Part I: Summary

PHA Name/Number			Locality (City/County & State)		☒**Original 5-Year Plan** ☐**Revision No:**	
A.	Development Number and Name	Work Statement for Year 1 FFY 2016 PHA FY 2017 Annual Statement	Work Statement for Year 2 FFY 2017 PHA FY 2018	Work Statement for Year 3 FFY 2018 PHA FY 2019	Work Statement for Year 4 FFY 2019 PHA FY 2020	Work Statement for Year 5 FFY 2020 PHA FY 2021
B.	Physical Improvements Dwelling Structures (1460) Subtotal		19,000.00	25,000.00	25,000.00	25,000.00
C.	1408 Management Improvements		6,000.00			
D.	PHA-Wide Non-dwelling Structures (1470) and Equipment (1475)		1,000.00	10,000.00	1,000.00	1,000.00
E.	1410 Administration		10,000.00	10,000.00	10,000.00	10,000.00
F.	Other 1465 Dwelling Equipment		7,000.00	7,000.00	7,000.00	7,000.00
G.	1406 Operations		140,070.00	136,563.00	151,220.00	154,076.00
H.	1485 Demolition					
I.	1499 Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		183,070.00	188,563.00	194,220.00	197,076.00
L.	Total Non-CFP Funds					
M.	Grand Total	175,099.00	183,070.00	188,563.00	194,220.00	197,076.00

Part I: Summary (Continuation)

PHA Name/Number			Locality (City/county & State)		☒**Original 5-Year Plan** ☐**Revision No:**	
A.	Development Number and Name	Work Statement for Year 1 FFY 2016 PHA FY 2017	Work Statement for Year 2 FFY 2017 PHA FY 2018	Work Statement for Year 3 FFY 2018 PHA FY 2019	Work Statement for Year 4 FFY 2019 PHA FY 2020	Work Statement for Year 5 FFY 2020 PHA FY 2021
		Annual Statement				

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2016 PHA FY 2017	Work Statement for Year 2 FFY 2017 PHA FY 2018			Work Statement for Year: 3 FFY 2018 PHA FY 2019		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	1406 HA-Wide	Operations	140,070.00	1406 HA-Wide	Operations	136,563.00
Annual						
Statement	1408 HA-Wide	Management	6,000.00	1408 HA-Wide	Management	
	1410 HA-Wide	Admin	10,000.00	1410 HA-Wide	Admin	10,000.00
	1460 HA-Wide	Flooring Replacements	10,000.00	1460 HA-Wide	Flooring Replacements	10,000.00
	1460 HA-Wide	Roof Replacements	4,000.00	1460 HA-Wide	Roof Replacements	10,000.00
	1460 HA-Wide	Up-Grades	5,000.00	1460 HA-Wide	Up-Grades	5,000.00
	1465 HA-Wide	Appliances	4,000.00	1465 HA-Wide	Appliances	4,000.00
	1465 HA-Wide	Water Heaters	2,000.00	1465 HA-Wide	Water Heaters	2,000.00
	1465 HA-Wide	Furnace & A/C parts	1,000.00	1465 HA-Wide	Furnace & A/C parts	1,000.00
	1475 HA-Wide	Equipment	1,000.00	1475 HA-Wide	Equipment	10,000.00
	Subtotal of Estimated Cost		$ 183,070.00	Subtotal of Estimated Cost		$ 188,563.00

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY 2016 PHA FY 2017	Work Statement for Year 4 FFY 2019 PHA FY 2020			Work Statement for Year: 5 FFY 2020 PHA FY 2021		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	1406 HA-Wide	Operations	151,220.00	1406 HA-Wide	Operations	154,076.00
Annual						
Statement	1408 HA-Wide	Management		1408 HA-Wide	Management	
	1410 HA-Wide	Admin	10,000.00	1410 HA-Wide	Admin	10,000.00
	1460 HA-Wide	Flooring Replacements	10,000.00	1460 HA-Wide	Flooring Replacements	10,000.00
	1460 HA-Wide	Roof Replacements	10,000.00	1460 HA-Wide	Roof Replacements	10,000.00
	1460 HA-Wide	Up-Grades	5,000.00	1460 HA-Wide	Up-Grades	5,000.00
	1465 HA-Wide	Appliances	4,000.00	1465 HA-Wide	Appliances	4,000.00
	1465 HA-Wide	Water Heaters	2,000.00	1465 HA-Wide	Water Heaters	2,000.00
	1465 HA-Wide	Furnace & A/C parts	1,000.00	1465 HA-Wide	Furnace & A/C parts	1,000.00
	1475 HA-Wide	Equipment	1,000.00	1475 HA-Wide	Equipment	1,000.00
	Subtotal of Estimated Cost		$ 194,220.00	Subtotal of Estimated Cost		$ 197,076.00

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY 2016 PHA FY 2017	Work Statement for Year 2 FFY 2017 PHA FY 2018		Work Statement for Year: 3 FFY 2018 PHA FY 2019	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	1406 HA-Wide Operations	140,070.00	1406 HA-Wide Operations	136,563.00
Annual				
Statement	1408 HA-Wide Management Improvements	6,000.00	1408 HA-Wide Management Improvements	
	1410 HA-Wide Admin	10,000.00	1410 HA-Wide Admin	10,000.00
	1460 HA-Wide Flooring Replacement	10,000.00	1460 HA-Wide Flooring Replacement	10,000.00
	1460 HA-Wide Roof Replacement	4,000.00	1460 HA-Wide Roof Replacement	10,000.00
	1460 HA-Wide Upgrades	5,000.00	1460 HA-Wide Upgrades	5,000.00
	1465 HA-Wide Replace Appliances	4,000.00	1465 HA-Wide Replace Appliances	4,000.00
	1465 HA-Wide Replace Water Heaters	2,000.00	1465 HA-Wide Replace Water Heaters	2,000.00
	1465 HA-Wide Furnace & A/C Parts	1,000.00	1465 HA-Wide Furnace & A/C Parts	1,000.00
	1475 HA-Wide Equipment	1,000.00	1475 HA-Wide Equipment	10,000.00
	Subtotal of Estimated Cost	$ 183,070.00	Subtotal of Estimated Cost	$ 188,563.00

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY 2016	Work Statement for Year 4 FFY 2019 PHA FY 2020		Work Statement for Year 5 FFY 2020 PHA FY 2021	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	1406 HA-Wide Operations	151,220.00	1406 HA-Wide Operations	154,076.00
Annual				
Statement	1408 HA-Wide Management Improvements		1408 HA-Wide Management Improvements	
	1410 HA-Wide Admin	10,000.00	1410 HA-Wide Admin	10,000.00
	1460 HA-Wide Flooring Replacement	10,000.00	1460 HA-Wide Flooring Replacement	10,000.00
	1460 HA-Wide Roof Replacement	10,000.00	1460 HA-Wide Roof Replacement	10,000.00
	1460 HA-Wide Upgrades	5,000.00	1460 HA-Wide Upgrades	5,000.00
	1465 HA-Wide Replace Appliances	4,000.00	1465 HA-Wide Replace Appliances	4,000.00
	1465 HA-Wide Replace Water Heaters	2,000.00	1465 HA-Wide Replace Water Heaters	2,000.00
	1465 HA-Wide Furnace & A/C Parts	1,000.00	1465 HA-Wide Furnace & A/C Parts	1,000.00
	1475 HA-Wide Equipment	1,000.00	1475 HA-Wide Equipment	1,000.00
	Subtotal of Estimated Cost	$ 194,220.00	Subtotal of Estimated Cost	$ 197,076.00

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 I: Summary

PHA Name: Eastern Iowa Regional Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: IA05P12650116 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2016** **FFY of Grant Approval:**

Type of Grant
☒ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **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]	133,099.00		133,099.00	66,550.00
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	10,000.00		10,000.00	4,658.68
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	25,000.00		25,000.00	3,875.52
11	1465.1 Dwelling Equipment—Nonexpendable	7,000.00		7,000.00	2,716.10
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.

form **HUD-50075.1** (4/2008)

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 I: Summary

PHA Name:	**Grant Type and Number**	**FFY of Grant:2016**
Eastern Iowa Regional Housing Authority	Capital Fund Program Grant No: IA05P12650116 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant Approval:**

Type of Grant

☒ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**

☐ **Performance and Evaluation Report for Period Ending:** ☐ **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)	175,099.00		175,099.00	77,800.30
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				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director Kelley H. Deutmeyer	**Date**	**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.

form **HUD-50075.1** (4/2008)

Part II: Supporting Pages

PHA Name: Eastern Iowa Regional Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: IA05P12650116 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2016**

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]	
HA-Wide	Operations-SO	1406		133,099.00		133,099.00	66,550.00	
HA-Wide	Admin	1410		10,000.00		10,000.00	4,658.68	
HA-Wide	Floring Replacement	1460		10,000.00		10,000.00	3,875.52	
HA-Wide	Roof Replacement	1460		10,000.00		10,000.00	0.00	
HA-Wide	Upgrade	1460		5,000.00		5,000.00	0.00	
HA-Wide	Appliance Replacement	1465		4,000.00		4,000.00	2,716.10	
HA-Wide	Water Heater Relacement	1465		2,000.00		2,000.00	0.00	
HA-Wide	Furnace and A/C replacement	1465		1,000.00		1,000.00	0.00	
	Totals			175,099.00		175,099.00	77,800.30	

[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.

Part II: Supporting Pages

PHA Name: Eastern Iowa Regional Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: IA05P12650116 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2016**

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]	

[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.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Eastern Iowa Regional Housing Authority					**Federal FFY of Grant: 2016**
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	
HA-Wide/1406	June 30, 2017				
HA-Wide/1410	June 30, 2017				
HA-Wide/1460 Flooring	June 30, 2017				
HA-Wide/1460 Roofs	June 30, 2017				
HA-Wide/1460 Up-Grade	June 30, 2017				
HA-Wide/1465 Appliances	June 30, 2017				
HA-Wide/1465 W. Heaters	June 30, 2017				
HA-Wide/1465 Parts	June 30, 2017				

[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.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Eastern Iowa Regional Housing Authority					**Federal FFY of Grant: 2016**
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	

[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.

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 I: Summary

PHA Name: Eastern Iowa Regional Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: IA05P12650117 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2017** **FFY of Grant Approval:**

Type of Grant
☒ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **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]	140,070.00			
3	1408 Management Improvements	6,000.00			
4	1410 Administration (may not exceed 10% of line 21)	10,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	19,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable	7,000.00			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	1,000.00			
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.

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 I: Summary

PHA Name:	**Grant Type and Number**	**FFY of Grant:2017**
Eastern Iowa Regional Housing Authority	Capital Fund Program Grant No: IA05P12650117 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant Approval:**

Type of Grant

☒ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**

☐ **Performance and Evaluation Report for Period Ending:** ☐ **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)	183,070.00			
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				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director	**Date**	**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.

Part II: Supporting Pages

PHA Name: Eastern Iowa Regional Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: IA05P12650117 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2017**

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]	
HA-Wide	Operations-TS	1406		140,070.00				
HA-Wide	Management Improvements	1408		6,000.00				
HA-Wide	Admin	1410		10,000.00				
HA-Wide	Floring Replacement	1460		10,000.00				
HA-Wide	Roof Replacement	1460		4,000.00				
Ha-Wide	Upgrade	1460		5,000.00				
HA-Wide	Appliance Replacement	1465		4,000.00				
HA-Wide	Water Heater Relacement	1465		2,000.00				
Ha-Wide	Furnace and A/C replacement	1465		1,000.00				
HA-Wide	Equipment	1475		1,000.00				
	Totals			183,070.00				

[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.

Part II: Supporting Pages

PHA Name: Eastern Iowa Regional Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: IA05P12650117 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2017**

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]	

[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.

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Eastern Iowa Regional Housing Authority

Federal FFY of Grant: 2017

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	
HA-Wide/1406					
HA-Wide/1408					
HA-Wide/1410					
HA-Wide/1460 Flooring					
HA-Wide/1460 Roofs					
HA-Wide/1460 Up-Grade					
HA-Wide/1465 Appliances					
HA-Wide/1465 W. Heaters					
HA-Wide/1465 Parts					
HA-Wide/1475 Equipment					

[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.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Eastern Iowa Regional Housing Authority					**Federal FFY of Grant: 2017**
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	

[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.

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 I: Summary

PHA Name: Eastern Iowa Regional Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: IA05P12650118 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2018** **FFY of Grant Approval:**

Type of Grant
☒ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **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]	136,563.00			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	10,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	25,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable	7,000.00			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	10,000.00			
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.

form **HUD-50075.1** (4/2008)

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 I: Summary

PHA Name:	**Grant Type and Number**	**FFY of Grant:2018**
Eastern Iowa Regional Housing Authority	Capital Fund Program Grant No: IA05P12650118 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant Approval:**

Type of Grant

☒ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**

☐ **Performance and Evaluation Report for Period Ending:** ☐ **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)	188,563.00			
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				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director	**Date**	**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.

form **HUD-50075.1** (4/2008)

Part II: Supporting Pages

PHA Name: Eastern Iowa Regional Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: IA05P12650118 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2018**

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]	
HA-Wide	Operations	1406		136,563.00				
HA-Wide	Admin	1410		10,000.00				
HA-Wide	Floring Replacement	1460		10,000.00				
HA-Wide	Roof Replacement	1460		10,000.00				
HA-Wide	Upgrades	1460		5,000.00				
HA-Wide	Appliance Replacement	1465		4,000.00				
HA-Wide	Water Heater Relacement	1465		2,000.00				
HA-Wide	Furnace and A/C replacement	1465		1,000.00				
HA-Wide	Replace Lawn Mower(s)	1475		10,000.00				
	Totals			188,5563.00				

[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.

Part II: Supporting Pages

PHA Name: Eastern Iowa Regional Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: IA05P12650118 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2018**

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]	

[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.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Eastern Iowa Regional Housing Authority					**Federal FFY of Grant: 2018**
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	
HA-Wide/1406					
HA-Wide/1410					
HA-Wide/1460 Flooring					
HA-Wide/1460 Roofs					
HA-Wide/1460 Up-Grades					
HA-Wide/1465 Appliances					
HA-Wide/1465 W. Heaters					
HA-Wide/1465 Parts					
HA-Wide/1475 Mowers					

[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.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Eastern Iowa Regional Housing Authority					**Federal FFY of Grant: 2018**
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	

[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.

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 I: Summary

PHA Name: Eastern Iowa Regional Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: IA05P12650119 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2019** **FFY of Grant Approval:**

Type of Grant
☒ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **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]	151,220.00			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	10,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	25,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable	7,000.00			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	1,000.00			
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.

form **HUD-50075.1** (4/2008)

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 I: Summary

PHA Name:	**Grant Type and Number**	**FFY of Grant:2019**
Eastern Iowa Regional Housing Authority	Capital Fund Program Grant No: IA05P12650119 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant Approval:**

Type of Grant

☒ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**

☐ **Performance and Evaluation Report for Period Ending:** ☐ **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)	194,220.00			
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				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director	**Date**	**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.

form **HUD-50075.1** (4/2008)

Part II: Supporting Pages

PHA Name: Eastern Iowa Regional Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: IA05P12650119 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2019**

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]	
HA-Wide	Operations - LO	1406		151,220.00				
HA-Wide	Admin	1410		10,000.00				
HA-Wide	Floring Replacement	1460		10,000.00				
HA-Wide	Roof Replacements	1460		10,000.00				
HA-Wide	Upgrades	1460		5,000.00				
HA-Wide	Appliance Replacement	1465		4,000.00				
HA-Wide	Water Heater Relacement	1465		2,000.00				
Ha-Wide	Furnace and A/C replacement	1465		1,000.00				
HA-Wide	Equipment	1475		1,000.00				
	Totals			194,220.00				

[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.

Part II: Supporting Pages

PHA Name: Eastern Iowa Regional Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: IA05P12650119 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2019**

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]	

[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.

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Eastern Iowa Regional Housing Authority

Federal FFY of Grant: 2019

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	
HA-Wide/1406					
HA-Wide/1410					
HA-Wide/1460 Flooring					
HA-Wide/1460 Roofs					
HA-Wide/1460 Up-Grades					
HA-Wide/1465 Appliances					
HA-Wide/1465 W. Heaters					
HA-Wide/1465 Parts					
HA-Wide/1475 Equipment					

[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.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Eastern Iowa Regional Housing Authority					**Federal FFY of Grant: 2019**
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	

[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.

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 I: Summary

PHA Name: Eastern Iowa Regional Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: IA05P12650120 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2020** **FFY of Grant Approval:**

Type of Grant
☒ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **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]	154,076.00			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	10,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	25,000.00			
11	1465.1 Dwelling Equipment—Nonexpendable	7,000.00			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	1,000.00			
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.

form **HUD-50075.1** (4/2008)

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 I: Summary

PHA Name:	**Grant Type and Number**	**FFY of Grant:2020**
Eastern Iowa Regional Housing Authority	Capital Fund Program Grant No: IA05P12650120 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant Approval:**

Type of Grant

☒ **Original Annual Statement** ☐ **Reserve for Disasters/Emergencies** ☐ **Revised Annual Statement (revision no:)**

☐ **Performance and Evaluation Report for Period Ending:** ☐ **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)	197,076.00			
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				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director	**Date**	**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.

Part II: Supporting Pages

PHA Name: Eastern Iowa Regional Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: IA05P12650120 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2020**

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]	
HA-Wide	Operations - SO	1406		154,076.00				
HA-Wide	Admin	1410		10,000.00				
HA-Wide	Floring Replacement	1460		10,000.00				
HA-Wide	Roof Replacements	1460		10,000.00				
HA-Wide	Upgrades	1460		5,000.00				
HA-Wide	Appliance Replacement	1465		4,000.00				
HA-Wide	Water Heater Relacement	1465		2,000.00				
Ha-Wide	Furnace and A/C replacement	1465		1,000.00				
HA-Wide	Equipment	1475		1,000.00				
	Totals			197,076.00				

[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.

Part II: Supporting Pages

PHA Name: Eastern Iowa Regional Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: IA05P12650120 CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant: 2020**

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]	

[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.

Part III: Implementation Schedule for Capital Fund Financing Program

PHA Name: Eastern Iowa Regional Housing Authority

Federal FFY of Grant: 2020

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	
HA-Wide/1406					
HA-Wide/1410					
HA-Wide/1460 Flooring					
HA-Wide/1460 Roofs					
HA-Wide/1460 Up-Grades					
HA-Wide/1465 Appliances					
HA-Wide/1465 W. Heaters					
HA-Wide/1465 Parts					
HA-Wide/1475 Equipment					

[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.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Eastern Iowa Regional Housing Authority					**Federal FFY of Grant: 2020**
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	

[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.