

PHA Plans

Streamlined Annual Version

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

OMB No. 2577-0226
(exp. 08/31/2009)

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

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

Streamlined Annual PHA Plan

For Fiscal Year: 2009

PHA Name:

MOLINE HOUSING AUTHORITY

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

Streamlined Annual PHA Plan Agency Identification

PHA Name: Moline Housing Authority **PHA Number:** IL 020

PHA Fiscal Year Beginning: 04/2009

PHA Programs Administered:

Public Housing and Section 8 **Section 8 Only** **Public Housing Only**
Number of public housing units: 486 Number of S8 units: Number of public housing units:
Number of S8 units: 234

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

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

PHA Plan Contact Information:

Name: Susan Anderson Phone: 309-764-1819 ext. 313
TDD: 309-764-2026 Email: Susan@MolineHousing.com

Public Access to Information

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

- X PHA's main administrative office
 Moline Housing Authority
 4141 11th Avenue A
 Moline, IL 61265

- X PHA's development management offices
 Moline Housing Authority
 Hillside Heights
 825 17th Street
 Moline, IL 61265

Display Locations For PHA Plans and Supporting Documents

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

If yes, select all that apply:

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

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

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

Streamlined Annual PHA Plan

Fiscal Year 2009

[24 CFR Part 903.12(c)]

Table of Contents

[24 CFR 903.7(r)]

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

A. PHA PLAN COMPONENTS

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

B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

Form HUD-50076, PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Streamlined Annual Plan identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment,

approved by the PHA governing board, and made available for review and inspection at the PHA's principal office;

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

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

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

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

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

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

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

A. Site-Based Waiting Lists-Previous Year

1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to B.

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

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

B. Site-Based Waiting Lists – Coming Year

Moline Housing Authority does not plan to operate one or more site based waiting lists in the coming years.

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

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

2. Capital Improvement Needs

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

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

A. Capital Fund Program

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

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

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

1. Yes No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary).

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

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

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

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

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

3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program
(if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

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

2. Program Description:

a. Size of Program

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

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

b. PHA-established eligibility criteria

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

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

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

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

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

4. Use of the Project-Based Voucher Program

Intent to Use Project-Based Assistance

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

1. X Yes No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:
- Low utilization rate for vouchers due to lack of suitable rental units
- Access to neighborhoods outside of high poverty areas
- X other (describe below :)

Obligate fourteen units to Moline Enterprise Live-Work Lofts. Part of the proposed development is intended to focus on creating work opportunities for persons with physical disabilities that can or want to work at home.

2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):
70 Units, 14 will be designated to Project Based, Corner of 19th Street and River Drive in Moline, Illinois.

5. PHA Statement of Consistency with the Consolidated Plan

[24 CFR Part 903.15]

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

1. Consolidated Plan jurisdiction: City of Moline, Illinois
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - X The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan/s.
 - X The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - X The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - X Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (List below)
Other: (list below)
3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

Priority Needs:

1. The need to preserve and expand the supply of affordable housing in the City of Moline
2. Prevention and reduction of homelessness
3. Expansion of housing opportunities for seniors and persons with special needs.

Objectives: The following programs will address homeowner and rental needs:

1. Home owner-occupied rehabilitation program
2. Incorporation of lead based paint regulations
3. Housing and neighborhood services program
4. Homebuyer assistance program
5. Technical assistance to first-time homebuyers
6. Section 8 vouchers
7. Low-income energy assistance program
8. Housing counseling services

Objectives: New and/or pending projects:

1. Kitchen and bathroom remodel (including sink, cabinets & flooring) for Hillside Heights (120 units).
2. Renovate six units and the building at Hillside Heights to make them handicap accessible.
3. Contract an architect firm to review the ADA requirements and update to meet ADA codes.
4. Engineering group to study energy savings improvements (water, electricity and natural gas) – Amp 1 & 2
5. Review and analyze current housing stock and demographics in order to evaluate the needs of tenants and the surrounding community.
6. Evaluate current housing stock for capital improvement projects as well as redevelopment.
7. Renovation of building's common areas, inside and outside building structures and grounds – Amp 1 & 2 (Section 504 Compliance Renovations).
8. Add, replace, or repair all sidewalks, roadways, parking areas to meet 504 compliance for Amp 1 & 2.
9. Erosion control and engineering – Amp 1
10. Upgrade laundry facilities to meet ADA requirements - Amp 1 & 2

Goals and Objectives the PHA can document that it has met in the previous 5 year plan.

1. Kitchen and bathroom remodel in Spring Valley (completed in December 2008).
2. Maintenance garage for Spring Brook and Spring Valley (completed summer 2008).
3. Siding, roofs, insulation, porches in Spring Brook (completed fall 2007).
4. Filled in ravine and installed water and sewer in preparation for future development and or construction (completed fall 2006).
5. New site lighting Spring Brook (completed fall 2008).
6. New phone system (completed 2008).
7. Energy study for Amp 1 and 2 (completed 2007).
8. Program to replace all standing pilot lights in apartment ranges (in progress).
9. Program to replace refrigerators with energy saving units (in progress).
10. New lawn and service equipment (completed 2008).
11. New computer programs to make organization run more efficiently (continuing).
12. New sanitary sewer lines and water lines were added in Spring Brook (completed 2006).

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

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

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

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



Moline Housing Authority

4141 11th Avenue A
Moline, IL 61265

Telephone 309-764-1819
Fax 309-764-2120

Illinois Carbon Monoxide Alarm Detector Act Report

The Moline Housing Authority has complied with the requirements of the Carbon Monoxide Alarm Detector Act (Public Act 094-0741).

All units of Public Housing administered by the Moline Housing Authority have been equipped with a working carbon monoxide detector as of March 28, 2007.



Moline Housing Authority

4141 11th Avenue A
Moline, IL 61265

Telephone 309-764-1819
Fax 309-764-2120

Violence Against Women Act Report

The Moline Housing Authority provides or offers the following services, programs, or activities, directly or in partnership with other agencies or service providers, to adult or child victims of domestic violence, dating violence, sexual assault, or stalking:

The Moline Housing Authority will assist any family who reports domestic violence, sexual assault, dating violence, or stalking by providing referrals to the appropriate agencies on a case by case basis to Project Now, Bethany Home for Women and Children or the Department of Children and Family Services.

The Moline Housing Authority offers or provides the following services, programs, or activities that help adult and child victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing:

Although the Moline Housing Authority does not directly provide services, activities or programs to allow victims of domestic violence to obtain or maintain housing, we can provide referrals to the appropriate agencies on a case by case basis to Project Now, South Moline Township, Bethany Home for Women and Children or the Department of Children and Family Services.

The Moline Housing Authority offers or provides the following services, programs, or activities that help adult and child victims of domestic violence, dating violence, sexual assault, or stalking, to enhance victim safety in assisted families:

Although the Moline Housing Authority does not directly provide services, activities or programs to allow victims of domestic violence we will assist any family who reports domestic violence, sexual assault, dating violence, or stalking by providing referrals to the appropriate agencies on a case by case basis to Project Now, Bethany Home for Women and Children or the Department of Children and Family Services.

Part I: Summary	
PHA Name: MOLINE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: IL06P02050109 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2009 FFY of Grant Approval: 2009	

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	\$234,400.00	\$0.00	\$0.00	\$0.00
4	1410 Administration (may not exceed 10% of line 21)	\$117,200.00	\$0.00	\$0.00	\$0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$35,000.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	\$50,000.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$660,400.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment—Nonexpendable	\$20,000.00	\$0.00	\$0.00	\$0.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	\$5,000.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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

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

Part I: Summary					
PHA Name: MOLINE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: IL06P02050109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2009 FFY of Grant Approval: 2009			
Type of Grant					
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	\$50,000.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$1,172,000.00	\$0.00	\$0.00	\$0.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	\$660,400.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

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: MOLINE HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: IL06P02050109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-Wide	Management Improvements	1408	LS	\$234,400.00	\$0.00	\$0.00	\$0.00	N/A
PHA-Wide	Administration	1410	LS	\$117,200.00	\$0.00	\$0.00	\$0.00	N/A
PHA-Wide	A/E Fees	1430	LS	\$35,000.00	\$0.00	\$0.00	\$0.00	N/A
PHA-Wide	Site Improvements	1450	LS	\$50,000.00	\$0.00	\$0.00	\$0.00	N/A
AMP 2	Section 504 Renovations	1460	LS	\$660,400.00	\$0.00	\$0.00	\$0.00	N/A
PHA-Wide	Appliances	1465.1	LS	\$20,000.00	\$0.00	\$0.00	\$0.00	N/A
PHA-Wide	Vehicles, Tools, Equipment	1475	LS	\$5,000.00	\$0.00	\$0.00	\$0.00	N/A
PHA-Wide	Contingency	1502	LS	\$50,000.00	\$0.00	\$0.00	\$0.00	N/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 II: Supporting Pages								
PHA Name: MOLINE HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: IL06P02050109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2009		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: MOLINE HOUSING AUTHORITY					Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-Wide	03/30/2011		03/30/2013		N/A

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: MOLINE HOUSING AUTHORITY				Federal FFY of Grant: 2009	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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—Five-Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

Part I: Summary						
PHA Name/Number MOLINE HOUSING AUTHORITY / IL 020		Locality (City/County & State) MOLINE, ILLINOIS			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 1	
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2009</u>	Work Statement for Year 2 FFY <u>2010</u>	Work Statement for Year 3 FFY <u>2011</u>	Work Statement for Year 4 FFY <u>2012</u>	Work Statement for Year 5 FFY <u>2013</u>
B.	Physical Improvements Subtotal	Annual Statement	701,300	692,300	1,071,700	1,141,000
C.	Management Improvements		233,800	235,800	376,200	366,000
D.	PHA-Wide Non-dwelling Structures and Equipment		15,000	22,000	120,000	30,000
E.	Administration		116,900	117,900	188,100	183,000
F.	Other		70,000	72,000	80,000	70,000
G.	Operations					
H.	Demolition					
I.	Development		32,000	39,000	45,000	40,000
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		1,169,000	1,179,000	1,881,000	1,830,000
L.	Total Non-CFP Funds					
M.	Grand Total	1,172,000	1,169,000	1,179,000	1,881,000	1,830,000

Part I: Summary (Continuation)						
PHA Name/Number MOLINE HOUSING AUTHORITY / IL-020		Locality (City/county & State) MOLINE, ILLINOIS			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 1	
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2009</u>	Work Statement for Year 2 FFY <u>2010</u>	Work Statement for Year 3 FFY <u>2011</u>	Work Statement for Year 4 FFY <u>2012</u>	Work Statement for Year 5 FFY <u>2013</u>
		Annual Statement				

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2009	Work Statement for Year <u> 4 </u> FFY <u> 2012 </u>			Work Statement for Year: <u> 5 </u> FFY <u> 2013 </u>		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	PHA Wide: Fees/Costs	LS	45,000	PHA Wide: Fees/Costs	LS	40,000
Annual	PHA-Wide: Site Improvements	LS	60,000	PHA-Wide: Site Improvements	LS	55,000
Statement	PHA-Wide: Appliances	LS	30,000	PHA-Wide: Appliances	LS	20,000
	PHA Wide: Vehicles, Tools, Equip	LS	85,000	PHA Wide: Vehicles, Tools, Equip	LS	20,000
	PHA-Wide: 504 Improvements	LS	1,011,700	PHA-Wide: 504 Improvements	LS	1,086,000
	PHA-Wide: Contingency	LS	50,000	PHA-Wide: Contingency	LS	50,000
	PHA-Wide: Admin/Comm Bldg 504	LS	35,000	PHA-Wide: Admin/Comm Bldg 504	LS	10,000
	Subtotal of Estimated Cost		\$1,316,700	Subtotal of Estimated Cost		\$1,281,000

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY <u>2009</u>	Work Statement for Year <u>2</u> FFY <u>2010</u>		Work Statement for Year: <u>3</u> FFY <u>2011</u>	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	PHA-Wide: Management Improvements	233,800	PHA-Wide: Management Improvements	235,800
Annual Statement	PHA-Wide: Administration	116,900	PHA-Wide: Administration	117,900
	Subtotal of Estimated Cost	\$350,750	Subtotal of Estimated Cost	\$353,700

Part I: Summary		
PHA Name: MOLINE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: IL06P02050106 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2006 FFY of Grant Approval: 2006

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	\$39,000.00	\$39,000.00	\$39,000.00	\$39,000.00
4	1410 Administration (may not exceed 10% of line 21)	\$85,000.00	\$85,000.00	\$85,000.00	\$85,000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$40,000.00	\$40,000.00	\$40,000.00	\$40,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement	\$25,744.32	\$25,744.32	\$25,744.32	\$25,744.32
10	1460 Dwelling Structures	\$639,606.68	\$639,606.68	\$639,606.68	\$639,606.68
11	1465.1 Dwelling Equipment—Nonexpendable	\$20,000.00	\$20,000.00	\$20,000.00	\$20,000.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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

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

Part I: Summary					
PHA Name: MOLINE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: IL06P02050106 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2006 FFY of Grant Approval: 2006			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$854,351.00	\$854,351.00	\$854,351.00	\$854,351.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

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: MOLINE HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: IL06P02050106 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2006		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-Wide	Software Addit & Upgrades	1408	LS	\$2,425.00	\$2,425.00	\$2,425.00	\$2,425.00	Finished
PHA-Wide	Staff Dev Training	1408	LS	\$25,510.17	\$25,510.17	\$25,510.17	\$25,510.17	Finished
PHA-Wide	Consultants	1408	LS	\$11,064.83	\$11,064.83	\$11,064.83	\$11,064.83	Finished
	Subtotal	1408		\$39,000.00	\$39,000.00	\$39,000.00	\$39,000.00	
PHA-Wide	Mod Director Salary	1410	LS	\$29,877.54	\$29,877.54	\$29,877.54	\$29,877.54	Finished
PHA-Wide	Technical Salary	1410	LS	\$13,702.07	\$13,702.07	\$13,702.07	\$13,702.07	Finished
PHA-Wide	Employee Benefits	1410	LS	\$19,713.65	\$19,713.65	\$19,713.65	\$19,713.65	Finished
PHA-Wide	Accounting Salary	1410	LS	\$11,309.05	\$11,309.05	\$11,309.05	\$11,309.05	Finished
PHA-Wide	Executive Director Salary	1410	LS	\$10,397.69	\$10,397.69	\$10,397.69	\$10,397.69	Finished
	Subtotal	1410		\$85,000.00	\$85,000.00	\$85,000.00	\$85,000.00	
PHA-Wide	IEFM - Energy Audit	1430	LS	\$16,500.00	\$16,500.00	\$16,500.00	\$16,500.00	Finished
AMP 1	Kelly - Siding/Roofing/Insulation	1430	LS	\$2,677.84	\$2,677.84	\$2,677.84	\$2,677.84	Finished
AMP 1	Kelly - Maint Garage	1430	LS	\$4,800.00	\$4,800.00	\$4,800.00	\$4,800.00	Finished
AMP 1	American Testing Eng Corp - Garage	1430	LS	\$1,303.60	\$1,303.60	\$1,303.60	\$1,303.60	Finished
AMP 1	Kelly - Corner Lot	1430	LS	\$400.06	\$400.06	\$400.06	\$400.06	Finished
AMP 1	Kelly - Maint Garage Rebid	1430	LS	\$1,524.35	\$1,524.35	\$1,524.35	\$1,524.35	Finished
AMP 1	Kelly - SV Kitchen/Bath Renovation	1430	LS	\$12,794.15	\$12,794.15	\$12,794.15	\$12,794.15	Finished
	Subtotal	1430		\$40,000.00	\$40,000.00	\$40,000.00	\$40,000.00	
AMP 1	SB Cement Work - Centennial	1450	LS	\$25,744.32	\$25,744.32	\$25,744.32	\$25,744.32	Finished

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

² To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages								
PHA Name: MOLINE HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: IL06P02050106 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2006		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 1	SB Siding, Insulation, Roofing	1460	LS	\$428,444.03	\$428,444.03	\$428,444.03	\$428,444.03	Finished
AMP 1	SB Sewer/Water	1460	LS	\$69,745.00	\$69,745.00	\$69,745.00	\$69,745.00	Finished
AMP 1	SV Kitchen/Bathroom Renovation	1460	LS	\$141,417.65	\$141,417.65	\$141,417.65	\$141,417.65	Finished
	Subtotal	1460		\$639,606.68	\$639,606.68	\$639,606.68	\$639,606.68	
PHA-Wide	Appliances	1465.1	LS	\$20,000.00	\$20,000.00	\$20,000.00	\$20,000.00	Finished
PHA-Wide	Lift	1475	LS	\$3,316.00	\$3,316.00	\$3,316.00	\$3,316.00	Finished
AMP 1	(2) 2 Yard Dumpsters - Elliott Equip	1475	LS	\$884.00	\$884.00	\$884.00	\$884.00	Finished
AMP 1	Salt Spreader - QC Spring	1475	LS	\$800.00	\$800.00	\$800.00	\$800.00	Finished
	Subtotal	1475		\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00	
	Grand Total			\$854,351.00	\$854,351.00	\$854,351.00	\$854,351.00	

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 III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: MOLINE HOUSING AUTHORITY					Federal FFY of Grant: 2006
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-Wide	07/18/2008	07/13/2008	07/18/2010	09/08/2008	N/A

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: MOLINE HOUSING AUTHORITY				Federal FFY of Grant: 2006	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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

Part I: Summary	
PHA Name: MOLINE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: IL06P02050206 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2006 FFY of Grant Approval: 2006	

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	\$72,284.00	\$72,284.00	\$72,284.00	\$72,284.00
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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

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

Part I: Summary					
PHA Name: MOLINE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: IL06P02050206 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2006 FFY of Grant Approval: 2006			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$72,284.00	\$72,284.00	\$72,284.00	\$72,284.00
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

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: MOLINE HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: IL06P02050206 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2006		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 1	Maintenance Garage	1470	LS	\$72,284.00	\$72,284.00	\$72,284.00	\$72,284.00	Finished
	Grand Total			\$72,284.00	\$72,284.00	\$72,284.00	\$72,284.00	

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								
PHA Name: MOLINE HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: IL06P02050206 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2006		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: MOLINE HOUSING AUTHORITY					Federal FFY of Grant: 2006
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
AMP 1	05/04/2009	03/25/2008	05/04/2011	07/10/2008	N/A

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: MOLINE HOUSING AUTHORITY				Federal FFY of Grant: 2006	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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

Part I: Summary		
PHA Name: MOLINE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: IL06P02050107 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2007 FFY of Grant Approval: 2007

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:3)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	\$50,000.00	\$50,000.00	\$50,000.00	\$50,000.00
4	1410 Administration (may not exceed 10% of line 21)	\$90,035.00	\$90,035.00	\$90,035.00	\$68,883.07
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$40,000.00	\$40,000.00	\$40,000.00	\$40,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement	\$24,746.00	\$24,746.00	\$24,746.00	\$24,746.00
10	1460 Dwelling Structures	\$601,564.00	\$601,564.00	\$601,564.00	\$601,564.00
11	1465.1 Dwelling Equipment—Nonexpendable	\$20,000.00	\$20,000.00	\$20,000.00	\$20,000.00
12	1470 Non-dwelling Structures	\$73,066.00	\$73,066.00	\$73,066.00	\$73,066.00
13	1475 Non-dwelling Equipment	\$943.00	\$943.00	\$943.00	\$943.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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

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

Part I: Summary					
PHA Name: MOLINE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: IL06P02050107 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2007 FFY of Grant Approval: 2007			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$900,354.00	\$900,354.00	\$900,354.00	\$879,202.07
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

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: MOLINE HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: IL06P02050107 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2007			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-Wide	Software Addit & Upgrades	1408	LS	\$15,100.00	\$15,100.00	\$15,100.00	\$15,100.00	Finished
PHA-Wide	Staff Dev Training	1408	LS	\$22,294.91	\$22,294.91	\$22,294.91	\$22,294.91	Finished
PHA-Wide	Consultants	1408	LS	\$12,605.09	\$12,605.09	\$12,605.09	\$12,605.09	Finished
	Subtotal	1408		\$50,000.00	\$50,000.00	\$50,000.00	\$50,000.00	
PHA-Wide	Mod Director Salary	1410	LS	\$36,000.00	\$36,000.00	\$36,000.00	\$33,049.80	In-Process
PHA-Wide	Technical Salary	1410	LS	\$24,750.44	\$24,750.44	\$24,750.44	\$20,026.03	In-Process
PHA-Wide	Employee Benefits	1410	LS	\$27,000.00	\$27,000.00	\$27,000.00	\$13,522.68	In-Process
PHA-Wide	Accounting Salary	1410	LS	\$1,365.12	\$1,365.12	\$1,365.12	\$1,365.12	Finished
PHA-Wide	Executive Director Salary	1410	LS	\$919.44	\$919.44	\$919.44	\$919.44	Finished
	Subtotal	1410		\$90,035.00	\$90,035.00	\$90,035.00	\$68,883.07	
AMP 2	Kelly - HH Kitchen/Bath Renovation	1430	LS	\$1,594.15	\$1,594.15	\$1,594.15	\$1,594.15	Finished
AMP 1	Kelly - SV Kitchen/Bath Renovation	1430	LS	\$29,955.85	\$29,955.85	\$29,955.85	\$29,955.85	Finished
AMP 1	Townsend - SB Erosion Control	1430	LS	\$3,700.00	\$3,700.00	\$3,700.00	\$3,700.00	Finished
AMP 1	IEFM - SB Site Lights	1430	LS	\$4,750.00	\$4,750.00	\$4,750.00	\$4,750.00	Finished
	Subtotal	1430		\$40,000.00	\$40,000.00	\$40,000.00	\$40,000.00	Finished
AMP 1	SB Lights - Koehler Electric	1450	LS	\$24,746.00	\$24,746.00	\$24,746.00	\$24,746.00	Finished
AMP 1	SV Cabinets	1460	LS	\$600,918.00	\$600,918.00	\$600,918.00	\$600,918.00	Finished
AMP 1	Furniture for SV Renovation Project	1460	LS	\$646.00	\$646.00	\$646.00	\$646.00	Finished
	Subtotal	1460		\$601,564.00	\$601,564.00	\$601,564.00	\$601,564.00	

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								
PHA Name: MOLINE HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: IL06P02050107 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2007		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-Wide	Appliances	1465.1	LS	\$20,000.00	\$20,000.00	\$20,000.00	\$20,000.00	Finished
AMP 1	Maintenance Garage	1470	LS	\$73,066.00	\$73,066.00	\$73,066.00	\$73,066.00	Finished
PHA-Wide	Lift	1475	LS	\$344.00	344.00	344.00	344.00	Finished
AMP 1	Chair for SV Renovation Project	1475	LS	\$599.00	\$599.00	\$599.00	\$599.00	Finished
	Subtotal	1475		\$943.00	\$943.00	\$943.00	\$943.00	
	Grand Total			\$900,354.00	\$900,354.00	\$900,354.00	\$879,202.07	

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

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: MOLINE HOUSING AUTHORITY					Federal FFY of Grant: 2007
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-Wide	09/12/2009		09/12/2011		N/A

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: MOLINE HOUSING AUTHORITY					Federal FFY of Grant: 2007
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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

Part I: Summary	
PHA Name: MOLINE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: IL06P02050108 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: 2008 FFY of Grant Approval: 2008	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:2)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements	\$25,000.00	\$25,000.00	\$4,561.13	\$4,561.13
4	1410 Administration (may not exceed 10% of line 21)	\$95,029.00	\$95,029.00	\$0.00	\$0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	\$50,000.00	\$85,000.00	\$35,855.85	\$25,105.85
8	1440 Site Acquisition				
9	1450 Site Improvement	\$45,000.00	\$60,000.00	\$4,869.00	\$4,869.00
10	1460 Dwelling Structures	\$700,261.00	\$490,261.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment—Nonexpendable	\$20,000.00	\$20,000.00	\$3,524.00	\$3,524.00
12	1470 Non-dwelling Structures	\$0.00	\$160,000.00	\$0.00	\$0.00
13	1475 Non-dwelling Equipment	\$15,000.00	\$15,000.00	\$7,007.50	\$7,007.50
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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

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

Part I: Summary					
PHA Name: MOLINE HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: IL06P02050108 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2008 FFY of Grant Approval: 2008			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$950,290.00	\$950,290.00	\$55,817.48	\$45,067.48
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	\$42,000.00	\$685,000.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

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: MOLINE HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: IL06P02050108 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA-Wide	Software Addit & Upgrades	1408	LS	\$2,500.00	\$2,500.00	\$0.00	\$0.00	N/A
PHA-Wide	Staff Dev Training	1408	LS	\$20,000.00	\$20,000.00	\$4,561.13	\$4,561.13	Finished
PHA-Wide	Consultants	1408	LS	\$2,500.00	\$2,500.00	\$0.00	\$0.00	N/A
	Subtotal	1408		\$25,000.00	\$25,000.00	\$4,561.13	\$4,561.13	
PHA-Wide	Mod Director Salary	1410	LS	\$25,000.00	\$25,000.00	\$0.00	\$0.00	N/A
PHA-Wide	Technical Salary	1410	LS	\$20,000.00	\$20,000.00	\$0.00	\$0.00	N/A
PHA-Wide	Employee Benefits	1410	LS	\$25,000.00	\$25,000.00	\$0.00	\$0.00	N/A
PHA-Wide	Accounting Salary	1410	LS	\$12,000.00	\$12,000.00	\$0.00	\$0.00	N/A
PHA-Wide	Executive Director Salary	1410	LS	\$13,029.00	\$13,029.00	\$0.00	\$0.00	N/A
	Subtotal	1410		\$95,029.00	\$95,029.00	\$0.00	\$0.00	
PHA-Wide	A&E Fees	1430	LS	\$14,144.15	\$14,144.15	\$0.00	\$0.00	N/A
PHA-Wide	Kelly - 504 Compliance Renovations	1430	LS	\$0.00	\$35,000.00	\$0.00	\$0.00	N/A
AMP 2	Kelly - HH Kitchen/Bath Renovations	1430	LS	\$35,155.85	\$35,155.85	\$35,155.85	\$24,405.85	In-Process
AMP 2	Kelly - HH Stairwell Study	1430	LS	\$700.00	\$700.00	\$700.00	\$700.00	Finished
	Subtotal	1430		\$50,000.00	\$85,000.00	\$35,855.85	\$25,105.85	In-Process
PHA-Wide	Section 504 Compliance Improvements	1450	LS	\$0.00	\$55,131.00	\$0.00	\$0.00	N/A
PHA-Wide	Site Improvements	1450	LS	\$40,131.00	\$0.00	\$0.00	\$0.00	N/A
AMP 1	SB Lights - Koehler Electric	1450.00	LS	\$4,869.00	\$4,869.00	\$4,869.00	\$4,869.00	Finished
	Subtotal	1450		\$45,000.00	\$60,000.00	\$4,869.00	\$4,869.00	

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								
PHA Name: MOLINE HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: IL06P02050108 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
AMP 2	HH Cabinets	1460	LS	\$700,261.00	\$0.00	\$0.00	\$0.00	N/A
AMP 2	HH Section 504 Renovation	1460	LS	\$0.00	\$490,261.00	\$0.00	\$0.00	N/A
	Subtotal	1460		\$700,261.00	\$490,261.00	\$0.00	\$0.00	
PHA-Wide	Appliances	1465.1	LS	\$20,000.00	\$20,000.00	\$3,524.00	\$3,524.00	Finished
AMP 1	SB/SV Sec. 504 Laundry Renovations	1470	LS	\$0.00	\$160,000.00	\$0.00	\$0.00	N/A
PHA-Wide	Vehicles, Tools, and Equipment	1475	LS	\$7,992.50	\$7,992.50	\$0.00	\$0.00	N/A
PHA Wide	Mud Jack - Black-Jack Grout Pum	1475	LS	\$7,007.50	\$7,007.50	\$7,007.50	\$7,007.50	Finished
	Subtotal	1475		\$15,000.00	\$15,000.00	\$7,007.50	\$7,007.50	
	Grand Total			\$950,290.00	\$950,290.00	\$55,817.48	\$45,067.48	

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: MOLINE HOUSING AUTHORITY					Federal FFY of Grant: 2008
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA-Wide	06/12/2010		06/12/2012		N/A

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: MOLINE HOUSING AUTHORITY				Federal FFY of Grant: 2008	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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.