

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: Williamsport Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA26P062501-05 Replacement Housing Factor Grant No: Date of CFPP:			FFY of Grant: 2005 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 checked="" type="checkbox"/> 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	7751	9951	9951	9951	
3	1408 Management Improvements	43500		43500	43500	
4	1410 Administration (may not exceed 10% of line 21)	29900	27700	27700	27700	
5	1411 Audit	500		500	500	
6	1415 Liquidated Damages					
7	1430 Fees and Costs	48500		48500	48500	
8	1440 Site Acquisition					
9	1450 Site Improvement	17436.97		17436.97	17436.97	
10	1460 Dwelling Structures	129439.03		129439.03	129439.03	
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					

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: Williamsport Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA26P062501-05 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2005 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 checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ⁴	
		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)	277027		277027	277027
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 <i>Cheryl Ann Moore</i>		Date 7/31/09		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.

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 II: Supporting Pages								
PHA Name: Williamsport Housing Authority			Grant Type and Number Capital Fund Program Grant No: PA26P062501-05 CFFP (Yes/No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2005		
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	
HA Wide	Operating Costs	1406	NA	7751	9951	9951	9951	Complete
HA Wide	Resident Programs: Drug programs/screening; after-school/summer school programs; day care center; crafts; job search, Capital Fund Coordinator	1408	NA	43500		43500	43500	Complete
HA Wide	Staff time and training	1410	NA	29900	27700	27700	27700	Complete
HA Wide	Audit	1411	NA	500		500	500	Complete
HA Wide	Fees and Costs	1430	N/A	48500		48500	48500	Complete
PA 21-4	Update Gas Line Pressure for New Emergency Generator	1450	1	17436.97		17436.97	17436.97	Complete
PA 62-1 (21-12)	Replace Rubber Roof at 505 High Rise Building	1460	1	48616.70		48616.70	48616.70	Complete
PA 21-11	Roofs at Pennvale	1460	19	80822.33		80822.33	80822.33	Complete

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.

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: Williamsport Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA26P062501-06 Replacement Housing Factor Grant No; Date of CFPP:			FFY of Grant: 2006 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3) <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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	24900	38413.41	38413.41	38413.41
3	1408 Management Improvements	49800	49800	49800	49800
4	1410 Administration (may not exceed 10% of line 21)	24900	24900	24900	24900
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	25000	25000	25000	25000
8	1440 Site Acquisition				
9	1450 Site Improvement	35000	0	0	0
10	1460 Dwelling Structures	89839	111325.59	111325.59	88665.59
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				

¹ To be completed for the Performance and Evaluation Report.

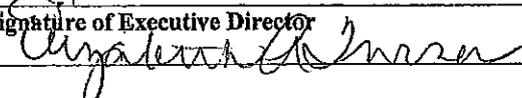
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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: Williamsport Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26P062501-06 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2006 FFY of Grant Approval:			
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3)	
<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)	249439	249439	249439	226779
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 9/30/09		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 CFF Grants for operations.
⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Williamsport Housing Authority			Grant Type and Number Capital Fund Program Grant No: PA26P062501-06 CFPP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2006		
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	
HA Wide	Operating Costs	1406	NA	24900	38413.41	38413.41	38413.41	Complete
HA Wide	Resident/Youth Programs; Crime Prevention Activites; Cap Fund Coordinator	1408	NA	49800	49800	49800	49800	Complete
HA Wide	Administration/Oversight	1410	NA	24900	24900	24900	24900	Complete
HA Wide	Fees & Costs	1430	NA	25000	25000	25000	25000	Complete
PA 62-2	Replace Play Equipment with HC Accessible Equipment and add Lighting to Ballfield	1450	1	30853	0	0	0	To be funged
	Replace Picnic Tables and Bleachers with HC Accessible Tables and Bleachers	1450	1	4147	0	0	0	To be funged
PA 62-1 (21-12)	Replace Locks, Master System	1460	129	10339	23290	23290	630	In Progress
PA 62-1 (21-12)	Replace Carpet	1460	53	79500	0	0	0	Funged to LHA 08
PA 62-1 (21-12)	Roof Replacement	1460	1	0	17841.30	17841.30	17841.30	Complete
PA 21-11	Roof Replacements	1460	19	0	70194.29	70194.29	70194.29	Complete

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.

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: Lycoming Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA26P021506-07 Replacement Housing Factor Grant No: Date of CFPP:			FFY of Grant: 2007 FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	48128	48128	48128	48128
3	1408 Management Improvements	133193	0	0	0
4	1410 Administration (may not exceed 10% of line 21)	61000	71000	71000	61000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	32500	2315	2315	2315
8	1440 Site Acquisition				
9	1450 Site Improvement	97035	97035	97035	97035
10	1460 Dwelling Structures	271129.55	420413.55	420413.55	320069.95
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0
12	1470 Non-dwelling Structures	55590	59684	59684	59684
13	1475 Non-dwelling Equipment	0	0	0	0
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	18337.45	18337.45	18337.45	18337.45
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

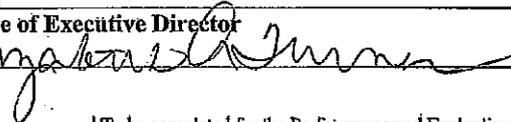
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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: Lycoming Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26P021506-07 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2007 FFY of Grant Approval:			
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <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)	0	0	0	0
20	Amount of Annual Grant:: (sum of lines 2 - 19)	716913	716913	716913	606569.40
21	Amount of line 20 Related to LBP Activities	15000	15000	15000	15000
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 9/30/09	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 CFF Grants for operations.
⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Lycoming Housing Authority			Grant Type and Number Capital Fund Program Grant No: PA26P021506-07 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	
AMP 1 & AMP 2	Operating Costs	1406	NA	48128	48128	48128	48128	Complete
AMP 1 & AMP 2	Resident Programs	1408	NA	111493	0	0	0	
HA Wide	Capital Fund Coordinator	1408	1	15000	0	0	0	
HA Wide	Computer Updates/Voicemail	1408	1	6700	0	0	0	
HA Wide	Capital Fund Administration	1410		61000	71000	71000	61000	Complete
AMP 1 & AMP 2	Construction Inspections/ Architect & Engineering Fees for CFP activities	1430		32500	2315	2315	2315	Complete
PA 21-5	Parking Lot Renovations/Sealing	1450	700 sq ft	17120	17120	17120	17120	Complete
PA 21-4	Repave Driveway	1450	5930 sq ft	58385	58385	58385	58385	Complete
PA 21-12	Repave Parking Lot	1450	13340 sq ft	21530	21530	21530	21530	Complete
PA 21-11	Build Storage Shed/Warehouse Addition	1470	1 (2000 sq ft)	55590	59684	59684	59684	Complete
PA 062-2	Resident Relocation due to Kennedy King Disposition	1495.1	56	18337.45	18337.45	18337.45	18337.45	Complete
PA 21-5	Apartment Flooring & Kitchens	1460	18/38	125000	133403.78	133403.78	133403.78	Complete
PA 21-11	Bathroom Floors & Vanities	1460	112 units	95950	104398.90	104398.90	104398.90	Complete
PA 21-2	Screen Doors	1460	154	27471	29350.52	29350.52	29350.52	Complete
PA 21-4	Balcony Storm Doors & Lights	1460	75	20713.55	25952.47	25952.47	25952.47	Complete
PA 21-11 AMP 1	Windows	1460	700	0	127307.88	127307.88	26964.28	In Progress from 2009

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: Lycoming Housing Authority				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	
1406//1410/1430	12/09	08/09	12/10		
1460	12/09	08/09	12/10		
1450	12/09	12/08	12/10	9/09	
1470	12/09	3/09	12/10	06/09	
1495.1	12/09	6/07	12/10	6/07	

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.

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: Lycoming Housing Authority		Grant Type and Number Capital Fund Program Grant No: PA26P021506-08 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2008 FFY of Grant Approval:	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3) <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	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³	92800	175815.82	92800	69600	
3	1408 Management Improvements	185600	0	0	0	
4	1410 Administration (may not exceed 10% of line 21)	92800	92800	92800	33183.07	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	92800	35000	1498.50	1498.50	
8	1440 Site Acquisition					
9	1450 Site Improvement	0	0	0	0	
10	1460 Dwelling Structures	378754.75	551430.06	551430.06	373120.94	
11	1465.1 Dwelling Equipment—Nonexpendable	11789.01	11789.01	11789.01	11789.01	
12	1470 Non-dwelling Structures	37651.34	38001.12	38001.12	38001.12	
13	1475 Non-dwelling Equipment	23295.99	23295.99	23295.99	23295.99	
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.

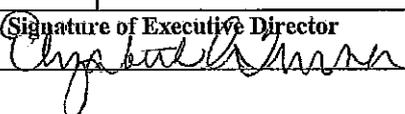
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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: Lycoming Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26P021506-08 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2008 FFY of Grant Approval:			
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <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)	12640.91	0	0	0
20	Amount of Annual Grant:: (sum of lines 2 - 19)	928132	928132	811614.68	550488.63
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	25000	25000	25000	25000
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 9/30/09		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 CFF Grants for operations.
⁴ RHF funds shall be included here.

Part II: Supporting Pages								
PHA Name: Lycoming Housing Authority			Grant Type and Number Capital Fund Program Grant No: PA26P021506-08 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	
AMP 1 & AMP 2	Operating Costs	1406	NA	92800	175815.82	92800	69600	In Process
AMP 1 & AMP 2	Resident Programs	1408	NA	185600	0	0	0	
HA Wide	Administration/Oversight	1410	NA	92800	92800	92800	33183.07	In Process
AMP 1 & AMP 2	Architech Fees/Inspection Costs	1430	NA	92800	35000	1498.50	1498.50	
PA 21-5 AMP 1	Move Electrical Svc Panel	1460	1	6548	6548	6548	6548	Complete
	Replace Furnaces	1460	10	11786.72	11786.72	11786.72	11786.72	Complete
	Replace Smoke Detectors	1460	70	1596	1596	1596	1596	Complete
PA 21-11 AMP 1	Furnaces	1460	112	140838.28	140838.28	140838.28	140838.28	Complete
	Windows	1460	700	0	178309.12	178309.12	0	In Progress From 2009
PA 21-4 AMP 2	Community Room Kitchen	1470	1	12716.34	12827.52	12827.52	12827.52	Complete
PA 21-12 AMP 2	Community Room Kitchen	1470	1	24935	25173.60	25173.60	25173.60	Complete
	Replace Windows/Storm Doors	1460	156/38	99360	99360	99360	99360	Complete
PA 21-5 AMP 1	Kitchens	1460	24	96000	61737.84	61737.84	61737.84	Complete
PA 21-11 AMP 1	Replace Smoke Detectors	1460	336	7660.80	7660.80	7660.80	7660.80	Complete
PA 21-2 AMP 1	Replace Smoke Detectors	1460	304	6931.20	6931.20	6931.20	6931.20	Complete
PA 21-4 AMP 2	Emergency Generator Replacement	1465.1	1	11789.01	11789.01	11789.01	11789.01	Complete
AMP 1 & AMP 2	Cabs & Heater for Lawn & Snow Removal Equipment	1475	2	4897	4897	4897	4897	Complete
PA 21-4 & 21-12 AMP 2	Community Room Chairs & Furniture	1475	91	18398.99	18398.99	18398.99	18398.99	Complete
HA Wide	Contingency	1502	NA	12640.91	0	0	0	

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: Lycoming Housing Authority				Federal FFY of Grant: 2008	
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	
1406/1408/1410/1430	12/09		12/10		
1460	12/09		12/10		
1465.1	12/09		12/10		
1470	12/09		12/10		
1475	12/09		12/10		

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.