Part I: Su	ummary							
PHA Name:	<u>A</u>	Grant Type and Number:			Federal FY of Grant: FFY10			
	Poston Housing Authority	Capital Fund Program Grant No:	Federal FY of Grant Approval: FFY10					
	Boston Housing Authority	Replacement Housing Factor Grant No:	Replacement Housing Factor Grant No: MA06-R002-501-10					
Type of Gra	ant	-						
	al Annual Statement	Reserve for Disasters/Emergencies		Revised Annual Statement				
_X_Perform	mance and Evaluation Report for Program Year Ending 9/30/12	_X_Final Performance and Evaluation I	Report					
,	<u>г</u>	<u> </u>	1					
	1	Total Estima			Actual Cost ¹			
Line No.	Summary by Development Account	Original	Revised ²	Obligated a/o 9/30/12	Expended a/o 9/30/12			
1	Total Non-CFP Funds	T!			 			
2	1406 Operations (May not exceed 20% of line 21) ³	1	1		I			
3	1408 Management Improvements	1 1	1	i	1			
4	1410 Administration (May not exceed 10% of line 21)	1						
5	1411 Audit	·'						
6	1415 Liquidated Damages							
7	1430 Fees and Costs	T!						
8	1440 Site Acquisition	1 <u></u>			 			
9	1450 Site Improvement	'			 			
10	J	1,085,797.00	1,085,797.00	1,085,797.00	1,085,797.00			
11	3 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				 			
12	J				 			
13								
14					 I			
15					 I			
16		!	<u> </u>		 			
17		!	l	!	i			
18a		·						
18b	1 5 5							
19	·····							
20	Amount of Annual Grant (Sum of lines 2-19)	1,085,797.00	1,085,797.00	1,085,797.00	1,085,797.00			
21	Amount of line 20 Related to LBP Testing	<u> </u>						
22	Amount of line 20 Related to Section 504 Activities	· '			· · · · · · · · · · · · · · · · · · ·			
23	j i i i i i i i i i i i i i i i i i i i							
24	j i i i i i i i i i i i i i i i i i i i							
25	Amount of line 20 Related to Energy Conservation Measures	<u> </u>						
Signature of Ex	Executive Director	Date	Signature of Public Housing Director		Date			
1		,	1					
1		,	1					
1		,	1					

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 II: Su	upporting Pages								
PHA Name:				Grant Type and Number:				Federal FY of Grant:	
			Capital Fund Program Grant No: CFFP (Yes/No): Replacement Housing Factor Grant No: MA06-R002-501-10		CFFP (Yes/No):)	No	FFY10		
Dev. No.	General Description of Major	Dev. Account	Quantitu	Total Estimated Cost		Total Actual Cost		Status of Work	
Name	Work Categories	Number	Quantity	Approved	Revised ¹	Difference	Obligated ²	Expended ²	Status of Work
2-13	Construction	1460		1,085,797.00	1,085,797.00	0.00	1,085,797.00	1,085,797.00) Construction complete

0.00

1,085,797.00

1,085,797.00

1,085,797.00

1,085,797.00

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