

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: HOUSING AUTHORITY CITY OF VINCENNES _____ PHA Code: IN002 PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): 07/01/2009				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: 367 Number of HCV units: 372				
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH HCV
	PHA 2:				
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:				
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. IN002004004 SUNSET COURT/DISPOSITION/DEMOLITION APPLICATION IN002002002 FRENCH TOWNE SPRINKLER SYSTEM IN002003003 PIANKESHAW PLACE SPRINKLER SYSTEM				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable. IN002004004 SUNSET COURT/DISPOSITION/DEMOLITION APPLICATION				
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.				
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFP financing. CFP 2007 CFP 2008				
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.				
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.				

9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <table border="0"> <tr> <td>WAITING LIST INFO</td> <td>PAYMENT STANDARDS</td> </tr> <tr> <td>588 < 30% AMI</td> <td>\$457 1 BEDROOM</td> </tr> <tr> <td>50 > 30% BUT < 50% AMI</td> <td>\$577 2 BEDROOM</td> </tr> <tr> <td>10 > 50% BUT < 80%</td> <td>\$714 3 BEDROOM</td> </tr> <tr> <td>14 ELDERLY</td> <td>\$891 4 BEDROOM</td> </tr> </table> <p>92 FAMILIES W/ DISABILITIES 601 WHITE 6 HISPANIC 42 AFRICAN AMERICAN</p>	WAITING LIST INFO	PAYMENT STANDARDS	588 < 30% AMI	\$457 1 BEDROOM	50 > 30% BUT < 50% AMI	\$577 2 BEDROOM	10 > 50% BUT < 80%	\$714 3 BEDROOM	14 ELDERLY	\$891 4 BEDROOM
WAITING LIST INFO	PAYMENT STANDARDS										
588 < 30% AMI	\$457 1 BEDROOM										
50 > 30% BUT < 50% AMI	\$577 2 BEDROOM										
10 > 50% BUT < 80%	\$714 3 BEDROOM										
14 ELDERLY	\$891 4 BEDROOM										

9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p>

11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>
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Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 Expires 4/30/2011

Part I: Summary						
PHA Name/Number HOUSING AUTHORITY CITY OF VINCENNES IN002		CITY OF VINCENNES, COUNTY OF KNOX, STATE OF INDIANA			<input type="checkbox"/> Original 5-Year Plan X Revision No: 3	
A.	Development Number and Name	Work Statement for Year 1 FFY 2005	Work Statement for Year 2 FFY 2006	Work Statement for Year 3 FFY 2007	Work Statement for Year 4 FFY 2008	Work Statement for Year 5 FFY 2009
B.	Physical Improvements Subtotal PHA WIDE	Annual Statement	345,181	217,268	369,000	373,000
C.	Management Improvements		48,000	78,707	73,000	73,000
D.	PHA-Wide Non-dwelling Structures and Equipment		37,000	50,854	52,518	51,518
E.	Administration			30,000	25,000	25,000
F.	Other FEES/COSTS		15,000	30,000	13,000	10,000
G.	Operations		111,295	101,707	133,000	133,000
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		556,476	508,536	665,518	665,518

Part II: Supporting Pages – Physical Needs Work Statement(s)						
Work Statement for Year 1 FFY 2005	Work Statement for Year 2006 FFY 2006			Work Statement for Year: 2007 FFY 2007		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	2-1 ROOF REPLACEMENT/ BEDROOM HANDRAILS			2-1 PLAYGROUND EQUIPMENT CURB REPLACEMENT		10,000 30,000
Annual	REPLACE GUTTERS /DOWNSPOUTS/ REPLACE UTILITY ROOM DOORS REPLACE WATER HEATERS			2-2 INSTALL BEDROOM CEILING FANS INSTALL TELESCOPIC SWING DOOR		12,000 10,000
Statement	2-2 CONSTRUCT HAIR SALON RELOCATE AC OUTLET EMERGENCY		13,527	2-3 INSTALL BEDROOM CEILING FANS CONSTRUCT REC ROOM CANOPY		19,000 15,000
	2-3 COMPLETE TILE WORK 2-4 REPLACE ROOFS/ENTRY & UTILITY ROOM DOORS/LOCKS		16,000 300,654	2-4 INSTALL COMM BLDG FLOORS/WINDOWS REPLACE UNIT CLOSET HARDWARE		10,000 20,000
	INSTALL CULVERT 2-5 MAINT ROOF/ EMERGENCY		15,000	INSTALL SECURITY CAMERAS INSTALL ATTIC INSULATION		20,000 20,000
				PLAYGROUND EQUIPMENT REPLACE REFRIGERATORS/ RANGES		35,000 40,000

Capital Fund Program—Five-Year Action Plan

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011**

Work Statement for Year 1 FFY 2005	Work Statement for Year 2008 FFY 2008			Work Statement for Year: 2009 FFY 2009		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	2-1 INSTALL SECURITY SCREENS		55,000	2-1 REPLACE WATER HEATERS SECURITY EQUIPMENT		45,000 32,800
Annual	INSTALL UNIT ENTRY DOOR SEC LOCKS		55,000	2-2 INSTALL UNIT DOORS/LOCKS UPDATE ELEVATORS INSTALL SPRINKLER SYSTEM		23,000 80,000 700,000
Statement	2-2 UNIT ENTRY DOOR SEC LOCKS		65,000	2-3 REPLACE UNIT TILE FLOORS UPDATE ELEVATORS INSTALL SPRINKLER SYSTEM		90,000 80,000 600,000
	2-3 INSTALL UNIT ENTRY SEC LOCKS		90,000	2-4 DEMOLITION SUNSET COURT HA WIDE REPLACE WATER HEATERS/ SECURITY EQUIPMENT		35,000 29,000 60,000
	2-4 CONSTRUCT TRASH CAN HOLDERS		5,000			
	INSTALL SECURITY SCREENS		45,000			
	INSTALL UNIT ENTRY SEC LOCKS		54,000			
		EST SUBTOTAL			EST SUBTOTAL	1,774,800

Part I: Summary		
PHA Name: HOUSING AUTHORITY CITY OF VINCENNES	Grant Type and Number Capital Fund Program Grant No: IN36P00250107 Replacement Housing Factor Grant No: Date of CFFP: 2007	FFY of Grant: 2007 FFY of Grant Approval:

Type of Grant
 Original Annual Statement **Reserve for Disasters/Emergencies** **Revised Annual Statement (revision no:)**
 Performance and Evaluation Report for Period Ending: **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	101,707			
3	1408 Management Improvements	78,707			
4	1410 Administration (may not exceed 10% of line 21)	36,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	30,000		30,000	10,722.94
8	1440 Site Acquisition				
9	1450 Site Improvement	20,000			
10	1460 Dwelling Structures	197,268		197,268	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	50,854		20,000	16365.51
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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 included here.

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 4/30/2011

Part I: Summary					
PHA Name: HOUSING AUTHORITY CITY OF VINCENNES	Grant Type and Number Capital Fund Program Grant No: IN36P00250107 Replacement Housing Factor Grant No: Date of CFFP: 2007	FFY of Grant:2007 FFY of Grant Approval:			
Type of Grant					
<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 ¹	
		Original	Revised ²	Obligated	Expended
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)	508,536			
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	20,207			
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director			Signature of Public Housing Director		
Date			Date		

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 included here.

Part II: Supporting Pages								
PHA Name: HOUSING AUTHORITY CITY OF VINCENNES		Grant Type and Number Capital Fund Program Grant No: IN36P00250107 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2007			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA WIDE	OPERATIONS	1406		101,707				
PHA WIDE	STAFF TRAINING	1408		35,000				
PHA WIDE	RESIDENT INITIATIVES	1408		3,500				
PHA WIDE	SECURITY	1408		20,207				
PHA WIDE	VEHICLE REPLACEMENT	1408		28,000				
PHA WIDE	COMPUTER SOFTWARE	1408		20,000				
PHA WIDE	MAINTENANCE EQUIPMENT	1475		15,000				
PHA WIDE	OFFICE EQUIPMENT	1475		7,854				
IN002001001	CURB REPLACEMENT	1460		9,000				
IN002003003	PAVING/STRIPING	1460		5,000				
IN002004004	LANDSCAPING/PAVING/STRIPING	1460		6,000				
IN002004004	ROOFS/ENTRY & UTILITY DOORS AND LOCKS	1460		197,268		197,268		
PHA WIDE	ADMINISTRATION	1410		30,000				
PHA WIDE	FEES/COSTS	1430		30,000				
	TOTAL			508,536				

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.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: HOUSING AUTHORITY CITY OF VINCENNES				Federal FFY of Grant: 2007	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA WIDE	12/01/2007		12/01/2009		
IN002001001	12/01/2007		12/01/2009		
IN002002002	12/01/2007		12/01/2009		
IN002003003	12/01/2007		12/01/2009		
IN002004004	12/01/2007		12/01/2009		

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.

Part I: Summary		
PHA Name: HOUSING AUTHORITY CITY OF VINCENNES	Grant Type and Number Capital Fund Program Grant No: IN36P00250108 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2008 FFY of Grant Approval:

Type of Grant <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		
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Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	113,743	113,743		
3	1408 Management Improvements	78,500	89,500		
4	1410 Administration (may not exceed 10% of line 21)	30,000	30,000		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	30,000	30,000		
8	1440 Site Acquisition				
9	1450 Site Improvement	35,000	65,000		
10	1460 Dwelling Structures	230,757	174,757		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	50,715	65,715		
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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 included here.

Part I: Summary					
PHA Name: HOUSING AUTHORITY CITY OF VINCENNES	Grant Type and Number Capital Fund Program Grant No: IN36P00250108 Replacement Housing Factor Grant No: Date of CFFP: 2008	FFY of Grant:2008 FFY of Grant Approval:			
Type of Grant					
<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 ¹	
		Original	Revised ²	Obligated	Expended
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)	568,715	568,715		
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	20,000	45,000		
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

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 included here.

Part II: Supporting Pages								
PHA Name: HOUSING AUTHORITY CITY OF VINCENNES		Grant Type and Number Capital Fund Program Grant No: IN36P00250108 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
PHA WIDE	OPERATION	1406		113,743	113,743			
PHA WIDE	STAFF TRAINING	1408		35,000	35,000			
PHA WIDE	RESIDENT INITIATIVES	1408		3,500	3,500			
PHA WIDE	COMPUTER SOFTWARE	1408		20,000	0			
PHA WIDE	SECURITY SOFT COSTS	1408		6,000	6,000			
PHA WIDE	SECURITY HARD COSTS	1408		14,000	45,000			
PHA WIDE	ADMINISTRATION	1410		30,000	30,000			
PHA WIDE	FEES/COSTS	1430		30,000	30,000			
PHA WIDE	LANDSCAPING/RESURFACING PARKING LOTS/TREE TRIMMING/REPAIR SINKHOLES/DITCH CLEANUP	1450		35,000	65,000			
PHA WIDE	COMPUTERS	1475			15,000			
PHA WIDE	TRASH TRUCK	1475		50,715	50,715			
IN002002002	TILE RECREATION ROOM	1460			12,020			
IN002003003	BEGIN INSTALLATIONS OF SPRINKLER SYSTEMS	1460		230757	162,737			
	TOTAL			568,715	568,715			

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.

Part I: Summary		
PHA Name: HOUSING AUTHORITY CITY OF VINCENNES	Grant Type and Number Capital Fund Program Grant No: 2009 STIMULAS RECOVERY Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: FFY of Grant Approval:

Type of Grant
 Original Annual Statement **Reserve for Disasters/Emergencies** **Revised Annual Statement (revision no: _____)**
 Performance and Evaluation Report for Period Ending: **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	71,988			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	647,892			
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 ⁴				

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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 included here.

Part I: Summary					
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:	
Type of Grant <input 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 ¹	
		Original	Revised ²	Obligated	Expended
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)	719,880			
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				
Signature of Executive Director			Date	Signature of Public Housing Director	
				Date	

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

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