

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: Ilion Housing Authority PHA Code: NY 059 PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): 10/2010			
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 158 Number of HCV units: 112			
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input checked="" 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		Participating PHAs	Participating PHAs
	PHA 1:		PHA 1:	PHA 1:
	PHA 2:		PHA 2:	PHA 2:
	PHA 3:		PHA 3:	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: Mission Statement: It is the mission of the Ilion Housing Authority to provide affordable housing and services to families, elderly, near elderly and disabled persons without regard to race, color, religion, gender, familial status, creed or national origin. Vision Statement: To be the first choice in low income housing programs and property management services by providing unsurpassed quality services and customer care.			

5.2	<p>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.</p> <p>A. GOALS & OBJECTIVES FOR FISCAL YEARS 2010 – 2014:</p> <p>Strategic Initiative: The Iliion Housing Authority will dedicate itself to be recognized as an industry leader in public housing management.</p> <ol style="list-style-type: none"> 1. Obtain High Performer Status. 2. Complete turnover rate at less than 20 days. 3. Complete resident generated work orders with 20 days and emergency work orders within 24 hours. 4. Maintain 97% occupancy rate. 5. Collect 97% rent due. 6. Comply with all Federal, State, County and Village reporting requirements. 7. Consistently score 90% or above in REAC inspections. <p>Strategic Initiative. The Iliion Housing Authority will dedicate itself to maintaining fiscal discipline, profitability and continuous growth.</p> <ol style="list-style-type: none"> 1. Ensure competitive bidding is conducted on all contracts. 2. Maintain a financial surplus in each fiscal year. 3. Pursue other revenue sources that are in alignment with our mission and vision. 4. Keep spending at 3% growth per year. <p>Strategic Initiative. The Iliion Housing Authority will actively promote a culture of “continuous learning” and personal growth for commissioners, employees and residents.</p> <ol style="list-style-type: none"> 1. Commissioners attend 8 hours of training annually. 2. Employees attend 24 hours of training annually. 3. Provide 3-4 resident training events annually. 4. Manage a robust Section 3 Program. 5. Provide after school programs for reading and computer training. 6. Provide computer and web access for resident training. <p>Strategic Initiative. The Iliion Housing Authority will develop and implement a clear and consistent long term energy program that promote energy conservation and efficiency.</p> <ol style="list-style-type: none"> 1. Implement an energy plan. 2. Implement an energy team. 3. Continue to pursue energy efficient projects. <p>Strategic Initiative. The Iliion Housing Authority will actively pursue community relationships that promote economic vitality, improve residential services and strengthen brand recognition.</p> <ol style="list-style-type: none"> 1. Develop one new relationship within the community per year. 2. Encourage commissioner/employee participation with local agencies. <p>Strategic Initiative. The Iliion Housing Authority will dedicate itself to becoming a viable economic engine by pursuing economic relationships while developing, leveraging and maximizing our talents.</p> <ol style="list-style-type: none"> 1. Develop one new revenue opportunity annually. 2. Develop and/or partner with a local agency that promotes economic growth and efficiency. <p>Strategic Goal: Continue compliance with provisions of the Violence Against Women Act (VAWA)</p> <ol style="list-style-type: none"> 1. Continue to fully comply with the Violence Against Women Act (VAWA). Continue to work with others to prevent offenses covered by VAWA to the degree we can. Details are in Attachment C.
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5.2

B. PROGRESS ON GOALS & OBJECTIVES FOR FISCAL YEARS 2005 – 2009:

The following table reflects the progress we have made in achieving our goals and objectives established for Fiscal Years 2005 – 2009:

Goal: Expand the supply of assisted housing.	
Objective	Progress
Reduce public housing vacancies: Strive for a vacancy rate of 5% by Fiscal Year ending 9/30/09	Maintained at or above 98% occupancy since May 2006.

Goal: Improve the quality of assisted housing.	
Objective	Progress
Improve public housing management: (PHAS score) Strive for 90% by Fiscal Year ending 9/30/09	Scored 88%
Increase customer satisfaction: Strive for 90% in this component of PHAS by Fiscal Year ending 9/30/09	Improved score to 90%
Renovate or modernize public housing units: Continue renovations using available CFP funds.	About 90% completion with replacing kitchen cabinets, sinks and countertops and energy efficient toilets. Anticipate finishing all remaining work in 2011. Replaced all refrigerators with energy star appliances. Replaced windows in the hi-rise building.
Maintain high performer status under SEMAP	Maintained high performer status.

Goal: Provide an improved living environment.	
Objective	Progress
Implement public housing security improvements: Install security cameras at the developments pending available CFP funds. Install new locks at London Towers.	Installed security cameras in London Towers in FY 2007 and the entire complex in FY 2010. Cancelled lock projects after camera installation.

Goal: Promote self-sufficiency and asset development of assisted households.	
Objective	Progress
Provide or attract supportive services to increase independence for the elderly or families with disabilities.	Initiated agreement with Pathstone to provide employment opportunities to elderly. Opened a computer lab and provided instruction.

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:</p> <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.</p> <p><i>This section not Applicable for small PHAs</i></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> <p><i>This section not Applicable for small PHAs</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.</p> <p><i>See page 5</i></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.</p> <p><i>See page 5</i></p>
8.3	<p>Capital Fund Financing Program (CFFP).</p> <p><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> <p><i>Not Applicable for Ilion Housing Authority</i></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.</p> <p><i>This section not Applicable for small PHAs</i></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.</p> <p><i>This section not Applicable for small PHAs</i></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>Progress on the Housing Authority’s goals was already included in Section 5.2</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>Substantial Deviation from the 5-Year Plan:</p> <p>A “Substantial Deviation” from the 5-Year Plan is an overall change in the direction of the Authority pertaining to the Authority’s Goals and Objectives. This includes changing the Authority’s Goals and Objectives.</p> <p>Significant Amendment or Modification to the Annual Plan:</p> <p>A “Significant Amendment or Modification” to the Annual Plan is a change in a policy or policies pertaining to the operation of the Authority. This includes the following:</p> <ul style="list-style-type: none"> • Changes to rent or admissions policies or organization of the waiting list. • Additions of non-emergency work items over \$15,000(items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund. • Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.
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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> <p>(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)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(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.</p> <p>See Attachment A</p> <p>(g) Challenged Elements – See Attachment B</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>
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OTHER ATTACHMENTS

Attachment C – Violence Against Women Act (VAWA) Statement)

Attachment D – Capital Fund Program Annual Statement – FY 2010

Attachment E – FY 2009 Capital Fund Program Performance & Evaluation Report

Attachment F – FY 2009 (ARRA Funds) Capital Fund Program Performance & Evaluation Report

Attachment G – FY 2008 Capital Fund Program Performance & Evaluation Report

Attachment H – Capital Fund Program Five-Year Action Plan

Attachment I – Certifications

Attachment A

Ilion Housing Authority

Five-Year Plan

Fiscal Years 10/01/2010 – 10/01/2014

Comments of the Resident Advisory Board

Ilion Housing Authority met with the Resident Advisory Board (RAB) on June 4, 2010. In attendance were Wayne Johnson, Ariben Obligenhart, Karla Youker, Nellie Post, Helen Johnson and Allen Krowicki. Also present were the Executive Director, Jeffrey McTiernan and Mod Coordinator, Daniel Waterbury.

Director McTiernan briefed the RAB of on-going projects from the CFP Grants 2008/9/ARRA to include the following:

- a. Window
- b. Cabinets
- c. Parking Lot
- d. Sidewalk
- e. Security System

McTiernan then discussed elements of the PHA Plan Template and the 2010 CFP. The following comments were made RAB members and Housing Authority responses:

Obligenhart asked about exterior lighting that is out and parking during the Fourth of July. Response; Waterbury stated that he would contact the Village Light and McTiernan stated that he would talk to the Police about the Fourth of July.

Obligenhart complained about timeliness in addressing complaints.

Response: McTiernan noted that he will do better and also made mention that all complaints should be filed using the IHA Complaint System.

Obligenhart asked about a community watch program, curfews, and parking signs.

Response: McTiernan stated that he would send a letter to residents regarding a community watch program and remind them of the curfew. Waterbury stated that he would order the necessary signs.

Johnson asked about moving a temporary maintenance building and repairing the basketball court.

Response: Waterbury noted he would see if we could move the building and would repair the court.

Jennison asked about expanding bingo to outside visitor and cleaning of the elevators.

Response: McTiernan noted that bingo can be expanded, but should be addressed to the Tenants Association. Waterbury stated that he is in the process of making changes to the elevator.

Post asked about adding an Activity Director and open more activities. Post also asked about the designated areas for dogs.

Response: McTiernan noted that activities are now managed by the Tenants Association who has an Activity Director. Waterbury noted that he would purchase signs to indicate the designated areas for pets and McTiernan said he would send a reminder letters to residents.

Youker asked about designated smoking areas and locking the dumpster.

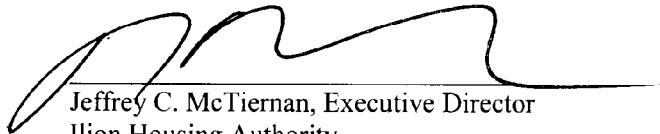
Response: McTiernan stated that he would monitor the situation more closely and post signs.

Krowicki had no comments.

McTiernan recommended the following policy changes. Provide the residents the option of paying the utility allowance over 12 months instead of six months. Increase the maintenance labor rates (average hourly salary), set the late fees as a flat rate and offer cable television to the family units.

The RAB voted favorably on all of these measures.

The RAB members agreed with the overall Plan as presented and no further suggestions or changes were offered by them.



Jeffrey C. McTiernan, Executive Director
Illion Housing Authority
June 15, 2010

Attachment B

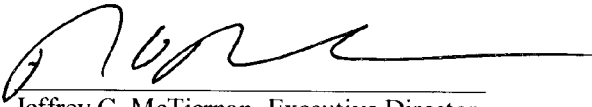
Ilion Housing Authority

Five-Year Plan

Fiscal Years 10/01/2010 – 10/01/2014

Challenged Elements

There were no challenged elements to the Housing Authority's Five-year Plan.



Jeffrey C. McTiernan, Executive Director
Ilion Housing Authority
June 15, 2010

Attachment C

Ilion Housing Authority

Five-Year Plan

Fiscal Years 10/01/2010 – 10/01/2014

Violence Against Women Act Report

A goal of the Ilion Housing Authority is to fully comply with the Violence Against Women Act (VAWA). It is our objective to work with others to prevent offenses covered by VAWA to the degree we can.

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

Through cooperation with the local domestic violence agency and the City of Ilion Police Department, any cases of violence as described are referred for assistance. The local domestic violence agency is Catholic Charities.

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

The above listed agency's program staff is aware of our housing programs and makes client referrals to our office. Apparently eligible clients are placed on our waiting list.

For persons already living in a Housing Authority unit who become victims as described, these are referred to police and the local domestic violence agency for assistance. If the management becomes aware of any violator who may be restricted through an order of protection, that person is prohibited from the premises and is considered a trespasser subject to arrest and removal. The Police Department is cooperative and supportive in cases such as this, and willingly responds and enforces the protective orders.

Ilion Housing Authority provides or offers the following activities, services, or programs to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

The same methods as described herein are used, making referrals to the Catholic Charities for counseling and support services, and attempting to enforce orders of protection with the cooperation of Police Department personnel.

Ilion Housing Authority has the following procedures in place to assure applicants, residents and participants are aware of their rights and responsibilities under the Violence Against Women Act:

All residents and participants have been notified of their rights and responsibilities under the Violence Against Women Act.

The orientation for new residents and participants includes information on their rights and responsibilities under the Violence Against Women Act.

The Admissions & Continued Occupancy Policy (ACOP), the Section 8 Administrative Plan and the Residential Dwelling Lease have been revised to include screening and termination language related to the Violence Against Women Act.

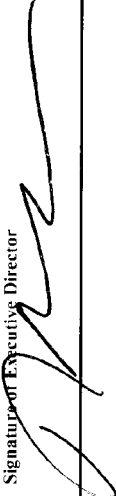
Part I: Summary		PHA Name: Illion Housing Authority		Grant Type and Number Capital Fund Program Grant No: NY06S05950110 Date of CFFP: 2010		Replacement Housing Factor Grant No: 0		FFY of Grant: 2010	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/>		<input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report				FFY of Grant Approval: 2010	
Line	Summary by Development Account	Original	Total Estimated Cost	Revised²	Obligated	Total Actual Cost¹	Expended		
1	Total non-CFP Funds								
2	I406 Operations (may not exceed 20% of line 21) ³								
3	I408 Management Improvements		2,000.00						
4	I410 Administration (may not exceed 10% of line 21)		20,428.00						
5	I411 Audit								
6	I415 Liquidated Damages								
7	I430 Fees and Costs								
8	I440 Site Acquisition								
9	I450 Site Improvement								
10	I460 Dwelling Structures								
11	I465.1 Dwelling Equipment - Nonexpendable								
12	I470 Non-dwelling Structures								
13	I475 Non-dwelling Equipment		184,951.00						
14	I485 Demolition								
15	I492 Moving to Work Demonstration								
16	I495.1 Relocation Costs								
17	I499 Development Activities ⁴								
18a	I501 Collateralization or Debt Service paid by the PHA								
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment								
19	I502 Contingency (may not exceed 8% of line 20)								
20	Amount of Annual Grant: (sum of line 2 - 19)		207,379.00	0.00		0.00		0.00	
21	Amount of line 20 Related to IRP 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								

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: Illion Housing Authority	Grant Type and Number Capital Fund Program Grant No: NY06S05950110 Date of CFFP: 2010 Replacement Housing Factor Grant No: 0 FFY of Grant: 2010 FFY of Grant Approval: 2010
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) Final Performance and Evaluation Report
Line Summary by Development Account	Total Estimated Cost Revised ² Total Actual Cost ¹
Signature of Executive Director 	Signature of Public Housing Director Date 6/15/10

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
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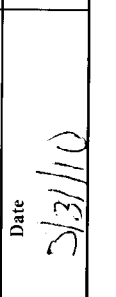
Part II: Supporting Pages											
PHA Name: Ilion Housing Authority			Grant Type and Number Capital Fund Program Grant No: NY06S05950110 Replacement Housing Factor Grant No: 0				CFPP (Yes/No): Yes		Federal FFY of Grant: 2010		
Development Number Name/PHA-Wide Activities	General Description of Major 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 Salaries	1410		20,428							
PHA Wide	CFP Training Course/Certification	1408	1	2,000							
NY-059-1 LT	Non Dwelling Equipment	1475									
	Energy Recovery/Roof Top Fans		1	184,951							

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 I: Summary		Grant Type and Number		FFY of Grant:	
PHA Name: Illion Housing Authority		Capital Fund Program Grant No: NY06P05950109	Replacement Housing Factor Grant No: 0	2009	2009
Date of CFP: 2009		Reserve for Disasters/Emergencies 3/31/2010		FFY of Grant Approval: 2009	
Type of Grant		Revised Annual Statement (revision no:)		Total Actual Cost ¹	
<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Total Estimated Cost	<input type="checkbox"/> Revised ²	Obligated	Expended
Line	Summary by Development Account	Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	406 Operations (may not exceed 20% of line 21) ³				
3	408 Management Improvements	3,000.00			
4	410 Administration (may not exceed 10% of line 21)	20,428.00			
5	411 Audit				
6	415 Liquidated Damages				
7	430 Fees and Costs				
8	440 Site Acquisition				
9	450 Site Improvement	78,819.00			
10	460 Dwelling Structures	91,082.00		24,951	24,951
11	465.1 Dwelling Equipment - Nonexpendable				
12	470 Non-dwelling Structures				
13	475 Non-dwelling Equipment	16,000.00			
14	485 Demolition				
15	492 Moving to Work Demonstration				
16	495.1 Relocation Costs				
17	499 Development Activities ⁴				
18a	501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of line 2 - 19)	209,329.00	0.00	24,951.00	24,951.00
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				

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: Illion Housing Authority	Grant Type and Number Capital Fund Program Grant No: NY06P05950109 Date of CFFP: 2009
FFY of Grant: 2009	Replacement Housing Factor Grant No: 0
FFY of Grant Approval: 2009	
Type of Grant	Revised Annual Statement (revision no:)
<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserve for Disasters/Emergencies
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2010	<input type="checkbox"/> Final Performance and Evaluation Report
Line	Summary by Development Account
	Total Estimated Cost
	Revised²
	Total Actual Cost¹
Signature of Executive Director	Signature of Public Housing Director
	
Date 2/3/10	Date
	Obligated
	Expended

Part II - Supporting Pages						Federal FFY of Grant:			
PHA Name: Heron Housing Authority			Grant Type and Number Capital Fund Program Grant No: NY08P05950109 Replacement Housing Factor Grant No: 0			CFFP (Yes/No): No		2009	
Development Number/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	Total Actual Cost	Funds Obligated ¹	Funds Expended ²	Status of Work	
NY-059 AMP-1	Operations	1406	0	0					
HA Wide									
HA Wide	Management Improvements CFP Management Training	1408		3,000					
HA Wide	Administration	1410		20,428					
HA Wide	Fees and Costs	1430		0					
NY-059 AMP-1	Site Improvement	1450							
NY059-1	Parking Lot and Sidewalk Repair - Force Act		L.S.	6,000					
	Signage			2,000					
	Security System			12,701					
NY-059-2	Parking Lot and Sidewalk Repair - Force Act		L.S.	8,000					
	Security System			21,000					
NY-059-3	Parking Lot and Sidewalk Repair - Force Act		L.S.	6,118					
	Signage			2,000					
	Security System			21,000					
NY-059 AMP-1	Dwelling Structures	1460							
NY-059-2	Kitchen Upgrades (Cabinets, Faucets) - Force		32	71,082		24,951	24,951		
NY-059-3	Doors		20	20,000					
NY-059 AMP-1	Non-Dwelling Equipment	1475							
NY-059-1	Make-up Air/Roof Top Fans		L.S.	16,000					

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

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

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
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Part I: Summary		Grant Type and Number	
PIA Name: Illion Housing Authority		Capital Fund Program Grant No: NY06S0S950109	
		Replacement Housing Factor Grant No:	
		Date of CFFP:	
		(ARRA)	
		FFY of Grant: 2009	
		FFY of Grant Approval: 2009	

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 3/31/2010	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:1) <input type="checkbox"/>	Final Performance and Evaluation Report <input type="checkbox"/>	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				15,000		15,000	3,000
9	1450 Site Improvement							
10	1460 Dwelling Structures							
11	1465.1 Dwelling Equipment—Nonexpendable				244,018		244,018	42,966
12	1470 Non-dwelling Structures							
13	1475 Non-dwelling Equipment				0			
14	1485 Demolition							
15	1492 Moving to Work Demonstration							
16	1495.1 Relocation Costs							
17	1499 Development Activities ⁴							
18a	1501 Collateralization or Debt Service paid by the PIA							
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)				259,018		259,018	45,966

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 RHHF 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: **Hion Housing Authority**
 Grant Type and Number
 Capital Fund Program Grant No: **NY06S05950109**
 Replacement Housing Factor Grant No:
 Date of CFFP:

FFY of Grant: 2009
 FFY of Grant Approval: 2009
 (ARRA)

Type of Grant
 Original Annual Statement
 Reserve for Disasters/Emergencies
 Performance and Evaluation Report for Period Ending: 3/31/2010
 Revised Annual Statement (revision no:1)
 Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Revised ²	Obligated	Total Actual Cost ¹	Expended
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 Jeffrey C. McFerreran		Signature of Public Housing Director				
Date March 31, 2010		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 CFFP 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 II: Supporting Pages

PHA Name: Ilion Housing Authority		Grant Type and Number	Capital Fund Program Grant No: NY/06S05050109		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
NY059-1 LT	Dwelling Structures 1460 Windows	1460	0	206,325	206,325	42,966 In progress
NY059-2 RP	Cabinets- Force Account	1460	25	47,518	47,518	-0- In progress
Fees and Costs 1430						
NY-059-1 LT	Architect Fees	1430	L.S.	15,000	15,000	3,000 In progress

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

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

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

Part III: Implementation Schedule for Capital Fund Financing Program
 PHA Name: Lion Housing Authority

Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Federal FY of Grant: 2009 <i>(ARRA)</i>	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
						Part III Not Applicable
						Lion Housing Authority is not participating in the Capital Fund Financing Program

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.

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor P&E dated March 31, 2010

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name:
Hion Housing Authority

Grant Type and Number
Capital Fund Program Grant No: NY06P059 501 08
Replacement Housing Factor Grant No:

Federal FY of Grant:
2008

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no
 Performance and Evaluation Report for Period Ending: 3/31/10 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration	20,428	20,428	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	44,219	16,555	319.37	319.37
10	1460 Dwelling Structures	89,981	112,645	111,894.70	111,894.70
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	50,000	55,000	53,088.50	53,088.50
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 - 20)	204,628	204,628	165,302.57	165,302.57
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor P&E dated March 31, 2010

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

PHA Name: **Ilion Housing Authority**

Grant Type and Number
Capital Fund Program Grant No: **NY06P059 501 08**
Replacement Housing Factor Grant No:

Federal FY of Grant:
2008

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations		L.S.					
	P H Operations	1406						
	Subtotal Acct 1406							
HA Wide	Administration		L.S.					
	Prorated salaries & benefits for administration of CFP	1410		20,428	20,428			
	Subtotal Acct 1410							
	Site Improvement							
NY-059-2	Remington Park	1450		12,000	0			Storage Units Canx
	Storage Units Landscaping			0	0			
	Sidewalk Repair – Force Account			3917	3916	319.37		
	Parking Lot Repair			0	0			
NY 059-3	Ilion Heights	1450		27,000	0			Storage Units Canx
	Storage Units Landscaping			0	0			
	Sidewalk Repair – Force Account			3916	3916			
	Parking Lot Repair			0	0			
NY 059-1	London Towers	1450		5,219	0			
	Landscaping Sidewalk Repair – Force Account			0	0			
	Parking Lot Repair			8722	8722			
	Stairwell Paint and Seal			0	0			
	Subtotal Acct 1450			44,219	16,555			

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor P&E dated March 31, 2010

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

PHA Name: **Ilion Housing Authority**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
NY-059-1 London Towers	Dwelling Structures (1460)							
	Kitchen Upgrades – Force Account	1460	33	58,981	77,721	77,721	77,721	Complete
	Cabinets							
	Faucets							
	Bathroom Upgrades - Force Account		106	0	25,523	25,523	25,523	Complete
	Toilets							
	Faucets							
	Projects and Cycle Painting	1460	10	6,819	0			
	Subtotal Acct 1460			65,800	103,244	103,244	103,244	
NY-059-2 Remington Park	Dwelling Structures (1460)							
	Carpet	1460	3	6991	0			
	Paint Projects and Cycle Painting	1460	10	4000	0			
	Bathroom Upgrades – Force Account		20		9401	8650	8650	On-going
	Toilets							
	Faucets							
	Subtotal Acct 1460				9401	8650	8650	
NY-059-3 Ilion Heights	Dwelling Structures (1460)							
	Carpet	1460	3	6,990	0			
	Paint Projects and Cycle Painting	1460	10	4,200	0			

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor P&E dated March 31, 2010

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

PHA Name: Ilion Housing Authority

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Grant Type and Number Capital Fund Program Grant No: NY06P059 501 08 Replacement Housing Factor Grant No:	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised	Funds Obligated	Funds Expended	
	Subtotal Acct 1460				11,190	5,500			
NY-059-1 London Towers	Dwelling Equipment (1465.1)								
	Subtotal Acct 1465.1								
NY-059-2 Remington Park	Dwelling Structures (1465.1)								
	Subtotal Acct 1465.1								
NY-059-3 Ilion Heights	Dwelling Structures (1465.1)								
	Subtotal Acct 1465.1								
NY-059-1 London Towers	Non-Dwelling Equipment (1475) Generator Truck Tractor/back hoe Roof top fans		1475	1 1 1	50,000 0 0	0 28,687.50 24,401 1,911.50	28,687.50 24,401		Generator purchased CFP07.
	Subtotal Acct 1465.1				50,000	55,000	53,088.50	53,088.50	

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan					
Part I: Summary					
PHA Name: Ilion Housing Authority				<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 1	
Development Number/Name/ HA-Wide	Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
	Annual Statement	FFY Grant: 2009 PHA FY: 10/1/2009	FFY Grant: 2010 PHA FY: 10/1/2010	FFY Grant: 2011 PHA FY: 10/1/2011	FFY Grant: 2012 PHA FY: 10/1/2012
HA Wide		20,428	20,428	20,428	20,428
NY 059-1		54,786	71,500	184,200	40,000
London Towers					
NY 059-2		71,096	56,000	0	72,100
Remington Park					
NY 059-3		58,318	56,700	0	72,100
Ilion Heights					
CFP Funds Listed for 5-year planning		204,628	204,628	204,628	204,628
Replacement Housing Factor Funds					

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan			
Part II: Supporting Pages—Work Activities			
Activities for Year 1	Activities for Year: 2 FFY Grant: 2009 PHA FY: 10/1/2009 – 9/30/2010	Activities for Year: 3 FFY Grant: 2010 PHA FY: 10/1/2010 – 9/30/2011	Estimated Cost
Development Name/Number	Major Work Categories	Development Name/Number	Major Work Categories
HA Wide	Operations (1406)	HA Wide	Operations (1406)
	P H Operations		P H Operations
HA Wide	Administration (1410)	HA Wide	Administration (1410)
	Prorated salaries & benefits for administration of CFP		Prorated salaries & benefits for administration of CFP
	Total HA Wide		Total HA Wide
	20,428		20,428
		NY-059-3	Fees and Costs (1430)
		Ilion Heights	
			Subtotal Acct (1430)
		NY-059-1	Site Improvement (1450)
		London Towers	
			Subtotal Acct (1450)
			0
		NY-059-2	
		Remington Park	
			Subtotal Acct (1450)
			28,746
		NY-059-3	
		Ilion Heights	
			Subtotal Acct (1450)
			48,532
		NY-059-1	
		London Towers	
			Dwelling Structures (1460)
			Subtotal Acct (1460)
			30,000
		NY-059-2	
		Remington Park	
			Subtotal Acct (1460)
			71,096
		NY-059-3	
		Ilion Heights	
			Subtotal Acct (1460)
			29,572
			Subtotal Acct (1460)
			130,668
		NY-059-1	
		London Towers	
			Dwelling Equipment (1465,1)
			Subtotal Acct (1465,1)
			26,700
			44,700
			26,500

8. Capital Fund Program Five-Year Action Plan

Development Name/Number		Major Work Categories		Estimated Cost	Development Name/Number	Major Work Categories		Estimated Cost	
NY-059-1 London Towers		Nondwelling Equipment (1475) Hot Water Tank		5,000	NY-059-2 Remington Park NY-059-3 Ilion Heights	Ranges Ranges		8,000 5,000	
						Subtotal Acct (1465.1)		39,500	
						Subtotal Acct (1475)		100,000	
		Total CFP Estimated Cost		204,628			Total CFP Estimated Cost	204,628	
Capital Fund Program Five-Year Action Plan					Part II: Supporting Pages—Work Activities				
Activities for Year: 4 FFY Grant: 2011 PHA FY: 10/1/2011 – 9/30/2012				Activities for Year: 5 FFY Grant: 2012 PHA FY: 10/1/2012 – 9/30/2013					
Development Name/Number		Major Work Categories		Estimated Cost	Development Name/Number		Major Work Categories		Estimated Cost
HA Wide		Operations (1406)			HA Wide		Operations (1406)		
		P H Operations					P H Operations		
HA Wide		Administration (1410)			HA Wide		Administration (1410)		
		Prorated salaries & benefits for administration of CFP		20,428			Prorated salaries & benefits for administration of CFP		20,428
		Total HA Wide		20,428			Total HA Wide		20,428
NY-059-1 London Towers		Fees and Costs (1430) Architecture Fees (Windows)		20,000			Fees and Costs (1430)		
		Subtotal Acct (1430)		20,000			Subtotal Acct (1430)		

8. Capital Fund Program Five-Year Action Plan

NY-059-2 Remington Park	Site Improvement (1450) Water/Sewer Sidewalks/ Parking Lot Improvements			NY-059-3 Ilion Heights	Site Improvement (1450) Picnic Area Landscaping Playground	10,000 2,000 15,000
NY-059-3 Ilion Heights	Sidewalks/Parking Lot Improvements			NY-059-2 Remington Park	Picnic Area Landscaping Playground	10,000 2,000 15,000
	Subtotal Acct (1450)	0			Subtotal Acct (1450)	54,000
NY-059-1 London Towers	Dwelling Structures (1460) Windows		164,200	NY-059-1 London Towers	Dwelling Structures (1460) Bathroom Upgrades	40,000
NY-059-2 Remington Park				NY-059-2 Remington Park	Bathroom Upgrades	20,100
NY-059-3 Ilion Heights				NY-059-3 Ilion Heights	Bathroom Upgrades	20,100
	Subtotal Acct (1450)	164,200			Subtotal Acct (1460)	80,200
NY-059-1 London Towers	Nondwelling Equipment (1475) Furniture			NY-059-2 Remington Park	Nondwelling Equipment (1475) Security System	25,000
NY-059-2 Remington Park	Playground Equipment			NY-059-3 Ilion Heights	Security System	25,000
NY-059-3 Ilion Heights	Playground Equipment					
	Subtotal Acct (1450)			Subtotal Acct (1450)		50,000
	Total CFP Estimated Cost	\$204,628				\$204,628

Capital Fund Program - Five Year Action Plan

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/Number Ilion Housing Authority/NY-059		Locality (City/County & State) Ilion/Herkimer, NY				
Development Number and Name	Work Statement for Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5	Revision No.
	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014	
A. Ilion Housing Authority/AMP-001	Annual Statement					
B. Physical Improvements						
B. Subtotal		184,951	139,651	156,300		186,951
C. Management Improvements		2,000	2,000			
D. PHA-Wide Non-dwelling Structures and Equipment			45,300	30,651		
E. Administration		20,428	20,428	20,428		20,428
F. Other						
G. Operations						
H. Demolition						
I. Development						
J. Capital Fund Financing - Debt Service						
K. Total CFP Funds		207,379	207,379	207,379	207,379	207,379
L. Total Non-CFP Funds		0	0	0	0	0
M. Grand Total		207,379	207,379	207,379	207,379	207,379

Capital Fund Program - Five Year Action Plan

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 (Continuation)										
PHA Name/Number	Development Number and Name	Locality (City/County & State)	Ilion/Herkimer, NY	<input checked="" type="checkbox"/> Original 5-Year Plan	Revision No:					
	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014					
	Annual Statement	207,379	207,379	207,379	207,379					
		207,379	207,379	207,379	207,379					
	0	0	0	0	0					
	0	207,379	207,379	207,379	207,379					

Capital Fund Program - Five Year Action Plan

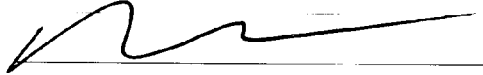
U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
OMB No. 2577-0226
Expires 4/30/2011

Part II: Supporting Pages - Physical Needs Work Statement(s)			
Work Statement for Year 1 FFY <u>2010</u>	Work Statement for Year <u>2</u>	Work Statement for Year <u>3</u>	
Development Number/Name General Description of Major Work Categories	Development Number/Name General Description of Major Work Categories	Development Number/Name General Description of Major Work Categories	Quantity
See Administration	L.S.	20,428 Administration	L.S.
Administration			
Management Improvements (1410)			
CFP Training	1	2,000 Training	1
Site Improvement (1450)			
Parking Lots	3	37,950 Carpet	7 Floors
Sidewalks	L.S.	15,000 Sidewalks	L.S.
Playground Equipment/Picnic Area	2	25,000 Landscaping	L.S.
Exterior Paint Projects	L.S.	5,000 Picnic Areas	L.S.
Parking Lot repair sealing	3	15,000	L.S.
Dwelling Structures (1460)			
Bathroom Upgrades	50	22,801 Bathroom Upgrades (tub resurfacing)	37
Doors	52	30,000	
Dwelling Equipment (1465.1)			
Ranges	106	34,200	20
Non-Dwelling Equipment (1475)			
Computer Hardware			L.S.
Elevator Upgrades			2
Tables and Chairs for Community Room			L.S.
Lobby Furniture			L.S.
Lawncare and snow removal equipment			L.S.
Subtotal of Estimated Cost			\$207,379
Subtotal of Estimated Cost			\$207,379

Disclosure of Lobbying Activities

Approved by OMB 0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse side for Instructions and Public Reporting burden statement)

1. Type of Federal Action <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action <input type="checkbox"/> b. a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only year (yyyy) <u> N/A </u> quarter <u> N/A </u> date of last report (mm/dd/yyyy) <u> N/A </u>
4. Name and Address of Reporting Entity <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Ilion Housing Authority London Towers 100 West Main Street Ilion, NY 13357 Congressional District, if known _____	5. If Reporting Entity in No. 4 is Subawardee, enter Name and Address of Prime N/A Congressional District, if known <u> N/A </u>	7. Federal Program Name/Description HUD PHA Plan CFDA Number, if applicable <u> N/A </u>
6. Federal Department/Agency Department of Housing and Urban Development	9. Award Amount, if known \$ _____ <u> N/A </u>	10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI) N/A
8. Federal Action Number, if known <u> N/A </u>	b. Individuals Performing Services (including address if different from No. 10a.) (last name, first name, MI) N/A	11. Amount of Payment (check all that apply) \$ _____ <u> N/A </u> <input type="checkbox"/> actual <input type="checkbox"/> planned
12. Form of Payment (check all that apply) <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature <u> N/A </u> value _____ <u> N/A </u>	13. Type of Payment (check all that apply) <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other (specify) <u> N/A </u>	14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11 N/A
(attach continuation sheet(s) if necessary)		
15. Continuation sheets attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
16. Information requested through this form is authorized by Sec.319, Pub. L. 101-121, 103 Stat. 750, as amended by sec. 10; Pub. L. 104-65, Stat. 700 (31 U.S.C. 1352). This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semiannually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature  Print Name <u> Jeffrey McTiernan </u> Title <u> Executive Director </u> Telephone No. <u> 315 894-2159 </u> Date (mm/dd/yyyy) <u> 6/15/2010 </u>	
Federal Use Only:	Authorized for Local Reproduction Standard Form-LLL (7/97)	

Instructions for Completion of SF-LLL, Disclosure of Lobbying Activities

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient, Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box (es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box (es). Check all boxes that apply. If other, specify nature.
14. Provide specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just the time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a continuation sheet(s) are attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public Reporting Burden for this collection of information is estimated to average 30 minutes 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. Please do not return your completed form to the Office of Management and Budget; send it to the address provided by the sponsoring agency.

Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

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Standard Form-LLL (7/97)

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Illion Housing Authority

Program/Activity Receiving Federal Grant Funding

HUD PHA Plan (Operating Fund/Capital Fund/Section 8 Program)

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Illion Heights; Remington Park;
London Towers
100 West Main Street
Illion, NY 13357

Check here if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Jeffrey McTiernan

Title

Executive Director

Signature

Date

X

6/15/2010

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Illion Housing Authority

Program/Activity Receiving Federal Grant Funding

HUD PHA Plan (Operating Fund/Capital Fund/Section 8 Program)

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Jeffrey McTiernan

Title

Executive Director

Signature

X

Date

6/15/2010

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:
Board Resolution to Accompany the PHA 5-Year and Annual PHA Plan**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 5-Year and/or Annual PHA Plan for the PHA fiscal year beginning 10/1/2010, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
 - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
 - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
 - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

_____ Public Housing Authority

NY059

_____ PHA Name

_____ PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20 10 - 20 14

Annual PHA Plan for Fiscal Years 20 _____ - 20 _____

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Beverlyan Tutty

Title

Chairperson

Signature

Beverlyan Tutty

Date

6/15/2010