

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

Small PHA Plan Update
Annual Plan for Fiscal Year: 2001

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

PHA Plan Agency Identification

PHA Name: Massac County Housing Authority

PHA Number: IL041

PHA Fiscal Year Beginning: (07/2001)

PHA Plan Contact Information:

Name: Carolyn M. Wills

Phone:618-524-8411

TDD:

Email (if available)

mcha@midwest.net

Public Access to Information

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

- Main administrative office of the PHA
- PHA development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

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

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

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

PHA Programs Administered:

- Public Housing and Section 8 Section 8 Only Public Housing Only

**Annual PHA Plan
Fiscal Year 2001**

[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

Massac County Housing Authority has prepared this Plan in compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998 and the ensuing HUD requirements.

The Authority has made progress toward reaching the goals developed for the five year plan. Specifically, the Authority was recognized as a High Performer for the FYE 2000, delinquent rents have been reduced, 40 of 72 units have been renovated, and goals for both emergency and routine work order completion have been met. Despite the RASS scores, residents report feeling safe and satisfied with the condition of buildings and grounds, and use of community centers has increased.

The most disappointing development during the past year was the unexpectedly high cost of renovation. High bids, coupled with unforeseen water line problems, delayed work planned for this fiscal year. The work is included in the current plan.

1. Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

Policies relating to Pets in Public Housing and Community Service are included in this plan.

Plans for the Capital Fund Program have not changed; however, progress has been delayed. Contracts for 1998 and 1999 CIAP funds were higher than projected which necessitated delaying work items scheduled for FYE 2001.

2. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. Yes No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? **\$ 363,663.00.**

C. Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.

D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment **il041c01**

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment **il041b01**

3. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

Applicability: Section 8 only PHAs are not required to complete this section.

1. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to next component ; if “yes”, complete one activity description for each development.)

2. Activity Description

Demolition/Disposition Activity Description (Not including Activities Associated with HOPE VI or Conversion Activities)
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected: 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Relocation resources (select all that apply) <input type="checkbox"/> Section 8 for units <input type="checkbox"/> Public housing for units

<input type="checkbox"/> Preference for admission to other public housing or section 8 <input type="checkbox"/> Other housing for _____ units (describe below)
8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity:

4. Voucher Homeownership Program

[24 CFR Part 903.7 9 (k)]

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

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

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

- Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family’s resources
- Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
- Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):

5. Safety and Crime Prevention: PHDEP Plan

[24 CFR Part 903.7 (m)]

Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

A. Yes No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

B. What is the amount of the PHA’s estimated or actual (if known) PHDEP grant for the upcoming year? \$ _____

C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.

D. Yes No: The PHDEP Plan is attached at Attachment _____

6. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board (RAB) Recommendations and PHA Response

1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached at Attachment (File name) **il041f01**
3. In what manner did the PHA address those comments? (select all that apply)
 - The PHA changed portions of the PHA Plan in response to comments
A list of these changes is included
 Yes No: below or
 Yes No: at the end of the RAB Comments in Attachment
 - Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the at the end of the RAB Comments in Attachment **il041f01**.
 - Other: (list below)

B. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction:
Illinois Housing Development Authority
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
 - The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan.

Massac County Housing Authority is actively seeking to house additional residents with disabilities, renovations are making

additional units available for the physically handicapped, and victims of domestic violence are given preference for admission.

Other: (list below)

3. PHA Requests for support from the Consolidated Plan Agency

Yes **X** No: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: **Certification of Consistency with State Consolidated Plan**

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.

**B. Significant Amendment or Modification to the Annual Plan:
See definition above.**

Attachment A il041a01
Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
N/A	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Schedule of flat rents offered at each public housing development X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
N/A	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any required policies governing any Section 8 special housing types <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures X check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
N/A	PHDEP-related documentation: <ul style="list-style-type: none"> · Baseline law enforcement services for public housing developments assisted under the PHDEP plan; · Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); · Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; · Coordination with other law enforcement efforts; · Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and · All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan. 	Annual Plan: Safety and Crime Prevention
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) X check here if included in the public housing A & O Policy	Pet Policy

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

PHA Name: SEE ATTACHMENT B		Grant Type and Number Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant:	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit			i	
6	1415 liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)				
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				

PHA Name: SEE ATTACHMENT B		Grant Type and Number Capital Fund Program: Capital Fund Program Replacement Housing Factor Grant No:		Federal FY of Grant:	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
24	Amount of line 20 Related to Energy Conservation Measures				

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

PHA Name:		Grant Type and Number Capital Fund Program #: Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant:		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name:		Grant Type and Number Capital Fund Program #: Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant:	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

CFP 5-Year Action Plan		
<input type="checkbox"/> Original statement <input type="checkbox"/> Revised statement		
Development Number	Development Name SEE ATTACHMENT C (or indicate PHA wide)	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Total estimated cost over next 5 years		

PHA Public Housing Drug Elimination Program Plan

NOT APPLICABLE

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

Section 1: General Information/History

A. Amount of PHDEP Grant \$ _____

B. Eligibility type (Indicate with an “x”) N1 _____ N2 _____ R _____

C. FFY in which funding is requested _____

D. Executive Summary of Annual PHDEP Plan

In the space below, provide a brief overview of the PHDEP Plan, including highlights of major initiatives or activities undertaken. It may include a description of the expected outcomes. The summary must not be more than five (5) sentences long

E. Target Areas

Complete the following table by indicating each PHDEP Target Area (development or site where activities will be conducted), the total number of units in each PHDEP Target Area, and the total number of individuals expected to participate in PHDEP sponsored activities in each Target Area. Unit count information should be consistent with that available in PIC.

PHDEP Target Areas (Name of development(s) or site)	Total # of Units within the PHDEP Target Area(s)	Total Population to be Served within the PHDEP Target Area(s)

F. Duration of Program

Indicate the duration (number of months funds will be required) of the PHDEP Program proposed under this Plan (place an “x” to indicate the length of program by # of months. For “Other”, identify the # of months).

12 Months _____ **18 Months** _____ **24 Months** _____

G. PHDEP Program History

Indicate each FY that funding has been received under the PHDEP Program (place an “x” by each applicable Year) and provide amount of funding received. If previously funded programs have not been closed out at the time of this submission, indicate the fund balance and anticipated completion date. The Fund Balances should reflect the balance as of Date of Submission of the PHDEP Plan. The Grant Term End Date should include any HUD-approved extensions or waivers. For grant extensions received, place “GE” in column or “W” for waivers.

Fiscal Year of Funding	PHDEP Funding Received	Grant #	Fund Balance as of Date of this Submission	Grant Extensions or Waivers	Grant Start Date	Grant Term End Date
FY 1995						
FY 1996						
FY 1997						
FY1998						
FY 1999						

Section 2: PHDEP Plan Goals and Budget

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY _____ PHDEP Budget Summary	
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement	Total PHDEP Funding: \$
Goal(s)	
Objectives	

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDE P Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9115 - Special Initiative					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount/ Source)	Performance Indicators
1.							
2.							
3.							

9116 - Gun Buyback TA Match					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9120 - Security Personnel					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9130 – Employment of Investigators					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9140 – Voluntary Tenant Patrol					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9150 - Physical Improvements					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9160 - Drug Prevention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Performance Indicators

1.							
2.							
3.							

9170 - Drug Intervention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9180 - Drug Treatment					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

9190 - Other Program Costs					Total PHDEP Funds: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHDEP Funding	Other Funding (Amount /Source)	Performance Indicators
1.							
2.							
3.							

Required Attachment il041d01: Resident Member on the PHA Governing Board

1. Yes No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

B. How was the resident board member selected: (select one)?

- Elected
- Appointed

C. The term of appointment is (include the date term expires):

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
- the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
- Other (explain): **All residents have been contacted and no one has expressed interest in serving.**

B. Date of next term expiration of a governing board member: **10/2001**

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Massac County Board of Commissioners

James Modglin

Jerald Childers

Dale Obermark

The Commissioners act jointly and do not appoint individually. The Board of Commissioners has agreed to appoint a resident to the housing board. The difficulty is in locating a resident who wishes to serve.

Required Attachment il041e01: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

**Mary Beggs
Cleta Hines
Ruby Reynolds
Alan Carter
Morris Smith
Karol Dunning**

Participation is solicited using multiple flyers, bulletin board notices and personal contact. The above residents responded to the request for participants.

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:
Summary**

PHA Name: Massac County Housing Authority	Grant Type and Number Capital Fund Program: IL06P041-502-01 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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X Original Annual Statement Reserve for Disasters/ Emergencies
Revised Annual Statement (revision no:)
Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	30,000			
3	1408 Management Improvements	8,000			
4	1410 Administration	25,000			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	32,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	16,960			
10	1460 Dwelling Structures	247,840			
11	1465.1 Dwelling Equipment— Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:
Summary**

PHA Name: Massac County Housing Authority	Grant Type and Number Capital Fund Program: IL06P041-502-01 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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X Original Annual Statement Reserve for Disasters/ Emergencies
Revised Annual Statement (revision no:)
Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost	Total Actual Cost
16	1492 Moving to Work Demonstration		
17	1495.1 Relocation Costs	3,863	
18	1498 Mod Used for Development		
19	1502 Contingency		
20	Amount of Annual Grant: (sum of lines 2-19)	363,663	
21	Amount of line 20 Related to LBP Activities	2,000	
22	Amount of line 20 Related to Section 504 Compliance	5,000	
23	Amount of line 20 Related to Security	2,000	
24	Amount of line 20 Related to Energy Conservation Measures	6,000	

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

PHA Name: Massac County Housing Authority		Grant Type and Number: Capital Fund Program #: IL06P041-502-01 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2001			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expend	
PHA Wide	Operations	1460		30,000				
PHA Wide	Management Improvement	1408		8,000				
	Computer upgrades							
PHA Wide	CFP salaries, bid costs	1410		25,000				
IL 41-6	A & E fees	1430		32,000				
IL 41-6	Site-walks, hand rails, ramps,	1450		10,960				
	Gas lines			6,000				
IL 41-6	Envelope-doors, roofing, soffits, fascia, ridge vent	1460		26,320				
IL 41-6	Mechanical-air ducts, floor drains, electrical, upgrade, light fixtures, a/c circuits, GFCIs, range hoods, etc.	1460		29,600				

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

PHA Name: Massac County Housing Authority		Grant Type and Number: Capital Fund Program #: IL06P041-502-01 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2001			
Development Number Name/HA- Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Propos- ed Work
				Original	Revised	Funds Obligated	Funds Expend	
IL 41-6	Architectural-abate drywall, replace drywall, painting, replace floor tile, cabinets, tub surrounds, etc	1460		191,920				
IL 41-6	Relocation	1495.1		3,863				

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

PHA Name: Massac Co Housing		Grant Type and Number Capital Fund Program #: IL06P041-502-01 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 2001	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA Wide 1406	9/30/03			9/30/04			
PHA Wide 1408	9/30/03			9/30/04			
PHA Wide 1410	9/30/03			9/30/04			
IL 41-6	9/30/03			9/30/04			

Original 5-Year Plan

Revision No: 1

Work Statement for Year 2 FFY Grant: 2002 PHA FY: 2002	Work Statement for Year 3 FFY Grant: 2003 PHA FY: 2003	Work Statement for Year 4 FFY Grant: 2004 PHA FY: 2004
44,340		21,000
5,340	3,000	3,500
10,166	6,000	6,115
	178,416	19,889
2,700		
102,181	39,005	28,332
	3,500	45,541
79,367	18,000	39,000
119,569	115,742	200,286
363,663	363,663	363,663

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

Activities for Year 1	Activities for Year : 2 FFY Grant: 2002 PHA FY: 2002			Activities FFY G PHA I	
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Cate
See	41-1 Spence	chimney repair	5,340	41-2 Strickland	stoves
Annual	41-2 Strickland	chimney repair	5,340	41-3 King	stoves
Statement	41-3 King	chimney repair	5,340	41-5 Spence Add	interior r
	41-3 King	trash pad, fences	4,826	41-7 Humma	ranges
	41-6 Bunchman	air cond.-elderly	2,700	41-7 Humma	air cond
	41-7 Humma	rails & fire doors	46,800	41-8 Young	stoves
	41-7 Humma	interior paint	14,500	41-9 Fairmount	stoves
	41-7 Humma	windows	40,881	PHA wide	mainten
	41-9 Fairmount	handicap ramp	20,000	PHA wide	architec
	41-9 Fairmount	garbage pads	4,827	PHA wide	compute
	41-9 Fairmount	furnace replacement	40,000	PHA wide	salaries
	41-9 Fairmount	painting-elderly	14,540	PHA wide	operatio
	PHA wide	maintenance van	20,000		
	PHA wide	office equipment	3,827		
	PHA wide	architect	22,000		
	PHA wide	training	8,742		
	PHA wide	salaries	30,000		
	PHA wide	operations	35,000		
	41-1 Spence	exterior siding	39,000		
	Total CFP Estimated Cost		\$363,663		

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

Activities for Year : 4 FFY Grant: 2004 PHA FY: 2004			Activities for Year: 4 FFY Grant: 2004 PHA FY: 2004	
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories
41-1 Spence	water heaters	21,000	PHA wide	A & E Services
41-2 Strickland	water heaters	3,500	PHA wide	mgt improvement
41-3 King	replace gas main	6,115	PHA wide	salaries
41-3 King	water heaters	7,000	PHA wide	operations
41-5 Spence Add	water heaters	7,000	41-9 Fairmount	water heaters
41-5 Spence Add	tile replacement	12,889	41-9 Fairmount	air cond.-elderly
41-7 Humma	curbs, guttering	2,925	PHA wide	maint. Equipment
41-7 Humma	patio	3,000		
41-7 Humma	door closures	7,407		
41-7 Humma	maint. equipment	5,000		
41-7 Humma	comm. room equip.	10,000		
41-8 Young	landscaping	4,000		
41-8 Young	sewer	5,000		
41-8 Young	air conditioners	4,500		
41-8 Young	heating	9,000		
41-8 Young	electrical	500		
41-8 Young	doors	4,500		
41-8 Young	painting	14,541		
41-8 Young	water heaters	3,500		
PHA wide	storage	73,000		
PHA wide	auto	20,000		
Total CFP Estimated Cost		\$		

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year : 5 FFY Grant: 2005 PHA FY: 2005			Activities for Year: FFY Grant: PHA FY:	
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories
41-6 Bunchman	painting	4,961		
41-9 Fairmount	interior	157,920		
41-9 Fairmount	storms/screens	32,000		
41-9 Fairmount	504	35,000		
41-9 Fairmount	electrical	8,000		
41-9 Fairmount	site	8,050		
PHA wide	salaries	30,000		
PHA wide	operations	35,000		
PHA wide	A & E	22,000		
PHA wide	training	8,742		
PHA wide	administrative office	10,000		
PHA wide	office equipment	5,502		
PHA wide	maint. equipment	6,488		
Total CFP Estimated Cost		\$363,663		

**Resident Advisory Board
Summary of Comments
Annual/Five Year Plan
March 16, 2001**

- 1) Residents said that the community service requirement is not appropriate for residents of public housing.
- 2) Representative of Humma Apartments wants stoves moved to this year's work items.
- 3) Residents would like picnic tables at Humma, Spence/Strickland Addition and Fairmount.
- 4) After examining the work items and budget figures for the one and five year plans, the members present agreed with the priorities and suggested no changes with the exception of items one, two, and three above.

Board Consideration of Resident Comments

- 1) The Authority has no choice but to implement the community service requirements for its residents.
- 2) More urgent items will require all available funds. However, should funds become available the Authority will reconsider the priority for new stoves.
- 3) Again, the Authority believes other items are more urgent. Should funds be available in either Operations or Capital Funds, these requests will be addressed.

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:
Summary**

PHA Name: Massac County Housing Authority	Grant Type and Number Capital Fund Program: IL06P041-915-98 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 1998
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Original Annual Statement Reserve for Disasters/ Emergencies
X Revised Annual Statement (revision no: 2)
X Performance and Evaluation Report for Period Ending: 12/31/00 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	100,000	50,000	50,000	1,079.78
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	106,000	136,928	136,928	77,151.07
8	1440 Site Acquisition				
9	1450 Site Improvement	6,000		6,000	
10	1460 Dwelling Structures	1,511,542	1,590,572	1,520,572	675,864.25
11	1465.1 Dwelling Equipment— Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:
Summary**

PHA Name: Massac County Housing Authority	Grant Type and Number Capital Fund Program: IL06P041-915-98 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 1998
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Original Annual Statement
 Revised Annual Statement (revision no: 2)
 Performance and Evaluation Report for Period Ending: 12/31/00 Reserve for Disasters/ Emergencies
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	65,958	6,000	6,000	38
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	1,789,500	1,789,500	1,719,500	754,133.10
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance	40,000	50,000		
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

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

PHA Name: Massac County Housing Authority		Grant Type and Number: Capital Fund Program #: IL06P041-915-98 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: 1998			
Development Number Name/HA- Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work	
				Original	Revised	Funds Obligated	Funds Expend		
PHA Wide	Termite Treatment	1460	54 bldg	70,000	0	0	0		
IL 41-2	Repair termite damage	1460	2 bldg	118,500		118,500	118,500	100%	
PHA Wide	Salaries-fringe benefits	1410		100,000	50,000	50,000	1,079.78	3%	
IL 41-1 & 2	Architect	1430	11 bldg	106,000	136,928	136,928	77,151.07	56%	
IL 41-1	Rewire branch circuits	1460	60 units	252,000		252,000	84,000	33%	
IL 41-1	Substantial rehab, wiring, water piping, vents, dry wall, wiring, cabinets, 504 units	1460	9 bldg	1,071,042	1,150,072	1,150,072	473,364.25	33%	
IL 41-1	Walks & lawns	1450		6,000		6,000	0	0	
IL 41-1	Relocation of residents	1495.1		65,958	6,000	6,000	38	3%	

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

PHA Name: Massac County Housing Authority		Grant Type and Number: Capital Fund Program #: IL06P041-915-98 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 1998			
Development Number Name/HA- Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Propos- ed Work
				Original	Revised	Funds Obligated	Funds Expend	

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

PHA Name: Massac Co Housing			Grant Type and Number Capital Fund Program #: IL06P041-915-98 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 1998	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA Wide	3/30/99	3/31/2001	3/1999	9/30/2002			ACC not approved until 1/99
PHA Wide	9/1999	6/2001		3/30/2001			unable to secure vendor after four attempts
IL 41-2	3/1999	3/2000		3/2001			ACC not approved until 1/99
IL 41-1	9/1999	3/2000		3/2001			ACC not approved until 1/99
IL 41-1	3/2000	3/2001		9/2002			ACC not approved until 1/99
A & E fees	3/2000	3/2001		9/2002			ACC not approved until 1/99

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

PHA Name: Massac Co Housing		Grant Type and Number Capital Fund Program #: IL06P041-915-98 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 1998		
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:
Summary**

PHA Name: Massac County Housing Authority	Grant Type and Number Capital Fund Program: IL06P041-916-99 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 1999
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Original Annual Statement Reserve for Disasters/ Emergencies
X Revised Annual Statement (revision no: 1)
X Performance and Evaluation Report for Period Ending: 12/31/00 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	39,198	0		
3	1408 Management Improvements				
4	1410 Administration	25,000		25,000	
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	33,955	10,000	5,000	
8	1440 Site Acquisition				
9	1450 Site Improvement	12,735	0		
10	1460 Dwelling Structures	267,443	347,841	333,286.10	
11	1465.1 Dwelling Equipment— Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:
Summary**

PHA Name: Massac County Housing Authority	Grant Type and Number Capital Fund Program: IL06P041-916-99 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 1999
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Original Annual Statement Reserve for Disasters/ Emergencies
X Revised Annual Statement (revision no: 1)
X Performance and Evaluation Report for Period Ending: 12/31/00 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	4,510	0		
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)				
21	Amount of line 20 Related to LBP Activities	382,841		263,286.10	0
22	Amount of line 20 Related to Section 504 Compliance	20,000			
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

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

PHA Name: Massac County Housing Authority		Grant Type and Number: Capital Fund Program #: IL06P041-916-99 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 1999			
Development Number Name/HA- Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expend	
PHA Wide	Administration	1410		25,000				
IL 41-1	A & E	1430				25,000		50%
IL 41-1	Substantial Rehab	1460		267,443	347,841	333,286.10		

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

PHA Name: Massac Co Housing		Grant Type and Number Capital Fund Program #: IL06P041-916-99 Capital Fund Program Replacement Housing Factor #:					Federal FY of Grant: 1999	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
PHA Wide	9/30/01	1/30/01	12/31/02					
PHA Wide	9/30/01		12/31/02					
IL 41-6	9/30/01		12/31/02					

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:
Summary**

PHA Name: Massac County Housing Authority	Grant Type and Number Capital Fund Program: IL06P041-501-00 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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Original Annual Statement
 Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending:12/31/00
 Reserve for Disasters/ Emergencies
 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	25,000			
5	1411 Audit				
6	1415 liquidated Damages				
7	1430 Fees and Costs	39,332			
8	1440 Site Acquisition				
9	1450 Site Improvement	35,230			
10	1460 Dwelling Structures	256,891			
11	1465.1 Dwelling Equipment— Nonexpendable	2,700			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1:
Summary**

PHA Name: Massac County Housing Authority	Grant Type and Number Capital Fund Program: IL06P041-501-00 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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Original Annual Statement
 Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending:12/31/00
 Reserve for Disasters/ Emergencies
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost	Total Actual Cost
16	1492 Moving to Work Demonstration		
17	1495.1 Relocation Costs	4,510	
18	1498 Mod Used for Development		
19	1502 Contingency		
20	Amount of Annual Grant: (sum of lines 2-19)	363,663	
21	Amount of line 20 Related to LBP Activities	10,000	
22	Amount of line 20 Related to Section 504 Compliance	40,000	
23	Amount of line 20 Related to Security		
24	Amount of line 20 Related to Energy Conservation Measures	3,000	

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

PHA Name: Massac County Housing Authority		Grant Type and Number: Capital Fund Program #: IL06P041-501-00 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2000			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expend	
PHA Wide	Administration	1410		30,000	25,000	25,000		
IL 41-6	A & E	1430		39,332		34,000		
IL 41-6	Site Improvement	1450		35,230				
IL 41-6	Substantial Rehab	1460		256,891				
IL 41-6	Dwelling Equipment	1465.1		2,700				
IL 91.1	Relocation Cost`	1491.1		4,510				

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

PHA Name: Massac Co Housing		Grant Type and Number Capital Fund Program #: IL06P041-501-00 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2000		
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA Wide	3/30/01		9/30/00	9/30/02			ACC received earlier than usual
IL 41-6	9/30/01		12/30/00	9/30/02			ACC received earlier than usual

