Part I: St	,				r=	
PHA Name:	:	Grant Type and Number:		Federal FY of Grant: FFY10		
	Boston Housing Authority	Capital Fund Program Grant No:	Federal FY of Grant			
Tyme of Cre		Replacement Housing Factor Grant No.	Approval: FFY10			
Type of Gra	ant					
Origina	I Annual Statement	Reserve for Disasters/Emergenc	ies	Revised Annual Statement		
	nance and Evaluation Report for Program Year Ending 9/30/12	X Final Performance and Evaluation	_			
	, ,		·			
		Total Estir	nated Cost	Total A	I 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	j		<u> </u>	1	
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)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	1,277,542.00	1,277,542.00	1,277,542.00	1,277,542.00	
11	1465.1 Dwelling Equipment-Nonexpendable					
12	1470 Non-dwelling Structures					
13	3 1 1					
14	1485 Demolition					
15	3					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					
18a	1501 Collateralization or Debt Service paid by the PHA					
18b	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)	1,277,542.00	1,277,542.00	1,277,542.00	1,277,542.00	
21	Amount of line 20 Related to LBP Testing					
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					
Signature of Executive Director		Date	Signature of Public Housing Director		Date	
			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.

 $^{^{\}rm 3}$ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

Part II: Supporting Pages												
PHA Name:				Grant Type and Number:					Federal FY of Grant:			
				Capital Fund Program Grant No: Replacement Housing Factor Grant No: MA06-R002-502-10		CFFP (Yes/No): No		FFY10				
Dev. No.	General Description of Major	Dev. Account	Quantity	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		1,277,542.00 1,277,542.00	1,277,542.00 1,277,542.00	0.00 0.00	1,277,542.00 1,277,542.00		Construction complete			

¹ To be completed for the Perfomance and Evaluation Report or a Revised Annual Statement.

 $^{^{\}rm 2}$ To be completed for the Perfomance and Evaluation Report.