January 16, 2019

U.S. Department of Housing & Urban Development
Public Indian Housing
Attn: Kathy Ritzler
210 Walnut Street, Room 937
Des Moines, Iowa 50309

Attention: Kathy Ritzler

Subject: Family Self-Sufficiency Program Coordinator Grant Reporting for FSS17IA1059
Final Report- January 1, 2018 to December 31, 2018

Dear Ms. Ritzler:

Please find enclosed the SF-425 report for the FY2017 Family Self-Sufficiency Program Coordinators grant for the period covering January 1, 2018 to December 31, 2018.

Please accept this letter as the City of Des Moines Municipal Housing Agency’s certification of project completion of the FY2017 Family Self-Sufficiency Program Coordinators grant and also the certification of compliance with all requirements of the grant agreement executed through Grantsolutions.gov in January 2018.

Electronic copies have been submitted as well.

If you have any questions regarding this report or require additional information please contact Patty Jennings at (515)323-8968 or pajennings@dmgov.org.

Sincerely,

[Signature]

Chris Johansen
Executive Director, DMMHA

Cc: Patty Jennings, Research and Development Administrator
Scott Littell, Accounting Manager

Enclosure
1. Federal Agency and Organizational Element to Which Report is Submitted: Housing and Urban Development

2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment): FSS17IA1059

3. Recipient Organization (Name and complete address including Zip code): Des Moines Municipal Housing Agency, 2309 Euclid Ave, Des Moines, IA 50310

4a. DUNS Number: 73498909
4b. EIN: 42-6004514

5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment): IA020

6. Report Type:
   - [ ] Quarterly
   - [ ] Semi-Annual
   - [X] Annual
   - [ ] Final

7. Basis of Accounting:
   - [ ] Cash
   - [ ] Accrual

8. Project/Grant Period (Month, Day, Year):
   - From: 01/01/2018
   - To: 12/31/2018

9. Reporting Period End Date (Month, Day, Year):
   - 12/31/2018

10. Transactions:

   (Use lines a-c for single or combined multiple grant reporting)

   Federal Cash (To report multiple grants separately, also use FFR Attachment):
   a. Cash Receipts
   b. Cash Disbursements
   c. Cash on Hand (line a minus b)

   (Use lines a-d for single grant reporting)

   Federal Expenditures and Unobligated Balance:
   d. Total Federal funds authorized
   e. Federal share of expenditures
   f. Federal share of unliquidated obligations
   g. Total Federal share (sum of lines e and f)
   h. Unobligated balance of Federal funds (line d minus g)

   Recipient Share:
   i. Total recipient share required
   j. Recipient share of expenditures
   k. Remaining recipient share to be provided (line i minus j)

   Program Income:
   l. Total Federal share of program income earned
   m. Program income expended in accordance with the deduction alternative
   n. Program income expended in accordance with the addition alternative
   o. Unexpended program income (line l minus line m or line n)

11. Indirect Expense:

   |---------|---------|----------------|---------|-----------------|------------------|

   g. Totals: 0 0 0

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1901)

   a. Typed or Printed Name and Title of Authorized Certifying Official: Chris Johansen, Director
   b. Signature of Authorized Certifying Official

   c. Telephone (Area code, number, and extension): 515-323-8976
   d. Email Address: cmjohansen@dmgov.org
   e. Date Report Submitted (Month, Day, Year): 1/16/19

   14. Agency use only:

   Standard Form 425 - Revised 10/11/2011
   OMB Approval Number: 0348-0061
   Expiration Date: 2/28/2015

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.