Part I:	Summary					
	me: Eastern Iowa Regional Authority	Grant Type and Number Capital Fund Program Grant No: IA Replacement Housing Factor Grant Date of CFFP:	05P12650119 No:			FFY of Grant: 2019 FFY of Grant Approval:
Perfo	inal Annual Statement ormance and Evaluation Repor			Revised Annual Statemen Final Performance and E	valuation Report	
Line	Summary by Development	Account		tal Estimated Cost		otal Actual Cost
1	Total non-CFP Funds		Original	Revised ²	Obligated	Expended
2	1406 Operations (may not ex	acceed 20% of line 21) ³	203,417.00	178,473.00	178,473.00	103,417.00
3	1408 Management Improver	nents				
4	1410 Administration (may no	ot exceed 10% of line 21)	10,000.00	10,000.00	10,000.00	8,714.83
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures		30,000.00	52,240.30	52,240.30	51,789.38
11	1465.1 Dwelling Equipment	Nonexpendable	8,255.00	10,958.70	10,958.70	10,958.70
12	1470 Non-dwelling Structure	es				
13	1475 Non-dwelling Equipme	ent				
14	1485 Demolition					
15	1492 Moving to Work Demo	onstration				
16	1495.1 Relocation Costs					
17	1499 Development Activitie	s 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.

Part I: S	ummary					
PHA Nam Eastern Io Regional H Authority	wa Grant Type and Number Capital Fund Program Grant No: 14.05P12650119				FFY of Grant:2019 FFY of Grant Approval:	
Type of G	ant I Annual Statement I Reserve for Disasters/Emergenc	ies		🗌 Rev	ised Annual Statement (revision no:)
Perfo	rmance and Evaluation Report for Period Ending:			🗌 Fin	al Performance and Evaluation Report	
Line	Summary by Development Account		Total Estimated C	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)	251,672.00	251	,672.00	251,672.00	174,879.91
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					
Signatur	e of Executive Director Date		Signature of	Public Hou	ising 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.

Part II: Supporting Page		Cront 7	wno and Numbor			Fodoral F	TEV of Cront. 7	10		
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 Categories	Work Development Account No.		Quantity	Total Estima	ited Cost	Cost Total Actual Cost		Status of Work	
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
HA-Wide	Operations		1406		203,417.00	178,473.00	178,473.00	103,417.00	In Progress	
HA-Wide	Admin		1410		10,000.00	10,000.00	10,000.00	8,714.83	In Progress	
HA-Wide	Floring Replacement		1460		10,000.00	10,000.00	10,000.00	10,000.00	Completed	
HA-Wide	Roof Replacements		1460		10,000.00	13,105.00	13,105.00	13,105.00	Completed	
HA-Wide	Upgrades		1460		10,000.00	29,135.30	29,135.30	28,684.38	In Progress	
HA-Wide	Appliance Replacement		1465		5,255.00	5,368.97	5,368.97	5,368.97	Completed	
HA-Wide	Mechanical Repairs		1465		3,000.00	5,589.73	5,589.73	5,589.73	Completed	
	Totals				251,672.00	251,672.00	251,672.00	174,879.91		

Part II: Supporting Pages	5										
	a Regional Housing Authority	Grant Type and NumberICapital Fund Program Grant No: IA05P12650119CFFP (Yes/ No):CFFP (Yes/ No):Replacement Housing Factor Grant No:					Federal FFY of Grant: 2019				
Development Number Name/PHA-Wide Activities	General Description of Major Categories	Work	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work		
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²			

Part III: Implementation Sche	dule for Capital Fund	Financing Program			
PHA Name: Eastern Iowa Reg	gional Housing Autho	prity			Federal FFY of Grant: 2019
Development Number Name/PHA-Wide Activities		l Obligated Ending Date)		s 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	
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 Mechanical					

IA Name: Eastern Iowa Re		Financing Program			Federal FFY of Grant: 2019
	c c				
Development Number Name/PHA-Wide Activities	All Fund (Quarter H	d Obligated Ending Date)	All Fund (Quarter I	s 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	

Part I:	Summary							
	ne: Eastern Iowa Regional Authority	Grant Type and Number Capital Fund Program Grant No: IA Replacement Housing Factor Grant Date of CFFP:	05P12650120 No:			FFY of Grant: 2020 FFY of Grant Approval:		
Perfo	nal Annual Statement rmance and Evaluation Repor			Revised Annual Staten Final Performance and)		
Line	Summary by Development	Account	To Original	tal Estimated Cost Revised ²	Obligated	Total Actual Cost 1		
1	Total non-CFP Funds		Originai	Keviseu	Obligated	Expended		
2	1406 Operations (may not ex	acceed 20% of line 21) ³	198,223.00					
3	1408 Management Improver	nents						
4	1410 Administration (may n	ot 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		40,000.00					
11	1465.1 Dwelling Equipment	Nonexpendable	11,000.00					
12	1470 Non-dwelling Structure							
13	1475 Non-dwelling Equipme	ent						
14	1485 Demolition							
15	1492 Moving to Work Demo	onstration						
16	1495.1 Relocation Costs							
17	1499 Development Activitie	5 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.

Part I: S	ummary							
PHA Nam Eastern Io Regional H Authority	wa Grant Type and Number Capital Fund Program Grant No: 1A05P12650120				FFY of Gran FFY of Gran			
Type of G	ant	ies		🗌 Re	evised Annual	Statement (revision no:)	
Perfo	rmance and Evaluation Report for Period Ending:			🗌 Fii	nal Performan	ice and Evaluation Report		
Line								
		Original		Revised ²	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)	259,223.00						
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							
Signatur	e of Executive Director Date		Signatu	re of Public Ho	ousing Direc	ctor	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.

Part II: Supporting Page		Creat	Free and Number			Federal	FFY of Grant: 2	020	
PHA Name: Eastern low	a Regional Housing Authority	Grant Type and Number Capital Fund Program Grant No: IA05P12650120 CFFP (Yes/ No): Replacement Housing Factor Grant No:				rederal	FFY of Grant: 2	020	
Development Number Name/PHA-Wide Activities	General Description of Major Categories	Work 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		198,223.00				
HA-Wide	Admin		1410		10,000.00				
HA-Wide	Floring Replacement		1460		15,000.00				
HA-Wide HA-Wide	Roof Replacements Upgrades		1460 1460		15,000.00 10,000.00				
HA-Wide	Appliance Replacement		1465		5,000.00				
HA-Wide	Mechanical Repairs		1465		6,000.00				
	Totals				259,223.00				

Part II: Supporting Pages	l de la construcción de la constru									
PHA Name: Eastern Iowa	Grant Type and NumberICapital Fund Program Grant No: IA05P12650120CFFP (Yes/ No):CFFP (Yes/ No):Replacement Housing Factor Grant No:					Federal FFY of Grant: 2020				
Development Number Name/PHA-Wide Activities	General Description of Major Categories	Work	Development Account No.	Quantity	Total Estimated Cost		ed Cost Total Actual Cost Statu		Status of Work	
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²		

Part III: Implementation Sche	dule for Capital Fund	Financing Program			
PHA Name: Eastern Iowa Reg	gional Housing Autho	ority			Federal FFY of Grant: 2020
Development Number Name/PHA-Wide Activities		d Obligated Ending Date)		s 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	
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 Mechanical					

IA Name: Eastern Iowa Re	gional Housing Autho	Financing Program			Federal FFY of Grant: 2020
Development Number Name/PHA-Wide Activities	All Fund (Quarter F	l Obligated Ending Date)	All Fund (Quarter I	s 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	

Part I:	Summary							
	ne: Eastern Iowa Regional Authority	Grant Type and Number Capital Fund Program Grant No: IA Replacement Housing Factor Grant Date of CFFP:	05P12650121 No:			FFY of Grant: 2021 FFY of Grant Approval:		
Perfo	nal Annual Statement rmance and Evaluation Repor			Revised Annual Staten Final Performance and)		
Line	Summary by Development	Account	10 Original	tal Estimated Cost Revised ²	Obligated	Total Actual Cost 1 Expended		
1	Total non-CFP Funds		Originai	Keviseu	Obligated	Expended		
2	1406 Operations (may not ex	acceed 20% of line 21) ³	206,000.00					
3	1408 Management Improver	nents						
4	1410 Administration (may n	ot 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		40,000.00					
11	1465.1 Dwelling Equipment	Nonexpendable	11,000.00					
12	1470 Non-dwelling Structure							
13	1475 Non-dwelling Equipme	ent						
14	1485 Demolition							
15	1492 Moving to Work Demo	onstration						
16	1495.1 Relocation Costs							
17	1499 Development Activitie	s 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.

Part I: S	ummary						
PHA Nam Eastern Io Regional H Authority	wa Grant Type and Number				FFY of Grant:2021 FFY of Grant Approval:		
Type of G	ant	ies		🗌 Re	vised Annual Statement (r	evision no:)
Perfo	rmance and Evaluation Report for Period Ending:			🗌 Fii	nal Performance and Evalu	uation Report	
Line	Summary by Development Account		Total Estin	nated Cost		Total A	ctual Cost 1
		Original		Revised ²	Obli	gated	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)	267,000.00					
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						
Signatur	e of Executive Director Date		Signatu	re of Public Ho	using 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.

Part II: Supporting Page	s										
	PHA Name: Eastern Iowa Regional Housing Authority			Grant Type and Number Capital Fund Program Grant No: IA05P12650121 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2021			
Development Number Name/PHA-Wide Activities	General Description of Major Categories	Work Development Account No.	Quantity	Total Estima	ated Cost	Total Actual	Cost	Status of Work			
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²			
HA-Wide	Operations		1406		206,000.00						
HA-Wide	Admin		1410		10,000.00						
HA-Wide	Floring Replacement		1460		15,000.00						
HA-Wide HA-Wide	Roof Replacements Upgrades		1460 1460		15,000.00						
HA-Wide	Appliance Replacement		1465		5,000.00						
HA-Wide	Mechanical Repairs		1465		6,000.00						
	Totals				267,000.00						

Part II: Supporting Pages	5									
PHA Name: Eastern Iow	Grant Type and NumberFCapital Fund Program Grant No: IA05P12650121FCFFP (Yes/ No):Replacement Housing Factor Grant No:					Federal FFY of Grant: 2021				
Development Number Name/PHA-Wide Activities	General Description of Major Categories	Work	Development Account No.	Quantity	Total Estima	ated Cost	Cost Total Actual Cost		Status of Work	
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²		

Part III: Implementation Sche	dule for Capital Fund	Financing Program			
PHA Name: Eastern Iowa Reg	gional Housing Autho	ority			Federal FFY of Grant: 2021
Development Number Name/PHA-Wide Activities		l Obligated Ending Date)		s 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	
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 Mechanical					

IA Name: Eastern Iowa Re		Financing Program			Federal FFY of Grant: 2021
Development Number Name/PHA-Wide Activities	All Func (Quarter F	l Obligated Ending Date)	All Fund (Quarter F	s Expended Ending Date)	Reasons for Revised Target Dates ¹
Activities	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	

Part I:	Summary					
PHA Na Eastern Authorit	Iowa Regional Housing	Grant Type and Number Capital Fund Program Grant No: IA0 Replacement Housing Factor Grant No Date of CFFP:	01P12650122 o:			FFY of Grant: 2022 FFY of Grant Approval:
Type of ⊠ Orig □ Perf	Grant jinal Annual Statement ormance and Evaluation Repor	□ Reserve for Disasters/Emergencies rt for Period Ending:		☐ Revised Annual Stater ☐ Final Performance and		
Line	Summary by Development	Account		tal Estimated Cost		Fotal Actual Cost 1
1	Total non-CFP Funds		Original	Revised ²	Obligated	Expended
1						
2	1406 Operations (may not ex	sceed 20% of line 21) 3	206,010.00			
3	1408 Management Improver	ments	8,000.00			
4	1410 Administration (may n	ot 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		40,000.00			
11	1465.1 Dwelling Equipment	Nonexpendable	11,000.00			
12	1470 Non-dwelling Structur	es				
13	1475 Non-dwelling Equipm	ent				
14	1485 Demolition					
15	1492 Moving to Work Dem	onstration				
16	1495.1 Relocation Costs					
17	1499 Development Activitie	s 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.

Part I: Si	ummary						
PHA Name Eastern Io Regional H Authority	Wa Housing Grant Type and Number Capital Fund Program Grant No: IA05P12650122 Replacement Housing Factor Grant No:					rant:2022 rant Approval:	
Type of Gr	rant Reserve for Disasters/Emergen	cies		🗌 Re	evised Annu	ual Statement (revision no:)
	ormance and Evaluation Report for Period Ending:					nance and Evaluation Report	,
Line	Summary by Development Account		Total Estima	ted Cost		Total	Actual Cost 1
		Origina	l	Revised ²	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)	275,010.00					
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						
Signatur	re of Executive Director Date		Signature	e of Public Ho	ousing Di	rector	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.

Part II: Supporting Page	25									
PHA Name: Eastern Iowa Regional Housing Authority			Grant Type and Number Capital Fund Program Grant No: IA01P12650122 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2022			
Development Number Name/PHA-Wide Activities	General Description of Major Categories	r Work	Development Account No.	Quantity	Total Estimated	d Cost	Total Actual Cost		Status of Work	
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
HA-Wide	Operations		1406		206,010.00					
HA-Wide	Management Improvemen	ts	1408		8,000.00					
HA-Wide	Administration		1410		10,000.00					
HA-Wide	Flooring Replacements		1460		15,000.00					
HA-Wide	Roof Replacements		1460		15,000.00					
HA-Wide	UP-Grades		1460		10,000.00					
HA-Wide	Appliance Replacement		1465		5,000.00					
HA-Wide	Mechanical Repairs		1465		6,000.00					
	Totals				275.010.00					
	Totals				275,010.00					

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 3/31/2020

Part II: Supporting Pages									
PHA Name: Eastern Iowa Regional Housing Authority			ype and Number und Program Grant No es/ No): nent Housing Factor G	550122	Federa	Federal FFY of Grant: 2022			
Development Number Name/PHA-Wide Activities	General Description of Major Categories	Work	Development Account No.	Quantity	Total Estim	ated Cost	Cost Total Actual Cost		Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
								1	

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

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 3/31/2020

Part III: Implementation Schedule	e for Capital Fund Fina	ancing Program			
PHA Name: Eastern Iowa Region	al Housing Authority				Federal FFY of Grant:
Development Number		Obligated		nds Expended	Reasons for Revised Target Dates ¹
Name/PHA-Wide Activities		nding Date)		Ending Date)	
	Original Obligation End	Actual Obligation End Date	Original Expenditure End	Actual Expenditure End Date	
	Date	Life Date	Date	Date	
HA-Wide/1406					
HA-Wide/1408					
HA-Wide/1410					
HA-Wide/1460 Flooring					
HA-Wide/1460 Roofs					
HA-Wide/1460 Up-Grades					
HA-Wide/1465 Appliances					
HA-Wide/1465 Mechanicals					

gional Housing Autho	rity			
gional Housing Autho	hty			Federal FFY of Grant:
All Fund (Quarter F	l Obligated Ending Date)	All Fund (Quarter I	s 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	
	All Fund (Quarter F Original Obligation End	All Fund Obligated (Quarter Ending Date) Original Actual Obligation Obligation End End Date	All Fund Obligated (Quarter Ending Date)All Fund (Quarter FOriginal Obligation EndActual Obligation End DateOriginal Expenditure End Date	All Fund Obligated (Quarter Ending Date) All Funds Expended (Quarter Ending Date) Original Obligation End Actual Obligation End Date Original Expenditure End Date Actual Expenditure End Date

	Summary	-						
PHA Na Eastern Authorit	Iowa Regional Housing	Grant Type and Number Capital Fund Program Grant No: I Replacement Housing Factor Gran Date of CFFP:	A01P1265012 3 tt No:			FFY of Grant: 2023 FFY of Grant Approval:		
Type of ⊠ Orig □ Perf	Grant inal Annual Statement ormance and Evaluation Repo	□ Reserve for Disasters/Emergenc rt for Period Ending:	ies	Revised Annual Staten Final Performance and				
Line	Summary by Developmen		То	Total Estimated Cost		Total Actual Cost 1		
			Original	Revised ²	Obligated	Expended		
1	Total non-CFP Funds							
2	1406 Operations (may not e	xceed 20% of line 21) ³	222,261.00					
3	1408 Management Improve	ments						
4	1410 Administration (may r	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		40,000.00					
11	1465.1 Dwelling Equipmen	t—Nonexpendable	11,000.00					
12	1470 Non-dwelling Structur	res						
13	1475 Non-dwelling Equipm	lent						
14	1485 Demolition							
15	1492 Moving to Work Dem	onstration						
16	1495.1 Relocation Costs							
17	1499 Development Activitie	es 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

Part I: S	ummary						•
PHA Nam Eastern Io Regional H Authority	Grant Type and Number Capital Fund Program Grant No: IA05P12650123 Papelocament Housing Evotor Grant No:				FFY of Grant:2023 FFY of Grant Approval:		
Type of G				•			
Origi	inal Annual Statement 🛛 Reserve for Disasters/Emergenc	ties		🗌 Re	evised Annual Statement (re	vision no:)
Perfo	ormance and Evaluation Report for Period Ending:			🗌 Fi	nal Performance and Evalu	ation Report	
Line	Summary by Development Account		Total Estimated Cost				ctual Cost ¹
		Origina	l	Revised ²	2 Oblig	ated	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)	283,261.00					
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						
Signatur	re of Executive Director Date		Signature of Pu	blic Ho	ousing 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.

Part II: Supporting Page	25									
PHA Name: Eastern Iowa Regional Housing Authority		Capital H CFFP (Y	Grant Type and Number Capital Fund Program Grant No: IA01P12650123 CFFP (Yes/ No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2023			
Development Number Name/PHA-Wide Activities	General Description of Major Categories	: Work	Development Account No.	Quantity	Total Estimated	d Cost	Total Actual	Cost	Status of Work	
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
HA-Wide	Operations		1406		222,261.00					
HA-Wide	Management Improvemen	ts	1408							
HA-Wide	Administration		1410		10,000.00					
HA-Wide	Flooring Replacements		1460		15,000.00					
HA-Wide	Roof Replacements		1460		15,000.00					
HA-Wide	UP-Grades		1460		10,000.00					
HA-Wide	Appliance Replacement		1465		5,000.00					
HA-Wide	Mechanical Replacement		1465		6,000.00					
	Totals				282 261 00					
	101015				283,261.00					

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 3/31/2020

Part II: Supporting Pages	8								
	a Regional Housing Authority	Capital Fi CFFP (Ye	7 pe and Number und Program Grant No es/ No): eent Housing Factor Gr		50123	Federal	FFY of Grant: 2	023	
Development Number Name/PHA-Wide Activities	General Description of Major Categories	Work	Development Account No.	Quantity	Total Estim	ated Cost	Cost Total Actual Cost		Status of Work
					Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
					+				
								+	
					+				
				-				1	
			1	1	1		1	1	1

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

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB No. 2577-0226 Expires 3/31/2020

Part III: Implementation Schedule	e for Capital Fund Fina	ancing Program			
PHA Name: Eastern Iowa Region	al Housing Authority				Federal FFY of Grant:
Development Number	Reasons for Revised Target Dates ¹				
Name/PHA-Wide Activities	(Quarter Ending Date)			Ending Date)	
	Original Obligation End	Actual Obligation End Date	Original Expenditure End	Actual Expenditure End Date	
	Date	Life Date	Date	Date	
HA-Wide/1406					
HA-Wide/1408					
HA-Wide/1410					
HA-Wide/1460 Flooring					
HA-Wide/1460 Roofs					
HA-Wide/1460 Up-Grades					
HA-Wide/1465 Appliances					
HA-Wide/1465 Mechanicals					

A Name: Eastern Iowa Re		Financing Program			
	Federal FFY of Grant:				
Development Number Name/PHA-Wide Activities	All Fund (Quarter F	l Obligated Ending Date)	All Fund (Quarter I	s 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	