

<b>Part I: Summary</b>						
<b>PHA Name: Housing Authority of the City of Milwaukee</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant: 2010</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b> <input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:      )</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	1,358,425				
3	1408 Management Improvements	1,358,425				
4	1410 Administration (may not exceed 10% of line 21)	679,212				
5	1411 Audit	10,000				
6	1415 Liquidated Damages					
7	1430 Fees and Costs	800,000				
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures	2,250,000				
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	100,000				
17	1499 Development Activities <sup>4</sup>					

<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>4</sup> 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**

<b>Part I: Summary</b>						
<b>PHA Name:</b> HACM		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: Date of CFFP:			<b>FFY of Grant:2010</b> <b>FFY of Grant Approval:</b>	
<b>Type of Grant</b>						
<input checked="" type="checkbox"/> <b>Original Annual Statement</b>		<input type="checkbox"/> <b>Reserve for Disasters/Emergencies</b>		<input type="checkbox"/> <b>Revised Annual Statement (revision no:     )</b>		
<input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b>		<input type="checkbox"/> <b>Final Performance and Evaluation Report</b>				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
18a	1501 Collateralization or Debt Service paid by the PHA	100,000				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)	136,065				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	6,792,127				
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	4,406,062				
24	Amount of line 20 Related to Security - Hard Costs	2,250,000				
25	Amount of line 20 Related to Energy Conservation Measures					
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>		
				<b>Date</b>		

<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>4</sup> RHF funds shall be included here.

<b>Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the City of Milwaukee		<b>Grant Type and Number</b> Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2010</b>			
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA Wide	Operations	1406		1,358,425				
PHA Wide	Management Operations	1408		1,358,425				
PHA Wide	Administration	1410		679,212				
PHA Wide	Audit	1411		10,000				
PHA Wide	Fees and Costs	1430		800,000				
Arlington Ct/WI002000013	elevator modernization, elevator control room modifications	1460		470,000				
Hillside Tr/WI002000001	elevator modernization, elevator control room modifications	1460		470,000				
Locust Ct/WI002000015	elevator modernization, elevator control room modifications	1460		470,000				
Riverview/WI002000062	elevator modernization, elevator control room modifications	1460		460,000				
PHA Wide	Implement Recommendations in Energy Audit	1460		10,000				
PHA Wide	Mitigation of Environmental Hazards	1460		300,000				
PHA Wide	ADA/504 accommodations	1460		50,000				
PHA Wide	Force Account Labor	1460		20,000				
PHA Wide	Relocation Costs	1495.1		100,000				
PHA Wide	Collateralization or Debt Service	1501		100,000				
PHA Wide	Contingency	1502		136,065				

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

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

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<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Housing Authority of the City of Milwaukee					<b>Federal FFY of Grant: 2010</b>
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
Arlington Ct/WI002000013	9/15/2012		9/15/2014		
Hillside Tr/WI002000001	9/15/2012		9/15/2014		
Locust Ct/WI002000015	9/15/2012		9/15/2014		
Riverview/WI002000062	9/15/2012		9/15/2014		
PHA Wide	9/15/2012		9/15/2014		

<sup>1</sup> 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.



<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Housing Authority of the City of Milwaukee				<b>Federal FFY of Grant: 2010</b>	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

<sup>1</sup> 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.