

**Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages**

PHA Name: San Antonio Housing Authority
Part 1 Summary
Capital Fund Program Grant No: _____
Replacement Housing Factor Grant No: TX59R00650409
Federal FY of Grant: 2009 RHF (2nd) - Additional Funding

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement
Performance and Evaluation Report for Period Ending: _____ Final Performance and Evaluation Report
Apr-09

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original (1 st Yr.)	Revised	Obligated	Expended
1	Total non-CFP Funds	0	0	0	0
2	1406 Operations	0	0	0	0
3	1408 Management Improvements Soft Costs	0	0	0	0
4	1410 Administration	0	0	0	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	0	0	0	0
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	0	0	0	0
10	1460 Dwelling Structures	0	0	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	0	0	0	0
12	1470 Nondwelling Structures	0	0	0	0
13	1475 Nondwelling Equipment	0	0	0	0
14	1485 Demolition	0	0	0	0
15	1490 Replacement Reserve	0	0	0	0
16	1492 Moving to Work Demonstration	0	0	0	0
17	1495.1 Relocation Costs	0	0	0	0
18	1499 Development Activities	1,119,306	0	0	0
19	1502 Contingency	0	0	0	0
20	Amount of Annual Grant: (sum of lines 2-19)	1,119,306	0	0	0
21	Amount of line 20 Related to LBP Activities	0	0	0	0
22	Amount of line 20 Related to Section 504 compliance	0	0	0	0
23	Amount of line 20 Related to Security –Soft Costs	0	0	0	0
24	Amount of Line 20 Related to Security-- Hard Costs	0	0	0	0
25	Amount of line 20 Related to Energy Conservation Measures	0	0	0	0
26	Collateralization Expenses or Debt Service	0	0	0	0

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

Signature of Executive Director and Date: _____
Signature of Public Housing Director/Office of Native American Programs Administrator and Date: _____

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: **San Antonio Housing Authority -** Grant Type and Number: **Capital Fund Program Grant No:** **Replacement Housing Factor Grant No: TX59R00650409** Federal FY of Grant: **2009 RHF (2nd) Additional Funding**

Development NumberName/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost				Status of Work
				Original	Revised	Obligated	Expended	
Replacement Housing (RHF)	Development Activities	1499	N/A	1,119,306	0	0	0	Planning
	=== Sub Total 1499 ===			1,119,306	0	0	0	
	===GRAND TOTAL ===			1,119,306	0	0	0	

**Annual Statement/Performance and Evaluation Report
 Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
 Part III: Implementation Schedule**

PHA Name: San Antonio Housing Authority	Grant Type and Number Capital Fund Program No: __ Replacement Housing Factor No: TX59R00650409	Federal FY of Grant: 2009 RHF (2nd) - Additional Funding
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Development NumberName/HA-Wide Activities	All Fund Obligated			All Funds Expended			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
Replacement Housing (RHF)	4/1/2012			4/1/2014			