



MUSCATINE MUNICIPAL HOUSING AGENCY

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MEMORANDUM

TO: Gregg Mandsager, City Administrator
FROM: Richard Yerington, Housing Administrator
DATE: March 28, 2014
RE: Capital Funding 2014 – IA05P04950114

INTRODUCTION: Muscatine Municipal Housing Agency (MMHA) annually receives Capital Funding Program Formula Grants (CFP) for the purpose of improving living conditions at Sunset Park and Clark House. In March we were informed our allocation for Federal Fiscal Year 2014 will be \$160,589.

BACKGROUND: In our budget planning process earlier this year we projected (CFP) grants at \$156,000.

In processing this grant the housing administrator must modify the HUD-50075.1 annual statement and HUD-50075.2 five year action plan and have both documents approved by the Board of Commissioners.

RECOMMENDATION/RATIONALE: The Muscatine City Council, acting as the MMHA Board of Commissioners, accepts the grant by way of resolution and authorizes the housing administrator to execute any and all required documentation.

Attached,
Resolution
Capital Fund Program Amendment
HUD-50075.1 Annual Statement
HUD-50075.2 Five Year Action Plan

RESOLUTION NO. _____

**A RESOLUTION ACCEPTING CAPITAL FUNDING GRANT
IA05P0495014, APPROVING AMENDMENTS TO THE CFP ANNUAL AND FIVE
YEAR ACTION PLAN AND AUTHORIZING THE HOUSING ADMINISTRATOR TO
EXECUTE THE CONSOLIDATED ANNUAL CONTRIBUTIONS CONTRACT ON
BEHALF OF THE BOARD OF COMMISSIONERS**

WHEREAS, the Muscatine Municipal Housing Agency (MMHA) has been awarded \$160,589.00 in formula grant capital funding for FFY 2014 by HUD; and

WHEREAS, updates and revisions to MMHA 2014 capital fund budget have been completed to reflect the amount of the grant without substantial deviation; and

WHEREAS, the Muscatine City Council, acting as the MMHA Board of Commissioners, has reviewed the HUD-50075.1 annual statement and HUD-50075.2 five year action plan;

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF MUSCATINE, IOWA to accept this CFP grant, adopt the HUD-50075.1 annual statement and HUD-50075.2 five year action plan and authorize the Muscatine Housing Administrator to execute the required documentation.

PASSED, APPROVED AND ADOPTED this 3rd day of April 2014.

DEWAYNE M. HOPKINS, MAYOR

GREGG MANDSAGER, CITY CLERK

Part I: Summary					
PHA Name: Muscatine Municipal Housing Agency		Grant Type and Number Capital Fund Program Grant No: IA05P04950114 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2014 FFY of Grant Approval: 2014
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost¹	
		Original	Revised²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	87,689			
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	9,700 GPNA			
8	1440 Site Acquisition				
9	1450 Site Improvement	63,200			
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.

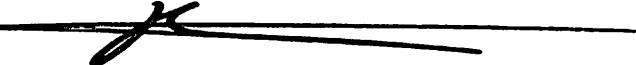
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.

⁴ RHF funds shall be included here.

Part I: Summary

PHA Name: Muscatine Municipal Housing Agency	Grant Type and Number Capital Fund Program Grant No: IA05P04950114 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2014 FFY of Grant Approval: 2014
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Type of Grant		<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no:) <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)	160,589			
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
		3/18/2014			

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.

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Part II: Supporting Pages

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

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 I: Summary		Locality Muscatine, Muscatine County, Iowa		<input type="checkbox"/> Original 5-Year Plan	<input checked="" type="checkbox"/> Revision No: 6
PHA Name/Number	IA049	Work Statement for Year 2 FFY 2015	Work Statement for Year 3 FFY 2016	Work Statement for Year 4 FFY 2017	Work Statement for Year 5 FFY 2018
A.	Development Number and Name	Work Statement for Year 2 FFY 2014	Work Statement for Year 3 FFY 2016	Work Statement for Year 4 FFY 2017	Work Statement for Year 5 FFY 2018
B.	Physical Improvements Subtotal	Annual Statement	64,500	64,500	64,500
C.	Management Improvements				
D.	PHA-Wide Non-dwelling Structures and Equipment				
E.	Administration	0	0	0	0
F.	Other				
G.	Operations	91,500	91,500	91,500	91,500
H.	Demolition				
I.	Development				
J.	Capital Fund Financing – Debt Service				
K.	Total CFP Funds	156,000	156,000	156,000	156,000
L.	Total Non-CFP Funds				
M.	Grand Total	160,589	156,000	156,000	156,000

Part I: Summary (Continuation)

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

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

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

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