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. 2577-0157
Expires 1/31/2027

"Public reporting burden for this collection of information is estimated to average 2.2 hours including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information requested is required to obtain a benefit. This form is used to verify allowable and reasonableness of grant expenses. There are no assurances of confidentiality. HUD may not conduct or sponsor, and an applicant is not required to respond to a collection of information unless it displays a currently valid OMB control number. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, Office of Policy Development and Research, REE, Department of Housing and Urban Development, 451 7th St SW, Room 4176, Washington, DC 20410-5000. When providing comments, please refer to OMB Approval No. 2577-0157.

PHA Name Grant Type and Number)	FFY of Grant: FFY of Grant Approval:
Housing Authority of the City of Kirksville Capital Fund Program Grant No Replacement Housing Factor Grant No Date of CFFP		No;			2024	
Type of Gran	nl					
	nal Annual Statement R mance and Evaluation Report for F	eserve for Disasters/Emergencies Period Ending		Revised Annual Statement (r Final Performance and Evaluation		
Line	Summary by Development Acco	ount		Total Estimated Cost	Tota	al Actual Cost
1	Trader OFD F - 1-		Original	Revised ²	Obligated	Expended
<u>'</u>	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 15) 3		\$20,000			
3	1408 Management Improvements		\$20,000			
4	1410 Administration (may not exceed 10% of line 15)		\$31,000			
5	1480 General Capital Activity		\$246,630			
6	1492 Moving to Work Demonstration					
7	1501 Collaterization Expense /	Debt Service Paid by PHA				
8	1503 RAD-CFP					
9	1504 RAD Investment Activity	· · · · · · · · · · · · · · · · · · ·				
10	1505 RAD-CPT					
11	9000 Debt Reserves					
12	9001 Bond Debt Obligation paid Via System of Direct Payment					
13	9002 Loan Debt Obligation paid Via System of Direct Payment					
14	9900 Post Audit Adjustment	-				
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To be completed for the Performance and Evaluation Report.

^{*} To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

PHAs with under 250 units in management may use 100% of CFP Grants for operations.

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Part I: Summary									
PHA Name Housng A of the City Kirksville				FFY of Gra	int int Approval				
	ant al Annual Statement Reserve for Disasters/Emergencies mance and Evaluation Report for Period Ending	☐ Revised Annual Statement (revision no) ☐ Final Performance and Evaluation Report							
Line	Summary by Development Account	Total Estimated Cost				Total Actual Cost			
		Original Revised ²			Obligated		Expended		
15	Amount of Annual Grant (sum of lines 2 - 14)	\$317,630							
16	Amount of line 15 Related to LBP Activities			-		<u>.</u>			
17	Amount of line 15 Related Sect 504, ADA, and Fair Housing Act Activities.								
18	Amount of line 15 Related to Security - Soft Costs						<u> </u>		
19	Amount of line 15 Related to Security - Hard Costs					·			
20	Amount of line 15 Related to Energy Conservation Measures								
Signature	e of Executive Director * Date		Signatu	re of Public Hou	sing Direc	tor	Date		

^{*} I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C. § 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 5802)

To be completed for the Performance and Evaluation Report.

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

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Part II: Supporting Pages							·			
PHA Name:			Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal 1	Federal FFY of Grant:			
Development Number Name/PHA-Wide Activities			ork Development Quantity Tot Account No.		Total Estimated Cost		Total Actual Cost		Status of Work	
					Original	Revised 1	Funds Obligated ²	Funds Expended ²		
Operations					\$20,000					
Management Improvements	Staff/Commissioner Training				\$20,000			-		
Administration	Salaries and benefits				\$31,000					
General Capital Fund	Sidewalk Rreplacement				\$30,000					
	Roof Replacement				\$100,000					
	Carpet Tile Replacement				\$10,000					
	Sewer Line Replacement				\$7,000					
	Foundation Repair				\$45,000					
	A and E				\$20,000			İ		
	Window Replacements				\$34,630					
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² To be completed for the Performance and Evaluation Report.