

Part I: Summary	
PHA Name: FAIRFAX COUNTY RED. & HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: VA39S019-50109 Replacement Housing Factor Grant No: Date of CFFP:
FFY of Grant: FY 2009S FFY of Grant Approval: FY2009	

Type of Grant
 Original Annual Statement ARRA **Reserve for Disasters/Emergencies** **Revised Annual Statement (revision no:)**
 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				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	\$229,418			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	\$2,004,759			
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 ⁴				

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.

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

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Type of Grant					
<input checked="" type="checkbox"/> Original Annual Statement ARRA <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 ¹	
		Original	Revised ²	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)	\$60,000			
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$2,294,177			
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	\$836,000			
Signature of Executive Director		Date	Signature of Public Housing Director		Date

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Part II: Supporting Pages								
PHA Name: FAIRFAX COUNTY RED. & HOUSING AUTHORITY		Grant Type and Number Capital Fund Program Grant No: VA39S019-50109 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: FY 2009S			
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 ¹	Funds Obligated ²	Funds Expended ²	
VA19-27 Robinson Square	Replacement Roofs and Gutters	1460	46	\$160,000				
VA19-27 Robinson Square	Replacement Siding/Repair Porches and Paint	1460	46	\$646,390				
VA19-13 The Atrium	Replace HVAC Systems	1460	37	\$230,000				
VA19-13 The Atrium	Paint Exterior	1460	2	\$35,700				
VA19-13 The Atrium	Replace Flat Roofs	1460	2	\$207,869				
VA19-34 Westford III	Replace HVAC Systems	1460	61	\$315,000				
VA19-35 Barros Circle, North Ct Only	Replace Roofs and Gutters	1460	22	\$118,800				
VA19-03 Rosedale Manor	Replace HVAC Systems	1460	97	\$291,000				

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4/30/2011

Part III: Implementation Schedule for Capital Fund Financing Program					Federal FFY of Grant: FY 2009S
PHA Name: FAIRFAX COUNTY RED. & HOUSING AUTHORITY					
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
VA19-27 Robinson Square-Roofs & Gutters	9/09		9/10		
VA19-27 Robinson Square-Siding, Porches & Painting	9/09		9/10		
VA19-13 The Atrium- HVAC Systems	9/09		9/10		
VA19-13 The Atrium-Paint Exterior	9/09		9/10		
VA19-13 The Atrium- Roofs	9/09		9/10		
VA19-34 Westford III- HVAC Systems	9/09		9/10		
VA19-35 Barros Circle- North Ct Only-Roofs & Gutters	9/09		9/10		
VA19-03 Rosedale Manor- HVAC Systems	9/09		9/10		

