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:**
Housing Authority of Owensboro	Capital Fund Program Grant No: KY36S00950109 Replacement Housing Factor Grant No: Date of CFFP: 3/18/2009	2009 **FFY of Grant Approval:** 2009

Type of Grant
☒ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☒ **Performance and Evaluation Report for Period Ending:** 3/10/2010 ☐ **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)	$134,449		$134,449	$9,272
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	$1,187,000		$1,187,000	$889,058
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	$25,000		$25,000	$0
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)	$1,346,449		$1,346,449	$898,330
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	$157,356		$157,356	

[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:	**Grant Type and Number**	**FFY of Grant:**
Housing Authority of Owensboro	Capital Fund Program Grant No: KY36S00950109 Date of CFFP: 3/18/2009 Replacement Housing Factor Grant No:	2009 **FFY of Grant Approval:** 2009

Type of Grant
☑ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
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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**

Part II: Supporting Pages

PHA Name: Housing Authority of Owensboro	**Grant Type and Number** Capital Fund Program Grant No: KY36S00950109 CFFP (Yes/ No): No Replacement Housing Factor Grant No:	**Federal FFY of Grant:** 2009

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	Administration	1410		$54,000		$54,000	$3,893	
KY 9-1	Replace HVAC Equipment	1460	125	$235,000		$235,000	$166,922	
KY 9-2	Replace HVAC Equipment	1460	53	$100,000		$100,000	$70,730	
KY 9-4	Replace HVAC Equipment	1460	51	$100,000		$100,000	$68,043	
	Install Replacement Windows	1460	ALL	$75,000		$75,000	$64,879	
AMP 2	Administration	1410		$80,449		$80,449	$5,379	
KY 9-3	Replace HVAC Equipment	1460	256	$478,000		$478,000	$409,435	
	Install Replacement Windows	1460		$83,000		$83,000	$26,448	
KY 9-5	Replace HVAC Equipment	1460	30	$56,000		$56,000	$39,932	
KY 9-6	Replace HVAC Equipment	1460	32	$60,000		$60,000	$42,669	
	Community Room Roof & Vinyl Trim	1470		$25,000		$25,000	$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 II: Supporting Pages

PHA Name:	**Grant Type and Number** Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant 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:					**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	
PHA Wide	3/18/2010		60% - 3/18/2011		
			100% - 3		

[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:					**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.