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U.S. Department of Housing and Urban Development
Community Planning and Development

Special Attention of:

Notice: CPD 00-4

All Secretary's Representatives
All State/Area Coordinators
All CPD Division Directors

Issued: May 25, 2000
Expires May 25, 2001

Cross Reference: 24 CFR Parts 91 and 92

SUBJECT: HOME Program - Instructions for Designating New Participating Jurisdictions; Reserving, Obligating and Deobligating Funds; Reallocating Funds; and Numbering HOME Investment Partnerships Agreements

I. Purpose

The purpose of this notice is to describe the process for designating new participating jurisdictions; reserving, obligating, and deobligating HOME Program funds; reallocating funds; and to provide instructions for using Attachment A of the HOME Investment Partnership Agreements and for numbering form HUD-40093. This notice supersedes Notices CPD 00-04, 93-22 and any other policy guidance or directive relating to the reservation and obligation of HOME Program funds and numbering HOME Investment Partnership Agreements.

II. Background

The HOME Program is authorized by the HOME Investment Partnerships Act which is Title II of the Cranston-Gonzalez National Affordable Housing Act, as amended (42 U.S.C. 12701 *et seq.*) (Act). Section 217 of the Act provides that funds made available under the program shall be allocated by formula to States and to eligible local jurisdictions. In accordance with section 217(b)(3) of the Act, HUD will include, as jurisdictions eligible to receive allocations of HOME funds by formula, units of general local government that, as of the end of the previous fiscal year, qualified as metropolitan cities (as defined at section 102(a)(4) of the Housing and Community Development Act of 1974 (42 U.S.C. 5302(a)(4))); urban counties (as defined at section 102(a)(6) of the Housing and Community Development Act of 1974 (42 U.S.C. 5302(a)(6))), and approved consortia of units of general local government.

CGHF: Distribution: W-3-1, Special

III. Allocation Threshold and Participation Threshold

In order to receive an allocation of HOME funds, a metropolitan city, urban county, or consortium must receive a minimum allocation. In years in which the HOME appropriation is \$1.5 billion or more, the minimum allocation required for new participating jurisdictions is \$500,000. In years in which the HOME appropriation is less than \$1.5 billion, the minimum allocation required for new participating jurisdictions is \$335,000.

In addition, when a proposed new participating jurisdiction's formula allocation is equal to or less than \$750,000 (or \$500,000 in fiscal years where Congress appropriates less than \$1.5 billion), HUD must find:

- The unit of general local government has a local PHA and has demonstrated a capacity to carry out the provisions of this part, as evidenced by satisfactory performance under one or more HUD-administered programs that provide assistance for activities comparable to the eligible activities.
- The State has authorized HUD to transfer to the unit of general local government a portion of the State's allocation or the State, the unit of general local government, or both, has made available its own resources such that the sum of the amounts transferred or made available are equal to or greater than the difference between the unit of general local government's formula allocation and \$750,000 (or \$500,000 in fiscal years where Congress appropriates less than \$1.5 billion).

(see 92.102)

Jurisdictions that previously were designated as participating jurisdictions are "grandfathered," and may receive allocations whether or not their allocations meet these minimum thresholds.

IV. Designation of New Participating Jurisdictions (PJs)

Upon receipt of the form HUD-185 (Field Office Assignment of Funds) and list of participating jurisdictions as described in Paragraph V below, Field Offices must identify any jurisdiction that is eligible to receive a HOME Program allocation for the first time and provide the jurisdiction(s) with notification of its formula allocation amount. The notification must include instructions to advise the jurisdiction of the procedures for designation as a HOME Program participating jurisdiction (see 92.103 through 92.105). The notification should advise the jurisdiction that it must:

o Submit a written notification of intent to participate in the HOME Program within 30 days of the date of the notification from the Field Office. **NOTE: THIS IS A STATUTORY DEADLINE.**

- If the jurisdiction's allocation is less than \$750,000, (or \$500,000 in years in which Congress appropriates less than \$1.5 billion for the program), in order to be designated a HOME PJ, the jurisdiction must include with its notification one or more of the following as evidence that it has met the participation threshold:
 1. Authorization from the State to transfer a portion of its HOME allocation to the jurisdiction;
 2. A letter from the Governor or designee indicating that the required funds have been approved and budgeted for the jurisdiction; or
 3. A letter from the chief executive officer of the unit of local government indicating that the required funds have been approved and budgeted.
- Submit a consolidated plan as required in section 92.104 within 90 days after providing notification to HUD of its intent to become a participating jurisdiction. **NOTE: THIS IS A STATUTORY DEADLINE.**

When the jurisdiction has complied with the requirements of section 92.102 through 92.104 described above, the jurisdiction will be designated as a participating jurisdiction upon approval of the jurisdiction's consolidated plan (see 24 CFR Part 91) by the Field Office. Once a State or unit of local government is designated a participating jurisdiction, it remains a participating jurisdiction for subsequent fiscal years and the requirements of section 92.102 through 92.105 do not apply unless HUD revokes the designation in accordance with section 92.107.

NOTE: For jurisdictions that receive an allocation for the first time, Headquarters will ask Field Offices to assign a grant number prior to assigning funds to the Field Offices. (See Paragraphs V, X and XI below for any new jurisdiction that submits a notice of intent to participate in the HOME Program.) In assigning HOME Investment Partnership numbers to new jurisdictions, Field Offices should be sure that the number has not been used for another jurisdiction. In addition, Field Offices should be sure that, with the exception of the fiscal year, an already approved participating jurisdiction's HOME Investment Partnership number remains the same for subsequent years.

Any new consortium (including one that includes a city or an urban county that was a participating jurisdiction the previous fiscal year) must submit a notice of intent and must meet the \$750,000 or \$500,000 participation threshold, as applicable.

V. Assignment and Reservation of Funds

A. Basic Procedure. The CPD Headquarters Budget Office assigns HOME Program funds to the Field Offices by entering the funds in the HUDCAPS accounting system. Once entered, a file will be distributed to the Headquarters Accounting Office. This file will be interfaced with the Program Accounting System (PAS) so that all funds allocated to each jurisdiction will be automatically reserved to each specific jurisdiction.

A cover memo, along with summary totals of funds assigned to each Field Office, will then be sent to each Field Office informing them that funds have been assigned and reserved in the accounting system. Copies of detailed reports listing each participating jurisdiction will be sent via email to each Field Office. At this point, Field Office staff are able to obligate funds following the procedures outlined in Paragraph VIII.

As with formula allocations to participating jurisdictions, the reservation of funds to insular areas will be made in the same manner.

B. Handling Special Situations. Two situations require adjustments to the initial allocations: 1) jurisdictions that are becoming new PJs for the first time and are receiving transfers of HOME funds from the State to meet the minimum threshold amount (see Paragraph III) and 2) jurisdictions that decline their funds and the funds must be transferred to the State.

1. New Participating Jurisdictions:

a. State is overseen by same Field Office as New Participating Jurisdiction:

The Field Office:

- prepares 2 forms HUD-718 (Attachment 3): one for de-reserving funds from the State and one for reserving the funds for the new PJ
- prepares 2 forms HUD-40093 (Attachment 1): one for the State and one for the new PJ
- sends above forms to the CFO National Accounting Center in Fort Worth for processing
- prepares form HUD-40093A (Attachment 2) which describes the relationship between the two entities and sends it, along with copies of the above forms to Headquarters, Office of Affordable Housing Programs (OAHP).

b. State is overseen by different Field Office than New Participating Jurisdiction:

The Field Office that oversees State:

- o prepares form HUD-718 to de-reserve funds from State's HOME allocation
- o prepares form HUD-40093 for the State
- o sends both forms to the CFO Accounting Office for processing.

- o prepares form HUD-40093A which describes the relationship between the Field Offices involved along with copies of the above forms to Headquarters/OAHP.

Headquarters:

- o OAHP prepares memo from the Deputy Assistant Secretary (DAS) for Grant Programs to the CPD Directors in the affected Field Offices.
- o CPD Budget office prepares the forms HUD-185 to reassign funds to the affected Field Offices.
- o DAS for Grant Programs sends letter and processed forms HUD-185s to the affected Field Offices.

After receiving the letter, the Field Office overseeing new PJ:

- o prepares a form HUD-718 to reserve the de-reserved funds from the State
- o prepares a form HUD-40093 for the new PJ
- o sends the forms to the CFO Accounting Center for processing.
- o sends form HUD-40093A with copies of the above forms to OAHP.

2. City/Urban County Declining Funds:

a. City/Urban County is overseen by same Field Office as State:

The Field Office:

- o prepares 2 forms HUD-718: one for de-reserving funds from the City/Urban County's funds and one for reserving the funds for the State
- o prepares a form HUD-40093 for the State
- o sends the above forms to the CFO Accounting Center for processing
- o prepares form HUD-40093A, which describes the relationship between the two entities, along with copies of the above forms to Headquarters/OAHP.

b. If City/Urban County is overseen by a different Field Office than the State:

The Field Office that oversees City/Urban County:

- o prepares form HUD-718 to de-reserve funds from City/Urban/County's HOME allocation
- o sends form to the CFO Accounting Office for processing.
- o prepares form HUD-40093A which describes the relationship between the Field Offices involved to along with a copy of the form HUD-718 to Headquarters/OAHP.

Headquarters:

- o OAHP prepares memo from the Deputy Assistant Secretary (DAS) for Grant Programs to the CPD Directors in the affected Field Offices.
- o CPD Budget office prepares the forms HUD-185 to reassign funds from and to the affected Field Offices.
- o DAS for Grant Programs sends letter and processed HUD-185s to the affected Field Offices.

After receiving the letter, the Field Office overseeing the State:

- o prepares a form HUD-718 to reserve the de-reserved funds from the City/Urban County
- o prepares a form HUD-40093 for the State
- o sends the forms to the CFO Accounting Center for processing.
- o sends form HUD-40093A with copies of the above forms to OAHP.

Note 1 - Filling out form HUD-718

Contact Doug Angradi in CPD's Budget Office at 202-708-2182 x4433 if you have questions about filling out the HUD-718.

Note 2 - Filling in lines 8, 9 and 10 of form HUD-40093:

If the State has not recorded its initial allocation on form HUD-40093 with the CFO National Accounting Center for the fiscal year for which it is transferring funds *to* a new jurisdiction or receiving funds from a declining jurisdiction, enter 0 on line 8, and enter the initial allocation *minus* the transfer or *plus* the declined jurisdictions funds on lines 9 and 10.

If the State has already recorded its current year obligation on form HUD-40093 with the CFO National Accounting Center, enter the initial allocation on line 8, enter the amount of transferred or declined funds on line 9 and the *net* or *sum* of lines 8 and 9 on line 10.

For the City/Urban County receiving transferred funds, enter the amount of the initial allocation on line 8, the amount transferred from the State on line 9 and the sum of lines 8 and 9 on line 10.

Note 3 - Sending forms HUD-40093A to OAHF:

Send forms to Headquarters/OAHP, Attn: Alice Gregal, Director, Financial and Information Services Division, Room 7164.

VI. Reallocations

The procedures for reallocations of funds in the HOME Program are described in Section 92.450 of the program regulations. Reallocations are either noncompetitive or competitive.

A. Noncompetitive Reallocations

Procedures for non-competitive reallocations that are due to 1) a transfer of HOME funds from the State to a new jurisdiction to meet the minimum participation threshold amount; or 2) a transfer of funds to the State from a City/Urban County who is declining are discussed in Paragraph V.

Funds that are deobligated due to failure of a jurisdiction to meet commitment or disbursement deadlines, or other program requirements, are added to funds appropriated and distributed by formula. Instructions for obligation of these funds will be provided each year as such funds are included with the formula allocations.

B. Competitive Reallocations

If the funds to be reallocated are from a State that is not designated a participating jurisdiction, its allocation will be reallocated through a competitive process to localities within the State with preference being given to localities that are not participating jurisdictions. If the funds to be reallocated are from a local jurisdiction and the local jurisdiction is located in a State that is not a PJ, the funds will be reallocated by competition to units of local government and community housing development organizations (CHDOs) within the State with priority going to applications for affordable housing within the unit of general local government. In such a competition, it is possible that funds may be allocated to other than a unit of local government.

Funds set aside for CHDOs that are deobligated from participating jurisdictions for failure to meet the commitment deadline (see 92.500(d)) will be reallocated through competition to other participating jurisdictions for affordable housing developed, owned, or sponsored by community housing development organizations.

VII. Congressional Notifications Requests

Field Offices *must* request a Congressional release date prior to forwarding the HUD-executed form HUD-40093 (Attachment 1) to HOME PJs. Field Offices should send Congressional notification requests to "CPD Notification" in Lotus Notes with a copy to the appropriate Office of Field Management Desk Officer. Requests should be made using the HUD Notification form (Congressional release template) (Attachment 4). *Note: Return receipt should be used to verify receipt of Congressional notification requests.*

The Office of Field Management (OFM) will process the requests through the Assistant Secretary for CPD and the Assistant Secretary for Congressional and Intergovernmental Relations (CIR). CIR will work with Public Affairs and the Office of the Secretary to determine a release strategy and to assign the Congressional release date.

CIR will notify the appropriate Member of Congress, OFM and the Field Office of the Congressional release date.

Field Offices may direct questions regarding the status of a Congressional release date request to their Desk Officer in OFM.

VIII. Obligation of Funds

Obligation of funds in the HOME Program occurs when the Field Office, after review and approval of the Consolidated Plan in accordance with 24 CFR part 91, executes a HUD-40093 (Attachment 1) for the participating jurisdiction and notifies the participating jurisdiction of the approval in accordance with the Department's Congressional notification procedures (See Paragraph VII).

NOTE: The date of obligation is always the Congressional release date. The Congressional release date must also be the date of the transmittal letter notifying the jurisdiction of the award and the date the CPD Director signs the form HUD-40093.

After approval of the award and notification of the participating jurisdiction, the Field Office must provide the CFO National Accounting Center a copy of the HUD-executed form HUD-40093 and a copy of the transmittal letter notifying the participating jurisdiction or other entity of the award. The obligation is recorded by the CFO National Accounting Center based on the Congressional release date shown in the HUD-executed form HUD-40093. The date for determining whether the PJ has met its commitment and expenditure requirements is two years from the last day of the month in which funds are obligated. (See 24 CFR 92.500(d)).

IX. Access to Grant Funds

After the form HUD-40093 is executed by the participating jurisdiction, the Field Office must provide the CFO National Accounting Center with a copy. Upon receipt of the form HUD-40093 signed by the PJ, the CFO National Accounting Center records the contract amount in the Program Accounting System (PAS) which transfers the contract amount to the Line of Credit Control System (LOCCS) for the grantee.

Jurisdictions that previously have not received HOME funds must also submit a Direct Deposit Sign-up Form , SF- 1199A (Attachment 5) and an IDIS (Integrated Disbursement and Information System) Access Request Form (Attachment 6).

The initial access to IDIS is granted by the CPD/IDIS System Administrator located at HUD Headquarters. The grantee must identify an IDIS Local System Administrator who is responsible for controlling and restricting access to IDIS within its area. The IDIS Local System Administrator completes the IDIS Access Request Form and submits it to the Field Office. The Field Office reviews and signs it and sends it (via US Mail or FAX) to the CPD/IDIS System Administrator who issues the User ID.

X. Instructions for Numbering HOME Investment Partnership Agreements

All HOME Investment Partnership Agreements are numbered in accordance with the procedures below. The number, with the exception of the fiscal year, remains the same for the jurisdiction (or entity) each year.

1. Initial Letter Identification

M - HOME Investment Partnerships Program

2. Fiscal Year Identification

The last two-digits of the fiscal year of the appropriated funds.

3. Identification of HOME Investment Type

- o Formula Allocations and Competitive Reallocations to Participating Jurisdictions

MC -Direct Formula Metropolitan City

UC -Direct Formula Urban County

DC -Direct Formula Consortium

SG - State

ST - Direct Formula Insular Area

- o Competitive Reallocations to other Participating Entities

CH - Community Housing Development Organization
HG - City/County Participants

4. State Code

Federal Standard two-digit numeric code for the State in which the jurisdiction is located.

5. Serial Number

The four-digit serial numbers are assigned as follows:

- o The number 0100 always will be the serial number assigned by HUD to the State HOME Investment Partnership agreement. The State is responsible for assigning serial numbers using this numbering system to its State recipients. States will sequentially assign a HOME Investment Partnership number to their recipients beginning with 0101 but not to exceed 0199, unless additional numbers are made available by Headquarters. The serial number assigned to a State recipient by the State will remain the same for all years. The fiscal year identifier will separately identify individual awards made for each fiscal year source of funds.
- o The numbers 0200-0499 will be used by the Field Office for sequential assignment to direct formula recipients and to recipients receiving competitive reallocations (local jurisdictions and Community Housing Development Organizations). The serial number assigned to a direct formula recipient will remain the same for all years. The fiscal year identifier will separately identify individual awards made for each fiscal year source of funds.
- o For States that are covered by two Field Offices, one Field Office will use the numbers 0200-0499 and the other will use the numbers 0500-0999.
- o Consortia participants should be assigned only a single serial number regardless of the number of units of local government in the consortium.
- o When funds are automatically reallocated to a participating jurisdiction or if a participating jurisdiction receives a competitive reallocation, the serial number previously assigned to the participating jurisdiction will remain the same. Separate instructions will be provided with the reallocations as to what fiscal year identifier to use.

- o Participating jurisdictions are responsible for assigning serial numbers to Community Housing Development Organizations (CHDOs) receiving CHDO set aside funds by adding a dash followed by a two-digit extension to the participating jurisdiction's HOME Investment Partnership number starting with "01" and numbering consecutively thereafter for each subsequent CHDO identified by the participating jurisdiction.

An example of using the above described numbering system is shown below:

- o A participating jurisdiction that is a city in the State of Illinois for fiscal year 2000.

M00-MC170209

- o The first Community Housing Development Organization reservation for the above participating jurisdiction.

M00-MC170209-01

XI. Entering Grant Numbers into IDIS

Instructions for establishing new PJs, CHDOs, State Recipients, and Other Entities in IDIS are included in the CPD-IDIS User Manual, Chapter 11, IDIS Utilities. Headquarters or Field Offices will establish a new PJ in IDIS using the IDIS Utilities screen (CO4MU06) "Grantee Inquire/Update/Add." Field Offices will enter the grant number for new PJs into IDIS by using the CO4MU07 Screen. Grant numbers assigned by PJs to new CHDOs must be entered by the Field Office into IDIS (using these two screens) so that PJs may reserve CHDO set-aside funds to them. If a PJ wishes to use the subgranting feature in IDIS, it also must number its new Other Entities and/or State Recipients. These numbers must be entered by the Field Office into IDIS. (Grant numbers for CHDOs, Other Entities and State Recipients existing at the time of conversion from the HOME C/MIS to IDIS are carried over into IDIS. Only numbers for new entities need to be assigned by PJs and entered into IDIS by Field Offices.)

ATTACHMENTS:

1. Funding Approval and HOME Investment Partnerships Agreement (form HUD-40093)
2. Attachment A to form HUD-40093
3. Funds Reservation and Contract Authority (form HUD-718)
4. HUD Notification (Congressional Release Template)
5. Direct Deposit Sign-Up Form (form SF-1199A)
6. IDIS Access Request Form

Funding Approval and HOME Investment Partnerships Agreement

Title II of the National Affordable Housing Act

U.S. Department of Housing and Urban Development
Office of Community Planning and Development

Attachment 1
OMB Approval No. 2501-0013
(Exp. 11/30/2001)

Public reporting burden for this collection of information is estimated to average 1 hour 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 conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

The HOME statute imposes a significant number of data collection and reporting requirements. This includes information on assisted properties, on the owners or tenants of the properties, and on other programmatic areas. The information will be used: 1) to assist HOME participants in managing their programs; 2) to track performance of participants in meeting fund commitment and expenditure deadlines; 3) to permit HUD to determine whether each participant meets the HOME statutory income targeting and affordability requirements; and 4) to permit HUD to determine compliance with other statutory and regulatory program requirements. This data collection is authorized under Title II of the Cranston-Gonzalez National Affordable Housing Act or related authorities. Access to Federal grant funds is contingent on the reporting of certain project-specific data elements. Records of information collected will be maintained by the recipients of the assistance. Information on activities and expenditures of grant funds is public information and is generally available for disclosure. Recipients are responsible for ensuring confidentiality when public disclosure is not required.

| | | | |
|--|-------------------------|---|--------------|
| 1. Participant Name and Address | | 2. Participant Number | |
| | | 3. Tax Identification Number | |
| 4a. HUD Geographic Locator Code Number | 5. Appropriation Number | 6. Funding Approval Number | 7. FY (yyyy) |
| b. County Code | | | |
| 8. Previous Obligation | | | \$ |
| a. Formula Funds | | | \$ |
| b. Community Housing Development Organization Competitive Reallocation | | | \$ |
| 9. Current Transaction (+ or -) | | | \$ |
| a. Formula Funds (Show distribution below) | | | |
| 1. CHDO | | \$ | |
| 2. Non-CHDO | | \$ | |
| b. Community Housing Development Organization Competitive Reallocation | | | \$ |
| 10. Revised Obligation | | | \$ |
| a. Formula Funds (Show distribution below) | | | |
| 1. CHDO | | \$ | |
| 2. Non-CHDO | | \$ | |
| b. Community Housing Development Organization Competitive Reallocation | | | \$ |
| 11. Special Conditions (check applicable box) | | 12. Congressional Release Date | |
| <input type="checkbox"/> Not applicable | | (This is the Date of Obligation) (mm/dd/yyyy) | |
| <input type="checkbox"/> Attached | | | |

This agreement between the Department of Housing and Urban Development (HUD) and

(the Participating Jurisdiction/Entity) is made pursuant to the authority of the Home Investment Partnerships Act (42 U.S.C. 12701 et seq.). The Participating Jurisdiction's/Entity's approved Program Description/Application and the HUD regulations at 24 CFR Part 92 (as now in effect and as may be amended from time to time) and this Home Investment Partnership Agreement, form HUD-40093, including any special conditions, constitute part of this agreement. Subject to the provisions of this agreement, HUD will make the funds for the Fiscal Year specified, available to the Participating Jurisdiction/Entity upon execution of this agreement by the parties. All funds for the specified Fiscal Year provided by HUD by formula reallocation are covered by this agreement upon execution of an amendment by HUD, without the Participating Jurisdiction's execution of the amendment or other consent. HUD's payment of funds under this agreement is subject to the Participating Jurisdiction's/Entity's compliance with HUD's electronic funds transfer and information reporting procedures issued pursuant to 24 CFR 92.502. To the extent authorized by HUD regulations at 24 CFR Part 92, HUD may, by its execution of an amendment, de-obligate funds previously awarded to the Participating Jurisdiction/Entity without the Participating Jurisdiction's/Entity's execution of the amendment or other consent. The Participating Jurisdiction/Entity agrees that funds invested in affordable housing under 24 CFR Part 92 are repayable when the housing no longer qualifies as affordable housing. Repayment shall be made as specified in 24 CFR Part 92. The Participating Jurisdiction agrees to assume all of the responsibility for environmental review, decision making, and actions, as specified and required in regulation at 24 CFR

| | | |
|---|-----------|-------------------|
| For HUD and U.S. Department of Housing and Urban Development (Name) | Signature | Date (mm/dd/yyyy) |
| Title | | |
| For Participating Jurisdiction/Entity (Name of Authorized Official) | Signature | Date (mm/dd/yyyy) |
| Title of Authorized Official | | |

Instructions for Completing the Funding Approval and HOME Investment Partnerships Agreement, form HUD-40093

Five (5) copies of this Agreement (HUD-40093) should be signed as originals by the appropriate HUD official. One (1) copy should be held by the Community Planning and Development Division for informational purposes, one (1) copy should be sent to the CFO National Accounting Center for recording the obligation, and three (3) copies should be sent to the jurisdiction (or entity) for signature. The jurisdiction (or entity) should be requested to sign all copies and keep one (1) copy for its records and to return two (2) copies signed as originals to the HUD Field Office. One (1) of the signed copies should be sent to the CFO National Accounting Center for recording the contract and one (1) should be kept for the CPD office files.

1. **Participant Name and Address.** Enter the participating jurisdiction's (or entity's) name and address as shown in Item 4 of Standard Form 424.
2. **Participant Number.** Enter the participant number assigned by the HUD Field Office for the participating jurisdiction (or entity). If the participating jurisdiction (or entity) has received funds in a prior year, use the same number, changing only the fiscal year.
3. **Tax Identification Number.** Enter the Tax (Employer) Identification Number (TIN) shown in Item 6 of Standard Form 424. For jurisdictions (or entities) that are already participating in the HOME Program, this must be the TIN associated with the jurisdiction (or entity) for the HOME Program.
4. a. **HUD Geographic Locator Code No.** Enter the appropriate HUD Geographic Locator Code available from the Geographic Codes System Directory (See computer printout D-71AAC). For State participating jurisdictions, leave blank.
b. **County Code.** Enter the appropriate County Code available from the Geographic Codes System Directory (See computer printout D-71AAC). For State participating jurisdictions, leave blank.
5. **Appropriation Number.** Enter the Appropriation Number from the HUD-185.1 sub-assigning funds for the Fiscal Year source of funds for this transaction.
6. **Funding Approval Number.** Enter the appropriate funding approval number starting with "1" for the first funding action and numbering consecutively thereafter. Funding approvals may be for the purpose of processing original obligations, reallocating funds or de-obligating funds.
7. **Fiscal Year.** Indicate the fiscal year (yyyy) source of funds for this transaction. Only funds from this fiscal year are to be included in this transaction. (A separate form will be completed for each FY's funds.)
8. **Previous Obligation.** Enter the total amount of funds that have been previously obligated for this participant for this FY source of funds. If this is the funding approval form for the participant's initial allocation for the fiscal year, the amount previously obligated will be "0." If this is a funding approval form for reallocating or de-obligating funds, enter the amount from line 10 of the previous funding approval form.
 - a. **Formula Funds.** Enter the total amount of funds previously obligated to the participant except for those funds that have been reallocated for Community Housing Development Organizations (item 8 less item 8.b.). If this is the funding approval form for the participant's initial allocation for the fiscal year, the amount will be "0". If this is a funding approval form for reallocating or de-obligating funds, add lines 10.a. 1. & 10.a. 2. of the funding approval form. NOTE: On the 4/93 version of the HUD-40093, Regular Funds were reported on line 10.a.
 - b. **Community Housing Development Organization Competitive Reallocation.** Enter the amount of funds previously obligated to the participating jurisdiction for Community Housing Development Organizations. If this is the funding approval form for the participant's initial allocation for the

fiscal year, the amount will be "0". If this is a funding approval form for reallocating or de-obligating funds previously reallocated for Community Housing Development Organizations, enter the amount from line 10. b. of the previous funding approval form.

9. **Current Transaction.** Enter the total amount of funds for this action. Indicate a de-obligation either by placing parentheses around the amount de-obligated or a minus sign before the amount de-obligated.
 - a. **Formula Funds** Formula funds are CHDO and NON-CHDO funds. Show distribution of the amount of funds indicated in item 9, show distribution in item a.1 CHDO funds or item a.2 Non-CHDO funds. If none, enter "0". **Note:** Competitive reallocations, except for Community Housing Development Organization reallocation funds, are to be reported on line a.1 or a.2. The Field Office is to identify competitive reallocated funds on line 9. b.
 1. **CHDO (Community Housing Development Organization)** Of the amount indicated in item 9, indicate the amount that is CHDO. If none, enter "0" **Note:** If this is a CHDO competitive reallocation, enter the amount in 9.b.
 2. **Non-CHDO** Of the amount indicated in item 9, indicate the amount that is Non-CHDO funds. If none, enter "0"
 - b. **Community Housing Development Organization Competitive Reallocation.** Of the amount indicated in item 9, indicate the amount, if any, that is a reallocation, or a de-obligation of funds previously reallocated, for Community Housing Development Organizations. Community Housing Development Organization reallocations should be reported on this line if it's a reallocation to a participating jurisdiction for Community Housing Development Organizations. **Note:** Community Housing Development Organization Reallocation funds are recaptured by HUD and are available for reallocation if within 24 months of obligation to a participating jurisdiction, at least 15 percent of the participating jurisdiction's allocation is not reserved by written agreement for Community Housing Development Organizations.
10. **Revised Obligation.** Enter the total amount of funds available to the jurisdiction (or entity) after this transaction (Item 8 plus/minus Item 9).
 - a. **Formula Funds** Of the amount of funds indicated in item 10, show distribution in item a.1 CHDO funds or item a.2 Non-CHDO funds. If none, enter "0". **Note:** Competitive reallocations, except for Community Housing Development Organization reallocation funds, are to be reported on line 10.a.1 or 10. a.2. The Field Office is to identify competitive reallocated funds on line 10. b.
 1. **CHDO (Community Housing Development Organization)** Of the amount indicated in item 10., indicate the amount that is CHDO. If none enter "0" **Note:** If this is a CHDO competitive reallocation, enter the amount in 10.b.
 2. **Non-CHDO** Of the amount indicated in item 10, indicate the amount that is Non-CHDO funds. If none, enter "0"
 - b. **Community Housing Development Organization Competitive Reallocation.** Enter the total amount of funds available to the participating jurisdiction as a reallocation for Community Housing Development Organizations after this transaction (Item 8.b plus/minus Item 9.b).
11. **Special Conditions.** Check the appropriate box and, if applicable, attach any special conditions that are part of Agreement.
12. **Congressional Release Date.** Enter the Congressional release date (mm/dd/yyyy) (which **must** be the same date of the letter notifying the participating jurisdiction (or entity) of the award **and** the date the Agreement was signed by HUD).

Attachment A
Funding Approval and HOME Investment Partnerships Agreement form HUD-40093

This form must be used if 1) the State is transferring funds to a new Jurisdiction or 2) if the City/Urban County is declining HOME funds. Send the form via fax (202-708-1744) or pouch mail to Headquarters, CPD/OAHP, ATTN: Director, Financial and Information Services Division, Room 7164.

1. The State is transferring HOME funds to a new Jurisdiction in order for them to meet the minimum threshold amount to become a Participating Jurisdiction (PJ)

The State of _____ Grant Number _____ is transferring
Name of the State transferring HOME funds State Grant Number

\$ _____ to _____ Grant Number _____
Amount of HOME funds being transferred Name of the PJ receiving the HOME Funds New PJ Grant Number

Revised obligation for the State \$ _____
Original allocation minus the amount transferred

Revised obligation for the new PJ \$ _____
Original allocation plus the amount transferred

If the State and new Participating Jurisdiction are overseen by different Field Offices:

State's Field Office _____

New Jurisdiction's Field Office _____

2. The City/Urban County is declining HOME funds

The City/Urban County of _____ is declining the FY (yyyy) _____
Name of jurisdiction that declined HOME funds

allocation of \$ _____.

Revised obligation for the State \$ _____
Original allocation plus the amount declined

If the declining Jurisdiction and the State are overseen by different Field Offices:

State's Field Office _____

Declining Jurisdiction's Field Office _____

Prepared by _____ at ph/email: _____ in _____
Name Field Office

U.S. Department of Housing and Urban Development

FUNDS RESERVATION & CONTRACT AUTHORITY

| | | | | | |
|---|-----------------------|---------------------------------|-------------------------------------|--|-----------------|
| 1A. NAME AND ADDRESS OF PROJECT IDENTIFICATION | | | | 1B. PROJECT CONTRACT, IAA OR PURCHASE ORDER NUMBER | |
| | | | | 2. DATE OF PREPARATION (Month, Day and Year) | |
| 3. RESERVATION NUMBER | | | 4. NAME AND TITLE OF SOURCE OFFICER | | |
| 5. Funding and Accounting Classification | | | | | |
| APPROPRIATION OR FUND SYMBOL A | COST CENTER CODE B | SUB-OBJECT CLASS CODE C | RESERVATION OUTSTANDING D | INCREASE (Decrease) E | NET AMOUNT F |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| NET TOTALS | | | | | |
| 6. Purpose of This Action (Check Applicable Box(es)) | | | | | |
| A. <input type="checkbox"/> INITIAL RESERVATION B. <input type="checkbox"/> INCREASE OR (Decrease) RESERVATION (Amendment Number _____) C. <input type="checkbox"/> CANCEL RESERVATION (Bracket Amount in 5E) D. <input type="checkbox"/> EXECUTE, AMEND OR WAIVE CONTRACT | | | | | |
| 7A. DESCRIPTION OF PROJECT | | | 7B. CONTRACT CONDITIONS (If any) | | |
| 8A. DATE (Mo., Day and Year) | | 8B. SIGNATURE OF SOURCE OFFICER | | | |
| 9. To Be Completed by the Originating Office | | | | | |
| RECOMMENDATION AND AUTHORIZATION (If Required): | | | | | |
| In accordance with authority vested in or delegated to the undersigned; in consequence of provisions and requirements of applicable law; under decisions of record regarding the project or program identified in Block 1B above; and with determination that the actions in Block 5 are in the public interest, those actions are recommended and authorized herewith: | | | | | |
| A. RECOMMENDED (Signature) | | | D. AUTHORIZED (Signature) | | |
| B. TITLE | | | E. TITLE | | |
| C. DATE (Mo., Day & Year) | | | F. DATE (Mo., Day & Year) | | |
| G. OFFICIAL PRESS RELEASE DATE (Month, Day and Year) | | | | | |
| 10. For Accounting Use Only | | | | | |
| <input type="checkbox"/> FUNDS AVAILABLE <input type="checkbox"/> RESERVATION RECORDED OR ADJUSTED TO AMOUNT SHOWN IN 5F | | | | | |
| By _____ | | | Date _____ | | |

HUD NOTIFICATION
U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, DC 20410

FIELD OFFICE:

ACTION:

DESCRIPTION:

| RECIPIENT | CONGRESSIONAL | DISTRICT | AMOUNT |
|-----------|---------------|----------|--------|
|-----------|---------------|----------|--------|

PROJECT HIGHLIGHTS:

RECIPIENT CONTACT:

PHONE:

HUD CONTACT:

PHONE:

CONGRESSIONAL DELEGATION: PARTY: DATE:

SUMMARY OF NOTIFICATION ACTION:

Secretary _____ Deputy Secretary _____ Asst. Secretary _____ LCR _____

Congressional Call Completed To: _____ Date: _____

CPD Field Office/Program Office _____

OFM (Pearl C. Peebles, Ext. 4896)

IDIS Access Request (Temporary Form, Feb 1999)

020299

This form is to be completed by the recipient's (or grantee's) chief executive officer or designated representative. **Send notarized original to your local HUD CPD Field Office for review and forwarding to:**

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 Integrated Disbursement and Information System (IDIS) from unauthorized access. The data are used to ensure that individuals who no longer require access to IDIS have their access capability promptly deleted. Provision of the SSN is mandatory. HUD uses it as a unique identifier for safeguarding IDIS 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 IDIS.

**U.S. Dept of HUD, CPD
451 7th St, SW, Rm 7224
Washington, DC 20410
ATTN: IDIS Sys Admin FAX: 202-708-3363**

*** CHANGE NAME/FUNCTIONS/GRANTEE _____ RENEW LAPSED ID _____ NEW REQUEST _____
ADD ACCESS TO ANOTHER GRANTEE _____ DROP FROM IDIS _____**

Authorized User's Name: (Last, First, MI) _____

Soc Sec Num (SSN): _____ Office Phone: (_____) _____

Office Address: (Street, City, State, Zip) _____ CPD Use: _____
_____ UOG Code: _____

Grantee Organization's Name: _____
I am with a CITY __ COUNTY __ STATE __ STATE SUBGRANTEE __ **

*** ALWAYS MARK ALL THE FUNCTIONS NEEDED.**
Authorized Set Up Activity _____ Request Drawdown _____ Approve Drawdown _____
Functions/ Local IDIS Administrator _____
Program Areas: CDBG _____ ESG _____ HOME _____ HOPWA _____
Note: Every IDIS user can view activities and get reports even if no other functions are authorized.

Authorized User's Signature and Date: _____ Date _____

Field Office Approval (CPD Director or Designee): _____ Date _____

(NOTE: You can't authorize yourself, only your CEO or "grant holder" can.) Notary (signature and date):
I authorize the person above to access IDIS, with the functions checked.

(Typed please)
Approved by: Name _____

Title _____

Office Phone: (_____) _____

Office Address: (Street, City, State, Zip)

Approving Official's Signature and Date:

**** Approval of State Subgrantee Request - CPD State Coordinator or State Official name, signature, and date:**

Name: _____ Signature: _____ Date: _____

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 <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| CITY | STATE | ZIP CODE | | | | | | | | | | | | | | | | | | | |
| 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 <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 _____ <i>(specify)</i> | | | | | | | | | | | | | | | | | | | |
| C CLAIM OR PAYROLL ID NUMBER | | G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY <i>(if applicable)</i> | | | | | | | | | | | | | | | | | | | |
| 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 <i>(optional)</i> 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 | | | | | | | | | | | | | | |
| | <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 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 record-keeper, 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 the 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
AUSTIN, TEXAS
Check No. 0000 - 4157815
Month Day Year
06 31 84
Pay to the order of JOHN DOE
123 BRISTOL STREET
HAWKINS BRANCH, TX 78543
28 28
VA COMP
DOLLARS CTS
\$ 100 00
NOT NEGOTIABLE
@00000051&C 042572926*

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 canceled 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 the 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.