# Actual Modernization Cost Certificate

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

OMB Approval No. 2577-0157 (exp. 01/31/2017)

## Capital Fund Program (CFP)

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C.20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

Do not send this form to the above address.

This collection of information requires that each Housing Authority (HA) submit information to enable HUD to initiate the fiscal closeout process. The information will be used by HUD to determine whether the modernization grant is ready to be audited and closed out. The information is essential for audit verification and fiscal close out. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

PHA Name: Modernization Project Number: Housing Authority of the City of Milwaukee WI39P002501-13 The PHA hereby certifies to the Department of Housing and Urban Development as follows: 1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Modernization Grant, is as shown below: Funds Approved \$ 4,079,190 B. **Funds Disbursed** \$ 4,079,190 C. \$ 4,079,190 Funds Expended (Actual Modernization Cost) Amount to be Recaptured (A-C) \$ 0.00 D. E. Excess of Funds Disbursed (B-C) \$ 0.00 2. That all modernization work in connection with the Modernization Grant has been completed; 3. That the entire Actual Modernization Cost or liabilities therefor incurred by the PHA have been fully paid; 4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; 5. That the time in which such liens could be filed has expired; and 6. That for any years in which the grantee is subject to the audit requirements of the Single Audit Act, 31 U.S.C. § 7501 et seq., as amended, the grantee has or will perform an audit in compliance with said requirements. 7. Please mark one: A. This grant will be included in the PHA's next fiscal year audit per the requirements of the Single Audit Act. B. This grant will not be included in the PHA's next fiscal year audit per the requirements of the Single Audit Act. I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802) Name & Title of Authorized Signatory (type or print clearly): Antonio Perez, Secretary-Executive Director Signature of Executive Director (or Authorized Designee): Date: 9/10/17 X For HUD Use Only The Cost Certificate is approved for audit (if box 7A is marked): Approved for Audit (Director, Office of Public Housing) Date: X

The costs shown above agree with HUD verified costs (if box 7A or 7B is marked):

Approved: (Director, Office of Public Housing)

X

Date:

### FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Ag Report is Sul		ional Element to Which	2. Federal C	Grant or Other nts, use FFR	Identifying N	umber Assign	ned by Federal Ager	ncy (To report	e of
,	HUD					P002501-13		1	1
									pages
<ol><li>Recipient</li></ol>	Organization (Name	and complete address inc	cluding Zip co	ode)					
Housing Autl	hority of the City of M	illwaukee, P.O. Box 324, I	Milwaukee, W	VI 53201					
4a. DUNS N	umber	4b. EIN	5. Recipient	Account Nur	nber or Identif	fying Number	6. Report Type	7. Basis of Accou	nting
19-16140	077	39-1159751	(To report m	nultiple grants	, use FFR Att	achment)	Quarterly Semi-Annual Annual Final	Cash Accrual	
8. Project/Gr	ant Period (Month, D	ay, Year)				9. Reporting	Period End Date (N	Month, Day, Year)	
From: (	09/09/2013		То:	09/08/2017		09/08/2017			
10. Transac	tions		•					Cumulative	
(Use lines a-	c for single or combi	ned multiple grant reportir	ng)				<b>"</b>		
		le grants separately, al		Attachment)					
a. Cash R							4,079,190.00		
b. Cash D	isbursements						4,079,190.00		
c. Cash or	n Hand (line a minus	b)				1.1	0		
(Use lines d-	o for single grant rep	oorting)					"		
Federal Exp	enditures and Uno	bligated Balance:							
d. Total Fe	ederal funds authoriz	ed					4,079,190.00		
e. Federal	share of expenditure	es					4,079,190.00		
	share of unliquidate						0.00		
	ederal share (sum of						4,079,190.00		
		eral funds (line d minus g)					0.00		
Recipient S							-		
	cipient share require								
	nt share of expenditu								
		be provided (line i minus	1)						
Program Inc									
	deral share of progra		-1						
		in accordance with the de n accordance with the add							
		e (line I minus line m or lir		176					
11. Indirect a		b. Rate	c. Period	Period To	d. Base	e. Amount C	harged	f. Federal Share	
Expense	а. турс	D. I Vale	From	T chica is	d. Bass	G. 7 IIII GUIR G	na goo	ii. i Gabrar Gridi G	
-				1				<b>*</b>	
	1991 N. VIII. S. VIII.		S 17 - 1 110 - 12 1/2	g. Totals:	0	0		0	
12. Remarks	: Attach anv explana	ations deemed necessary	or information		Federal spor	nsorina agend	v in compliance wil	th governing legislat	tion:
		is report, I certify to the and cash receipts are fo							
		ation may subject me to							
a. Typed or F	Printed Name and Tit	le of Authorized Certifying	Official			c. Telephone	e (Area code, numb	er, and extension)	
	Secretary-Executive					414-286-567	·	,	
	Coordially Excountry	2.1.00.0.				d. Email Add			
10119 1 0102,						Jas Ernan Add			
1 Only 1 Cr62,						TDoronost			
TOTTY T GTGZ,						TPerez@h	acm.org		
10119 1 0102,							acm.org ort Submitted (Mont	h, Day, Year)	
TOTY TOTOL,							ort Submitted (Mont	h, Day, Year)	

Standard Form 425 - Revised 10/11/2011 OMB Approval Number: 0348-0061

Expiration Date: 2/28/2015

## Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

	Summary	T-				DELL S.C. LAND
	me: Housing Authority of the Ailwaukee	Grant Type and Number Capital Fund Program Grant No: W Replacement Housing Factor Grant Date of CFFP:	7139P00250113 No:			FFY of Grant: 2013 FFY of Grant Approval:
		Reserve for Disasters/Emergenci	es	☐ Revised Annual Stateme ☑ Final Performance and I	nt (revision no: ) Evaluation Report	
Line	Summary by Development	Account		otal Estimated Cost		Total Actual Cost 1
			Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exc	ceed 20% of line 21) <sup>3</sup>	815,838	815,838	815,838	815,838
3	1408 Management Improvem	ents	815,838	815,838	815,838	815,838
4	1410 Administration (may no	t exceed 10% of line 21)	407,919	407,919	407,919	407,919
5	1411 Audit		10,000	10,000	10,000	10,000
6	1415 Liquidated Damages					
7	1430 Fees and Costs		250,000	241,795	241,795	241,795
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures		1,322,967	1,328,488	1,328,488	1,328,488
11	1465.1 Dwelling Equipment-	-Nonexpendable				
12	1470 Non-dwelling Structure	s	226,095	228,779	228,779	228,779
13	1475 Non-dwelling Equipme	nt	230,533	230,533	230,533	230,533
14	1485 Demolition					
15	1492 Moving to Work Demo	nstration				
16	1495.1 Relocation Costs					
17	1499 Development Activities	1				
	0.40					

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report.
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>&</sup>lt;sup>4</sup> 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					
PHA Nam Housing A of the City Milwauke	Authority of Capital Fund Program Grant No: WI39P00250113 Replacement Housing Featur Grant No:			FFY of Grant:2013 FFY of Grant Approval:	
Type of G	rant inal Annual Statement Reserve for Disasters/Emergenc	ies	□ Re	vised Annual Statement (revision no:	)
Perfo	rmance and Evaluation Report for Period Ending:		⊠ Fii	nal Performance and Evaluation Repor	t
Line	Summary by Development Account	4	otal Estimated Cost		tal 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)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	4,079,190	4,079,190	4,079,190	4,079,190
21	Amount of line 20 Related to LBP Activities		2,500	2,500	2,500
22	Amount of line 20 Related to Section 504 Activities		24,703	24,703	24,703
23	Amount of line 20 Related to Security - Soft Costs		670,672	670,672	670,672
24	Amount of line 20 Related to Security - Hard Costs		11,439	11,439	11,439
25	Amount of line 20 Related to Energy Conservation Measures		73,480	73,480	73,480
Signatu	re of Executive Director Date		Signature of Public Ho	ousing Director	Date

<sup>&</sup>lt;sup>1</sup>To be completed for the Performance and Evaluation Report.

<sup>&</sup>lt;sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement. <sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>&</sup>lt;sup>4</sup> 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 II: Supporting Pages PHA Name: `Housing Authority of the City of Milwaukee			Grant Type and Number Capital Fund Program Grant No: WI39P00250113 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2013			
Development Number Name/PHA-Wide Activities	General Description of Major Categories	Work	Development Account No.	Quantity	Total Estin	nated Cost	Cost Total Actual Cost		Status of Work	
					Original	Revised 1	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>		
PHA Wide	Operations		1406		815,838	815,838	815,838	815,838	completed	
PHA Wide	Management Improvements		1408		815,838	815,838	815,838	815,838	completed	
PHA Wide	Administration		1410		407,919	407,919	407,919	407,919	completed	
PHA Wide	Audit		1411		10,000	10,000	10,000	10,000	completed	
PHA Wide	Architectural & Engineering		1430		250,000	241,795	241,795	241,795	completed	
COMPLETED	Mitigation of environmental haza: REAC Inspection findings ADA/504 Accommodations	rds	1460		50,000 10,000 1,345	50,000 0 1825	50,000 0 1,825	50,000 0 1,825	completed	
Arlington Ct/WI002000013P	facade Restoration Elevator modernization		1460		0	0 4,266	4,266	4,266	completed	
Becher Ct/WI002000018P	Elevator modernization,		1460		720	720	720	720	completed	
College Ct/WI002000011P	Elevator modernization,		1460		35,716	35,434	35,434	35,434	completed	
Hillside Tr/WI002000001P	Elevator modernization,		1460		6,692	13,776	13,776	13,776	completed	
Holton Tr/WI002000008P	Facade restoration		1460		701,773	701,773	701,773	701,773	completed	
Lincoln Ct/WI1002000019P	façade Restoration		1460		2,671	0	0	0		
Locust Ct/WI002000015P	Elevator Modernization		1460		0	6,644	6,644	6,644	completed	
PHA-Wide	Non-Dwelling Equipment		1475		230,533	230,533	230,533	230,533	completed	

<sup>&</sup>lt;sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

Part II: Supporting Pages		r					_			
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:				Federal FFY of Grant: 2013			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories		Development Account No.	Quantity	Total Estin	ated Cost	ost Total Actual Cost		Status of Work	
					Original	Revised 1	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>		
Mitchell Ct/WI002000017P	Elevator modernization, elevator room modifications Facade restoration	or control	1460		49,353 464,697	49,353 464,697	49,353 464,697	49,353 464,697	completed	
Westlawn/WI002000002P	Mgt office/maint facility impro	vements	1470		226,095	228,779	228,779	228,779	completed	

Part II: Sunnorting Pages

<sup>&</sup>lt;sup>2</sup> To be completed for the Performance and Evaluation Report.

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

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

PHA Name:					Federal FFY of Grant:
Development Number Name/PHA-Wide Activities		d Obligated Ending Date)		ls Expended Ending Date)	Reasons for Revised Target Dates
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
PHA Wide	9/15/2015	05/31/16	9/15/2017	08/01/17	
Arlington Ct/WI002000013P	9/15/2015	09/23/15	9/15/2017	09/09/16	
Becher Ct/WI002000018P	9/15/2015	09/23/15	9/15/2017	12/09/16	
College Ct/WI002000011P	9/15/2015	01/13/16	9/15/2017	09/09/16	
Hillside Tr/WI002000001P	9/15/2015	09/25/17	9/15/2017	12/09/16	
Holton Tr/WI002000008P	9/15/2015	12/08/15	9/15/2017	12/30/15	
Westlawn WI002000070P	9/15/2015	11/07/16	9/15/2017	01/11/17	
Locust Ct/WI002000015P	9/15/2015	12/27/16	9/15/2017	03/10/17	
Mitchell Ct/WI002000017P	9/15/2015	02/26/16	9/15/2017	08/26/16	

<sup>&</sup>lt;sup>2</sup> To be completed for the Performance and Evaluation Report.