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: KY36P00950110 Replacement Housing Factor Grant No: Date of CFFP: _____	2010 **FFY of Grant Approval:** 2010

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]	$200,000			
3	1408 Management Improvements	$155,577			
4	1410 Administration (may not exceed 10% of line 21)	$90,000			
5	1411 Audit	$5,000			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	$40,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	$456,000			
10	1460 Dwelling Structures	$55,000			
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)	$1,001,577			
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.

Part I: Summary

PHA Name:	**Grant Type and Number** Capital Fund Program Grant No: KY36P00950110 Replacement Housing Factor Grant No: Date of CFFP: _____	**FFY of Grant:** 2010 **FFY of Grant Approval:** 2010

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: KY36P00950110 CFFP (Yes/ No): No Replacement Housing Factor Grant No:	**Federal FFY of Grant:** 2010

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								
Management	Drug Elimination, Boys Club, Girls	1408		$65,577				
	High School Employment / Resident	1408		$6,000				
Administration	Capital Fund Salaries / Expenses	1410		$36,000				
Audit	Audit of the Capital Fund	1411		$2,000				
Operations		1406		$80,000				
AMP Wide	In-House MOD	1460		$25,000				
	Landscape/Tree Removal & Trimming	1450		$10,000				
AMP 2								
Management	Drug Elimination, Boys Club, Girls	1408		$75,000				
	High School Employment /Resident	1408		$9,000				
	Capital Fund Salaries/ Expenses	1410		$54,000				
Operations		1406		$120,000				
AMP Wide	In-House MOD	1460		$30,000				
KY 9-3 - Rolling	Site Enhancements	1450		$436,000				
AMP Wide	Landscape/Tree Removal &	1450		$10,000				
	A/E Fees	1430		$40,000				
	Audit	1411		$3,000				

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[2] To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages

PHA Name: Housing Authority of Owensboro	**Grant Type and Number** Capital Fund Program Grant No: KY36P00950110 CFFP (Yes/ No): no Replacement Housing Factor Grant No:	**Federal FFY of Grant:** 2010

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: Housing Authority of Owensboro					**Federal FFY of Grant:** 2010
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	
	9/2012		9/2014		

[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: Housing Authority of Owensboro					**Federal FFY of Grant:** 2010
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.