



**U.S. Department of Housing and Urban Development
Community Planning and Development
Congressional Grants Division
Economic Development Initiative-Special Projects 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 receive and access your EDI-SP grant funds. The EDI-SP grant funds will be transferred directly from the U.S. Department of Treasury into your bank account on an as needed basis. HUD suggests that you carefully review all of the instructions in this document and distribute these instructions to all staff that will access your organization's 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, SW, 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 CGD and be prepared to provide your EDI-SP grant number.

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

Enclosed with this document, in Section X, are the forms you will need to set up 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. Federal Financial Report (SF-425).
5. Change of Address Request (HUD-27056).

I. FREQUENTLY ASKED QUESTIONS ABOUT EDI-SP GRANTS

1. WHAT DOCUMENTS ARE REQUIRED TO ACCESS EDI-SP GRANT FUNDS?

ANSWER: Once you have submitted your application and received approval of the grant from HUD, you will receive an approval package consisting of grant agreements, assistance/award forms, a direct deposit sign up form and a LOCCS Access Authorization form. The grant agreements and assistance award forms must be signed, dated and returned to the Congressional Grants Division, along with the direct deposit sign-up form and a cancelled or voided check that indicates your bank's 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 of these instructions.

All EDI-SP grantees must also be registered with the federal government's Central Contractor Registration (CCR). Instructions for gaining CCR registration are provided in Section VIII of this document.

EDI-SP grantees should also be familiar with reporting requirements under the Federal Funding Accountability and Transparency Act of 2006, as outlined in Section IX of this document.

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

ANSWER: An environmental review of the project associated with the grant must be completed before grant funds are committed or disbursed to the project. HUD cannot make funds available for activities that were undertaken prior to the environmental review and which would have required a review. Applicants are advised to begin the environmental review process as soon as possible. Ideally, the environmental review should occur while the application is under review by HUD. Your local HUD field office can provide more information about the required environmental review process. The HUD environmental officer for your grant 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: The applicant must submit a letter requesting revisions to the project, budget, and/or timeline for the project 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 THE GRANT FUNDS 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 start or “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: Most EDI-SP grants funds must be “obligated”, (i.e. under contract), within the first three fiscal years of the appropriation (e.g., FY2009 grants must be obligated or under contract by the end of FY2011). Additionally, most EDI-SP grants funds must be expended within five years of the deadline for obligation (e.g. FY2009 grant funds remain available for expenditure until the end of FY2016). Please note that a fiscal year begins on October 1st of the previous calendar year and should be calculated accordingly (e.g. FY2009 begins on October 1, 2008 and ends on September 31, 2009). Any unobligated or unexpended grant funds that remain at the end of the deadlines are returned to the U.S. Department of Treasury. Both the obligation and expenditure deadlines are established by law and cannot be waived or extended by HUD.

7. ARE THERE REPORTING REQUIREMENTS FOR THIS GRANT?

ANSWER: Yes. 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 Amendment” and submitted to the following address:

U.S. Department of Housing and Urban Development
Community Planning and Development
Congressional Grants Division
451 7th Street, SW, 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 report must consist of: 1) a narrative on the project’s progress for the reporting time period; 2) a completed Standard Form 425 “Federal Financial Report” if funds have been expended during the reporting period and; 3) copies of HUD form 20753 “LOCCS VRS Request Voucher for Grant Payment”, if you have drawn down funds from the LOCCS during the reporting time period.

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

ANSWER: Yes. The grantee should inform HUD in a 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 AN EDI-SP GRANT?

ANSWER: After all EDI-SP grant funds have been drawn down, the grantee should submit the Standard Form 425 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, your Grant Officer must have evidence that 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 form (HUD 27053). When you make the first and last draw of funds, and when you request more than 70% of the total grant amount, your Grant Officer will require you to submit source documentation in support of the payment request (e.g., bills, invoices, receipts, etc.) along with a written statement detailing by budget line item what the request will be used to pay.

11. 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 of this document.

12. IF WE ARE ALREADY SETUP IN THE LOCCS SYSTEM WITH OTHER HUD PROGRAMS DO WE STILL HAVE TO COMPLETE THE LOCCS ACCESS AND OTHER FINANCIAL FORMS?

ANSWER: Yes. The "Direct Deposit Sign-Up" form (SF 1199A) and the HUD form 20754 "LOCCS Voice Response System Access Authorization" must be completed again in order to gain access to the EDI-SP grant funds.

However, if you were awarded an EDI-SP grant in a prior year and you are currently set up in the LOCCS, no additional Direct Deposit, or LOCCS Access forms are necessary.

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

ANSWER: In addition to draw down capability, the LOCCS/VRS allows grantees to query the system for numerous points of 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.

14. WHAT IS THE 3-DIGIT VOUCHER PREFIX?

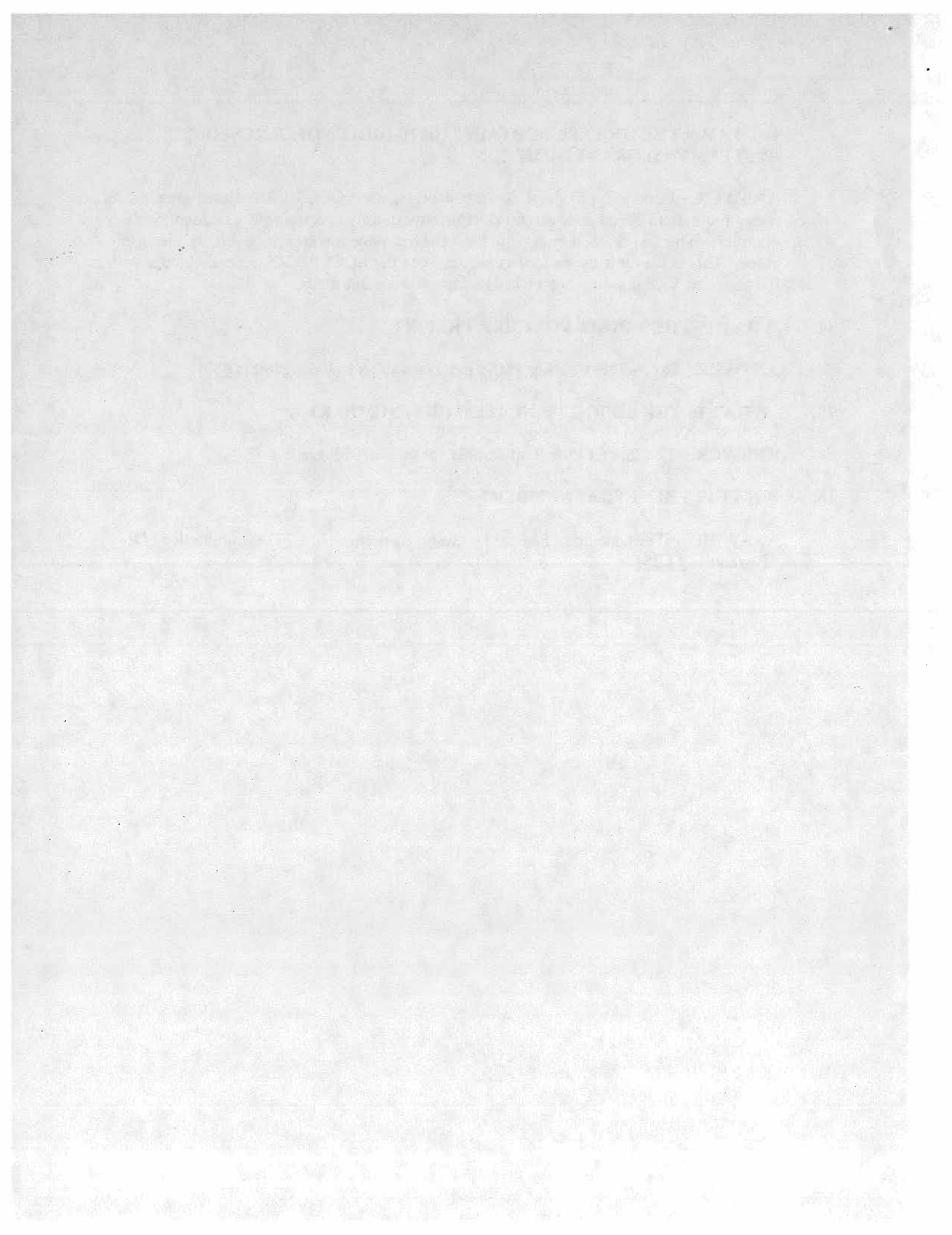
ANSWER: The 3-digit-Voucher Prefix number for this EDI-SP grant is 080.

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

ANSWER: The Budget Line Item number for this EDI-SP grant is 4246.

16. WHAT IS THE “CFDA” NUMBER?

ANSWER: The Catalog of Federal Domestic Assistance, or CFDA, number for EDI-SP grants is 14.251.



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

All EDI-SP grantees must use the Line of Credit Control System or “LOCCS” and the Voice Response System or “VRS” to request program funds. The LOCCS is the system that HUD uses to disburse grants funds. The VRS 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 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.

Please Note: After HUD approves the request for payment, funds are wired directly from the U.S. Department of Treasury 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

Four copies of the EDI-SP Grant Agreement and HUD 1044 are included with this document for you to sign and date. You are to retain one copy of the documents for your files and return three copies to HUD. When HUD receives the remaining three signed copies, they will be executed (signed and dated by HUD) and one fully executed copy (signed and dated 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 then 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 a valid User ID and password 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 the 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 the LOCCS must complete the LOCCS Authorization form (HUD-27054). Two blank copies and a completed sample of this form are enclosed for your information. It is recommended that at least two people 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 Assistance Award/Amendment (HUD 1044) along with the Direct Deposit Sign Up form (Standard Form 1199A) and a voided check, should be sent together, via Express, Federal Express or UPS, to your Grant Officer 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 that the document has been received. The Congressional Grants Division cannot assist you with a LOCCS/VRS security issue.

3. Voice Response Number

Each grantee will also receive a letter containing his or her computer-generated Voice Response Number. The 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, along with a completed sample form to use as a guide, is included in this package. 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 prior to calling the VRS to request payment (except for Section 1 "Voucher Number"). A completed sample is provided in this package. You do not have to submit a copy to HUD before making a draw down; however, please make a copy of the completed voucher and submit it to HUD along with your semi-annual report. 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 number for the LOCCS/VRS is (301) 344-0132 or 1-877-705-7505 toll free. 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/VRS 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 on a touch-tone phone. 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 be prompted to 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. **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 and 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 from your organization must sign this statement.

7. Program Edits

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 usually wired to the grantee's bank account within 72 hours after being approved by HUD. Grantees are advised to call their Grant Officer at (202) 708-3773 the first time a draw down request is made. The Grant Officer will ascertain that all special conditions, such as approved Environmental Review, are met before approving the draw. After the first draw down request, grantees do not need to alert HUD staff of a draw.

b. Rejected

Drawdown requests will be rejected until special conditions such as approved Environmental Review or past due semi-annual reports, are satisfied. Vouchers will be rejected for amounts that exceed the total amount authorized in the grant agreement.

c. Suspension

If the grant is suspended, the grantee is unable to request any funds and will be notified that all further requests for funds have been suspended. Suspension 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 your Grant Officer. 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 LOCCS User-ID immediately upon receipt of the password or before the termination date that is listed on the initial letter from LOCCS office. Failure to activate 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 expire 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 LOCCS.
4. If your User-ID becomes inactive, the user must complete a new LOCCS Voice Response Access Authorization form (HUD-20754) requesting **reinstate user**. In this case, the HUD 20754 form 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 toll free number for the LOCCS Security Help Desk telephone number is 1-877-705-7504. 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. Your Grant Officer 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. The statement must be signed by the authorized official.

- No draw downs will be approved if there are any Semi-Annual reports (Standard Form 425 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 your account within 72 business hours after the approval of the voucher by your Grant Officer.

VIII. HOW TO REGISTER WITH THE CCR

All grant applicants and recipients must register with CCR at www.ccr.gov. The CCR registration allows HUD to verify where payments are to go, and ensures that grant payments are sent to the appropriate entity. The CCR registration process consists of completing a Trading Partner Profile (TPP), which contains general, corporate, and financial information about your organization. While completing the TPP, you need to identify an eBusiness Point of Contact (eBusiness POC) who will be responsible for maintaining the information in the TPP and granting authorization to individuals to serve as Authorized Organization Representatives (AORs). The AOR will submit applications through Grants.gov for your organization. Applicants can check the CCR registration and eBusiness Point of Contact for their organization by going to www.ccr.gov and using the search feature. The search feature can be found at <https://www.bpn.gov/CCRSearch/Search.aspx>.

(1) **CCR Use of D&B Information.** CCR will obtain the following data fields from D&B: Legal Business Name, Doing Business As Name (DBA), Physical Address, and Postal Code/Zip+4. Registrants will not be able to enter/modify these fields in CCR. If the CCR registrant agrees with the D&B-supplied information, the D&B data will be accepted into the CCR registrant record. If the registrant disagrees with the D&B-supplied information, the registrant will need to go to the D&B website <http://fedgov.dnb.com/webform> to modify the information contained in D&B's records before proceeding with its CCR registration. Once D&B confirms modifications, the registrant must revisit the CCR website and "accept" D&B's changes. Only at this point will the D&B data be accepted into the CCR record. This process can take up to 2 business days for D&B to send modified data to CCR, and that time frame may be longer if data is sent from abroad.

(2) CCR EIN/TIN Validation. CCR validates the Employer Identification Number (EIN)/Taxpayer Identification Number (TIN) and the Employer/Taxpayer Name of each new and updated CCR registrant with the IRS. In order to apply for, or receive federal grants, the EIN/TIN and Employer/Taxpayer Name combination you provide in the IRS Consent Form on CCR must match exactly the EIN/TIN and Employer/Taxpayer Name used in federal tax matters. It will take at least one to two business days to validate new and updated records prior to becoming active in CCR. Please be sure that the data items provided to D&B match information that you provided to the IRS. If the registrations in D&B and the CCR do not match the IRS information an error message will result. Until the discrepancies have been resolved, your registration will not be completed. Applicants should allow sufficient time to review their D&B and CCR information. If you have questions about your EIN or TIN, call (800) 829-4933.

(3) Annual Update/Renewal of CCR Registration. Your CCR registration must be updated/renewed annually. Failure to update/renew your CCR registration will cause your registration to lapse and you will not be able to submit an electronic application for funding. It may also impact your ability to receive grant payments in the future.

(4) CCR Registration Status Screen. When returning your signed award documents please enclose a copy of the first page of the CCR Registration Status Screen showing the active DUNS number (this can be retrieved directly from the website www.CCR.gov).

IX. REPORTING UNDER THE FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT

Grantees should also be aware that they will be required to report first sub-grant award and executive compensation information, where both their initial award is \$25,000 or greater, as required by the Federal Funding Accountability and Transparency Act of 2006 (Public Law 109-282). The prime grant awardees will have until the end of the month plus one additional month after an award or sub-grant is obligated to fulfill the reporting requirement. The Federal Funding Accountability and Transparency Act (FFATA) of 2006 calls for the establishment of a publicly available web site to disclose the use of Federal finance assistance.

The Act requires the reporting of the following data for first-tier sub-grants of \$25,000 or more:

- a. Name of entity receiving award
- b. Amount of award
- c. Funding agency
- d. NAICS code for contracts / CFDA program number for grants
- e. Program source
- f. Award title descriptive of the purpose of the funding action
- g. Location of the entity (including congressional district)
- h. Place of performance (including congressional district)
- i. Unique identifier of the entity and its parent; and
- j. Total compensation and names of top five executives (same thresholds as for primes)

The Transparency Act also requires the reporting of the Total Compensation and Names of the top five executives in either the prime awardee or a sub-awardee's organization if:

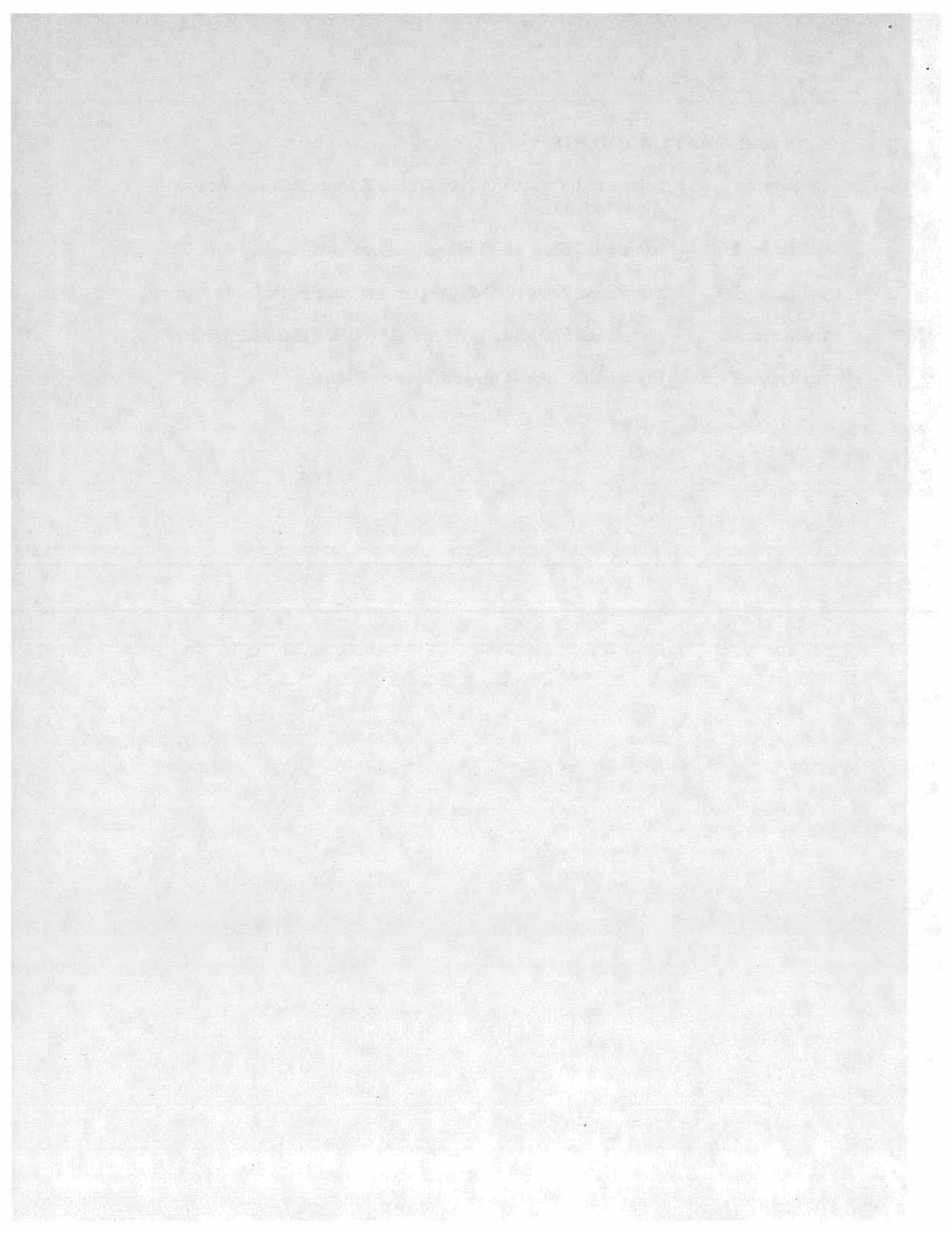
- a. More than 80% of annual gross revenues are from the Federal government, and those revenues are greater than \$25M annually; and
- b. Compensation information is not already available through reporting to the SEC.

The statute exempts from reporting any sub-awards less than \$25,000 made to individuals or to an entity whose annual expenditures are less than \$300,000. OMB has published Interim Final Guidance to agencies regarding the FFATA subrecipient reporting requirements in the Federal Register on September 14, 2010 (75FR55663.). Additional information about FFATA is available at:

<https://www.fdrs.gov/#a-faqs>

X. LIST OF ATTACHMENTS

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|--------------|--|
| 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 425 (Federal Financial Report) |
| Attachment 5 | Blank HUD-27056 (Change of Address Request) |



**LOCCS
Voice Response System
Access Authorization**

U.S. Department of Housing
and Urban Development

OMB Approval No. 2535-010
(exp. 03/31/2007)

SAMPLE

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 <input checked="" type="checkbox"/> New User 2 <input type="checkbox"/> Reinstate User 3 <input type="checkbox"/> Terminate User 4 <input type="checkbox"/> Reset Password for active users 5 <input type="checkbox"/> Add new Program Area or Tax ID 6 <input type="checkbox"/> Change Tax ID 7 <input type="checkbox"/> Change Address 8 <input type="checkbox"/> Resend User-ID		2a. User ID (Please leave blank) (CFO USE ONLY)	2b. Social Security Number (SSN) (mandatory) <i>123-45-6789</i>
3. Authorized User's Name (last, first, mi) Print or Type <i>Smith, Lucy</i>		Title (mandatory) <i>Accountant</i>	Office Telephone No. (include area code)
Complete Mailing Address <i>123 Anywhere Street Anywhere, XX 12345</i>		E-Mail address (if available)	
4. Recipient Organization for which Authority is being Requested Tax ID <i>12-3456789</i> Organization's Name <i>City of Anywhere</i>			
Tax ID _____ Organization's Name _____			
Tax ID _____ Organization's Name _____			
5a. LOCCS Program Area <i>EDSI</i>	5b. Program Name <i>EDI-SP B04SPXX0123</i>	5c. Q = Query Only D = Project Drawdown S = Project Set-Up (HOME, HOP3) A = Admin. Drawdown (HOME, HOP3) <i>D, Q</i>	
6. Authorized User's Signature <i>/s/</i>		Date (mm/dd/yyyy) <i>00/00/00</i>	
I authorize the person identified above to access LOCCS via the Voice Response System.			
7. Approved by name (Last, First, MI) Print or Type <i>Joseph Nelson</i>		Office Telephone Number (include area code)	8. Notary (must be different from user and approving official) (Seal, Signature, and Date Notarized (mm/dd/yyyy)) <i>Be sure to Notarize!!</i> <i>seal, sign, + date</i>
Title (mandatory) <i>President</i>		Social Security Number (mandatory) <i>987-65-4321</i>	
Complete Mailing Address <i>123 Anywhere Street Anywhere, XX 12345</i>		E-Mail address (if available)	
Approving Official's Signature <i>/s/</i>		Date (mm/dd/yyyy) <i>00/00/00</i>	

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.

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)

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Chief Financial Officer, FYM
PO Box 23774
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Washington, DC 20410**

1. Type of Function (mark one)		2a. User ID (Please leave blank) (CFO USE ONLY)	2b. Social Security Number (SSN) (mandatory)
1 <input type="checkbox"/> New User	5 <input type="checkbox"/> Add new Program Area or Tax ID		
2 <input type="checkbox"/> Reinstate User	6 <input type="checkbox"/> Change Tax ID		
3 <input type="checkbox"/> Terminate User	7 <input type="checkbox"/> Change Address		
4 <input type="checkbox"/> Reset Password for active users	8 <input type="checkbox"/> Resend User-ID		
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)	

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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 use 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.

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3. Authorized User's Name (last, first, mi) Print or Type	Title (mandatory)	Office Telephone No. (include area code)
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Complete Mailing Address 123 East Ford Avenue Anywhere, USA 12311	E-Mail address (if available)
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4. Recipient Organization for which Authority is being Requested	
Tax ID	Organization's Name
Tax ID	Organization's Name
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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)

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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.

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:

- (A) Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C) 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.
- (F) Type of payment is printed to the left of the amount.

The diagram shows a check from the United States Treasury, Austin, Texas. The check number is 0000 415785. The date is 08/31/84. The amount is \$100.00. Callout A points to the 'Pay to the order of' field. Callout C points to the '00' suffix. Callout F points to the '28 28' type of payment field. The check is marked 'NOT NEGOTIABLE' and has the MICR line '*00000518* 041571926*'. The Treasury logo and '15-51 000' are also visible.

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.

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 (<i>last, first, middle initial</i>)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS (<i>street, route, P.O. Box, APO/FPO</i>)		E DEPOSITOR ACCOUNT NUMBER	
CITY	STATE	ZIP CODE	<input type="text"/>
TELEPHONE NUMBER AREA CODE		F TYPE OF PAYMENT (<i>Check only one</i>)	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		<input type="checkbox"/> Social Security	<input type="checkbox"/> Fed. Salary/Mil. Civilian Pay
C CLAIM OR PAYROLL ID NUMBER		<input type="checkbox"/> Supplemental Security Income	<input type="checkbox"/> Mil. Active _____
Prefix	Suffix	<input type="checkbox"/> Railroad Retirement	<input type="checkbox"/> Mil. Retire. _____
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.		<input type="checkbox"/> Civil Service Retirement (OPM) _____ <input type="checkbox"/> VA Compensation or Pension _____ <input type="checkbox"/> Other _____ (<i>specify</i>)	
		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (<i>if applicable</i>) TYPE: _____ AMOUNT: _____	
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
		<input type="text"/>		<input type="text"/>
		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	

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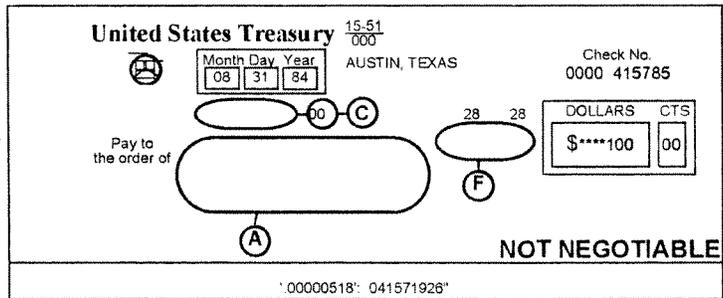
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- (F) Type of payment is printed to the left of the amount.



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.

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)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS (street, route, P.O. Box, APO/FPO)		E DEPOSITOR ACCOUNT NUMBER	
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER AREA CODE		F TYPE OF PAYMENT (Check only one)	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ (specify)	
C CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)	
Prefix	Suffix	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.		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
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	
		<input type="text"/>	
		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.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

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:

- (A) Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C) 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.
- (F) Type of payment is printed to the left of the amount.

United States Treasury		15-51 000						
<table border="1"> <tr> <td>Month</td> <td>Day</td> <td>Year</td> </tr> <tr> <td>08</td> <td>31</td> <td>84</td> </tr> </table>	Month	Day	Year	08	31	84	AUSTIN, TEXAS	
Month	Day	Year						
08	31	84						
<table border="1"> <tr> <td>00</td> <td>C</td> </tr> </table>	00	C	28 28	Check No. 0000 415785				
00	C							
Pay to the order of	<table border="1"> <tr> <td>DOLLARS</td> <td>CTS</td> </tr> <tr> <td>\$*****100</td> <td>00</td> </tr> </table>	DOLLARS	CTS	\$*****100	00	F		
DOLLARS	CTS							
\$*****100	00							
A	NOT NEGOTIABLE							
00000518 041571926*								

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

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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

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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.

**LOCCS VRS
Request Voucher
for Grant Payment**

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

OMB Approval No. 2535-01
(exp. 01/31/04)

SAMPLE

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 does 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: 080	2. LOCCS Pgrm. Area: EDST	3. Period Covered by this Request (mm/yy); from: 03/04 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 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, 1011; 31 U.S.C. 3729, 3802)

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

Judy Jones

Signature

Date of Request

x / 5 /

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.

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 to 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 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 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)		2a. User ID (Please leave blank) (CFO USE ONLY)	2b. Social Security Number (SSN) (mandatory)
1 <input type="checkbox"/> New User	5 <input type="checkbox"/> Add new Program Area or Tax ID		
2 <input type="checkbox"/> Reinstate User	6 <input type="checkbox"/> Change Tax ID		
3 <input type="checkbox"/> Terminate User	7 <input type="checkbox"/> Change Address		
4 <input type="checkbox"/> Reset Password for active users	8 <input type="checkbox"/> Resend User-ID		
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)
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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)

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)

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 disseminated or released outside of HUD, except as permitted or required by law. Retain this form in your records for audit purposes.

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 to 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.

Sample

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)	Page 1 of
	B09SPXX 0123	pages

3. Recipient Organization (Name and complete address including Zip code)
City of Anywhere, 123 Anywhere Street, Anywhere, XX 01234

4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input type="checkbox"/> Accrual
	12-3456789			

8. Project/Grant Period From: (Month, Day, Year) 08/08/09	To: (Month, Day, Year) 08/08/10	9. Reporting Period End Date (Month, Day, Year) 08/08/10
--	---------------------------------	---

10. Transactions	Cumulative
------------------	------------

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

Federal Cash (To report multiple grants, also use FFR Attachment):

a. Cash Receipts	
b. Cash Disbursements	
c. Cash on Hand (line a minus b)	

(Use lines d-o 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 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	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
g. Totals:							

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 that it is true, complete, and accurate to the best of my knowledge. 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 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official	c. Telephone (Area code, number and extension)
4. Identify the report by:	

Standard Form 125
OMB Approval Number 0348-0061
Expiration Date 10/31/2011

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. Reporting burden for this collection of information is estimated to average 15 minutes per response, including reviewing instructions, searching existing data sources, gathering and maintaining the data needed, reviewing and collecting the data, and reviewing and reporting the data.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)			Page 1	of pages	
3. Recipient Organization (Name and complete address including Zip code)							
4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)		6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		
8. Project/Grant Period From: (Month, Day, Year) To: (Month, Day, Year)				9. Reporting Period End Date (Month, Day, Year)			
10. Transactions					Cumulative		
(Use lines a-c for single or multiple grant reporting)							
Federal Cash (To report multiple grants, also use FFR Attachment):							
a. Cash Receipts							
b. Cash Disbursements							
c. Cash on Hand (line a minus b)							
(Use lines d-o 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 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	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
					g. Totals:		
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 that it is true, complete, and accurate to the best of my knowledge. 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 1001)							
a. Typed or Printed Name and Title of Authorized Certifying Official					c. Telephone (Area code, number and extension)		
					d. Email address		
b. Signature of Authorized Certifying Official					e. Date Report Submitted (Month, Day, Year)		
14. Agency use only							

Standard Form 425
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

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 (0348-0060), Washington, DC 20503.

Federal Financial Report Instructions

Report Submissions

- 1) Recipients will be instructed by Federal agencies to submit the *Federal Financial Report (FFR)* to a single location, except when an automated payment management reporting system is utilized. In this case, a second submission location may be required by the agency.
- 2) If recipients need more space to support their *FFRs*, or *FFR Attachments*, they should provide supplemental pages. These additional pages must indicate the following information at the top of each page: Federal grant or other identifying number (if reporting on a single award), recipient organization, Data Universal Numbering System (DUNS) number, Employer Identification Number (EIN), and period covered by the report.

Reporting Requirements

- 1) The submission of interim *FFRs* will be on a quarterly, semi-annual, or annual basis, as directed by the Federal agency. A final *FFR* shall be submitted at the completion of the award agreement. The following reporting period end dates shall be used for interim reports: 3/31, 6/30, 9/30, or 12/31. For final *FFRs*, the reporting period end date shall be the end date of the project or grant period.
- 2) Quarterly and semi-annual interim reports shall be submitted no later than 30 days after the end of each reporting period. Annual reports shall be submitted no later than 90 days after the end of each reporting period. Final reports shall be submitted no later than 90 days after the project or grant period end date.

Note: For single award reporting:

- 1) Federal agencies may require both cash management information on lines 10(a) through 10(c) and financial status information lines 10(d) through 10(o).
- 2) 10(b) and 10(e) may not be the same until the final report.

Line Item Instructions for the Federal Financial Report

FFR Number	Reporting Item	Instructions
Cover Information		
1	Federal Agency and Organizational Element to Which Report is Submitted	Enter the name of the Federal agency and organizational element identified in the award document or as instructed by the agency.
2	Federal Grant or Other Identifying Number Assigned by Federal Agency	For a single award, enter the grant number assigned to the award by the Federal agency. For multiple awards, report this information on the <i>FFR Attachment</i> . Do not complete this box if reporting on multiple awards.
3	Recipient Organization	Enter the name and complete address of the recipient organization including zip code.
4a	DUNS Number	Enter the recipient organization's Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number.
4b	EIN	Enter the recipient organization's Employer Identification Number (EIN).
5	Recipient Account Number or Identifying Number	Enter the account number or any other identifying number assigned by the recipient to the award. This number is for the recipient's use only and is not required by the Federal agency. For multiple awards, report this

FFR Number	Reporting Item	Instructions
		information on the <i>FFR</i> Attachment. <i>Do not complete this box if reporting on multiple awards.</i>
6	Report Type	Mark appropriate box. <i>Do not complete this box if reporting on multiple awards.</i>
7	Basis of Accounting (Cash/Accrual)	Specify whether a cash or accrual basis was used for recording transactions related to the award(s) and for preparing this <i>FFR</i> . Accrual basis of accounting refers to the accounting method in which expenses are recorded when incurred. For cash basis accounting, expenses are recorded when they are paid.
8	Project/Grant Period, From: (Month, Day, Year)	Indicate the period established in the award document during which Federal sponsorship begins and ends. Note: Some agencies award multi-year grants for a project period that is funded in increments or budget periods (typically annual increments). Throughout the project period, agencies often require cumulative reporting for consecutive budget periods. Under these circumstances, enter the beginning and ending dates of the project period not the budget period. <i>Do not complete this line if reporting on multiple awards.</i>
	Project/Grant Period, To: (Month, Day, Year)	See the above instructions for "Project/Grant Period, From: (Month, Day, Year)."
9	Reporting Period End Date: (Month, Day, Year)	Enter the ending date of the reporting period. For quarterly, semi-annual, and annual interim reports, use the following reporting period end dates: 3/31, 6/30, 9/30, or 12/31. For final <i>FFRs</i> , the reporting period end date shall be the end date of the project or grant period.
10	Transactions Enter cumulative amounts from date of the inception of the award through the end date of the reporting period specified in line 9. Use Lines 10a through 10c, Lines 10d through 10o, or Lines 10a through 10o, as specified by the Federal agency, when reporting on single grants. Use Line 12, Remarks, to provide any information deemed necessary to support or explain <i>FFR</i> data.	
Federal Cash (To report multiple grants, also use <i>FFR</i> Attachment)		
10a	Cash Receipts	Enter the cumulative amount of actual cash received from the Federal agency as of the reporting period end date.
10b	Cash Disbursements	Enter the cumulative amount of Federal fund disbursements (such as cash or checks) as of the reporting period end date. Disbursements are the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expenses charged to the award, and the amount of cash advances and payments made to subrecipients and contractors. For multiple grants, report each grant separately on the <i>FFR</i> Attachment. The sum of the cumulative cash disbursements on the <i>FFR</i> Attachment must equal the amount entered on Line 10b, <i>FFR</i> .
10c	Cash On Hand (Line 10a Minus Line 10b)	Enter the amount of Line 10a minus Line 10b. This amount represents immediate cash needs. If more than three business days of cash are on hand, the Federal agency may require an explanation.

FFR Number	Reporting Item	Instructions
		on Line 12, Remarks, explaining why the drawdown was made prematurely or other reasons for the excess cash.
Federal Expenditures and Unobligated Balance: Do not complete this section if reporting on multiple awards.		
10d	Total Federal Funds Authorized	Enter the total Federal funds authorized as of the reporting period end date.
10e	Federal Share of Expenditures	Enter the amount of Federal fund expenditures. For reports prepared on a cash basis, expenditures are the sum of cash disbursements for direct charges for property and services; the amount of indirect expense charged; the value of third-party in-kind contributions applied; and the amount of cash advance payments and payments made to subrecipients. For reports prepared on an accrual basis, expenditures are the sum of cash disbursements for direct charges for property 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 (1) goods and other property received; (2) services performed by employees, contractors, subrecipients, and other payees; and (3) programs for which no current services or performance are required. Do not include program income expended in accordance with the deduction alternative, rebates, refunds, or other credits. (Program income expended in accordance with the deduction alternative should be reported separately on Line 10o.)
10f	Federal Share of Unliquidated Obligations	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 expenditure has not yet been recorded. Enter the Federal portion of unliquidated obligations. Those obligations include direct and indirect expenses incurred but not yet paid or charged to the award, including amounts due to subrecipients and contractors. On the final report, this line should be zero unless the awarding agency has provided other instructions. <i>Do not include any amount in Line 10f that has been reported in Line 10e. Do not include any amount in Line 10f for a future commitment of funds (such as a long-term contract) for which an obligation or expense has not been incurred.</i>
10g	Total Federal Share (Sum of Lines 10e and 10f)	Enter the sum of Lines 10e and 10f.
10h	Unobligated Balance of Federal Funds (Line 10d Minus Line 10g)	Enter the amount of Line 10d minus Line 10g.
Recipient Share: Do not complete this section if reporting on multiple awards.		
10i	Total Recipient Share Required	Enter the total required recipient share for reporting period specified in line 9. The required recipient share should include all matching and cost sharing provided by recipients and third-party providers to meet the level required by the Federal agency. This amount should not include cost sharing and match amounts in excess of the amount required by the Federal agency (for example, cost overruns for which the recipient incurs additional expenses and, therefore, contributes a greater level of cost

FFR Number	Reporting Item	Instructions
		sharing or match than the level required by the Federal agency).
10j	Recipient Share of Expenditures	Enter the recipient share of actual cash disbursements or outlays (less any rebates, refunds, or other credits) including payments to subrecipients and contractors. This amount may include the value of allowable third party in-kind contributions and recipient share of program income used to finance the non-Federal share of the project or program. Note: On the final report this line should be equal to or greater than the amount of Line 10i.
10k	Remaining Recipient Share to be Provided (Line 10i Minus Line 10j)	Enter the amount of Line 10i minus Line 10j. If recipient share in Line 10j is greater than the required match amount in Line 10i, enter zero.
Program Income: Do not complete this section if reporting on multiple awards.		
10l	Total Federal Program Income Earned	Enter the amount of Federal program income earned. Do not report any program income here that is being allocated as part of the recipient's cost sharing amount included in Line 10j.
10m	Program Income Expended in Accordance With the Deduction Alternative	Enter the amount of program income that was used to reduce the Federal share of the total project costs.
10n	Program Income Expended in Accordance With the Addition Alternative	Enter the amount of program income that was added to funds committed to the total project costs and expended to further eligible project or program activities.
10o	Unexpended Program Income (Line 10l Minus Line 10m or Line 10n)	Enter the amount of Line 10l minus Line 10m or Line 10n. This amount equals the program income that has been earned but not expended, as of the reporting period end date.
11	Indirect Expense: Complete this information only if required by the awarding agency and in accordance with agency instructions.	
11a	Type of Rate(s)	State whether indirect cost rate(s) is Provisional, Predetermined, Final, or Fixed.
11b	Rate	Enter the indirect cost rate(s) in effect during the reporting period.
11c	Period From; Period To	Enter the beginning and ending effective dates for the rate(s).
11d	Base	Enter the amount of the base against which the rate(s) was applied.
11e	Amount Charged	Enter the amount of indirect costs charged during the time period specified. (Multiply 11b. x 11d.)
11f	Federal Share	Enter the Federal share of the amount in 11e.
11g	Totals	Enter the totals for columns 11d, 11e, and 11f.
Remarks, Certification, and Agency Use Only		
12	Remarks	Enter any explanations or additional information required by the Federal sponsoring agency including excess cash as stated in line 10c.
13a	Typed or Printed Name and Title of Authorized Certifying Official	Enter the name and title of the authorized certifying official.
13b	Signature of Authorized Certifying Official	The authorized certifying official must sign here.
13c	Telephone (Area Code, Number and Extension)	Enter the telephone number (including area code and extension) of the individual listed in Line 13a.
13d	E-mail Address	Enter the e-mail address of the individual listed in Line 13a.

FFR Number	Reporting Item	Instructions
13e	Date Report Submitted (Month, Day, Year)	Enter the date the <i>FFR</i> is submitted to the Federal agency using the month, day, year format.
14	Agency Use Only	This section is reserved for Federal agency use.

Line Item Instructions for the Federal Financial Report Attachment

(To be completed if reporting on cash management activity for multiple grants.)

Box Number	Reporting Item	Instructions
1	Federal Agency and Organizational Element to Which Report is Submitted	Enter the name of the Federal agency and organizational element identified in the award document or otherwise instructed by the agency. (This information should be identical to that entered in Box 1, <i>FFR</i> .)
2	Recipient Organization	Enter the name and complete address of the recipient organization including zip code. (Same information as entered in Box 3, <i>FFR</i> .)
3a	DUNS Number	Enter the recipient organization's Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number. (Same information as entered in Box 4a, <i>FFR</i> .)
3b	EIN	Enter the recipient organization's Employer Identification Number (EIN). (Same information as entered in Box 4b, <i>FFR</i> .)
4	Reporting Period End Date: (Month, Day, Year)	Enter the ending date of the reporting period of this report. (Same information as entered in Box 9, <i>FFR</i> .)
5	Federal Grant Number	Enter the grant number assigned to each award by the Federal agency.
	Recipient Account Number	Enter the account number or any other identifying number assigned by the recipient to each award. This number is for the recipient's use only and is not required by the Federal agency.
	Cumulative Federal Cash Disbursement	Enter the cumulative amount of the Federal share of cash disbursed for each award. Cash disbursements are the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expenses charged to the award, and the amount of cash advances and payments made to subrecipients and contractors.
	Total	Enter the total for the Cumulative Cash Disbursement. This column should equal the amount reported on Line 10b, <i>FFR</i> .

**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
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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

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

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

X

**Change of Address Request
for Recipients of HUD Grants
or Contracts**

**U.S. Department of Housing
and Urban Development
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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)
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Contact Name	Phone Number (include area code)
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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)
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Contact Name	Phone Number (include area code)
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Name and Signature of the Recipient Official Authorized to sign the Grant Agreement / Contract

X

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

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

X

