

Part I: Summary					
PHA Name: Laconia Housing & Redevelopment Authority		Grant Type and Number Capital Fund Program Grant No. NH01P00750119 Replacement Housing Factor Grant No. Date of CFFP:		FFY of Grant: FFY of Grant Approval:	
Type of Grant					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (Revision No:)	
<input checked="" 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 ⁽¹⁾	
		Original	Revised ⁽²⁾	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 20)(3)				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 20)				
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				

(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 include here

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12	1470 Non-dwelling Structures				
13	1475 Non-dwelling equipment				
14	1480 General Capital Fund				
15	1485 Demolition				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18a	1499 Development Activities (4)				
18ba	1501 Collateralization or Debt Service paid by the PHA				
19	9000 Collateralization or Debt Service paid via System of Direct Payment				
20	1502 Contingency (may not exceed 8% of line 20)				
21	Amount of Annual Grant: (sum of lines 2-20)				

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22	Amount of line 21 Related to LBP Activities					
23	Amount of line 21 Related to Section 504 Activities					
24	Amount of line 21 Related to Security - Soft Costs					
25	Amount of line 21 Related to Security - Hard Costs					
26	Amount of line 21 Related to Energy Conservation Measures					

Signature of Executive Director	Date	Signature of Public Housing Director	Date
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Part II: Supporting Pages								
PHA Name: Laconia Housing & Redevelopment Authority		Grant Type and Number Capital Fund Program Grant No. NH01P00750119 Replacement Housing Factor Grant No. CFFP(Yes/No):				Federal FFY of Grant:		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost ⁽²⁾		Status of Work
				Original	Revised ⁽¹⁾	Funds Obligated	Funds Expended	
NH007000001 - SUNRISE TOWERS	Operations (Operations (1406))			\$191,512.00				
NH007000001 - SUNRISE TOWERS	SRT security system (Non-Dwelling Interior (1480))			\$1.00				
NH007000001 - SUNRISE TOWERS	Laptops and workstations (Management Improvement (1408))			\$12,400.00				
	Total:			\$203,913.00				

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(2) To be completed for the Performance and Evaluation Report

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Laconia Housing & Redevelopment Authority					Federal FFY of Grant:
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter 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.