U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 4/30/2011

Part I: S	ummary					
	e: Housing Authority of the Grant Type and Number				FFY of Grant: 2017	
City of Mi	Iwaukee Capital Fund Program Grant No:			I	FFY of Grant Approval:	
	Replacement Housing Factor Grant No: W	T39R00250217				
	Date of CFFP:					
Type of G		1				
	al Annual Statement Reserve for Disasters/Emergencies mance and Evaluation Report for Period Ending:		Revised Annual Statement (revised Final Performance and Evaluation			
Line	Summary by Development Account	Total E	*	Total Actual Cost ¹		
Zine	Summing by Development Lees and	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)					
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					
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	378,562		0	0	

Page1 form **HUD-50075.1** (4/2008)

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.

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226

Expires 4/30/2011

Part I: S	ummarv				•		
PHA Name Housing A of the City Milwaukee	c: uthority of Grant Type and Number Capital Fund Program Grant No: Perlacement Howing Factor Grant No. W130B00250317			FFY of Grant Approval:			
Type of G					,		
		ies	_	evised Annual Statement (revision no:)		
Line Perfo	rmance and Evaluation Report for Period Ending: Summary by Development Account		Total Estimated Cost	inal Performance and Evaluation Report	l Actual Cost ¹		
Line	Summary by Development Account	Original			Expended		
18a	1501 Collateralization or Debt Service paid by the PHA				-		
18ba	9000 Collateralization or Debt Service paid Via System of Direct						
1004	Payment Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant:: (sum of lines 2 - 19)	378,562		0	0		
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						
Signatur	Signature of Executive Director Date Signature of Public Housing Director Date						

Page2 form **HUD-50075.1** (4/2008)

 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.

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

Part II: Supporting Pages	•									
PHA Name: Housing Authority of the City of Milwaukee		Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No: WI39R00250217				Federal 1	Federal FFY of Grant: 2017			
Development Number Name/PHA-Wide Activities	Name/PHA-Wide Categories		Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
PHA-Wide	Funding to support construction of replacement housing	of	1499		378,562		0	0		

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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.

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Part II: Supporting Pages										
PHA Name:		Grant Type and Number Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal 1	Federal FFY of Grant:			
Development Number Name/PHA-Wide Activities General Description of Major Categories		Work	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²		

Page4 form **HUD-50075.1** (4/2008)

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.

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Part III. Implementation Cale	dula fan Canital Fund	Financina Ducanom			
PHA Name: Housing Authori					Federal FFY of Grant:
Davidonment Number	All Euro	1 Ohlicated	All Errod	a Ermandad	Descent for Davised Toront Dates
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)			s Expended Ending Date)	Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
Westlawn Rehabilitation	08/16/2019		08/16/2021		

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.

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PHA Name:		Financing Program			Federal FFY of Grant:
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		(Quarter F	s Expended Ending Date)	Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

Page6 form **HUD-50075.1** (4/2008)

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.