

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


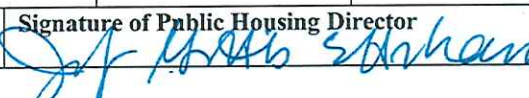
U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
 Expires 06/30/2017

<b>Part I: Summary</b>					
<b>PHA Name: The Housing Authority of the Town of Manchester, CT</b>			<b>Grant Type and Number</b> Capital Fund Program Grant No: CT026P026501-17 Replacement Housing Factor Grant No: N/A Date of CFFP: N/A		<b>FFY of Grant: 2017</b> <b>FFY of Grant Approval: 2017</b>
<b>Type of Grant</b> <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 <sup>1</sup>	
		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)	38,712			
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	315,056			
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>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

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<b>Part I: Summary</b>		<b>Grant Type and Number</b>		<b>FFY of Grant: 2017</b>	
PHA Name: The Housing Authority of the Town of Manchester, CT		Capital Fund Program Grant No: CT026P026501-17 Replacement Housing Factor Grant No: N/A Date of CFFP: N/A		FFY of Grant Approval: 2017	
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 <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	387,118			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	106,606			
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	60,450			
Signature of Executive Director		Date	Signature of Public Housing Director		Date
		7/31/17			8/16/17

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

Part II: Supporting Pages								
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 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 <sup>1</sup>	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				
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	38,712				
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	36,803				
AMP 2	Westhill Gardens or Annex Full Unit Accessibility Upgrade	1460	1 Unit	36,803				
AMP 1	Mayfair Gardens Reasonable Accommodation: Shower	1460	1 Unit	7,500				

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

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

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

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Part III: Implementation Schedule for Capital Fund Financing Program					Federal FFY of Grant: 2017
PHA Name: The Housing Authority of the Town of Manchester, CT					
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter 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		

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

<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.