Part I: Su	ummary						
PHA Name:		Grant Type and Number:	Federal FY of Grant: FFY11				
	Poston Harraina Authority	Capital Fund Program Grant No:		ļ	Federal FY of Grant		
	Boston Housing Authority		Replacement Housing Factor Grant No: MA06-R002-501-11				
Type of Gra	ınt						
	Annual Statement	Reserve for Disasters/Emergencies	_	Revised Annual Statement			
_X_Perform	nance and Evaluation Report for Program Year Ending 9/30/12	_X_Final Performance and Evaluation I	Report				
		Total Estima			actual Cost <sup>1</sup>		
Line No.	Summary by Development Account	Original	Revised <sup>2</sup>	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) <sup>3</sup>	<u> </u>			,		
3	1408 Management Improvements	†			,		
4	1410 Administration (May not exceed 10% of line 21)	-					
5	1411 Audit	†					
6	1415 Liquidated Damages	<u></u> '					
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement						
	1460 Dwelling Structures	786,342.00	786,342.00	786,342.00	786,342.00		
	1465.1 Dwelling Equipment-Nonexpendable						
12	1470 Non-dwelling Structures						
	1475 Non-dwelling Equipment						
14	1485 Demolition						
15	1492 Moving to Work Demonstration				,		
16	1495.1 Relocation Costs						
17	1499 Development Activities <sup>4</sup>	Τ,			, <del></del>		
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)	786,342.00	786,342.00	786,342.00	786,342.00		
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		<b>!</b>		
		,	1				
1		P .	1				

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>&</sup>lt;sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

<sup>&</sup>lt;sup>4</sup> RHF funds shall be included here.

Part II: Supporting Pages											
PHA Name:				Grant Type and Number:				Federal FY of Grant:			
I BOSTON HOUSING AUTHORITY				Capital Fund Program Grant No: CFFP (Yes/No): No Replacement Housing Factor Grant No: MA06-R002-501-11			No	FFY11			
Dev. No.	General Description of Major	Dev. Account	Ouantity	Total Estimated Cost		Total Actual Cost		Status of Work			
Name	Work Categories	Number	Quantity	Approved	Revised <sup>1</sup>	Difference	Obligated <sup>2</sup>	Expended <sup>2</sup>	Status of Work		
2-13	Construction	1460		786,342.00 <b>786,342.00</b>	786,342.00 <b>786,342.00</b>	0.00 <b>0.00</b>	786,342.00 <b>786,342.00</b>	786,342.00 <b>786,342.00</b>	Construction completed		

<sup>&</sup>lt;sup>1</sup>To be completed for the Perfomance and Evaluation Report or a Revised Annual Statement.

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