

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 8/31/2011

<b>Part I: Summary</b>		
PHA Name:  <b>Boston Housing Authority</b>	Grant Type and Number: Capital Fund Program Grant No: <b>MA06-P002-501-13</b> Replacement Housing Factor Grant No:	Federal FY of Grant: FFY13 Federal FY of Grant Approval: FFY13

Type of Grant

Original Annual Statement  
 Performance and Evaluation Report for Program Year Ending

Reserve for Disasters/Emergencies  
 Final Performance and Evaluation Report

Revised Annual Statement (revision no: )

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations (May not exceed 20% of line 20)	1,000,000			
3	1408 Management Improvements	1,010,108			
4	1410 Administration	1,680,810			
5	1411 Audit	25,000			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	1,694,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	500,000			
10	1460 Dwelling Structures	4,151,000			
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Nondwelling Structures	-			
13	1475 Nondwelling Equipment	105,000			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	110,000			
17	1499 Development Activities*				
18a	1501 Collateralization or Debt Service paid by PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	6,743,519			
19	1502 Contingency (may not exceed 8% of line 20)	38,668			
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	<b>17,058,105</b>	<b>-</b>	<b>0.00</b>	<b>0.00</b>
21	Amount of line 20 Related to LBP Testing	460,000			
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs	500,000		0.00	0.00
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/Office of Native American Programs Administrator	Date
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<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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Boston Housing Authority			Capital Fund Program Grant No: MA06-P002-501-13 CFFP (Yes/No): No			FFY13			
			Replacement Housing Factor Grant No:						
Dev. No./ Name	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Approved	Revised1	Difference	Obligated2	Expended2	
AUTHORITY WIDE									
2-00	OPERATION	1406		1,000,000.00					
2-00	AUTHORITY WIDE-MIP FUNDS	1408		10,000.00					
2-00	MIS	1408		50,000.00					
2-00	PUBLIC SAFETY	1408		500,000.00					
2-00	STAFF TRAINING	1408							
2-00	INTERNAL AUDIT	1408							
2-00	ELDERLY SERVICES	1408		200,000.00					
2-00	OCCUPANCY	1408		0.00					
2-00	FAMILY SERVICES	1408							
2-00	COMMUNITY SERVICES	1408		250,108.00					
2-00	GRIEVANCE PANEL	1408		0.00					
2-00	RISK MANAGEMENT	1408							
2-00	RENT COLLECTION	1408		0.00					
2-00	VACANCY REHAB	1408							
2-00	YOUTH SERVICES	1408							
2-00	ADMINISTRATIVE	1410		1,680,810.00					
2-00	AUDIT	1411		25,000.00					
2-00	ARCH / ENG(USTs)	1430		100,000.00					
2-00	ARCH / ENG (Lead)	1430		200,000.00					
2-00	ARCH / ENG (Electrical)	1430							
2-00	ARCH / ENG (Building Envelope)	1430							
2-00	CONSULTANTS	1430		0.00					
2-00	CONSULTANTS(Site)	1430							
2-00	CONSULTANTS(Development)	1430		66,000.00					
2-00	USTs	1450							
2-00	ENVIRONMENTAL REMEDIATION	1450							
2-00	LEAD PAINT ABATEMENT	1460		250,000.00					
2-00	ASBESTOS ABATEMENT	1460							
2-00	VACANT UNIT REHAB	1460							
2-00	OFFICE EQUIPMENT	1475		5,000.00					
2-00	COMPUTERS	1475		45,000.00					
2-00	VEHICLES	1475		55,000.00					
2-00	RELOCATION	1495		100,000.00					
2-00	RELOCATION(Lead)	1495		10,000.00					
2-00	RELOCATION(504 Compliance)	1495							
2-00	DEBT SERVICE	9000		6,743,519.00					
2-00	CONTINGENCY	1502		38,668.00					
				<b>11,329,105.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

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Dev. No./ Name	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Approved	Revised1	Difference	Obligated2	Expended2	

CHARLESTOWN

2-01	ARCH / ENG (Electrical)	1430	Electrical Survey	10,000.00					
2-01	CONSULTANTS	1430	Clerks Salaries	45,000.00					
2-01	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	27,600.00					
2-01	BASEMENTS	1460	Basement Interior Stairs	40,000.00					
				<b>122,600.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

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LENOX STREET

2-04	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	7,200.00					
				<u>7,200.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	

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CATHEDRAL

2-06	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	10,500.00					
				<u>10,500.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

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WHITTIER STREET

2-11	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	5,000.00					
				<u>5,000.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

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BEECH STREET

2-13

0.00					
<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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ALICE TAYLOR

2-14	ARCH / ENG (Electrical)	1430	Electrical Survey	10,000.00					
2-14	CONSULTANTS	1430	Clerks Salaries	45,000.00					
2-14	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	9,100.00					
2-14	BUILDING EXTERIOR	1460	Roofs	480,000.00					
2-14	ELECTRICAL	1460	Fire Alarm Panel Repl.@ Low & Mid	50,000.00					
2-14	HVAC	1460	Replace Heat Exchanges	50,000.00					
				<b>644,100.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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				Approved	Revised1	Difference	Obligated2	Expended2	

BROMLEY/HEATH

2-19	ARCH / ENG (Electrical)	1430	Bldg. Electrical Upgrades	120,000.00					
2-19	ARCH / ENG (Electrical)	1430	Electrical Survey	10,000.00					
2-19	CONSULTANTS	1430	Clerks Salaries	45,000.00					
2-19	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	20,800.00					
2-19	ELECTRICAL	1460	Bldg. Electrical Upgrades	580,000.00					
2-19	BUILDING EXTERIOR	1460	Building Envelope	1,000,000.00					
				<b>1,775,800.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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MARY ELLEN McCORMACK

2-23	ARCH / ENG (Roofs)	1430	Repair Slate Roofs at Rowhouses	60,000.00					
2-23	ARCH / ENG (Electrical)	1430	Electrical Survey	10,000.00					
2-23	CONSULTANTS	1430	Clerks Salaries	45,000.00					
2-23	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	25,600.00					
				<u>140,600.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

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				Approved	Revised1	Difference	Obligated2	Expended2	

OLD COLONY

2-24	ARCH / ENG (Electrical)	1430	Electrical Survey	10,000.00					
2-24	CONSULTANTS	1430	Clerks Salaries	45,000.00					
2-24	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	17,000.00					
2-24	SITE	1450	Dumpsters, Tripping Pave, Grass	500,000.00					
2-24	SECURITY	1460	Apt. Entry Doors	500,000.00					
				<b>1,072,000.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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				Approved	Revised1	Difference	Obligated2	Expended2	

MARGARET COLLINS

2-26	ARCH / ENG (HVAC)	1430	Underground Heat Pipes	6,000.00					
2-26	CONSULTANTS	1430	Clerks Salaries	15,000.00					
2-26	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	1,100.00					
				<b>22,100.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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ANNAPOLIS

2-27	ARCH / ENG (HVAC)	1430	Underground Steam Pipes	6,000.00					
2-27	CONSULTANTS	1430	Clerks Salaries	10,000.00					
2-27	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	1,500.00					
				<b>17,500.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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				Approved	Revised1	Difference	Obligated2	Expended2	

ASHMONT

2-28	ARCH / ENG (HVAC)	1430	Underground Steam Pipes	6,000.00					
2-28	CONSULTANTS	1430	Clerks Salaries	10,000.00					
2-28	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	1,500.00					
				<b>17,500.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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HOLGATE

2-29	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	2,000.00					
				<u>2,000.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

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FOLEY APARTMENTS

2-30	ARCH / ENG (Building Env)	1430	BE Skin-Ph2	90,000.00					
2-30	CONSULTANTS	1430	Clerks Salaries	30,000.00					
2-30	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	2,400.00					
2-30	BUILDING EXTREIOR	1460	BE Skin-Ph2	390,000.00					
				<b>512,400.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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GROVELAND

2-32	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	1,500.00					
				<b>1,500.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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DAVISON

2-34	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	1,200.00					
				<u>1,200.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

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Part II: Supporting Pages

PHA Name: Boston Housing Authority				Grant Type and Number: Capital Fund Program Grant No: MA06-P002-501-13 CFFP (Yes/No): No Replacement Housing Factor Grant No:			Federal FY of Grant: FFY13		
Dev. No./ Name	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Approved	Revised <sup>1</sup>	Difference	Obligated <sup>2</sup>	Expended <sup>2</sup>	

WASHINGTON STREET

2-35	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	2,100.00					
				<b>2,100.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Part II: Supporting Pages

PHA Name: Boston Housing Authority				Grant Type and Number: Capital Fund Program Grant No: MA06-P002-501-13 CFFP (Yes/No): No Replacement Housing Factor Grant No:				Federal FY of Grant: FFY13	
Dev. No./ Name	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Approved	Revised <sup>1</sup>	Difference	Obligated <sup>2</sup>	Expended <sup>2</sup>	

WEST NINTH STREET

2-36	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	2,100.00					
				<b>2,100.00</b>					

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Part II: Supporting Pages

PHA Name: Boston Housing Authority				Grant Type and Number: Capital Fund Program Grant No: MA06-P002-501-13 CFFP (Yes/No): No Replacement Housing Factor Grant No:			Federal FY of Grant: FFY13		
Dev. No./ Name	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Approved	Revised <sup>1</sup>	Difference	Obligated <sup>2</sup>	Expended <sup>2</sup>	

CARROLL APARTMENTS

2-37	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	1,600.00					
				<b>1,600.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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<sup>2</sup> To be completed for the Performance and Evaluation Report.

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PHA Name: Boston Housing Authority				Grant Type and Number: Capital Fund Program Grant No: MA06-P002-501-13 CFFP (Yes/No): No Replacement Housing Factor Grant No:			Federal FY of Grant: FFY13		
Dev. No./ Name	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Approved	Revised <sup>1</sup>	Difference	Obligated <sup>2</sup>	Expended <sup>2</sup>	

MEADE APARTMENTS

2-38	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	1,000.00					
				<b>1,000.00</b>					

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PHA Name: Boston Housing Authority				Grant Type and Number: Capital Fund Program Grant No: MA06-P002-501-13 CFFP (Yes/No): No Replacement Housing Factor Grant No:			Federal FY of Grant: FFY13		
Dev. No./ Name	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Approved	Revised <sup>1</sup>	Difference	Obligated <sup>2</sup>	Expended <sup>2</sup>	

MARTIN LUTHER KING

2-40	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	2,500.00					
				<u>2,500.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

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Dev. No./ Name	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Approved	Revised <sup>1</sup>	Difference	Obligated <sup>2</sup>	Expended <sup>2</sup>	

EVA WHITE

2-41	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	2,500.00					
				<u>2,500.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

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Dev. No./ Name	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Approved	Revised <sup>1</sup>	Difference	Obligated <sup>2</sup>	Expended <sup>2</sup>	

WALNUT PARK

2-42	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	4,000.00					
				<b>4,000.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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PHA Name: Boston Housing Authority				Grant Type and Number: Capital Fund Program Grant No: MA06-P002-501-13 CFFP (Yes/No): No Replacement Housing Factor Grant No:			Federal FY of Grant: FFY13		
Dev. No./ Name	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Approved	Revised <sup>1</sup>	Difference	Obligated <sup>2</sup>	Expended <sup>2</sup>	

AMORY STREET

2-45	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	4,600.00					
				<b>4,600.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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<sup>2</sup> To be completed for the Performance and Evaluation Report.

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Dev. No./ Name	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Approved	Revised <sup>1</sup>	Difference	Obligated <sup>2</sup>	Expended <sup>2</sup>	

GENERAL WARREN

2-47	ARCH / ENG (Stairs)	1430	Stairs and Railings	30,000.00					
2-47	CONSULTANTS	1430	Clerks Salaries	30,000.00					
2-47	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	2,300.00					
2-47	STAIRS	1460	Stairs and Railings	146,000.00					
				<b>208,300.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

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Dev. No./ Name	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Approved	Revised <sup>1</sup>	Difference	Obligated <sup>2</sup>	Expended <sup>2</sup>	

TORRE UNIDAD

2-49	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	5,000.00					
				<b>5,000.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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Dev. No./ Name	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Approved	Revised <sup>1</sup>	Difference	Obligated <sup>2</sup>	Expended <sup>2</sup>	

ROCKLAND

2-50	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	1,700.00					
				<u>1,700.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	

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Part II: Supporting Pages

PHA Name: Boston Housing Authority				Grant Type and Number: Capital Fund Program Grant No: MA06-P002-501-13 CFFP (Yes/No): No Replacement Housing Factor Grant No:			Federal FY of Grant: FFY13		
Dev. No./ Name	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Approved	Revised <sup>1</sup>	Difference	Obligated <sup>2</sup>	Expended <sup>2</sup>	

CODMAN APARTMENTS

2-51	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	2,500.00					
				<u>2,500.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

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PHA Name: Boston Housing Authority				Grant Type and Number: Capital Fund Program Grant No: MA06-P002-501-13 CFFP (Yes/No): No Replacement Housing Factor Grant No:			Federal FY of Grant: FFY13		
Dev. No./ Name	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Approved	Revised <sup>1</sup>	Difference	Obligated <sup>2</sup>	Expended <sup>2</sup>	

HERITAGE

2-52

0.00	0.00	0.00	0.00	0.00
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Dev. No./ Name	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Approved	Revised1	Difference	Obligated2	Expended2	

ST. BOTOLPH

2-53	ARCH / ENG (Electrical)	1430	Emergency Generators	20,000.00					
2-53	CONSULTANTS	1430	Clerks Salaries	30,000.00					
2-53	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	3,300.00					
2-53	ELECTRICAL	1460	Emergency Generators	200,000.00					
				<b>253,300.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

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Dev. No./ Name	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Approved	Revised <sup>1</sup>	Difference	Obligated <sup>2</sup>	Expended <sup>2</sup>	

PASCIUCCO

2-54	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	2,300.00					
				<b>2,300.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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Part II: Supporting Pages

PHA Name: Boston Housing Authority				Grant Type and Number: Capital Fund Program Grant No: MA06-P002-501-13 CFFP (Yes/No): No Replacement Housing Factor Grant No:			Federal FY of Grant: FFY13		
Dev. No./ Name	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Approved	Revised <sup>1</sup>	Difference	Obligated <sup>2</sup>	Expended <sup>2</sup>	

LOWER MILLS

2-57

0.00					
<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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Dev. No./ Name	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Approved	Revised <sup>1</sup>	Difference	Obligated <sup>2</sup>	Expended <sup>2</sup>	

W. NEWTON -RUTLAND-E. SPRINGFIELD STREETS

2-58	ARCH / ENG (Electrical)	1430	Electrical Survey	10,000.00					
2-58	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	3,800.00					
				<b>13,800.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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Dev. No./ Name	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Approved	Revised <sup>1</sup>	Difference	Obligated <sup>2</sup>	Expended <sup>2</sup>	

AUSONIA

2-61	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	2,500.00					
				<u>2,500.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

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Dev. No./ Name	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Approved	Revised1	Difference	Obligated2	Expended2	

HASSAN

2-62	ARCH / ENG (Electrical)	1430	Electrical Mains	30,000.00					
2-62	CONSULTANTS	1430	Clerks Salaries	30,000.00					
2-62	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	2,500.00					
2-62	ELECTRICAL	1460	Electrical Mains	265,000.00					
				<b>327,500.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

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Dev. No./ Name	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Approved	Revised <sup>1</sup>	Difference	Obligated <sup>2</sup>	Expended <sup>2</sup>	

SPRING STREET

2-70	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	2,600.00					
				<u>2,600.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

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Dev. No./ Name	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Approved	Revised1	Difference	Obligated2	Expended2	

PATRICIA WHITE

2-71	ARCH / ENG (Building Env)	1430	Envelope Improvements	70,000.00					
2-71	CONSULTANTS	1430	Clerks Salaries	30,000.00					
2-71	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	5,700.00					
2-71	BUILDING EXTREIOR	1460	Envelope Improvements	200,000.00					
				<b>305,700.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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				Approved	Revised <sup>1</sup>	Difference	Obligated <sup>2</sup>	Expended <sup>2</sup>	

ROSLYN APARTMENTS

2-72	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	3,000.00					
				<u>3,000.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

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BELLFLOWER

2-77									
2-77	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	3,000.00					
				<u>3,000.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

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Dev. No./ Name	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Approved	Revised <sup>1</sup>	Difference	Obligated <sup>2</sup>	Expended <sup>2</sup>	

COMMONWEALTH FAMILY

2-82	ARCH / ENG (Electrical)	1430	Electrical Survey	10,000.00					
2-82	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	7,000.00					
				<u>17,000.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> 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  
 Expires 8/31/2011

Part II: Supporting Pages

PHA Name: Boston Housing Authority				Grant Type and Number: Capital Fund Program Grant No: MA06-P002-501-13 CFFP (Yes/No): No Replacement Housing Factor Grant No:			Federal FY of Grant: FFY13		
Dev. No./ Name	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Approved	Revised <sup>1</sup>	Difference	Obligated <sup>2</sup>	Expended <sup>2</sup>	

PEABODY SQUARE

2-83	ARCH / ENG (Roofs)	1430	Envelope Improvements	30,000.00					
2-83	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	2,500.00					
				<u>32,500.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	

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Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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U.S. Department of Housing and Urban Development  
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 Expires 8/31/2011

Part II: Supporting Pages

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Dev. No./ Name	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Approved	Revised <sup>1</sup>	Difference	Obligated <sup>2</sup>	Expended <sup>2</sup>	

FRANKLIN FIELD

2-89	ARCH / ENG (Electrical)	1430	Electrical Survey	10,000.00					
2-89	ARCH / ENG (HVAC)	1430	Heat and DHW	60,000.00					
2-89	ARCH / ENG (Boiler)	1430	Boiler; Study DHW/Heat	35,000.00					
2-89	CONSULTANTS	1430	Clerks Salaries	30,000.00					
2-89	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	8,700.00					
				<b>143,700.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

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Annual Statement/Performance and Evaluation Report  
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Part II: Supporting Pages

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Dev. No./ Name	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Approved	Revised <sup>1</sup>	Difference	Obligated <sup>2</sup>	Expended <sup>2</sup>	

JOSEPH MALONE

2-90	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	2,500.00					
				<u>2,500.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

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Annual Statement/Performance and Evaluation Report  
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Part II: Supporting Pages

PHA Name: Boston Housing Authority				Grant Type and Number: Capital Fund Program Grant No: MA06-P002-501-13 CFFP (Yes/No): No Replacement Housing Factor Grant No:			Federal FY of Grant: FFY13		
Dev. No./ Name	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Approved	Revised1	Difference	Obligated2	Expended2	

HIGHLAND PARK

2-93	ARCH / ENG (Electrical)	1430	Electrical Survey	10,000.00					
2-93	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	700.00					
				<u>10,700.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

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Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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U.S. Department of Housing and Urban Development  
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Part II: Supporting Pages

PHA Name: Boston Housing Authority				Grant Type and Number: Capital Fund Program Grant No: MA06-P002-501-13 CFFP (Yes/No): No Replacement Housing Factor Grant No:			Federal FY of Grant: FFY13		
Dev. No./ Name	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Approved	Revised <sup>1</sup>	Difference	Obligated <sup>2</sup>	Expended <sup>2</sup>	

COMMONWEALTH ELDERLY

2-95	ARCH / ENG (Electrical)	1430	Electrical Survey	10,000.00					
2-95	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	3,000.00					
				<b>13,000.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	

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Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
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U.S. Department of Housing and Urban Development  
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Part II: Supporting Pages

PHA Name: Boston Housing Authority				Grant Type and Number: Capital Fund Program Grant No: MA06-P002-501-13 CFFP (Yes/No): No Replacement Housing Factor Grant No:			Federal FY of Grant: FFY13		
Dev. No./ Name	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Approved	Revised <sup>1</sup>	Difference	Obligated <sup>2</sup>	Expended <sup>2</sup>	

HAMPTON STREET

2-98	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	2,000.00					
				<u>2,000.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	

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<sup>2</sup> To be completed for the Performance and Evaluation Report.



Annual Statement/Performance and Evaluation Report  
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Part II: Supporting Pages

PHA Name: Boston Housing Authority				Grant Type and Number: Capital Fund Program Grant No: MA06-P002-501-13 CFFP (Yes/No): No Replacement Housing Factor Grant No:			Federal FY of Grant: FFY13		
Dev. No./ Name	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Approved	Revised <sup>1</sup>	Difference	Obligated <sup>2</sup>	Expended <sup>2</sup>	

FREDERICK DOUGLASS

2-126	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	2,000.00					
				<u>2,000.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> 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  
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U.S. Department of Housing and Urban Development  
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Part II: Supporting Pages

PHA Name: Boston Housing Authority				Grant Type and Number: Capital Fund Program Grant No: MA06-P002-501-13 CFFP (Yes/No): No Replacement Housing Factor Grant No:			Federal FY of Grant: FFY13		
Dev. No./ Name	General Description of Major Work Categories	Dev. Account Number	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Approved	Revised <sup>1</sup>	Difference	Obligated <sup>2</sup>	Expended <sup>2</sup>	

WASHINGTON MANOR

2-127	GREEN PHYSICAL NEEDS ASSESSMENTS	1430	Green Physical Needs Assessment	2,000.00					
				<u>2,000.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
**PART III: Implementation Schedule**

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 Capital Fund Program Grant Number: MA06-P002-501-13

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised	Actual	Original	Revised	Actual	
PHA AUTHORITY-WIDE	09/30/15			09/30/17			
2-01 CHARLESTOWN	09/30/15			09/30/17			
2-04 LENOX STREET	09/30/15			09/30/17			
2-06 CATHEDRAL	09/30/15			09/30/17			
2-07 HEATH STREET	09/30/15			09/30/17			
2-08 MAVERICK	09/30/15			09/30/17			
2-09 FRANKLIN HILL	09/30/15			09/30/17			
2-11 WHITTIER STREET	09/30/15			09/30/17			
2-13 WASHINGTON-BEECH	09/30/15			09/30/17			
1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement Signature of Executive Director and Date				2) To be completed for the Performance and Evaluation Report Signature of Public Housing Director/Office of Native American Programs Administrator and Date			

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
**PART III: Implementation Schedule**

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 Capital Fund Program Grant Number: MA06-P002-501-13

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised	Actual	Original	Revised	Actual	
2-14 ALICE H. TAYLOR	09/30/15			09/30/17			
2-19 BROMLEY PARK	09/30/15			09/30/17			
2-23 M.E. McCORMACK	09/30/15			09/30/17			
2-24 OLD COLONY	09/30/15			09/30/17			
2-58 W. NEWTON/RUTLAND/E. SPRINGFIELD	09/30/15			09/30/17			
2-82 COMMONWEALTH	09/30/15			09/30/17			
2-89 FRANKLIN FIELD	09/30/15			09/30/17			
2-93 HIGHLAND PARK	09/30/15			09/30/17			
1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement Signature of Executive Director and Date				2) To be completed for the Performance and Evaluation Report Signature of Public Housing Director/Office of Native American Programs Administrator and Date			

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 Capital Fund Program Grant Number:

MA06-P002-501-13

**PART III: Implementation Schedule**

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised	Actual	Original	Revised	Actual	
2-26 M. COLLINS	09/30/15			09/30/17			
2-27 ANNAPOLIS	09/30/15			09/30/17			
2-28 ASHMONT	09/30/15			09/30/17			
2-29 HOLGATE	09/30/15			09/30/17			
2-30 FOLEY	09/30/15			09/30/17			
2-34 DAVISON	09/30/15			09/30/17			
2-35 WASHINGTON STREET	09/30/15			09/30/17			
2-36 W. NINTH STREET	09/30/15			09/30/17			
2-37 JOHN CARROLL	09/30/15			09/30/17			
2-38 J.J. MEADE	09/30/15			09/30/17			
2-40 MLK TOWERS	09/30/15			09/30/17			
2-41 EVA WHITE	09/30/15			09/30/17			
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			
Signature of Executive Director and Date				Signature of Public Housing Director/Office of Native American Programs Administrator and Date			

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
**PART III: Implementation Schedule**

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 Capital Fund Program Grant Number: MA06-P002-501-13

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised	Actual	Original	Revised	Actual	
2-42 WALNUT PARK	09/30/15			09/30/17			
2-45 AMORY STREET	09/30/15			09/30/17			
2-47 GENERAL WARREN	09/30/15			09/30/17			
2-49 TORRE UNIDAD	09/30/15			09/30/17			
2-50 ROCKLAND	09/30/15			09/30/17			
2-51 CODMAN	09/30/15			09/30/17			
2-52 HERITAGE	09/30/15			09/30/17			
2-53 ST. BOTOLPH	09/30/15			09/30/17			
2-54 PASCIUCCO	09/30/15			09/30/17			
2-57 LOWER MILLS	09/30/15			09/30/17			
2-61 AUSONIA	09/30/15			09/30/17			
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			
Signature of Executive Director and Date				Signature of Public Housing Director/Office of Native American Programs Administrator and Date			

Annual Statement/Performance and Evaluation Report  
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)  
**PART III: Implementation Schedule**

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 Capital Fund Program Grant Number: MA06-P002-501-13

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates (2)
	Original	Revised	Actual	Original	Revised	Actual	
2-62 HASSAN	09/30/15			09/30/17			
2-70 SPRING STREET	09/30/15			09/30/17			
2-71 PATRICIA WHITE	09/30/15			09/30/17			
2-72 ROSLYN	09/30/15			09/30/17			
2-77 BELLFLOWER	09/30/15			09/30/17			
2-83 PEABODY SQUARE	09/30/15			09/30/17			
2-90 JOSEPH MALONE	09/30/15			09/30/17			
2-93 COMMONWEALTH ELDERLY	09/30/15			09/30/17			
2-98 HAMPTON HOUSE	09/30/15			09/30/17			
2-126 F. DOUGLASS	09/30/15			09/30/17			
2-127 WASHINGTON MANOR	09/30/15			09/30/17			
1) To be completed for the Performance and Evaluation Report or a Revised Annual Statement Signature of Executive Director and Date				2) To be completed for the Performance and Evaluation Report Signature of Public Housing Director/Office of Native American Programs Administrator and Date			