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| **Preparer Name:** |  | **Job Title:** |  |
| **Program Office:** |  | **Division:** |  |
| **Phone Number:** |  | **HUD Email:** |  |

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| **Signature:** |  | **Date:** |  |

Please complete the table below for the appropriations you have designated as eligible for a FERA. For **Program Status**, please denote whether the appropriation is associated with a new or existing program. For **Eligibility Type**, use the codification below to select the appropriate response [A –D]:

1. New Program with annual funding ≥ materiality threshold
2. Substantially-Revised Program with funding ≥ materiality threshold and at least a five percent change in the budget line item
3. New or Existing Program with annual funding less than the materiality threshold with a cross-program or enterprise-wide impact
4. New or Existing Program with annual funding less than the materiality threshold with a significant risk for fraud, waste, or abuse

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| --- | --- | --- | --- | --- | --- | --- |
| **Fiscal Year** | **Program Office** | **Program Name** | **Apportionment Code From Budget Data** | **Current Year Amount (in Millions)** | **Program Status** | **Eligibility Type** |
| 2019 | XXX |  | XXXX | $82 | New | [A] |
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**APPROVAL SIGNATURES:**

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| --- | --- | --- | --- |
| **Reviewer Name:** |  | **Job Title:** |  |
| **Phone Number:** |  | **HUD Email:** |  |

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| --- | --- | --- | --- |
| **OCFO Reviewer**  **Signature:** |  | **Date of Approval:** |  |

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| **Reviewer Name:** |  | **Job Title:** |  |
| **Phone Number:** |  | **HUD Email:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **CRO Signature:** |  | **Date of Approval:** |  |