

8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing.
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.
9.0	Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.
9.1	Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.
10.0	Additional Information. Describe the following, as well as any additional information HUD has requested. (a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. (b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"
11.0	Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office. (a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. (g) Challenged Elements (h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) (i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)

Part I: Summary					
PHA Name: Eastern Iowa Regional Hsg Authority		Grant Type and Number Capital Fund Program Grant No: IA5P12650107 <input type="checkbox"/> Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2007 <input type="checkbox"/> FFY of Grant Approval:
Type of Grant <input 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 checked="" type="checkbox"/> 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	147,337	173,238.46		173,238.46
3	1408 Management Improvements	15,000	16,548.29		16,548.29
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		2,512.50		2,512.50
10	1460 Dwelling Structures	28,479	8,186.10		8,186.10
11	1465.1 Dwelling Equipment—Nonexpendable	7,500	6,023.12		6,023.12
12	1470 Non-dwelling Structures		4,416.59		4,416.59
13	1475 Non-dwelling Equipment	20,000	7,390.94		7,390.94
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
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)	218,316	218,316		218,316
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				

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.

Part I: Summary				
PHA Name: Eastern Iowa Regional Hsg Authority		Grant Type and Number Capital Fund Program Grant No: IA5P12650107 <input checked="" type="checkbox"/> Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2007 FFY of Grant Approval:
Type of Grant				
<input 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 checked="" type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹
		Original	Revised ²	Obligated Expended
Signature of Executive Director		Date	Signature of Public Housing Director	
			Date	

Part II: Supporting Pages								
PHA Name: Eastern Iowa Regional Hsg Authority		Grant Type and Number Capital Fund Program Grant No: IA5P12650107 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2007		
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	
HA-Wide	Operations	1406		147,337	173,238.46		173,238.46	Completed
HA-Wide	Management Improvements	1408		15,000	16,548.29		16,548.29	Completed
126-002	Tree Removal	1450			2,512.50		2,512.50	Completed
126-014	Window replacement	1460		12,000	0			
126-015	Roof Replacement	1460		6,479	0			
HA-Wide	Flooring Replacement	1460		10,000	8,186.10		8,186.10	Completed
HA-Wide	Appliance Replacement	1465			5,467.98		5,467.98	Completed
126-007	Boiler Replacement	1465		3,000	0			
126-015	Roof Replacement	1465		3,000	0			
HA-Wide	Flooring Replacement	1465		1,500	0			
126-016	Water Heater Replacement	1465			555.14		555.14	Completed
HA-Wide	Cabinets and Counter tops - office	1470			2,285.76		2,285.76	Completed
HA-Wide	Office sink and faucet	1470			248.74		248.74	Completed
HA-Wide	Flooring transitions	1470			837.09		837.09	Completed
HA-Wide	New office trim	1470			1,045		1,045	Completed

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.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Eastern Iowa Regional Housing Authority					Federal FFY of Grant: 2007
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	
1406 HA-Wide	147.337	173.238.46	12-4-2007	12-4-2007	
1408 HA-Wide	15.000	16.548.29	5-9-2008	5-9-2008	
1450 126-002		2.512.50	6-25-2008	6-25-2008	
1460 126-014	12.000				
1460 126-015	6.479				
1460 HA-Wide	10.000	8.186.10	6-25-2008	6-25-2008	
1465 126-007	3.000				
1465 HA-Wide	3.000	5.467.98	6-25-2008	6-25-2008	
1465 HA-Wide	1.500	555.14	5-15-2008	5-15-2008	
1470 HA-Wide		2.285.76	6-25-2008	6-25-2008	
1470 HA-Wide		248.74	6-25-2008	6-25-2008	
1470 HA-Wide		837.09	6-25-2008	6-25-2008	

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.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Eastern Iowa Regional Housing Authority					Federal FFY of Grant: 2007
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	
1470 HA-Wide		1.045	6-25-2008	6-25-2008	
1475 HA-Wide	19.000				
1475 HA-wide	1.000				
1475 HA-Wide		1,499.99	11-20-2007	11-20-2007	
1475 HA-Wide		399.44	5-9-2008	5-9-2008	
1475 HA-Wide		775	5-20-2008	5-20-2008	
1475 HA-Wide		4,350.83	6-25-2008	6-25-2008	
1475 HA-Wide		365.68	6-25-2008	6-25-2008	
Total	218.316	218.316			

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.

Part I: Summary					
PHA Name: Eastern Iowa Regional Hsg Authority		Grant Type and Number Capital Fund Program Grant No: IA5P12650108 <input type="checkbox"/> Replacement Housing Factor Grant No: Date of CFFP: _____			FFY of Grant: 2008 <input type="checkbox"/> FFY of Grant Approval:
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3) <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
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	124,019.00	119,919.00	119,919.00	119,919.00
3	1408 Management Improvements	30,000.00	29,214.68	29,214.68	4,495.29
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				
10	1460 Dwelling Structures	54,100.00	51,257.87	51,257.87	46,142.24
11	1465.1 Dwelling Equipment—Nonexpendable	4,400.00	5,112.45	5,112.45	5,112.45
12	1470 Non-dwelling Structures		2,575.00	2,575.00	2,575.00
13	1475 Non-dwelling Equipment	16,500.00	20,940.00	20,940.00	20,940.00
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
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)	229,019.00	229,019	229,019.00	199,183.98
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				

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.

Part I: Summary				
PHA Name: Eastern Iowa Regional Hsg Authority		Grant Type and Number Capital Fund Program Grant No: IA5P12650108 <input checked="" type="checkbox"/> Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2008 FFY of Grant Approval:
Type of Grant				
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 3)
<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
Signature of Executive Director		Date		Signature of Public Housing Director Date

Part II: Supporting Pages								
PHA Name: Eastern Iowa Regional Hsg Authority		Grant Type and Number Capital Fund Program Grant No: IA5P12650108 ☒ CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2008		
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	
HA-Wide ☒	Operations ☒	1406 ☒		124.019 ☒	119.919 ☒	119.919 ☒	119.919 ☒	complete ☒
HA-Wide ☒	Software Upgrade ☒	1408 ☒		30.000 ☒	26.627 ☒	26.627 ☒	2,584.29 ☒	in progress ☒
HA-Wide ☒	File Cabinets/Book Shelf ☒	1408 ☒			603 ☒	603 ☒	603 ☒	complete ☒
HA-Wide ☒	AED Machine ☒	1408 ☒			1.308 ☒	1.308 ☒	1.308 ☒	complete ☒
HA-Wide ☒	Hallway Rugs ☒	1408 ☒			676.68 ☒	676.68 ☒	0 ☒	in progress ☒
126-002 ☒	Manchester Family roof replacement ☒	1460 ☒		9.800 ☒	9.800 ☒	9.800 ☒	9.800 ☒	complete ☒
126-001 ☒	Dversville Family roof Replacement ☒	1460 ☒		7.000 ☒	7.000 ☒	7.000 ☒	7.000 ☒	complete ☒
126-015 ☒	Hopkinton Family roof replacement ☒	1460 ☒		9.800 ☒	9.800 ☒	9.800 ☒	9.800 ☒	complete ☒
126-014 ☒	Dversville II Family roof ☒	1460 ☒		17.500 ☒	17.500 ☒	17.500 ☒	17.500 ☒	complete ☒
HA-Wide ☒	Flooring replacement ☒	1460 ☒		10.000 ☒	6,736.27 ☒	6,736.27 ☒	1620.64 ☒	in progress ☒
126-026 ☒	Garage door - 190 Peterson Dr. ☒	1460 ☒			421.60 ☒	421.60 ☒	421.60 ☒	complete ☒
126-007 ☒	Boiler Replacement ☒	1465 ☒		3,000 ☒	3,597.08 ☒	3,597.08 ☒	3,597.08 ☒	complete ☒
HA-wide ☒	Water Heater replacement ☒	1465 ☒		1,400 ☒	1,515.37 ☒	1,515.37 ☒	1,515.37 ☒	complete ☒
HA-Wide ☒	Office Building gutters ☒	1470 ☒			2,575 ☒	2,575 ☒	2,575 ☒	complete ☒
HA-Wide ☒	Maintenance Vehicle ☒	1475 ☒		16,500 ☒	15,440 ☒	15,440 ☒	15,440 ☒	complete ☒
HA-Wide ☒	Dump trailer ☒	1475 ☒			5,500 ☒	5,500 ☒	5,500 ☒	complete ☒
	Total ☒			229.019 ☒	229.019 ☒	229.019 ☒	199,183.98 ☒	

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.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Eastern Iowa Regional Housing Authority					Federal FFY of Grant: 2008
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	
1406 HA-Wide	124.019	119.919	9-8-08	9-8-08	
1408 HA-Wide	30.000	26.627	6-30-09		
1408 HA-Wide		603	8-8-08	8-8-08	
1408 HA-Wide		1308	8-21-08	8-21-08	
1408 HA-Wide		676.68	6-30-09		
1460 126-002	9.800	9.800	9-9-08	9-9-08	
1460 126-001	7.000	7.000	9-9-08	9-9-08	
1460 126-015	9.800	9.800	9-9-08	9-9-08	
1460 126-014	17.500	17.500	9-9-08	9-9-08	
1460 HA-Wide	10,000	6,736.27	6-30-09		
1460 126-026		421.60	9-9-08	9-9-08	
1465 HA-Wide	3.000	3,597.08	9-29-08	9-29-08	
1465 HA-Wide	1.400	1515.37	12-15-08	12-15-08	
1470 HA-Wide		2.575	9-29-08	9-29-08	

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.

Part I: Summary					
PHA Name: Eastern Iowa Regional Hsg Authority		Grant Type and Number Capital Fund Program Grant No: IA5P12650109 <input checked="" type="checkbox"/> Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2009 <input checked="" type="checkbox"/> FFY of Grant Approval:	
Type of Grant <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 ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	142.999	<input checked="" type="checkbox"/>		
3	1408 Management Improvements		<input checked="" type="checkbox"/>		
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				
10	1460 Dwelling Structures	58.132	<input checked="" type="checkbox"/>		
11	1465.1 Dwelling Equipment—Nonexpendable	15.000	<input checked="" type="checkbox"/>		
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	20.000	<input checked="" type="checkbox"/>		
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
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)	236.131	<input checked="" type="checkbox"/>		
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				

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.

Part I: Summary				
PHA Name: Eastern Iowa Regional Hsg Authority		Grant Type and Number Capital Fund Program Grant No: IA5P12650109 <input checked="" type="checkbox"/> Replacement Housing Factor Grant No: Date of CFFP: _____		FFY of Grant: 2009 FFY of Grant Approval:
Type of Grant				
<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 ¹
		Original	Revised ²	Obligated Expended
Signature of Executive Director		Date	Signature of Public Housing Director	
			Date	

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Eastern Iowa Regional Housing Authority					Federal FFY of Grant: 2009
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	
1406 HA-Wide	142.999				
1460 126-004	16.132				
1460 HA-Wide	10.000				
1460 126-007	20.000				
1460 126-001	12.000				
1465 HA-Wide	1.500				
1465 HA-Wide	3.000				
1465 HA-Wide	10.500				
1475 HA-Wide	17.000				
1475 HA-Wide	3.000				
Total	236.131				

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.

Capital Fund Program—Five-Year Action Plan

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011**

Part I: Summary						
PHA Name/Number		Locality (City/County & State)			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 5	
A.	Development Number and Name	Work Statement for Year 1 FFY _____	Work Statement for Year 2 FFY 2009 PHA FY 2010	Work Statement for Year 3 FFY 2010 PHA FY 2011	Work Statement for Year 4 FFY 2011 PHA FY 2012	Work Statement for Year 5 FFY 2012 PHA FY 2013
B.	Physical Improvements Subtotal	Annual Statement				
C.	Operations	1406	142,999	120,000	130,000	150,000
D.	Management Improvement	1408		1,570	38,399	30,000
E.	Administration					
F.	Dwelling Structures	1460	58,132	74,005	45,000	30,000
G.	Dwelling Equipment	1465	15,000	15,000	17,000	35,615
H.	Demolition					
I.	Non-Dwelling Structures	1470				
J.	Non-Dwelling Equipment	1475	20,000	35,000	25,000	20,000
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total		236,131	245,575	255,399	265,615

