



# Grant Reporting

**Audio is only available by conference call**

**Please call: 877-226-8189**

**Participant Access Code: 7601114**

**May 11, 2021**

# Webinar Logistics

- Audio is being recorded. The playback number along with the PowerPoint and a transcript will be available on the OHC/OCB SharePoint site at ***Documents- Training - Internal Training – Training Documents***. An email will be sent out when the materials are available
- The webinar will be posted in 7-10 days.
- Handouts were sent out prior to webinar. They are also available in the Control Panel. Just click on document name to download.

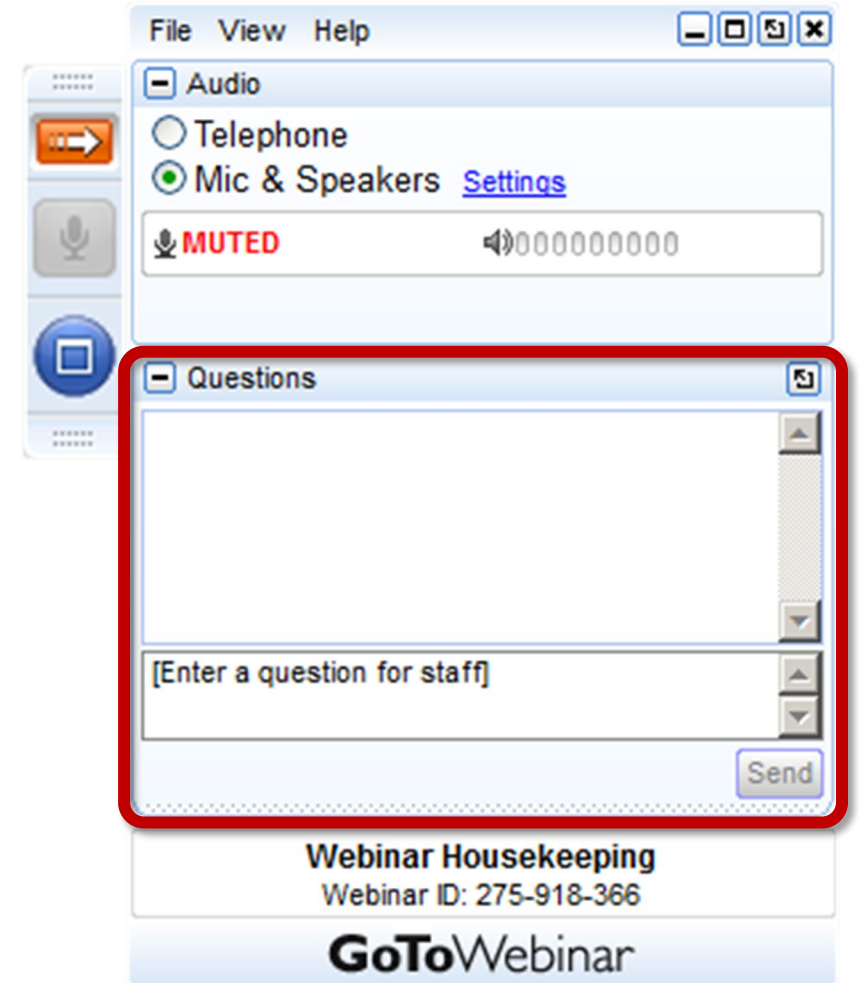
# Questions & Comments

**There may be Q&A periods, as well as discussions opportunities.**

- If so, the operator will give you instructions on how to ask questions or make your comments.
- If your phone is unmuted during Q&A period, please do not use a speaker phone

# Other Ways to Ask Questions

- Please submit your text questions & comments using the Questions Panel. We will answer some of them during the webinar.
- You can also send questions & comments to:  
[housing.counseling@hud.gov](mailto:housing.counseling@hud.gov)  
with the webinar topic in the subject line.



# Certificate of Training

- If you logged into the webinar, you would receive a Certificate of Training from GoToWebinar within 48 hours.
- Please print it out & save for your records.





# Grant Reporting

Facilitated by: Allmond & Company, LLC

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

**May 11, 2021**

# Agenda

- Introductions
- Course Objectives
- Standards for Grant Reporting
  - HUD's Housing Counseling Program Handbook (7610.1)
  - HUD's Housing Counseling Program FY 2020 Grant Agreement
- Required Reports
  - SF-425 Federal Financial Report
  - HUD 9902
  - Itemized Expense Report
  - eLOCCs Payment Voucher

# Introductions

- US Department of Housing of Urban Development, Office of Housing Counseling
- Allmond and Company
  - Blair Clarke, CPA, CGFM – Assistant Project Manager
  - Vanessa McCollum, CPA, CGFM – Manager



# Course Objective

After completing this course, the learner should be able to:

- Identify regulations related to grant reporting.
- Identify the required documents and forms that should be reported to HUD OHC.
- Properly prepare each report/form.

# Background

HUD's Housing Counseling Program Handbook (7610.1), §5-11

“Reports to HUD. Participating agencies must submit complete, accurate and timely activity reports. The reports must be submitted in the format, by the date, and in a manner prescribed by HUD. Participating agencies that are also recipients of HUD grants or sub grants may be required to submit additional reports as described in their grant agreements and prescribed by HUD.”

# Background

- HUD Housing Counseling Program FY 2020 Grant Agreement, Article VIII, Conduct of Work “Grantee shall submit all reports or other materials to the HUD POC.”
- Article XI, Reporting - gives additional details on reporting requirements.

# Grant Activity Reports

HUD Housing Counseling Program FY 2020 Grant Agreement,  
Article XI, Reporting:

Grantees must submit Grant Activity Reports (GAR) in conjunction with each drawdown request. Grantees managing a network must submit the following information for each Subgrantee. Grantees that also provide counseling services at their main office must submit a separate report for their main office.

# Elements of Grant Activity Reports

- **Form SF-425, Federal Financial Report**

- Summarizes financial data, including program income and expenses, for each quarter.
- Required for intermediaries, SHFAs, and MSOs only.
- The form can be found at:  
<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

- **Form HUD-9902, Housing Counseling Agency Activity Report**

- Reports critical fiscal year-to-date information about housing counseling activities.

# Elements of Grant Activity Reports

- **Itemized Expense Report**

- Reports detailed grantee and sub-grantee information related to eligible grant expenses.

- **eLOCCS Payment Voucher**

- Request for grant payments that is electronically submitted through the eLOCCS system, for HUD OHC review.



# The SF-425 Federal Financial Report

1. Federal Agency and Organizational Element to Which Report is Submitted <div></div>		2. Agency Assigned by Federal Attachment) <div></div>
<div>Box 1: HUD Office of Housing Counseling.</div>		
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: <div></div> Street1: <div></div> Street2: <div></div> City: <div></div> County: <div></div> State: <div></div> Province: <div></div> Country: USA: UNITED STATES ZIP / Postal Code: <div></div>		
4a. DUNS Number <div></div>	4b. EIN <div></div>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <div></div>
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	8. Project/Grant Period From: <div></div> To: <div></div>
		9. Reporting Period End Date <div></div>

# The SF-425 Federal Financial Report

1. Federal Agency and Organization Name <div></div>		Submitted <div></div>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <div></div>	
<div><b>Box 2: Grant number, assigned by HUD OHC.</b></div>				
3. Recipient Organization (Name and complete address including Zip code)				
Recipient Organization Name: <div></div>				
Street1: <div></div>				
Street2: <div></div>				
City: <div></div>		County: <div></div>		
State: <div></div>		Province: <div></div>		
Country: <div>USA: UNITED STATES</div>		ZIP / Postal Code: <div></div>		
4a. DUNS Number <div></div>		4b. EIN <div></div>		5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <div></div>
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		8. Project/Grant Period From: <div></div> To: <div></div>
9. Reporting Period End Date <div></div>				

# The SF-425 Federal Financial Report

1. Federal Agency and Organizational Element to Which Report is Submitted <div></div>		2. Federal Grant Agency (To) <div></div>	<b>Boxes 3-5: Should be completed with grantee information.</b>
3. Recipient Organization (Name and complete address including Zip code)			
Recipient Organization Name: <div></div>			
Street1: <div></div>			
Street2: <div></div>			
City: <div></div>		County: <div></div>	
State: <div></div>		Province: <div></div>	
Country: USA: UNITED STATES		ZIP / Postal Code: <div></div>	
4a. DUNS Number <div></div>	4b. EIN <div></div>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <div></div>	
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	8. Project/Grant Period From: <div></div> To: <div></div>
			9. Reporting Period End Date <div></div>

# The SF-425 Federal Financial Report

1. Federal Agency and Organizational Element to Which Report is Submitted <div></div>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <div></div>	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: <div></div> Street1: <div></div> Street2: <div></div> City: <div></div> County: <div></div> State: <div></div> Province: <div></div> Country: <div></div> ZIP / Postal Code: <div></div>			
4a. DUNS <div></div>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <div></div>		
6. Report Type <input checked="" 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	8. Project/Grant Period From: <div></div> To: <div></div>	9. Reporting Period End Date <div></div>

**Box 6:** Select appropriate report type.

# The SF-425 Federal Financial Report

1. Federal Agency and Organizational Element to Which Report is Submitted <div></div>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <div></div>	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: <div></div> Street1: <div></div> Street2: <div></div> City: <div></div> County: <div></div> State: <div></div> Country: USA: UNITED STATES ZIP / Po <div></div>			
4a. DUNS Number <div></div>	4b. EIN <div></div>	5. Recipient Account Number (To report multiple grants) <div></div>	
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	
8. Project/Grant Period From: <div></div> To: <div></div>		9. Reporting Period End Date <div></div>	

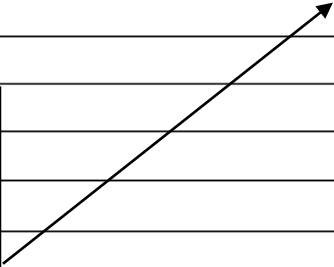
**Boxes 7-9: Fill in appropriate grant information.**

# The SF-425 Federal Financial Report

10. Transactions	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	0.00
b. Cash Disbursements	0.00
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 Expenditures	0.00
e. Federal Expenditures in accordance with the deduction alternative	0.00
f. Federal Expenditures in accordance with the addition alternative	0.00
g. Total Unobligated Balance	0.00
h. Unobligated Balance in accordance with the deduction alternative	0.00
Recipients' share of expenditures	
i. Total Recipients' share of expenditures	0.00
j. Recipient share of expenditures	0.00
k. Remaining recipient share to be provided (line i minus j)	0.00
<b>Program Income:</b>	
l. Total Federal program income earned	0.00
m. Program Income expended in accordance with the deduction alternative	0.00
n. Program Income expended in accordance with the addition alternative	0.00
o. Unexpended program income (line l minus line m or line n)	0.00

**Box 10A:** Enter the cumulative amount of actual cash received.

**Box 10B:** Enter the cumulative amount of federal funds disbursed.





# The SF-425 Federal Financial Report

<b>10. Transactions</b>	
<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)	
<i>(Use lines d-o for single grant reporting)</i>	
<b>Federal Expenditures and Unobligated Balance:</b>	
d. Total Federal funds authorized	0.00
e. Federal share of expenditures	0.00
f. Federal share of unliquidated obligations	0.00
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	0.00
j. Recipient share of expenditures	0.00
k. Remaining recipient share to be provided (line i minus j)	0.00
<b>Program Income:</b>	
l. Total Federal program income earned	0.00
m. Program Income expended in accordance with the deduction alternative	0.00
n. Program Income expended in accordance with the addition alternative	0.00
o. Unexpended program income (line l minus line m or line n)	0.00

**Box 10D:** Enter total amount of Grant Award.

**Box 10E:** Enter total grant year-to-date expenditures.

# The SF-425 Federal Financial Report

11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Totals:				<input type="text"/>	<input type="text"/>	<input type="text"/>
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:						
<input type="text"/>				<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
13. Certification: By signing this report, I certify to the best of my knowledge and belief that the expenditures, disbursements and cash receipts are for the purposes and objectives stated in the report and that I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may result in administrative penalties for fraud, false statements, false claims or otherwise. (U.S.C. 3801-3812).						
a. Name and Title of Authorized Certifying Official						
Prefix:	<input type="text"/>	First Name:	<input type="text"/>			
Last Name:	<input type="text"/>					
Title:	<input type="text"/>					
b. Signature of Authorized Certifying Official						
<input type="text"/>						
d. Email Address				e. Date Report Submitted	14. Agency use only:	
<input type="text"/>				<input type="text"/>		

**Box 11:** Enter amount of any indirect expenses charged to Grant.

**Box 12:** Attach any necessary explanations required by POC.

# The SF-425 Federal Financial Report

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 awarding agency:						
				Add Attachment	Delete	
<b>13. Certification:</b> By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).						
a. Name and Title of Authorized Certifying Official						
Prefix:		First Name:		Middle Name:		
Last Name:				Suffix:		
Title:						
b. Signature of Authorized Certifying Official				c. Telephone (Area code, number and extension)		
d. Email Address				e. Date Report Submitted	14. Agency use only:	

**Box 13:** Ensure that form is signed and dated by Certifying Official.

# What is the HUD 9902?

- The HUD 9902 reports information on the number of housing counseling clients, their demographic characteristics, the counseling and education services received, and impacts of counseling.
- Data collected through this form is critical for accurate measurement, monitoring, and communication of the impact and effectiveness of housing counseling programs.

# 9902 Reporting Methodology

- 9902 data is cumulative, based on the fiscal year.
- Count by household, a family/couple is counted as one household, regardless of the number of people from the household that attend a single session.

# 9902 Reporting Methodology

- Count based on distinct services

## **Household attends:**

1 first time homebuyers workshop

1 pre-purchase counseling session

1 post-purchase counseling session

**= count 3 distinct services on the 9902**

## **Household attends:**

4 pre-purchase counseling sessions

**= count 1 distinct service on the 9902**



# HUD Form 9902 Report Schedule

HUD Fiscal Quarter	Period Covered	Due Date
1 <sup>st</sup> Quarter	October 1, 2020 – December 31, 2020	Due no later than January 31 <sup>st</sup>
2 <sup>nd</sup> Quarter	October 1 <sup>st</sup> – March 31 <sup>th</sup>	Due no later than April 30 <sup>th</sup> * *9902 reports are cumulative and should include data from the previous quarter(s).
3 <sup>rd</sup> Quarter	October 1 <sup>st</sup> – June 30 <sup>th</sup>	Due no later than July 31 <sup>st</sup> .* *9902 reports are cumulative and should include data from the previous quarter(s).
4 <sup>th</sup> Quarter	October 1 <sup>st</sup> – September 30 <sup>th</sup>	Due no later than December 31 <sup>st</sup> * *9902 reports are cumulative and should include data from the previous quarter(s).

<https://www.hudexchange.info/news/submit-form-hud-9902-data/>

# Submitting the 9902

- Agencies are required to use a HUD approved Client Management System (CMS) that interfaces with HCS.
- HUD recommends that agencies experiencing technical issues with their CMS contact their CMS vendor directly.
- Agencies should only enter their 9902 data in HCS manually if they are experiencing technical issues with their CMS that cannot be resolved prior to a reporting deadline. The [Housing Counseling System \(HCS\) Instructions](#) (pg. 11) provides instructions on manual submission.

# 9902 Resources

- [9902 Toolkit](#) on HUD Exchange, published in June 2018.  
The toolkit is the best place to go for help with completing the report. The toolkit explores the 9902 section by section and provides users with tips and examples for filling out the form.
- [HUD 9902 Form and Instructions](#)

# Itemized Expense Report Requirements

- Grantee's name, address, grant number.
- Start and end dates of the report period.
- Itemized accounting of actual expenses for each quarter. The accounting must include:
  - Employees' salaries, fringe and other benefits (to include actual staff hours and hourly rates)
  - Other direct expenses, such as training and marketing
  - Indirect costs

# Itemized Expense Requirements

- Any deviation between the itemized accounting and the budget submitted at grant execution must be approved by the HUD POC.
- Must be signed by an individual who is authorized to execute the certification on behalf of the grantee.

# Itemized Expense Requirements

- Certification must state the following:

“By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. . . I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.”



# Sample Itemized Expense Report

HUD FY 2018 Comprehensive Housing Counseling Grant Program

## QUARTERLY REPORT: Total Expenditure Summary

Grantee Name:

Example ABC Foundation

Current Reporting Period (Actual Dates):

10/1/2018 to 12/31/2018

Report all grant expenditures for the current and prior reporting periods below. If reported amounts for any of the line items exceed the budgeted amount, please explain in the section below. **Please enter data in the fields highlighted in yellow only.**

Line Item	APPROVED BUDGET	Current Period Expenses	Prior Period Expenses	Cumulative Costs to Date	Balance Remaining
Salaries	\$ 2,496.00	\$ 320.00	\$ 312.50	\$ 632.50	\$ 1,863.50
Fringe Benefits	\$ 190.34	\$ 24.48	\$ 21.09	\$ 45.57	\$ 144.77
Training	\$ 300.00	\$ 300.00	\$ -	\$ 300.00	\$ -
Travel	\$ 550.00	\$ 214.00	\$ 224.34	\$ 438.34	\$ 111.66
Marketing/Outreach	\$	\$	\$	\$	\$
Other Direct Costs: Supplies	\$ 100				
Subtotal	\$ 3,636				
Indirect Cost (Provide De Minimis or NICRA Rate used below)					
	36%				
TOTALS:	\$ 4,000				

**Reminder:** Any differences between Actual and Budgeted expenses will need explanations.

**Explain any negative budget variances (Actual > Budget)**

# Sample Itemized Expense Report

HUD Comprehensive Housing Counseling Grant Program							
QUARTERLY REPORT: Staffing Summary							
Grantee Name:		Example ABC Foundation					
Reporting Period:		October 1, 2018 - December 31, 2018					
<p>The report must include staff hours and hourly rates.</p>		<p>Enter ending salary and fringe calculations for the current reporting period and (if reporting period). <b>Please enter data in the fields highlighted in yellow only.</b></p>					
		Current Period					
		Enter Period Start and End Date					
Staff Name	Title	Hourly Rate for Salary	Hourly Rate for Fringe	Total Hours	Salary Cost	Fringe Cost	Total Cost
Housing Counselor 1	Housing Counselor	\$ 25.00	\$ 1.69	8.00	200.00	13.50	\$ 213.50
Housing Counselor 2	Housing Counselor	\$ 15.00	\$ 1.01	8.00	120.00	8.10	\$ 128.10
		\$ -	\$ -	-	-	-	\$ -
		\$ -	\$ -	-	-	-	\$ -
		\$ -	\$ -	-	-	-	\$ -
		\$ -	\$ -	-	-	-	\$ -
		\$ -	\$ -	-	-	-	\$ -
		\$ -	\$ -	-	-	-	\$ -
		\$ -	\$ -	-	-	-	\$ -
		\$ -	\$ -	-	-	-	\$ -
		\$ -	\$ -	-	-	-	\$ -
		\$ -	\$ -	-	-	-	\$ -
		\$ -	\$ -	-	-	-	\$ -
		\$ -	\$ -	-	-	-	\$ -
Total				-	\$ 320.00	\$ 21.60	\$ 341.60
Additional Explanations, if necessary:							

The report must also include cumulative staff hours.

Cumulative	
Total Hours To Date	Total Salary+Fringe Costs To Date
25.00	\$ 667.25
18.00	\$ 288.18
-	\$ -
-	\$ -
-	\$ -
-	\$ -
-	\$ -
-	\$ -
-	\$ -
-	\$ -
-	\$ -
-	\$ -
-	\$ -
43.00	\$ 955.43

# Sample Itemized Expense Report

HUD FY 2018 Comprehensive Housing Counseling Grant Program	
<b>QUARTERLY REPORT FORM: Cover Sheet</b>	
Grantee Name:	Example ABC Foundation
Address:	PO Box 1111 ABC 12345 Example, AA 32104
Grant Number:	HC0000000000
Grant Period:	10/1/2018 to 3/31/2020
Current Reporting Period:	10/1/2018 to 12/31/2018
Date Submitted to HUD:	
Signature of Authorized Official	<i>Example Brown</i>
<p>By signing this report, I certify to the best of my knowledge and belief that the report is true, complete and accurate and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information or the omission of any material fact, may subject me to criminal civil or administrative penalties for fraud, false statements, false claims, or otherwise."</p>	
Name of Authorized Official:	Example Brown
Title of Authorized Official:	Example Director
Telephone #:	281-330-8004
Email:	exampleabcfoundation@gmail.com

Ensure the report is signed by an authorized official and includes the required certification statement.

# FY2020 Grant Reporting Schedule

- Unlike FY2019, the FY2020 agreement does not require specific due dates for the Grant Activity Reports (GAR).
- Grantees should submit GARs with each drawdown request.
- A final report is due one-hundred twenty (120) calendar days after the period of performance end date.

# Grant Extensions


- Grant extensions are outlined in Article III of the grant agreement.
- An extension of the performance period must be requested in writing, no later than March 1, 2021.
- Only the HUD POC is authorized to approve an extension

# eLOCCS Payment Voucher

- All vouchers for Grant payments must be submitted to HUD electronically through Form HUD-50080-CHC-a, eLOCCS payment voucher.
- The voucher will not be paid until it is reviewed and approved by HUD personnel.



# Sample Payment Voucher

 **Payment Voucher Entry** [Menu](#) [Auth](#)  
[Log Off](#) [Bottom](#)

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

**eLOCCS**  
**CHC Comprehensive Housing Counseling**  
**Payment Voucher**

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

HUD implemented the Line of Credit Control System (eLOCCS) to process requests for payments to grantees. Grant recipients should fill out a voucher form for the applicable HUD program with all the necessary information prior to 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 lend itself to confidentiality.

1. Voucher Number	2. LOCCS Prgm Area	3	4
5. Voice Response No. n/a	6. Grantee Organization		
8. Grant or Project No.	8a. Grantee Organization		

Budget Line Item	Name	Voucher Amount
9500		20,273.00
		20,273.00

I certify the data reported and funds requested on this voucher are true and correct. In the event the funds provided become available, HUD.


11. Name & Phone Number of Person completing this form	12. Name & Title of Authorized Signatory
13. Signature	14. Date of Request 10-10-2018

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)

form HUD-50080-CHC-a (4/2000)

Reminder: Include preparer's telephone number in Box 11.

# Sample Payment Voucher

 **Payment Voucher Entry** [Menu](#) [Auth](#)  
[Log Off](#) [Bottom](#)

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

**eLOCCS**  
**CHC Comprehensive Housing Counseling**  
**Payment Voucher**

**U.S. Department of Housing and Urban Development**  
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1. Voucher Number	2. LOCCS Pgrm Area	3	4
5. Voice Response No. n/a	6. Grantee Organization		
8. Grant or Project No.	8a. Grantee Organization		

Budget Line Item	Name	Voucher Amount
9500		20,273.00
		20,273.00

I certify the data reported and funds requested on this form are true and correct. In the event the funds provided become available, I agree to reimburse HUD.

11. Name & Phone Number of Person completing this form	12. Name & Title of Authorized Signatory
13. Signature	14. Date of Request 10-10-2018

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)

form HUD-50080-CHC-a (4/2000)

# KEEP IN MIND...

HUD's Housing Counseling Program Handbook (7610.1), 5-13

“Failure to comply with recordkeeping and reporting requirements could result in consequences which may include, but are not limited to:

- A delay in payment of vouchers under a HUD housing counseling grant;
- The grantee's forfeiture of all remaining funds in the grant account;
- The grantee's future housing counseling grant applications being adversely rated because of this failure;
- Ineligibility for HUD housing counseling training resources;
- Placement in inactive status or termination of the agency's approved or participating status and deletion from the list of HUD-approved and participating agencies.”

# References



## **HUD's Housing Counseling Program Handbook (7610.1)**

- [https://www.hud.gov/program\\_offices/administration/hudclips/handbooks/hsgb/7610.1](https://www.hud.gov/program_offices/administration/hudclips/handbooks/hsgb/7610.1)

## **Federal Financial Report ( SF-425)**

- <https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>

## **HUD Housing Counseling 9902 Online Toolkit**

- <https://www.hudexchange.info/programs/housing-counseling/9902/>

## **U. S. Department of Housing and Urban Development, Housing Counseling Program, FY 2020 Grant Agreement**

- mailed directly to grantees





# Questions



# Certificate of Training

- If you logged into the webinar, you would receive a Certificate of Training from GoToWebinar within 48 hours.
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- Webinar materials will be posted on the HUD Exchange in the [Webinar Archive](#)
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# Housing Counseling Training Digest

- [Visit the Training Digest on the HUD Exchange](#)
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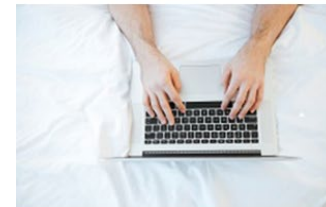
The Housing Counseling Training Digest is updated weekly to reflect trainings hosted by:

- HUD Office of Housing Counseling (OHC)
- OHC funded training partners
- Other partners that host trainings of interest to housing counselors

Please email [housing.counseling@hud.gov](mailto:housing.counseling@hud.gov) to notify HUD about upcoming training and events for housing counselors.

**Content current as of November 16, 2020**

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## Webinar Archive

View past webinars hosted by the Office of Housing Counseling and access related materials.



## Online Training

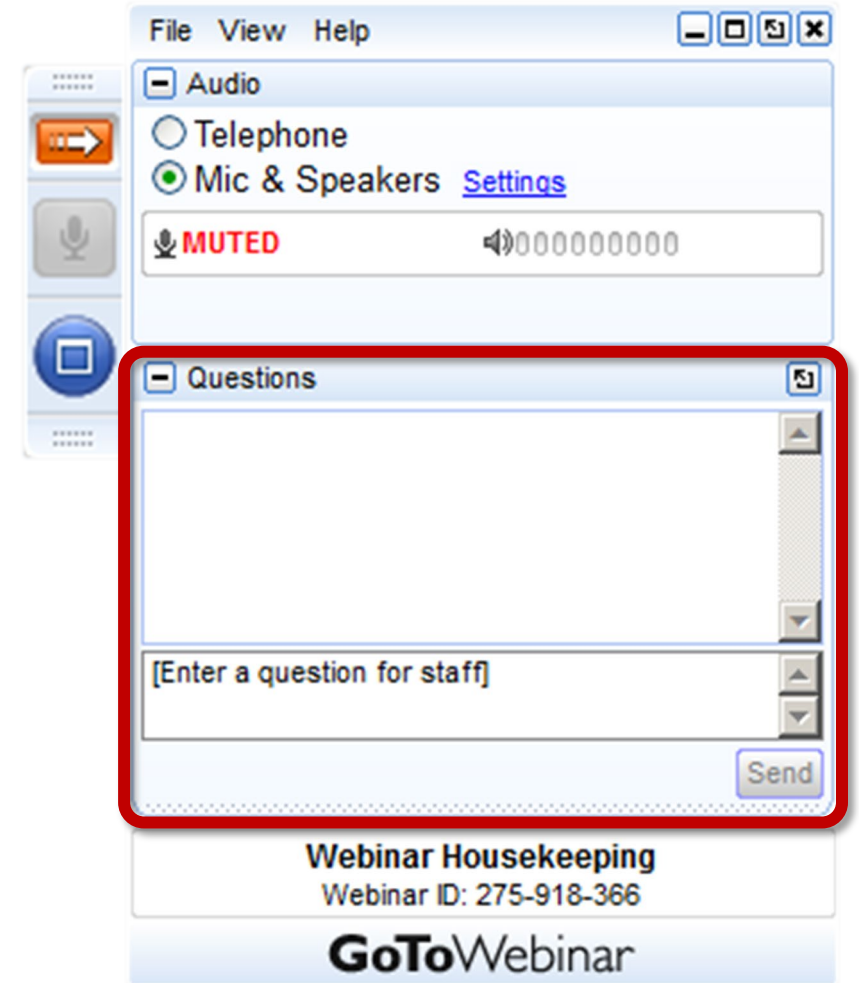
Access self-paced online training modules, such as Introduction to Housing Counseling.



# Before You Go

## Please give us feedback in the Question Box

- Was this webinar useful to you? To your clients?
- Will you share the information with your co-workers?
- Any other comments?



# Office of Housing Counseling



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Thank You for  
Attending!