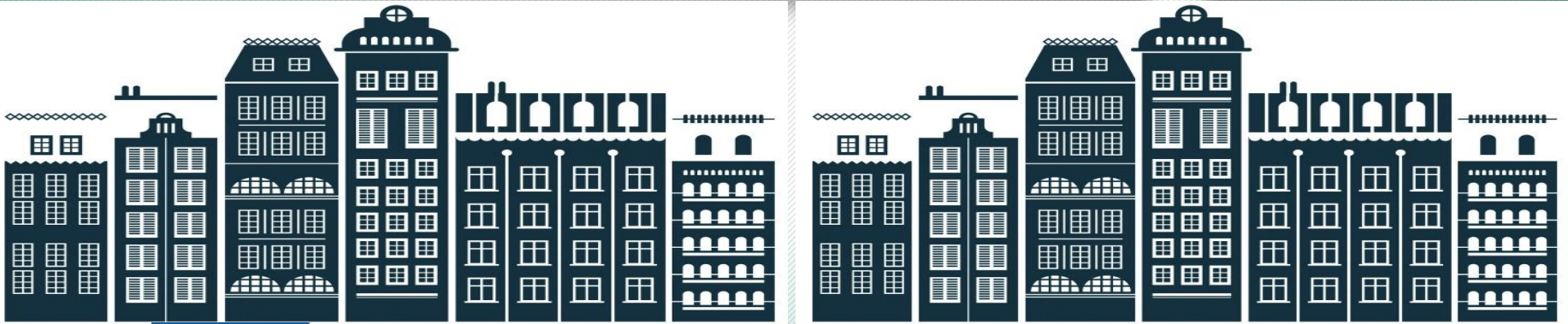


U.S. Department of Housing and Urban Development (HUD)  
Office of Lead Hazard Control and Healthy Homes (OLHCHH)

# FY2021 NEW GRANTEE ORIENTATION

*Tribal Grantee Start Up Activities-Part 2 (Workplan, Budget, & Program Oversight)*

Victoria Jackson Region 5 Lead and Tribal Government  
Technical Representative



**VIRTUAL CONFERENCE, MAY 3 -MAY14, 2021**

# Start UP and Program Activities (Part 2)

Grant Award Page

Budget Tool Tracking and Oversight

Workplan Checklist Components

LOCCS Payment Information

Program Administration and Oversight

# HHGMS Grant Award Page Components

- Grant Award Details
- Grant Award Amounts
- Current Quarterly Reports Details

Back to List: Grant Awards

[Non-Dynamic Grant Award Forms \(1\)](#) | 
 [Quarterly Reports \(15+\)](#) | 
 [Cases \(15+\)](#) | 
 [Oversight and Evaluations \(1\)](#) | 
 [Close Outs \(1\)](#) | 
 [Subrecipient / Contractor Classification \(1\)](#) | 
 [Notes \(1\)](#) | 
 [Activity History \(1\)](#) | 
 [Files \(1\)](#) | 
 [Grant Award History \(1\)](#) | 
 [Notes & Attachments \(15+\)](#) | 
 [Unit Work \(1\)](#)

### Grant Award Detail

[Edit](#) | 
 [Sharing](#) | 
 [Complete Monitoring Form](#) | 
 [Risk Analysis Letter](#) | 
 [H04](#) | 
 [Monitoring Form Config](#) | 
 [90 Day Close Out](#)

Grant Agreement Number	[REDACTED]	Current Monitoring Form (Auto Populated)	<a href="#">NDGP-001132</a>
Grant Application Number	[REDACTED]	Current Risk Analysis Form (Auto-Pop)	
Owner	<a href="#">Victoria Jackson (Change)</a>	Current Risk Analysis Status	Needs to be Completed
Grant Officer		Number of Completed Risk Analysis Forms	0
Status	Closed	Suspend Automation QPR Creation	<input checked="" type="checkbox"/>
		Close Out	<a href="#">Close Out</a>
Grant Program	LBPHC	Close Out Status	Needs to be Completed
		Approved Partners Report Link	<a href="#">Report Link</a>

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#### \* Amounts

Total Grant Dollar Amount	\$3,400,000.00	Lead Balance	\$5,140.50
LBPHC / LHRD Amount	\$3,000,000.00	HHS Balance	\$5,140.50
HHS Amount	\$400,000.00	Match Balance	(\$132,337.90)
Total Match Commitment	\$300,000.00	HHP Balance	\$0.00
HHP Amount			

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#### \* Quarterly Reports

Current Quarterly Report	<a href="#">30447</a>	Previous Quarterly Report	<a href="#">30226</a>
Current QPR Report Period	Jul 1 - Sept 30	Previous QPR Report Period	Apr 1 - Jun 30
Current QPR Status	Closed	Previous QPR Status	Closed

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#### \* File System - Recently Uploaded Files

# Key Date Information

- POP Dates
- RROF Dates
- Benchmark Performance Percentages
- Months Active
- Grant Duration
- All other vital information that will be scored on ongoing and quarterly bases

Key Date Information

Fiscal Year	2014	Total Assessments Completed - Report	312
POP Start Date	12/1/2014	Projected - Assessments/Evaluations	280
POP End Date	11/30/2017	Total Units Completed - Report	286
Date Final Report is Due	5/31/2018	Projected - Units Completed/Cleared	280
ERR-RROF Start Date		Average Unit Cost	\$6,997.71
ERR-RROF Expiration Date		Total LOCCS Completed - Report	\$3,400,000.00
Grant Duration	12	Projected - LOCCS Drawdowns	\$3,400,000.00
30 under POP Baseline Warning			
Pop Extension Granted		% of Pop Reached	100.00%
Close-out Extension Granted	5/31/2018	% Healthy Homes Used	99.71%
Months Active	76	% of Total Match	164.11%
Award Quarter	Q14	% of Assessments Complete	111.43%
Current Total Match Provided	\$492,337.98	% Units Complete	102.14%
Fiscal Start Quarter	1	% of LOCCS Complete	100.00%
Fiscal year calc	1	% of Total Admin Drawn	99.70%
Need Current Benchmarks			
		Last submitted QPR	16
		Last Two Quarter Scores	<a href="#">Last Two Quarters Score Report</a>

Summation Fields

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# Negotiated Budget

## ▼ Negotiated Budget Categories

Personnel	\$520,625.11	Personnel (Use) Actual	\$520,625.11
Fringe Benefits	\$178,057.41	Fringe Benefits (Use) Actual	\$178,057.41
Travel	\$41,921.51	Travel (Use) Actual	\$41,921.51
Equipment		Equipment (Use) Actual	\$0.00
Supplies and Materials	\$16,340.30	Supplies and Material (Use) Actual	\$16,340.30
Consultants		Consultants (Use) Actual	\$0.00
Contracts/Sub-Grantees	\$2,027,118.03	Contracts/Sub-Grantees (Use) Actual	\$2,027,118.03
Healthy Homes Supplement	\$400,000.00	Healthy Homes Supplement (Use) Actual	\$394,859.50
Other Direct Costs	\$215,937.64	Other Direct Costs (Use) Actual	\$221,078.14
Indirect Costs		Indirect Costs (Use) Actual	\$0.00
Totals	\$3,400,000.00	Total Actual	\$3,400,000.00

## ▼ Negotiated Admin Categories

Personnel AC	\$185,509.91	Personnel (Use) AC Actual	\$185,509.91
Fringe Benefits AC	\$55,739.70	Fringe Benefits (Use) AC Actual	\$56,546.19
Travel AC	\$12,902.79	Travel (Use) AC Actual	\$11,314.79
Equipment AC		Equipment (Use) AC Actual	\$0.00
Supplies and Material AC		Supplies and Material (Use) AC Actual	\$0.00
Consultants AC		Consultants (Use) AC Actual	\$0.00
Contracts/Sub-Grantees AC	\$5,135.00	Contracts/Sub-Grantees (Use) AC Actual	\$5,135.00
Other Direct Costs AC	\$2,612.40	Other Direct Costs (Use) AC Actual	\$2,612.40
Indirect Costs AC		Indirect Costs (Use) AC Actual	\$0.00
Total AC	\$261,899.80	Total AC (Use) Actual	\$261,118.29

# Why Budget Tool is Important to Track

OLHCHH has developed a tool that takes the budget lines from your Certified Budget Worksheet (CBW) and helps identify and track various cost categories related to your grant.

Budget tool will calculate percentages for Administrative Costs, Direct Costs, and Match Funding.

Budget tool will create a Part 3 Form for use with LOCCS requests.

Grantee will be able to track Administrative Costs over time using this Part 3 Form.

Grantee will be able to see the total balances for each cost category and the amount remaining over time

Grantee is still required to complete the SF-425 Form each quarter.

# Workplan Development Topics to Keep in Mind

## Administrative Tasks

- Environmental Review (Tier I)
- Hiring a qualified Program Manager or staff
- RFP/MOUs for Contractors, Subrecipients and Partners
- Outreach Plan
- Determine Type of Procurement

# Workplan Components

## Intake processes/plan

- Income Verification- which of the three definition you will use for your program
- Rental/owner Occupy/vacant
- Single/multifamily units
- Tier II



# Workplan Development

## Unit Program Activities:

- Inspection/Risk Assessment of the unit(s) LI/RA (if addressing lead)
- Healthy Homes Assessment (29 Hazards)
- Work Specifications (Lead /HH)
- List of Qualified Contractors
- Bidding the work
- Selecting the contractor/sign contract
- Paying Contractors
- Ongoing Unit Monitoring and Maintenance

# Quarterly Report

Submitted at end of each quarter by grantee staff with SF-425 supportive document

- *Within 30 days of close of quarter (Next one due by July 30<sup>th</sup>, 2021)*

Submitted through HHGMS and includes narrative and production information

Reviewed by OLHCHH staff and scored based on achievements toward established quarterly performance benchmarks



# HHGMS Benchmarks Scores

## Quarter Scores

Q1 Score 100  
Q2 Score 100  
Q3 Score 100  
Q4 Score 100  
Q5 Score 100  
Q6 Score 100  
Q7 Score 100  
Q8 Score 88  
Q9 Score 91  
Q10 Score 92  
Q11 Score 94  
Q12 Score 94  
Q13 Score 96  
Q14 Score 97  
Q15 Score  
Q16 Score  
Q17 Score  
Q18 Score  
Q19 Score  
Q20 Score

Q1 Score Adjusted  
Q2 Score Adjusted  
Q3 Score Adjusted  
Q4 Score Adjusted  
Q5 Score Adjusted  
Q6 Score Adjusted  
Q7 Score Adjusted  
Q8 Score Adjusted  
Q9 Score Adjusted  
Q10 Score Adjusted  
Q11 Score Adjusted  
Q12 Score Adjusted  
Q13 Score Adjusted  
Q14 Score Adjusted  
Q15 Score Adjusted  
Q16 Score Adjusted  
Q17 Score Adjusted  
Q18 Score Adjusted  
Q19 Score Adjusted  
Q20 Score Adjusted

# HHGMS Benchmarks Assessments

## Assessments/Evaluations - Cumulative Benchmarks and Actual Cumulative

Q1 (A)	0
Q2 (A)	10
Q3 (A)	40
Q4 (A)	60
Q5 (A)	75
Q6 (A)	90
Q7 (A)	120
Q8 (A)	130
Q9 (A)	140
Q10 (A)	160
Q11 (A)	190
Q12 (A)	190
Q13 (A)	190
Q14 (A)	190
Q15 (A)	190
Q16 (A)	190
Q17 (A)	190
Q18 (A)	190
Q19 (A)	
Q20 (A)	

# HHGMS Benchmarks Units

▼ Units Completed - Cumulative Benchmarks and Actual Cumulative

Q1 (U)	0
Q2 (U)	3
Q3 (U)	10
Q4 (U)	25
Q5 (U)	30
Q6 (U)	55
Q7 (U)	85
Q8 (U)	105
Q9 (U)	115
Q10 (U)	135
Q11 (U)	165
Q12 (U)	190
Q13 (U)	190
Q14 (U)	190
Q15 (U)	190
Q16 (U)	190
Q17 (U)	190
Q18 (U)	190
Q19 (U)	

# HHGMS Benchmark LOCCS

## ▼ LOCCS Drawdowns - Cumulative Benchmarks and Actual Cumulative

Q1 (L)	\$0.00
Q2 (L)	\$25,000.00
Q3 (L)	\$75,000.00
Q4 (L)	\$125,000.00
Q5 (L)	\$250,000.00
Q6 (L)	\$375,000.00
Q7 (L)	\$500,000.00
Q8 (L)	\$750,000.00
Q9 (L)	\$1,125,000.00
Q10 (L)	\$1,500,000.00
Q11 (L)	\$2,000,000.00
Q12 (L)	\$2,375,000.00
Q13 (L)	\$2,500,000.00
Q14 (L)	\$2,500,000.00
Q15 (L)	\$2,500,000.00
Q16 (L)	\$2,500,000.00
Q17 (L)	\$2,500,000.00
Q18 (L)	\$2,500,000.00
Q19 (L)	




# LOCCS Voucher Form Reminders

-Need two signatures in boxes 11 and 12

-Need this form with Part 3 form for every voucher submission

Grant BLI Voucher Entry Page 1 of 1



**Payment Voucher Entry**

Menu [Voucher Selection](#) [Payment Entry](#)

Mary Auth  
Lan Cliff Bottom

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**eLOCCS**  
**LBA Lead-Based Paint Abatement**  
**Payment Voucher**

**U.S. Department of Housing and Urban Development**  
**Office of Public and Indian Housing**

Public reporting burden for this collection of information is estimated to average 15 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. This information is required to obtain benefits under the U.S. Housing Act of 1937, as amended. The information requested does not tend to be confidential.

1. Voucher Number <b>039-054544</b>	2. LOCCS Pgmt Area <b>LBA</b>	3	4
5. Voice Response No. <b>59442-95401</b>	6. Grantee Organization		
8. Grant or Project No.	8a. Grantee Organization TIN		

Name	Authorized	Available Drawdown Balance	Drawdown Amount
<b>Grant Balance</b>	<b>2,300,000.00</b>	<b>571,522.00</b>	<b>24,568.00</b>
<b>Total:</b>	<b>2,300,000.00</b>	<b>571,522.00</b>	<b>24,568.00</b>

I certify the data reported and funds requested on this voucher are correct and the amount requested is not in excess of immediate disbursement needs for this program. In the event the funds provided become more than necessary, such excess will be promptly returned, as directed by HUD.

11. Name & Phone Number of Person completing this form	12. Name & Title of Authorized Signatory
13. Signature	14. Date of Request <b>03-23-2015</b>

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)

**Privacy 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.

Form HUD-6088-LBA-a (4/2000)

Submit    Reset    Cancel

Next Payment    (LBA CALHB057514)

http://development.fedex.com/ETD/.../System/Access/Forms/Info/BLI/.../03-23-2015





# SF-425 Document

Please reference Its All Numbers -Fiscal Accountability Slides for more details on how to fill out form

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
Recipient Organization (Name and complete address including Zip code)							
3. 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		
Project/Grant Period From: (Month, Day, Year)		To: (Month, Day, Year)		9. Reporting Period End Date (Month, Day, Year)			
<b>Transactions</b>						Cumulative	
<i>(Use lines a-c for single or multiple grant reporting)</i>							
<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>							
a. Cash Receipts							
b. Cash Disbursements							
c. Cash on Hand (line a minus b)						0.00	
<i>(Use lines d-o for single grant reporting)</i>							
<b>Federal Expenditures and Unobligated Balance:</b>							
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)						0.00	
h. Unobligated balance of Federal funds (line d minus g)						0.00	
<b>Recipient Share:</b>							
i. Total recipient share required							
j. Recipient share of expenditures							
k. Remaining recipient share to be provided (line i minus j)						0.00	
<b>Program Income:</b>							
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)						0.00	
Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
				g. Totals:			
Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:							
<b>Certification:</b> 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)							
Typed or Printed Name and Title of Authorized Certifying Official						c. Telephone (Area code, number and extension)	
						d. Email address	

# eLOCCS and Grantee Drawdowns

## Check List:

- Request under correct grant award number
- Attach all files needed
- Include invoices to support the draw in full if \$100,000 OR if the GTR requests to see them for any reason
- Ensure the forms are filled out completely and accurately

# eLOCCS and Grantee Drawdowns

- **Please Don't wait till the last minute**
- LOCCS draws must be turned around timely per the 2 CFR.
  - Must have correct paperwork, signed and no negative balances and include all required pieces.
  - The bigger the draw the longer it takes to review
  - Allow 5-7 business days from the day we receive all the correct and required documents to review
  - the system or the day it is approved by this office
  - Make more frequent smaller draws to stay on track

# Risk Analysis

- What is a Risk Analysis and Why do we have to report this?
- Each year GTRs conduct Risk Analysis for each of their assigned grants.
- The Annual Risk Analysis is required under the Departmental Management Control Program Handbooks.
- This establishes both quantitative and qualitative risk-based monitoring factors to be used in examining and ranking high-risk activities and grantees.
- It requires that program areas assign an annual risk rating to each grantee through a risk assessment process using the OLHCHH Risk Assessment Worksheet.

# Risk Analysis, cont'd

- The assessment and analysis can then be used to establish priorities for monitoring and ensure that the highest-risk grantees be monitored for the following fiscal year.
- The annual Risk Analysis include:
  - Grantee High Risk Designation History;
  - Financial management and oversight;
  - Quarterly Reports;
  - Audits;
  - Previous remote or on-site monitoring results;
  - Other government entities; and
  - Local issues

# Poll Questions

- Are you set up in LOCCS and HHGMS system started to get started on program major administrative activities ?

# Overview

- Finish up all startup documentation
  - Environmental Review
  - Workplan
  - Policies and Procedures
  - Building Capacity and Objectives for Program Success
  - Understand all program eligible and ineligible costs
  - Request funds in eLOCCS and HHGMS on a monthly basis
  - Establish a unit file check list
  - Establish a tracking system
  - Report quarterly reports
  - All annually reports as stated in Terms and Conditions
  - Inform OLHCHH on all major administrative and budget changes within the program



# Policies' Reference

Home / Office of Lead Hazard Control and Healthy Homes

## OFFICE OF LEAD HAZARD CONTROL AND HEALTHY HOMES (OLHCHH)

The Office of Lead Hazard Control and Healthy Homes (OLHCHH) provides funds to state and local governments to develop cost-effective ways to reduce lead-based paint hazards. In addition, the office enforces HUD's lead-based paint regulations, provides public outreach and technical assistance, and conducts technical studies to help protect children and their families from health and safety hazards in the home.



Office of Lead Hazard Control and Healthy Homes

Save the Date!

2021 Virtual New Grantee Orientation

Your organization has been invited to attend our **mandatory** virtual New Grantee Orientation. More information is forthcoming. Please save the date and plan on attending.

Schedule:

Daily time 11:00 am- 5:00 pm EST

- Week I: May 3, 6, 7, 2021
- Week II: May 10, 13, 14, 2021
- Week III: June 14, 17, 18, 2021

Logos for HUD, EPA, and the Office of Lead Hazard Control and Healthy Homes are visible at the bottom right of the poster.



Program Division

- The **Programs Division** provides program management, oversight and technical assistance of **OLHCHH's grant programs**.



Programs & Regulatory Support Division

- The **Programs and Regulatory Support Division** ensures regulatory compliance with the Lead-Based Paint Disclosure Rule & the Lead Safe Housing Rule as well as provides program & technical support to our grantees & stakeholders. Enforcement & support for the **Lead Regulations** are major functions of the group as well as outreach, technical assistance & guidance on lead in healthy homes issues. **OLHCHH Contact Information** by Region.



Grant Services Division

- The **Grant Services Division** provides the overall supervision of the grant's management life cycle. This consists of administrative, negotiation, awarding, ensuring compliance to meet federal regulations or agency policies, financial audits, regulatory review & award closeout for the OLHCHH's grant & cooperative agreement.



Policy & Standards Division

- The **Policy and Standards Division** develops healthy homes guidelines & standards, oversees research studies, & provides technical assistance on policy issues for OLHCHH & other HUD Program Offices.



Post-Disaster Healthy Housing Resources

- The **Post-Disaster Healthy Housing Resources** page informs users on the essentials of healthy homes for post natural disaster restoration of homes, including the principles & technical aspects of the safe & proper response & removal of mold, asbestos, lead, & other hazards & unsafe conditions. **Click here for helpful resources.**

[https://www.hud.gov/program\\_offices/healthy\\_homes](https://www.hud.gov/program_offices/healthy_homes)