Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Capital Fund Financing Program

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB No. 2577-0226

Expires: 2024

PHA Name:		Grant Type and Number	r:		FFY of Grant: 2020
The Housing Authority of the City of Cayce, SC		Capital Fund Program Grant No: SC16061501-20 Date of CFP:		Replacement Housing	g Factor Grant No.
				,	FFY of Grant Approval: 2020
Type of C	Grant:	•			
X Original Annual Statement Reserve for D Performance and Evaluation Report for Period Ending:		isasters	Revised Annual Stat	ement/Revision Number:	
		Final Performance and Evaluation Report:			
Line No.	Summary by Development Account	Total Estimated Cost Total Actual Cost (1)			
		Original	Revised (2)	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 20% of Line 21) (3)	\$107,000			
	1408 Management Improvements				
	1410 Administration (May not exceed 10% of line 21)				
	1411 Audit				
6	1415 Liquidated Damages				
	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvements				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment-Nonexpendable				
	1470 Nondwelling Structures				
	1475 Nondwelling Equipment				
	1480 General Capital Fund				
15	1485 Demolition				
	1492 Moving to Work Demonstration				
	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 20% of line 20)				
	Amount of Annual Grant (Sum of lines 2-19)	\$107,000			
22	Amount of line 20 Related to LBP Activities				
23	Amount of line20 Related to Section 504 Compliance				
24	Amount of line 20 Related to Security - Soft Costs				
	Amount of line 20 Related to Security - Hard Costs				
26	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date	Signature of Public Ho	using Director	Date

1 To be completed for the Performand and Evaluation Report

form HUD-50075.1 (4/2008)

2 To be completed for the Performance and Evaluation Report or a Revised Annual Statement

3 PHA's with under 250 units in management may use 100% of CFP Grants for operations

4 RHF funds shall be included here