

2a. Grantee Organization's Name			
2b. Grantee Organization's TIN			
3. Grant Number			
4a. 12-Month Grant Term	From (mm/dd/yyyy):		To (mm/dd/yyyy):
4b. Grant Amount			
5. Six Month Reporting Period:	First	Second	
6. Line Item No.	Type of Funds Requested	Amount	
1010	Salary	0	
1020	Fringe Benefits	0	
1040	Quality Assurance	0	
1045	Training	0	
1050	Travel	0	
1055	Supplies & Materials	0	
1060	Start-up Costs	0	
1065	Other Direct Costs	0	
1070	Indirect Costs	0	
7. Total		\$0.00	

My submission of this expense report certifies that the data reported are correct and the amount requested is not in excess of immediate disbursement need for this program. In the event the funds provided become more than necessary, such excess will be promptly returned, as directed by HUD.

8. Name and Phone Number (including area code) of the person who completed this form

8. Name and Title of Authorized Signatory (type or print clearly)

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-50080-SCMF (5/2004)

1. Date of eLOCCS Request (mm/dd/yyyy)						
2. Period Covered by this Request		From (mm/dd/yyyy):		To (mm/dd/yyyy):		
3. Voucher Number		085				
4. Budget Line Item		Amount				
1010 Salary		\$0.00				
1020 Fringe Benefits		\$0.00				
1040 Quality Assurance		\$0.00				
1045 Training		\$0.00				
1050 Travel		\$0.00				
1055 Supplies and Materials		\$0.00				
1060 Start-up Costs		\$0.00				
1065 Other Direct Costs		\$0.00				
1070 Indirect Costs		\$0.00				
5. Total		\$0.00				
6. Expense Information						
LOCCS BLI Number (Use numbers shown in cells A6-A14)	Date of Expense/Billing Date	Expense Item/Description	Payee	Invoice, account, or check Number	Amount	Date Paid (if paid in this month/qu

arter)

1. Date of eLOCCS Request (mm/dd/yyyy)

2. Period Covered by this From (mm/dd/yyyy): To (mm/dd/yyyy):

3. Voucher N 085

4. Budget Li	Amount
1010 Salary	\$0.00
1020 Fringe	\$0.00
1040 Qualit	\$0.00
1045 Traini	\$0.00
1050 Travel	\$0.00
1055 Suppl	\$0.00
1060 Start-u	\$0.00
1065 Other	\$0.00
1070 Indirec	\$0.00
5. Total	\$0.00

6. Expense Information

Number (Use numbers	Date of Expense/Bil ling Date	Expense Item/Descri ption	Payee	Invoice, acc	Amount	Date Paid (if paid in this month/quarter
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1. Date of eLOCCS Request (mm/dd/yyyy)

2. Period Covered by this From (mm/dd/yyyy): To (mm/dd/yyyy):

3. Voucher N 085

4. Budget Li	Amount
1010 Salary	\$0.00
1020 Fringe	\$0.00
1040 Qualit	\$0.00
1045 Traini	\$0.00
1050 Travel	\$0.00
1055 Suppl	\$0.00
1060 Start-u	\$0.00
1065 Other	\$0.00
1070 Indirec	\$0.00
5. Total	\$0.00

6. Expense Information

Number (Use numbers	Date of Expense/Bil ling Date	Expense Item/Descri ption	Payee	Invoice, acc	Amount	Date Paid (if paid in this month/quarter
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1. Date of eLOCCS Request (mm/dd/yyyy)

2. Period Covered by this From (mm/dd/yyyy): To (mm/dd/yyyy):

3. Voucher N 085

4. Budget Li	Amount
1010 Salary	\$0.00
1020 Fringe	\$0.00
1040 Qualit	\$0.00
1045 Traini	\$0.00
1050 Travel	\$0.00
1055 Suppl	\$0.00
1060 Start-u	\$0.00
1065 Other	\$0.00
1070 Indirec	\$0.00
5. Total	\$0.00

6. Expense Information

Number (Use numbers	Date of Expense/Bil ling Date	Expense Item/Descri ption	Payee	Invoice, acc	Amount	Date Paid (if paid in this month/quarter
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1. Date of eLOCCS Request (mm/dd/yyyy)

2. Period Covered by this From (mm/dd/yyyy): To (mm/dd/yyyy):

3. Voucher N 085

4. Budget Li	Amount
1010 Salary	\$0.00
1020 Fringe	\$0.00
1040 Qualit	\$0.00
1045 Traini	\$0.00
1050 Travel	\$0.00
1055 Suppl	\$0.00
1060 Start-u	\$0.00
1065 Other	\$0.00
1070 Indirec	\$0.00
5. Total	\$0.00

6. Expense Information

Number (Use numbers	Date of Expense/Bil ling Date	Expense Item/Descri ption	Payee	Invoice, acco	Amount	Date Paid (if paid in this month/quarter
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1. Date of eLOCCS Request (mm/dd/yyyy)

2. Period Covered by this From (mm/dd/yyyy): To (mm/dd/yyyy):

3. Voucher N 085

4. Budget Li	Amount
1010 Salary	\$0.00
1020 Fringe	\$0.00
1040 Qualit	\$0.00
1045 Traini	\$0.00
1050 Travel	\$0.00
1055 Suppl	\$0.00
1060 Start-u	\$0.00
1065 Other	\$0.00
1070 Indirec	\$0.00
5. Total	\$0.00

6. Expense Information

Number (Use numbers	Date of Expense/Bil ling Date	Expense Item/Descri ption	Payee	Invoice, acc	Amount	Date Paid (if paid in this month/quarter
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Instructions for Completing Form HUD-50080-SCMF

General:

Grantees must complete an individual worksheet for each draw down from eLOCCS. You will submit to HUD one Excel file with data for the first six months of your 12-month grant term and a second Excel file with data for the second six month period. These expense reports are due 30 calendar days following the end of each six month reporting period.

For example, a 12-month grant term is May 1 through April 30. The first reporting period is May 1 through October 31 and the report is due on November 30. The second reporting period is December 1 through May 31 and that report is due on June 30.

If you draw down from eLOCCS monthly, fill out one worksheet for each draw during the six-month reporting period. Submit a separate Excel file for each six-month period. If you draw down quarterly, complete the Draw 1 and Draw 2 worksheets for the first six month reporting period. After submitting your first six-month report, use the same Excel file and fill out the Draw 3 and Draw 4 worksheets for the second reporting period.

Each worksheet and each draw down from eLOCCS must include all costs incurred during each month or quarter. The total amount of expenses incurred for that month or quarter must be the same amount requested from and paid out by LOCCS.

Users must complete the report in Excel format and email the Excel file to their local field office representatives. (Do not save your Excel file as a PDF and then email the PDF file.) If you are unable to create or email electronic files, you may complete and submit a hard paper copy to your local HUD representative.

Remember that each draw down from eLOCCS must be used to cover expenses through the end of the previous month. Failure to do this may affect future extension funding amounts. For example, if your draw down is for the month of June, the payment you receive must be used to reimburse all previous expenses incurred through May 31.

If your Service Coordinator position was vacant for any part of a six month reporting period, indicate this on the appropriate worksheets.

Draw Worksheets

1. Date of eLOCCS Request (mm/dd/yyyy). List the date you successfully submitted your request in eLOCCS.

2. Period Covered by this Request

If you draw down monthly, the “From” date will be the first of the month and the “To” will be the last day of the month. If you draw down quarterly, the “From” date will be the first day of the month beginning the three-month time period and the “To” date will be the last day of the month ending the three-month period.

3. Voucher Number: Provide the voucher number eLOCCS generated for your request. The first three digits are always “085”.

4. Budget Line Item Amounts: Calculate and enter in cells b6 through b14 the total for each BLI listed in rows 19 and below.

5. Total: The spreadsheet will add the amounts in cells b6 through B14 and display the total in cell B15. The dollar amount in cell B15 must match the sum of all amounts entered in column F in rows 19 and below.

6. Expense Information:

a. List every program expense for which you are seeking reimbursement in each LOCCS draw down. Provide expense information in rows 19 and below of each worksheet.

- LOCCS BLI Number: Enter one of the BLI numbers as listed in cells A6 through A14.
- Date of Expense/Billing Date: Provide the date (or date range) that a service was provided, the billing date, or the date an item was purchased.
- Expense Item/Description: Give the name and/or type of the expense item. Examples are salary, types of fringe benefits, telephone or Internet service, printer toner, or file folders. Enter any necessary notes or explanation.
- Payee: Who receives your payment? Examples are the Service Coordinator's name in salary and fringe benefit BLIs, the name of the QA vender, the Telephone Company, or office supply store (Staples Advantage).
- Invoice, account, or check Number: If you are paying an invoice or bill, provide the number or other identifier. If you have used funds from a subaccount to pay the expense, provide the account number and/or name. If you have issued a check for the payment of the expense, provide the check number. HUD requires this information to validate the occurrence, amount, and nature of the expense. HUD may ask for copies of invoices, bills, and checks if costs appear unallowable or unreasonable.
- Amount: What is the dollar amount for which you are seeking reimbursement? If your eLOCCS draw will cover a portion of a bill, provide only the amount included in the draw down. For example, if you are paying \$100 of a shared \$300 monthly telephone bill, just provide the \$100 amount on the worksheet.
- Date Paid (if paid in this month/quarter): If you disbursed funds this month or quarter to pay the expense, list that date. If you did not pay the expense this month, you will still receive reimbursement for that expense. HUD wants to track the number and amount of expenses that are paid prior to drawdown of grant funds.

b. Add up the dollar amounts you've listed in column F to get a total amount for each BLI and for the entire draw down. Provide the BLI totals in cells B6 through B14.

b. Rename each worksheet with the name of the month(s) and year listed on that sheet, e.g. April 2015, July-Sept 2015, or Nov 2015-Jan 2016).

Summary Worksheet

1. LOCCS Pgrm. Area: SCMF (no entry required)

2a. Grantee Organization's Name: Name of owner entity holding the grant.

2b. Grantee Organization's TIN: Provide the owner's tax ID Number (TIN) or Employer ID number (EIN).

3. Grant Number: Examples are AZ20HS02001 or PA26CS9600300.

4a. 12-Month Grant Term: Every year grantees will maintain the same 12-month grant term. The effective date will be the first day of the first month and the expiration date is the last day of the last month. Enter dates in mm/dd/yyyy Format. For example, as shown above, May 1 through April 30 is a 12-month grant term. May 1 is always the effective date of the 12-month term and April 30 is always the expiration date. Enter from 05/01/2016 to 04/30/2017.

4b. Grant Amount: What is the amount allocated for the 12-month grant term? Include the entire 12-month amount authorized for the time period. For example, based on last year's amount and the current annual percent increase, you may receive up to \$52,300 for the grant term 05/01/2016 – 04/30/2017. If you expend the previous year's funds after reimbursing costs through 04/30/2016, HUD will provide an additional amount of \$52,300 for the next grant term beginning on 05/01/2016. However, if you have \$10,000 remaining after you have reimbursed costs through 04/30/2016, HUD will provide an additional \$42,300 to take you through the expiration date of 04/30/2017. In either case, enter the amount \$52,300 in this line.

5. Six Month Reporting Period: Is this the first or the second reporting period of the grant term listed in item 4a, above? If you are reporting costs for the period 05/01/2016 – 10/31/2016, place an "X" next to First. If you are providing costs for the period 11/01/2016 – 04/30/2017, place an "X" next to Second.

7. Line Item No, Type of Funds Requested, and Amount: The spreadsheet contains formulas that will automatically populate cells C20 through C29. The formulas sum the dollar amounts provided in rows 6 through 15 on each "Draw" worksheet. No manual data entry is required.

8.

9. 7.

7. Total: A formula will sum amount in cells C20 through C28. No data entry is required. The amount in item 7 must match your total program expenditures for the entire six month reporting period.

8. Name, Phone Number (including area code), and email Address of the person who completed this form: A staff accountant, bookkeeper, or other qualified professional must complete this form and provide his/her name, telephone number, and electronic mail address.

1. Date of eLOCCS Request		7/16/2014			
2. Period Covered by this Request		From (mm/dd/yyyy):	6/1/2014	To (mm/dd/yyyy):	6/30/2014
3. Voucher Number		085			
4. Budget Line Item					
Amount					
1010 Salary	\$4,504.00				
1020 Fringe	\$1,351.20				
1040 Quality Assurance	\$300.00				
1045 Training	\$100.00				
1050 Travel	\$84.00				
1055 Supplies	\$134.86				
1060 Start-up	\$0.00				
1065 Other	\$140.86				
1070 Indirect	\$0.00				
5. Total	\$6,614.92				

6. Expense Information

Number (Use numbers)	Date of Expense/Billing Date	Expense Item/Description	Payee	Account, or check number	Amount	Date Paid (if paid in advance)
1040	6/1/2014	Quality Assurance Assessment	caaaa01) KCAA	\$12,448.00	\$300.00	6/21/2014
1065	6/4/2014	Internet service	One Warner Cable	607928501-	\$74.46	6/21/2014
1065	6/7/2014	Office Phone/fax service	Verizon	413-042712	\$66.40	6/12/2014
1010	6/8/2014	Salary WK 24 P/R W/E 06/01/14	Smith - Service Coordinator	:Load 0	\$2,252.00	6/12/2014
1020	6/8/2014	Fringe 30% of salary amount	Smith - Service Coordinator	:Load 0	\$675.60	6/5/2014
1045	6/12/2014	Traveling with Dementia webinar	Coordinator	Confirm# 165	\$35.00	6/9/2014
1045	6/21/2014	State Alz Assoc Conference	State Alz Association	# AA-6211	\$65.00	
1050	6/21/2014	Travel, 120 miles round trip	Smith - Service Coordinator		\$69.00	
1050	6/21/2014	Lunch	Good Café		\$15.00	
1010	6/22/2014	Salary WK 26 P/R W/E 06/23/14	Smith - Service Coordinator	:Load 0	\$2,252.00	6/26/2014
1020	6/22/2014	Fringe 30% of salary amount	Smith - Service Coordinator	:Load 0	\$675.60	6/26/2014
1065	6/27/2014	Printer, Paper and office supplies	Staples Advantage		\$134.86	
Total					\$6,614.92	

this month/quarter)