

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

Part I: Summary		Grant Type and Number		FFY of Grant: 2012	
PHA Name: Secaucus Housing Authority		Capital Fund Program Grant No: NJ39PO83501-12		FFY of Grant Approval: 2012	
		Replacement Housing Factor Grant No:			
		Date of CFFP:			
Type of Grant	Original	Revised ²	Obligated	Total Actual Cost ¹	
<input checked="" type="checkbox"/> Original Annual Statement					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:					
<input type="checkbox"/> Reserve for Disasters/Emergencies					
Summary by Development Account	Original	Revised ²	Obligated	Total Actual Cost ¹	
1 Total non-CFP Funds					
2 1406 Operations (may not exceed 20% of line 21) ³					
3 1408 Management Improvements					
4 1410 Administration (may not exceed 10% of line 21)	\$20,000				
5 1411 Audit					
6 1415 Liquidated Damages					
7 1430 Fees and Costs	\$30,000				
8 1440 Site Acquisition					
9 1450 Site Improvement					
10 1460 Dwelling Structures	\$73,367.99				
11 1465.1 Dwelling Equipment—Nonexpendable	\$10,000				
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 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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U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

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PHA Name: Secaucus Housing Authority	Grant Type and Number Capital Fund Program Grant No: NJ39PO83501-12 Replacement Housing Factor Grant No: Date of CFFP:		
Type of Grant	<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)	
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	\$108,299.01	
19	1502 Contingency (may not exceed 8% of line 20)		
20	Amount of Annual Grant: (sum of lines 2 - 19)		
21	Amount of line 20 Related to LBP Activities	\$241,667	
22	Amount of line 20 Related to Section 504 Activities		
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		
Signature of Executive Director		Signature of Public Housing Director	
Date		Date	

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