Part I: Summary									
PHA Name:		Grant Type and Number:	Federal FY of Grant: FFY12						
	Boston Housing Authority	Capital Fund Program Grant No:	Federal FY of Grant						
	DOSION HOUSING AUTHORITY	Replacement Housing Factor Grant No	Approval: FFY12						
Type of Gra	ınt								
Original Annual Statement		Reserve for Disasters/Emergenc							
_X_Perform	nance and Evaluation Report for Program Year Ending 9/30/12	Final Performance and Evaluatio	n Report						
		T. 15 "		T					
		Total Estin			al 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								
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	3	992,961.00	992,961.00	0.00	0.00				
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								
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)	992,961.00	992,961.00	0.00	0.00				
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 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.

Part II: Supporting Pages											
PHA Name:			Grant Type and Number:				Federal FY of Grant:				
			Capital Fund Program Grant No: C Replacement Housing Factor Grant No: MA06-R002-502-12			CFFP (Yes/No): No 2		FFY12			
Dev. No.	General Description of Major	Dev. Account	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work			
Name	Work Categories	Number	Qualitity	Approved	Revised ¹	Difference	Obligated ²	Expended ²	Status of Work		
2-13	Construction	1460		992,961.00 992,961.00	992,961.00 992,961.00	0.00	0.00	0.00	- -		

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.