

<b>Part I: Summary</b>						
<b>PHA Name:</b> SANTA CRUZ COUNTY HSG AUTH		<b>Grant Type and Number</b> Capital Fund Program Grant No. CA01P07250118 Replacement Housing Factor Grant No. Date of CFFP:			<b>FFY of Grant:</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (Revision No: )		
<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 <sup>(1)</sup>		
		Original	Revised <sup>(2)</sup>	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

<b>Part I: Summary</b>						
<b>PHA Name:</b> SANTA CRUZ COUNTY HSG AUTH		<b>Grant Type and Number</b> Capital Fund Program Grant No. CA01P07250118 Replacement Housing Factor Grant No. Date of CFFP:			<b>FFY of Grant:</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (Revision No: )		
<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 <sup>(1)</sup>		
		Original	Revised <sup>(2)</sup>	Obligated	Expended	
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)					

(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

<b>Part I: Summary</b>					
<b>PHA Name:</b> SANTA CRUZ COUNTY HSG AUTH		<b>Grant Type and Number</b> Capital Fund Program Grant No. CA01P07250118 Replacement Housing Factor Grant No. Date of CFFP:		<b>FFY of Grant:</b> <b>FFY of Grant Approval:</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
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				

<b>Signature of Executive Director</b> /S/ MV4382	<b>Date</b> 11/28/2018	<b>Signature of Public Housing Director</b>	<b>Date</b>
---	------------------------	---	-------------

(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

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> SANTA CRUZ COUNTY HSG AUTH		<b>Grant Type and Number</b> Capital Fund Program Grant No. CA01P07250118 Replacement Housing Factor Grant No. CFPP(Yes/No):				<b>Federal FFY of Grant:</b>		
<b>Development Number Name/PHA-Wide Activities</b>	<b>General Description of Major Work Categories</b>	<b>Development Account No.</b>	<b>Quantity</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost <sup>(2)</sup></b>		<b>Status of Work</b>
				<b>Original</b>	<b>Revised <sup>(1)</sup></b>	<b>Funds Obligated</b>	<b>Funds Expended</b>	
CA072000001 - BLACKBURN/SENECA/CRESTVIE W/MONTEBELLO	2018 ( Operations (1406) )			\$597,984.00				
	Total:			\$597,984.00				

(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

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
<b>PHA Name:</b> SANTA CRUZ COUNTY HSG AUTH				<b>Federal FFY of Grant:</b>	
<b>Development Number Name/PHA-Wide Activities</b>	<b>All Fund Obligated (Quarter Ending Date)</b>		<b>All Funds Expended (Quarter Ending Date)</b>		<b>Reasons for Revised Target Dates <sup>(1)</sup></b>
	<b>Original Obligation End Date</b>	<b>Actual Obligation End Date</b>	<b>Original Expenditure End Date</b>	<b>Actual Expenditure End Date</b>	

(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.