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

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

					Expires 00/20/201/
Part I: Summary	ummary				
PHA Nam City of Sa	PHA Name: Housing Authority of the City of Salem OR011 Capital Fund Program Grant No: OR16P01150117 Replacement Housing Factor Grant No: Date of CFFP:	1150117	4		FFY of Grant: 2017 FFY of Grant Approval: 2017
Type of Grant Original A	nnual Statement		☐ Revised Annual Statement (revision no: 4) ☐ Final Performance and Evaluation Report	evision no: 4)	
Line	Summary by Development Account	Total	Total Estimated Cost		Total Actual Cost 1
		Original	Revised ²	Obligated	Expended
-	Total non-CFP Funds		2		
2	1406 Operations (may not exceed 20% of line 21) ³	\$96,368.00	\$96,368.00	\$64,369.25	\$64,369.25
3	1408 Management Improvements				12
4	1410 Administration (may not exceed 10% of line 21)	\$48,275.00	\$72,413.00	\$48,275.00	\$48,275.00
S	1411 Audit			. d	
9	1415 Liquidated Damages				
7	1430 Fees and Costs	\$65,000.00	\$266,839.11	\$266,839.11	\$266,839.11
8	1440 Site Acquisition				
6	1450 Site Improvement	\$25,000.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$200,000.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment—Nonexpendable	\$20,700.00	\$0.00	\$0.00	\$0.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs	\$27,411.00	\$10,000.00	\$10,000.00	\$10,000.00
17	1509 Covid related Expenses	\$0.00	\$37,133.89	\$0.00	\$0.00

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.

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

					Table Solo Solo
Part I: S	Part I: Summary				
PHA Name: Housing Authority of the City of Salen	PHA Name: Grant Type and Number Housing Authority of the City of Salem Replacement Housing Factor Grant No: Date of CFFP:	Э,	FFY of FFY of	FFY of Grant Approval: 2017 FFY of Grant Approval: 2017	
Type of Grant	rant		ē		
Origi	Original Annual Statement	ncies	Revised Anr	□ Revised Annual Statement (revision no2)	
Perfc	Performance and Evaluation Report for Period Ending:		Final Perfor	☐ Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Est	Total Estimated Cost	Total A	Fotal 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		i	v	
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$482,754.00	\$482,754.00	\$389,483.36	\$389,483.36
21	Amount of line 20 Related to LBP Activities	\$7,000.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Activities	\$55,000.00	\$0.00	\$0.00	\$0.00
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	\$30,700.00	\$0.00	\$0.00	\$0.00
Signatur	Signature of Executive Director	Date Signar	Signature of Public Housing Director	irector	S/15/2020

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

Part II: Supporting Pages	Se								
PHA Name: Housing Ar	PHA Name: Housing Authority of the City of Salem	Grant Type and Nui Capital Fund Progran CFFP (Yes/No): No Replacement Housing	Grant Type and Number Capital Fund Program Grant No: OR16P01150117 CFFP (Yes/ No): No Replacement Housing Factor Grant No:	o: OR16P01150	117	Federal FF	Federal FFY of Grant: 2017		*
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Work	Development Account No.	Quantity	Total Estimated Cost	ed Cost	Total Actual Cost	,ost	Status of Work
					Original	Revised 1	Funds Obligated ²	Funds Expended ²	
Agency Wide	Operations		1406	N/A	\$96,368.00	\$96,368.00	\$64,369.25	\$64,369.25	In progress
Agency Wide	Administration		1410	N/A	\$48,275.00	\$72,413.00	\$48,275.00	\$48,275.00	Additional
									amount
					Ą				approved for administration
				2)				H	during Covid- 19 5/2020
AMP 1	RAD-Fees and costs associated with		1430	8	\$15,000.00	\$15,000.00	\$15,000.00	\$15,000.00	Completed
	Environmental assessments, abatements,	ements,							
	misc. fess								
AMP 3	RAD-Fees and costs associated with		1430	138	\$50,000.00	\$251,839.11	\$251,839.11	\$251,839.11	RAD
	Environmental assessments, abatements,	ements,				10			conversion
	misc. fess	c						i.	complete.
AMP 1	RAD-Improvements, driveway/walkway repair as needed		1450	4	\$8,000.00	\$0.00	\$0.00	\$0.00	Will use in future CFP year
AMP 3	RAD-Improvements include parking lots	-	1450	7	\$17,000.00	\$0.00	\$0.00	\$0.00	Will use in
	at 5 complexes trash enclosures/pads at	ads at							future CFP year
	z complexes								
AMP 3	RAD-Unit rehab/improvements		1460	138	\$200,000.00	\$0.00	\$0.00	\$0.00	Will use in
	including updated								ruture CFP year
	Kitchens/Hooring/bathrooms at 5								
	complexes as part of KAD conversion.	Sion.	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				50 KO		
AMP 3	RAD-appliances package for 138 units, 10 Hot Water Heater replacements	units,	1465	138	\$20,700.00	\$0.00	80.00	80.00	Will use in future CFP year
AMP 1	RAD-Relocation Costs of 8 scattered		1495	8	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	Complete

	In progress	
	\$0.00	
	\$0.00	
	\$37,133.89	
	\$0.00	
	N/A	
	1509	
site families, and pro-ration of AMP 3 families	Covid-19 expenses Preparation and Response	
	Agency Wide	

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	Federal FFY of Grant: 2017	Reasons for Revised Target Dates ¹	5.2.2019 – Requesting extension to use CFP funds past obligation date of – Approved 5/2020	Not Applicable
		All Funds Expended (Quarter Ending Date)	Actual Expenditure End Date	08-15-2021
		All Fund	Original Expenditure End Date	08-15-2021
Financing Program	Part III: Implementation Schedule for Capital Fund Financing Program PHA Name: Housing Authority of the City of Salem	All Fund Obligated (Quarter Ending Date)	Actual Obligation End Date	08-15-2019
dule for Conited Fund		All Fund (Quarter E	Original Obligation End Date	08-15-2019
Part III. Implementation Sch.		Development Number Name/PHA-Wide Activities		Agency Wide

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.

² To be completed for the Performance and Evaluation Report.