U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 06/30/2017

Part I: Summary							
PHA Name: The Housing Authority of the Town of Manchester, CT		Grant Type and Number Capital Fund Program Grant Replacement Housing Factor Date of CFFP: N/A		FFY of Grant: 2017 FFY of Grant Approval: 2017			
☐ Perfor	al Annual Statement Reserve for Disasters/Emergencies mance and Evaluation Report for Period Ending:		Revised Annual Statement (revi Final Performance and Evaluat	ion Report			
Line	Summary by Development Account		timated Cost		Total Actual Cost 1		
		Original	Revised <sup>2</sup>	Obligated	Expended		
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	12,000					
3	1408 Management Improvements	12,000					
4	1410 Administration (may not exceed 10% of line 21)	42,318					
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs	1,000					
8	1440 Site Acquisition						
9	1450 Site Improvement	8,350					
10	1460 Dwelling Structures	311,450					
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 <sup>4</sup>						

Page1 form **HUD-50075.1** (07/2014)

 $<sup>^{\</sup>rm 1}$  To be completed for the Performance and Evaluation Report.  $^{\rm 2}$  To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>&</sup>lt;sup>3</sup> 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.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226

Expires 06/30/2017 **Part I: Summary** Grant Type and Number PHA Name: The Housing Authority of the Town of Manchester, CT FFY of Grant: 2017 Capital Fund Program Grant No: CT026P026501-17 FFY of Grant Approval: 2017 Replacement Housing Factor Grant No: N/A Date of CFFP: N/A Type of Grant Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement (revision no: ☐ Performance and Evaluation Report for Period Ending: ☐ Final Performance and Evaluation Report Line **Summary by Development Account Total Estimated Cost** Total Actual Cost 1 Revised <sup>2</sup> Obligated Original 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) 387,118 Amount of line 20 Related to LBP Activities 21 22 Amount of line 20 Related to Section 504 Activities 103,000 23 Amount of line 20 Related to Security - Soft Costs 24 Amount of line 20 Related to Security - Hard Costs Amount of line 20 Related to Energy Conservation Measures 25 60,450 **Signature of Executive Director Signature of Public Housing Director** Date Date

<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>lt;sup>3</sup> 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 Page									
PHA Name: The Housing Authority of the Town of Manchester, CT  Grant Type and Number Capital Fund Program Grant No: CT026P026501-17 CFFP (Yes/No): No Replacement Housing Factor Grant No: N/A								Federal FFY of Grant: 2017	
Development Number	Development	Quantity	Total Estimated Cost		Total Actual	Cost	Status of Work		
Name/PHA-Wide Activities	General Description of Major Work Categories	Account No.	Quantity	Total Estimated Cost		10001120001			
Activities				Original	Revised 1	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>		
All	Utilities, fleet/ equipment upgrades and other associated AMP Costs	1406	PHA Wide	12,000			1		
All	Management Improvements: Non-capital activities that are project- specific or PHA wide improvements needed to upgrade or improve the operations and/or the PHA's projects to promote energy conservation or to sustain physical improvements at those projects or correct management deficiencies, staff training/ travel, safety improvements/ corrections and office equipment upgrades	1408	PHA Wide	12,000					
All	Mod Coordinator PHA Related Salary	1410	1	42,318					
All	Consultant Fees	1430	1	1,000					
AMP 2	Westhill Gardens Rear Office Parking Lot Upgrade	1450	1	8,350					
AMP 1	Mayfair Gardens Electrical Panel Upgrades	1460	4 Buildings	25,000					
AMP 1	Mayfair Gardens Roof Upgrades	1460	4 Buildings	35,000					
AMP 2	Westhill Gardens and/ or Annex Roof Upgrades	1460	3 Buildings	76,000					
AMP 1	Scattered Sites (Duplexes) Roof Upgrades	1460	2 Duplexes	12,000					
AMP 1	Mayfair Gardens Full Unit Accessibility Upgrade	1460	1 Unit	35,000					
AMP 2	Westhill Gardens or Annex Full Unit Accessibility Upgrade	1460	1 Unit	35,500					
AMP 1	Mayfair Gardens Reasonable Accommodation: Shower	1460	1 Unit	7,500					

Page3

AMP 2	Westhill Gardens and/ or Annex	1460	3	25,500		
	Reasonable Accommodation: Shower		Units			
AMP 2	Westhill Gardens Annex	1460	14	60,450		
	Window upgrade to vinyl		Units			

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

Annual Statement/Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 06/30/2017

<sup>&</sup>lt;sup>2</sup> To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program						
PHA Name: The Housing Au					Federal FFY of Grant: 2017	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)			s Expended Ending Date)	Reasons for Revised Target Dates <sup>1</sup>	
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date		
ALL: Utilities, fleet/ equipment upgrades and other associated AMP Costs	12/31/2017		06/30/2018			
ALL: Non-capital activities that are project-specific or PHA wide improvements needed to upgrade or improve the operations and/or the PHA's projects to promote energy conservation or to sustain physical improvements at those projects or correct management deficiencies, staff training/ travel, safety improvements/ corrections and office equipment upgrades	12/31/2017		06/30/2018			
ALL: Mod Coordinator PHA Related Salary	12/31/2017		06/30/2018			
AMP 2: Westhill Gardens Rear Office Parking Lot Upgrade	09/30/2017		12/31/2017			
AMP 1: Mayfair Gardens Electrical Panel Upgrades	09/30/2017		12/31/2017			
AMP 1: Mayfair Gardens Roof Upgrades	09/30/2017		12/31/2017			
AMP 2: Westhill Gardens/ Annex Roof Upgrades	09/30/2017		12/31/2017			

Page5

AMP 1: Scattered Sites	03/31/2018	06/30/2018		
Roof Upgrades				
AMP 1: Mayfair Gardens	03/31/2018	06/30/2018		
Full Unit Accessibility				
Upgrade				
AMP 2: Westhill Gardens/	03/31/2018	06/30/2018		
Annex Full Unit				
Accessibility Upgrade				
AMP 1: Mayfair Gardens	06/30/2018	09/30/2018		
Reasonable				
Accommodation: Shower				
AMP 2: Westhill Gardens	06/30/2018	09/30/2018		
and/ or Annex				
Reasonable				
Accommodation: Shower				
AMP 2: Westhill Gardens	06/30/2018	12/31/2018		
Annex				
Window upgrade to vinyl				
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<sup>&</sup>lt;sup>1</sup> 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.

Page6