FY 2008 EDI-SPECIAL PROJECT NO. B-08-SP-NV-0536

GRANT AGREEMENT

This Grant Agreement between the Department of Housing and Urban Development (HUD) and City of Las Vegas (the Grantee) is made pursuant to the authority of Public Law 110-161 (Consolidated Appropriations Act, 2008) and a listing of certain specific Economic Development Initiative Special Projects specified in the Congressional Record of December 17, 2007. The amount shown below is 98.00% of the amount specified in the Congressional Record of December 17, 2007, because of a 2.00% reduction mandated by the Act. The Grantee's application, as may be amended by the provisions of this Grant Agreement, is hereby incorporated into this Agreement.

In reliance upon and in consideration of the mutual representations and obligations hereunder, HUD and the Grantee agree as follows:

Subject to the provisions of the Grant Agreement, HUD will make grant funds in the amount of $196,000 available to the Grantee.

The Grantee agrees to abide by the following:

ARTICLE I. HUD Requirements.

The Grantee agrees to comply with the following requirements for which HUD has enforcement responsibility.

A. The grant funds will only be used for activities described in the application, which is incorporated by reference and made part of this Agreement as may be modified by Article VII (A) of this Grant Agreement.

B. EQUAL OPPORTUNITY REQUIREMENTS
The grant funds must be made available in accordance with the following:

1. For projects involving housing, the requirements of the Fair Housing Act (42 U.S.C. 3601-20) and implementing regulations at 24 CFR Part 100; Executive Order 11063 (Equal Opportunity in Housing) and implementing regulations at 24 CFR Part 107.

2. The requirements of Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d) (Nondiscrimination in Federally Assisted Programs) and implementing regulations issued at 24 CFR Part 1.

3. The prohibitions against discrimination on the basis of age under the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) and implementing regulations at 24 CFR Part 146, and the prohibitions against discrimination against handicapped individuals under section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) and implementing regulations at 24 CFR Part 8.

4. The requirements of 24 CFR 5.105(a) regarding equal opportunity as well as the requirements of Executive Order 11246 (Equal Employment Opportunity) and the implementing regulations issued at 41 CFR Chapter 60.

5. For those grants funding construction covered by 24 CFR 135, the requirements of section 3 of the Housing and Urban Development Act of 1968, (12 U.S.C. 1701u) which requires that economic opportunities generated by certain HUD financial assistance shall, to the greatest extent feasible, be given to low- and very low-income persons and to businesses that provide economic opportunities for these persons.

6. The requirements of Executive Orders 11625 and 12432 (concerning Minority Business Enterprise), and 12138 concerning Women's Business Enterprise). Consistent with HUD's responsibilities under these Orders, the Grantee must make efforts to encourage the use of minority and women's business enterprises in connection with grant funded activities. See 24 CFR Part 85.36(e), which describes actions to be taken by the Grantee to assure that minority business enterprises and women business enterprises are used when possible in the procurement of property and services.

7. Where applicable, Grantee shall maintain records of its efforts to comply with the requirements cited in Paragraphs 5 and 6 above.

C. ENVIRONMENTAL REVIEW REQUIREMENTS.

1. If the Grantee is a unit of general local government, a State, an Indian Tribe, or an Alaskan Native Village, the Grantee agrees to assume all of the responsibilities for environmental review and decision- making and actions, as specified and required in regulations issued by the Secretary pursuant to the Multifamily Housing Property Disposition Reform Act of 1994 and published in 24 CFR Part 58.

2. If the Grantee is a housing authority, redevelopment agency, academic institution, hospital, or other non-profit organization, the Grantee shall request the unit of general local government, Indian Tribe, or Alaskan Native Village, within which the project is located and which exercises land use responsibility, to assume all of the responsibilities for environmental review and decision-making as specified in paragraph C.1 above, and the Grantee shall carry out all of the responsibilities of a recipient under 24 CFR Part 58.

D. Administrative requirements of OMB Circular A-133 "Audits of States, Local governments and Non-Profit Organizations."

E. For State and Local Governments, the Administrative requirements of 24 CFR Part 85, including the procurement requirements of 24 CFR Part 85.36, and the requirements of OMB Circular A-87 regarding Cost Principles for State and Local Governments. For Non-Profits, the Administrative requirements of 24 CFR Part 84, including the procurement requirements of 24 CFR Part 84.40, and OMB Circular A-122 regarding Cost Principles for Non-Profit Institutions. For Institutions of Higher Education the applicable OMB Circular regarding Cost Principles is A-21.

F. The regulations at 24 CFR Part 87, related to lobbying, including the requirement that the Grantee obtain certifications and disclosures from all covered persons.

G. The regulations at 24 CFR Part 21, regarding requirements for Drug- Free Workplace.

H. The Uniform Relocation Act as implemented by regulations at 49 CFR Part 24.

I. The Grantee will comply with all accessibility requirements under section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) and implementing regulations at 24 CFR Part 8, where applicable.

J. The regulations at 24 CFR Part 35, where applicable, regarding Lead-Based Paint Poisoning Prevention in Certain Residential Structures.

K. The regulations at 24 CFR Part 5.109, where applicable, regarding Equal Participation of Religious Organizations in HUD Programs and Activities.

ARTICLE II. Conditions Precedent to Draw Down.

The Grantee may not draw down grant funds until the following actions have taken place:

A. The Grantee has received and approved any certifications and disclosures required by 24 CFR 87.100 concerning lobbying.

B. Any other conditions listed in Article VII (C) of this Grant Agreement.

ARTICLE III. Draw Downs.

A. A request by the Grantee to draw down grant funds under the Voice Response Access system or any other payment system constitutes a representation by the Grantee that it and all participating parties are complying with the terms of this Grant Agreement.

B. The Grantee will be paid on an advance basis provided that the Grantee minimizes the time elapsing between transfer of the grant funds and disbursement for project

C. Before the Grant Agreement is signed, the Grantee may incur cost for activities which are exempt from environmental review under 24 CFR Part 58 and may charge the costs to the grant.

ARTICLE IV. Progress Reports.

A. The Grantee shall submit to the Grant Officer a progress report every six months after the effective date of the Grant Agreement. Progress reports shall consist of (1) a narrative of work accomplished during the reporting period and (2) a completed Financial Status Report - Form 269 A.

HUD may require additional information or increased frequency of reporting as described in Article VII (C).

B. The performance reports must contain the information required under 24 CFR Part 85.40(b) (2) or 24 CFR Part 84.51(a), as applicable including a comparison of actual accomplishment to the objectives indicated in the approved application, the reasons for slippage if established objectives were not met, and additional pertinent information including explanation of significant cost overruns.

C. No grant drawdowns will be approved for projects with overdue progress reports.

ARTICLE V. Project Close-out.

A. The grantee shall submit to the Grant Officer a written request to close-out the grant 30 days after the grantee has drawn down all funds and completed the activities described in the application, as may be amended. The final report shall consist of (1) a narrative of all work accomplished during the project period and (2) a completed Financial Status Report - Form 269 A covering the entire project period.

HUD will then send the Close-out Agreement and Close-out Certification to the Grantee. At HUD's option, the Grantee may delay initiation of project close-out until the resolution of any HUD monitoring findings. If HUD exercises this option the Grantee must promptly resolve the findings.

B. The Grantee recognizes that the close-out process may entail a review by HUD to determine compliance with the Grant Agreement by the Grantee and all participating parties. The Grantee agrees to cooperate with any review in any way possible, including making available records requested by HUD and the project for on-site HUD inspection.

C. The Grantee shall provide to HUD the following documentation:

1. A Certification of Project Completion.

2. A Grant Close-out Agreement.

3. A final financial report giving the amount and types of project costs charged to the grant (that meet the allowability and allocability requirements of OMB Circular A-122, A-87 or A-21 as applicable, including the "necessary and reasonable" standard); a certification of the costs; and the amounts and sources of other project funds.

4. A final performance report providing a comparison of actual accomplishments with each of the project commitments and objectives in the approved application, the reasons for slippage if established objectives were not met and additional pertinent information including explanation of significant cost overruns.

D. The Grantee agrees that the grant funds are allowable only to the extent that the project costs, meeting the standard of OMB Circular A-122, A-87 or A-21 as applicable, equal the grant amount plus other sources of project funds provided.

E. When HUD has determined that the grant funds are allowable, the activities were completed as described by the Grant Agreement, and all Federal requirements were satisfied, HUD and the Grantee will sign the Close-out Agreement and Close-out Certificate.

F. The Close-out Agreement will include the Grantee's Agreement to abide by any continuing federal requirements.

ARTICLE VI. Default.

A default under this Grant Agreement shall consist of using grant funds for a purpose other than as authorized by this Agreement, any noncompliance with legislative, regulatory, or other requirements applicable to the Agreement, any other material breach of this Agreement, or any material misrepresentation in the application submissions.

ARTICLE VII. Additional Provisions.

A. Project Description. The project is as described in the application with the following changes:

B. Changes or Clarification to the Application Related to Participating Parties:
The Administrative Agent if any:

C. Special Conditions:

The Consolidated Appropriations Act, 2008 provides that no funds made available under the Act may be used to support any Federal, State or local projects that seek to use the power of eminent domain, unless eminent domain is employed only for a public use. For purposes of this provision, public use shall not be construed to include economic development that primarily benefits private entitites.

U.S. Department of Housing
and Urban Development

Robert Duncan
Authorized Signature

~~Otto V. Banks~~ Robert Duncan
ASSOC Deputy Assistant Secretary
for Economic Development

2/5/09
Date

City of Las Vegas
The Honorable Oscar B. Goodman

Oscar B Goodman
Authorized Signature

Mayor
Title

January 15, 2009
Date

APPROVED AS TO FORM
T. Ponticello 1/13/09
Teresita L. Ponticello Date
Chief Deputy City Attorney

Attest: By Beverly K. Bridges
BEVERLY K. BRIDGES, CMC, City Clerk

U.S. Department of Housing and Urban Development
Community Planning and Development
Congressional Grants Division

Economic Development Initiative-Special Project Grants

GRANT AWARD INSTRUCTIONS

Congratulations on the award of your Economic Development Initiative-Special Project (EDI-SP) grant. The Department of Housing and Urban Development (HUD) looks forward to working with you on your project.

This document provides all of the instructions you will need to access your EDI-SP funds. The EDI-SP funds will be transferred directly from the U.S. Treasury to your bank account. HUD suggests that you distribute these instructions to all staff that will access EDI-SP grant funds. HUD's Congressional Grants Division (CGD) in Washington, D.C. administers your EDI-SP grant. All correspondence regarding this grant, except where otherwise instructed, should be sent to the CGD at the following address:

U.S. Department of Housing and Urban Development
Community Planning and Development
Congressional Grants Division
451 Seventh Street S.W., Room 7146
Washington, D.C. 20410

The telephone number for the Congressional Grants Division is (202) 708-3773. This is not a toll-free call. Please ask to speak to the Grant Officer assigned to your state when calling the Division and be prepared to provide your EDI-SP grant number.

You can find additional forms and instructions on the Congressional Grants Division website at: http://www.hud.gov/offices/cpd/economicdevelopment/programs/congressional.

Enclosed with this document are the forms you will need to set up and manage your EDI-SP grant account. These forms include:

1. Line of Credit Control System (LOCCS) Voice Response Access Authorization Form (HUD-27054).
2. Direct Deposit Sign-up Form (SF-1199A).
3. Request Voucher for Grant Payment (HUD-27053).
4. Financial Status Report (Standard Form 269A).
5. Change of Address Request form (HUD-27056)

I. FREQUENTLY ASKED QUESTIONS ABOUT EDI-SP GRANTS

1. WHAT DOCUMENTS AND FORMS ARE REQUIRED TO ACCESS GRANT FUNDS?

ANSWER: Once you have submitted your application and have received approval of the grant from the Department, you will receive an approval package consisting of grant agreements, assistance/award forms, a direct deposit sign up form, a LOCCS Access Authorization form and a set of these instructions. The grant agreements and assistance award forms must be signed and returned to the Congressional Grants Division, along with the direct deposit sign-up form and a cancelled or voided check that indicates your ABA number. The LOCCS Access Authorization form must be completed and returned to the Washington, DC address at the top of the form. Further detailed instructions for accessing the Line of Credit Control System (LOCCS) are provided in Section II below.

2. WHAT ARE THE ENVIRONMENTAL REVIEW REQUIREMENTS FOR THIS GRANT AND WHEN SHOULD AN APPLICANT BEGIN THE ENVIRONMENTAL REVIEW PROCESS?

ANSWER: The environmental review must be completed before grant or other funds are committed or disbursed to the project. The Department cannot make funds available for activities that were undertaken prior to the environmental review and which would have required a review.

An applicant should begin the environmental review process as soon as possible. Ideally, the environmental review should occur while the application is under review by the Department. Your local HUD field office can provide more information about the required environmental review. The HUD environmental officer for your grant is listed on the assistance/award form in the approval package and can be also identified on the Division's web site at:

www.hud.gov/offices/cpd/economicdevelopment/programs/congressional

3. WHAT IS THE PROCEDURE FOR A GRANTEE TO MAKE CHANGES TO THE APPROVED PROJECT, BUDGET AND OR TIME LINE?

ANSWER: Following approval of the initial application, the grantee may propose to amend the approved project. The grantee must submit a letter requesting revisions to the project, budget, and timelines, as appropriate, along with a justification for the proposed changes. Amendments to previously approved projects may also require a revision of the environmental review for the amended project.

4. IF A GRANTEE OR PROJECT IS AWARDED MORE THAN ONE EDI-SPECIAL PROJECT GRANT, CAN THEY BE COMBINED?

ANSWER: No, each EDI-SP grant is a separate project and is processed separately.

5. WHAT IS THE START OR "EFFECTIVE" DATE OF THE GRANT?

ANSWER: The effective date for the EDI-SP grant is the date that HUD signs the Grant Agreement and the HUD 1044 Assistance Award/Amendment Form.

6. WHAT IS THE ENDING DATE?

ANSWER: For most EDI-SP grants, funds must be obligated, or under contract, within the first three fiscal years of the appropriation (e.g., FY 2006 grants must be obligated or under contract by the end of FY 2008). For most EDI-SP grants, funds must be expended within five years of the deadline for obligation (e.g., FY 2006 grant funds remain available for expenditure until the end of FY 2013). On occasion, however, Congress may appropriate funds and establish longer or shorter periods for obligation and expenditure. Any grant funds not obligated or expended by the deadline established by Congress are automatically returned to the Department of Treasury. Both the obligation and expenditure deadlines are established by law and cannot be waived or extended by the Department.

7. ARE THERE REPORTING REQUIREMENTS FOR THIS GRANT?

ANSWER: Progress Reports are due on a semi-annual basis. They should be sent to the attention of the Grant Officer listed in Block 9 of the HUD Form 1044 "Assistance Award" and submitted to the following address:

U.S. Department of Housing and Urban Development
Congressional Grants Division
451 7th Street, S.W., Room 7146
Washington, D.C. 20410

You will be sent a reminder letter 30 days in advance of the Progress Report's due date. The semi-annual report must consist of: 1) a narrative on the project's progress for the reporting time period; 2) a completed Standard Form 269A if funds have been expended during the reporting period and; 3) copies of HUD form 20753, if you have drawn down funds from LOCCS during the reporting time period.

8. IS A REPORT REQUIRED IF NO ACTIVITY HAS TAKEN PLACE ON THE GRANT?

ANSWER: Yes, the grantee should inform HUD in its narrative that no activity has taken place on the proposed activities and/ that no grant funds have been drawn down.

9. HOW DO I CLOSE OUT THE EDI-SP GRANT?

ANSWER: After all EDI-SP grant funds have been drawn down, the grantee should submit HUD form 269A, "Financial Status Report" to their Grant Officer. In Block 12 of the form indicate that you wish "to Initiative Project Close-Out". The Division will then forward the necessary forms to complete the closeout.

10. WHAT DOCUMENTS ARE REQUIRED IN ORDER FOR A PAYMENT OF FUNDS TO BE APPROVED BY THE DEPARTMENT?

ANSWER: In order to approve a request for payment of funds, the Grant Officer must have evidence that the proper environmental review for the project has been completed. Any overdue semi-annual reports must also be submitted. You will also be required to submit a LOCCS VRS Request Voucher for Grant Payment (HUD-27053). Grant Officers will also require you to submit source documentation in support of the payment request (e.g., bills, invoices, receipts, etc.) and a written statement detailing by budget line item what the request will be used to pay, when you make the first and last draw of funds for the grant, and when you request more than 70% of the total grant amount. As the grantee, you are also required to maintain source documentation in your files for the expenditure of all grant funds.

11. WHAT IS THE 3-DIGIT VOUCHER PREFIX?

ANSWER: The 3-digit-voucher prefix is 080.

12. WHAT IS THE BUDGET LINE ITEM (BLI) NUMBER?

ANSWER: The Budget Line Item number is 4246.

13. WHAT IS THE CFDA NUMBER FOR THIS GRANT?

ANSWER: The CFDA Number is 14.251

14. WHOSE NAME AND SOCIAL SECURITY NUMBER SHOULD BE ENTERED ON THE LOCCS VOICE RESPONSE SYSTEM ACCESS AUTHORIZATION FORM (HUD FORM-27054)?

ANSWER: The individual designated by your organization to draw down funds on behalf of the organization and the person who approves that designated user should be included on the form. More detailed LOCCS instructions are provided in Section II below.

15. IF WE ARE ALREADY SETUP IN THE LOCCS SYSTEM FOR OTHER HUD PROGRAMS (CDBG, HOMELESS, ETC.) DO WE STILL HAVE TO

COMPLETE THE LOCCS ACCESS AND OTHER FINANCIAL FORMS AGAIN FOR THIS GRANT?

ANSWER: Yes, the Direct Deposit Sign-Up Form SF 1199 and the HUD form 20754 "LOCCS Voice Response System Access Authorization" must be filled out again in order to gain access to the EDI-SP grant funds.

If, however, you were awarded an EDI-SP grant in a prior year and you are currently set up in LOCCS for that grant, no additional Direct Deposit, or LOCCS Access forms are necessary. More detailed LOCCS instructions are provided in Section II below.

16. **HOW CAN THE GRANTEE OBTAIN THE 10-DIGIT VOICE RESPONSE SYSTEM (VRS) GRANT NUMBER?**

ANSWER: In addition to draw down capability, LOCCS/VRS allows grantees to query the system for other information by specifying a Tax Identification Number. The last VRS number for the selected program area is given by electronic voice. This is useful if the caller has not received the LOCCS/VRS generated letter with the assigned VRS number, but wishes to draw down grant funds. More detailed LOCCS instructions are provided in Section II below.

II. SUMMARY OF THE LINE OF CREDIT CONTROL SYSTEM (LOCCS) and VOICE RESPONSE SYSTEM (VRS) FOR PAYMENT

All EDI-SP grantees must use the LOCCS/VRS to request program funds. LOCCS is the system HUD uses to disburse grants funds. The VRS and is the automated system used by grantees to request funds that are recorded in LOCCS. Grantees use the VRS to request funds via a touchtone telephone. Synthesized text-to-speech dialogue is used to request payment data from the caller.

The VRS requires the caller to enter a User-id, password, and a VRS grant number to ensure that the caller has authority to request grant funds for the particular EDI-SP grant. The requested payment amount is checked against the grant's available balance in the LOCCS to ensure that the request does not exceed the grant's authorized funding limits. LOCCS will not allow more than one draw per grant per day.

After the request for payment is approved, funds are wired from the U.S. Department of Treasury directly into the grantee's bank account, usually within 72 hours from the day HUD approves the request.

III) USING THE VOICE RESPONSE SYSTEM/BUDGET LINE ITEM PAYMENT

A. Preliminary Requirements:

1. Creating your account in the LOCCS

With this document, you should have received four copies of the EDI-SP Grant Agreement to sign and return. You are to retain one copy for your files. When HUD receives the remaining three signed copies, they will be executed (signed by HUD) and one fully executed copy (signed by the grantee and HUD) will be returned to you. The **effective date** of the grant is the date that the grant agreement was signed by HUD.

HUD will enter information on the grant agreement, including the grantee name, the grantee address, and grant term, into the LOCCS. HUD will also enter the amount awarded under one **Budget Line Item (BLI) – 4246/EDI-SP**.

2. User ID and Password

Only users with valid User ID's and passwords may access the LOCCS/VRS. Users are allowed access to only those programs, projects, and functions that have been requested and approved by the LOCCS Security Officer at HUD Headquarters.

To gain authorization to LOCCS/VRS, each staff person of your organization who will perform "drawdown" functions must submit one LOCCS/VRS Access Authorization form (HUD-27054). Both the staff that will have on-line access to LOCCS and those who authorize their staff to access LOCCS must complete the LOCCS Authorization form (HUD-27054). Two copies of this form are enclosed, and a sample form has been completed for your information. It is recommended that two persons in your organization be authorized to draw down EDI-SP funds via the VRS in case of illnesses, vacations, etc. Grantees will then have an alternate staff person authorized to drawdown funds.

These completed forms must be returned, via overnight delivery, to:

Chief Financial Officer, FYM
451 7th Street, S.W., Room 3114
Washington, D.C. 20410

or via regular mail to:

U.S. Department of Housing and Urban Development
Chief Financial Officer,
FYM, P.O. Box 23774,
Washington, D.C. 20026-3774

The telephone number for the LOCCS Security is 1-877-705-7504

The complete award package, which includes three copies of the signed grant agreement, and the Direct Deposit Sign Up form (Standard Form 1199A), should be sent together, via Express, Federal Express or UPS, to your Government Technical Representative at the address on the front page of these instructions.

Please note that failure to submit all documents together will delay processing of your account and drawdown authorization.

The LOCCS Security Officer will notify each individual who has submitted a HUD form 27054 of his or her User ID via a User ID Authorization Letter to be opened by the addressee only. The letter will state that the user must access LOCCS by a specified date. If the system is not accessed by that date, **the authorization will be canceled.** The caller does not have to request a draw down in order to access the system. The caller will, however, need to create a password.

If you do not receive your password and User ID in a timely manner, please contact the HUD Security Officer at **1-877-705-7504** (toll free) or (202) 708-0764 to ensure the document has been received. The Congressional Grants Division cannot assist you with a LOCCS/VRS security problem.

3. Voice Response Number

Each grantee will also receive a letter containing his or her computer-generated Voice Response Number. LOCCS automatically assigns a unique all-numeric, 10-digit number to each grant whose program area participates in VRS.

4. Direct Deposit Form

Each grantee must complete and submit a Direct Deposit Sign-Up form (Standard Form-1199A). This form identifies the bank account into which grant funds will be deposited. All funds will be wire transferred from the U.S. Treasury directly into this designated bank account. A copy of this form is enclosed, as well as a completed sample form to use as a guide. After the grantee has completed Section 1 and the grantee's financial institution has completed Section 3, return the form and a blank check marked **CANCELLED** or **VOID** to the Congressional Grants Division. A deposit slip may be submitted instead of the voided check. The voided check or deposit slips are used for verification purposes. Failure to include these items may delay processing the forms. The completed form should be returned to the attention of the Grant Officer at the address listed on page one of this document.

B. Preparing the Voucher

The LOCCS VRS Request Voucher for Grant Payment (HUD-27053) is used for EDI-SP VRS payments. This form is to be filled out before calling the LOCCS VRS to request payment. A completed sample is provided. You must submit a copy to HUD before a draw down can be approved. Two copies of the voucher are enclosed. Please make copies of the voucher form (HUD-27053) for future use.

Note: Following each disbursement request, the grantee must keep the original voucher, with copies of invoices, receipts, and other relevant documentation of costs, on file.

C. Calling the Voice Response System

1. VRS Equipment

The toll free number for LOCCS/VRS is 1-877-705-7505 or (301) 344-0132. Hours of operation for LOCCS/VRS are 8:00 a.m. to 7:00 p.m. Eastern Time, Monday through Friday. After the initial greeting, a menu selection is given. LOCCS is selection number 1.

2. Program Number, ID and Password

The caller must have a completed voucher in hand as a reference when making the call. LOCCS will first ask for the caller's User ID and password to verify that the caller is authorized to draw down EDI-special project funds.

3. Voucher Number

LOCCS/VRS will ask the caller for the three-digit voucher prefix number. The three-digit prefix, which represents the Special Projects grant program, is **080.** The caller will enter this three-digit prefix. LOCCS/VRS will give the caller the remaining 6 digits of the voucher number. **The caller must write the entire nine digit voucher number in Block 1 of the voucher form and then enter the entire nine-digit voucher number for verification.** This procedure also ensures that each voucher number is unique.

4. Entering the VRS Number

LOCCS/VRS will ask the caller to enter the 10-digit VRS number that the grantee received by mail. LOCCS/VRS will give the caller the grantee's EDI-SP grant number as verification.

5. Entering Budget Line Items

LOCCS/VRS will then prompt the caller to enter the first four-digit line item number. The **budget line number for Special Projects grants is 4246.** LOCCS/VRS verifies that it is a valid number for the grant type and for the program area. The line item's name is spoken back to the caller.

The caller will then enter the amount of funds to be drawn against the Line Item, followed by a pound (#) sign. Since LOCCS/VRS does not know in advance the number of digits being entered, the caller must enter a pound sign (#) as the last input to indicate they have completed entering digits. Drawdown amounts, which are not whole dollars, will use the asterisk (*) on the phone pad to represent the decimal point.

For example, to request $28,569.15, the caller would enter the following numbers:

2 8 5 6 9*1 5#

LOCCS/VRS then provides the caller with the voucher total amount for confirmation. The caller then has a final option to process or cancel the request.

6. Restrictions on Drawdowns

a. A grantee may not make more than one payment request per day.

b. OMB Circular A-110 states that a grantee must make draw downs as close in time as possible to its disbursements. It also emphasizes that LOCCS is designed so that grantees can draw down funds when needed. Funds drawn down should be disbursed in payment of program costs within three days of receipt of funds. That is, grantees should not draw down funds unless they expect to pay out those funds within three days.

c. **Please note:** If you are requesting the initial or final payment of the grant, or requesting 70% or more of the total grant award, source documents or a written statement detailing, by budget line item, what the request will be used to pay must be provided to your Grant Officer to verify immediate disbursement of the requested funds. An authorized official must sign this statement. A LOCCS/VRS Request for Grant Payment (HUD-27053) must also be submitted.

7. Program Edits

The LOCCS/VRS uses payment controls to ensure that payments are appropriate and consistent with EDI-SP guidelines. These controls are called payment edits. Edits on budget line items are applied when the grantee requests funds through LOCCS/VRS. Specific program edits are as follows:

a. Review Authority. HUD staff will review all draw down requests before approval.

b. Total Amount Requested. LOCCS will automatically reject any payment request that exceeds the total amount authorized for the grant in the grant agreement.

c. Reports. Grantees must submit semi-annual reports to the Grant Officer in Washington D.C. during the grant period and a Final Report at the end of the grant period. LOCCS/VRS will send grantees a system-generated letter regarding their semi-annual report. This letter will remind each grantee that their semi-annual report is due to HUD in 30 days.

8. Outcome of a Request for Voucher Payment

a. Approved

Once the draw down request has been reviewed and approved by HUD staff, the requested funds are wired to the grantee's bank account, in most

cases within 48 hours of the approval by HUD. Grantees are advised to contact the Grant Officer at (202) 708-3773 the first time a draw down request is made. The Grant Officer will ascertain that all special conditions are met before approving the draw. After the first draw down request, grantees do not need to alert HUD staff of a drawdown request.

b. Rejected

Drawdown requests will be rejected until special condition(s) are satisfied. Vouchers will be rejected for amounts that exceed the total amount authorized in the grant agreement.

c. Suspension

The grantee is unable to request any funds and is told that all further requests for funds have been suspended. This occurs when the grantee has failed to submit a report or is otherwise in violation of its grant agreement. Once the report is submitted or the violation is corrected, the suspension will be lifted and the grantee may again request funds.

IV. QUERIES

In addition to drawdown capability, LOCCS/VRS allows grantees to query the system for information. The initial menu will give grantees this option at the start of each VRS call. The available query functions are as follows:

A. Grant Query

LOCCS/VRS will give current authorized, disbursed, and available balance totals for the selected grant, along with general grant status.

B. Voucher Query

By entering a voucher number, the status of the voucher is given. This includes when the voucher was called in, by whom, and if the voucher has been paid, canceled, or is out for review.

C. Last assigned VRS Grant Number

By specifying a Tax ID number, your VRS number for the selected program area is given by electronic voice. This is useful if the caller has not received the LOCCS/VRS-generated letter with the assigned VRS number, but wishes to draw down funds.

V. CHANGE OF ADDRESS

In the event that a grantee changes its address, it must complete form HUD-27056 (Change of Address Request) and submit it to CGD. The form is included. Please make a copy of it for use if and when you need to report a change in address.

If you have any questions regarding LOCCS/VRS Financial System, please call your Grant Officer for assistance, at (202) 708-3773.

VI. Quick Tips for Using the LOCCS

1. Activate the LOCCS User-ID immediately or before the termination date that is listed on the initial letter from LOCCS. Failure to activated the User-ID before the designated date will result in the User-ID being terminated for LOCCS and will require re-application.

2. Your password must remain active. If LOCCS is not used for 60 days, your password will be suspended and access will be denied. Therefore, the user must enter the system and change the password, by entering the asterisk (*) preceding the current password. It is not necessary to do a draw down.

3. If your password becomes inactive, the user must complete a new LOCCS Voice Response Access Authorization form (HUD-20754) requesting a **reset password**. It does not need to be notarized, however, the form must be completed, signed and dated. The form may be faxed to the LOCCS Security Office at (202) 708-4350. After the password is reset, you will receive a letter that provides you with a temporary password for access into the Line Of Credit Control System.

4. If your User-ID becomes inactive, the user must complete a new LOCCS Voice Response Access Authorization form (HUD-20754) requesting a **reinstate user**. In this case, HUD form 20754 must be completed, signed and **NOTARIZED**. This action requires that the form be mailed to the LOCCS Security Office at:

   U.S. Department of Housing and Urban Development
   Chief Financial Officer,
   FYM, P.O. Box 23774,
   Washington, D.C 20026-3774

   After the User-ID has been reinstated, you will receive a confirmation by mail.

5. The approving official for your organization must hold a higher position than the authorized user.

6. Social Security numbers must be provided for both the authorized user and the approving official.

7. The LOCCS Security Help Desk telephone number is 1-877-705-7504. This is a toll free number. You should contact the Congressional Grants Division if the authorized user does not received a user-id to access the LOCCS within 10 business days after returning the completed HUD 20754 form. All other questions should be directed to your Grant Officer.

VII. QUICK FACTS FOR LOCCS/VRS

- The LOCCS/VRS number is 1-877-705-7505 (toll free) or (301) 344-0132. You may request a drawdown from 8:00 a.m. until 6:00 p.m. (Eastern Time) Monday through Friday.

- The LOCCS voucher request is selection number 1.

- Enter your User-ID and password when requested. The LOCCS Security Office at HUD will send the User-ID number to the authorized user for your organization.

- The three-digit program number for Special Projects grants is **080**.

- LOCCS will give the caller a six-digit voucher number. Please write this number down on the HUD form 20753. This number, combined with the 080-program number creates the voucher number for this drawdown. When prompted, enter the entire nine-digit number (080 plus the six digit generated by the LOCCS).

- Enter the 10-digit LOCCS/VRS number for your grant. Grantees will receive this number by mail from HUD. If you do not have this number, you can do a query in LOCCS/VRS. By specifying a Tax ID number, the last assigned VRS number of the selected program area is given by electronic voice.

- The Budget Line Item number for Special Project grants is **4246**.

- Enter 9999 after line item request when prompted by the system.

- Any time that input is requested, one of the following can be used:

  #8 Repeat the last thing spoke
  #9 Return to the previous menu
  #0 Quit immediately
  #1 Return to the initial voice response menu selection

- Please contact your Grant Officer after your first drawdown request to have the voucher approved. The GTR must ascertain that all special conditions for the drawdown request (e.g. there are no past due Semi-Annual reports outstanding, an approved Environmental Review is on file at HUD) have been satisfied before the drawdown will be approved. LOCCS is checked periodically during each day for draw down requests.

- If you are requesting an initial or final payment, or 70% or more of the total grant award, source documents and a written statement outlining the draw down request must be provided to your Grant Officer to verify immediate disbursement of the requested funds. An authorized official within your organization must sign the statement.

- No drawdowns will be approved if there are any Semi-Annual reports (Standard Form 269A and narrative) outstanding.

- No draw down will be approved without the environmental release of funds approval from your local HUD office.

- Funds are usually deposited into our account within 48-72 business hours after the approval of the voucher by your GTR.

VIII. LIST OF ATTACHMENTS

Attachment 1	Sample and Blank HUD-27054 (LOCCS Voice Response Access Authorization)
Attachment 2	Sample and Blank SF-1199A (Direct Deposit Sign-up Form)
Attachment 3	Sample and Blank HUD-27053 (Request Voucher for Grant Payment)
Attachment 4	Sample and Blank Standard Form 269A (Financial Status Report)
Attachment 5	Change of Address Request Form (HUD-27056)

LOCCS
Voice Response System
Access Authorization

U.S. Department of Housing and Urban Development

SAMPLE

OMB Approval No. 2535-0102 (exp. 03/31/2007)

See Instructions, Public Burden, and Privacy Act statements on back before completing this form

This form is to be approved by the recipient's (or grantee's) chief executive officer. For new users and reinstate users, retain a copy and send a notarized original and one copy to your local HUD Field Office for review.

U.S. Dept. of Housing and Urban Development
Chief Financial Officer, FYM
PO Box 23774
Washington, DC 20026-3774

For Overnight delivery send to:
Chief Financial Officer, FYM
451 7th Street SW
Room 3114
Washington, DC 20410

1. Type of Function (mark one)

1	[X] New User	5	[ ] Add new Program Area or Tax ID
2	[ ] Reinstate User	6	[ ] Change Tax ID
3	[ ] Terminate User	7	[ ] Change Address
4	[ ] Reset Password for active users	8	[ ] Resend User-ID

2a. User ID (Please leave blank) (CFO USE ONLY)

2b. Social Security Number (SSN) (mandatory): 123-45-6789

3. Authorized User's Name (last, first, mi) Print or Type: Smith, Lucy

Title (mandatory): Accountant

Office Telephone No. (include area code):

Complete Mailing Address: 123 Anywhere Street, Anywhere, XX 12345

E-Mail address (if available):

4. Recipient Organization for which Authority is being Requested

Tax ID: 12-3456789 Organization's Name: City of Anywhere

Tax ID: Organization's Name:

Tax ID: Organization's Name:

5a. LOCCS Program Area	5b. Program Name	5c. Q = Query Only; D = Project Drawdown; S = Project Set-Up (HOME, HOP3); A = Admin. Drawdown (HOME, HOP3)
EDSI	EDI-SP B04SPXX0123	D, Q

6. Authorized User's Signature: LS1 Date (mm/dd/yyyy): 00/00/00

I authorize the person identified above to access LOCCS via the Voice Response System.

7. Approved by name (Last, First, MI) Print or Type: Joseph Nelson

Office Telephone Number (include area code):

Title (mandatory): President

Social Security Number (mandatory): 987-65-4321

Complete Mailing Address: 123 Anywhere Street, Anywhere, XX 12345

E-Mail address (if available):

Approving Official's Signature: LS1 Date (mm/dd/yyyy): 00/00/00

8. Notary (must be different from user and approving official)
(Seal, Signature, and Date Notarized (mm/dd/yyyy))

Be sure to Notarize!!

seal, sign, + date

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

HUD implemented the Line of Credit Control System/Voice Response System (LOCCS/VRS) to process requests for payments to grantees. Grant recipients fill out a voucher form for the applicable HUD program with all the necessary information prior to making a telephone call using a touch tone telephone to initiate the drawdown process. The grantee will be prompted for entering the information and for confirming information that is spoken back by the VRS simulated voice. This information is required to obtain benefits under the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

Privacy Act Statement: Public Law 97-255, Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD) to collect all the information which will be used by HUD to protect disbursement data from fraudulent actions. The Housing and Community Development Act of 1987, 42 U.S.C.3543 authorizes HUD to collect the SSN. The purpose of the data is to safeguard the Line of Credit Control System (LOCCS) from unauthorized access. The data are used to ensure that individuals who no longer require access to LOCCS have their access capability promptly deleted. Provision of the SSN is mandatory. HUD uses it as a unique identifier for safeguarding the LOCCS from unauthorized access. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide the information requested on the form may delay the processing of your approval for access to LOCCS.

Instructions for the LOCCS Voice Response Access Authorization Security Form

1. **Type of Function:**

   (1) **New User:** User does not currently have a LOCCS user ID. Form must be notarized with original signatures.

   (2) **Reinstate User:** Used to renew the user's access authorization in LOCCS. Form must be notarized with original signatures.

   (3) **Terminate User:** will immediately terminate the user's access authorizations in LOCCS.

   (4) **Reset Password for active users:** A temporary password will be mailed back to the user to inform him/her of the reset password's value. The user will be required to change the password on the next access to LOCCS.

   (5) **Add new Program Area or Tax ID:** User has a current user ID and will be increasing access capability.

   (6) **Change Tax ID** : User has a current ID and will be changing the Tax ID. **This function is not to be used to change approving official, or substitute a user. Contact Field Office contact for procedures.**

   (7) **Change Address:** User is changing the current mailing address.

   (8) **Resend User-ID.** User has no knowledge of existing User-ID

2. a. **User ID:** This block will be filled in by the LOCCS Security Officer for all ID's.

   b. **Social Security Number:** Mandatory. Used to preclude duplicate issuance of authorization for the same person. See the Privacy Act Statement above. **[Do not user Federal Tax ID Number]**

3. **User Information: All fields are mandatory.** Failure to enter any of these fields will cause the security request to be rejected. Enter the user's last name, first name, and middle initial. Enter the user's office phone number. Include the area code. Enter user's mailing address, city, State and zip code.

4. **Recipient Organization** for which Authority is being requested. This will identify the organization the user will be representing. Enter the organization's Tax ID and organization name.

5. **Program Authority.** Identify the HUD program(s) this user will be authorized to access for the recipient organization and then enter the corresponding code(s)/name(s). **[Program Office should provide this information.]**

   a./b. Contact your local HUD Field Office for the appropriate 3 or 4-character LOCCS Program Area/Name

   c. Enter either "Q" for Query only access, "D" for Project Drawdown access. Users who select Project Drawdown access, Project Set-Up access, or Administrative Drawdown access will automatically receive Query access. Persons who have Project Set-Up Authority for a given Tax ID cannot also have Project Drawdown Authority for the same Tax ID. "S" and "A" are reserved for use with the HOME and HOPE Programs.

6. **Signature.** The signature for whom access is being requested and the date (mm/dd/yyyy) this authorization was signed.

7. **Approval.** Enter the name, title, SSN (social security number), office phone, office address, signature and date (mm/dd/yyyy) of the approving official representing the recipient organization. Approving officials **cannot** approve themselves for access to the system, and must be the user's supervisor.

8. **Notary.** Must be different from user and approving official. Seal and signature of the official who notarizes this form and date (mm/dd/yyyy). Notary should notarize both signatures. Notary is only required for new user and reinstate user.

LOCCS
Voice Response System
Access Authorization

U.S. Department of Housing and Urban Development

OMB Approval No. 2535-0102
(exp. 03/31/2007)

See Instructions, Public Burden, and Privacy Act statements on back before completing this form

This form is to be approved by the recipient's (or grantee's) chief executive officer. **For new users and reinstate users**, retain a copy and send a **notarized original** and one copy to your local HUD Field Office for review.

The Field Office will forward the original form t to:
U.S. Dept. of Housing and Urban Development
Chief Financial Officer, FYM
PO Box 23774
Washington, DC 20026-3774

For Overnight delivery send to:
Chief Financial Officer, FYM
451 7th Street SW
Room 3114
Washington, DC 20410

1. Type of Function (mark one)
   - 1 ☐ New User
   - 2 ☐ Reinstate User
   - 3 ☐ Terminate User
   - 4 ☐ Reset Password for active users
   - 5 ☐ Add new Program Area or Tax ID
   - 6 ☐ Change Tax ID
   - 7 ☐ Change Address
   - 8 ☐ Resend User-ID

2a. User ID (Please leave blank) **(CFO USE ONLY)**

2b. Social Security Number (SSN) **(mandatory)**

3. Authorized User's Name (last, first, mi) **Print or Type**

Title (mandatory)

Office Telephone No. (include area code)

Complete Mailing Address

E-Mail address (if available)

4. Recipient Organization for which Authority is being Requested

Tax ID — Organization's Name

Tax ID — Organization's Name

Tax ID — Organization's Name

5a. LOCCS Program Area	5b. Program Name	5c. Q = Query Only D = Project Drawdown S = Project Set-Up (HOME, HOP3) A = Admin. Drawdown (HOME, HOP3)

6. Authorized User's Signature

Date (mm/dd/yyyy)

I authorize the person identified above to access LOCCS via the Voice Response System.

7. Approved by name (Last, First, Mi.) **Print or Type**

Office Telephone Number (include area code)

8. Notary (must be different from user and approving official)
(Seal, Signature, and Date Notarized (mm/dd/yyyy)

Title (mandatory)

Social Security Number (mandatory)

Complete Mailing Address

E-Mail address (if available)

Approving Official's Signature

Date (mm/dd/yyyy)

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

SAMPLE

Standard Form 1199A (EG)
(Rev., June 1987)
Prescribed by Treasury Department
Treasury Dept Cir. 1076

OMB No. 1510-0007

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 *(TO BE COMPLETED BY PAYEE)*

A NAME OF PAYEE *(last, first, middle initial)*
City of Anywhere

ADDRESS *(street, route, P.O. Box, APO/FPO)*
123 Anywhere Street

CITY / STATE / ZIP CODE
Anywhere, XX 12345

TELEPHONE NUMBER
AREA CODE (123) 456-7890

B NAME OF PERSON(S) ENTITLED TO PAYMENT
B-04-SP-XX-0123

C CLAIM OR PAYROLL ID NUMBER
TAX ID#
Prefix 12-3456789 Suffix

D TYPE OF DEPOSITOR ACCOUNT ☐ CHECKING ☐ SAVINGS

E DEPOSITOR ACCOUNT NUMBER

F TYPE OF PAYMENT *(Check only one)*

- ☐ Social Security
- ☐ Supplemental Security Income
- ☐ Railroad Retirement
- ☐ Civil Service Retirement (OPM)
- ☐ VA Compensation or Pension
- ☐ Fed. Salary/Mil. Civilian Pay
- ☐ Mil. Active
- ☐ Mil. Retire.
- ☐ Mil. Survivor
- ☒ Other EDI-SP Grant (specify)

G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY *(if applicable)*

TYPE	AMOUNT

PAYEE/JOINT PAYEE CERTIFICATION

I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.

SIGNATURE	DATE
/S/	
SIGNATURE	DATE

JOINT ACCOUNT HOLDERS' CERTIFICATION *(optional)*

I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.

SIGNATURE	DATE
SIGNATURE	DATE

SECTION 2 *(TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)*

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
HUD/OFFICE OF CPD	451 7th Street, SW, Rm. 7146

Attach a Blank Check Marked "VOID" or Deposit Slip

SECTION 3 *(TO BE COMPLETED BY FINANCIAL INSTITUTION)*

NAME AND ADDRESS OF FINANCIAL INSTITUTION
Note: The Bank MUST fill in this Section

ROUTING NUMBER / CHECK DIGIT

DEPOSITOR ACCOUNT TITLE

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE
/S/	/S/		

Financial institutions should refer to the GREEN BOOK for further instructions.

NSN 7540-01-058-0224

GOVERNMENT AGENCY COPY

1199-207

Designed using Perform Pro, WHS/DIOR, Mar 97

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

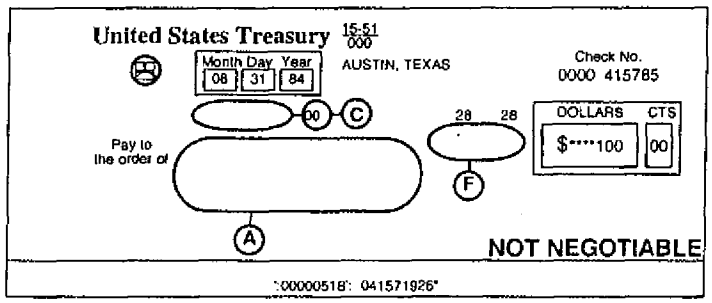
INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

Ⓐ Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.

Ⓒ Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.

Ⓕ Type of payment is printed to the left of the amount.



SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than $10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

Standard Form 1199A (EG)
(Rev. June 1987)
Prescribed by Treasury Department
Treasury Dept. Cir. 1076

OMB No. 1510-0007

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 *(TO BE COMPLETED BY PAYEE)*

A NAME OF PAYEE *(last, first, middle initial)*

ADDRESS *(street, route, P.O. Box, APO/FPO)*

CITY STATE ZIP CODE

TELEPHONE NUMBER
AREA CODE

B NAME OF PERSON(S) ENTITLED TO PAYMENT

C CLAIM OR PAYROLL ID NUMBER

Prefix Suffix

D TYPE OF DEPOSITOR ACCOUNT ☐ CHECKING ☐ SAVINGS

E DEPOSITOR ACCOUNT NUMBER

F TYPE OF PAYMENT *(Check only one)*

- ☐ Social Security
- ☐ Supplemental Security Income
- ☐ Railroad Retirement
- ☐ Civil Service Retirement (OPM)
- ☐ VA Compensation or Pension
- ☐ Fed. Salary/Mil. Civilian Pay
- ☐ Mil. Active _____
- ☐ Mil. Retire. _____
- ☐ Mil. Survivor _____
- ☐ Other _____ *(specify)*

G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY *(if applicable)*

TYPE AMOUNT

PAYEE/JOINT PAYEE CERTIFICATION

I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.

SIGNATURE	DATE
SIGNATURE	DATE

JOINT ACCOUNT HOLDERS' CERTIFICATION *(optional)*

I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.

SIGNATURE	DATE
SIGNATURE	DATE

SECTION 2 *(TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)*

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS

SECTION 3 *(TO BE COMPLETED BY FINANCIAL INSTITUTION)*

NAME AND ADDRESS OF FINANCIAL INSTITUTION

ROUTING NUMBER CHECK DIGIT

DEPOSITOR ACCOUNT TITLE

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE

Financial institutions should refer to the GREEN BOOK for further instructions.

NSN 7540-01-058-0224

1199-207

Designed using Perform Pro, WHS/DIOR, Mar 97

Standard Form 1199A (EG)
(Rev. June 1987)
Prescribed by Treasury Department
Treasury Dept Cir. 1076

OMB No. 1510-0007

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 *(TO BE COMPLETED BY PAYEE)*

A NAME OF PAYEE *(last, first, middle initial)*

ADDRESS *(street, route, P.O. Box, APO/FPO)*

CITY STATE ZIP CODE

TELEPHONE NUMBER
AREA CODE

B NAME OF PERSON(S) ENTITLED TO PAYMENT

C CLAIM OR PAYROLL ID NUMBER

Prefix Suffix

D TYPE OF DEPOSITOR ACCOUNT ☐ CHECKING ☐ SAVINGS

E DEPOSITOR ACCOUNT NUMBER

F TYPE OF PAYMENT *(Check only one)*

- ☐ Social Security
- ☐ Supplemental Security Income
- ☐ Railroad Retirement
- ☐ Civil Service Retirement (OPM)
- ☐ VA Compensation or Pension
- ☐ Fed. Salary/Mil. Civilian Pay
- ☐ Mil. Active
- ☐ Mil. Retire.
- ☐ Mil. Survivor
- ☐ Other *(specify)*

G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY *(if applicable)*

TYPE	AMOUNT

PAYEE/JOINT PAYEE CERTIFICATION

I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.

SIGNATURE	DATE
SIGNATURE	DATE

JOINT ACCOUNT HOLDERS' CERTIFICATION *(optional)*

I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.

SIGNATURE	DATE
SIGNATURE	DATE

SECTION 2 *(TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)*

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS

SECTION 3 *(TO BE COMPLETED BY FINANCIAL INSTITUTION)*

NAME AND ADDRESS OF FINANCIAL INSTITUTION

ROUTING NUMBER CHECK DIGIT

DEPOSITOR ACCOUNT TITLE

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE

Financial institutions should refer to the GREEN BOOK for further instructions.

[redacted]

NSN 7540-01-058-0224

1199-207

Designed using Perform Pro, WHS/DIOR, Mar 97

LOCCS VRS
Request Voucher for Grant Payment

U.S. Department of Housing and Urban Development
Office of Administration

OMB Approval No. 2535-0102
(exp. 03/31/2007)

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information collection is to request payment of grant funds or to designate the appropriate officials who can have access to HUD voice activated payment system. The HUD voice activated payment system has been especially designed to help the recipient when calling in for a request of funds and improves the payment process so the recipient will know right away whether their request will be paid or not. This information collection is required under 24 CFR Subpart C, 85.21 - Post Award Requirements, the information collection is needed in order to obtain or retain a benefit.

1. Voucher Number :	2. LOCCS Pgm. Area:	3. Period Covered by this Request (mm/yy): from: to:	

4. Recipient Organization's Name :	4b. Recipient Organization's Address:
4a.Recipient Organization's Employer Identification Number :	

5. Balance on Hand : $

6.	Voice Response No. (5 digits, hyphen, 5 digits) :	Grant or Project No:	Amount : (dollars) (cents)
(1)	-		$ *
(2)	-		*
(3)	-		*
(4)	-		*
(5)	-		*
(6)	-		*
(7)	-		*
(8)	-		*
(9)	-		*
(10)	-		*
		Voucher Total:	$ *

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

7. Name & Title of Authorized Signatory (type or print clearly)

Signature | Date of Request

X

Privacy Act Statement: Public Law 97-255, Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions. The purpose of the data is to safeguard the Line of Credit Control System (LOCCS) from unauthorized access. The data are used to ensure that individuals who no longer require access to LOCCS have their access capability promptly deleted. Failure to provide the information requested on the form may delay the processing of your approval for access to LOCCS. While the provision of the SSN is voluntary, HUD uses it as a unique identifier for safeguarding the LOCCS from unauthorized access. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

Retain this form in your records for audit purposes

form **HUD-27053** (3/93)

LOCCS VRS
Request Voucher for Grant Payment

U.S. Department of Housing and Urban Development
Office of Administration

SAMPLE

OMB Approval No. 2535-01
(exp. 01/31/20

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructio searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency m not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information collection is to request payment of grant funds or to designate the appropriate officials who can have access to HUD voice activat payment system. The HUD voice activated payment system has been especially designed to help the recipient when calling in for a request of funds a improves the payment process so the recipient will know right away whether their request will be paid or not. This information collection is requir under 24 CFR Subpart C, 85.21 - Post Award Requirements, the information collection is needed in order to obtain or retain a benefit.

1. Voucher Number:	2. LOCCS Prgm. Area:	3. Period Covered by this Request (mm/yy):	
080	EDSI	from: 03/01/04 to: 08/31/04	

4. Recipient Organization's Name:	4b. Recipient Organization's Address:
4a. Recipient Organization's Employer Identification Number:	

5. Balance on Hand: $

6.	Voice Response No. (5 digits, hyphen, 5 digits):	Grant or Project No:	Amount: (dollars)	(cents)
(1)		B04SPXX0123	$ 25,000	*
(2)				*
(3)				*
(4)				*
(5)				*
(6)				*
(7)				*
(8)				*
(9)				*
(10)				*
	Voucher Total:		$ 25,000	*

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true an accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 101; 31 U.S.C. 3729, 3802)

7. Name & Title of Authorized Signatory (type or print clearly)

Judy Jones

Signature

Date of Request

x /s/

Privacy Act Statement: Public Law 97-255, Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions The purpose of the data is to safeguard the Line of Credit Control System (LOCCS) from unauthorized access. The data are used to ensure that individual who no longer require access to LOCCS have their access capability promptly deleted. Failure to provide the information requested on the form may dela the processing of your approval for access to LOCCS. While the provision of the SSN is voluntary, HUD uses it as a unique identifier for safeguardin the LOCCS from unauthorized access. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required b law.

Retain this form in your records for audit purposes

form HUD-27053 (3/93

Instructions for the Preparation and Submission of form HUD-27053, Request Voucher for Grant Payment

1. Enter a (9) digit two part number. Part 1 is the (3) digit prefix to your program. (If you do not know your (3) digit program prefix, contact your Program/Grant Officer). Part 2, the remaining (6) digits, will be assigned by LOCCS/VRS during the telephone call. The entire (9) digit number will have to be entered prior to ending the call.

2. This block contains a maximum of 4-digit (xxxx) alpha/numeric program area identifier as stated in block 5a of the HUD-27054, LOCCS Voice Response Access Authorization Form.

3. Enter the period covered by this request.

4. Enter the recipient organization's name as stated on the grant agreement.
   4a. Recipient Organization's Employer Identification Number (EIN) is the nine(9) digit number that is also known as the Tax Identification Number (TIN) in LOCCS-VRS and the Claim or Payroll ID Number on the SF-1199A.
   4b. Enter recipient organization's mailing address.

5. Enter the current balance of cash on hand.

6. Line 1: Enter the 10-digit VRS Number of the first project/grant for which funds are being requested. The first five digits of this number identify the grantee/recipient; the second five identify the specific project/grant. The first five digits should always be the same for a grantee/recipient. The second five digits should run consecutively for succeeding projects/grants within the program.

   Next, enter the HUD project/grant number for the project. This entry is for confirmation purposes only and will not be entered into LOCCS-VRS through the touch-tone pad. Instead, when the VRS number is keyed in, the VRS simulated voice will speak the HUD project/grant number for the caller to ensure the correct VRS number was keyed. Finally, enter the amount requested for that particular project/grant. Dollars should be entered tro the left of the asterisk (*) and cents to its right.

   Lines 2 through 10: List any other project grants in the same HUD Program Area for which funds are to be requested. The total amount requested is entered in the lower right hand corner of Block 6.

7. Enter the authorizing signature and date of signature. The authorizing signatory in Block 7 can not be the same person(s) designated in Block 3 of the HUD-27054, LOCCS Voice Response Access Authorization Form.

LOCCS VRS
Request Voucher for Grant Payment

U.S. Department of Housing and Urban Development
Office of Administration

OMB Approval No. 2535-0102
(exp. 03/31/2007)

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information collection is to request payment of grant funds or to designate the appropriate officials who can have access to HUD voice activated payment system. The HUD voice activated payment system has been especially designed to help the recipient when calling in for a request of funds and improves the payment process so the recipient will know right away whether their request will be paid or not. This information collection is required under 24 CFR Subpart C, 85.21 - Post Award Requirements, the information collection is needed in order to obtain or retain a benefit.

1. Voucher Number :	2. LOCCS Pgrm. Area:	3. Period Covered by this Request (mm/yy): from: to:	
4. Recipient Organization's Name :		4b. Recipient Organization's Address:	
4a. Recipient Organization's Employer Identification Number :			
			5. Balance on Hand : $

6.	Voice Response No. (5 digits, hyphen, 5 digits) :	Grant or Project No:	Amount : (dollars) (cents)
(1)	-		$ *
(2)	-		*
(3)	-		*
(4)	-		*
(5)	-		*
(6)	-		*
(7)	-		*
(8)	-		*
(9)	-		*
(10)	-		*
		Voucher Total:	$ *

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

7. Name & Title of Authorized Signatory (type or print clearly)

Signature | Date of Request

X

Privacy Act Statement: Public Law 97-255, Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions. The purpose of the data is to safeguard the Line of Credit Control System (LOCCS) from unauthorized access. The data are used to ensure that individuals who no longer require access to LOCCS have their access capability promptly deleted. Failure to provide the information requested on the form may delay the processing of your approval for access to LOCCS. While the provision of the SSN is voluntary, HUD uses it as a unique identifier for safeguarding the LOCCS from unauthorized access. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

Retain this form in your records for audit purposes

form **HUD-27053** (3/93)

LOCCS VRS
Request Voucher for Grant Payment

U.S. Department of Housing and Urban Development
Office of Administration

OMB Approval No. 2535-0102
(exp. 03/31/2007)

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1. Voucher Number :	2. LOCCS Pgrm. Area:	3. Period Covered by this Request (mm/yy): from: to:	
4. Recipient Organization's Name :		4b. Recipient Organization's Address:	
4a. Recipient Organization's Employer Identification Number :			
			5. Balance on Hand : $

6.	Voice Response No. (5 digits, hyphen, 5 digits) :	Grant or Project No:	Amount : (dollars) (cents)
(1)	-		$ *
(2)	-		*
(3)	-		*
(4)	-		*
(5)	-		*
(6)	-		*
(7)	-		*
(8)	-		*
(9)	-		*
(10)	-		*
		Voucher Total:	$ *

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

7. Name & Title of Authorized Signatory (type or print clearly)

Signature	Date of Request
X	

Privacy Act Statement: Public Law 97-255, Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions. The purpose of the data is to safeguard the Line of Credit Control System (LOCCS) from unauthorized access. The data are used to ensure that individuals who no longer require access to LOCCS have their access capability promptly deleted. Failure to provide the information requested on the form may delay the processing of your approval for access to LOCCS. While the provision of the SSN is voluntary, HUD uses it as a unique identifier for safeguarding the LOCCS from unauthorized access. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

Retain this form in your records for audit purposes

form **HUD-27053** (3/93)

SAMPLE

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page	of
	B04SPXX0123	0348-0039		pages

3. Recipient Organization (Name and complete address, including ZIP code)

City of Anywhere
123 Anywhere Street
Anywhere, XX 12345

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
12-3456789		☐ Yes ☐ No	☐ Cash ☐ Accrual

8. Funding/Grant Period (See Instructions) From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
00/00/04	00/00/08	08/00/04	02/00/05

10. Transactions	I Previously Reported	II This Period	III Cumulative
a. Total outlays			
b. Recipient share of outlays			
c. Federal share of outlays			
d. Total unliquidated obligations			
e. Recipient share of unliquidated obligations			
f. Federal share of unliquidated obligations			
g. Total Federal share (Sum of lines c and f)			
h. Total Federal funds authorized for this funding period			
i. Unobligated balance of Federal funds (Line h minus line g)			

11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) ☐ Provisional ☐ Predetermined ☐ Final ☐ Fixed			
	b. Rate —	c. Base —	d. Total Amount —	e. Federal Share —

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

13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.

Typed or Printed Name and Title	Telephone (Area code, number and extension)
Judy Jones	
Signature of Authorized Certifying Official	**Date Report Submitted**
/S/	00/00/04

Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110

FINANCIAL STATUS REPORT

(Short Form)

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Please type or print legibly. The following general instructions explain how to use the form itself. You may need additional information to complete certain items correctly, or to decide whether a specific item is applicable to this award. Usually, such information will be found in the Federal agency's grant regulations or in the terms and conditions of the award. You may also contact the Federal agency directly.

Item	Entry	Item	Entry

1, 2 and 3. Self-explanatory.

4. Enter the Employer Identification Number (EIN) assigned by the U.S. Internal Revenue Service.

5. Space reserved for an account number or other identifying number assigned by the recipient.

6. Check *yes* only if this is the last report for the period shown in item 8.

7. Self-explanatory.

8. Unless you have received other instructions from the awarding agency, enter the beginning and ending dates of the current funding period. If this is a multi-year program, the Federal agency might require cumulative reporting through consecutive funding periods. In that case, enter the beginning and ending dates of the grant period, and in the rest of these instructions, substitute the term "grant period" for "funding period."

9. Self-explanatory.

10. The purpose of columns I, II, and III is to show the effect of this reporting period's transactions on cumulative financial status. The amounts entered in column I will normally be the same as those in column III of the previous report in *the same funding period*. If this is the first or only report of the funding period, leave columns I and II blank. If you need to adjust amounts entered on previous reports, footnote the column I entry on this report and attach an explanation.

10a. Enter total program outlays less any rebates, refunds, or other credits. For reports prepared on a cash basis, outlays are the sum of actual cash disbursements for direct costs for goods and services, the amount of indirect expense charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subrecipients. For reports prepared on an accrual basis, outlays are the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expense incurred, the value of in-kind contributions applied, and the net increase or decrease in the amounts owed by the recipient for goods and other property received, for services performed by employees, contractors, subgrantees and other payees, and other amounts becoming owed under programs for which no current services or performances are required, such as annuities, insurance claims, and other benefit payments.

10b. Self-explanatory.

10c. Self-explanatory.

10d. Enter the total amount of unliquidated obligations, including unliquidated obligations to subgrantees and contractors.

Unliquidated obligations on a cash basis are obligations incurred, but not yet paid. On an accrual basis, they are obligations incurred, but for which an outlay has not yet been recorded.

Do not include any amounts on line 10d that have been included on lines 10a, b, or c.

On the final report, line 10d must be zero.

10e. f, g, h, h and I. Self-explanatory.

11a. Self-explanatory.

11b. Enter the indirect cost rate in effect during the reporting period.

11c. Enter the amount of the base against which the rate was applied.

11d. Enter the total amount of indirect costs charged during the report period.

11e. Enter the Federal share of the amount in 11d.

Note: If more than one rate was in effect during the period shown in item 8, attach a schedule showing the bases against which the different rates were applied, the respective rates, the calendar periods they were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.

*U. S. Government Printing Office: 1993 - 342-197/81289

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No. 0348-0038	Page of pages

3. Recipient Organization (Name and complete address, including ZIP code)

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report ☐ Yes ☐ No	7. Basis ☐ Cash ☐ Accrual

8. Funding/Grant Period *(See instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays			0.00
b. Recipient share of outlays			0.00
c. Federal share of outlays			0.00
d. Total unliquidated obligations			
e. Recipient share of unliquidated obligations			
f. Federal share of unliquidated obligations			
g. Total Federal share *(Sum of lines c and f)*			0.00
h. Total Federal funds authorized for this funding period			
i. Unobligated balance of Federal funds *(Line h minus line g)*			0.00

11. Indirect Expense	a. Type of Rate *(Place "X" in appropriate box)* ☐ Provisional ☐ Predetermined ☐ Final ☐ Fixed			
	b. Rate	c. Base	d. Total Amount	e. Federal Share

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

13. Certification: **I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.**	
Typed or Printed Name and Title	Telephone (Area code, number and extension)
Signature of Authorized Certifying Official	Date Report Submitted
	January 22, 2007

NSN 7540-01-218-4387 269-202 Standard Form 269A (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-11(

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No. 0348-0038	Page of pages

3. Recipient Organization (Name and complete address, including ZIP code)

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report ☐ Yes ☐ No	7. Basis ☐ Cash ☐ Accrual

8. Funding/Grant Period *(See instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays			0.00
b. Recipient share of outlays			0.00
c. Federal share of outlays			0.00
d. Total unliquidated obligations			
e. Recipient share of unliquidated obligations			
f. Federal share of unliquidated obligations			
g. Total Federal share *(Sum of lines c and f)*			0.00
h. Total Federal funds authorized for this funding period			
i. Unobligated balance of Federal funds *(Line h minus line g)*			0.00

11. Indirect Expense	a. Type of Rate *(Place "X" in appropriate box)* ☐ Provisional ☐ Predetermined ☐ Final ☐ Fixed			
	b. Rate	c. Base	d. Total Amount	e. Federal Share

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

13. Certification: **I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.**	
Typed or Printed Name and Title	Telephone (Area code, number and extension)
Signature of Authorized Certifying Official	Date Report Submitted: January 22, 2007

NSN 7540-01-218-4387 269-202 Standard Form 269A (Rev. 7-97)

Prescribed by OMB Circulars A-102 and A-110

Change of Address Request
for Recipients of HUD Grants
or Contracts

U.S. Department of Housing and Urban Development
Office of Administration

Instructions: This form is to be completed by recipients of HUD Grants or Contracts when their address changes. Please note the maximum characters per area. Characters in excess of the maximum will be truncated. The recipient shall submit this request to the appropriate Field/ Program Office for approval. Once approved, the Field/Program Office will forward the request to Accounting for processing. After being processed, the U.S. Department of Housing and Urban Development will send all future correspondence to the new address.

Recipient's Tax Identification Number (9 characters)	Effective Date of Address Change

Current Information

Recipient's Name (33 characters max.)

Address (33 characters per line max.)

City (22 characters max.)	State (2 chars.)	Zip Code (5 or 9 characters)

Contact Name	Phone Number (include area code)

Enter the Requested Changes

Recipient's Name (33 characters max.)

Address (33 characters per line max.)

City (22 characters max.)	State (2 chars.)	Zip Code (5 or 9 characters)

Contact Name	Phone Number (include area code)

Name and Signature of the Recipient Official Authorized to sign the Grant Agreement / Contract

X

Approval (only necessary on requests for a recipient name change)

Name and Signature of the HUD Program Official Authorized to sign the Grant Agreement / Contract

X

Change of Address Request
for Recipients of HUD Grants or Contracts

U.S. Department of Housing and Urban Development
Office of Administration

Instructions: This form is to be completed by recipients of HUD Grants or Contracts when their address changes. Please note the maximum characters per area. Characters in excess of the maximum will be truncated. The recipient shall submit this request to the appropriate Field/ Program Office for approval. Once approved, the Field/Program Office will forward the request to Accounting for processing. After being processed, the U.S. Department of Housing and Urban Development will send all future correspondence to the new address.

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Current Information

Recipient's Name (33 characters max.)

Address (33 characters per line max.)

City (22 characters max.)	State (2 chars.)	Zip Code (5 or 9 characters)

Contact Name	Phone Number (include area code)

Enter the Requested Changes

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Address (33 characters per line max.)

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Name and Signature of the Recipient Official Authorized to sign the Grant Agreement / Contract

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Name and Signature of the HUD Program Official Authorized to sign the Grant Agreement / Contract

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for Recipients of HUD Grants
or Contracts

U.S. Department of Housing and Urban Development
Office of Administration

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Recipient's Name (33 characters max.)

Address (33 characters per line max.)

City (22 characters max.)	State (2 chars.)	Zip Code (5 or 9 characters)

Contact Name	Phone Number (include area code)

Enter the Requested Changes

Recipient's Name (33 characters max.)

Address (33 characters per line max.)

City (22 characters max.)	State (2 chars.)	Zip Code (5 or 9 characters)

Contact Name	Phone Number (include area code)

Name and Signature of the Recipient Official Authorized to sign the Grant Agreement / Contract

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Approval (only necessary on requests for a recipient name change)

Name and Signature of the HUD Program Official Authorized to sign the Grant Agreement / Contract

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