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 WI39R002501-14 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: \$ 1,178,338.00 A. Funds Approved Funds Disbursed \$ 1,178,338.00 Funds Expended (Actual Modernization Cost) \$ 1,178,338.00 Amount to be Recaptured (A-C) \$ 0.00 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:
^ /m	10/12/10
For HUD Use Only	
The Cost Certificate is approved for audit (<u>if box 7A is marked</u>): 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 n	narked):
Approved: (Director, Office of Public Housing)	Date:

FEDERAL FINANCIAL REPORT

(Follow form instructions)

Federal Agency and Organizational Element to Which Report is Submitted HUD			2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) WI39R002501-14 Page of page					1	
3. Recipien	t Organization (Name	and complete address in	L cludina Zip co	ode)					pages
		filwaukee, P.O. Box 324,							
4a. DUNS I	Number	4b. EIN					6. Report Type	7. Basis of Accou	nting
19-1614	4077	39-1159751	(To report m	nultiple grants	, use FFR Att	achment)	Quarterly Semi-Annual Annual Final	Cash Accrual	
8. Project/G	Frant Period (Month, D	Day, Year)				9. Reporting	Period End Date (N	Month, Day, Year)	
From:	04/15/2016		To:	08/15/2021		09/30/2018		00	
10. Transa	ctions						Cumulative		
		ined multiple grant reporti							
		ole grants separately, al	so use FFR A	Attachment)	:				
a. Cash F							1,178,338.00		
	Disbursements	b \					1,.178,338.00		
	on Hand (line a minus d-o for single grant rep						U		
	penditures and Uno								
	ederal funds authoriz						1,178,338.00		
Z2254500 200A 1-11	al share of expenditure						1,178,338.00		
	al share of unliquidate						0.00		
g. Total F	ederal share (sum of	lines e and f)					1,178,338.00		
h. Unobli	gated balance of Fede	eral funds (line d minus g))				0.00		
Recipient S									
	ecipient share require								
	ent share of expenditu								
		be provided (line i minus	; J)						
Program Ir	ncome: ederal share of progra	m income corned					1		
		in accordance with the de	eduction altern	native					
		n accordance with the ad							
		ne (line I minus line m or li		140					
11. Indirect Expense		b. Rate	c. Period From	Period To	d. Base	e. Amount C	Charged	f. Federal Share	
					-				
				. Tetaler		0		0	
40 D	141	- <i>ti</i>		g. Totals:	10	10	in anymalianaa ssiiti	b savarning lagials	tion:
		ations deemed necessary is report, I certify to the							
expenditur	es, disbursements a	and cash receipts are fo and may subject me to	r the purpos	ses and inter	nt set forth in	the award o	documents. I am a	ware that any fals	
		tle of Authorized Certifying	(9,	, 5	per	115	e (Area code, numbe		
	, Secretary-Executive		g Official			414-286-567		or, and oxionolony	
TOTTY I CIEZ	, occidary-Executive					d. Email Add			
		Marin							
		///				TPerez@h	ort Submitted (Month	h, Day, Year)	
						14. Agency	use only:		
						Standard Fo	orm 425 - Revised 10	0/11/2011	
						OMB Appro	val Number: 0348-00	061	

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.

Expiration Date: 2/28/2015

Part I: S	Summary				
	ne: Housing Authority of the	VI39R00250114			FFY of Grant: 2014 FFY of Grant Approval:
☐ Perfor	al Annual Statement Reserve for Disasters/Emergencies mance and Evaluation Report for Period Ending:	☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	Revised Annual Statement (revis	port	
Line	Summary by Development Account		stimated Cost		al Actual Cost 1
<u> </u>	T I OFF F	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				

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	ummary						
PHA Name Housing A of the City Milwaukee	uthority of	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: WI39R00250114 Date of CFFP:			FFY of Gr	ant:2014 ant Approval:	
	nal Annual	Statement Reserve for Disasters/Emergence	ies			al Statement (revision no:)
		d Evaluation Report for Period Ending			formance an	d Evaluation Report	
Line	Summar	y by Development Account	Original	Fotal Estimated Cost Revised	2	Total Actual Cost Obligated Expended	
			Original	Keviseu			Expended
18a	1501 Col	lateralization or Debt Service paid by the PHA					
18ba	9000 Col	lateralization or Debt Service paid Via System of Direct Payment					
19	1502 Con	ntingency (may not exceed 8% of line 21)					
20	1504 RA	D Investment	1,178,338			1,178,338	1,178,338
21	Amount o	of Annual Grant:: (sum of lines 2 - 20)	1,178,338			1,178,338	1,178,338
22	Amount o	of line 20 Related to LBP Activities					
23	Amount o	of line 20 Related to Section 504 Activities	117,834			117,834	117,834
24	Amount o	of line 20 Related to Security - Soft Costs					
25	Amount o	of line 20 Related to Security - Hard Costs	58,917			58,917	58,917
26	Amount o	of line 20 Related to Energy Conservation Measures	117,834			117,834	117,834
Signatur	e of Exe	cutive Director Date	11/03/10,	Signature of Public Ho	ousing Dir	ector	Date

¹To be completed for the Performance and Evaluation Report.

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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 4/30/2011

Part II: Supporting Page	s									
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: WI39R00250114				Federal	Federal FFY of Grant: 2014			
Development Number Name/PHA-Wide Activities General Description of Major Categories		Work Development Quantity Account No.		Total Estimated Cost		Total Actual Cost		Status of Work		
					Original	Revised 1	Funds Obligated ²	Funds Expended ²		
Victory Manor, LLC	Building Construction		1504		1,178,338		1,178,338	1,178,338	completed	
				 				<u>.</u>		
				1			-		<u> </u>	
				 						
				 	 					
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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.

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

PHA Name: Housing Author	Federal FFY of Grant: 2014				
Development Number Name/PHA-Wide Activities	All Fund (Quarter I	d Obligated Ending Date)		ds 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	
Victory Manor, LLC	08/15/19	11/17/17	08/15/21	09/26/18	
		-			
<u></u>					

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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