

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
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1.0	PHA Information PHA Name: Massac County Housing Authority PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: July 1, 2010 PHA Code: IL041												
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 233 Number of HCV units: 0												
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only												
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)												
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program <table border="1"> <tr> <th>PH</th> <th>HCV</th> </tr> <tr> <td>PHA 1:</td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> </tr> </table>	PH	HCV	PHA 1:		PHA 2:		PHA 3:	
PH	HCV												
PHA 1:													
PHA 2:													
PHA 3:													
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.												
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: The primary purpose of the housing authority is to provide decent, safe, and sanitary housing for those who can benefit from subsidized housing, by effectively and efficiently utilizing resources to provide a pleasant living environment free from discrimination.												
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. <ul style="list-style-type: none"> • Continue to reduce public housing vacancies by maintaining rate at 3% or less. • Renovate housing units. We have added central air units to 50 units this year, replaced roofing and siding. Plan on renovating kitchens, doors, windows, boilers. • Continue to improve living environment. Offered many recreation and educational program. Will continue to look at additional programs. • Promote self-sufficiency and development of families and individuals by offering opportunities at training in a variety of venues. • Ensure equal opportunity and affirmative fair housing (continue to be aware of fair housing practices – providing assisted housing Regardless of race, color, religion, national origin, sex, familial status, sexual orientation, and/or disability) • Will continue to educate staff on changing regulations that pertain to policies and procedures that affect a family's eligibility and assistance. • Will continue to improve management to better service customers. Maintain PHAS score in high range. • Provide preference points on waiting list for victims of domestic violence and comply with the Violence Against Women's Act. • Research and consider implementing a non-smoking policy based on the encouragement of HUD and would have to be approved by the MCHA Board of Commissioners that includes each apartment at MCHA. • Employ effective maintenance and management policies to minimize the number of public housing units off-line. • Provide or attract supportive services to increase independence for the elderly or families with disabilities. • Provide opportunities for housing police officers at one or more of our locations for the purpose of more security of residents. 												

6.0	<p>PHA Plan Update</p> <p>(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: Changes in our ACOP that include:</p> <ul style="list-style-type: none"> • Added sexual orientation to list of non-discrimination • If applicants are 15 minutes late or more for a meeting, they will be rescheduled. • If an applicant refuses an apartment offer twice, they will then be required to meet with E.D. to see if we have an apartment for them. • Security deposits were raised by \$25.00 • If a tenant abandons the unit, they will not receive a refund and will be charged the costs of changing locks and cost of keys. • Tenant is liable if they cause a fire. • We will house a police officer in our 41-9 development and in our 41-3 development. See attachment. <p>(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. 6th & Yasoda Streets, Metropolis, IL. 62960</p> <p>(c) VAWA: attachment il041f01</p> <p>(d) CO Detector: attachment il041e01</p> <p>(e) Housing Police Officer: attachment il041g01</p> <p>(f) Procurement policy change: attachment il041j01</p>
7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i></p>
8.0	<p>Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p>Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing. attachment il041a, attachment il041b1, attachment il041c1, attachment il041d1.</p>
8.2	<p>Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. See Five-Year Plan Attachment il041f01</p>
8.3	<p>Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p>
9.0	<p>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 low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. We have a waiting list that averages a 6-month wait. There are currently several individuals and families on each of our waiting list. At our eight developments the waiting list for one-bedroom ranges from 8-86, for our two bedrooms the list ranges from 5-77, for our three-bedroom the list ranges from 10-36, and for our 4-bedrooms the list ranges from 5-9. The estimated population of Massac County is 15,070. Persons under 18 make up 23% of the population. Persons 65 and over make up 17.8% of the population. Females make up 51.9% of the population. White persons make up 91.9%, Black persons make up 6.2% of the population, Hispanic or Latino make up 1.4% of the population. There are 3,406 people listed with a disability in the county. 76.5% of the population over 25 is a high school graduate, vs the state rate of 81.4%. 10.7% of the county population has a bachelor's degree, vs the state average of 26.1. The median household income in 2007 in the county is \$38,461, vs the state average of \$54,141. Persons below the poverty level in the county in 2007 was 15% vs the state rate of 11.9%.</p>
9.1	<p>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. Improve Unit turn around. Three employees went for training in February 2010. Adapt to make more handicap accessible units.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(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.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" Substantial deviation or significant amendments or modifications are defined as discretionary changes in the plans or policies of the Massac County Housing Authority that fundamentally change the missions, goals, objectives, or plans of the agency and which require formal approval of the Massac County Housing Authority Board of Commissioners"</p> <p>(c) Resident Advisory Board (RAB) comments and narrative describing their analysis of the recommendations and the decisions made on these recommendations. attachment il041h1</p> <p>(d) Challenged Elements. attachment il041j1</p>

11.0	<p>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.</p> <ul style="list-style-type: none">(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.(g) Challenged Elements(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)
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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, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide 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 is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 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 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. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

Instructions form HUD-50075

Applicability. This form is to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

1.0 PHA Information

Include the full PHA name, PHA code, PHA type, and PHA Fiscal Year Beginning (MM/YYYY).

2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

5.1 Mission. A statement of the mission of the public housing agency for serving the needs of low-income, very low-income, and extremely low-income families in the jurisdiction of the PHA during the years covered under the plan.

5.2 Goals and Objectives. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income, very low-income, and extremely low-income families.

6.0 PHA Plan Update. In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 Capital Improvements. This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1), at the following times:

1. At the end of the program year; until the program is completed or all funds are expended;
2. When revisions to the Annual Statement are made, which do not require prior HUD approval, (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
3. Upon completion or termination of the activities funded in a specific capital fund program year.

8.2 Capital Fund Program Five-Year Action Plan

PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

8.3 Capital Fund Financing Program (CFFP). Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

9.0 Housing Needs. Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

9.1 Strategy for Addressing Housing Needs. Provide a 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: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**

10.0 Additional Information. Describe the following, as well as any additional information requested by HUD:

- (a) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).**
- (b) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". **(Note: Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)**

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

11.0 Required Submission for HUD Field Office Review. In order to be a complete package, PHAs must submit items (a) through (g), with signature by mail or electronically with scanned signatures. Items (h) and (i) shall be submitted electronically as an attachment to the PHA Plan.

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (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.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

Part I: Summary			
PHA Name: Massac County Housing Authority	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Grant Type and Number Capital Fund Program Grant No: IL06S04150109 Replacement Housing Factor Grant No: Date of CFFP:</td> <td style="width:50%;">FFY of Grant: 2009 FFY of Grant Approval: 2009</td> </tr> </table>	Grant Type and Number Capital Fund Program Grant No: IL06S04150109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009
Grant Type and Number Capital Fund Program Grant No: IL06S04150109 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2009 FFY of Grant Approval: 2009		

Type of Grant	
<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input checked="" type="checkbox"/> Revised Annual Statement (revision no:1)
	<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
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)	4,000	83.72	83.72	83.72
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	24,214	33,779.58	33,779.58	23,689.10
8	1440 Site Acquisition				
9	1450 Site Improvement	19,565	19,565	19,565	19,565
10	1460 Dwelling Structures	258,350	110,600	110,600	70,530.33
11	1465.1 Dwelling Equipment—Nonexpendable	66,500	153,600.70	153,600.70	
12	1470 Non-dwelling Structures	20,000	20,000	20,000	20,000
13	1475 Non-dwelling Equipment	10,000	65,000	65,000	10,000
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.

Part I: Summary					
PHA Name: Massac County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06S04150109 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2009 FFY of Grant Approval: 2009	
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: 4) <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)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	402,629	402,629	402,629	143,868.15
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	66,500	143,600.70	143,600.70	
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: Massac County Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL06S04150109 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	Building Exteriors	1460	3	65,000	98,300	98,300	58,230.33	
PHA Wide	Air conditioning (more efficient)	1465.1	50	66,500	153,600.70	153,600.70		
PHA Wide	Kitchen Remod	1460	40	90,000	0			
PHA Wide	Sidewalks/landscaping	1450	9	19,565	19,565	19,565	19,565	
PHA Wide	Doors and Hardware	1460	41	23,350	12,300	12,300	12,300	
PHA Wide	Administration	1410	1	4,000	83.72	83.72	83.72	
PHA Wide	Resident recreation area	1470	2	20,000	20,000	20,000	20,000	
PHA Wide	A & E Services	1430	1	24,214	33,779.58	33,779.58	23,689.10	
PHA Wide	Resident Recreation area	1475	1	10,000	65,000	65,000	10,000	
PHA Wide	Bathroom Remod	1460	40	80,000	0			

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:		Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant:			
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:				Federal FFY of Grant:	
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 III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:				Federal FFY of Grant:	
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.

Resolution No. 08-2009-1
August 24, 2009

Upon a resolution (see resolution below this paragraph) by Commissioner Kennedy and a motion by Commissioner Eskridge to adopt, and a second by Commissioner Dry, and a roll call of ayes from Commissioners Rushing, Eskridge, Kennedy, Dry and Cromeenes the board approved the adopted resolution to adopt the changes to the procurement policy.

WHEREAS, the Massac County Housing Authority is receiving funding from American Recovery and Reinvestment Act of 2009 (Recovery Act) that was signed into law by President Obama on February 17th, 2009; and

Since HUD published PIH Notice 2009-12 stating that a PHA shall amend its procurement policy to facilitate obligation and expenditure of Recovery Act funds; and

Since we always want to comply with HUD requirements,

Be it hereby resolved that the Massac County Housing Authority amends its Procurement Policy when dealing solely with Recovery Act funding to authorize our Contracting Officer to ignore state and local procurement requirements as expressed in our Procurement Policy except where permitted by 24 CFR 85 (i.e., conflict of interest and bid protest procedures).

In addition, The sentence that reads "In the event an applicable law or regulation is modified or eliminated, or a new law or regulation is adopted, the revised law or regulation shall, to the extent inconsistent with these Policies, automatically supersede these Policies" contained in the Changes in Laws and Regulations Section under General Provisions is suspended solely for procurements made with Recovery Act funding.

This resolution shall become effective immediately and shall become an addendum to our Procurement Policy.

Also, Be it hereby resolved that the Massac County Housing Authority amends its Procurement Policy when dealing solely with Recovery Act funding to add "Buy American" provision in this procurement policy.

Part I: Summary	
PHA Name: Massac County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P04150109 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: 1)
 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		10,000		
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	10,000	1,000		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	30,000	25,500		
8	1440 Site Acquisition				
9	1450 Site Improvement	257,000	280,557		34,045.53
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	20,057			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities 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.

Part I: Summary						
PHA Name: Massac County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P04150109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2009 FFY of Grant Approval: 2009	
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: 1) <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)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)	317,057	317,057		34,045.53	
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: Massac County Housing Authority			Grant Type and Number Capital Fund Program Grant No: IL06P04150109 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	Administration	1410		10,000	1,000			
PHA Wide	A & E	1430		30,000	25,500			
41-9 Fairmount	Remodel Kitchen & Bath	1460		185,000	185,000			
PHA Wide	Appliances	1465.1		20,057				
41-3 KIng	Siding Replacement/building repair	1460		40,000	36,000		34,045.53	
PHA Wide	Landscaping	1460		10,000	10,000			
41-9 Fairmount	Replace Storage room Doors	1460		15,000	15,000			
41-1 Spence	Replace windows at Office	1460		7,000				
PHA Wide	Operations	1406			10,000			
41-6 Bunchman	Replace boiler vent stacks/repair ceiling	1460			13,000			
PHA Wide	Replace mailboxes	1460			8,000			
41-1 Spence	Exterior renovation; replace gutters/fascia	1460			13,557			

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:			Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant:		
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:				Federal FFY of Grant:	
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 III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:				Federal FFY of Grant:	
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 : Massac County Housing Authority IL041		Locality (City/County & State) Metropolis/Massac, Illinois			X <input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name: IL041 Massac County Housing Authority	Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010	Work Statement for Year 3 FFY 2011	Work Statement for Year 4 FFY 2012	Work Statement for Year 5 FFY 2013
B.	Physical Improvements Subtotal	Annual Statement	236,900	218,500	245,000	1,235,000
C.	Management Improvements		21,500			
D.	PHA-Wide Non-dwelling Structures and Equipment		23,600	63,500	32,000	632,000
E.	Administration					30,000
F.	Other		25,000	25,000	30,000	45,000
G.	Operations		10,000	10,000	10,000	10,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total	317,057	317,000	317,000	317,000	1,952,000

Part I: Summary (Continuation)						
PHA Name/Number: Massac County Housing Authority IL041		Locality (City/county & State) Metropolis, Massac, Illinois			<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010	Work Statement for Year 3 FFY 2011	Work Statement for Year 4 FFY 2012	Work Statement for Year 5 FFY 2013
		Annual Statement				

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010			Work Statement for Year: 3 FFY 2011		
	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	41-1/siding replacement		68,825	41-3/Replace storm doors		7,000
Annual	41-2/Exterior lights		9,600	41-3/ Replace furnaces (partial)		4,500
Statement	41-5/Replace boiler room/water heater doors		3,500	PHA-Wide Lanscaping		10,000
	41-6/insulate water pipes		3,300	41-7/Clean out interior sanitary sewer		20,000
	41-7/Kitchen remodel		100,000	41-8/Replace locks on entry doors		3,500
	41-7/ Replace tile and patch concrete		7,500	41-9/bathroom remodel		183,500
	41-7/ Upgrade elevator		4,000	41-9/Replace exterior lighting fixtures		18,900
	41-9/ replace storm windows		8,000	PHA-Wide/Repave parking areas		17,000
	41-9/ Replace furnace room doors		4,000	PHA-Wide/community room equipment		3,600
	41-9/ fencing		4,000	PHA-Wide/A & E Fees		25,000
	PHA-Wide/ Replace windows at office		3,400	PHA-Wide/Operations		10,000
	PHA-Wide/Operations		10,000	41-7/ Build pavilion		14,000
	PHA-Wide/A & E Fees		25,000			
	PHA-Wide Lanscaping		10,000			
	PHA-Wide/ Replacement of vehicle		21,500			
	41-7/Replace bi-fold closet doors		34,375			

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**

		Subtotal of Estimated Cost	\$317,000		Subtotal of Estimated Cost	\$317,000

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY _____	Work Statement for Year 4 FFY 2012			Work Statement for Year: 5 FFY 2013		
	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	41-1/Window replacement		75,000	41-1/ Build pavilion		35,000
Annual Statement	41-2/new stoves		5,000	41-1/ Install central air		200,000
	41-3/bathroom remod		100,000	41-1/Add exterior storage		175,000
	41-7/ New roofing		12,000	41-1/Abate and replace upstairs flooring		500,000
	41-8/ Masonary work		4,000	41-3/Install playground		35,000
	41-9/new roofing		49,000	PHA Wide/Handicap accessible apartments		300,000
	PHA-Wide/Vehicle replacement		22,000	41-7/ Replace boilers		150,000
	PHA-Wide/Energy Audit-Needs Assessment		5,000	41-9/ Masonary work		5,000
	PHA-Wide/Operations		10,000	41-9/ New roofing		80,000
	PHA-Wide/A & E Fees		25,000	PHA-Wide/Replace gas lines and meters		125,000
	PHA-Wide Lanscaping		10,000	PHA-Wide/Update computer equipment		15,000
				PHA-Wide/Expand community Room		30,000
				PHA-Wide/Expand office		50,000
				PHA-Wide/Install generator at office		12,000
				PHA-Wide/Vehicle replacement		75,000
				PHA-Wide/Operations		10,000
				PHA-Wide/A & E Fees		45,000
				PHA-Wide Lanscaping		80,000

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**

				Administration		30,000
	Subtotal of Estimated Cost		\$317,000	Subtotal of Estimated Cost		\$1,952,000

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual				
Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

Massac County Housing Authority

**P. O. Box 528 ~ Metropolis, IL 62960
Phone 618-524-8411 ~ Fax 618-524-4478**

Carbon Monoxide Detector Act Attachment

Carbon monoxide detectors have been installed to comply with the 2006 Carbon Monoxide Detector Act. Installation in all buildings and in all units was complete prior to January 1, 2007.

Massac County Housing Authority

**P. O. Box 528 ~ Metropolis, IL 62960
Phone 618-524-8411 ~ Fax 618-524-4478**

VAWA Attachment

As a result of the Violence Against Women Act, the Massac County Housing Authority shall not deny admission to any applicant who has been a victim of domestic violence, dating violence, or stalking if the applicant otherwise qualifies for assistance. A copy of the law has been made available to all residents.

Language reflecting the requirements of the Violence Against Women Act has been incorporated into Massac County Housing Authority's lease and Admissions and Continued Occupancy Policy.

Massac County Housing Authority

P. O. Box 528 ~ Metropolis, IL 62960
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Police Officer attachment 2010

We will house a police officer in our 41-9 development and in our 41-3 development. Several residents had reported increased late night gatherings that were loud and included alcohol and drugs. Our elderly residents reported they feared setting out on their porch at night and walking from their vehicle. Our officer at the 41-9 development was instrumental in a drug bust in one of our apartments that resulted in the arrest and termination of lease of one of our tenants for selling crack cocaine. At 41-3 development there are currently several resident disputes that are on-going that usually occur late in the evening. There have also been reports of break ins of automobiles and of an apartment. These officers will also provide us much better background information on our applicants for housing, thus decreasing the likelihood of housing law-breakers.

"(1) *Police officer* "police officer" means a person determined by the PHA to be, during the period of residence of that person in public housing, employed on a full-time basis as a duly licensed professional police officer by a Federal, State or local government or by any agency of these governments. An officer of an accredited police force of a housing agency may qualify.

(2) *Occupancy in public housing.* For the purpose of increasing security for residents of a public housing development, the PHA may allow police officers who would not otherwise be eligible for occupancy in public housing, to reside in a public housing dwelling unit." Rent will be determined by the PHA. Rent will be at least the minimum or up to the maximum.

Resident Advisory Board Meeting: Wednesday, January 13, 2010: 3:00-4:00 pm
Minutes

The major objectives of this Resident council meeting was to discuss the Massac County **5-Year Plan**, capital work that is currently being completed, and non-smoking policy.

The Massac County Housing Authority Executive Director shared with the group current work that is and has recently taken place. The group was appreciative of the work being done.

The Massac County Housing Authority Executive Director shared with the group a proposed 5-year plan and asked members to comment and share with him their ideas. All the work items listed were supported by the group. Other items that the group wished to see included were: Replace floors at Spence addition (41-5), re-caulk around patio doors, add escape windows at Fairmount Elderly side.

Meeting adjourned

Those in attendance:

- Gerald Dassing
- Patsy Brown
- Curtis Lowery
- Juanita Cummins
- Russi Austin
- Curtis Beggs
- Carlos Garrett
- Paul McKnight, executive director

Regarding the three additional items named by the resident group, executive director checked with maintenance staff and determined this:

- 1) Floors are still in good condition at our Spence Addition. There may be a few tile that need glued back down or replaced, but not many. Maintenance will survey and secure or replace any needed tiles.
- 2) Maintenance will re-caulk around any patio doors that are in need or requested by tenant.
- 3) Housing staff, along with architect firm agrees that adding escape windows is unnecessary at the Fairmount Elderly side.

Massac County Housing Authority

P O Box 528 ~ Metropolis IL 62960

Telephone: (618) 524-8411 ~ Fax: (618) 524-4478

After public review period of 45 days, our five year plan received zero challenged elements.

Paul McKnight
Executive Director

March 29, 2010