	Summary						
PHA Na	me: Washington County HRA Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Gra Date of CFFP:	MN46P21250117 - Draft nt No:	250117 - Draft				
Type of Origi)						
Line	Summary by Development Account		tal Estimated Cost		Total Actual Cost ¹		
		Original	Revised ²	Obligated	Expended		
1	Total non-CFP Funds						
2	1406 Operations (may not exceed 20% of line 21) ³	\$90,000.00					
3	1408 Management Improvements						
4	1410 Administration (may not exceed 10% of line 21)						
5	1411 Audit						
6	1415 Liquidated Damages						
7	1430 Fees and Costs						
8	1440 Site Acquisition						
9	1450 Site Improvement						
10	1460 Dwelling Structures						
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 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.

Part I: S	Summary								
PHA Nan Washingt County H	on Grant Type and Number Capital Fund Program Grant No: MN46P21250117 Draft			-	Grant:2017 Grant Approval: 2017				
Type of G	Frant								
Orig	inal Annual Statement 🛛 Reserve for Disasters/Emergenci	cies Revised Annual Statement (revision no:)							
Perf	ormance and Evaluation Report for Period Ending:			Final Perfor	mance and Evaluation Report				
Line	Summary by Development Account		Total Estimated Cost		Total Actual Cost ¹				
		Original	Rev	vised 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								
19	1502 Contingency (may not exceed 8% of line 20)								
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$90,000.00							
21	Amount of line 20 Related to LBP Activities								
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								
Signatu	re of Executive Director Date		Signature of Publi	c Housing D	irector	Date			

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.

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 Page	s								
PHA Name: Washington County HRA		Grant Type and Number Capital Fund Program Grant No: MN46P21250117 - Draft CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal	Federal FFY of Grant: 2017			
Development Number Name/PHA-Wide Activities	General Description of Major Categories	Work	Development Account No.	Quantity		Total Estimated Cost		Total Actual Cost Status of W	
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
Scattered Site / Whispering Pines	Operations		1406	LS	\$90,000.00				
							1		
					1		1		
							1		
			1		1		1		

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement. ² To be completed for the Performance and Evaluation Report.

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									
PHA Name:			Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal	Federal FFY of Grant:		
Development Number Name/PHA-Wide Activities	General Description of Major Categories	Work	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
				1	1	1	1	1	

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

² To be completed for the Performance and Evaluation Report.

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

Part III: Implementation Schedule for Capital Fund Financing Program								
PHA Name:					Federal FFY of Grant:			
Development Number Name/PHA-Wide Activities		l Obligated Ending Date)		s Expended Ending Date)	Reasons for Revised Target Dates ¹			
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date				

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.

Part III: Implementation Schedule for Capital Fund Financing Program								
PHA Name:					Federal FFY of Grant:			
				F 1.1				
Development Number Name/PHA-Wide	All Fund Ouarter B	l Obligated	All Fund (Quarter F	s Expended Ending Date)	Reasons for Revised Target Dates ¹			
Activities	(Quarter Ending Date)		Quarter I	Linding Date)				
	Original	Actual Obligation	Original Expenditure	Actual Expenditure End				
	Obligation End Date	End Date	End Date	Date				

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.