

<b>Part I: Summary</b>					
<b>PHA Name: Olivette Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: MO36P13250117 Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2017</b> <b>FFY of Grant Approval: 2017</b>
<b>Type of Grant</b> <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	\$4,748			
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	\$3,282			
10	1460 Dwelling Structures	\$9,500			
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 <sup>4</sup>				

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall be included here.

<b>Part I: Summary</b>					
<b>PHA Name:</b> Olivette Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: MO36P13250117 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant:2017</b> <b>FFY of Grant Approval: 2017</b>			
<b>Type of Grant</b>					
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (revision no:     )</b>	
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	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)	\$17,530			
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				
<b>Signature of Executive Director</b>			<b>Signature of Public Housing Director</b>		
<b>Date</b>			<b>Date</b>		

<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: Olivette Housing Authority			Grant Type and Number Capital Fund Program Grant No: MO36P13250117  CFFP (Yes/ No): No Replacement Housing Factor Grant No:			Federal FFY of Grant: 2017		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
MO-132								
Olivette Homes PHA-Wide Activities	Operations	1406	N/A	\$4,748				
	Install Gutter Guards	1460	14 units	\$6,500				
	Replace Concrete	1450	450 sq. ft.	\$3,282				
	Replace Storm Doors	1460	6 Doors	\$3,000				

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

<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Olivette Housing Authority				<b>Federal FFY of Grant: 2017</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
MO-132					
Olivette Homes					
PHA-Wide Activities	04/12/19		04/12/21		

<sup>1</sup> 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 I: Summary**

PHA Name/Number Olivette Housing Authority MO-132		Locality (City/County & State) Olivette, St. Louis County, Missouri			<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
A.	Development Number and Name MO-132 Olivette Homes	Work Statement for Year 1 FFY 2017____	Work Statement for Year 2 FFY 2018_____	Work Statement for Year 3 FFY 2019_____	Work Statement for Year 4 FFY _2020_____	Work Statement for Year 5 FFY 2021_____
B.	Physical Improvements Subtotal	Annual Statement	\$13,280	\$15,280	\$15,280	\$15,000
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration					
F.	Other					
G.	Operations		\$4,250	\$2,250	\$2,250	\$2,530
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$17,530	\$17,530	\$17,530	\$17,530
L.	Total Non-CFP Funds					
M.	Grand Total		\$17,530	\$17,530	\$17,530	\$17,530

**Part II: Supporting Pages – Physical Needs Work Statement(s)**

Work Statement for Year 1 FFY 2017__	Work Statement for Year __2018__ FFY __2018__			Work Statement for Year: __2019__ FFY __2019__		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement						
	MO-132			MO-132		
	Olivette Homes			Olivette Homes		
	Operations	N/A	\$4,250	Operations	N/A	\$2,250
	Repair & Paint Carports	5 units	\$5,000	Replace Entry Doors	6 units	\$6,140
	Replace Interior Doors	3 units	\$5,280	Replace Cabinets	2 units	\$6,140
	Replace Storm Doors	3 Units	\$3,000	Replace Storm Doors	3 Units	\$3,000
	Subtotal of Estimated Cost		\$17,530	Subtotal of Estimated Cost		\$17,530

