

Small PHA Plan Update
Annual Plan for Fiscal Year: **2002**

**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: Logan County Housing Authority

PHA Number: IL040

PHA Fiscal Year Beginning: (mm/yyyy) 10/2002

PHA Plan Contact Information:

Name: Steven P. Allen

Phone: (217)732-7776

TDD:

Email (if available): lcha@caonline.com

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 2002

[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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<input checked="" type="checkbox"/> Other (List below, providing each attachment name)	
X Attachment F: Resident Assessment – Follow up plan	
X Attachment G: Component 10 (B) Voluntary Conversion Initial Assessments	
X Attachment H: Annual Statement/Performance and Evaluation Report.	

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

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

The Logan County Housing Authority has prepared this Agency Plan in compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998 and HUD requirements. Our Annual Plan is based on the premise that if we accomplish our goals and objectives we will be working towards the achievement of our mission. The plans, statements, budget summary, etc. set forth in the Annual Plan all lead towards the accomplishment of our goals and objectives. Taken as a whole, they outline a comprehensive approach towards our goals and objectives and are consistent with the Consolidated 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.

All Policy and Program Changes necessary to comply with the Quality Housing and Work Responsibility Act of 1998 and HUD requirements.

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? \$ 304,343.00

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 C

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

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: (DD/MM/YY)
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? \$ 0

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 as follows:

- a. Can the utility allowance for the Section 8 program be updated?
- b. Termination of assistance for the Section 8 program – how do we determine who goes and who doesn’t when drugs are involved?
- c. Will central air be installed at Centennial Court?

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 _____.
 - a. A consultant will be sought to conduct a utility allowance survey.
 - b. An investigation into how the termination of assistance is worded in the Section 8 Administration plan and resident advisory board member will have the process explained to her.
 - c. Installation of central air conditioning will be added to the 5-year plan.
 - 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 _____.
 - 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: State of Illinois
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - 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. (list such initiatives below)
 - Other: (list below)
3. PHA Requests for support from the Consolidated Plan Agency
 - Yes 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: (describe below)

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 Deviation is 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 requires formal approval of the Board of Commissioners.

B. Significant Amendment or Modification to the Annual Plan: Significant Amendment or Modification is 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 requires formal approval of the Board of Commissioners.

Attachment A

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
	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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
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 checked="" type="checkbox"/> check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" 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
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any required policies governing any Section 8 special housing types <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" 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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
	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
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	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
	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
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention
	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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Pet Policy
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
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

Required Attachment D: 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: Ms. Janet L. Schultz
1028 North College Street
Apartment 406
Lincoln, Illinois 62656

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

- Elected
 Appointed

C. The term of appointment is (include the date term expires): 5 years and expires on June 30, 2007

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):

B. Date of next term expiration of a governing board member:

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

Required Attachment E: 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.)

Ms. Lola Spangler
1028 North College Street
Apartment 101
Lincoln, IL 62656

Ms. Tona Bare
311 South Ladue Street
Lincoln, IL 62656

Ms. Chasity Anderson
72 Centennial Court
Lincoln, IL 62656

RESIDENT ASSESSMENT - FOLLOW UP PLAN

SAFETY

Following is the Logan County Housing Authority Safety follow up plan:

1. **Resident Screening** - The Logan County Housing Authority has entered into a contract with the Illinois State Police. The Illinois State Police will provide national criminal background conviction information for tenant screening.
2. **Police** - A "Safety and Crime Prevention Plan" has been developed in consultation with the Lincoln Police Department. This plan describes measures to ensure the safety of public housing residents and for crime prevention measures. One of our goals is to reduce crime at Centennial and Logan Court to a level equal to or less than the surrounding neighborhoods.
3. **Police** – The City of Lincoln’s Police Department has opened up a Police Sub-Station in the Community Center at Centennial Court. This sub-station will have a police officer at the Housing Project on Average of three hours per shift. Also, the Lincoln Police will be walking the site daily and keeping records of were crimes are occurring. With this documentation the Police will focus and spend the majority of there time in the problem areas.
4. **Fire** - Fire safety meetings will be conducted by the Lincoln Fire department at least once a year. These meetings will address fire/safety issues followed by a fire drill.

The above plan is based on the results of the Resident Services and Satisfaction Survey that was performed randomly by HUD.

ATTACHMENT - G

Component 10 (B) Voluntary Conversion Initial Assessments

- a. How many of the PHA’s developments are subject to the Required Initial Assessments? TWO (2)
- b. How many of the PHA’s developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? ZERO (0)
- c. How many Assessments were conducted for the PHA’s Covered developments? TWO (2)
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Develop ment Name	Number of Units
NONE	

- e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments. **REQUIRED ASSESSMENTS HAVE BEEN COMPLETED.**

ATTACHMENT - G

**Formula to enable PHAs to determine average cost of operation
For Public Housing vs Section 8**

To complete this formula you will need your most recent year end statement (audit), a listing of Fair Market Rents for your area and a breakdown by bedroom size of your total number of public housing units.

Public Housing Computation

1. Total operating expenditures for your most recent fiscal year.	1.	617,871
2. Plus-annual Capital Fund	2.	310,398
3. Less-Total rental income received	3.	334,345
<i>Add lines 1 and 2 and subtract line 3 from the total</i>		
4. Total annual expenditure of dollars to operate Public Housing	4.	593,924
5. Total number of PHA units	5.	192
6. Divide Line 4 by Line 5 – Annual cost of operation by unit	6.	3,093
7. Divide Line 6 by 12 – Monthly cost of PHA unit	7.	258

*

Section 8 Computation

8. Total number of PHA units	8.	52
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<i>Lines 9 – 14</i>	<i>Lines 15 – 20</i>	<i>Lines 21-26</i>	<i>Lines 27 – 32</i>
<i>Breakdown of PHA units</i>	<i>Fair Market Rents</i>	<i>Total Monthly outlay</i>	<i>Total Rental Income</i>
<i>By bedroom size</i>	<i>by bedroom size</i>	<i>by bedroom size</i>	<i>by bedroom size</i>

Multiply line 9 x Line 15, 10 x 16, 11 x 17, etc. Enter results on lines 21-26

	<i># of units</i>		<i>monthly FMR</i>		
9.	0 br	15.		21.	27.
10.	1 br 13	16.	344	22.	4472
11.	2 br 26	17.	458	23.	11908
12.	3 br 12	18.	574	24.	6888
13.	4 br 1	19.	719	25.	719
14.	5 br	20.		26.	32.

33. Add lines 21 – 26 for total monthly charge	33.	23,987
34. Multiply line 33 by 12 for annual cost	34.	287,844
35. Subtract rental income (add lines 28 – 31 and multiply by 12) from line 34 for total annual HAP cost	35.	217,728
36. Add total annual administrative fee	36.	23,492
37. Add lines 35 plus 36 (This is the cost of converting to Section 8)	37.	241,220
38. Divide line 37 by line 8 – Annual cost of operation by unit	38.	4,639
39. Divide line 38 by 12 – Monthly cost of Section 8 unit (COMPARE LINE 7 WITH LINE 39)	39.	386

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

PHA Name: Logan County Housing Authority	Grant Type and Number Capital Fund Program: IL06P04050102 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement
 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				
3	1408 Management Improvements				
4	1410 Administration	15,000.00			
5	1411 Audit	1,000.00			
6	1415 liquidated Damages				
7	1430 Fees and Costs	30,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	20,000.00			
10	1460 Dwelling Structures	233,343.00			
11	1465.1 Dwelling Equipment—Nonexpendable	0			
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	5,000.00			
18	1498 Mod Used for Development				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines 2-19)	304,343.00			
21	Amount of line 20 Related to LBP Activities	0			
22	Amount of line 20 Related to Section 504 Compliance	0			
23	Amount of line 20 Related to Security	0			

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

PHA Name: Logan County Housing Authority	Grant Type and Number Capital Fund Program: IL06P04050102 Capital Fund Program Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement
 Performance and Evaluation Report for Period Ending:
 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	0			

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

PHA Name: Logan County Housing Authority		Grant Type and Number Capital Fund Program #: IL06P04050102 Capital Fund Program Replacement Housing Factor #:			Federal FY of Grant: 2002			
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	
40-2	Partial salary for Modernization Coordinator plus benefits	1410		15,000.00				
40-2	Audit	1411		1,000.00				
40-2	Hire an A/E firm for design work and energy audit and physical needs assessment	1430		30,000.00				
40-2 and 40-1	Replace damaged sidewalks and landscaping	1450		20,000.00				
40-2	Renovate Hi-rise units by installing new carpet or tile floors, new baseboard, curtain rods, painting, medicine cabinet, doors, and water closet	1460		233,343.00				
40-2	Move resident into a motel during the renovation of there apartment	1495.1		5,000.00				

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

PHA Name: Logan County Housing Authority	Grant Type and Number Capital Fund Program #: IL06P04050102 Capital Fund Program Replacement Housing Factor #:	Federal FY of Grant: 2002
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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	
40-2	10/2004			10/2006			

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 checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
	PHA Wide	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
A&E Firm	24,000.00	2003
Audit	1,000.00	2003
Modernization coordinator	15,000.00	2003
Purchase one new truck	25,000.00	2003
New maintenance radio system	10,000.00	2003
A&E Firm	24,000.00	2004
Audit	1,000.00	2004
Modernization Coordinator	15,000.00	2004
Purchase one new truck	25,000.00	2004
A&E Firm	24,000.00	2005
Audit	1,000.00	2005
Modernization Coordinator	15,000.00	2005
New Printers	5,000.00	2005
New copier	8,500.00	2005
New community room table and chairs	10,000.00	2005
A&E Firm	24,000.00	2006
Audit	1,000.00	2006
Modernization coordinator	15,000.00	2006
New Computer System	50,000.00	2006
Total estimated cost over next 5 years	339,500.00	

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 checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
IL 40-1	Centennial Court	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Install site lighting	13,500.00	2003
Repair and paint damaged EIFS	35,000.00	2003
Repaint downspouts, transformers, gas meters, mailbox posts and conduits	15,000.00	2003
Install new stove and dryer vents	9,000.00	2003
New stoves and vent hoods	45,000.00	2003
Install Building Numbers on side of buildings	3,000.00	2003
Renovate unites	44,500.00	2003
Install 8' fence behind playground	2,000.00	2003
Trim, remove trees, and landscaping	25,000.00	2004
Build resident storage buildings	75,000.00	2004
Replace damaged sidewalks and install new sidewalks	30,000.00	2004
Replace damaged exterior doors and storm doors	25,000.00	2004
Renovate units	55,000.00	2004
Install new door locks	25,000.00	2004
Replace hot water heaters	20,000.00	2005
Install new washer and dryers	14,000.00	2005
Repair/replace damaged soffit, fascia, gutters, and downspouts	30,000.00	2005
Renovate units	113,000.00	2005
Install wood chips in playground areas	5,000.00	2005
Install new central antenna system	28,000.00	2006
Install new Centennial Court Sign	8,000.00	2006
Replace Damaged bathtubs	25,000.00	2006
Renovate units	91,000.00	2006
Install new porch lights	9,000.00	2006
Install new central A/C system in all units	325,000.00	2006
Total estimated cost over next 5 years	1,080,000.00	

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 checked="" type="checkbox"/> Revised statement		
Development Number	Development Name (or indicate PHA wide)	
IL 40-2	LOGAN COURT	
Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Renovate hi-rise units and replace damaged water drain lines in hi-rise with new pipe	75,000.00	2003
Install new exit and emergency lights in Hi-Rise	4,000.00	2003
Install concrete by spillway at duplexes	1,000.00	2003
Install concrete around central air units at Hi-Rise	1,000.00	2003
Install concrete steps on side of hill between Hi-Rise and Duplexes	2,000.00	2003
Install gate for garbage room dumpster run off	1,500.00	2003
Install new sewer line at Duplex 9 and 10	5,000.00	2003
Install new concrete from porch to shed at the duplexes	5,000.00	2003
Install drainage system at front of Hi-Rise	2,000.00	2003
Replace existing door sensing system with new combined motion/presence sensing system	3,000.00	2003
Resurface parking lot behind Hi Rise	20,000.00	2004
Install new door from office to lobby with code	1,000.00	2004
Install new exterior doors with locks at each end of Hi-Rise	3,000.00	2004
Install new canopy outside maintenance office	1,500.00	2004
Install new central A/C system at the duplexes	30,000.00	2005
Install security door from office to lobby of hi-rise	1,500.00	2005
New Entraguard System at hi-rise	15,000.00	2005
Install new awning at rear of hi-rise	7,000.00	2005
Repair/Replace stairwell doors in hi-rise	13,000.00	2006
New exhaust fans in the Duplexes	3,000.00	2006
Install fence	15,000.00	2006
Install wood chips in playground	2,000.00	2006
Elevator repairs	25,000.00	2006
Install new outside lights on Hi-Rise and Duplexes	2,000.00	2006
Install new light fixtures in boiler room, receiving room, and shop	3,000.00	2006
Close in carport at garage	2,500.00	2006
Install new exterior lights on the hi-rise	2,000.00	2006
Total estimated cost over next 5 years	494,343.00	

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

PHA Name: Logan County Housing Authority	Grant Type and Number Capital Fund Program Grant No: II 06P04050100 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 3-31-02 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 Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration	10,000.00	112.20	112.20	112.20
5	1411 Audit	1,000.00	-0-		
6	1415 Liquidated Damages				
7	1430 Fees and Costs	24,000.00	21,917.00	21,917.00	21,917.00
8	1440 Site Acquisition				
9	1450 Site Improvement	239,435.00	252,405.80	252,405.80	227,513.48
10	1460 Dwelling Structures	31,000.00	31,000.00	31,000.00	31,000.00
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	1499 Development Activities				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines.....)	305,435.00	305,435.00	305,435.00	280,542.68
21	Amount of line XX Related to LBP Activities	0	0		
22	Amount of line XX Related to Section 504 compliance	0	0		

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

PHA Name: Logan County Housing Authority	Grant Type and Number Capital Fund Program Grant No: II 06P04050100 Replacement Housing Factor Grant No:	Federal FY of Grant: 2000
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 3-31-02 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
23	Amount of line XX Related to Security –Soft Costs	0	0		
24	Amount of Line XX related to Security-- Hard Costs	0	0		
25	Amount of line XX Related to Energy Conservation Measures	0	0		
	Collateralization Expenses or Debt Service				

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

PHA Name: Logan County Housing Authority		Grant Type and Number Capital Fund Program Grant No: II 06P04050100 Replacement Housing Factor Grant No:				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 Work
HA-WIDE	Hire A/E For Design Work		1430		24,000.00			
HA-WIDE	Audit The Capital Fund		1411		1,000.00			
HA-WIDE	Partial Salary For Mod. Coordinator		1410		10,000.00			
40-1	Replace Water Lines Half Of Centennial And Fill Low Areas		1450		127,087.00			
40-1	Video Of Sewer Lines		1450		4,000.00			
HA-WIDE	Repair Damaged Sidewalks, Install New Walks Rear Of 16, Front Of 12 Building And Rear Of Community Building		1450		30,000.00			
HA-WIDE	Additional Parking		1450		74,348.00			
40-2	Landscaping Front Of Hi-Rise		1450		4,000.00			
40-2	Install Canopy Front Of Hi-Rise		1460		6,000.00			
40-1	Repair Cracks In Parex And Paint Upper Half Of Buildings		1460		15,000.00			
40-2	Paint EIFS On Hi-Rise		1460		10,000.00			

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

PHA Name: Logan County Housing Authority		Grant Type and Number Capital Fund Program No: II 06P04050100 Replacement Housing Factor No:				Federal FY of Grant: 2000	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA-WIDE	03/ 2002		4-16-01	06/ 2003		4-11-02	
II 40-1	03/ 2002		4-16-01	06/ 2003		4-11-02	
II 40-2	03/ 2002		4-16-01	06/ 2003		4-11-02	

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

PHA Name: Logan County Housing Authority	Grant Type and Number Capital Fund Program Grant No: IL06P04050101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: 3-31-02 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	10,000.00		0	0
5	1411 Audit	1,000.00	0	0	
6	1415 Liquidated Damages				
7	1430 Fees and Costs	34,000.00		21,750.00	16,312.50
8	1440 Site Acquisition				
9	1450 Site Improvement	47,000.00		0	0
10	1460 Dwelling Structures	218,398.00		0	0
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	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	310,398.00		21,750.00	16,312.50
22	Amount of line 21 Related to LBP Activities	0			
23	Amount of line 21 Related to Section 504 compliance	0			

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Logan County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P04050101 Replacement Housing Factor Grant No:		Federal FY of Grant: 2001	
Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 1) X Performance and Evaluation Report for Period Ending: 3-31-02 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
24	Amount of line 21 Related to Security – Soft Costs	0			
25	Amount of Line 21 Related to Security – Hard Costs	0			
26	Amount of line 21 Related to Energy Conservation Measures	0			

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

PHA Name: Logan County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P04050101 Replacement Housing Factor Grant No:				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 Work
				Original	Revised	Funds Obligated	Funds Expended	
40-2	Partial Salary for Modernization Coordinator	1410		10,000.00				
40-2								
40-2	Hire an A/E for design work and energy audit and physical needs assessment	1430		34,000.00				
40-2	Replace damaged sidewalks and install new landscaping	1450		15,000.00				
40-2	Renovate Hi-Rise units by installing new carpet or tile floors, new baseboards, curtain rods, painting, medicine cabinets, and water closets.	1460		129,398.00				
40-2	Replace flue pipe on Hi Rise	1460		2,000.00				
40-2	Install new exit and emergency light in Hi Rise	1460		5,000.00				
40-2	Renovate Elevator cars	1460		5,000.00				
40-2	Renovate laundry room. Install new flooring, paint, install five new washer and dryers and new plumbing to include bigger drain line from washers. Install wall mounted AC	1460		17,000.00				
40-2	Install new stairwell heaters in Hi Rise	1460		7,000.00				

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

PHA Name: Logan County Housing Authority		Grant Type and Number Capital Fund Program Grant No: IL06P04050101 Replacement Housing Factor Grant No:			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 Work
				Original	Revised	Funds Obligated	Funds Expended	
40-2	Install stainless steel door jambs on 4 th and 5 th floor elevators to match 3 rd floor	1460		4,000.00				
40-2	Install new carpet in office	1460		5,000.00				
40-1	Install Additional Parking	1450		25,000.00				
40-2	Install fence around dumpsters	1450		7,000.00				
40-1	Replace Parking Lot in Alley	1450		25,000.00				
40-1	Replace Damaged Sewer Lines	1450		15,000.00				
40-2	Repair/replace electrical systems	1460		5,000.00				

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

PHA Name: Logan County Housing Authority	Grant Type and Number Capital Fund Program No: IL06P04050101 Replacement Housing Factor No:	Federal FY of Grant: 2001
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Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
40-2	3/2003			9/2004			

