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AUG 31 2005

OFFICE OF AUDITS

Chicago Better Housing Association, Inc.

AUDIT REPORT

06-30-04



Chicago Better Housing Assoc. Oct 05 1st

ALOIS MAURICE BELL
Certified Public Accountant

To the Board of Directors
Chicago Better Housing Association, Inc.

Independent Auditor's Report

We have audited the accompanying statement of revenues and expenditures of grant # 01-127203, Chicago Better Housing Association, Inc. (a nonprofit organization) as of June 30, 2004. The financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in government auditing standards, issued by the comptroller general of the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the statements are free of material misstatement. An audit includes examining on a test basis, evidence supporting the amounts and disclosures in the revenue and expenditures. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion the statement referred to above present fairly in all material respects the financial position of grant # 01-27203 as of June 30, 2004 in conformity with accounting principles generally accepted in the United States of America.

Alois Maurice Bell
Certified Public Accountant



Chicago, Illinois
August 31, 2004

ALOIS MAURICE BELL
Certified Public Accountant

Board President & Members
Chicago Better Housing Association, Inc.

Independent Accountant's Report

We have affirmed Chicago Better Housing Association, Inc. compliance with the audit requirements of Illinois Department of Commerce and Economic Opportunity grant #01-127203, including the attached Revenue and Expenditure Statement with budget comparison during the period ending 06/30/04. Management is responsible for Chicago Better Housing Association's compliance with those requirements. Our responsibility is to express an opinion on Chicago Better Housing Association, Inc. compliance based on our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants and accordingly, included examining, on a test basis, evidence about Chicago Better Housing Association's compliance with the following requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our examination does not provide a legal determination of Chicago Better Housing Association's compliance with the following requirements:

1. The grantee completed the activities in the Scope of Work within the grant term.
2. The grantee obtained prior written approval from the Department for material changes from the performance of the activities described in the Scope of Work.
3. The grantee expended grant funds within the grant period.
4. The grantee adhered to the grant budget.
5. The grantee obtained prior written approvals from the Department for any material variances in its expenditure of grant funds.
6. The grantee adequately accounted for the receipts and expenditures of grant funds.
7. The grantee returned grant funds and interest to the Department in accordance with the provisions of the grant agreement.
8. The amounts reported in the grantee's close out package are traceable to its general ledger.

In our opinion Chicago Better Housing Association, Inc. complies, in all material respects, with the aforementioned requirements.

Alois Maurice Bell



Certified Public Accountant

7/30/05

Chicago Better Housing Association, Inc.
Grantee # 01-127203

Statement of Revenue and Expenditures,
Budget Versus Actual

Period ending 06/30/04

	Budget	Actual	Difference
Grant Revenue			
Grant Interest	100,000	100,000	0
		413.00	413.00 - <i>Returned</i>
Grant Expenditures			
Clearing & Grubbing	4,500	4,500	0
Remove existing asphalt & paving	14,783	14,783	0
Removal of concrete paving	11,280	11,280	0
Removal of underground debris	2,000	2,000	0
Install catch basin	20,000	20,000	0
Trench & install sewer pipes	18,600	18,600	0
Trench & install drain tile & gravel	20,000	20,000	0
Install street connection	7,500	7,500	0
Purchase of & install top soil	<u>1,337</u>	<u>1,337</u>	0
Total Expenditures	100,000	100,000	413.00
Excess of Revenue/Interest	\$	\$413.00	\$413.00

Note to Statement of Revenue and Expenditures, Budget Versus Actual-
Chicago Better Housing Association, Inc. complied, in all material
respects, with the compliance requirements of Section 2.1 grant agreement
01-127203. No exceptions.



ILLINOIS DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY

ROD R. BLAGOJEVICH
GOVERNOR

JACK LAV
DIRECTOR

December 18, 2004

Mr. Kenny Smith, President
Chicago Better Housing Associa
C/O Chicago Better Housing Associa
6701 S EMERALD AVE
Chicago, IL 60621-2508

Re: Subgrant No. 01-127203 Close-Out Package

Dear Mr. Smith:

The Department is in receipt of the close-out package you submitted in connection with the above referenced grant. Based upon the information provided in your close-out package, we have determined that you are in compliance with the close-out requirements of your grant agreement.

Notwithstanding, it is important for you to continue to comply with the provisions of Part V of the agreement which require that you (i) retain all records documenting the expenditure of grant funds for a period of three years following expiration of the grant term, and (ii) cooperate with any audit conducted by the Department, or the State Auditor General during this three year period.

Nothing in this letter should be construed as a waiver of the Department's rights under the agreement to pursue any and all legal remedies available to it, including, but not limited to recovery of grant funds, if, as the result of any programmatic or financial review currently in process, any compliance or financial audit submitted after the expiration date of the agreement, or any audit conducted during the three-year records retention period we determine that:

- * ineligible expenditures of funds provided under this grant were made during the grant term;
- * the information that you included in your close-out package was fraudulent or false when submitted; or
- * you have otherwise failed to comply with material provisions of the grant agreement.

Thank you for your cooperation in this matter.

Sincerely,

Christi DeGroot
Assistant Manager
Accounting Office

CC: **Patty Hughes**
Close-Out File

620 East Adams Street
Springfield, Illinois 62701

317792-7800
FAX:317798-6484 TDD:800/798-8088

James R. Thompson Center
100 West Randolph Street, Suite 3-400
Chicago, Illinois 60601

312/814-7179
FAX:312/814-8732 TDD:800/418-0867

Internet Address: <http://www.commerce.state.il.us>

807 East Adams Street
Springfield, Illinois 62781

317798-2888
FAX:317798-2618 TDD:317798-0211

230 West Main, Suite 170
Morton, Illinois 62568

618/987-4288
FAX:618/987-1828 TDD:800/530-4844



Illinois FIRST

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Member Initiative Grant Survey OCT 26 2000

1) GRANTEE/PROJECT INFORMATION Illinois First Grant Unit Project No.: SD 0344
(Provided on survey cover memo.)

Legal Name of Grantee: CHICAGO BETTER HOUSING ASSOCIATION

Name of Chief Executive: KENNY B. SMITH Title: PRESIDENT/CEO

Address: 4701 S. Emerald

City: CHICAGO State: ILL ZIP + 4: 60621-2509
(Mandatory)

County: COOK Business Phone: (312) 307-5936

Fax: () - E-mail address:

Name of Project Contact/Administrator of Grant (if other than chief executive officer):
NA
(Enter name of the project contact person if someone other than Grantee's chief executive officer.)

Title: _____ Contact's Phone: () - _____
 Fax: () - E-mail address: _____

TYPE OF ORGANIZATION (Check only one):

- Individual
- Owner of Sole Proprietorship
- Partnership
- Tax-exempt hospital or extended care facility
- Corporation providing or billing medical and/or health care services
- Corporation NOT providing or billing medical and/or health care services
- Not-for-profit Corporation
- Medical & Health Care Provider Corporation (If not-for-profit, please include a separate list of all board members.)
- Governmental Entity
- Nonresident alien
- Estate or legal trust
- Foreign corporation, partnership or trust
- Other - not-for-profit organization:

- Other: _____

For entities other than governmental entities, indicate the year that the organization was legally established: _____

Attach documentation of Good Standing Status. (Non-governmental Grantees only. Available from the Illinois Secretary of State's Office, Department of Business Services - 217/782-7880 or 217/782-6961.)

FEIN: [REDACTED] (9 digit federal taxpayer identification number)

Owner of FEIN: Chicago Better Housing Assoc.

(NOTE: You must provide the FEIN number of the entity that will directly receive the grant funds from DCCA. Do not use the FEIN number of any Subgrantee or affiliate of the Grantee.)



Illinois FIRST

Member Initiative Grant Survey

- 2) Please use the space below to provide a *detailed narrative* description of the Project, which will be funded by the grant (e.g., construction/renovation activities; equipment/land acquisition; development/delivery of programs and services (including administrative activities); or other activities). This information will be included in the Grant Agreement as the Scope of Work.

SCOPE OF WORK

PLEASE SEE ATTACHED.

PAGE 6



Illinois FIRST

Member Initiative Grant Survey

If this grant will be funding a social service program (i.e., after school programs through a Boys & Girls Club, job training, etc.), please continue with questions 3 & 4. If not, please skip to question 5.

- 3) Describe any eligibility criteria for participation in your program (i.e., income level, age, employment status, etc.):

NA

- 4) Provide a detailed description of: a) your program's goals; and b) services provided to eligible clients. If there are different levels of eligibility (such as ranges of client income), please describe the services provided to each level if they are not identical.

a)

NA

b)

If your program is viewed to be consistent with the goals of the Federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA), further information may be requested.

- 5) What is the public purpose? Why is this project necessary? What is the expected benefit of this project: (e.g. city will no longer be on IEPA restricted status list; unemployed persons will receive job training, etc.)?

PLEASE SEE ATTACHED.
PAGE 6

- 6) Estimated Number of Persons to be Served/Benefited from Project: 100 FAMILIES LIVING IN IMMEDIATE AREA.



Illinois FIRST

Member Initiative Grant Survey

7) Attach copies of any public hearings, board meeting minutes, newspaper articles, or other documents that would evidence local support for this project (if available).

8) Do you anticipate any opposition to this project? Yes No If yes, please describe:

9) Timetable for Completion: Start Date: 10 / 1 / 2000 Completion Date: 10 / 1 / 2003
(NOTE: Project should not begin prior to July 1, 2000 and must be completed no later than June 30, 2002.)

a) Describe any actions/approvals that must be completed prior to the start of this project, with corresponding time frames for completion: APPROVALS IN PLACE

b) Provide an estimated monthly expenditure of grant funds once the project starts (NOTE: (CONSTRUCTION PROJECTS ONLY):

Month 1: \$ <u>34,722.50</u>	Month 13: \$ _____
Month 2: _____	Month 14: _____
Month 3: <u>65,277.50</u>	Month 15: _____
Month 4: _____	Month 16: _____
Month 5: _____	Month 17: _____
Month 6: _____	Month 18: _____
Month 7: _____	Month 19: _____
Month 8: _____	Month 20: _____
Month 9: _____	Month 21: _____
Month 10: _____	Month 22: _____
Month 11: _____	Month 23: _____
Month 12: _____	Month 24: _____

(NOTE: include only grant funds in this estimated monthly cash flow, not any match funds from other sources.)



Illinois FIRST

Member Initiative Grant Survey

10) When completed, this information will be incorporated into the Grant Agreement as the Project Budget. Activities listed in this budget should be consistent with activities described in the Scope of Work. (See sample budgets on next two pages.)

BUDGET

ACTIVITY LINE ITEM **	GRANT AMOUNT *	OTHER PROJECT FUNDS (if applicable)
1. <u>CLEARING AND GRUBBING</u>	<u>4,500.00</u>	
2. <u>REMOVE EXISTING ASPHALT PAVING</u>	<u>14,782.50</u>	
3. <u>REMOVE EXISTING CONCRETE PAVING</u>	<u>11,280.00</u>	
4. <u>MISCELLANEOUS REMOVAL OF UNDERGROUND DEBRIS</u>	<u>2,000.00</u>	
5. <u>INSTALL CATCH BASIN</u>	<u>20,000.00</u>	
6. <u>TRENCH AND INSTALL SEWER PIPE</u>	<u>18,600.00</u>	
7. <u>TRENCH AND INSTALL 4" PERFORATED DRAINAGE AND GRAVEL</u>	<u>20,000.00</u>	
8. <u>STREET CONNECTION PROVIDE + INSTALL</u>	<u>7,500.00</u>	
9. <u>NEW TOPSOIL</u>	<u>1,337.50</u>	<u>\$33,662.50</u>
10. <u>CHICAGO PARK DIST. & OTHER CITY DEPT.'S</u>	<u>-0-</u>	<u>1,000,717.26</u>
11. <u>(PLEASE SEE ATTACHED) OVERALL BUDGET</u>		
12.		
13.		
14.		
15.		
TOTAL \$	<u>100,000</u>	<u>\$1,034,379.76</u>

* Grant amount column must total the grant amount to be received from DCCA.

** For all personnel being paid in-full or in-part with Illinois FIRST Grant Funds, a complete job description must be included.



Illinois FIRST

Member Initiative Grant Survey

11) Other Funding: Are other funds necessary to complete this project? Yes No

If yes, indicate the amount, source and status of those funds below (This should total "Other Project Funds" column on page 6.):

● Amount of Federal Matching Funds: \$ 33,662.50 Status: Approved Pending

(Name of Federal Funding Agency: U.S. DEPT. OF AGRICULTURE)

● Amount of Local Matching Funds: \$ 1,000,717.26 Status: Approved Pending

(Source of Local Match: CHICAGO PARK DIST. + OTHER CITY DEPT. AS NEEDED.)

● Amount of other State Funds: \$ _____ Status: Approved Pending

(Name of Other State Funding Agency: NA)

● List other Illinois FIRST grants this Grantee is receiving this Fiscal Year (FY '01):

NA

● List any other grants this Grantee received from DCCA within the last three years (Provide DCCA Grant Number):

NONE

This survey was completed by:

KENNY SMITH

Printed Name

Kenny Smith

Signature

10/20/00

Date