

<b>Part I: Summary</b>		
<b>PHA Name:</b> Brockton Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: MA06P02450116 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2016 Original FFY of Grant Approval:</b>

<b>Type of Grant</b>		
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:                    )</b>		
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>		

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>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	202,580			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	60,000			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	908,705			
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	20,000			
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.

<b>Part I: Summary</b>					
<b>PHA Name:</b> Brockton Housing Authority		<b>Grant Type and Number</b> Capital Fund Program Grant No: MA06P02450116 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2016 Original</b> <b>FFY of Grant Approval:</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
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	734,524			
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	2,025,809			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	100,000			
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				
<b>Signature of Executive Director</b>			<b>Signature of Public Housing Director</b>		
<b>Date</b>			<b>Date</b>		

<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.

<b>Part II: Supporting Pages</b>								
PHA Name: Brockton Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: MA06P02450116 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2016 Original</b>		
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>	
BHA Wide	Salaries							
	Division Director of Asset Management	1410	1	75,300				
	Director of Capital Improvements	1410	1	65,300				
	Office Manager/Section 3 Coordinator of Capital Improvements	1410	1	61,980				
BHA Wide	Construction for Physical Needs/Energy Efficiency	1460		100,000				
AMP 2 A/E								
24-7 Caffrey Towers	A/E Services – Caffrey Comp. Mod.	1430	1	60,000				
AMP 2 GC								
24-7 Caffrey Towers	Resumption of Comp. Mod Standard unit work to include asbestos abatement, reconfiguration of kitchen, wallboard, painting, flooring, unit doors w/ hardware, kitchen cabinetry w/ counter tops, mill work, complete re-plumb (unit domestic, vent, waste, & all new fixtures), kitchen and bath electrical upgrade (panel w/ breakers), fixtures, devices, heating, phone, nurse call, appliances, sprinkler update, and HVAC modification. Balcony and facade waterproofing, repair, resurfacing, rail resetting, traffic coating and undercoating. New accessible common area and entranceway.	1460	21  316	908,705				

<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.

<b>Part II: Supporting Pages</b>								
PHA Name: Brockton Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: MA06P02450116 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2016 Original</b>		
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>	
AMP 1								
24-7 Caffrey Towers Relocation Costs	Moving Services & Supplies	1495.1	21	20,000				
AMP 1								
24-4 Crescent Court	Debt Service	9000	1	734,524				

<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.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Brockton Housing Authority					<b>Federal FFY of Grant: 2016 Original</b>
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	
24-7 Caffrey Towers	9/8/18		9/8/20		
Physical Needs – Energy Efficiency Study	9/8/18		9/8/20		

<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.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Brockton Housing Authority				<b>Federal FFY of Grant: 2016 Original</b>	
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	

<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.