

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:

Housing Authority of the City of Milwaukee

Modernization Project Number:

WI39P002501-14

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:

A. Funds Approved	\$ 4,776,258
B. Funds Disbursed	\$ 4,776,258
C. Funds Expended (Actual Modernization Cost)	\$ 4,776,258
D. Amount to be Recaptured (A-C)	\$ 0.00
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):

X

Date:

3/14/18

For HUD Use Only

The Cost Certificate is approved for audit (if box 7A is marked):

Approved for Audit (Director, Office of Public Housing)

X

Date:

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 Agency and Organizational Element to Which Report is Submitted <div style="text-align: center;">HUD</div>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <div style="text-align: center;">WI39P002501-14</div>	Page 1 of 1 pages
---	--	----------------------

3. Recipient Organization (Name and complete address including Zip code) Housing Authority of the City of Milwaukee, P.O. Box 324, Milwaukee, WI 53201

4a. DUNS Number 19-1614077	4b. EIN 39-1159751	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
-------------------------------	-----------------------	--	--	--

8. Project/Grant Period (Month, Day, Year) From: 05/13/2014 To: 05/12/2018	9. Reporting Period End Date (Month, Day, Year) 05/12/2018
---	---

10. Transactions	Cumulative
------------------	------------

(Use lines a-c for single or combined multiple grant reporting)

Federal Cash (To report multiple grants separately, also use FFR Attachment):	
a. Cash Receipts	4,776,258.00
b. Cash Disbursements	4,776,258.00
c. Cash on Hand (line a minus b)	0

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	4,776,258.00
e. Federal share of expenditures	4,776,258.00
f. Federal share of unliquidated obligations	0.00
g. Total Federal share (sum of lines e and f)	4,776,258.00
h. Unobligated balance of Federal funds (line d minus g)	0.00

Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

Program Income:	
l. Total Federal share of program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
g. Totals:					0	0	0

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official Tony Perez, Secretary-Executive Director 	c. Telephone (Area code, number, and extension) 414-286-5670 d. Email Address TPerez@hacm.org e. Date Report Submitted (Month, Day, Year)
--	---

14. Agency use only:

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.

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 8/31/2011

Part I: Summary					
PHIA Name: Housing Authority City of Milwaukee		Grant Type and Number Capital Fund Program Grant No: WI39P00250114 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2014 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:4) <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	955,252	955,252	955,252	955,252
3	1408 Management Improvements	100,000	100,000	100,000	100,000
4	1410 Administration (may not exceed 10% of line 21)	477,626	477,626	477,626	477,626
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	399,798	325,348	325,348	325,348
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	1,897,880	1,886,802	1,886,802	1,886,802
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures	935,702	1,031,230	1,031,230	1,031,230
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴	10,000	0		

¹ To be completed for the Performance and Evaluation Report.

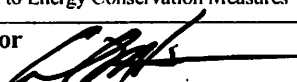
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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 08/31/2011

Part I: Summary					
PIA Name: Housing Authority City of Milwaukee		Grant Type and Number Capital Fund Program Grant No: WI39P0025114 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant:2014 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:4) <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)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	4,776,258	4,776,258	4,766,258	4,766,258
21	Amount of line 20 Related to LBP Activities		16,568	16,568	16,568
22	Amount of line 20 Related to Section 504 Activities		88,579	88,579	88,579
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs		55,925	55,925	55,925
25	Amount of line 20 Related to Energy Conservation Measures		125,722	125,722	125,722
Signature of Executive Director 		Date 3/9/18		Signature of Public Housing Director	
				Date	

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 08/31/2011

Part II: Supporting Pages								
PHA Name: Housing Authority City of Milwaukee			Grant Type and Number Capital Fund Program Grant No: WI39P0025114 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2014		
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	
PHA Wide	Operations	1406		955,252	955,252	955,252	955,252	completed
PHA Wide	Management Improvements	1408		100,000	100,000	100,000	100,000	completed
PHA Wide	Administration	1410		477,626	477,626	477,626	477,626	completed
PHA Wide	Audit	1411						
PHA Wide	Architectural and Engineering	1430		399,798	325,348	325,348	325,348	completed
Hillside Terrace/Addition WI002000001P	Drainage Sewers/basins Surveillance Cameras	1450		0 0	0 0			
Scattered Sites(North/West) WI002000016P	Landscaping	1450		0	0			
Arlington Court WI002000013P	HVAC improvements Façade restoration Countertops Furniture	1460		21 0 8,207	21 0 8,207	21 8,207	21 8,207	Completed completed
Becher Court WI002000018P	Office Renovation	1460		0	0			
College Court WI002000011P	HVAC improvements Flooring(including asbestos abatement) Elevator Modernization	1460		0 35,978 68,026	0 35,978 76,965	35,978 76,965	35,978 76,965	Completed completed
Highland Homes WI002000060P	Hot Water Heaters Hot Water Tanks Furnaces	1460		0 0 0	0 0 0			

Hillside Terrace/Addition WI002000001P	Siding Water heaters Flooring	1460		0 0 102,689	0 0 102,689	102,689	102,689	completed
Holton Terrace WI002000008P	HVAC improvements Asbestos abatement	1460		0 33,929	0 33,929	33,929	33,929	completed
Lincoln Court WI002000019P	HVAC improvements Kitchen cabinets and countertops Flooring Elevator	1460		2,395 14,116 45,351	0 2,395 14,116 45,351	2,395 14,116 45,351	0 2,395 14,116 45,351	completed completed completed
Locust Court WI002000015P	HVAC improvements Façade restoration Kitchen cabinets Asbestos abatement	1460		0 0 8,755 20,409	0 0 8,755 20,409	8,755 20,409	8,755 20,409	Completed completed
Merrill Park WI002000091P	Flooring	1460		9,529	9,529	9,529	9,529	completed
Mitchell Court WI002000017P	Elevator modernization, control room modifications HVAC improvements Kitchen cabinets	1460		0 0 834	0 0 834	834	834	completed
Parklawn WI002000007P	Roofing, roofing repairs, flashing, gutters/downspouts Water heaters Boilers Flooring	1460		30,875 1,050 2,907 72,490	30,875 1,050 2,907 72,490	30,875 1,050 2,907 72,490	30,875 1,050 2,907 72,490	completed completed completed completed
Riverview WI002000062P	HVAC improvements Plumbing, domestic water and drain/waste/vent improvements Asbestos abatement Bathtub surrounds Kitchen countertops and cabinets	1460		0 0 13,174 0 3,379	0 0 13,174 0 3,379	13,174 3,379	0 13,174 3,379	completed completed
Scattered Sites WI002000010P	Furnaces Siding Flooring	1460		0 0 4,309	0 0 4,309	4,309	4,309	completed
Scattered Sites North/West WI002000016P	Furnaces Flooring Siding	1460		2,378 1,556 0	2,378 1,556 0	2,378 1,556	2,378 1,556	Completed completed
Scattered Sites South WI002000061P	Flooring Roofing, roofing repairs, flashing, gutters/downspouts Windows	1460		6,025 127,690 16,675	6,025 127,690 16,675	6,025 127,690 16,675	6,025 127,690 16,675	completed completed completed
Scattered Sites HOPE VI WI002000063P	Furnaces Air conditioning Flooring	1460		0 3,000 17,154	0 3,000 17,154	3,000 17,154	3,000 17,154	completed completed

Westlawn WI002000070P	Hot water heaters	1460		9,185	9,185	9,185	9,185	completed
PHA Wide	Mitigation of environmental hazards	1460		314,691	294,674	294,674	294,674	completed
	ADA/504 accommodations			0	0		0	
	Force Account Labor			0	0	0	0	
	Vacant Unit Deferred Maintenance			921,103	921,103	921,103	921,103	completed
	Central Support East Carpet Replacement	1470		49,910	49,910	49,910	49,910	completed
Hillside Terrace WI002000001P	Family Resource Center improvements	1470		0	0			
Parklawn WI002000007P	YMCA improvements	1470		0	0			
Westlawn WI002000070P	Maintenance/mgt building	1470		885,793	981,320	981,320	981,320	completed
PHA Wide	Relocation costs	1495.1		0	0			
PHA Wide	Mixed-Finance development	1499		10,000	0	0	0	
PHA Wide	Collateralization or Debt Service	1501		0	0			
PHA Wide	Contingency	1502		0	0			

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.

--	--	--	--	--	--	--	--	--

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.

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 08/31/2011

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Housing Authority City of Milwaukee					Federal FFY of Grant: 2014
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	
PHA Wide	9/15/2016		5/15/2018		
Arlington Court WI002000013P	9/15/2016	10/12/2015	5/15/2018	04/01/2016	
College Court WI002000011P	9/15/2016	06/12/2014	5/15/2018	12/30/2014	
Hillside Terrace WI002000001P	9/15/2016	08/14/2014	5/15/2018	03/11/2016	
Holton Terrace WI002000008P	9/15/2016	07/31/2015	5/15/2018	12/20/2015	
Lincoln Court WI002000019P	9/15/2016	02/26/2016	5/15/2018	08/26/16	
Locust Court WI002000015P	9/15/2016	02/01/2016	5/15/2018	04/01/2016	
Merrill Park WI002000091P	9/15/2016	04/02/2015	5/15/2018	12/04/2015	
Mitchell Court	9/15/2016	06/30/2014	5/15/2018	07/10/2014	

WI002000017P					
Parklawn WI002000007P	9/15/2016	08/21/2014	5/15/2018	01/15/2016	
Riverview WI002000062P	9/15/2016	12/30/2014	5/15/2018	10/02/2015	
Scattered Sites WI002000010P	9/15/2016	12/04/2015	5/15/2018	01/08/2016	
Scattered Sites North/West WI002000016P	9/15/2016	10/30/2015	5/15/2018	11/30/2015	
Scattered Sites HOPE VI WI002000063P	9/15/2016	01/15/2016	5/15/2018	02/25/2016	
Scattered Sites South WI002000061P	9/15/2016	04/30/2015	5/15/2018	07/23/2015	
Westlawn WI002000070P	09/15/2016	02/12/2016	05/15/2018	02/14/17	

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.