

<b>Streamlined Annual PHA Plan</b> <i>(High Performer PHAs)</i>	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 03/31/2024
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**Purpose.** The 5-Year and Annual PHA Plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, including changes to these policies, and informs HUD, families served by the PHA, and members of the public of the PHA's mission, goals and objectives for serving the needs of low- income, very low- income, and extremely low- income families

**Applicability.** The Form HUD-50075-HP is to be completed annually by **High Performing PHAs**. PHAs that meet the definition of a Standard PHA, Troubled PHA, HCV-Only PHA, Small PHA, or Qualified PHA do not need to submit this form.

**Definitions.**

- (1) **High-Performer PHA** – A PHA that owns or manages more than 550 combined public housing units and housing choice vouchers and was designated as a high performer on both the most recent Public Housing Assessment System (PHAS) and Section Eight Management Assessment Program (SEMAP) assessments.
- (2) **Small PHA** - A PHA that is not designated as PHAS or SEMAP troubled, and that owns or manages less than 250 public housing units and any number of vouchers where the total combined units exceed 550.
- (3) **Housing Choice Voucher (HCV) Only PHA** - A PHA that administers more than 550 HCVs, was not designated as troubled in its most recent SEMAP assessment and does not own or manage public housing.
- (4) **Standard PHA** - A PHA that owns or manages 250 or more public housing units and any number of vouchers where the total combined units exceed 550, and that was designated as a standard performer in the most recent PHAS or SEMAP assessments.
- (5) **Troubled PHA** - A PHA that achieves an overall PHAS or SEMAP score of less than 60 percent.
- (6) **Qualified PHA** - A PHA with 550 or fewer public housing dwelling units and/or housing choice vouchers combined and is not PHAS or SEMAP troubled.

A.	PHA Information.														
A.1	<p>PHA Name: <u>Knox County Housing Authority</u> PHA Code: <u>IL085</u>            PHA Type: <input checked="" type="checkbox"/> High Performer            PHA Plan for Fiscal Year Beginning: (MM/YYYY): <u>04/01/2025</u>            PHA Inventory (Based on Annual Contributions Contract (ACC) units at time of FY beginning, above)            Number of Public Housing (PH) Units <u>429</u> Number of Housing Choice Vouchers (HCVs) <u>285</u>            Total Combined <u>714</u>            PHA Plan Submission Type: <input checked="" type="checkbox"/> Annual Submission <input type="checkbox"/> Revised Annual Submission</p> <p><b>Availability of Information.</b> In addition to the items listed in this form, PHAs must have the elements listed below readily available to the public. A PHA must identify the specific location(s) where the proposed PHA Plan, PHA Plan Elements, and all information relevant to the public hearing and proposed PHA Plan are available for inspection by the public. Additionally, the PHA must provide information on how the public may reasonably obtain additional information of the PHA policies contained in the standard Annual Plan but excluded from their streamlined submissions. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on their official website. PHAs are also encouraged to provide each resident council a copy of their PHA Plans.</p> <p><b>Copies of the KCHA Annual and Five-Year Plan, as well as all relevant documents and certifications, are made available at the following locations:</b></p> <ul style="list-style-type: none"> <li>- Central Office Cost Center: 216 W. Simmons St. Galesburg, IL 61401</li> <li>- Moon Towers: 255 W. Tompkins St. Galesburg, IL 61401</li> <li>- Cedar Creek Place: 1598 McKnight St. Galesburg, IL 61401</li> <li>- Bluebell Tower: 300 N. Jefferson St. Abingdon, IL 61410</li> <li>- <a href="http://www.knoxcountyhousing.org">www.knoxcountyhousing.org</a></li> </ul> <p><input type="checkbox"/> PHA Consortia: (Check box if submitting a Joint PHA Plan and complete table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th rowspan="2" style="width: 25%;">Participating PHAs</th> <th rowspan="2" style="width: 10%;">PHA Code</th> <th rowspan="2" style="width: 25%;">Program(s) in the Consortia</th> <th rowspan="2" style="width: 20%;">Program(s) not in the Consortia</th> <th colspan="2" style="width: 20%;">No. of Units in Each Program</th> </tr> <tr> <th style="width: 10%;">PH</th> <th style="width: 10%;">HCV</th> </tr> </thead> <tbody> <tr> <td>Lead PHA:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) in the Consortia	Program(s) not in the Consortia	No. of Units in Each Program		PH	HCV	Lead PHA:					
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Lead PHA:															

<b>B.</b>	<b>Plan Elements</b>
<b>B.1</b>	<p><b>Revision of Existing PHA Plan Elements.</b></p> <p>(a) Have the following PHA Plan elements been revised by the PHA since its last <b>Annual PHA Plan</b> submission?</p> <p>Y N</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Statement of Housing Needs and Strategy for Addressing Housing Needs.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Deconcentration and Other Policies that Govern Eligibility, Selection, and Admissions.</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Financial Resources.</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Rent Determination.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Homeownership Programs.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Safety and Crime Prevention.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Pet Policy.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Substantial Deviation.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Significant Amendment/Modification</p> <p>(b) If the PHA answered yes for any element, describe the revisions for each element below:  <b>SEE ATTACHMENT 1.0</b></p> <p>(c) The PHA must submit its Deconcentration Policy for Field Office Review.  <b>SEE ATTACHMENT 1.0</b></p>
<b>B.2</b>	<p><b>New Activities.</b></p> <p>(a) Does the PHA intend to undertake any new activities related to the following in the PHA's current Fiscal Year?</p> <p>Y N</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Hope VI or Choice Neighborhoods.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Mixed Finance Modernization or Development.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Demolition and/or Disposition.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Conversion of Public Housing to Tenant Based Assistance.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Conversion of Public Housing to Project-Based Rental Assistance or Project-Based Vouchers under RAD.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Project Based Vouchers.</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Units with Approved Vacancies for Modernization.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Other Capital Grant Programs (i.e., Capital Fund Community Facilities Grants or Emergency Safety and Security Grants).</p> <p>(b) If any of these activities are planned for the current Fiscal Year, describe the activities. For new demolition activities, describe any public housing development or portion thereof, owned by the PHA for which the PHA has applied or will apply for demolition and/or disposition approval under section 18 of the 1937 Act under the separate demolition/disposition approval process. If using Project-Based Vouchers (PBVs), provide the projected number of project-based units and general locations, and describe how project basing would be consistent with the PHA Plan.</p> <p><b>SEE ATTACHMENT 2.0</b></p>
<b>B.3</b>	<p><b>Progress Report.</b></p> <p>Provide a description of the PHA's progress in meeting its Mission and Goals described in the PHA 5-Year Plan.</p> <p><b>SEE ATTACHMENT 3.0</b></p>

<b>B.4.</b>	<p><b>Capital Improvements.</b> Include a reference here to the most recent HUD-approved 5-Year Action Plan in EPIC and the date that it was approved.</p> <p><b>SEE ATTACHMENT 6.0</b></p>
<b>B.5</b>	<p><b>Most Recent Fiscal Year Audit.</b></p> <p>(a) Were there any findings in the most recent FY Audit?</p> <p>Y N  <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>(b) If yes, please describe:</p>
<p><b>C. Other Document and/or Certification Requirements.</b></p>	
<b>C.1</b>	<p><b>Resident Advisory Board (RAB) Comments.</b></p> <p>(a) Did the RAB(s) have comments to the PHA Plan?</p> <p>Y N  <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>(b) If yes, comments must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the RAB recommendations and the decisions made on these recommendations.</p> <p><b>SEE ATTACHMENT 5.0</b></p>
<b>C.2</b>	<p><b>Certification by State or Local Officials.</b></p> <p><a href="#">Form HUD-50077-SL</a>, <i>Certification by State or Local Officials of PHA Plans Consistency with the Consolidated Plan</i>, must be submitted by the PHA as an electronic attachment to the PHA Plan.</p>
<b>C.3</b>	<p><b>Civil Rights Certification/Certification Listing Policies and Programs that the PHA has Revised since Submission of its Last Annual Plan.</b></p> <p><a href="#">Form 50077-ST-HCV-HP</a>, <i>PHA Certifications of Compliance with PHA Plan, Civil Rights, and Related Laws and Regulations Including PHA Plan Elements that Have Changed</i> must be submitted by the PHA as an electronic attachment to the PHA Plan.</p> <p><b>SEE ATTACHMENT</b></p>
<b>C.4</b>	<p><b>Challenged Elements.</b> If any element of the PHA Plan is challenged, a PHA must include such information as an attachment with a description of any challenges to Plan elements, the source of the challenge, and the PHA's response to the public.</p> <p>(a) Did the public challenge any elements of the Plan?</p> <p>Y N  <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>If yes, include Challenged Elements.</p> <p><b>SEE ATTACHMENT 7.0</b></p>

<b>D.</b>	<b>Affirmatively Furthering Fair Housing (AFFH).</b>						
<b>D.1</b>	<p><b>Affirmatively Furthering Fair Housing.</b></p> <p>Provide a statement of the PHA's strategies and actions to achieve fair housing goals outlined in an accepted Assessment of Fair Housing (AFH) consistent with 24 CFR § 5.154(d)(5). Use the chart provided below. (PHAs should add as many goals as necessary to overcome fair housing issues and contributing factors.) Until such time as the PHA is required to submit an AFH, the PHA is not obligated to complete this chart. The PHA will fulfill, nevertheless, the requirements at 24 CFR § 903.7(o) enacted prior to August 17, 2015. See Instructions for further detail on completing this item.</p> <table border="1" data-bbox="180 489 1442 940"> <tr> <td data-bbox="180 489 1442 531"><b>Fair Housing Goal:</b></td> </tr> <tr> <td data-bbox="180 531 1442 940"> <p><i><u>Describe fair housing strategies and actions to achieve the goal</u></i></p> <p>SEE ATTACHMENT 3.0</p> </td> </tr> </table> <table border="1" data-bbox="180 961 1442 1381"> <tr> <td data-bbox="180 961 1442 1003"><b>Fair Housing Goal:</b></td> </tr> <tr> <td data-bbox="180 1003 1442 1381"> <p><i><u>Describe fair housing strategies and actions to achieve the goal</u></i></p> </td> </tr> </table> <table border="1" data-bbox="180 1402 1442 1856"> <tr> <td data-bbox="180 1402 1442 1444"><b>Fair Housing Goal:</b></td> </tr> <tr> <td data-bbox="180 1444 1442 1856"> <p><i><u>Describe fair housing strategies and actions to achieve the goal</u></i></p> </td> </tr> </table>	<b>Fair Housing Goal:</b>	<p><i><u>Describe fair housing strategies and actions to achieve the goal</u></i></p> <p>SEE ATTACHMENT 3.0</p>	<b>Fair Housing Goal:</b>	<p><i><u>Describe fair housing strategies and actions to achieve the goal</u></i></p>	<b>Fair Housing Goal:</b>	<p><i><u>Describe fair housing strategies and actions to achieve the goal</u></i></p>
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# Instructions for Preparation of Form HUD-50075-HP Annual Plan for High Performing PHAs

## A. PHA Information. All PHAs must complete this section. (24 CFR §903.4)

**A.1** Include the full **PHA Name**, **PHA Code**, **PHA Type**, **PHA Fiscal Year Beginning** (MM/YYYY), **PHA Inventory**, **Number of Public Housing Units and or Housing Choice Vouchers (HCVs)**, **PHA Plan Submission Type**, and the **Availability of Information**, specific location(s) of all information relevant to the public hearing and proposed PHA Plan. (24 CFR §903.23(4)(e))

**PHA Consortia:** Check box if submitting a Joint PHA Plan and complete the table. (24 CFR §943.128(a))

## B. Plan Elements.

### B.1 Revision of Existing PHA Plan Elements. PHAs must:

Identify specifically which plan elements listed below that have been revised by the PHA. To specify which elements have been revised, mark the “yes” box. If an element has not been revised, mark “no.”

**Statement of Housing Needs and Strategy for Addressing Housing Needs.** Provide a statement addressing the housing needs of low-income, very low-income and extremely low-income families and a brief description of the PHA’s strategy for addressing the housing needs of families who reside in the jurisdiction served by the PHA and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The statement must identify the housing needs of (i) families with incomes below 30 percent of area median income (extremely low-income); (ii) elderly families (iii) households with individuals with disabilities, and households of various races and ethnic groups residing in the jurisdiction or on the public housing and Section 8 tenant-based assistance waiting lists based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data. The statement of housing needs shall be based on information provided by the applicable Consolidated Plan, information provided by HUD, and generally available data. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. Once the PHA has submitted an Assessment of Fair Housing (AFH), which includes an assessment of disproportionate housing needs in accordance with 24 CFR §5.154(d)(2)(iv), information on households with individuals with disabilities and households of various races and ethnic groups residing in the jurisdiction or on the waiting lists no longer needs to be included in the Statement of Housing Needs and Strategy for Addressing Housing Needs. (24 CFR §903.7(a).

The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. (24 CFR §903.7(a)(2)(i)) Provide a description of the ways in which the PHA intends, to the maximum extent practicable, to address those housing needs in the upcoming year and the PHA’s reasons for choosing its strategy. (24 CFR §903.7(a)(2)(ii))

**Deconcentration and Other Policies that Govern Eligibility, Selection and Admissions.** Describe the PHA’s admissions policy for deconcentration of poverty and income mixing of lower-income families in public housing. The Deconcentration Policy must describe the PHA’s policy for bringing higher income tenants into lower income developments and lower income tenants into higher income developments. The deconcentration requirements apply to general occupancy and family public housing developments. Refer to 24 CFR §903.2(b)(2) for developments not subject to deconcentration of poverty and income mixing requirements. (24 CFR §903.7(b)) Describe the PHA’s procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists. (24 CFR §903.7(b)) A statement of the PHA’s policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV. (24 CFR §903.7(b)) Describe the unit assignment policies for public housing. (24 CFR §903.7(b))

**Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA’s anticipated resources, such as PHA operating, capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources. (24 CFR §903.7(c))

**Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units, including applicable public housing flat rents, minimum rents, voucher family rent contributions, and payment standard policies. (24 CFR §903.7(d))

**Homeownership Programs.** A description of any homeownership programs (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval. For years in which the PHA’s 5-Year PHA Plan is also due, this information must be included only to the extent that the PHA participates in homeownership programs under section 8(y) of the 1937 Act. (24 CFR §903.7(k)) and 24 CFR §903.12(b).

**Safety and Crime Prevention (VAWA).** A description of: **1)** Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; **2)** Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and **3)** Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families. (24 CFR §903.7(m)(5))

**Pet Policy.** Describe the PHA’s policies and requirements pertaining to the ownership of pets in public housing. (24 CFR §903.7(n))

**Substantial Deviation.** PHA must provide its criteria for determining a “substantial deviation” to its 5-Year Plan. (24 CFR §903.7(r)(2)(i))

**Significant Amendment/Modification.** PHA must provide its criteria for determining a “Significant Amendment or Modification” to its 5-Year and Annual Plan. For modifications resulting from the Rental Assistance Demonstration (RAD) program, refer to the ‘Sample PHA Plan Amendment’ found in Notice PIH-2012-32 REV-3, successor RAD Implementation Notices, or other RAD Notices.

If any boxes are marked “yes”, describe the revision(s) to those element(s) in the space provided.

PHAs must submit a Deconcentration Policy for Field Office review. For additional guidance on what a PHA must do to deconcentrate poverty in its development and comply with fair housing requirements, see [24 CFR 903.2](#). ([24 CFR §903.23\(b\)](#))

**B.2 New Activities.** If the PHA intends to undertake any new activities related to these elements or discretionary policies in the current Fiscal Year, mark “yes” for those elements, and describe the activities to be undertaken in the space provided. If the PHA does not plan to undertake these activities, mark “no.”

**HOPE VI.** 1) A description of any housing (including project name, number (if known) and unit count) for which the PHA will apply for HOPE VI; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI is a separate process. See guidance on HUD’s website at: [https://www.hud.gov/program\\_offices/public\\_indian\\_housing/programs/ph/hope6](https://www.hud.gov/program_offices/public_indian_housing/programs/ph/hope6) . ([Notice PIH 2011-47](#))

**Mixed Finance Modernization or Development.** 1) A description of any housing (including name, project number (if known) and unit count) for which the PHA will apply for Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Mixed Finance Modernization or Development is a separate process. See guidance on HUD’s website at: [https://www.hud.gov/program\\_offices/public\\_indian\\_housing/programs/ph/hope6/mfph#4](https://www.hud.gov/program_offices/public_indian_housing/programs/ph/hope6/mfph#4)

**Demolition and/or Disposition.** With respect to public housing only, describe any public housing development(s), or portion of a public housing development projects, owned by the PHA and subject to ACCs (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition approval under section 18 of the 1937 Act (42 U.S.C. 1437p); and (2) A timetable for the demolition or disposition. This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed as described in the PHA’s last Annual and/or 5-Year PHA Plan submission. The application and approval process for demolition and/or disposition is a separate process. Approval of the PHA Plan does not constitute approval of these activities. See guidance on HUD’s website at: [http://www.hud.gov/offices/pih/centers/sac/demo\\_dispo/index.cfm](http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm). ([24 CFR §903.7\(h\)](#))

**Conversion of Public Housing under the Voluntary or Mandatory Conversion programs.** Describe any public housing building(s) (including project number and unit count) owned by the PHA that the PHA is required to convert or plans to voluntarily convert to tenant-based assistance; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD’s website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>. ([24 CFR §903.7\(j\)](#))

**Conversion of Public Housing under the Rental Assistance Demonstration (RAD) program.** Describe any public housing building(s) (including project number and unit count) owned by the PHA that the PHA plans to voluntarily convert to Project-Based Assistance or Project-Based Vouchers under RAD. See additional guidance on HUD’s website at: [Notice PIH 2012-32 REV-3, successor RAD Implementation Notices, and other RAD notices.](#)

**Project-Based Vouchers.** Describe any plans to use HCVs for new project-based vouchers. ([24 CFR §983.57\(b\)\(1\)](#)) If using project-based vouchers, provide the projected number of project-based units and general locations and describe how project-basing would be consistent with the PHA Plan.

**Units with Approved Vacancies for Modernization.** The PHA must include a statement related to units with approved vacancies that are undergoing modernization in accordance with [24 CFR §990.145\(a\)\(1\)](#).

**Other Capital Grant Programs** (i.e., Capital Fund Community Facilities Grants or Emergency Safety and Security Grants).

**B.3 Progress Report.** For all Annual Plans following submission of the first Annual Plan, a PHA must include a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year PHA Plan. ([24 CFR §903.7\(r\)\(1\)](#))

**B.4 Capital Improvements.** PHAs that receive funding from the Capital Fund Program (CFP) must complete this section. ([24 CFR §903.7 \(g\)](#)). To comply with this requirement, the PHA must reference the most recent HUD approved Capital Fund 5 Year Action Plan in EPIC and the date that it was approved. PHAs can reference the form by including the following language in the Capital Improvement section of the appropriate Annual or Streamlined PHA Plan Template: “See Capital Fund 5 Year Action Plan in EPIC approved by HUD on XX/XX/XXXX.”

**B.5 Most Recent Fiscal Year Audit.** If the results of the most recent fiscal year audit for the PHA included any findings, mark “yes” and describe those findings in the space provided. ([24 CFR §903.7\(p\)](#))

## C. Other Document and/or Certification Requirements

**C.1 Resident Advisory Board (RAB) comments.** If the RAB had comments on the annual plan, mark “yes,” submit the comments as an attachment to the Plan and describe the analysis of the comments and the PHA’s decision made on these recommendations. ([24 CFR §903.13\(c\)](#), [24 CFR §903.19](#))

**C.2 Certification by State of Local Officials.** Form HUD-50077-SL, *Certification by State or Local Officials of PHA Plans Consistency with the Consolidated Plan*, must be submitted by the PHA as an electronic attachment to the PHA Plan. ([24 CFR §903.15](#)). Note: A PHA may request to change its fiscal year to better coordinate its planning with planning done under the Consolidated Plan process by State or local officials as applicable.

**C.3 Civil Rights Certification/ Certification Listing Policies and Programs that the PHA has Revised since Submission of its Last Annual Plan.** Provide a certification that the following plan elements have been revised, provided to the RAB for comment before implementation, approved by the PHA board, and made available for review and inspection by the public. This requirement is satisfied by completing and submitting form HUD-50077 ST-HCV-HP, *PHA Certifications of Compliance with PHA Plan, Civil Rights, and Related Laws and Regulations Including PHA Plan Elements that Have Changed*. Form HUD-50077-ST-HCV-HP, *PHA Certifications of Compliance with PHA Plan, Civil Rights, and Related Laws and Regulations Including PHA Plan Elements that Have Changed* must be submitted by the PHA as an electronic attachment to the PHA Plan. This includes all certifications relating to Civil Rights and related regulations. A PHA will be considered in compliance with the certification requirement to affirmatively further fair housing if the PHA fulfills the requirements of §§ 903.7(o)(1) and 903.15(d) and: (i) examines its programs or proposed programs; (ii) identifies any fair housing issues and contributing factors within those programs, in accordance with 24 CFR 5.154; or 24 CFR 5.160(a)(3) as applicable (iii) specifies actions and strategies designed to address contributing factors, related fair housing issues, and goals in the applicable Assessment of Fair Housing consistent with 24 CFR 5.154 in

a reasonable manner in view of the resources available; (iv) works with jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement; (v) operates programs in a manner consistent with any applicable consolidated plan under 24 CFR part 91, and with any order or agreement, to comply with the authorities specified in paragraph (o)(1) of this section; (vi) complies with any contribution or consultation requirement with respect to any applicable AFH, in accordance with 24 CFR 5.150 through 5.180; (vii) maintains records reflecting these analyses, actions, and the results of these actions; and (viii) takes steps acceptable to HUD to remedy known fair housing or civil rights violations. impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction. (24 CFR §903.7(o)).

**C.4 Challenged Elements.** If any element of the Annual PHA Plan or 5-Year PHA Plan is challenged, a PHA must include such information as an attachment to the Annual PHA Plan or 5-Year PHA Plan with a description of any challenges to Plan elements, the source of the challenge, and the PHA's response to the public.

#### **D. Affirmatively Furthering Fair Housing.**

##### **D.1 Affirmatively Furthering Fair Housing.**

The PHA will use the answer blocks in item D.1 to provide a statement of its strategies and actions to implement each fair housing goal outlined in its accepted Assessment of Fair Housing (AFH) consistent with 24 CFR § 5.154(d)(5) that states, in relevant part: "To implement goals and priorities in an AFH, strategies and actions shall be included in program participants' ... PHA Plans (including any plans incorporated therein) ... Strategies and actions must affirmatively further fair housing ...." Use the chart provided to specify each fair housing goal from the PHA's AFH for which the PHA is the responsible program participant – whether the AFH was prepared solely by the PHA, jointly with one or more other PHAs, or in collaboration with a state or local jurisdiction – and specify the fair housing strategies and actions to be implemented by the PHA during the period covered by this PHA Plan. If there are more than three fair housing goals, add answer blocks as necessary.

Until such time as the PHA is required to submit an AFH, the PHA will not have to complete section D., nevertheless, the PHA will address its obligation to affirmatively further fair housing by fulfilling the requirements at 24 CFR 903.7(o)(3) enacted prior to August 17, 2015, which means that it examines its own programs or proposed programs; identifies any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement; and maintain records reflecting these analyses and actions. Furthermore, under Section 5A(d)(15) of the U.S. Housing Act of 1937, as amended, a PHA must submit a civil rights certification with its Annual PHA Plan, which is described at 24 CFR 903.7(o)(1) except for qualified PHAs who submit the Form HUD-50077-CR as a standalone document.

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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced the 5-Year and Annual PHA Plan. The 5-Year and Annual PHA Plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission, goals and objectives for serving the needs of low- income, very low- income, and extremely low- income families.

Public reporting burden for this information collection is estimated to average 7.02 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality.

**Certifications of Compliance with  
PHA Plan and Related Regulations  
(Standard, Troubled, HCV-Only, and  
High Performer PHAs)**

**U.S. Department of Housing and Urban Development**  
Office of Public and Indian Housing  
**OMB No. 2577-0226**  
**Expires 3/31/2024**

**PHA Certifications of Compliance with PHA Plan, Civil Rights, and Related Laws and Regulations  
including PHA Plan Elements that Have Changed**

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairperson or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the \_\_\_ 5-Year and/or \_\_\_ Annual PHA Plan, hereinafter referred to as "the Plan", of which this document is a part, and make the following certification and agreements with the Department of Housing and Urban Development (HUD) for the PHA fiscal year beginning 04/01/2025, in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located (24 CFR § 91.2).
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments (AI) to Fair Housing Choice, or Assessment of Fair Housing (AFH) when applicable, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan (24 CFR §§ 91.2, 91.225, 91.325, and 91.425).
3. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Resident Advisory Board or Boards in developing the Plan, including any changes or revisions to the policies and programs identified in the Plan before they were implemented, and considered the recommendations of the RAB (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
4. The PHA provides assurance as part of this certification that:
  - (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
  - (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
  - (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d-2000d-4), the Fair Housing Act (42 U.S.C. 3601-19), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), title II of the Americans with Disabilities Act (42 U.S.C. 12101 et seq.), and other applicable civil rights requirements and that it will affirmatively further fair housing in the administration of the program. In addition, if it administers a Housing Choice Voucher Program, the PHA certifies that it will administer the program in conformity with the Fair Housing Act, title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, title II of the Americans with Disabilities Act, and other applicable civil rights requirements, and that it will affirmatively further fair housing in the administration of the program.
7. The PHA will affirmatively further fair housing, which means that it will take meaningful actions to further the goals identified in the Assessment of Fair Housing (AFH) conducted in accordance with the requirements of 24 CFR § 5.150 through 5.180, that it will take no action that is materially inconsistent with its obligation to affirmatively further fair housing, and that it will address fair housing issues and contributing factors in its programs, in accordance with 24 CFR § 903.7(o)(3). The PHA will fulfill the requirements at 24 CFR § 903.7(o) and 24 CFR § 903.15(d). Until such time as the PHA is required to submit an AFH, the PHA will fulfill the requirements at 24 CFR § 903.7(o) promulgated prior to August 17, 2015, which means that it examines its programs or proposed programs; identifies any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement; and maintains records reflecting these analyses and actions.
8. For PHA Plans that include a policy for site-based waiting lists:
  - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2011-65);



- The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of a site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such a waiting list is consistent with affirmatively furthering fair housing; and
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR 903.7(o)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
  10. In accordance with 24 CFR § 5.105(a)(2), HUD's Equal Access Rule, the PHA will not make a determination of eligibility for housing based on sexual orientation, gender identify, or marital status and will make no inquiries concerning the gender identification or sexual orientation of an applicant for or occupant of HUD-assisted housing.
  11. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
  12. The PHA will comply with the requirements of Section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
  13. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
  14. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
  15. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
  16. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
  17. The PHA will keep records in accordance with 2 CFR 200.333 and facilitate an effective audit to determine compliance with program requirements.
  18. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
  19. The PHA will comply with the policies, guidelines, and requirements of 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Financial Assistance, including but not limited to submitting the assurances required under 24 CFR §§ 1.5, 3.115, 8.50, and 107.25 by submitting an SF-424, including the required assurances in SF-424B or D, as applicable.
  20. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
  21. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
  22. The PHA certifies that it is in compliance with applicable Federal statutory and regulatory requirements, including the Declaration of Trust(s).

KNOX COUNTY HOUSING AUTHORITY  
PHA Name

IL085  
PHA Number/HA Code

Annual PHA Plan for Fiscal Year 03/31/2026  
 5-Year PHA Plan for Fiscal Years 20     - 20    

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

Name of Executive Director		Name Board Chairman	
Derek B. Antoine		Jared Hawkinson	
Signature	Date	Signature	Date

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The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality. This information is collected to ensure compliance with PHA Plan, Civil Rights, and related laws and regulations including PHA plan elements that have changed.

Public reporting burden for this information collection is estimated to average 0.16 hours per year per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.



**1. KCHA MISSION STATEMENT**

- a. The Knox County Housing Authority is a dynamic force in our community, providing high-quality affordable housing opportunities for individuals and families, while promoting self-sufficiency, empowerment, and a sense of community development. Further, we will partner with other agencies to implement programs and services designed to help our families thrive.

**2. HOUSING NEEDS OF FAMILIES IN THE JURISDICTION SERVED BY THE PHA**

- a. Based upon the information applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. Rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being “no impact” and 5 being “severe impact.” Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Family Type	Households	Affordability	Supply	Quality	Accessibility	Size	Location
Income < 30% AMI	3,076	5	5	3	3	4	2
Income < 50% AMI	2,573	5	5	3	3	4	2
Income < 80% AMI	3,160	4	4	3	3	4	2
Elderly	1,920	4	5	3	3	2	2
Disabled	1,321	4	5	3	3	2	2
Ethnicity - Caucasian	7,206	4	4	3	3	4	2
Ethnicity - African	754	5	5	3	3	4	2
Ethnicity - Hispanic	539	5	5	3	3	4	2
Ethnicity - Other	310	5	5	3	3	4	2

*Housing Needs of Families in the Jurisdiction/s Served by the PHA*

**3. DECONCENTRATION AND OTHER POLICIES THAT GOVERN ELIGIBILITY, SELECTION, AND ADMISSIONS.**

- a. Deconcentration

- i. Sub-Title A, Section 513 of the Quality Housing and Work Responsibility Act of 1998 (QHWRA), establishes two interrelated requirements for implementation by Public Housing Authorities: (1) Economic De-concentration of public housing developments and (2) Income Targeting to assure that families in the “extremely low” income category are proportionately represented in public housing and that pockets of poverty are reduced or eliminated. In order to implement these new requirements, the PHA must promote these provisions as policies and revise their Admission and Occupancy policies and procedures to comply.
- ii. Therefore, the Knox County Housing Authority, (hereinafter referred to as PHA) hereby affirms its commitment to implementation of the two requirements by adopting the following policies:
- iii. Economic De-concentration: Admission and Continued Occupancy Policies are revised to include the PHA’s policy of promoting economic de-concentration. Implementation of this program may require the PHA to determine the median income of residents in each development, determine the average income of residents in all developments, compute the Established Income Range (EIR), determine developments outside the EIR, and provide adequate explanations and/or policies as needed to promote economic de-concentration.
- iv. Implementation may include one or more of the following options:
  1. Skipping families on the waiting list based on income;
  2. Establishing preferences for working families;
  3. Marketing campaign geared toward targeting income groups for specific developments;
  4. Additional supportive services;
  5. Additional amenities for all units;
  6. Flat rents for developments and unit sizes;
  7. Different tenant rent percentages per development;
  8. Different tenant rent percentages per bedroom size;
  9. Saturday and evening office hours;
  10. Security Deposit waivers;
  11. Revised transfer policies;
  12. Site-based waiting lists;
  13. Mass Media advertising/Public service announcements; and
  14. Giveaways.
- v. Analysis of Income by Development/Program

AMP	Development Name	Total Household Income Reported	# of Households	Average Reported Income	85%	115%
IL085000001	Moon Towers	\$ 2,028,524.00	177	\$ 11,460.59	\$ 9,741.50	\$ 13,179.68
IL085000002	Woodland Bend	\$ 1,033,229.00	78	\$ 13,246.53	\$ 11,259.55	\$ 15,233.50
IL085000002	Cedar Creek Place	\$ 1,018,149.00	76	\$ 13,396.70	\$ 11,387.19	\$ 15,406.20
IL085000002	Whispering Hollow	\$ 736,365.00	42	\$ 17,532.50	\$ 14,902.63	\$ 20,162.38
IL085000003	Bluebell Tower	\$ 866,421.00	51	\$ 16,988.65	\$ 14,440.35	\$ 19,536.94
<b>Highrise Developments</b>		\$ 2,894,945.00	228	\$ 12,697.13	\$ 12,090.92	\$ 16,358.31
<b>Scattered Family Sites</b>		\$ 2,787,743.00	196	\$ 14,223.18	\$ 12,516.45	\$ 16,934.03
<b>Total KCHA</b>		\$ 5,682,688.00	424	\$ 13,402.57	\$ 12,346.24	\$ 16,703.74

*Gross Income by Household*

AMP	Development Name	Total Household Income Reported	# of Households	Average Reported Income	85%	115%
IL085000001	Moon Towers	\$ 1,970,059.00	177	\$ 11,130.28	\$ 9,460.74	\$ 12,799.82
IL085000002	Woodland Bend	\$ 937,565.00	78	\$ 12,020.06	\$ 10,217.05	\$ 13,823.07
IL085000002	Cedar Creek Place	\$ 924,228.00	76	\$ 12,160.89	\$ 10,336.76	\$ 13,985.03
IL085000002	Whispering Hollow	\$ 695,965.00	42	\$ 16,570.60	\$ 14,085.01	\$ 19,056.18
IL085000003	Bluebell Tower	\$ 823,541.00	51	\$ 16,147.86	\$ 13,725.68	\$ 18,570.04
<b>Highrise Developments</b>		\$ 2,793,600.00	228	\$ 12,252.63	\$ 11,593.21	\$ 15,684.93
<b>Scattered Family Sites</b>		\$ 2,557,758.00	196	\$ 13,049.79	\$ 11,546.27	\$ 15,621.43
<b>Total KCHA</b>		\$ 5,351,358.00	424	\$ 12,621.13	\$ 11,565.05	\$ 15,646.83

*Adjusted Income by Household*

1. Review of the “Analysis of Income by Development/Program” demonstrates average income falls generally within the Established Income Range (EIR). Applicants to the public housing program have their choice of developments at which they are able to apply. Developments located within Galesburg, IL tend to be the preferred properties at which to apply, as Galesburg is the largest city in the jurisdiction with greater access to supportive services and desirable amenities. Bluebell Tower is located in Abingdon, Illinois, approximately 12 miles from Galesburg, and generally only receives applicants from within the immediate area.

b. Income Targeting

- i. As public housing dwelling units become available for occupancy, responsible PHA employees will offer units to applicants on the waiting list. In accordance with the Quality Housing and Work Responsibility Act of 1998, the PHA encourages occupancy of its developments by a broad range of families with incomes up to eighty percent (80%) of the median income for the jurisdiction in which the PHA operates. Depending on the availability of applicants with proper demographics, at a minimum, 40% of all new admissions to public

housing on an annual basis may be families with incomes at or below thirty percent (30%) (extremely low-income) of the area median income. The offer of assistance will be made without discrimination based on of race, color, religion, sex, national origin, age, handicap or familial status.

- ii. In order to implement the income targeting program, the following policy is adopted:
- iii. The PHA may select, based on date and time of application and preferences, two (2) families in the extremely low-income category and two (2) families from the lower/very low-income category alternately until the forty percent (40%) admission requirement of extremely low-income families is achieved (2 plus 2 policy).
- iv. After the minimum level is reached, all selections may be made based solely on date, time and preferences. Any applicants passed over as a result of implementing this 2-plus-2 policy will retain their place on the waiting list and will be offered a unit in order of their placement on the waiting list.
- v. To the maximum extent possible, the offers will also be made to affect the PHA's policy of economic de-concentration.
- vi. The PHA reserves the option, at any time, to reduce the targeting requirement for public housing by no more than ten percent (10%), if it increases the target figure for its Section 8 program from the required level of seventy-five percent (75%) of annual new admissions to no more than eighty-five percent (85%) of its annual new admissions. (Optional for PHAs with both Section 8 and Public Housing programs).

#### **4. ELIGIBILITY, SELECTION AND ADMISSION POLICIES**

- a. Annual updates to PH Admissions and Continued Occupancy Policy (ACOP) and HCVP Administrative Plan (Admin Plan); added federal and local regulatory requirements. Both documents available at [www.knoxcountyhousing.org](http://www.knoxcountyhousing.org).
- b. Updates to include compliance with HOTMA Sections 102 and 104, reflecting implementation guidance from PIH 2023-27.
- c. No changes to PH lease, PH House Rules, or other lease addendum.

**5. FINANCIAL RESOURCES FOR FYE 03/31/2026**

SOURCES		FORECASTED \$	CATEGORY
1.1	PH Operating Fund	\$ 1,685,641.00	PH Operations
1.2	PH Income	\$ 1,135,905.00	PH Operations
1.3	PH Capital Fund 2025	\$ 1,619,101.00	Other
1.4	PH Capital Fund 2024	\$ 1,557,030.00	Other
1.5	PH Capital Fund 2023	\$ 335,868.00	Other
1.6	PH Capital Fund 2022	\$ -	Other
1.7	PH Capital Fund 2021	\$ 5,483.00	Other
1.8	PH Capital Fund 2020	\$ 128,054.00	Other
1.9	PH Reserves	\$ 1,709,131.00	Other
1.10	PH Investments	\$ -	
<b>1.11</b>	<b>TOTAL PH RESOURCES</b>	<b>\$ 8,176,213.00</b>	
2.1	HCVP Tenant-Based HAP	\$ 1,042,247.00	HCVP Operations
2.2	HCVP NRP	\$ -	HCVP Operations
2.3	HCVP Admin Fee	\$ 169,255.00	HCVP Operations
2.4	HCVP UNP	\$ -	HCVP Operations
2.5	HCVP HUD-Held Reserve	\$ 136,498.00	HCVP Operations
2.6	HCVP Investments	\$ -	HCVP Operations
2.7	HCVP - EHV - Tenant-Based HAP	\$ 73,584.00	HCVP Operations
2.8	HCVP - EHV = NRP	\$ 1,500.00	HCVP Operations
2.9	HCVP - EHV - Admin Fee	\$ 7,110.00	HCVP Operations
2.10	HCVP - EHV - UNP	\$ 22,500.00	HCVP Operations
<b>2.11</b>	<b>TOTAL HCVP RESOURCES</b>	<b>\$ 1,452,694.00</b>	
3.1	COCC Reserves	\$ 896,696.00	PH Operations
<b>3.2</b>	<b>TOTAL COCC RESOURCES</b>	<b>\$ 896,696.00</b>	
4.1	State of Illinois	\$ 25,000.00	Homelessness
4.2	City of Galesburg	\$ -	Homelessness
4.3	Knox County 708	\$ -	Homelessness
4.4	GCF - HC	\$ 118,000.00	Homelessness
4.5	Donations/Fundraising	\$ 5,000.00	Homelessness
<b>4.6</b>	<b>TOTAL NON-FEDERAL RESOURCES</b>	<b>\$ 148,000.00</b>	
<b>5.0</b>	<b>TOTAL RESOURCES</b>	<b>\$ 10,673,603.00</b>	

## 6. PH RENT DETERMINATION



- a. Flat Rents
  - i. Charged per the following schedule (80% FMR)
  - ii. Utility Allowances deducted from FR amounts per:
    - 1. Notice PIH 2021-27
    - 2. Notice PIH 2015-13
    - 3. Notice PIH 2014-12

Location	Unit Size	FFY 2024	FFY 2025	+/-	%
MT/BB	0BR	\$ 438.00	\$ 478.00	\$ 40.00	9.1%
MT/BB	1BR	\$ 453.00	\$ 486.00	\$ 33.00	7.3%
MT/BB	2BR	\$ 601.00	\$ 645.00	\$ 44.00	7.3%
FAM	2BR	\$ 457.00	\$ 489.00	\$ 32.00	7.0%
FAM	3BR	\$ 626.00	\$ 667.00	\$ 41.00	6.5%
FAM	4BR	\$ 615.00	\$ 656.00	\$ 41.00	6.7%
FAM	5BR	\$ 718.00	\$ 765.00	\$ 47.00	6.5%

- b. HCVP Payment Standards
  - i. Agency utilizing 110% of FMR.

Fair Market Rent (FMR) Analysis Tool						
FFY 2025	Efficiency	1-BR	2-BR	3-BR	4-BR	5-BR
FMR	\$ 653.00	\$ 663.00	\$ 870.00	\$ 1,130.00	\$ 1,153.00	\$ 1,325.00
110%	\$ 718.00	\$ 729.00	\$ 957.00	\$ 1,243.00	\$ 1,268.00	\$ 1,457.00
100%	\$ 653.00	\$ 663.00	\$ 870.00	\$ 1,130.00	\$ 1,153.00	\$ 1,325.00
90%	\$ 587.00	\$ 596.00	\$ 783.00	\$ 1,017.00	\$ 1,037.00	\$ 1,192.00

Proposed Payment Standard Schedule			
BR	FFY 2024	FFY 2025	+ / -
Efficiency	\$ 655.00	\$ 718.00	\$ 63.00
1-BR	\$ 675.00	\$ 729.00	\$ 54.00
2-BR	\$ 887.00	\$ 957.00	\$ 70.00
3-BR	\$ 1,160.00	\$ 1,243.00	\$ 83.00
4-BR	\$ 1,182.00	\$ 1,268.00	\$ 86.00
5-BR	\$ 1,359.00	\$ 1,457.00	\$ 98.00

## 7. OPERATIONS AND MANAGEMENT

- 1. See attachment 4.0 for a list of policies and revisions.

## 8. LIST OF POLICIES/PROCEDURES WITH NO CHANGES/REVISIONS

- a. House Rules
- b. Grievance Procedures
- c. Designated Housing – Elderly/Disabled
- d. Community Service and Self-Sufficiency
- e. Safety and Crime Prevention
- f. Pet/Service/Assistance Animal Policy
- g. Civil Rights Certification (attached to annual plan documents)
- h. Violence Against Women Act (VAWA)

## **9. FISCAL YEAR AUDIT**

- a. Audited FDS submission for FYE 03/31/2024 submitted by 12/19/2024.

## **10. ILLINOIS CARBON MONOXIDE ALARM DETECTOR ACT (PUBLIC ACT 094-0741); CONSOLIDATED APPROPRIATIONS ACT, 2021 (PIH NOTICE 2022-01)**

- a. The Knox County Housing Authority remains compliant with the requirements of the Carbon Monoxide (CO) Alarm Detector Act. All 424 public housing units shall carbon monoxide alarm detectors installed within 15 feet of all sleeping areas and on each floor of the unit. Additionally, The HCV Program Manager shall require all units occupied through the Housing Choice Voucher Program to conform to the Carbon Monoxide Alarm Detector Act during Housing Quality Standards inspections. Any units not conforming to the act shall fail its HQS inspection and subsidy is abated until the unit fully complies.
- b. The Consolidated Appropriations Act, 2021, Pub. L. No. 116-260, 134 Stat. 2162 (2020) requires CO alarms or detectors be installed in certain HUD-assisted housing, consistent with the requirements set the International Fire Code (IFC) 2018, within two years of enactment (12/27/2022). To be compliant, the KCHA has installed CO detectors in each bedroom for AMP 002 – Scattered Family Sites. Bedrooms at the other two AMPS – 001 and 003 – are not served by a fossil fuel burning forced air furnace, and as such only require CO detectors within 15 feet of all sleeping rooms. Further, all landlords for the HCV program will be held to the same standards, enforceable through HQS and NSPIRE protocols.



**IL085 KNOX COUNTY HOUSING AUTHORITY**  
**FY 04/01/2025 – 03/31/2026 ANNUAL PLAN SUBMISSION**  
**ATTACHMENT 2.0**  
**HUD-50075 Section B.2 – New Activities**

1. Does the PHA intend to undertake any new activities related to the following in the PHA's current Fiscal Year?
  - a. Various Capital Fund grant activities
  - b. Lease space/administer grant for winter warming shelter
2. If any of these activities are planned for the current Fiscal Year, describe the activities.
  - a. Various Capital Fund grant activities
    - i. Furnace/HVAC replacement
    - ii. Fire system modernization
    - iii. Kitchen and bathroom renovations
    - iv. Boiler and generator modernization
    - v. Concrete/parking lot repair/rehabilitation
    - vi. Security camera repair/replacement
    - vii. Unit exteriors and exterior doors
    - viii. Rehabilitation of floors in dwelling units at public housing properties – including removal of asbestos containing material (ACM).
  - b. In partnership with the City of Galesburg, Illinois, the Knox County 708 Mental Health Biard, and the Salvation Army, the Knox County Housing Authority operates a Winter Warming Center at 525/527 Iowa Court, Galesburg, IL. This building is owned by the Knox County Housing Authority.
    - i. The mission of the Warming Center is to save lives, link resources, and encourage dignity through low-barrier access to a warm safe place for those in need. Through this collaborative alliance, we shall provide seasonal, low-barrier, unbiased access to night shelter services regardless of personal barriers to housing security, and provide referrals and connections to additional housing and supportive resources.
    - ii. The KCHA proposes to be involved in the operation of the warming center with a breakdown of roles/responsibilities as follows:
      - City of Galesburg – Funding for staffing and operation expenses
      - Knox County 708 Mental Health Board – funding for shelter operations
      - Salvation Army – Day-to-day operation of the center and direction of employees
      - Knox County Housing Authority – grant recipient (funding disbursement and reimbursement), hiring center staff, project accounting; lessor of 525/527 Iowa Ct.
    - iii. The Warming Shelter will operate daily 24 hours a day, including weekends and holidays. The shelter will offer food service consisting of a minimum of snacks and beverages, though the KCHA is working to secure meal donations. Additionally, there will be a measure of case management involved, as each

client will be subject to an intake process which will afford opportunities to connect to other housing and shelter resources.

- iv. In the event funding for the shelter were to cease, the building at 525/527 could be easily returned to the PH inventory and operate as additional units of public housing.
- v. Funding to operate the shelter is provided entirely from external sources.  
External funding sources potentially include:
  - Grants from HUD, State of Illinois, and the City of Galesburg
  - Knox County 708 Mental Health Board funding
  - Galesburg Community Foundation
  - Fundraising



**IL085 KNOX COUNTY HOUSING AUTHORITY  
FY 04/01/2025 – 03/31/2026 ANNUAL PLAN SUBMISSION  
ATTACHMENT 3.0**

**HUD-50075-HP Section B.3 – MISSION, GOALS, AND OBJECTIVES**

1. **KCHA MISSION STATEMENT:** The Knox County Housing Authority is a dynamic force in our community, providing high-quality affordable housing opportunities for individuals and families, while promoting self-sufficiency, empowerment, and a sense of community development. Further, we will partner with other agencies to implement programs and services designed to help our families thrive.

2. **GOALS AND OBJECTIVES (FYE 03/31/2025 PROJECTED)**

a. **To improve the quality of authority-owned assisted housing.**

- i. Commitment to providing quality housing units that are decent, safe, sanitary, and accessible.
- ii. Maintenance program: timely and efficient unit turns

SITE	DEVELOPMENT	URNS	DOWN	MAINT.	LEASE	EXEMPT	TOTAL	AVG.
Moon Towers	IL085000001	43	15	407	400	267	555	13.00
Family Sites	IL085000002	40	45	877	85	356	652	16.30
Bluebell Tower	IL085000003	5	123	21	9	83	71	13.25
<b>TOTAL PH</b>		<b>88</b>	<b>183</b>	<b>1305</b>	<b>495</b>	<b>705</b>	<b>1277</b>	<b>14.52</b>

1. Average Unit Turn Time:

- a. IL085000001: 13.00 days
- b. IL085000002: 16.30 days
- c. IL085000003: 13.25 days

2. Exempt days due to rehabilitation/modernization work (HUD approved)

iii. Maintenance program: timely and efficient work order completion

SITE	DEVELOPMENT	NON-EMERGENCY (ROUTINE)			EMERGENCY		
		#	DAYS	AVG	#	# < 24	%
Moon Towers	IL085000001	611	1563	2.56	57	57	100.0%
Family Sites	IL085000002	1373	4164	3.03	99	99	100.0%
Bluebell Tower	IL085000003	119	261	2.20	8	8	100.0%
<b>TOTAL PH</b>		<b>2103</b>	<b>5988</b>	<b>2.85</b>	<b>164</b>	<b>164</b>	<b>100.0%</b>

1. EMERGENCY WO

- a. 123 emergency work orders completed (through 12/2024)
- b. Percentage repaired/closed within 24 hours:
  - i. IL085000001: 100.0%
  - ii. IL085000002: 100.0%
  - iii. IL085000003: 100.0%

2. NON-EMERGENCY WO

- a. 1,577 routine work orders completed (through 12/2024)
- b. Average days to complete/close:
  - i. IL085000001: 2.56 days
  - ii. IL085000002: 3.03 days
  - iii. IL085000003: 2.20 days

- iv. Quality workmanship on every maintenance task
- v. Grounds kept clean and safe from hazard
- vi. Security of property remains a priority through partnership with committed residents and local police departments
  - 1. Dedicated housing officer – Galesburg Police Department
  - 2. Direct resource on all matters of public safety
  - 3. Dedicated patrols and targeted operations
  - 4. Weekly reporting of criminal activity on sites
- vii. CFP grant funds used to modernize apartments at all three PH AMPs to upgrade accessibility features
- viii. Maintain occupancy rate of 98.0% or higher for PH program

SITE	DEVELOPMENT	UNIT DAYS LEASED (UDL)			UNIT MONTHS LEASED (UML)		
		UDA	UDL	%	UMA	UML	%
Moon Towers	IL085000001	63720	63199	99.2%	2124	2124	100.0%
Family Sites	IL085000002	70560	69409	98.4%	2352	2352	100.0%
Bluebell Tower	IL085000003	18360	18209	99.2%	612	612	100.0%
<b>TOTAL PH</b>		<b>152640</b>	<b>150817</b>	<b>98.8%</b>	<b>5088</b>	<b>5088</b>	<b>100.0%</b>

- 1. Reported occupancy Rates by FYE for the previous Annual Plan period:
  - a. Unit-days leased (UDL):
    - i. IL085000001: 99.2%
    - ii. IL085000002: 98.4%
    - iii. IL085000003: 99.2%
  - b. Unit-months leased (UML) (as of the first of each month):
    - i. IL085000001: 100.0%
    - ii. IL085000002: 100.0%
    - iii. IL085000003: 100.0%
- ix. Use of Capital Grant Funds to modernize and rehabilitate the developments prioritized by the green physical needs assessment conducted in 2014
  - 1. Completion of multi-phased 504 modernization/rehabilitation to enhance accessibility and visitability to the public housing sites.
    - a. Phase I completed 2016 – apartment renovations at AMP 001 and 003
    - b. Phase II completed 2019 – apartment renovations/new construction at AMP 001
    - c. Phase III – 2BR unit renovations at the Family Sites and common areas – scheduled to completed 03/31/2023
    - d. Phase IV – Playground and 2BR unit renovations – scheduled to be completed Spring 2025
  - 2. Planned capital fund expenditures for FYE 03/31/2025:
    - a. Furnace/HVAC replacement
    - b. Fire system modernization
    - c. Kitchen and bathroom renovations
    - d. Boiler and generator modernization
    - e. Concrete/parking lot repair/rehabilitation

- f. Security camera repair/replacement
- g. Unit exteriors and exterior doors
- h. Rehabilitation of floors in dwelling units at public housing properties – including removal of asbestos containing material (ACM).
- x. Maintain status of “High Performer” in recognition of effective program operations and management
  - 1. PHAS Scores by FYE for the previous Annual Plan period (current FYE anticipated):

FYE	DESIGNATION	SCORE
FYE 03/31/2020	High Performer	95.00
FYE 03/31/2021	High Performer	95.00
FYE 03/31/2022	High Performer	95.00
FYE 03/31/2023	High Performer	99.00
FYE 03/31/2024	High Performer	96.00
<b>PH - AVG.</b>		96.00

**b. To improve the quality of assisted housing in the private sector.**

- i. Enhancing the voucher program to support and grow the number of families served
- ii. Work with jurisdiction to improve access and availability of affordable housing.
  - 1. Partner with stakeholders to educate landlords on programs rules and benefits, including Source of Income protections for Illinois renters.
    - a. Stakeholders include:
      - i. Applicants and participants of the housing choice voucher program
      - ii. City of Galesburg
      - iii. Knox County, IL
      - iv. Department of Housing and Urban Development
      - v. Illinois Department of Human Rights
- iii. Make adequate use of available reserves – net-restricted position (NRP) and HUD-held reserves (HHR).
  - 1. Anticipated NRP CY 2024: \$0.00
  - 2. Anticipated HHR CY 2024: \$115,000
- iv. Effective management of administrative resources to reduce agency cost per voucher, thus ensuring agency reserves can be efficiently utilized
  - 1. Unrestricted-net position (UNP) has dwindled on an annual basis. The cost of running the program exceeds the funding received for administrative fees.
  - 2. Agency was projected as a “gainer” agency based on administrative fee study designed to assess actual cost of voucher administration and redistribute the funds accordingly.
  - 3. HUD proration of congressionally appropriated funds continues to fund admin fees at inadequate levels
- v. Maintain utilization rate of 98.0% or higher allocated HAP funding

CYE	ACC UM	UML	%	BUDGET AUTH + NRP	HAP EXPENDITURE	%
CYE 12/31/2020	3360	2210	65.77%	\$ 951,040.00	\$ 892,236.00	93.82%
CYE 12/31/2021	3360	2412	71.79%	\$ 932,411.00	\$ 936,090.00	100.39%
CYE 12/31/2022	3420	2382	69.65%	\$ 957,339.00	\$ 904,391.00	94.47%
CYE 12/31/2023	3420	2499	73.07%	\$ 924,792.00	\$ 1,030,462.00	111.43%
CYE 12/31/2024	3420	2469	72.19%	\$ 983,112.00	\$ 1,033,641.00	105.14%
<b>HCVP 5YR TOTAL</b>	<b>16980</b>	<b>11972</b>	<b>70.51%</b>	<b>\$ 4,748,694.00</b>	<b>\$ 4,796,820.00</b>	<b>101.01%</b>

1. Utilization Rates by CYE for the previous Annual Plan period:
  - a. ACC Units: 72.19%
  - b. Budget Authority: 105.14% (anticipated)
- vi. Maintain status of “High Performer” in recognition of effective program operations and management

1. SEMAP Scores by FYE for the previous Annual Plan period:

FYE	DESIGNATION	SCORE
FYE 03/31/2020	High Performer	100.00
FYE 03/31/2021	High Performer	100.00
FYE 03/31/2022	High Performer	100.00
FYE 03/31/2023	Standard Performer	77.00
FYE 03/31/2024	High Performer	100.00
<b>PH - AVG.</b>	High Performer	95.40

**c. To expand/maintain the supply of assisted housing.**

- i. Public Housing Program
  1. Faircloth limits for public housing units in Knox County, IL is 451
  2. Availability of public housing units for previous Annual Plan period:
    - a. FYE 03/31/2024: 424 units
    - b. FYE 03/31/2025: 424 units
- ii. Housing Choice Voucher Program
  1. ACC units budgeted at 285 (3420 unit months)
    - a. Previous ACC set at 280 (2260)
    - b. Five (5) baseline vouchers added, effective 10/01/2022 (PIH Notice 2022-29)
  2. Goal has been utilization of allocated dollars as opposed to reaching ACC unit baseline, which isn’t economically viable. Agency baseline expectation is approximately 200 vouchers leased per month (2,400 UML).
    - a. Anticipated leasing: 215 - 220 vouchers leased per month (2,580 – 2,640 UML)
  3. Voucher activity analysis for Annual Plan period FYE 03/31/2024:
    - a. Voucher activity generally increased for total period due to increased lease-up efforts
    - b. Allocation of 15 emergency housing vouchers (EHV) and funding: program sunset – September 2023. Spending will continue until allocated/disbursed funding is completely expended.
    - c. Voucher lease up rates improved in the initial lease-up period, while remaining essential the same for lease-ups past sixty days.



- i. Success rate of lease-ups:
        - 1. 60 Days: 65.5%
        - 2. 90 Days: 3.4%
        - 3. 120 Days: 3.4%
    - d. Payment standard maintained at 110% of area FMRs to remain in place for CYE 2025.
    - e. Portability
      - i. Steady number of port-outs over Annual Plan period
      - ii. Port-in activity remains low
  - iii. Affordable Housing Preservation
    - 1. PHA owns and operates two AHP developments
      - a. Brentwood Manor
        - i. 72 units
        - ii. 1-BR, 2-BR, and 3-BR units available
        - iii. Affordable rents
      - b. Prairieland Townhouse Apartments
        - i. 66 units
        - ii. 1-BR, 2-BR, and 3-BR units available
        - iii. Affordable rents
        - iv. 13 project-based vouchers

**d. General and operational objectives.**

- i. Administer all programs in accordance with applicable federal, state, and local laws and regulations
  - 1. Independent Auditor annually reviews agency financials and program compliance. An “unmodified” opinion is the opinion where auditor expresses an opinion that financial statements and major program controls are presented, in all material respects, in accordance with applicable reporting and compliance framework. Independent audit results for previous Annual Plan periods:

FYE	DESIGNATION	FINDINGS
FYE 03/31/2020	Unmodified	0
FYE 03/31/2021	Unmodified	0
FYE 03/31/2022	Unmodified	0
FYE 03/31/2023	Unmodified	0
FYE 03/31/2024	Unmodified	0
<b>PH - AVG.</b>		<b>0</b>

- ii. Fair Housing and Equal Opportunity
  - 1. Administer all programs in accordance with applicable federal, state, and local laws and regulations
  - 2. Ensure the protection of housing opportunity for persons in the following protected classes:
    - a. Federally protected classes:
      - i. Race
      - ii. Religion

- iii. National Origin
  - iv. Color
  - v. Familial Status
  - vi. Sex
  - vii. Disability
- b. State of Illinois additional protected classes:
- i. Sexual Harassment
  - ii. Ancestry
  - iii. Age (Over 40)
  - iv. Pregnancy
  - v. Arrest Record
  - vi. Military Status
  - vii. Source of Income
3. Ensure equal opportunity and affirmatively further fair housing through the implementation of the following objectives:
- a. Carry out affirmative measures to ensure access to assisted housing regardless of race, religion, national origin, sexual orientation, familial status, or disability
  - b. Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability
  - c. Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required
  - d. The agency will work to take the steps necessary to fully assess and implement the requirements set forth at 24 CFR § 5 Subpart A to:
    - i. Improve integrated living patterns and overcoming historic patterns of segregation;
    - ii. Reduce racial and ethnic concentrations of poverty;
    - iii. Reduce disparities by race, color, religion, sex, familial status, national origin, or disability in access to community assets such as education, transit access, and employment, as well as exposure to environmental health hazards and other stressors that harm a person's quality of life; and
    - iv. Respond to disproportionate housing needs by protected class
  - e. Analysis of waiting lists and participant lists to ensure demographics in the jurisdiction are adequately served
    - i. Use of census data to determine demographic representation
    - ii. Monitor agency 50058 reports to record and monitor demographic participation
  - f. Engage in targeted outreach for underserved populations
    - i. Newspaper advertisement
    - ii. Social media presence
    - iii. Community outreach
    - iv. Focus groups
  - g. Application process accessible

- i. Website availability
    - ii. Accept applications in person, via mail, email, fax
    - iii. Accessibility to other formats available
    - iv. Application assistance available
    - v. Compliant applicant pulls from all waiting lists
  - h. Interview accessibility
    - i. LEP Plan
    - ii. LEP options available for secondary languages spoken in area
      - 1. Spanish
      - 2. French
    - i. Work done to identify and rectify impediments to fair housing
    - j. Reasonable accommodation and modification requests responded to promptly
    - k. Fair and consistent application of agency policy
    - l. Staff training, development, and accountability
- iii. The Violence Against Women Act
  - 1. The passage of VAWA in 1994 and its reauthorization in 2000, 2005, 2013, and 2022 has changed the landscape for victims who once suffered in silence. Victims of domestic violence, dating violence, sexual assault and stalking have been able to access housing, and the Knox County Housing Authority will work to reduce the barriers to housing that domestic violence, dating violence, sexual assault and stalking may present.
  - 2. The Knox County Housing Authority will promote and abide by the requirements of the VIOLENCE AGAINST WOMEN'S ACT (VAWA) and subsequent reauthorizations which applies for all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation. The 2022 reauthorization provides enhanced protections and options for victims of domestic violence, dating violence, sexual assault, and stalking, as well as additional monitoring and enforcement mechanisms at the Department level.
  - 3. The Housing Authority will support, assist, and ensure applicable due process to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation to prevent them from losing their HUD-assisted housing or being denied housing assistance as a consequence of the abuse of which they were the victim.
    - a. Notification of occupancy rights under VAWA to all applicants and participants
    - b. Consideration of VAWA provisions during the application process
    - c. Application preference for victims of domestic violence, dating violence, sexual assault, or stalking
    - d. Work with in-place victim families to consider transfer options when necessary
    - e. Partner with local law enforcement agencies, legal aide, and shelters on referrals to provide information on counseling, shelter services, and legal assistance

4. The Housing Authority maintains an emergency transfer plan and adheres to HUD requirements regarding VAWA pertaining to the public housing and housing choice voucher programs.
  - a. Policy reference:
    - i. Public Housing Admissions and Continued Occupancy Policy (ACOP)
    - ii. Housing Choice Voucher Program Administrative Plan
- iv. Connect families with area resources to increase the percentage of employed persons in assisted families
  - a. Job Readiness (applications, resumes, interviewing)
  - b. Job Fairs
  - c. Furthering Education
  - d. Scholarships
  - e. Money Management
- v. Develop and maintain positive and professional public awareness of the Knox County Housing Authority to the community
  1. Press releases on pertinent agency business and activities
  2. Regular communication with media outlets – interviews, commentary
  3. Speaking engagements
- vi. Professional and knowledgeable staff
  1. Training in areas pertinent to compliance, operations, ethics, and performance of duty
  2. Executive Director and Assistant Director completed Executive Director Education Program through Rutgers University – 2019
  3. Training opportunities offered
    - a. Weekly include HUD guidance, online webinars
    - b. Monthly include webinars, onsite, or travel
  4. Training topics engaged by agency staff
    - a. Regulation updates
    - b. Streamlining
    - c. HOTMA
    - d. Fair Housing
    - e. Occupancy
    - f. Maintenance work standards
    - g. Systems – PIC/EIV
    - h. Financial reporting
    - i. Board governance



**IL085 KNOX COUNTY HOUSING AUTHORITY  
FY 04/01/2025 – 03/31/2026 ANNUAL PLAN SUBMISSION  
ATTACHMENT 4.0  
HUD-50075 Section C.1 – Policy and Program Revisions**

1. Revisions to Policies and Programs
  - a. Each listed document available at [www.knoxcountyhousing.org](http://www.knoxcountyhousing.org) or upon request
  - b. New/Revised Policies:
    - i. Public Housing
      1. Admission and Continued Occupancy Policy (ACOP)
        - a. Updated regulatory requirements and citations
        - b. Public housing lease
      - ii. Housing Choice Voucher Program
        1. Administrative Plan (Admin Plan)
          - a. Updated regulatory requirements and citations
    - c. Revisions to current policies and addition of new policies compliant with notice regulations set forth at 24 CFR §903.17
      - i. Documents posted for review at [www.knoxcountyhousing.org](http://www.knoxcountyhousing.org)
      - ii. Public Hearing/Resident Advisory Board (RAB) held 12/19/2024
        1. Resident Advisory Board
          - a. 8 residents in attendance
          - b. Minutes/comments attached to submission (ATTACHMENT 5)
        2. Public Hearing
          - a. Zero (0) general public attendees
          - b. Zero (0) general public comments received
      - iii. Policies and plan submission approved by Board of Commissioners 01/02/2025 in conjunction with certification of consistency with State Consolidated Plan (IHDA).



IL085 KNOX COUNTY HOUSING AUTHORITY  
FY 04/01/2025 – 03/31/2026 ANNUAL PLAN SUBMISSION  
ATTACHMENT 5.0

HUD-50075 Section C.3 – Resident Advisory Board Comments

1. Resident Advisory Board Meeting

- a. 12/19/2024
  - i. Review of Capital Improvements planned
  - ii. Review of proposed lease/policy changes
- b. Minutes of the Resident Advisory Board Meeting (attached)
- c. Comments received and considered:

**Comment:** *General comments regarding tenant requests for future capital projects.*

- Install cameras in the elevators, laundry rooms and stairwells at the high rises;
- Improve lighting in the units;

**Agency Response:** All tenant requests for capital improvements will be considered by priority. Lighting is currently in the 5-year plan for site exteriors, though nothing is currently planned for unit interiors. CCTV surveillance cameras are an ongoing, annual operational and capital expense.

2. Public Hearing

- a. 12/19/2024
  - i. Review of Capital Improvements planned
  - ii. Review of proposed lease/policy changes
- b. Minutes of the Public Hearing
  - i. No general public in attendance
  - ii. No minutes/notes
- c. Comments received and considered:

**NONE RECEIVED**

**MINUTES OF THE SPECIAL MEETING  
OF THE RESIDENT ADVISORY BOARD  
OF THE KNOX COUNTY HOUSING AUTHORITY  
December 19, 2024**

The meeting of the Resident Advisory Board of the Knox County Housing Authority was held at 11:30 a.m. in the Moon Towers Community Room. The following persons attended the meeting:

PRESENT: Brenda Sanchez, Blue Bell Tower  
Debbie Watkins, Blue Bell Tower  
Denise Basley, Moon Towers  
Judy Cone, Moon Towers  
Schelia Ayers, Moon Towers  
Tony Jackson, Moon Towers  
La'Monda Rushing, Family Sites  
Javona Johnson, HCV Participant  
Edan Moon, HCV Participant

ALSO PRESENT: Derek Antoine, Executive Director  
Cheryl Lefler, Assistant Director  
Brandi Watkins, Property Manager-Moon Towers  
Lynnesha Revis, Occupancy Specialist-Moon Towers  
Ashley Larimer, Property Manager-Family Sites  
Randi Pierce, Occupancy Specialist-Family Sites  
Kim Longenecker, HCV Program Manager  
Kim Brannon-Sibley, Participant Engagement Manager  
Caleb Diefendorf, Public Housing Facilities Manager  
Josh Sturgeon, Safety & Security Manager

The meeting opened with introductions as each attendee gave their name, where they live and a resolution for the new year.

Ms. Lefler welcomed everyone to the meeting and explained that the purpose of the meeting was to review proposed policy changes. Additionally, Capital Fund Program projects in the annual and five-year plans would be reviewed. Ms. Lefler said there would be an opportunity for comment and discussion.

Then, Ms. Lefler referenced the 2021 plan and five-year plan for the Capital Fund Program (2021-2025) for the public housing program. She highlighted the lighting and furnace replacement project that is currently underway. She highlighted the projects that would be included in the 2024 CFP plan: administration, operations, masonry work at Moon Towers and elevator renovations at Moon Towers and Blue Bell Tower. The five-year plan is a comprehensive list of projects that the agency would like to complete if adequate funding is available.

Ms. Lefler shared that in 24 years for CFP funding the agency has received \$23,732,778.00 in funding. The 2024 CFP grant will be \$1,557,030.00.

Then, Ms. Lefler asked attendees for their input on what should be included on a "wish list" of projects (some of which are already included in the 5-year plan). The following list is what resulted from the group discussion:

- Install cameras in the elevators and laundry rooms at the high rises;
- Install camera in the kitchen at Blue Bell Tower;
- Add more handicapped accessible parking spaces (the agency is compliant with the number of current spaces—additional spaces would be reviewed on an individual basis);

- Resurface parking lots.

Then, Mr. Antoine said that there will not be any changes to the Public Housing Dwelling Lease. There will, however, be changes in the Admissions and Continued Occupancy Plan and the HCV Administrative Plan related to the final rule issued regarding HOTMA (Housing Opportunities Through Modernization Act of 2016).

Mr. Antoine stated that the 30-day notice for non-payment of rent that started during COVID will stay in effect.

Mr. Antoine also mentioned that the agency will be inspected in 2025 under the NSPIRE protocol.

Mr. Antoine also stated that the hourly charge for maintenance will increase to \$20.00/hour from \$15.00/hour.

The proposed policies have been posted for review and comment and will be approved by the Board of Commissioners at its 01/02/2025 meeting. Then the changes will be sent to HUD with the agency annual plan in January.

Other issues included in the meeting discussion were the following topics and questions:

- Address concerns of speeding in the parking lots;
- Address issues of inoperable vehicles on sites;
- Are there available funds for people to gather together? Ms. Sibley stated that there are activities for tenants on a regular basis.
- Who is addressing housing issues on a larger community level? Mr. Antoine said the City of Galesburg recently published a study on housing for the community.
- Size of dogs allowed;
- Emotional support animals; and
- Available employment with the KCHA.

Attendees were thanked for their attendance and participation in the meeting.

Hearing no further discussion, the meeting was adjourned at 1:15 p.m.

Respectfully submitted,

*Cheryl Lefler*

*Assistant Director*





**IL085 KNOX COUNTY HOUSING AUTHORITY**  
**FY 04/01/2024 – 03/31/2025 ANNUAL PLAN SUBMISSION**  
**ATTACHMENT 6.0**  
**HUD-50075 Section D.1 – Capital Improvements**

1. See HUD Forms 50075.1 and 50075.2 approved by HUD for open CFP Grants (attached)
  - a. Open Annual Grants
    - i. IL01P08550119
    - ii. IL01P08550120
    - iii. IL01P08550121
    - iv. IL01P08550122
    - v. IL01P08550123
    - vi. IL01P08550124
  - b. Five-Year Plan
    - i. Action Plan for CY2021 through CY2025
      1. Original submission 08/26/2021
      2. Approval: 09/09/2021
      3. Modifications/Revisions
        - a. 09/12/2022
        - b. 09/22/2022
        - c. 05/15/2023
        - d. 09/17/2024
        - e. 10/24/2024
2. This reference statement is intended to mean that the 50075.2 describes the capital improvements necessary to ensure long-term physical and social viability of the projects as prioritized in the 2014 green physical needs assessment (GPNA).
3. IL085 Five Year Action Plan 2021-2025 currently in place.

<b>Part I: Summary</b>						
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550119 Replacement Housing Factor Grant No. Date of CFFP:			<b>FFY of Grant:</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (Revision No:                      )						
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2019 <input checked="" type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>(1)</sup>		
		Original	Revised <sup>(2)</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations	\$200,000.00	\$200,000.00	\$200,000.00	\$200,000.00	
3	1408 Management Improvement	\$49,932.00				
4	1410 Administration	\$100,000.00	\$100,000.00	\$100,000.00	\$100,000.00	
5	1480 General Capital Activity	\$733,942.00	\$783,874.00	\$783,874.00	\$783,874.00	
6	1492 MovingToWorkDemonstration					
7	1501 Collater Exp / Debt Srvc					
8	1503 RAD-CFP					
9	1504 Rad Investment Activity					
10	1505 RAD-CPT					
11	1509 Preparing for, Preventing and Responding to Coronavirus (1509)					

(1) To be completed for the Performance and Evaluation Report  
 (2) To be completed for the Performance and Evaluation Report or a Revised Annual Statement  
 (3) PHAs with under 250 units in management may use 100% of CFP Grants for operations  
 (4) RHF funds shall be include here

<b>Part I: Summary</b>					
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550119 Replacement Housing Factor Grant No. Date of CFFP:		<b>FFY of Grant:</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (Revision No:                      )					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2019 <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>(1)</sup>	
		Original	Revised <sup>(2)</sup>	Obligated	Expended
12	9000 Debt Reserves				
13	9001 Bond Debt Obligation				
14	9002 Loan Debt Obligation				
15	RESERVED				
16	RESERVED				
17	RESERVED				
18a	RESERVED				
18ba	RESERVED				
19	RESERVED				
20	RESERVED				
21	Amount of Annual Grant: (sum of lines 2-20)	\$1,083,874.00	\$1,083,874.00	\$1,083,874.00	\$1,083,874.00

(1) To be completed for the Performance and Evaluation Report  
 (2) To be completed for the Performance and Evaluation Report or a Revised Annual Statement  
 (3) PHAs with under 250 units in management may use 100% of CFP Grants for operations  
 (4) RHF funds shall be include here

<b>Part I: Summary</b>						
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550119 Replacement Housing Factor Grant No. Date of CFFP:			<b>FFY of Grant:</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (Revision No: )		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2019			<input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>(1)</sup>		
		Original	Revised <sup>(2)</sup>	Obligated	Expended	
22	Amount of line 21 Related to LBP Activities					
23	Amount of line 21 Related to Section 504 Activities					
24	Amount of line 21 Related to Security - Soft Costs					
25	Amount of line 21 Related to Security - Hard Costs					
26	Amount of line 21 Related to Energy Conservation Measures					

<b>Signature of Executive Director</b> /S/ MGQ858	<b>Date</b> 09/21/2022	<b>Signature of Public Housing Director</b>	<b>Date</b>
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(1) To be completed for the Performance and Evaluation Report  
 (2) To be completed for the Performance and Evaluation Report or a Revised Annual Statement  
 (3) PHAs with under 250 units in management may use 100% of CFP Grants for operations  
 (4) RHF funds shall be include here

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550119 Replacement Housing Factor Grant No. CFPP(Yes/No):				<b>Federal FFY of Grant:</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
Not associated with any specific development	Central Office Cost Center (Administration (1410)) Description : Administration	1410		\$100,000.00	\$100,000.00	\$100,000.00	\$100,000.00	completed
Not associated with any specific development	Operations (Operations (1406)) Description : Operations	1406		\$200,000.00	\$200,000.00	\$200,000.00	\$200,000.00	completed
IL085000002 - FAMILY HOUSING	504 Project Phase 3 (Dwelling Unit-Interior (1480),Non-Dwelling Interior (1480)) Description : 2 bedroom unit renovations Community rooms/common area renovations	1480		\$505,942.00	\$429,900.00	\$429,900.00	\$429,900.00	This phase of expenditure is completed.

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

(2) To be completed for the Performance and Evaluation Report

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550119 Replacement Housing Factor Grant No. CFPP(Yes/No):				<b>Federal FFY of Grant:</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
IL085000002 - FAMILY HOUSING	A&E Services (Contract Administration (1480)) Description : A&E Services for construction work in 2019 grant	1480		\$50,000.00	\$83,335.00	\$83,335.00	\$83,335.00	This phase of expenditure is completed.
IL085000001 - MOON TOWERS	504 Project Phase 3 (Non-Dwelling Interior (1480)) Description : Common area renovations	1480		\$38,000.00	\$80,000.00	\$80,000.00	\$80,000.00	This phase of expenditure completed.
IL085000003 - BLUE BELL TOWER	504 Project Phase 3 (Non-Dwelling Interior (1480)) Description : Common area renovations	1480		\$15,000.00	\$190,639.00	\$190,639.00	\$190,639.00	This phase of expenditure completed.

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

(2) To be completed for the Performance and Evaluation Report

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550119 Replacement Housing Factor Grant No. CFPP(Yes/No):				<b>Federal FFY of Grant:</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
IL085000001 - MOON TOWERS	Moon Towers Roof Replacement (Dwelling Unit-Exterior (1480)) Description : Replace roof at Moon Towers	1480		\$125,000.00				
IL085000002 - FAMILY HOUSING	Video Surveillance Equipment (Management Improvement (1408)) Description : Purchase & installation of video surveillance equipment	1408		\$25,000.00				
IL085000001 - MOON TOWERS	Video Surveillance Equipment (Management Improvement (1408)) Description : Purchase & installation of video surveillance equipment	1408		\$15,000.00				

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

(2) To be completed for the Performance and Evaluation Report

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550119 Replacement Housing Factor Grant No. CFPP(Yes/No):				<b>Federal FFY of Grant:</b>		
<b>Development Number Name/PHA-Wide Activities</b>	<b>General Description of Major Work Categories</b>	<b>Development Account No.</b>	<b>Quantity</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>(2)</sup></b>		<b>Status of Work</b>
				<b>Original</b>	<b>Revised <sup>(1)</sup></b>	<b>Funds Obligated</b>	<b>Funds Expended</b>	
IL085000003 - BLUE BELL TOWER	Video Surveillance Equipment (Management Improvement (1408)) Description : Purchase & installation of video surveillance equipment	1408		\$9,932.00				
	Total:			\$1,083,874.00	\$1,083,874.00	\$1,083,874.00	\$1,083,874.00	

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

(2) To be completed for the Performance and Evaluation Report



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
<b>PHA Name:</b> Knox County Housing Authority				<b>Federal FFY of Grant:</b>	
<b>Development Number Name/PHA-Wide Activities</b>	<b>All Fund Obligated (Quarter Ending Date)</b>		<b>All Funds Expended (Quarter Ending Date)</b>		<b>Reasons for Revised Target Dates <sup>(1)</sup></b>
	<b>Original Obligation End Date</b>	<b>Actual Obligation End Date</b>	<b>Original Expenditure End Date</b>	<b>Actual Expenditure End Date</b>	

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

<b>Part I: Summary</b>						
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550120 Replacement Housing Factor Grant No. Date of CFFP:			<b>FFY of Grant:</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (Revision No: )		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>(1)</sup>		
		Original	Revised <sup>(2)</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations	\$200,000.00				
3	1408 Management Improvement					
4	1410 Administration	\$100,000.00				
5	1480 General Capital Activity	\$859,834.00				
6	1492 MovingToWorkDemonstration					
7	1501 Collater Exp / Debt Srvc					
8	1503 RAD-CFP					
9	1504 Rad Investment Activity					
10	1505 RAD-CPT					
11	1509 Preparing for, Preventing and Responding to Coronavirus (1509)					

(1) To be completed for the Performance and Evaluation Report  
 (2) To be completed for the Performance and Evaluation Report or a Revised Annual Statement  
 (3) PHAs with under 250 units in management may use 100% of CFP Grants for operations  
 (4) RHF funds shall be include here

<b>Part I: Summary</b>						
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550120 Replacement Housing Factor Grant No. Date of CFFP:			<b>FFY of Grant:</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (Revision No:            )</b>						
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>(1)</sup>		
		Original	Revised <sup>(2)</sup>	Obligated	Expended	
12	9000 Debt Reserves					
13	9001 Bond Debt Obligation					
14	9002 Loan Debt Obligation					
15	RESERVED					
16	RESERVED					
17	RESERVED					
18a	RESERVED					
18ba	RESERVED					
19	RESERVED					
20	RESERVED					
21	Amount of Annual Grant: (sum of lines 2-20)	\$1,159,834.00				

(1) To be completed for the Performance and Evaluation Report  
 (2) To be completed for the Performance and Evaluation Report or a Revised Annual Statement  
 (3) PHAs with under 250 units in management may use 100% of CFP Grants for operations  
 (4) RHF funds shall be include here

<b>Part I: Summary</b>					
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550120 Replacement Housing Factor Grant No. Date of CFFP:		<b>FFY of Grant:</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>					
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (Revision No:            )</b>	
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>(1)</sup>	
		Original	Revised <sup>(2)</sup>	Obligated	Expended
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Activities				
24	Amount of line 21 Related to Security - Soft Costs				
25	Amount of line 21 Related to Security - Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

<b>Signature of Executive Director</b> /s/ MGQ858	<b>Date</b> 07/28/2020	<b>Signature of Public Housing Director</b>	<b>Date</b>
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(1) To be completed for the Performance and Evaluation Report  
 (2) To be completed for the Performance and Evaluation Report or a Revised Annual Statement  
 (3) PHAs with under 250 units in management may use 100% of CFP Grants for operations  
 (4) RHF funds shall be include here

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550120 Replacement Housing Factor Grant No. CFPP(Yes/No):				<b>Federal FFY of Grant:</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
IL085000002 - FAMILY HOUSING	Playground equipment (Non-Dwelling Site Work (1480)) Description : Installation of new playground equipment	1480		\$154,973.00				
Not associated with any specific development	Central Office Cost Center (Administration (1410)) Description : Administration	1410		\$100,000.00				
Not associated with any specific development	Operations (Operations (1406)) Description : Operations	1406		\$200,000.00				

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

(2) To be completed for the Performance and Evaluation Report

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550120 Replacement Housing Factor Grant No. CFFP(Yes/No):				<b>Federal FFY of Grant:</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
IL085000001 - MOON TOWERS	Moon Towers Roof Replacement (Dwelling Unit-Exterior (1480)) Description : Replace roof at Moon Towers	1480		\$125,000.00				
IL085000002 - FAMILY HOUSING	2 bedroom unit renovations (Dwelling Unit-Interior (1480)) Description : Renovations to kitchens, laundry and bedroom in formerly accessible units	1480		\$90,000.00				
IL085000003 - BLUE BELL TOWER	Bluebell Phase 3 504 Renovations (Non-Dwelling Construction - Mechanical (1480),Non-Dwelling Interior (1480)) Description : 504 renovations to common areas and necessary upgrades to elevators	1480		\$439,861.00				

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

(2) To be completed for the Performance and Evaluation Report

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550120 Replacement Housing Factor Grant No. CFFP(Yes/No):				<b>Federal FFY of Grant:</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
IL085000001 - MOON TOWERS	A&E Services (Contract Administration (1480)) Description : A&E Services for capital projects	1480		\$25,000.00				
IL085000002 - FAMILY HOUSING	A&E Services (Contract Administration (1480)) Description : A&E Services related to capital projects	1480		\$25,000.00				
	Total:			\$1,159,834.00				

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

(2) To be completed for the Performance and Evaluation Report

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
<b>PHA Name:</b> Knox County Housing Authority				<b>Federal FFY of Grant:</b>	
<b>Development Number Name/PHA-Wide Activities</b>	<b>All Fund Obligated (Quarter Ending Date)</b>		<b>All Funds Expended (Quarter Ending Date)</b>		<b>Reasons for Revised Target Dates <sup>(1)</sup></b>
	<b>Original Obligation End Date</b>	<b>Actual Obligation End Date</b>	<b>Original Expenditure End Date</b>	<b>Actual Expenditure End Date</b>	

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



<b>Part I: Summary</b>						
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550121 Replacement Housing Factor Grant No. Date of CFFP:			<b>FFY of Grant:</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (Revision No: 1 )		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>(1)</sup>		
		Original	Revised <sup>(2)</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations	\$200,000.00	\$200,000.00			
3	1408 Management Improvement					
4	1410 Administration	\$100,000.00	\$105,483.00			
5	1480 General Capital Activity	\$909,310.00	\$909,310.00			
6	1492 MovingToWorkDemonstration					
7	1501 Collater Exp / Debt Srvc					
8	1503 RAD-CFP					
9	1504 Rad Investment Activity					
10	1505 RAD-CPT					
11	1509 Preparing for, Preventing and Responding to Coronavirus (1509)					

(1) To be completed for the Performance and Evaluation Report  
 (2) To be completed for the Performance and Evaluation Report or a Revised Annual Statement  
 (3) PHAs with under 250 units in management may use 100% of CFP Grants for operations  
 (4) RHF funds shall be include here

<b>Part I: Summary</b>						
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550121 Replacement Housing Factor Grant No. Date of CFFP:			<b>FFY of Grant:</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (Revision No: 1 )		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>(1)</sup>		
		Original	Revised <sup>(2)</sup>	Obligated	Expended	
12	9000 Debt Reserves					
13	9001 Bond Debt Obligation					
14	9002 Loan Debt Obligation					
15	RESERVED					
16	RESERVED					
17	RESERVED					
18a	RESERVED					
18ba	RESERVED					
19	RESERVED					
20	RESERVED					
21	Amount of Annual Grant: (sum of lines 2-20)	\$1,209,310.00	\$1,214,793.00			

(1) To be completed for the Performance and Evaluation Report  
 (2) To be completed for the Performance and Evaluation Report or a Revised Annual Statement  
 (3) PHAs with under 250 units in management may use 100% of CFP Grants for operations  
 (4) RHF funds shall be include here

<b>Part I: Summary</b>						
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550121 Replacement Housing Factor Grant No. Date of CFFP:			<b>FFY of Grant:</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (Revision No: 1 )		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:			<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>(1)</sup>		
		Original	Revised <sup>(2)</sup>	Obligated	Expended	
22	Amount of line 21 Related to LBP Activities					
23	Amount of line 21 Related to Section 504 Activities					
24	Amount of line 21 Related to Security - Soft Costs					
25	Amount of line 21 Related to Security - Hard Costs					
26	Amount of line 21 Related to Energy Conservation Measures					

<b>Signature of Executive Director</b> /s/ MGQ858	<b>Date</b> 12/26/2024	<b>Signature of Public Housing Director</b>	<b>Date</b>
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(1) To be completed for the Performance and Evaluation Report  
 (2) To be completed for the Performance and Evaluation Report or a Revised Annual Statement  
 (3) PHAs with under 250 units in management may use 100% of CFP Grants for operations  
 (4) RHF funds shall be include here

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550121 Replacement Housing Factor Grant No. CFFP(Yes/No):				<b>Federal FFY of Grant:</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
Not associated with any specific development	Administration (Administration (1410)) Description : COCC-Administration	1410		\$100,000.00	\$105,483.00			
IL085000001 - MOON TOWERS	Operations (Operations (1406)) Description : Moon Towers Operations	1406		\$55,000.00	\$55,000.00			
IL085000002 - FAMILY HOUSING	Operations (Operations (1406)) Description : Family Sites Operations	1406		\$103,000.00	\$103,000.00			

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

(2) To be completed for the Performance and Evaluation Report

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550121 Replacement Housing Factor Grant No. CFFP(Yes/No):				<b>Federal FFY of Grant:</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
IL085000003 - BLUE BELL TOWER	Operations (Operations (1406)) Description : Bluebell Tower Operations	1406		\$42,000.00	\$42,000.00			
IL085000001 - MOON TOWERS	A&E Services (Contract Administration (1480)) Description : Moon Towers Architect and Engineering Services	1480		\$15,000.00	\$15,000.00			
IL085000002 - FAMILY HOUSING	A&E Services (Contract Administration (1480)) Description : Family Sites Architect and Engineering Services	1480		\$50,000.00	\$50,000.00			

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

(2) To be completed for the Performance and Evaluation Report

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550121 Replacement Housing Factor Grant No. CFFP(Yes/No):				<b>Federal FFY of Grant:</b>		
<b>Development Number Name/PHA-Wide Activities</b>	<b>General Description of Major Work Categories</b>	<b>Development Account No.</b>	<b>Quantity</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>(2)</sup></b>		<b>Status of Work</b>
				<b>Original</b>	<b>Revised <sup>(1)</sup></b>	<b>Funds Obligated</b>	<b>Funds Expended</b>	
IL085000003 - BLUE BELL TOWER	A&E Services (Contract Administration (1480)) Description : Bluebell Towers Architect and Engineering Services	1480		\$10,000.00	\$10,000.00			
IL085000001 - MOON TOWERS	Moon Towers Roof Replacement (Non-Dwelling Exterior (1480)) Description : Replace roof at towers, community room and penthouses including membrane, insulation and flashing	1480		\$500,000.00	\$500,000.00			
IL085000002 - FAMILY HOUSING	Phase 4 - 504 Modifications (Non-Dwelling Site Work (1480)) Description : Replace equipment & ensure accessibility at 3 family sites playgrounds	1480		\$234,310.00	\$334,310.00			

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

(2) To be completed for the Performance and Evaluation Report

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550121 Replacement Housing Factor Grant No. CFPP(Yes/No):				<b>Federal FFY of Grant:</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
IL085000002 - FAMILY HOUSING	Convenience Modifications (Dwelling Unit-Interior (1480)) Description : Interior modifications to two 2-bedroom units	1480		\$100,000.00				
	Total:			\$1,209,310.00	\$1,214,793.00			

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

(2) To be completed for the Performance and Evaluation Report

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
<b>PHA Name:</b> Knox County Housing Authority				<b>Federal FFY of Grant:</b>	
<b>Development Number Name/PHA-Wide Activities</b>	<b>All Fund Obligated (Quarter Ending Date)</b>		<b>All Funds Expended (Quarter Ending Date)</b>		<b>Reasons for Revised Target Dates <sup>(1)</sup></b>
	<b>Original Obligation End Date</b>	<b>Actual Obligation End Date</b>	<b>Original Expenditure End Date</b>	<b>Actual Expenditure End Date</b>	

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



<b>Part I: Summary</b>						
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550122 Replacement Housing Factor Grant No. Date of CFFP:			<b>FFY of Grant:</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (Revision No: 2 )						
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>(1)</sup>		
		Original	Revised <sup>(2)</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations	\$200,000.00	\$200,000.00			
3	1408 Management Improvement	\$25,000.00				
4	1410 Administration	\$100,000.00	\$100,000.00			
5	1480 General Capital Activity	\$1,142,361.00	\$1,172,370.00			
6	1492 MovingToWorkDemonstration					
7	1501 Collater Exp / Debt Srvc					
8	1503 RAD-CFP					
9	1504 Rad Investment Activity					
10	1505 RAD-CPT					
11	1509 Preparing for, Preventing and Responding to Coronavirus (1509)					

(1) To be completed for the Performance and Evaluation Report  
 (2) To be completed for the Performance and Evaluation Report or a Revised Annual Statement  
 (3) PHAs with under 250 units in management may use 100% of CFP Grants for operations  
 (4) RHF funds shall be include here

<b>Part I: Summary</b>					
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550122 Replacement Housing Factor Grant No. Date of CFFP:		<b>FFY of Grant:</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (Revision No: 2 )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>(1)</sup>	
		Original	Revised <sup>(2)</sup>	Obligated	Expended
12	9000 Debt Reserves				
13	9001 Bond Debt Obligation				
14	9002 Loan Debt Obligation				
15	RESERVED				
16	RESERVED				
17	RESERVED				
18a	RESERVED				
18ba	RESERVED				
19	RESERVED				
20	RESERVED				
21	Amount of Annual Grant: (sum of lines 2-20)	\$1,467,361.00	\$1,472,370.00		

(1) To be completed for the Performance and Evaluation Report  
 (2) To be completed for the Performance and Evaluation Report or a Revised Annual Statement  
 (3) PHAs with under 250 units in management may use 100% of CFP Grants for operations  
 (4) RHF funds shall be include here

<b>Part I: Summary</b>						
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550122 Replacement Housing Factor Grant No. Date of CFFP:			<b>FFY of Grant:</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (Revision No: 2 )		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>(1)</sup>		
		Original	Revised <sup>(2)</sup>	Obligated	Expended	
22	Amount of line 21 Related to LBP Activities					
23	Amount of line 21 Related to Section 504 Activities					
24	Amount of line 21 Related to Security - Soft Costs					
25	Amount of line 21 Related to Security - Hard Costs					
26	Amount of line 21 Related to Energy Conservation Measures					

<b>Signature of Executive Director</b> /S/ MGQ858	<b>Date</b> 10/07/2024	<b>Signature of Public Housing Director</b>	<b>Date</b>
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(1) To be completed for the Performance and Evaluation Report  
 (2) To be completed for the Performance and Evaluation Report or a Revised Annual Statement  
 (3) PHAs with under 250 units in management may use 100% of CFP Grants for operations  
 (4) RHF funds shall be include here

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550122 Replacement Housing Factor Grant No. CFFP(Yes/No):				<b>Federal FFY of Grant:</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
Not associated with any specific development	Administration (Administration (1410)) Description : COCC Administration	1410		\$100,000.00	\$100,000.00			
IL085000001 - MOON TOWERS	Operations (Operations (1406)) Description : Moon Towers Operations	1406		\$55,000.00	\$55,000.00			
IL085000002 - FAMILY HOUSING	Operations (Operations (1406)) Description : Family Sites Operations	1406		\$103,000.00	\$103,000.00			

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

(2) To be completed for the Performance and Evaluation Report

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550122 Replacement Housing Factor Grant No. CFPP(Yes/No):				<b>Federal FFY of Grant:</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
IL085000003 - BLUE BELL TOWER	Operations (Operations (1406)) Description : Bluebell Tower Operations	1406		\$42,000.00	\$42,000.00			
IL085000001 - MOON TOWERS	A&E Services (Contract Administration (1480)) Description : Moon Towers Architect and Engineering Services	1480		\$30,000.00	\$30,000.00			
IL085000002 - FAMILY HOUSING	A&E Services (Contract Administration (1480)) Description : Family Sites Architect and Engineering Services	1480		\$50,000.00	\$60,000.00			

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<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550122 Replacement Housing Factor Grant No. CFFP(Yes/No):				<b>Federal FFY of Grant:</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
IL085000003 - BLUE BELL TOWER	A&E Services (Contract Administration (1480)) Description : Bluebell Tower Architect and Engineering Services	1480		\$10,000.00	\$10,000.00			
IL085000001 - MOON TOWERS	Lighting (Non-Dwelling Exterior (1480),Non-Dwelling Interior (1480),Non-Dwelling Site Work (1480)) Description : Replacement of interior (common areas, hallways and offices) and exterior (parking lots and common areas) lighting fixtures; install additional light fixtures as necessary	1480		\$200,000.00	\$206,744.14			
IL085000002 - FAMILY HOUSING	Lighting (Non-Dwelling Exterior (1480),Non-Dwelling Interior (1480),Non-Dwelling Site Work (1480)) Description : Replacement of interior (common areas, hallways and offices) and exterior (parking lots and common areas) lighting fixtures; install additional light fixtures as necessary	1480		\$200,000.00	\$233,680.36			

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<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550122 Replacement Housing Factor Grant No. CFFP(Yes/No):				<b>Federal FFY of Grant:</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
IL085000003 - BLUE BELL TOWER	Lighting (Non-Dwelling Interior (1480),Non-Dwelling Site Work (1480),Non-Dwelling Exterior (1480)) Description : Replacement of interior (common areas, hallways and offices) and exterior (parking lots and common areas) lighting fixtures; install additional light fixtures as necessary	1480		\$30,000.00	\$109,044.50			
IL085000003 - BLUE BELL TOWER	Gazebo (Non-Dwelling Construction-New Construction (1480)) Description : Demolition of existing gazebo and construction of new gazebo at Bluebell Tower	1480		\$108,361.00	\$73,000.00			
IL085000002 - FAMILY HOUSING	Replace HVAC Equipment (Non-Dwelling Interior (1480)) Description : Replace furnaces and air conditioners	1480		\$100,000.00	\$37,984.00			

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Part II: Supporting Pages								
PHA Name: Knox County Housing Authority		Grant Type and Number Capital Fund Program Grant No. IL01P08550122 Replacement Housing Factor Grant No. CFPP(Yes/No):				Federal FFY of Grant:		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
IL085000002 - FAMILY HOUSING	CCP Drainage & Unit Renovation Project (Dwelling Unit-Exterior (1480),Dwelling Unit-Interior (1480),Dwelling Unit-Site Work (1480)) Description : Reroute drainage away from unit; interior repairs from water infiltration; site work	1480			\$72,600.00			
IL085000001 - MOON TOWERS	Roof Replacment (Non-Dwelling Exterior (1480)) Description : Moon Towers roof replacement	1480			\$263,000.00			
IL085000002 - FAMILY HOUSING	Playground Installation (Non-Dwelling Site Work (1480)) Description : Installation of accessible playgrounds at Family Sites/phase 4 of 504 project	1480			\$49,317.00			

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<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550122 Replacement Housing Factor Grant No. CFFP(Yes/No):				<b>Federal FFY of Grant:</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
IL085000002 - FAMILY HOUSING	Site drainage (Non-Dwelling Site Work (1480)) Description : Site drainage at CCP to improve water drainage flow	1480			\$27,000.00			
IL085000001 - MOON TOWERS	Parking Lots (Non-Dwelling Site Work (1480)) Description : Mill, resurface, seal asphalt and restripe parking lots at Moon Towers	1480		\$111,000.00				
IL085000002 - FAMILY HOUSING	Asphalt (Non-Dwelling Site Work (1480)) Description : Mill, resurface, seal asphalt driveways, parking lots and basketball court at Family Sites; restripe areas as needed	1480		\$90,000.00				

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<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550122 Replacement Housing Factor Grant No. CFFP(Yes/No):				<b>Federal FFY of Grant:</b>		
<b>Development Number Name/PHA-Wide Activities</b>	<b>General Description of Major Work Categories</b>	<b>Development Account No.</b>	<b>Quantity</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>(2)</sup></b>		<b>Status of Work</b>
				<b>Original</b>	<b>Revised <sup>(1)</sup></b>	<b>Funds Obligated</b>	<b>Funds Expended</b>	
IL085000003 - BLUE BELL TOWER	Asphalt (Non-Dwelling Site Work (1480)) Description : Mill, resurface, seal asphalt driveway	1480		\$11,000.00				
IL085000001 - MOON TOWERS	Security Cameras (Non-Dwelling Equipment-Expendable/Non-Expendable (1480)) Description : Replacement/installation of video surveillance cameras and related equipment at Moon Towers	1480		\$50,000.00				
IL085000002 - FAMILY HOUSING	Security Cameras (Non-Dwelling Equipment-Expendable/Non-Expendable (1480)) Description : Replacement/installation of video surveillance cameras and related equipment at Family Sites	1480		\$100,000.00				

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<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550122 Replacement Housing Factor Grant No. CFFP(Yes/No):				<b>Federal FFY of Grant:</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
IL085000003 - BLUE BELL TOWER	Security Cameras (Non-Dwelling Equipment-Expendable/Non-Expendable (1480)) Description : Replacement/installation of video surveillance cameras and related equipment at Bluebell Tower	1480		\$25,000.00				
IL085000001 - MOON TOWERS	Concrete Work (Non-Dwelling Site Work (1480)) Description : Concrete work at Moon Towers	1480		\$10,000.00				
IL085000002 - FAMILY HOUSING	Concrete Work (Non-Dwelling Site Work (1480)) Description : Concrete Work at Family Sites	1480		\$12,000.00				

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<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550122 Replacement Housing Factor Grant No. CFFP(Yes/No):				<b>Federal FFY of Grant:</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
IL085000002 - FAMILY HOUSING	Concrete Work (Non-Dwelling Site Work (1480)) Description : Concrete work at Bluebell Tower	1480		\$5,000.00				
IL085000001 - MOON TOWERS	Exterior door security (Management Improvement (1408)) Description : Installation of security equipment at exterior doors including chimes/alarms, etc.	1408		\$25,000.00				
	Total:			\$1,467,361.00	\$1,472,370.00			

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

(2) To be completed for the Performance and Evaluation Report

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
<b>PHA Name:</b> Knox County Housing Authority				<b>Federal FFY of Grant:</b>	
<b>Development Number Name/PHA-Wide Activities</b>	<b>All Fund Obligated (Quarter Ending Date)</b>		<b>All Funds Expended (Quarter Ending Date)</b>		<b>Reasons for Revised Target Dates <sup>(1)</sup></b>
	<b>Original Obligation End Date</b>	<b>Actual Obligation End Date</b>	<b>Original Expenditure End Date</b>	<b>Actual Expenditure End Date</b>	

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

<b>Part I: Summary</b>						
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550123 Replacement Housing Factor Grant No. Date of CFFP:			<b>FFY of Grant:</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (Revision No: 1 )		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>(1)</sup>		
		Original	Revised <sup>(2)</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations	\$250,000.00	\$250,000.00			
3	1408 Management Improvement					
4	1410 Administration	\$100,000.00	\$100,000.00			
5	1480 General Capital Activity	\$1,164,974.00	\$1,169,740.00			
6	1492 MovingToWorkDemonstration					
7	1501 Collater Exp / Debt Srvc					
8	1503 RAD-CFP					
9	1504 Rad Investment Activity					
10	1505 RAD-CPT					
11	1509 Preparing for, Preventing and Responding to Coronavirus (1509)					

(1) To be completed for the Performance and Evaluation Report

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

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

(4) RHF funds shall be include here

<b>Part I: Summary</b>					
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550123 Replacement Housing Factor Grant No. Date of CFFP:		<b>FFY of Grant:</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (Revision No: 1 )					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>(1)</sup>	
		Original	Revised <sup>(2)</sup>	Obligated	Expended
12	9000 Debt Reserves				
13	9001 Bond Debt Obligation				
14	9002 Loan Debt Obligation				
15	RESERVED				
16	RESERVED				
17	RESERVED				
18a	RESERVED				
18ba	RESERVED				
19	RESERVED				
20	RESERVED				
21	Amount of Annual Grant: (sum of lines 2-20)	\$1,514,974.00	\$1,519,740.00		

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 (3) PHAs with under 250 units in management may use 100% of CFP Grants for operations  
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<b>Part I: Summary</b>					
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550123 Replacement Housing Factor Grant No. Date of CFFP:		<b>FFY of Grant:</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (Revision No: 1 )	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>(1)</sup>	
		Original	Revised <sup>(2)</sup>	Obligated	Expended
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Activities				
24	Amount of line 21 Related to Security - Soft Costs				
25	Amount of line 21 Related to Security - Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

<b>Signature of Executive Director</b> /S/ MGQ858	<b>Date</b> 10/07/2024	<b>Signature of Public Housing Director</b>	<b>Date</b>
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<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550123 Replacement Housing Factor Grant No. CFFP(Yes/No):				<b>Federal FFY of Grant:</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
Not associated with any specific development	Administration (Administration (1410)) Description : COCC Administration	1410		\$100,000.00	\$100,000.00			
IL085000001 - MOON TOWERS	Operations (Operations (1406)) Description : Moon Towers Operations	1406		\$100,000.00	\$100,000.00			
IL085000002 - FAMILY HOUSING	Operations (Operations (1406)) Description : Family Sites Operations	1406		\$120,000.00	\$120,000.00			

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<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550123 Replacement Housing Factor Grant No. CFFP(Yes/No):				<b>Federal FFY of Grant:</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
IL085000003 - BLUE BELL TOWER	Operations (Operations (1406)) Description : Bluebell Tower Operations	1406		\$30,000.00	\$30,000.00			
IL085000001 - MOON TOWERS	A&E Services (Contract Administration (1480)) Description : Moon Towers Architect and Engineering Services	1480		\$15,000.00	\$15,000.00			
IL085000002 - FAMILY HOUSING	A&E Services (Contract Administration (1480)) Description : Family Sites Architect and Engineering Services	1480		\$50,000.00	\$50,000.00			

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<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550123 Replacement Housing Factor Grant No. CFFP(Yes/No):				<b>Federal FFY of Grant:</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
IL085000003 - BLUE BELL TOWER	A&E Services (Contract Administration (1480)) Description : Bluebell Tower Architect and Engineering Services	1480		\$10,000.00	\$10,000.00			
IL085000002 - FAMILY HOUSING	Furnaces (Dwelling Unit-Interior (1480)) Description : Furnace replacement at 190 units	1480		\$475,000.00	\$961,032.83			
IL085000003 - BLUE BELL TOWER	Boiler Replacement (Non-Dwelling Interior (1480)) Description : Replacement of two boilers at Bluebell Tower	1480		\$60,000.00	\$60,000.00			

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

(2) To be completed for the Performance and Evaluation Report

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550123 Replacement Housing Factor Grant No. CFFP(Yes/No):				<b>Federal FFY of Grant:</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
IL085000001 - MOON TOWERS	Generator (Non-Dwelling Interior (1480),Non-Dwelling Exterior (1480)) Description : Replacement of generator at Moon Towers	1480		\$40,000.00	\$40,000.00			
IL085000001 - MOON TOWERS	Concrete work (Non-Dwelling Site Work (1480)) Description : Concrete work at Moon Towers	1480		\$10,000.00	\$33,707.17			
IL085000001 - MOON TOWERS	Fire Suppression System (Non-Dwelling Construction - Mechanical (1480)) Description : Upgrade fire suppression system at Moon Towers	1480		\$100,000.00				

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

(2) To be completed for the Performance and Evaluation Report

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550123 Replacement Housing Factor Grant No. CFFP(Yes/No):				<b>Federal FFY of Grant:</b>		
<b>Development Number Name/PHA-Wide Activities</b>	<b>General Description of Major Work Categories</b>	<b>Development Account No.</b>	<b>Quantity</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>(2)</sup></b>		<b>Status of Work</b>
				<b>Original</b>	<b>Revised <sup>(1)</sup></b>	<b>Funds Obligated</b>	<b>Funds Expended</b>	
IL085000003 - BLUE BELL TOWER	Fire Suppression System (Non-Dwelling Construction - Mechanical (1480)) Description : Upgrade fire suppression system at Bluebell Tower	1480		\$50,000.00				
IL085000002 - FAMILY HOUSING	Unit Exteriors (Dwelling Unit-Exterior (1480)) Description : Replace vinyl siding, clean and reseal brick veneer, tuckpointing, replace fascia, gutters and downspouts	1480		\$65,000.00				
IL085000001 - MOON TOWERS	Bathroom Renovations (Dwelling Unit-Interior (1480)) Description : Bathroom renovations at Moon Towers	1480		\$65,000.00				

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

(2) To be completed for the Performance and Evaluation Report

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550123 Replacement Housing Factor Grant No. CFFP(Yes/No):				<b>Federal FFY of Grant:</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
IL085000003 - BLUE BELL TOWER	Bathroom Renovations (Dwelling Unit-Interior (1480)) Description : Bathroom Renovations at Bluebell Tower	1480		\$50,000.00				
IL085000002 - FAMILY HOUSING	Bathroom and Kitchen Renovations (Dwelling Unit-Interior (1480)) Description : Bathroom and Kitchen Renovations at Family Sites	1480		\$103,974.00				
IL085000002 - FAMILY HOUSING	Concrete work (Non-Dwelling Site Work (1480)) Description : Concrete work at Family Sites	1480		\$20,000.00				

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

(2) To be completed for the Performance and Evaluation Report

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550123 Replacement Housing Factor Grant No. CFPP(Yes/No):				<b>Federal FFY of Grant:</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
IL085000003 - BLUE BELL TOWER	Concrete work (Non-Dwelling Site Work (1480)) Description : Concrete work at Bluebell Tower	1480		\$10,000.00				
IL085000003 - BLUE BELL TOWER	Asphalt driveway (Non-Dwelling Site Work (1480)) Description : Mill, resurface, seal asphalt driveway at Bluebell Tower	1480		\$11,000.00				
IL085000001 - MOON TOWERS	Parking Lot (Dwelling Unit-Site Work (1480)) Description : Mill, resurface, seal asphalt parking lots at Moon Towers	1480		\$30,000.00				

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

(2) To be completed for the Performance and Evaluation Report

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550123 Replacement Housing Factor Grant No. CFPP(Yes/No):			<b>Federal FFY of Grant:</b>			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
	Total:			\$1,514,974.00	\$1,519,740.00			

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

(2) To be completed for the Performance and Evaluation Report



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
<b>PHA Name:</b> Knox County Housing Authority				<b>Federal FFY of Grant:</b>	
<b>Development Number Name/PHA-Wide Activities</b>	<b>All Fund Obligated (Quarter Ending Date)</b>		<b>All Funds Expended (Quarter Ending Date)</b>		<b>Reasons for Revised Target Dates <sup>(1)</sup></b>
	<b>Original Obligation End Date</b>	<b>Actual Obligation End Date</b>	<b>Original Expenditure End Date</b>	<b>Actual Expenditure End Date</b>	

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

<b>Part I: Summary</b>						
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550124 Replacement Housing Factor Grant No. Date of CFFP:			<b>FFY of Grant:</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (Revision No:            )</b>		
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>			<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>(1)</sup>		
		Original	Revised <sup>(2)</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations	\$250,000.00				
3	1408 Management Improvement					
4	1410 Administration	\$100,000.00				
5	1480 General Capital Activity	\$1,207,030.00				
6	1492 MovingToWorkDemonstration					
7	1501 Collater Exp / Debt Srvc					
8	1503 RAD-CFP					
9	1504 Rad Investment Activity					
10	1505 RAD-CPT					
11	1509 Preparing for, Preventing and Responding to Coronavirus (1509)					

(1) To be completed for the Performance and Evaluation Report  
 (2) To be completed for the Performance and Evaluation Report or a Revised Annual Statement  
 (3) PHAs with under 250 units in management may use 100% of CFP Grants for operations  
 (4) RHF funds shall be include here

<b>Part I: Summary</b>						
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550124 Replacement Housing Factor Grant No. Date of CFFP:			<b>FFY of Grant:</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (Revision No:            )</b>						
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>(1)</sup>		
		Original	Revised <sup>(2)</sup>	Obligated	Expended	
12	9000 Debt Reserves					
13	9001 Bond Debt Obligation					
14	9002 Loan Debt Obligation					
15	RESERVED					
16	RESERVED					
17	RESERVED					
18a	RESERVED					
18ba	RESERVED					
19	RESERVED					
20	RESERVED					
21	Amount of Annual Grant: (sum of lines 2-20)	\$1,557,030.00				

(1) To be completed for the Performance and Evaluation Report  
 (2) To be completed for the Performance and Evaluation Report or a Revised Annual Statement  
 (3) PHAs with under 250 units in management may use 100% of CFP Grants for operations  
 (4) RHF funds shall be include here

<b>Part I: Summary</b>						
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550124 Replacement Housing Factor Grant No. Date of CFFP:			<b>FFY of Grant:</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (Revision No:            )</b>		
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>			<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>(1)</sup>		
		Original	Revised <sup>(2)</sup>	Obligated	Expended	
22	Amount of line 21 Related to LBP Activities					
23	Amount of line 21 Related to Section 504 Activities					
24	Amount of line 21 Related to Security - Soft Costs					
25	Amount of line 21 Related to Security - Hard Costs					
26	Amount of line 21 Related to Energy Conservation Measures					

<b>Signature of Executive Director</b> /s/ MGQ858	<b>Date</b> 11/25/2024	<b>Signature of Public Housing Director</b>	<b>Date</b>
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(1) To be completed for the Performance and Evaluation Report  
 (2) To be completed for the Performance and Evaluation Report or a Revised Annual Statement  
 (3) PHAs with under 250 units in management may use 100% of CFP Grants for operations  
 (4) RHF funds shall be include here

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550124 Replacement Housing Factor Grant No. CFFP(Yes/No):				<b>Federal FFY of Grant:</b>		
<b>Development Number Name/PHA-Wide Activities</b>	<b>General Description of Major Work Categories</b>	<b>Development Account No.</b>	<b>Quantity</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>(2)</sup></b>		<b>Status of Work</b>
				<b>Original</b>	<b>Revised <sup>(1)</sup></b>	<b>Funds Obligated</b>	<b>Funds Expended</b>	
IL085000001 - MOON TOWERS	Moon Towers masonry/structural work (Non-Dwelling Exterior (1480)) Description : Masonry/structural work at Moon Towers	1480		\$1,117,030.00				
Not associated with any specific development	Administration (Administration (1410)) Description : COCC Administration	1410		\$100,000.00				
IL085000001 - MOON TOWERS	Operations (Operations (1406)) Description : Moon Towers Operations	1406		\$100,000.00				

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

(2) To be completed for the Performance and Evaluation Report

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550124 Replacement Housing Factor Grant No. CFFP(Yes/No):				<b>Federal FFY of Grant:</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
IL085000002 - FAMILY HOUSING	Operations (Operations (1406)) Description : Family Sites Operations	1406		\$120,000.00				
IL085000003 - BLUE BELL TOWER	Operations (Operations (1406)) Description : Bluebell Tower Operations	1406		\$30,000.00				
IL085000001 - MOON TOWERS	A&E Services (Contract Administration (1480)) Description : Moon Towers Architect and Engineering Services	1480		\$50,000.00				

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

(2) To be completed for the Performance and Evaluation Report

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> Knox County Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No. IL01P08550124 Replacement Housing Factor Grant No. CFFP(Yes/No):				<b>Federal FFY of Grant:</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost <sup>(2)</sup>		Status of Work
				Original	Revised <sup>(1)</sup>	Funds Obligated	Funds Expended	
IL085000002 - FAMILY HOUSING	A&E Services (Contract Administration (1480)) Description : Family Sites Architect and Engineering Services	1480		\$15,000.00				
IL085000003 - BLUE BELL TOWER	A&E Services (Contract Administration (1480)) Description : Bluebell Tower Architect and Engineering Services	1480		\$25,000.00				
	Total:			\$1,557,030.00				

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

(2) To be completed for the Performance and Evaluation Report

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
<b>PHA Name:</b> Knox County Housing Authority				<b>Federal FFY of Grant:</b>	
<b>Development Number Name/PHA-Wide Activities</b>	<b>All Fund Obligated (Quarter Ending Date)</b>		<b>All Funds Expended (Quarter Ending Date)</b>		<b>Reasons for Revised Target Dates <sup>(1)</sup></b>
	<b>Original Obligation End Date</b>	<b>Actual Obligation End Date</b>	<b>Original Expenditure End Date</b>	<b>Actual Expenditure End Date</b>	

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



Capital Fund Program - Five-Year Action Plan

Status: Approved

Approval Date: 10/24/2024

Approved By: DIPIETRO, STEVEN

<b>Part I: Summary</b>						
<b>PHA Name :</b> Knox County Housing Authority			<b>Locality (City/County &amp; State)</b>			
<b>PHA Number:</b> IL085			<input type="checkbox"/> <b>Original 5-Year Plan</b>		<input checked="" type="checkbox"/> <b>Revised 5-Year Plan (Revision No: )</b>	
<b>A.</b>	<b>Development Number and Name</b>	<b>Work Statement for Year 1 2021</b>	<b>Work Statement for Year 2 2022</b>	<b>Work Statement for Year 3 2023</b>	<b>Work Statement for Year 4 2024</b>	<b>Work Statement for Year 5 2025</b>
	AUTHORITY-WIDE	\$100,000.00	\$100,000.00	\$100,000.00	\$100,000.00	\$100,000.00
	MOON TOWERS (IL085000001)	\$570,000.00	\$554,744.14	\$175,000.00	\$1,267,030.00	\$568,736.00
	FAMILY HOUSING (IL085000002)	\$492,793.00	\$583,581.36	\$1,089,740.00	\$135,000.00	\$833,294.00
	BLUE BELL TOWER (IL085000003)	\$52,000.00	\$234,044.50	\$155,000.00	\$55,000.00	\$55,000.00

<b>Part II: Supporting Pages - Physical Needs Work Statements (s)</b>				
<b>Work Statement for Year 1 2021</b>				
<b>Identifier</b>	<b>Development Number/Name</b>	<b>General Description of Major Work Categories</b>	<b>Quantity</b>	<b>Estimated Cost</b>
	AUTHORITY-WIDE (NAWASD)			\$100,000.00
ID0001	Administration(Administration (1410)-Salaries)	COCC-Administration		\$100,000.00
	MOON TOWERS (IL085000001)			\$570,000.00
ID0002	Operations(Operations (1406))	Moon Towers Operations		\$55,000.00
ID0005	A&E Services(Contract Administration (1480)-Other Fees and Costs)	Moon Towers Architect and Engineering Services		\$15,000.00
ID0038	Moon Towers Roof Replacement(Non-Dwelling Exterior (1480)-Roofs)	Replace roof at towers, community room and penthouses including membrane, insulation and flashing		\$500,000.00
	FAMILY HOUSING (IL085000002)			\$492,793.00

<b>Part II: Supporting Pages - Physical Needs Work Statements (s)</b>				
<b>Work Statement for Year 1 2021</b>				
<b>Identifier</b>	<b>Development Number/Name</b>	<b>General Description of Major Work Categories</b>	<b>Quantity</b>	<b>Estimated Cost</b>
ID0003	Operations(Operations (1406))	Family Sites Operations		\$103,000.00
ID0006	A&E Services(Contract Administration (1480)-Other Fees and Costs)	Family Sites Architect and Engineering Services		\$55,483.00
ID0039	Phase 4 - 504 Modifications(Non-Dwelling Site Work (1480)-Playground Areas - Equipment)	Replace equipment & ensure accessibility at 3 family sites playgrounds		\$334,310.00
	BLUE BELL TOWER (IL085000003)			\$52,000.00
ID0004	Operations(Operations (1406))	Bluebell Tower Operations		\$42,000.00
ID0007	A&E Services(Contract Administration (1480)-Other Fees and Costs)	Bluebell Towers Architect and Engineering Services		\$10,000.00
	Subtotal of Estimated Cost			\$1,214,793.00

<b>Part II: Supporting Pages - Physical Needs Work Statements (s)</b>				
<b>Work Statement for Year</b>				
	2	2022		
<b>Identifier</b>	<b>Development Number/Name</b>	<b>General Description of Major Work Categories</b>	<b>Quantity</b>	<b>Estimated Cost</b>
	AUTHORITY-WIDE (NAWASD)			\$100,000.00
ID0009	Administration(Administration (1410)-Salaries)	COCC Administration		\$100,000.00
	MOON TOWERS (IL085000001)			\$554,744.14
ID0010	Operations(Operations (1406))	Moon Towers Operations		\$55,000.00
ID0013	A&E Services(Contract Administration (1480)-Other Fees and Costs)	Moon Towers Architect and Engineering Services		\$30,000.00
ID0044	Lighting(Non-Dwelling Exterior (1480)-Lighting,Non-Dwelling Interior (1480)-Electrical,Non-Dwelling Site Work (1480)-Lighting)	Replacement of interior (common areas, hallways and offices) and exterior (parking lots and common areas) lighting fixtures; install additional light fixtures as necessary		\$206,744.14
ID0075	Roof Replacment(Non-Dwelling Exterior (1480)-Roofs)	Moon Towers roof replacement		\$263,000.00

<b>Part II: Supporting Pages - Physical Needs Work Statements (s)</b>				
<b>Work Statement for Year</b>				
2		2022		
<b>Identifier</b>	<b>Development Number/Name</b>	<b>General Description of Major Work Categories</b>	<b>Quantity</b>	<b>Estimated Cost</b>
	FAMILY HOUSING (IL085000002)			\$583,581.36
ID0011	Operations(Operations (1406))	Family Sites Operations		\$103,000.00
ID0014	A&E Services(Contract Administration (1480)-Other Fees and Costs)	Family Sites Architect and Engineering Services		\$60,000.00
ID0045	Lighting(Non-Dwelling Exterior (1480)-Lighting,Non-Dwelling Interior (1480)-Electrical,Non-Dwelling Site Work (1480)-Lighting)	Replacement of interior (common areas, hallways and offices) and exterior (parking lots and common areas) lighting fixtures; install additional light fixtures as necessary		\$233,680.36
ID0072	Replace HVAC Equipment(Non-Dwelling Interior (1480)-Mechanical)	Replace furnaces and air conditioners		\$37,984.00
ID0074	CCP Drainage & Unit Renovation Project(Dwelling Unit-Exterior (1480)-Other,Dwelling Unit-Interior (1480)-Flooring (non routine),Dwelling Unit-Interior (1480)-Interior Painting (non routine),Dwelling Unit-Interior (1480)-Other,Dwelling Unit-Site Work (1480)-Other)	Reroute drainage away from unit; interior repairs from water infiltration; site work		\$72,600.00
ID0076	Playground Installation(Non-Dwelling Site Work (1480)-Playground Areas - Equipment)	Installation of accessible playgrounds at Family Sites/phase 4 of 504 project		\$49,317.00

<b>Part II: Supporting Pages - Physical Needs Work Statements (s)</b>				
<b>Work Statement for Year</b>				
2		2022		
<b>Identifier</b>	<b>Development Number/Name</b>	<b>General Description of Major Work Categories</b>	<b>Quantity</b>	<b>Estimated Cost</b>
ID0077	Site drainage(Non-Dwelling Site Work (1480)-Curb and Gutter,Non-Dwelling Site Work (1480)-Storm Drainage)	Site drainage at CCP to improve water drainage flow		\$27,000.00
	BLUE BELL TOWER (IL085000003)			\$234,044.50
ID0012	Operations(Operations (1406))	Bluebell Tower Operations		\$42,000.00
ID0015	A&E Services(Contract Administration (1480)-Other Fees and Costs)	Bluebell Tower Architect and Engineering Services		\$10,000.00
ID0046	Lighting(Non-Dwelling Interior (1480)-Electrical,Non-Dwelling Site Work (1480)-Lighting,Non-Dwelling Exterior (1480)-Lighting)	Replacement of interior (common areas, hallways and offices) and exterior (parking lots and common areas) lighting fixtures; install additional light fixtures as necessary		\$109,044.50
ID0053	Gazebo(Non-Dwelling Construction-New Construction (1480)-Other)	Demolition of existing gazebo and construction of new gazebo at Bluebell Tower		\$73,000.00
	Subtotal of Estimated Cost			\$1,472,370.00

Part II: Supporting Pages - Physical Needs Work Statements (s)				
Work Statement for Year 3 2023				
Identifier	Development Number/Name	General Description of Major Work Categories	Quantity	Estimated Cost
	BLUE BELL TOWER (IL085000003)			\$155,000.00
ID0000139	Blue Bell elevator pistons(Non-Dwelling Interior (1480)-Mechanical)	Replacement of elevator pistons at Blue Bell Tower		\$100,000.00
ID0020	Operations(Operations (1406))	Bluebell Tower Operations		\$30,000.00
ID0023	A&E Services(Contract Administration (1480)-Other Fees and Costs)	Bluebell Tower Architect and Engineering Services		\$25,000.00
	MOON TOWERS (IL085000001)			\$175,000.00
ID0000140	Moon Towers elevator cabs(Non-Dwelling Interior (1480)-Mechanical)	Renovations to elevator cabs at Moon Towers		\$60,000.00
ID0018	Operations(Operations (1406))	Moon Towers Operations		\$100,000.00







<b>Part II: Supporting Pages - Physical Needs Work Statements (s)</b>				
<b>Work Statement for Year 4 2024</b>				
<b>Identifier</b>	<b>Development Number/Name</b>	<b>General Description of Major Work Categories</b>	<b>Quantity</b>	<b>Estimated Cost</b>
	AUTHORITY-WIDE (NAWASD)			\$100,000.00
ID0024	Administration(Administration (1410)-Salaries)	COCC Administration		\$100,000.00
	MOON TOWERS (IL085000001)			\$1,267,030.00
ID0025	Operations(Operations (1406))	Moon Towers Operations		\$100,000.00
ID0028	A&E Services(Contract Administration (1480)-Other Fees and Costs)	Moon Towers Architect and Engineering Services		\$50,000.00
ID0000141	Moon Towers masonry/structural work(Non-Dwelling Exterior (1480)-Other,Non-Dwelling Exterior (1480)-Tuck Pointing)	Masonry/structural work at Moon Towers		\$1,117,030.00
	FAMILY HOUSING (IL085000002)			\$135,000.00

<b>Part II: Supporting Pages - Physical Needs Work Statements (s)</b>				
<b>Work Statement for Year 4 2024</b>				
<b>Identifier</b>	<b>Development Number/Name</b>	<b>General Description of Major Work Categories</b>	<b>Quantity</b>	<b>Estimated Cost</b>
ID0026	Operations(Operations (1406))	Family Sites Operations		\$120,000.00
ID0029	A&E Services(Contract Administration (1480)-Other Fees and Costs)	Family Sites Architect and Engineering Services		\$15,000.00
	BLUE BELL TOWER (IL085000003)			\$55,000.00
ID0027	Operations(Operations (1406))	Bluebell Tower Operations		\$30,000.00
ID0030	A&E Services(Contract Administration (1480)-Other Fees and Costs)	Bluebell Tower Architect and Engineering Services		\$25,000.00
	Subtotal of Estimated Cost			\$1,557,030.00

<b>Part II: Supporting Pages - Physical Needs Work Statements (s)</b>				
<b>Work Statement for Year</b> 5		2025		
<b>Identifier</b>	<b>Development Number/Name</b>	<b>General Description of Major Work Categories</b>	<b>Quantity</b>	<b>Estimated Cost</b>
	MOON TOWERS (IL085000001)			\$568,736.00
ID0000142	Moon Towers Masonry/Structural work(Non-Dwelling Exterior (1480)-Other,Non-Dwelling Exterior (1480)-Tuck Pointing)	Masonry/structural work at Moon Towers		\$53,736.00
ID0000143	Moon Towers generator(Non-Dwelling Construction - Mechanical (1480)-Generator)	Replacement of generator at Moon Towers		\$40,000.00
ID0000147	Boiler Replacement(Non-Dwelling Construction - Mechanical (1480)-Central Boiler)	Boiler replacement at Blue Bell Tower		\$75,000.00
ID0032	Operations(Operations (1406))	Moon Towers Operations		\$100,000.00
ID0035	A&E Services(Contract Administration (1480)-Other Fees and Costs)	Moon Towers Architect and Engineering Services		\$50,000.00
ID0042	Flooring Replacement(Non-Dwelling Interior (1480)-Common Area Flooring)	Installation of new flooring at Moon Towers (in common areas)		\$250,000.00

<b>Part II: Supporting Pages - Physical Needs Work Statements (s)</b>					
<b>Work Statement for Year</b>		<b>5</b>	<b>2025</b>		
<b>Identifier</b>	<b>Development Number/Name</b>	<b>General Description of Major Work Categories</b>		<b>Quantity</b>	<b>Estimated Cost</b>
	FAMILY HOUSING (IL085000002)				\$833,294.00
ID0000144	Storm Door Replacment(Dwelling Unit-Exterior (1480)-Exterior Doors)	Replacement of storm doors at Family Sites			\$270,000.00
ID0000145	Mailboxes & Unit Numbers(Dwelling Unit-Exterior (1480)-Mail Facilities,Dwelling Unit-Exterior (1480)-Other)	Replacement of mailboxes and unit numbers at Family Sites			\$30,000.00
ID0000146	Bathroom renovations(Dwelling Unit-Interior (1480)-Bathroom Counters and Sinks,Dwelling Unit-Interior (1480)-Bathroom Flooring (non cyclical),Dwelling Unit-Interior (1480)-Commodes,Dwelling Unit-Interior (1480)-Plumbing,Dwelling Unit-Interior (1480)-Tubs and Showers)	Bathroom renovations at Family Sites			\$398,294.00
ID0033	Operations(Operations (1406))	Family Sites Operations			\$120,000.00
ID0036	A&E Services(Contract Administration (1480)-Other Fees and Costs)	Family Sites Architect and Engineering Services			\$15,000.00
	AUTHORITY-WIDE (NAWASD)				\$100,000.00



<b>Part III: Supporting Pages - Management Needs Work Statements (s)</b>	
<b>Work Statement for Year</b> 1	2021
<b>Development Number/Name General Description of Major Work Categories</b>	<b>Estimated Cost</b>
Housing Authority Wide	
Administration(Administration (1410)-Salaries)	\$100,000.00
Subtotal of Estimated Cost	\$100,000.00

<b>Part III: Supporting Pages - Management Needs Work Statements (s)</b>	
<b>Work Statement for Year</b> 2	2022
<b>Development Number/Name General Description of Major Work Categories</b>	<b>Estimated Cost</b>
Housing Authority Wide	
Administration(Administration (1410)-Salaries)	\$100,000.00
Subtotal of Estimated Cost	\$100,000.00



<b>Part III: Supporting Pages - Management Needs Work Statements (s)</b>	
<b>Work Statement for Year</b> 3	2023
<b>Development Number/Name General Description of Major Work Categories</b>	<b>Estimated Cost</b>
Housing Authority Wide	
Administration(Administration (1410)-Salaries)	\$100,000.00
Subtotal of Estimated Cost	\$100,000.00

<b>Part III: Supporting Pages - Management Needs Work Statements (s)</b>	
<b>Work Statement for Year</b> 4	2024
<b>Development Number/Name General Description of Major Work Categories</b>	<b>Estimated Cost</b>
Housing Authority Wide	
Administration(Administration (1410)-Salaries)	\$100,000.00
Subtotal of Estimated Cost	\$100,000.00

<b>Part III: Supporting Pages - Management Needs Work Statements (s)</b>	
<b>Work Statement for Year</b> 5	2025
<b>Development Number/Name General Description of Major Work Categories</b>	<b>Estimated Cost</b>
Housing Authority Wide	
Administration(Administration (1410)-Salaries)	\$100,000.00
Subtotal of Estimated Cost	\$100,000.00



**IL085 KNOX COUNTY HOUSING AUTHORITY  
FY 04/01/2025 – 03/31/2026 ANNUAL PLAN SUBMISSION  
ATTACHMENT 7.0  
Challenged Elements**

1. At the time of submission, there have been no challenged elements.

# PUBLIC NOTICE

**GALESBURG, IL, 11/01/2024:** The Knox County Housing Authority (KCHA) hereby announces its annual policy revisions and planning processes in accordance with federal regulations. 24 CFR § 903.17 requires a public housing authority to “Make the proposed PHA plan(s), the required attachments and documents related to the plans, and all relevant information available for inspection by the public at the principal office of the PHA during normal business hours.”

The **KCHA Annual Plan and Associated Documents for FYE 03/31/2026** are hereby made available for review:

- Public Housing Admissions and Continued Occupancy Policy (ACOP)
- Housing Choice Voucher Program Administrative Plan (Admin Plan)
- KCHA Public Housing Lease

The documents are available for review at the following locations:

- Central Office Cost Center: 216 W. Simmons St. Galesburg, IL 61401
- Moon Towers: 255 W. Tompkins St. Galesburg, IL 61401
- Cedar Creek Place: 1598 McKnight St. Galesburg, IL 61401
- Bluebell Tower: 300 N. Jefferson St. Abingdon, IL 61410
- [www.knoxcountyhousing.org](http://www.knoxcountyhousing.org)

The KCHA will hold a public hearing regarding the proposed PHA Annual Plan submissions at the following location, date, and time:

- **Thursday, December 19, 2024 @ 11:00 AM**
- **Moon Towers Community Room**  
**255 W. Tompkins St.**  
**Galesburg, IL 61401**

The general public is invited to present either oral or written comments on the proposed plans. Interested persons who do not wish to attend the hearing may also submit comments for review. Comments or questions regarding this notice should be addressed to:

Derek Antoine, Executive Director  
**Annual Plan Review and Comment**  
Knox County Housing Authority  
216 W. Simmons St.  
Galesburg, IL 61401  
(309) 342.8129 ext. 1223  
[dantoine@knoxhousing.org](mailto:dantoine@knoxhousing.org)