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

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

Part I	Part I: Summary				
PHA Name:	ame:	Grant Typeand Number	Replacement Housing Factor Grant No:	Grant No:	FFY of Grant:
		Date of CFR?	,		FFY of Grant Approval:
Type o					
	Original Annual Statement Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies Revised A	Revised Annual Statement (revision no:  Final Performance and Evaluation Report	n Report	
Line	Summary by Development Account	Total Est	Total Estimated Cost		Total Actual Cost 1
		Original	Revised 2	Obligated	Expended
_	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) 3				
w	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				
<b>œ</b>	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				
18a	1501 Collateralization or Debt Service paid by the PHA	iA			
18ba	9000 Collateralization or Debt Service paid Via System of Direct	)f Direct			
5	rayment (managed 90% of line 70)				
3 5	1502 Contingency (may not exceed 676 of time 20)				
3.2	Amount of Silva 20 Beleted to I BB Activities				
1 2	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	Measures			

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

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PHA Name:	Grant Typeand Number Capital FundProgram Grant No: Date of CEEP	Replacement Housing Factor Grant No.		FFY of Grant Approval:
	Date of CFFP:			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	no: ) n Report	
Line   Summary by Development Account	Total E	Total Estimated Cost	Total	Total Actual Cost 1
	Original Revised		Obligated	Expended
Signature of Executive Director	Date	Signature of Public Housing Director	)irector	Date

Part II: Supporting Pages						Ja Vala Inserva	**************************************	
PHA Name:	Grant Type and Number Capital Fund Program Grant Replacement Housing Fact	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:	No:	CFFP (Yes/No):	es/No):	rederal RFY of Grant:	rant:	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Co	nated Cost	Total Actual Cost	ıal Cost	Status of Work
				Original	Revised 1	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
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<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>2</sup> To be completed for the Performance and Evaluation Report.

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Part II: Supporting Pages	ages							
PHA Name:		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:	Zo:	CFFP (	CFFP (Yes/No):	Federal FFY of Grant:	ant:	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost	nated Cost	Total Actual Cost	al Cost	Status of Work
				Original	Revised	Funds Obligated	Funds Expended <sup>2</sup>	
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<sup>&#</sup>x27;To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
'To be completed for the Performance and Evaluation Report.

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

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Part III: Implementation Schedule for Capital Fund Financing Program

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