

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. 2577-0226
 Expires 4/30/2011

Part I: Summary		
PHA Name: Community Development Authority of the City of Madison	Grant Type and Number Capital Fund Program Grant No: WI39-P003-501-2012 Replacement Housing Factor Grant No: DNA Date of CFFP: DNA	FFY of Grant: 2012 FFY of Grant Approval: DNA

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies Revised Annual Statement (revision no:1)
 Performance and Evaluation Report for Period Ending: 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	0.00	0.00	DNA	DNA
2	1406 Operations (may not exceed 20% of line 21) ³	208,375.60	168,566.60	DNA	DNA
3	1408 Management Improvements	180,000.00	110,000.00	DNA	DNA
4	1410 Administration (may not exceed 10% of line 21)	104,187.80	84,283.30	DNA	DNA
5	1411 Audit	2,500.00	2,500.00	DNA	DNA
6	1415 Liquidated Damages	0.00	DNA	DNA	DNA
7	1430 Fees and Costs	32,480.00	32,480.00	DNA	DNA
8	1440 Site Acquisition	0.00	0.00	DNA	DNA
9	1450 Site Improvement	0.00	DNA	DNA	DNA
10	1460 Dwelling Structures	364,334.60	353,003.10	DNA	DNA
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	DNA	DNA
12	1470 Non-dwelling Structures	0.00	DNA	DNA	DNA
13	1475 Non-dwelling Equipment	150,000.00	92,000.00	DNA	DNA
14	1485 Demolition	0.00	DNA	DNA	DNA
15	1492 Moving to Work Demonstration	0.00	DNA	DNA	DNA
16	1495.1 Relocation Costs	0.00	DNA	DNA	DNA
17	1499 Development Activities ⁴	0.00	DNA	DNA	DNA

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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Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input 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
18a	1501 Collateralization or Debt Service paid by the PHA	0.00	0.00	0.00	0.00
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment	0.00	0.00	0.00	0.00
19	1502 Contingency (may not exceed 8% of line 20)	0.00	0.00	0.00	0.00
20	Amount of Annual Grant:: (sum of lines 2 - 19)	1,041,878.00	842,833.00	DNA	DNA
21	Amount of line 20 Related to LBP Activities	0.00	0.00	0.00	0.00
22	Amount of line 20 Related to Section 504 Activities	0.00	0.00	0.00	0.00
23	Amount of line 20 Related to Security - Soft Costs	0.00	0.00	0.00	0.00
24	Amount of line 20 Related to Security - Hard Costs	160,000.00	100,000.00	DNA	DNA
25	Amount of line 20 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00
Signature of Executive Director		Date		Signature of Public Housing Director	
				Date	

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