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:	**Grant Type and Number**	**FFY of Grant:**
AREA HOUSING COMMISSION	Capital Fund Program Grant No: FL29P006501-07 Replacement Housing Factor Grant No: Date of CFFP: _____	2007 **FFY of Grant Approval:** 2007

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	0	0	0	0
2	1406 Operations (may not exceed 20% of line 21) [3]	50,000	92,935	92,935	67,852.66
3	1408 Management Improvements	195,050	195,050	195,050	195,050.00
4	1410 Administration (may not exceed 10% of line 21)	97,525	97,525	97,525	79,828.38
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	0	29,000	29,000	21,735.00
8	1440 Site Acquisition				
9	1450 Site Improvement	71,935	0	0	0
10	1460 Dwelling Structures	560,740	560,740	560,740	0
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]				
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)	975,250	975,250	975,250	364,466.04
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				

[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.

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Line	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost** [1]	
		Original	**Revised** [2]	**Obligated**	**Expended**

Signature of Executive Director	**Date**	**Signature of Public Housing Director**	**Date**
	11/20/2008		

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Part II: Supporting Pages

PHA Name:	**Grant Type and Number**	**Federal FFY of Grant:**
AREA HOUSING COMMISSION	Capital Fund Program Grant No: FL29P006501-07 CFFP (Yes/ No): NO Replacement Housing Factor Grant No:	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	HOUSING INSPECTOR	1406	100	50,000	92,935	92,935	92,935	COMPLETED
PHA-WIDE	LAW ENFORCEMENT	1408	100	195,050	0	195,050	195,050	COMPLETED
PHA-WIDE	MODERNIZATION COORD.	1410	100	97,525	0	97,525	97,525	COMPLETED
FL006000002,								
3,8	ARCHITECT FEE	1430	100	0	29,000	29,000	21,735	IN PROGRESS
FL006000003	PAVING	1450	50	71,935	0	0	0	NOT STARTED
FL006000002,								
3,8	ATTIC INSULATION	1460	100	100,000	0	0	0	IN PROGRESS
FL006000002,	SECURITYWINDOW AND							
3,8	DOOR SCREENS	1460	100	460,740	0	0	0	IN PROGRESS

[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 II: Supporting Pages

PHA Name: N/A	**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No:	CFFP (Yes/ No):	**Federal FFY of Grant:**

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]	

[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: N/A					**Federal FFY of Grant:**
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	

[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 III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: N/A					**Federal FFY of Grant:**
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates [1]
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