"Public reporting burden for this collection of information is estimated to average 2.2 hours. This includes the time for collecting, reviewing, and reporting the data. The information requested is required to obtain a benefit. This form is used to verify allowable and reasonableness of grant expenses. There are no assurances of confidentiality. HUD may not conduct or sponsor, and an applicant is not required to respond to a collection of information unless it displays a currently valid OMB control number.

PHA Name	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: FFY of Grant Approval:
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Type of Grant

□ Original Annual Statement □ Reserve for Disasters/Emergencies □ Performance and Evaluation Report for Period Ending:

Revised Annual Statement (revision no:

Final Performance and Evaluation Report

Line	Summary by Development Account		Total Estimated Cost		Total Actual Cost 1		
		Original	Revised <sup>2</sup>	Obligated	Expended		
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 15) <sup>3</sup>						
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 15)						
5	1480 General Capital Activity						
6	1492 Moving to Work Demonstration						
7	1501 Collaterization Expense / Debt Service Paid by PHA						
8	1503 RAD-CFP						
9	1504 RAD Investment Activity						
10	1505 RAD-CPT						
11	9000 Debt Reserves						
12	9001 Bond Debt Obligation paid Via System of Direct Payment						
13	9002 Loan Debt Obligation paid Via System of Direct Payment						
14	9900 Post Audit Adjustment						

<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.

Part I: Su	Immary							
PHA Name	e: Grant Type and Number		FFY of Grant:					
	Capital Fund Program Grant No:	FFY of Grant Approval:						
	Replacement Housing Factor Grant No:							
	Date of CFFP:							
Type of Gr	ant		· · ·					
Origi	nal Annual Statement Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:					
Perfo	rmance and Evaluation Report for Period Ending:		Final Pe	rformance and Evaluation Report				
Line	Summary by Development Account	Total I	Estimated Cost	Total Actual Cost 1				
		Original	Revised <sup>2</sup>	Obligated	Expended			
15	Amount of Annual Grant:: (sum of lines 2 - 14)							
16	Amount of line 15 Related to LBP Activities							
17	Amount of line 15 Related Sect. 504, ADA, and Fair Housing Act Activities.							
18	Amount of line 15 Related to Security - Soft Costs							
19	Amount of line 15 Related to Security - Hard Costs							
20	Amount of line 15 Related to Energy Conservation Measures							
Signatur	e of Executive Director * Date	Sign	Signature of Public Housing Director Date					

\* I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, or submitting a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

<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.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0157 Expires 11/30/2023

Part II: Supporting Pages									
PHA Name: Gra Cap No: Rep		Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing – Factor Grant No:		Federal F	Federal FFY of Grant:				
Development Number Name/PHA-Wide Activities	General Description of Major Categories	Work	Development Account No.	Quantity	Total Estima	Total Estimated Cost		Cost	Status of Work
					Original	Revised 1	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	

<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.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0157 Expires 11/30/2023

Part II: Supporting Pages									
PHA Name: G C N R		Capital Fi No: CFFI	pe and Number und Program Grant P (Yes/ No): nent Housing rant No:			Federal F	FY of Grant:		
Development Number Name/PHA-Wide Activities	General Description of Major Categories	Work	Development Account No.	Quantity	Total Estima	Total Estimated Cost		Cost	Status of Work
					Original	Revised 1	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
								1	
								<u> </u>	
								1	

<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.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0157 Expires 11/30/2023

Part III: Implementation Schedu	le for Capital Fund Fina	ancing Program			
PHA Name:	Federal FFY of Grant:				
Development Number	All Fund	Reasons for Revised Target Dates <sup>1</sup>			
Name/PHA-Wide	(Quarter Ending Date)		(Quarter I	Ending Date)	
Activities					
	Original	Actual Obligation	Original Expenditure	Actual Expenditure End	
	Obligation End	End Date	End Date	Date	
	Date				

<sup>1</sup> 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.

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

<sup>1</sup> 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.