

Part I: Summary		
PHA Name: LAKE CITY HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: SC16P018501-15 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2015 FFY of Grant Approval: 2015

Type of Grant
 Original Annual Statement **Reserve for Disasters/Emergencies** **Revised Annual Statement (revision no:1)**
 Performance and Evaluation Report for Period Ending: **Final Performance and Evaluation Report**

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	1000			
3	1408 Management Improvements	30000			
4	1410 Administration (may not exceed 10% of line 21)	33300			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	150000			
10	1460 Dwelling Structures	150964			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment		0		
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

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.

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PHA Name: LAKE CITY HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: SC16P018501-15 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant:2015 FFY of Grant Approval: 2015	
Type of Grant						
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: ())		
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	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)	391280				
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs	189000				
24	Amount of line 20 Related to Security - Hard Costs	10000				
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director			Date 02/09/2015	Signature of Public Housing Director		
				Date		

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Part II: Supporting Pages								
PHA Name: LAKE CITYY HOUSING AUTHORITY			Grant Type and Number Capital Fund Program Grant No: SC16P018501-15 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2015		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA WIDE			1					
	SECURITY CAMERAS	1408	1	10000				
	DATA PROCESSING UPGRADES	1408	1	5000				
	CGP ADMINISTRATION	1410	1	33300				
	OPERATIONS	1406	1	1000				
SC018000002	INCREASE PARKING	1450	58	75000				
SC018000001	SECURITY SCREEN DOORS	1460	100	70000				
SC018000002	SECUIRTY SCREEN DOORS	1460	170	119000				
		1460	170					
HA WIDE	LANDSCAPING/FENCING	1450		55000				
SC018000001	NEW GFI	1460	100	3500				
SC018000001	NEW SMOKE DETECTORS	1460	100	5000				
SC018000002	NEW GFI	1460	170	5950				
SC018000002	NEW SMOKE DETECTORS	1460	170	8500				

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Part II: Supporting Pages								
PHA Name:			Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant:		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	

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Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Lake City Housing Authority				Federal FFY of Grant: 2014	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
SC018000001/000002	10/01/2014		9/30/2016		

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name:				Federal FFY of Grant:	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

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