

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

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 08/31/2011

Part I: Summary

PHA Name:	Grant Type and Number Capital Fund/Program Grant No. Date of CFP:	Replacement Housing Factor Grant No:	FY of Grant:
			FY of Grant Approval:

Line	Type of Grant Original Annual Statement Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies	Revised Annual Statement (revision no: )		Total Actual Cost <sup>1</sup>	
			Final Performance and Evaluation Report			
	Summary by Development Account		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures					
11	1465 1 Dwelling Equipment—Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495 1 Relocation Costs					
17	1499 Development Activities <sup>4</sup>					
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant (sum of lines 2 - 19)					
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					

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

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<b>Part I: Summary</b>		Grant Type and Number Capital Fund Program Grant No: _____		Replacement Housing Factor Grant No: _____		FFY of Grant: _____	
PHA Name: _____		Date of CRP: _____				FFY of Grant Approval: _____	
Type of Grant Original Annual Statement Performance and Evaluation Report for Period Ending: _____				Reserve for Disasters/Emergencies Revised Annual Statement (revision no: ) Final Performance and Evaluation Report			
Line		Summary by Development Account		Original Revised		Total Estimated Cost	
Signature of Executive Director		Date		Signature of Public Housing Director		Date	
				Total Actual Cost <sup>1</sup>		Obligated	
						Expended	







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Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name:		Federal FFY of Grant:				Reasons for Revised Target Dates
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	

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.