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)

PHA Name:

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 scal close out. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality Modernization Project Number:

Housing Authority of the City of Milwaukee WI39R002501-12 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 \$ 1,165,131.00 **Funds Disbursed** B. \$ 1,165,131.00 Funds Expended (Actual Modernization Cost) \$ 1,165,131.00 C. 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): Date: Х 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) Date: Х

FEDERAL FINANCIAL REPORT

(Follow form instructions)

			rant or Other ats, use FFR	Attachment)	hment) Page of WI39R002501-12				of		
										page	
		and complete address inc									
Housing Aut	hority of the City of M	filwaukee, P.O. Box 324, I	Milwaukee, W	'I 53201							
4a. DUNS N	lumber	4b. EIN	5. Recipient	Account Nun	nber or Identif	ying Number	6. Report Type	7. Basis of Ac	countir	ig	
19-1614	077	39-1159751	(To report m	ultiple grants,	use FFR Atta	achment)	Quarterly Semi-Annual Annual Final	Cash Accrual			
8. Project/Gr	rant Period (Month, D	Pay, Year)				9. Reporting	Period End Date (M	lonth, Day, Yea	ir)		
	10/29/2012	-21	To:	08/15/2021		09/30/2018	•				
10. Transac	tions							Cumulative			
(Use lines a-	-c for single or combi	ined multiple grant reportir	ng)								
		le grants separately, als	so use FFR A	Attachment):			r				
a. Cash R							1,165,131.00				
	isbursements	LA					1,165,131.00	165,131.00			
And Name of the Asset	n Hand (line a minus						0				
	o for single grant reponditures and Uno										
	ederal funds authoriz						1,165,131.00				
e. Federal	share of expenditure	es					1,165,131.00				
f. Federal	share of unliquidate	d obligations					0.00				
	ederal share (sum of						1,165,131.00				
		eral funds (line d minus g)					0.00				
Recipient S											
	cipient share require										
	nt share of expenditu	res be provided (line i minus	:)								
Program Inc		be provided (lifte i fillinus	J <i>)</i>		-						
	deral share of progra	m income earned									
		in accordance with the de	duction altern	ative							
		n accordance with the add									
		e (line I minus line m or lir	ne n)								
11. Indirect a Expense	а. Туре	b. Rate	c. Period From	Period To	d. Base	e. Amount C	harged	f. Federal Sha	are		
				T	0						
40 D				g. Totals:	Fodoval anav	0	ia aamalianaa witi	0	iolotion	• 0	
12. Remarks	s: Attach any explana	ations deemed necessary	or information	n required by	Federal spor	nsoring agend	cy in compliance witi	i governing ieg	iisiation		
expenditure	es, disbursements a	is report, I certify to the and cash receipts are fo ation may subject me to	r the purpos	es and inten	t set forth in	the award o	locuments. I am a	ware that any		е	
				in, or admin	on any o pen				nn)		
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					
TOTTY FEREZ,	Jeci etal y-Executive	DI GOLOI				d. Email Add					
		174									
		///				TPerez@h					
						e. Date Repo	ort Submitted (Month	n, Day, Year)			
		- 2-0				14. Agency	use only:				
						Ctandard Ca	rm 125 - Revised 10	//11/2011			

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.

Part 1: S	ummary					
PHA Nam City of Mi	e: Housing Authority of the Iwaukee	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:	WI39R00250112			FFY of Grant: 2012 FFY of Grant Approval:
☐ Perfor	al Annual Statement mance and Evaluation Report		×	Revised Annual Staten		
Line	Summary by Development A	Account		Total Estimated Cost		Total Actual Cost 1
	Total non-CFP Funds		Original	Revised ²	Obligated	Expended
<u>'</u>						
2	1406 Operations (may not exce	eed 20% of line 21) 3				
3	1408 Management Improveme	ents				
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 Equipmen	t				
14	1485 Demolition					
15	1492 Moving to Work Demon	stration				
16	1495.1 Relocation Costs					
17	1499 Development Activities 4		501,595		501,595	501,595

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	Summary					
PHA Nam Housing A of the City Milwauke	Authority y of Grant Type and Number Capital Fund Program Grant No: Perlocement Housing Footer Grant No. W130B003501	12		Grant:2012 Grant Approval:		
Type of G	Grant ginal Annual Statement Reserve for Disast	ers/Emergencies	☐ Revised An	nual Statement (revision no:)	
	ormance and Evaluation Report for Period Ending		☐ Final Performance			
Line	Summary by Development Account		timated 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	1504 RAD Investment	663,536		663,536	663,536	
21	Amount of Annual Grant:: (sum of lines 2 - 20)	1,165,131		1,165,131	1,165,131	
22	Amount of line 20 Related to LBP Activities					
23	Amount of line 20 Related to Section 504 Activities	66,354		66,354	66,354	
24	Amount of line 20 Related to Security - Soft Costs					
25	Amount of line 20 Related to Security - Hard Costs	33,177		33,177	33,177	
26	Amount of line 20 Related to Energy Conservation Measures	66,354		66,354	66,354	
Signatu	re of Executive Director Da	te /o/o2//d Signat	ture of Public Housing I	Director	Date	

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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										
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: WI39R00250112			Federal	Federal FFY of Grant: 2012			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories		Development Quantity Account No.	Total Estimated Cost		Total Actual Cost		Status of Work		
					Original	Revised 1	Funds Obligated ²	Funds Expended ²		
WI002000063P/Scattered Sites	Acquisition of Scattered Site un part of the 2008 Hope VI redevelopment	it as	1499	1	1,341		1,341	1,341	completed	
WI002000071P/Westlawn	Development activities consiste the Mixed Finance developmen proposal approved by HUD		1499		500,254		500,254	500,254	completed	
WG Scattered Sites, LLC	Building Construction		1504		523,536		523,536	523,536	Completed	
Victory Manor LLC	Building Construction		1504		140,000		140,000	140,000	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.

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 III: Implementation Scho	edule for Capital Fund	l Financing Program			
PHA Name: Housing Author	Federal FFY of Grant: 2012				
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)			ls 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	
WI002000071P/Westlawn	3/11/2014	08/13/13	3/11/2016	08/20/13	
WI002000063P/Scattered Sites	3/11/2014	08/31/13	3/11/2016	08/31/13	
WG Scattered Sites, LLC	08/15/19	11/28/17	08/15/21	09/26/18	
Victory Manor, LLC	08/15/19	11/28/17	08/15/21	09/26/18	
	<u> </u>	<u> </u>			

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.