$97,548.65	\$97,548.65	\$97,548.65	
								Complete
12-4 Scat .Sites	a. Driveway Repair/Replacement	1450		\$15,000.00	\$16,564.97	\$16,564.97	\$16,564.97	
								Complete
12-5 Scat. Sites	Driveway Repair	1450		\$15,000.00	\$0.00	\$0.00	\$0.00	
12-7 Scat. Sites	Site Improvements	1450		\$15,000.00	\$27,436.40	\$27,436.40	\$27,436.40	
	a. Driveway Repair/Replacement			\$15,000.00	\$0.00	\$0.00	\$0.00	
	b. Replace Storage Sheds			\$0.00	\$27,436.40	\$27,436.40	\$27,436.40	Complete
12-9 Garden Apts.	Landscaping	1450		\$80,000.00	\$0.00	\$0.00	\$0.00	postponed
12-10 Townhouses	Re-Pave Parking Lot	1450		\$82,253.00	\$82,253.00	\$82,253.00	\$82,253.00	Complete
12-14 Macon St.	Carport Improvements	1450		\$0.00	\$23,745.00	\$23,745.00	\$23,745.00	Complete
PHA Wide	Operations	1406		\$293,338.00	\$293,338.00	\$293,338.00	\$293,338.00	Disbursed
	Management Improvements	1408		\$113,000.00 \$111,382.59	\$111,382.59	\$111,382.59	\$111,382.59	Ongoing
	Site Improvements	1450		\$10,000.00	\$14,245.69	\$14,245.69	\$9,252.29	Ongoing

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

Part II: Supporting Pages	Pages							
PHA Name: Decatur Housing Authority	Grant Type a Capital Fund Replacement	nt No: tor Grant I	IL06P01250106		CFFP (Yes/ No):	Federal FFY of Grant: 2006	rant:	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	nated Cost	Total Actual Cost	aal Cost	Status of Work
				Original	Revised ¹	Funds Obligated	Funds Expended ²	
PHA Wide	Dwelling Structures	1460		\$36,500.00	\$140,931.00	\$140,931.00	\$140,931.00	Complete
	Dwelling Equipment	1465.1		\$12,500.00	\$4,017.80	\$4,017.80	\$4,017.80	
	Non-Dwelling Equipment	1475		\$42,500.00	\$42,745.47	\$42,745.47	\$41,785.53	
	Administration	1410		\$146,600.00	\$142,345.93	\$142,345.93	\$142,345.93	
	a. Salaries			\$96,000.00	00'000'96\$	\$96,000.00	\$36,548.26	
•	b. Benefits			\$40,600.00	\$40,600.00	\$40,600.00	\$15,023.39	
	c. Travel/ Training			\$5,000.00	\$4,215.00	\$4,215.00	\$4,215.00	
	d. Printing/Advertising			\$5,000.00	\$1,530.93	\$1,530.93	\$1,530.93	
	1 1							
	Fees & Costs	1430		\$40,000.00	\$84,100.00	\$84,100.00	\$84,100.00	
	a. Comprehensive Modernization			\$20,000.00	\$74,500.00	\$74,500.00	\$74,500.00	
	b. Misc. A/E			\$20,000.00	\$9,600.00	\$9,600.00	\$9,600.00	
	e i de e e e e e e e e e e e e e e e e e				:			

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

Part III: Implementation Schedule for Capital Fund Financing Program	hedule for Capital Fund F	inancing Program			
PHA Name: Decatur Housing Authority					Federal FFY of Grant: 2006
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date	bligated ing Date)	All Funds Expended (Quarter Ending Date)	Expended Iding Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
12-1 Longview	7/18/2008	7/18/2008	7/18/2010		
12-2 Concord	7/18/2008	7/18/2008	7/18/2010		
12-4B Davis Cntr.	7/18/2008	7/18/2008	7/18/2010		
12-4 Scat Sites	7/18/2008	7/18/2008	7/18/2010		
12-5 Scat Sites	7/18/2008	7/18/2008	7/18/2010		
12-7 Scat Sites	7/18/2008	7/18/2008	7/18/2010		
12-9 Garden Apts	7/18/2008	7/18/2008	7/18/2010		
12-10 Townhouses	7/18/2008	7/18/2008	7/18/2010		
12-14 Macon St	7/18/2008	7/18/2008	7/18/2010		
PHA Wide	7/18/2008	7/18/2008	7/18/2010		

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

	f Grant:	Reasons for Revised Target Dates									
	Federal FFY of Grant:	Reasons									
		Expended ding Date)	Actual Expenditure End Date								
		All Funds Expended (Quarter Ending Date)	Original Expenditure End Date								
inancing Program		bligated ing Date)	Actual Obligation End Date								
hedule for Capital Fund F		All Fund Obligated (Quarter Ending Date	Original Obligation End Date								
Part III: Implementation Schedule for Capital Fund Financing Program	PHA Name:	Development Number Name/PHA-Wide Activities									

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

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

Part I:	Part I: Summary				
PHA Name:		Grant Type and Number	l	otor Grant Mo.	FFY of Grant:
Decatu	Decatur Housing Authority	Capital Fully Flogram Grant No. 1200 Date of CFFP.	Neplacinent rousing factor Crain (No.	CIOI GIAIII NO.	FFY of Grant Approval:
Type of Grant Original An	nual Statement	Reserve for Disasters/Emergencies	Revised Annual Statement (revision no:	ision no:)	
Line	Summary by Development Account		Total Estimated Cost		Total Actual Cost 1
		Original	Revised 2	Obligated	Expended
_	Total non-CFP Funds	\$0.00			
СI	1406 Operations (may not exceed 20% of line 21) 3	\$293,338.00		\$293,338.00	\$293,338.00
ε0	1408 Management Improvements	\$113,000.00	\$111,382.59	\$111,382.59	\$111,382.59
7	1410 Administration (may not exceed 10% of line 21)	\$146,600.00	\$142,345.93	\$142,345.93	\$57,317.58
ر.	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
9	1415 Liquidated Damages	00.0\$	00.08	\$0.00	\$0.00
7	1430 Fees and Costs	\$40,000.00	\$84,100.00	\$84,100.00	\$84,100.00
8	1440 Site Acquisition	\$0.00	00.0\$	\$0.00	\$0.00
6	1450 Site Improvement	\$532,253.00	[\$401,793.71	\$401,793.71	\$396,800.31
10	1460 Dwelling Structures	\$36,500.00	\$140,931.00	\$140,931.00	\$140,931.00
11	1465.1 Dwelling Equipment—Nonexpendable	\$12,500.00	\$4,017.80	\$4,017.80	\$4,017.80
12	1470 Non-dwelling Structures	\$0.00	00.08	(\$0.00	80.00
13	1475 Non-dwelling Equipment	\$42,500.00	\$42,745.47	\$42,745.47	\$41,785.53
14	1485 Demolition	\$0.00	\$0.00	\$0.00	80.00
15	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	80.00
91	1495.1 Relocation Costs	\$5,000.00	\$1,036.50	\$1,036.50	\$1,036.50
17	1499 Development Activities ⁴	\$363,567.00	\$363,567.00	\$363,567.00	\$363,567.00
18a	1501 Collateralization or Debt Service paid by the PHA	00.0\$	(\$0.00	00.08	00.08
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	f Direct \$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	80.00
20	Amount of Annual Grant: (sum of lines 2 – 19)	\$1,585,258.00	\$1,585,258.00	\$1,585,258.00	\$1,494,276.40
21	Amount of line 20 Related to LBP Activities	\$0.00	80.00	00.08	80.00
22	Amount of line 20 Related to Section 504 Activities	\$1,500.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	\$70,000.00	\$70,000.00	00:000:02\$	\$70,000.00
54	Amount of line 20 Related to Security - Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
25	Amount of line 20 Related to Energy Conservation Measures		\$0.00	\$0.00	\$0.00

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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

Part I: Summary				
PHA Name:	Grant Type and Number Capital Fund Program Grant No.	Replacement Housing Factor Grant No.	rant No:	FFY of Grant:
	Date of CFFP			FFY of Grant Approval:
Type of Grant				
Original Annual Statement Reserve for	Reserve for Disasters/Emergencies	Revised Annual Statement (revision no:	no:)	
Performance and Evaluation Report for Period Ending:		Final Performance and Evaluation Report	Report	
Line Summary by Development Account		Total Estimated Cost	Tota	Total Actual Cost
	Original	Revised 2	Obligated	Expended
Signature of Executive Director	Date	Signature of Public Housing Director	rector	Date
	12.30 200 %			

Part II: Supporting Pages	Pages							
PHA Name:	Grant Type and Number		0.000			Federal FFY of Grant:	Grant:	
Decatur Housing Authority	Capital Fund Replacement		ILU6PU (250 (U6 t No:	IUO CFFP (Yes/ No):		2006		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	nated Cost	Total Actual Cost	tual Cost	Status of Work
				Original	Revised 1	Funds Obligated ²	Funds Expended ²	The state of the s
12-1 Longview	Replacement Development	1499		\$363,567.00 \$363,567.00	\$363,567.00	\$363,567.00	\$363,567.00	Complete
	a. Replace units lost thru HOPE VI							
	Relocation Costs	1495		\$5,000.00	\$1,036.50	\$1,036.50	\$1,036.50	Complete
12-2 Concord	a. Re-Pave Parking Lot	1450		\$140,000.00 \$140,000.00	\$140,000.00	\$140,000.00	\$140,000.00	Complete
12-4B DavisCenter	a. Re-Pave Parking Lot	1450		\$175,000.00	\$97,548.65	\$97,548.65	\$97,548.65	
								Complete
12-4 Scat .Sites	a. Driveway Repair/Replacement	1450		\$15,000.00	\$16,564.97	\$16,564.97	\$16,564.97	
								Complete
12-5 Scat. Sites	Driveway Repair	1450		\$15,000.00	\$0.00	\$0.00	\$0.00	
12-7 Scat. Sites	Site Improvements	1450		\$15,000.00	\$27,436.40	\$27,436.40	\$27,436.40	
	a. Driveway Repair/Replacement			\$15,000.00	\$0.00	\$0.00	\$0.00	
	b. Replace Storage Sheds			\$0.00	\$27,436.40	\$27,436.40	\$27,436.40	Complete
12-9 Garden Apts.	Landscaping	1450		\$80,000.00	\$0.00	\$0.00	\$0.00	postponed
12-10 Townhouses	Re-Pave Parking Lot	1450		\$82,253.00	\$82,253.00	\$82,253.00	\$82,253.00	Complete
12-14 Macon St.	Carport Improvements	1450		\$0.00	\$23,745.00	\$23,745.00	\$23,745.00	Complete
PHA Wide	Operations	1406		\$293,338.00	\$293,338.00	\$293,338.00	\$293,338.00	Disbursed
	Management Improvements	1408		\$113,000.00 \$111,382.59	\$111,382.59	\$111,382.59	\$111,382.59	Ongoing
	Site Improvements	1450		\$10,000.00	\$14,245.69	\$14,245.69	\$9,252.29	Ongoing

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

Part II: Supporting Pages	Pages							
PHA Name: Decatur Housing Authority	Grant Type a Capital Fund Replacement	nt No: tor Grant I	IL06P01250106		CFFP (Yes/ No):	Federal FFY of Grant: 2006	rant:	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	nated Cost	Total Actual Cost	aal Cost	Status of Work
				Original	Revised ¹	Funds Obligated	Funds Expended ²	
PHA Wide	Dwelling Structures	1460		\$36,500.00	\$140,931.00	\$140,931.00	\$140,931.00	Complete
	Dwelling Equipment	1465.1		\$12,500.00	\$4,017.80	\$4,017.80	\$4,017.80	
	Non-Dwelling Equipment	1475		\$42,500.00	\$42,745.47	\$42,745.47	\$41,785.53	
	Administration	1410		\$146,600.00	\$142,345.93	\$142,345.93	\$142,345.93	
	a. Salaries			\$96,000.00	00'000'96\$	\$96,000.00	\$36,548.26	
•	b. Benefits			\$40,600.00	\$40,600.00	\$40,600.00	\$15,023.39	
	c. Travel/ Training			\$5,000.00	\$4,215.00	\$4,215.00	\$4,215.00	
	d. Printing/Advertising			\$5,000.00	\$1,530.93	\$1,530.93	\$1,530.93	
	1 1							
	Fees & Costs	1430		\$40,000.00	\$84,100.00	\$84,100.00	\$84,100.00	
	a. Comprehensive Modernization			\$20,000.00	\$74,500.00	\$74,500.00	\$74,500.00	
	b. Misc. A/E			\$20,000.00	\$9,600.00	\$9,600.00	\$9,600.00	
	e i de e e e e e e e e e e e e e e e e e				:			

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

Part III: Implementation Schedule for Capital Fund Financing Program	hedule for Capital Fund F	inancing Program			
PHA Name: Decatur Housing Authority					Federal FFY of Grant: 2006
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date	bligated ing Date)	All Funds Expended (Quarter Ending Date)	Expended Iding Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
12-1 Longview	7/18/2008	7/18/2008	7/18/2010		
12-2 Concord	7/18/2008	7/18/2008	7/18/2010		
12-4B Davis Cntr.	7/18/2008	7/18/2008	7/18/2010		
12-4 Scat Sites	7/18/2008	7/18/2008	7/18/2010		
12-5 Scat Sites	7/18/2008	7/18/2008	7/18/2010		
12-7 Scat Sites	7/18/2008	7/18/2008	7/18/2010		
12-9 Garden Apts	7/18/2008	7/18/2008	7/18/2010		
12-10 Townhouses	7/18/2008	7/18/2008	7/18/2010		
12-14 Macon St	7/18/2008	7/18/2008	7/18/2010		
PHA Wide	7/18/2008	7/18/2008	7/18/2010		

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

	f Grant:	Reasons for Revised Target Dates									
	Federal FFY of Grant:	Reasons									
		Expended ding Date)	Actual Expenditure End Date								
		All Funds Expended (Quarter Ending Date)	Original Expenditure End Date								
inancing Program		oligated ing Date)	Actual Obligation End Date								100
hedule for Capital Fund F		All Fund Obligated (Quarter Ending Date	Original Obligation End Date								
Part III: Implementation Schedule for Capital Fund Financing Program	PHA Name:	Development Number Name/PHA-Wide Activities									

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

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

Part I:	Part I: Summary				
PHA Name:		Grant Type and Number	l	otor Grant Mo.	FFY of Grant:
Decatu	Decatur Housing Authority	Capital Fully Flogram Grant No. 1200 Date of CFFP.	Neplacinent rousing factor Crain (No.	CIOI GIAIII NO.	FFY of Grant Approval:
Type of Grant Original An	nual Statement	Reserve for Disasters/Emergencies	Revised Annual Statement (revision no:	ision no:)	
Line	Summary by Development Account		Total Estimated Cost		Total Actual Cost 1
		Original	Revised 2	Obligated	Expended
_	Total non-CFP Funds	\$0.00			
СI	1406 Operations (may not exceed 20% of line 21) 3	\$293,338.00		\$293,338.00	\$293,338.00
ε0	1408 Management Improvements	\$113,000.00	\$111,382.59	\$111,382.59	\$111,382.59
7	1410 Administration (may not exceed 10% of line 21)	\$146,600.00	\$142,345.93	\$142,345.93	\$57,317.58
ر.	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
9	1415 Liquidated Damages	00.0\$	00.08	\$0.00	\$0.00
7	1430 Fees and Costs	\$40,000.00	\$84,100.00	\$84,100.00	\$84,100.00
8	1440 Site Acquisition	\$0.00	00.0\$	\$0.00	\$0.00
6	1450 Site Improvement	\$532,253.00	[\$401,793.71	\$401,793.71	\$396,800.31
10	1460 Dwelling Structures	\$36,500.00	\$140,931.00	\$140,931.00	\$140,931.00
11	1465.1 Dwelling Equipment—Nonexpendable	\$12,500.00	\$4,017.80	\$4,017.80	\$4,017.80
12	1470 Non-dwelling Structures	\$0.00	\$0.00	(\$0.00	80.00
13	1475 Non-dwelling Equipment	\$42,500.00	\$42,745.47	\$42,745.47	\$41,785.53
14	1485 Demolition	\$0.00	\$0.00	\$0.00	80.00
13	1492 Moving to Work Demonstration	\$0.00	80.00	\$0.00	80.00
91	1495.1 Relocation Costs	\$5,000.00	\$1,036.50	\$1,036.50	\$1,036.50
17	1499 Development Activities ⁴	\$363,567.00	\$363,567.00	\$363,567.00	\$363,567.00
18a	1501 Collateralization or Debt Service paid by the PHA	00.0\$	00.08	00.08	00.08
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	f Direct \$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	80.00
20	Amount of Annual Grant: (sum of lines 2 – 19)	\$1,585,258.00	\$1,585,258.00	\$1,585,258.00	\$1,494,276.40
21	Amount of line 20 Related to LBP Activities	\$0.00	00.08	00.08	80.00
22	Amount of line 20 Related to Section 504 Activities	\$1,500.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	\$70,000.00	\$70,000.00	00:000:02\$	\$70,000.00
54	Amount of line 20 Related to Security - Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
25	Amount of line 20 Related to Energy Conservation Measures		\$0.00	\$0.00	\$0.00

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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

		1		
Part I: Summary				
PHA Name:	Grant Type and Number Capital Fund Program Grant No.	Replacement Housing Factor Grant No.	frant No:	FFY of Grant:
	Date of CFFP	-		FFY of Grant Approval:
Type of Grant				
Original Annual Statement Reserve for	Reserve for Disasters/Emergencies	Revised Annual Statement (revision no:	no:)	
Performance and Evaluation Report for Period Ending:		Final Performance and Evaluation Report	Report	
Line Summary by Development Account		Total Estimated Cost	Tota	Total Actual Cost 1
	Original	Revised 2	Obligated	Expended
Signature of Executive Director	Date	Signature of Public Housing Director	rector	Date
	12.30 200 %			

Part II: Supporting Pages	Pages							
PHA Name:	Grant Type and Number		0.000			Federal FFY of Grant:	Grant:	
Decatur Housing Authority	Capital Fund Replacement		ILU6PU (250 (U6 t No:	IUO CFFP (Yes/ No):		2006		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	nated Cost	Total Actual Cost	tual Cost	Status of Work
				Original	Revised 1	Funds Obligated ²	Funds Expended ²	The state of the s
12-1 Longview	Replacement Development	1499		\$363,567.00 \$363,567.00	\$363,567.00	\$363,567.00	\$363,567.00	Complete
	a. Replace units lost thru HOPE VI							
	Relocation Costs	1495		\$5,000.00	\$1,036.50	\$1,036.50	\$1,036.50	Complete
12-2 Concord	a. Re-Pave Parking Lot	1450		\$140,000.00 \$140,000.00	\$140,000.00	\$140,000.00	\$140,000.00	Complete
12-4B DavisCenter	a. Re-Pave Parking Lot	1450		\$175,000.00	\$97,548.65	\$97,548.65	\$97,548.65	
								Complete
12-4 Scat .Sites	a. Driveway Repair/Replacement	1450		\$15,000.00	\$16,564.97	\$16,564.97	\$16,564.97	
								Complete
12-5 Scat. Sites	Driveway Repair	1450		\$15,000.00	\$0.00	\$0.00	\$0.00	
12-7 Scat. Sites	Site Improvements	1450		\$15,000.00	\$27,436.40	\$27,436.40	\$27,436.40	
	a. Driveway Repair/Replacement			\$15,000.00	\$0.00	\$0.00	\$0.00	
	b. Replace Storage Sheds			\$0.00	\$27,436.40	\$27,436.40	\$27,436.40	Complete
12-9 Garden Apts.	Landscaping	1450		\$80,000.00	\$0.00	\$0.00	\$0.00	postponed
12-10 Townhouses	Re-Pave Parking Lot	1450		\$82,253.00	\$82,253.00	\$82,253.00	\$82,253.00	Complete
12-14 Macon St.	Carport Improvements	1450		\$0.00	\$23,745.00	\$23,745.00	\$23,745.00	Complete
PHA Wide	Operations	1406		\$293,338.00	\$293,338.00	\$293,338.00	\$293,338.00	Disbursed
	Management Improvements	1408		\$113,000.00 \$111,382.59	\$111,382.59	\$111,382.59	\$111,382.59	Ongoing
	Site Improvements	1450		\$10,000.00	\$14,245.69	\$14,245.69	\$9,252.29	Ongoing

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

Part II: Supporting Pages	Pages							
PHA Name: Decatur Housing Authority	Grant Type a Capital Fund Replacement	nt No: tor Grant I	IL06P01250106		CFFP (Yes/ No):	Federal FFY of Grant: 2006	rant:	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	nated Cost	Total Actual Cost	aal Cost	Status of Work
				Original	Revised ¹	Funds Obligated	Funds Expended ²	
PHA Wide	Dwelling Structures	1460		\$36,500.00	\$140,931.00	\$140,931.00	\$140,931.00	Complete
	Dwelling Equipment	1465.1		\$12,500.00	\$4,017.80	\$4,017.80	\$4,017.80	
	Non-Dwelling Equipment	1475		\$42,500.00	\$42,745.47	\$42,745.47	\$41,785.53	
	Administration	1410		\$146,600.00	\$142,345.93	\$142,345.93	\$142,345.93	
	a. Salaries			\$96,000.00	00'000'96\$	\$96,000.00	\$36,548.26	
•	b. Benefits			\$40,600.00	\$40,600.00	\$40,600.00	\$15,023.39	
	c. Travel/ Training			\$5,000.00	\$4,215.00	\$4,215.00	\$4,215.00	
	d. Printing/Advertising			\$5,000.00	\$1,530.93	\$1,530.93	\$1,530.93	
	1							
	Fees & Costs	1430		\$40,000.00	\$84,100.00	\$84,100.00	\$84,100.00	
	 a. Comprehensive Modernization 			\$20,000.00	\$74,500.00	\$74,500.00	\$74,500.00	
	b. Misc. A/E			\$20,000.00	\$9,600.00	\$9,600.00	\$9,600.00	
	e e e e e e e e e e e e e e e e e e e				:			

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

Part III: Implementation Schedule for Capital Fund Financing Program	hedule for Capital Fund F	inancing Program			
PHA Name: Decatur Housing Authority					Federal FFY of Grant: 2006
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date	bligated ing Date)	All Funds Expended (Quarter Ending Date)	Expended Iding Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
12-1 Longview	7/18/2008	7/18/2008	7/18/2010		
12-2 Concord	7/18/2008	7/18/2008	7/18/2010		
12-4B Davis Cntr.	7/18/2008	7/18/2008	7/18/2010		
12-4 Scat Sites	7/18/2008	7/18/2008	7/18/2010		
12-5 Scat Sites	7/18/2008	7/18/2008	7/18/2010		
12-7 Scat Sites	7/18/2008	7/18/2008	7/18/2010		
12-9 Garden Apts	7/18/2008	7/18/2008	7/18/2010		
12-10 Townhouses	7/18/2008	7/18/2008	7/18/2010		
12-14 Macon St	7/18/2008	7/18/2008	7/18/2010		
PHA Wide	7/18/2008	7/18/2008	7/18/2010		

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

	f Grant:	Reasons for Revised Target Dates									
	Federal FFY of Grant:	Reasons									
		Expended ding Date)	Actual Expenditure End Date								
		All Funds Expended (Quarter Ending Date)	Original Expenditure End Date								
inancing Program		oligated ing Date)	Actual Obligation End Date								100
hedule for Capital Fund F		All Fund Obligated (Quarter Ending Date	Original Obligation End Date								
Part III: Implementation Schedule for Capital Fund Financing Program	PHA Name:	Development Number Name/PHA-Wide Activities									

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

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

	Annual Statement/Performance and Evaluation Report Capital Fund Program. Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program	ion Report n Replaceme	nt Housing Factor and	U.S	U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011	of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011
Part I:	Part I: Summary					
PHA Name: Decatur He	PHA Name: Decatur Housing Authority	Grant Type an Capital Fund P Date of CFFP:	Ype and Number Fund Program Grant No: CFFP:	Replacement Housing Fact	Replacement Housing Factor Grant No 106R01250107	FFY of Grant: 2007 FFY of Grant Approval:
Type of Origi	Type of Grant Original Annual Statement Reperformance and Evaluation Report for Period Ending:	 Reserve for Disasters/Emergencies Priod Ending: 9/30/2008	encies	Revised Annual Statement (revision no:	sion no:)	
Line	Summary by Development Account		Total F	Total Estimated Cost		Total Actual Cost
			Original	Revised 2	Obligated	Expended
1	Total non-CFP Funds	\$		\$0.00		
2	1406 Operations (may not exceed 20% of line 21) ³)\$	\$0.00	\$0.00	00:0\$	[\$0.00
3	1408 Management Improvements	\$	\$0.00	\$0.00	\$0.00	\$0.00
+	1410 Administration (may not exceed 10% of line 21)		00:0\$	\$0.00	\$0.00	\$0.00
5	1411 Audit	8	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs)\$ 	\$0.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition)\$	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$(\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$(\$0.00	\$0.00	\$0.00	\$0.00
=	1465.1 Dwelling Equipment—Nonexpendable	ĕ	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Non-dwelling Structures	\$(0.00	\$0.00	\$0.00	\$0.00
13	1475 Non-dwelling Equipment	\$(\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	ઝ	\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration	8	\$0.00	\$0.00	\$0.00	\$0.00
16	1495.1 Relocation Costs	8	\$0.00	\$0.00	\$0.00	\$0.00
17	1499 Development Activities ⁴	\$	\$270,136.00	\$270,136.00	\$0.00	\$0.00
18a	1501 Collateralization or Debt Service paid by the PHA		\$0.00	20.00	\$0.00	\$0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\\$	\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant: (sum of lines $2-19$)	\$	\$270,136.00	\$270,136.00	\$0.00	\$0.00
21	Amount of line 20 Related to LBP Activities	(\$	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Activities	8	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	ઝ	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Security - Hard Costs		0.00	\$0.00	\$0.00	\$0.00
25	Amount of line 20 Related to Energy Conservation Measures		\$0.00	\$0.00	\$0.00	\$0.00

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

Part I: Summary				
PHA Name:	Grant Type and Number Capital Fund Program Grant No. Date of CFFP.	Replacement Housing Factor Grant No:	Grant No:	FFY of Grant: FFY of Grant Approval:
Type of Grant Original Annual Statement Performance and Evaluation Report for Period Ending:	Disasters/Emergencies	☐Revised Annual Statement (revision no: ☐Final Performance and Evaluation Report	1 no:) Report	
Line Summary by Development Account	Total Est	Total Estimated Cost	Tot	Total Actual Cost 1
	Original	Revised 2	Obligated	Expended
Signature of Exeutive Director	Date (3-30)	Signature of Public Housing Director	irector	Date

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

Part II: Supporting Pages	Pages								
PHA Name: Decatur Housing Authority		t Type and N	Grant Type and Number Capital Fund Program Grant No:		CFFP (Yes/ No):		Federal FFV of Grant: 2007	Grant:	
Docatal Floading 7		acement Hous	Replacement Housing Factor Grant No: 1L06R01250107	No: IL06R012	50107		- 1		
Development Number Name/PHA-Wide	General Description of Major Wor Categories	4	Development Account No.	Quantity	Total Estimated Cost	nated Cost	Total Ac	Total Actual Cost	Status of Work
					Original	Revised 1	Funds Obligated ²	Funds Expended ²	
12-1 Longview	Construct new units lost thru Hope VI	u Hope VI	1499		\$270,136.00 \$270,136.00	\$270,136.00	\$0.00	\$0.00	

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

Part II: Supporting Pages	Pages							
PHA Name:	Grant Type and Capital Fund Pro Replacement Ho	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:	No:	CFFP (CFFP (Yes/ No):	Federal FFV of Grant:	ant:	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	iated Cost	Total Actual Cost	al Cost	Status of Work
				Original	Revised	Funds Obligated	Funds Expended ²	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							

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.

N					7 J J . AJJ 1 F J
PHA Name: Decatur Housing Authority (RHF)	y (RHF)				rederal FF v of Grant:
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date	oligated ng Date)	All Funds Expended (Quarter Ending Date)	Expended ding Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
12-1 Longview	6/30/2010		6/30/2012		

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

Part III: Implementation Schedule for Capital Fund Financing Program	chedule for Capital Fund F	inancing Program			
PHA Name:					Federal FFY of Grant:
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)	bligated ing Date)	All Funds Expended (Quarter Ending Date)	All Funds Expended Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
					the comment of the co

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

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

	Annual Statement/Performance and Evaluation Report Capital Fund Program. Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program	ion Report n Replaceme	nt Housing Factor and	U.S	U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011	of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011
Part I:	Part I: Summary					
PHA Name: Decatur He	PHA Name: Decatur Housing Authority	Grant Type an Capital Fund P Date of CFFP:	Ype and Number Fund Program Grant No: CFFP:	Replacement Housing Fact	Replacement Housing Factor Grant No 106R01250107	FFY of Grant: 2007 FFY of Grant Approval:
Type of Origi	Type of Grant Original Annual Statement Reperformance and Evaluation Report for Period Ending:	 Reserve for Disasters/Emergencies Priod Ending: 9/30/2008	encies	Revised Annual Statement (revision no:	sion no:)	
Line	Summary by Development Account		Total F	Total Estimated Cost		Total Actual Cost
			Original	Revised 2	Obligated	Expended
1	Total non-CFP Funds	\$		\$0.00		
2	1406 Operations (may not exceed 20% of line 21) ³	\$	\$0.00	\$0.00	00:0\$	[\$0.00
3	1408 Management Improvements	\$	\$0.00	\$0.00	\$0.00	\$0.00
+	1410 Administration (may not exceed 10% of line 21)		00:0\$	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	S	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$	\$0.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition	\$	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$	\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$	\$0.00	\$0.00	00.08	\$0.00
11	1465 1 Dwelling Equipment—Nonexpendable	\$	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Non-dwelling Structures	\$	0.00	\$0.00	\$0.00	\$0.00
13	1475 Non-dwelling Equipment	\$	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	Š	\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration	S	\$0.00	\$0.00	\$0.00	\$0.00
16	1495.1 Relocation Costs	S	\$0.00	\$0.00	\$0.00	\$0.00
17	1499 Development Activities ⁴	\$	\$270,136.00	\$270,136.00	\$0.00	\$0.00
18a	1501 Collateralization or Debt Service paid by the PHA		\$0.00	20.00	\$0.00	\$0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$	\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant: (sum of lines 2 – 19)	57	\$270,136.00	\$270,136.00	\$0.00	\$0.00
21	Amount of line 20 Related to LBP Activities	\$	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Activities	\$	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	Š	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Security - Hard Costs		0.00	\$0.00	\$0.00	\$0.00
25	Amount of line 20 Related to Energy Conservation Measures		\$0.00	\$0.00	\$0.00	\$0.00

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

Part I: Summary				
PHA Name:	Grant Type and Number Capital Fund Program Grant No. Date of CFFP.	Replacement Housing Factor Grant No:	Grant No:	FFY of Grant: FFY of Grant Approval:
Type of Grant Original Annual Statement Performance and Evaluation Report for Period Ending:	Disasters/Emergencies	☐Revised Annual Statement (revision no: ☐Final Performance and Evaluation Report	1 no:) Report	
Line Summary by Development Account	Total Est	Total Estimated Cost	Tot	Total Actual Cost 1
	Original	Revised 2	Obligated	Expended
Signature of Exeutive Director	Date (3-30)	Signature of Public Housing Director	irector	Date

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

Part II: Supporting Pages	Pages								
PHA Name: Decatur Housing Authority		Grant Type and Number Capital Fund Program Grant No:	i umber ram Grant No:		CFFP (Yes/ No):		Federal FFY of Grant: 2007	Grant:	
Code Hodging		placement Hous	Replacement Housing Factor Grant No: 1L06R01250107	No: IL06R012	50107		- 1		:
Development Number Name/PHA-Wide	General Description of Major Wor Categories	fajor Work	Development Account No.	Quantity	Total Estimated Cost	nated Cost	Total Ac	Total Actual Cost	Status of Work
Activities					Original	Revised 1	Funds Obligated ²	Funds Expended ²	
12-1 Longview	Construct new units lost thru Hope VI	hru Hope VI	1499		\$270,136.00 \$270,136.00	\$270,136.00	\$0.00	\$0.00	

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

Part II: Supporting Pages	Pages							
PHA Name:	Grant Type and Capital Fund Pro Replacement Ho	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:	No:	CFFP (CFFP (Yes/ No):	Federal FFV of Grant:	ant:	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	iated Cost	Total Actual Cost	al Cost	Status of Work
				Original	Revised	Funds Obligated	Funds Expended ²	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							

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.

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PHA Name: Decatur Housing Authority (RHF)	y (RHF)				rederal FF v of Grant:
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date	oligated ng Date)	All Funds Expended (Quarter Ending Date)	Expended ding Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
12-1 Longview	6/30/2010		6/30/2012		

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

Part III: Implementation Schedule for Capital Fund Financing Program	chedule for Capital Fund F	inancing Program			
PHA Name:					Federal FFY of Grant:
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)	bligated ing Date)	All Funds Expended (Quarter Ending Date)	All Funds Expended Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
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¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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

	Annual Statement/Performance and Evaluation Report Capital Fund Program. Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program	ion Report n Replaceme	nt Housing Factor and	U.S	U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011	of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011
Part I:	Part I: Summary					
PHA Name: Decatur He	PHA Name: Decatur Housing Authority	Grant Type an Capital Fund P Date of CFFP:	Ype and Number Fund Program Grant No: CFFP:	Replacement Housing Fact	Replacement Housing Factor Grant No 106R01250107	FFY of Grant: 2007 FFY of Grant Approval:
Type of Origi	Type of Grant Original Annual Statement Reperformance and Evaluation Report for Period Ending:	 Reserve for Disasters/Emergencies Priod Ending: 9/30/2008	encies	Revised Annual Statement (revision no:	sion no:)	
Line	Summary by Development Account		Total F	Total Estimated Cost		Total Actual Cost
			Original	Revised 2	Obligated	Expended
1	Total non-CFP Funds	\$		\$0.00		
2	1406 Operations (may not exceed 20% of line 21) ³	\$	\$0.00	\$0.00	00:0\$	[\$0.00
3	1408 Management Improvements	\$	\$0.00	\$0.00	\$0.00	\$0.00
+	1410 Administration (may not exceed 10% of line 21)		00:0\$	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	S	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$	\$0.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition	\$	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$	\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$	\$0.00	\$0.00	00.08	\$0.00
11	1465 1 Dwelling Equipment—Nonexpendable	\$	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Non-dwelling Structures	\$	0.00	\$0.00	\$0.00	\$0.00
13	1475 Non-dwelling Equipment	\$	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	Š	\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration	S	\$0.00	\$0.00	\$0.00	\$0.00
16	1495.1 Relocation Costs	S	\$0.00	\$0.00	\$0.00	\$0.00
17	1499 Development Activities ⁴	\$	\$270,136.00	\$270,136.00	\$0.00	\$0.00
18a	1501 Collateralization or Debt Service paid by the PHA		\$0.00	00.08	\$0.00	\$0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment		\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$	\$0.00	\$0.00	00:00	\$0.00
20	Amount of Annual Grant: (sum of lines 2 – 19)	57	\$270,136.00	\$270,136.00	\$0.00	\$0.00
21	Amount of line 20 Related to LBP Activities	\$	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Activities	\$	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	Š	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Security - Hard Costs		0.00	\$0.00	\$0.00	\$0.00
25	Amount of line 20 Related to Energy Conservation Measures		\$0.00	\$0.00	\$0.00	\$0.00

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

Part I: Summary				
PHA Name:	Grant Type and Number Capital Fund Program Grant No. Date of CFFP.	Replacement Housing Factor Grant No:	Grant No:	FFY of Grant: FFY of Grant Approval:
Type of Grant Original Annual Statement Performance and Evaluation Report for Period Ending:	Disasters/Emergencies	☐Revised Annual Statement (revision no: ☐Final Performance and Evaluation Report	1 no:) Report	
Line Summary by Development Account	Total Est	Total Estimated Cost	Tot	Total Actual Cost 1
	Original	Revised 2	Obligated	Expended
Signature of Exeutive Director	Date (3-30)	Signature of Public Housing Director	irector	Date

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

Part II: Supporting Pages	Pages								
PHA Name: Decatur Housing Authority		Grant Type and Number Capital Fund Program Grant No:	i umber ram Grant No:		CFFP (Yes/ No):		Federal FFY of Grant: 2007	Grant:	
Code Hodging		placement Hous	Replacement Housing Factor Grant No: 1L06R01250107	No: IL06R012	50107		- 1		:
Development Number Name/PHA-Wide	General Description of Major Wor Categories	fajor Work	Development Account No.	Quantity	Total Estimated Cost	nated Cost	Total Ac	Total Actual Cost	Status of Work
Activities					Original	Revised 1	Funds Obligated ²	Funds Expended ²	
12-1 Longview	Construct new units lost thru Hope VI	hru Hope VI	1499		\$270,136.00 \$270,136.00	\$270,136.00	\$0.00	\$0.00	

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

Part II: Supporting Pages	Pages							
PHA Name:	Grant Type and Capital Fund Pro Replacement Ho	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:	No:	CFFP (CFFP (Yes/ No):	Federal FFV of Grant:	ant:	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	iated Cost	Total Actual Cost	al Cost	Status of Work
				Original	Revised	Funds Obligated	Funds Expended ²	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							

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.

N. I.					Follow of Court.
PHA Name: Decatur Housing Authority (RHF)	y (RHF)				rederal FF v of Grant:
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date	oligated ing Date)	All Funds Expended (Quarter Ending Date)	Expended ding Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
12-1 Longview	6/30/2010		6/30/2012		

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

Part III: Implementation Schedule for Capital Fund Financing Program	chedule for Capital Fund F	inancing Program			
PHA Name:					Federal FFY of Grant:
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)	bligated ing Date)	All Funds Expended (Quarter Ending Date)	All Funds Expended Quarter Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
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¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Statement Regarding Violence Against Women Act

Attachment: IL012q02

In accordance with the Violence Against Women Act(VAWA) the Decatur Housing Authority will ensure that victims of domestic violence, dating violence, or stalking is not an appropriate basis for denial of program assistance or denial of admission, if the applicant otherwise qualifies for assistance or admission. The DHA will refer applicants/tenants/participants of the Public Housing and Housing Choice Voucher programs, who are victims of domestic violence, dating violence, sexual assault or stalking to the appropriate partner agency for assistance. Those agencies include: 1) Dove, a domestic violence service agency, 2) Growing Strong, a service agency that works with sexual assault victims, 3) Homeward Bound, a partner agency that provides housing to homeless families, 4) Land of Lincoln Legal Assistance and other local service agencies.

In addition, the DHA will provide applicants an approved brochure that describes their rights under the law.

PUBLIC HEARING NOTICE

The Decatur Housing Authority has developed an amendment to the Agency Plan in compliance with the Quality Housing and Work Responsibility Act of 1998. This plan will be available for review on March 30, 2009 at the Authority's main office located at 1808 East Locust Street, Decatur, Illinois. The Authority's hours of operation are Monday through Friday 8:00 a.m.-12:00 p.m. and 1:00 p.m.- 5:00 p.m.

A Public Hearing will be held on April 9, 2009 in conjunction with the Authority's regular board meeting which will be held at 3:30 p.m. in the board room at the main office located at 1808 East Locust, Decatur, IL. The public is invited to attend.

STATEMENT ON PROGRESS IN MEETING FIVE-YEAR GOALS Attachment: il012s02

The Decatur Housing has had great success in achieving its five year goals that are included in the PHA Plan. The Decatur Housing Authority's mission is to provide and maintain quality affordable housing with access to community resources for low to moderate income families and individuals. As outlined in our Five Year Plan, the following statements explain the goals that have been achieved in the past five years.

Goal: Increase the availability of decent, safe, and affordable housing.

Explanation: The Decatur Housing Authority applied for and received 100 Section 8 vouchers for relocation of Longview residents as part of our HOPE VI Revitilzation. The developer working on the revitalization has leveraged funds to create additional housing opportunities. The Authority has also acquired an additional apartment building to replace a portion of those lost through HOPE VI.

Goal: Improve the quality of assisted housing.

Explanation: The Decatur Housing Authority's PHAS score was 91 for the past year. This is the highest score achieved ever. The Decatur Housing Authority has been designated as a High Performer under the Section 8 Program. The Authority achieved a 93 score on SEMAP. Results of a RASS survey revealed that the Authority has achieved 90% customer satisfaction. Various other improvements include reduced time to lease units that have been vacated, timely modernization included in the Capital Fund Program, completion of Phase I and Phase II of the HOPE VI revitalization.

Goal: Increase assisted housing choices.

Explanation: The Decatur Housing Authority conducts outreach efforts through meetings with landlords and recruitment of new landlords. The Authority is in the process of implementing a homeownership program and site based waiting lists through the HOPE VI Program. The Authority has acquired an apartment building to replace a portion of units lost through HOPE VI. This property has been designated by HUD for eldery/disabled persons only.

Goal: Improve community quality of life and economic vitality.

Explanation: The Decatur Housing Authority has implemented measures to deconcentrate poverty through the HOPE VI Program and the Authority owned scattered site housing projects ILL 12-4, 12-5, 12-6, and 12-7. The Authority has retained the services of off-duty police officers to provide security services for our properties.

Goal: Promote self-sufficiency and asset development of families and individuals.

Explanation: The Authority has an entire department committed to the self-sufficiency of our tenants. The Community Services Department has implemented various programs to help residents achieve independence and viable employment which includes a Step-Up Program. The CSS Department enforces the Section 3 program requirements and have achieved great success with creating employment opportunities for the residents.

Goal: Ensure Equal Opportunity in Housing for all Americans.

Explanation: The Decatur Housing Authority continually undertakes affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability. This is achieved through the implementation of first come-first served waiting lists and special programs for the disabled.

The Decatur Housing Authority maintains a system that includes resident input in the preparation of the PHA Plan. The Authority strives to provide excellent customer service and manage as a team assisting residents toward self-sufficiency.

Carbon Monoxide Equipment Installation: Attachment: il012t02

The Decatur Housing Authority has installed carbon monoxide detectors in all dwellings containing combustion equipment. This includes all single family homes and duplex units, the Townhouse development which is comprised of 25 apartments in five buildings and our Garden Apartment development which is comprised of 50 units in 10 buildings. Additionally, carbon monoxide detectors have been installed adjacent to central boiler rooms in accordance with State Law in each of three highrise buildings equipped with central heating plants.