OFFICE OF HOUSING COUNSELING



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



Completing the Federal Financial Report (SF-425)

March 19, 2019 2pm EST

Webinar Logistics



- Audio is being recorded. The playback number along with the PowerPoint and a transcript will be available on the HUD Exchange at <u>www.hudexchange.info/programs/housing-</u> <u>counseling/webinars/</u>
 - 2. The Training Digest on HUD Exchange will be updated when the webinar is posted.
 - 3. 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. If so, the operator will give you instructions on how to ask questions or make your comments.



Other Ways to Ask Questions

- Please submit your text questions and comments using the Questions Panel. We will answer some of them during the webinar.
- You can also send questions and comments to *housing.counseling@hud.gov* with the webinar topic in the subject line.

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Training Topics



- 1. Purpose of the Form
- 2. Submission Requirements
- 3. Completing the SF-425
- 4. Common Errors
- 5. Things to Remember
- 6. Available Assistance

Purpose of the Form



The Federal Financial Report (FFR), also referred to as the Standard Form (SF) 425 form, is a required Office of Management and Budget (OMB) financial reporting form to track the status of financial data (obligations and disbursements) tied to a particular Federal grant award.

- Indicates funds drawn down and remaining balance at the end of the reporting period.
- Supporting documents must be maintained to show how drawn down funds were allocated to the HUD/OHC grant.
- Separate FFR/SF-425 required for each grant.

Submission Requirements



- Intermediaries, SHFAs, and MSOs are required by the HUD grant agreement to submit a FFR/SF-425.
- It must be submitted every quarter, regardless of whether expenses were incurred or not, once the project has begun.
- Quarterly reports are due no later than 30 calendar days after the last day of a calendar year quarter.
- Final reports are due no later than 90 calendar days after the last day of the period of performance.
- ALL amounts must be cumulative.

Submission Requirements (cont.)

- All lines must be completed (enter \$0 or N/A).
- If additional space is needed, include supplemental pages indicating:
 - Federal Grant Agreement Number
 - Name of Organization
 - Data Universal Numbering System (DUNS) Number
 - Employer Identification Number (EIN)
 - Period covered by the report
- If delinquent in prior period reporting, once the project has begun or at least one report has been submitted, submit reports for each delinquent quarter.

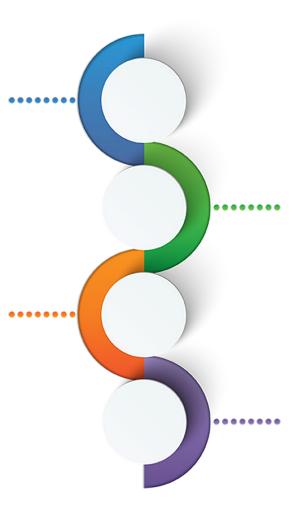
Submission Requirements



For Example:

The current reporting period is for the quarter ending 3/31/19. Your agency's last quarterly report was submitted for the quarter ending 09/30/18. Your agency must submit individual quarterly reports for the reporting periods ending:

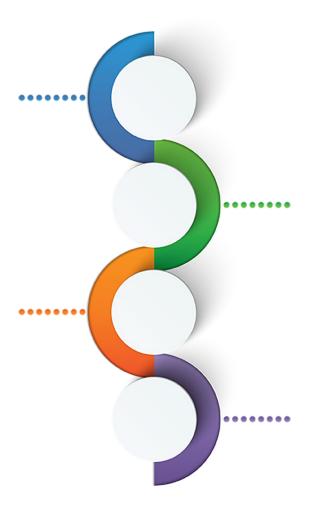
- 12/31/18
- 3/31/19



Submission Requirements (cont.)



- Submit reports to HUD POC with quarterly financial reporting package.
- Must request due date extension and receive approval in writing.
- Modified or Amended reports should be clearly identified by writing MODIFIED or AMENDED on report.





Example 1:

Scenario:

- Grant Year: FY2018
- First report for grant year
- Reporting period end date 12/31/2018
- Grant Award Amount: \$100,000
- Cash Disbursements made by grantee as of 12/31/2018: \$35,000
- Draw Down Requests as of reporting end date: \$0
- YTD Program Income: \$15,000





| FEDERAL FINANCIAL REPORT (Follow form instructions) | | | | | | | | |
|--|----------------------|--|--|-------------|---|------------|--------|--|
| 1. Federal Agency and C U.S. Department of Hous Office of Housing Couns | sing & Urban Develop | | 2. Federal Grant or Other Identifying Nu Agency (To report multiple grants, use FFR A HC18-1234-000 | I Page 1 | Of | Pages 1 | | |
| 3. Recipient Organization (Name and complete address including ZIP code) John Doe Housing Authority, 1000 Main Hwy, Atlanta, GA 00000 | | | | | | | | |
| 4a. DUNS Number 08200000 | 4b. EIN 12345678 | | 5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) N/A 6. Report Type Quarterly Semi-Annual Final | | | | ccrual | |
| 8. Project/Grant Period From: (Month, Day, Year) October 1, 2017 | | | September 30, 2019 (M | | 9. Reporting Period End Date (Month/Day/Year) December 31, 2018 | | | |

- Block 1. Office that awarded the agreement
- Block 2. HUD agreement number
- Block 3. Recipient address same as on the grant agreement
- Block 4a. Recipient DUNS number
- Block 4b. Recipient EIN number
- Block 5. N/A since HUD did not issue a recipient account number
- Block 6. Reporting frequency as specified in the agreement
- Block 7. Recipient accounting method, cash, or accrual (cash basis refers to the accounting method in which
- expenses are recorded when they are paid. For accrual basis, expenses are recorded when incurred)
- Block 8. Grant period of performance (not to be confused with the reporting period end date)
- Block 9. The quarter end date of the current reporting period



Block 10. Transactions

FEDERAL CASH: Enter cumulative amounts from the date of award through the end date of the current reporting period.

a. CASH RECEIPTS: cumulative amount of actual Federal funds received as of reporting period end date.





Block 10. Transactions

FEDERAL CASH: Enter cumulative amounts from the date of award through the end date of the current reporting period.

b. CASH DISBURSEMENTS: cumulative amount of disbursements made by grantee as of period end date.





Block 10. Transactions

FEDERAL CASH: Enter cumulative amounts from the date of award through the end date of the current reporting period.

c. CASH ON HAND:

- Line 10A minus Line 10B
- Negative balance represents immediate Cash needs



NOTE: If line (c) is greater than \$0.00 AN EXPLANATION MUST BE PROVIDED.



| 10. | Transactions | Cumulative | | | | |
|------|--|------------|--|--|--|--|
| (Use | (Use lines a-c for single or multiple grant reporting) | | | | | |
| Fed | Federal Cash (To report multiple grants, also use FFR Attachment): | | | | | |
| a. | Cash Receipts | 0 | | | | |
| b. | Cash Disbursements | 35,000 | | | | |
| C. | Cash on Hand (line a minus b) | (35,000) | | | | |



| (Us | (Use lines d-o for single grant reporting) | | | | | |
|-----|---|--------|--|--|--|--|
| Fea | Federal Expenditures and Unobligated Balance: | | | | | |
| d. | d. Total Federal Funds Authorized 100,000 | | | | | |
| e. | e. Federal Share of Expenditures 35,000 | | | | | |
| f. | f. Federal Share of Unliquidated Obligations 0 | | | | | |
| g. | g. Total Federal Share (sum of lines e and f) 35,000 | | | | | |
| h. | Unobligated Balance of Federal Funds (line d minus g) | 65,000 | | | | |

Federal expenditures and unobligated balance:

d. Cumulative obligated (awarded) amount of federal funds to include original obligation and any modifications

- e. Cumulative federal dollars spent as of the reporting period end date (usually the same as Line (b))
 - Cash Basis: sum of direct expenses, indirect expenses, payments made to sub-recipients.

- Accrual Basis: sum of direct expenses, indirect expenses, payments made to sub-recipients, payments to sub-recipients, accrued amounts incurred.



| (Us | (Use lines d-o for single grant reporting) | | | | | |
|-----|---|--------|--|--|--|--|
| Fee | Federal Expenditures and Unobligated Balance: | | | | | |
| d. | d. Total Federal Funds Authorized 100,000 | | | | | |
| e. | e. Federal Share of Expenditures 35,000 | | | | | |
| f. | f. Federal Share of Unliquidated Obligations 0 | | | | | |
| g. | g. Total Federal Share (sum of lines e and f) 35,000 | | | | | |
| h. | Unobligated Balance of Federal Funds (line d minus g) | 65,000 | | | | |

Federal expenditures and unobligated balance cont'd.:

- f. Unliquidated obligations. Usually \$0.00.
 - Cash basis: obligations incurred but not yet paid as of reporting period end date.
 - Accrual basis: obligations incurred but not yet recorded as of end of reporting period.
- Do not include any amounts that are already included in Line 10E.
- Do not include amounts in Line 10F that is for a future commitment, i.e. for which an obligation or expense has not been incurred.
- g. Line (e) + Line (f)
- h. Line (d) Line (g) = the amount of federal funds remaining



- Cumulative reporting provides a sum of expenditures for the life of a grant. To arrive at cumulative total, add all expenses incurred to date.
- In the example that follows, Block 10e-Federal Share continues to increase in each successive SF-425 to show the total amount of expenditures to date. If a reporting error has occurred, and in order to correct the SF-425 a deduction from either block is necessary, your agency is required to make a notation in Block 12-Remarks.



For Example:

- For the reporting period 10/01/17 to 12/31/18, Federal expenditures = \$35,000
- For the reporting period 1/01/19 to 3/31/19, Federal expenditures = \$20,000 The Federal Expenditures and Unobligated Balance Section of the report should be completed as follows:

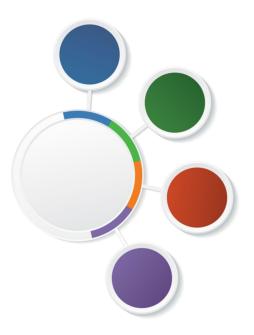
| SF-42 | SF-425 Reporting Period Ended 12/31/2018 | | | | | | |
|---|---|---------|--|--|--|--|--|
| Federal Expenditures and Unobligated Balance: | | | | | | | |
| 10d. | Total Federal funds authorized | 100,000 | | | | | |
| 10e. | Federal share of expenditures | 35,000 | | | | | |
| 10f. | Federal share of unliquidated obligations | - | | | | | |
| 10g. | Total Federal Share (sum lines e & f) | 35,000 | | | | | |
| 10h. | Unobligated balance of Federal funds (line d minus g) | 65,000 | | | | | |

| SF-42 | SF-425 Reporting Period Ended 3/31/2019 | | | | | | | |
|-------|---|---------------------|---------|--|--|--|--|--|
| Feder | Federal Expenditures and Unobligated Balance: | | | | | | | |
| 10d. | Total Federal funds authorized | | 100,000 | | | | | |
| 10e. | Federal share of expenditures \$ | 35,000 + \$20,000 | 55,000 | | | | | |
| 10f. | Federal share of unliquidated obligation | tions | - | | | | | |
| 10g. | Total Federal Share (sum lines e & f) | | 55,000 | | | | | |
| 10h. | Unobligated balance of Federal func | ds (line d minus g) | 45,000 | | | | | |

| Recipient Share: | | | | | |
|------------------|---|----------|--|--|--|
| i. | Total Recipient Share Required | 0 or N/A | | | |
| j. | Recipient Share of Expenditures | 0 or N/A | | | |
| k. | k. Remaining Recipient Share to Be Provided (line i minus j) 0 or N/A | | | | |

This section must be completed only if there is a cost share or match required by the agreement.

Since there is no cost share or match required under the HUD grant, Lines (i), (j) and (k) should be marked "N/A or 0"





| Pro | Program Income: | | | | | |
|-----|--|--------|--|--|--|--|
| I. | Total Federal Program Income Earned | 15,000 | | | | |
| m. | Program Income Expended in Accordance with the Deduction Alternative | 15,000 | | | | |
| n. | Program Income Expended in Accordance with the Addition Alternative | N/A | | | | |
| 0. | Unexpended Program Income (line I minus line m or line n) | 0 | | | | |

PROGRAM INCOME:

This section must be completed if your agency will generate any income as a result of work performed under this agreement. If no income will be generated Lines (I), (m), (n) and (o) should be marked N/A. For all others:

I. Amount of income earned as a result of this agreement

m. Refer to agreement

n. Refer to agreement

o. Line (I) – line (m) or (n) as applicable



PROGRAM INCOME EXAMPLE:

Program Income funds are deducted from the total award's allowable costs to determine the net allowable cost on which HUD's share is based.

Example: Funds needed for Housing Counseling Program in \$200,000. \$15,000 is earned in Program Income. This income must be used to offset the HUD award. Total amount of funds for the housing counseling program remains at \$200,000 (\$185,000 may be from HUD OHC and \$15,000 from Program Income). HUD award must not exceed \$185,000 in this scenario.



| | 11. Indirect | a. Type | b. Rate | c. Period From | Period To | d. Base | e. Amount Charged | f. Federal Share |
|--|--------------|------------|---------|----------------|------------|----------|-------------------|------------------|
| | Expense | De Minimis | 10% | 10/1/2017 | 9/30/2019 | \$30,000 | \$3,000 | \$3,000 |
| | | | | | g. Totals: | \$30,000 | \$3,000 | \$3,000 |

Block 11. Indirect Expenses

This section must be completed if recipient is charging indirect costs, otherwise put \$0.00 or N/A.

- a. Type of indirect cost rate: Provisional, Predetermined, Final, Fixed, 10% De Minimis
- b. Rate (%) in effect during the reporting period
- c. Beginning and ending dates for the effective rate
- d. Amount of the base against which the rate was applied. Example: If the agreement provides for indirect costs and the rate negotiated was computed using salaries and wages only, then the rate may only be applied to the amount paid for salaries and wages (not to travel, equipment, or other direct costs etc.)
- Multiply 11(b) x 11(d) f. 11(f) = 11(e) unless charging the government less than the indirect costs incurred. g. Enter totals for columns 11(d), 11(e) and 11(f)



| 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: | | | | | | |
|--|--|--|--|--|--|--|
| Certification: 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) | | | | | | |
| a. Typed or Printed Name and Title of Authorized Certifying Official | c. Telephone (Area code, number and extension): 888-800-5555 | | | | | |
| Jane Doe, Executive Director | d. Email Address: johndoe@jdha.com | | | | | |
| b. Signature of Authorized Certifying Official | e. Date Report Submitted (Month, Day, Year): 1/15/2019 | | | | | |
| | 14. Agency use only: | | | | | |
| 010 | Standard Form 425 | | | | | |
| John Doe | OMB Approval Number: 0348-0061 | | | | | |
| | Expiration Date: 10/31/2011 | | | | | |

Block 12. Remarks

Agency should attach any explanations to be included with the report.

Block 13. Certification

Ensure all information is legible:

- a. Print or type the name of the person authorized to sign this document
- b. Signature of the person authorized to sign this document
- c. Telephone number of the person to contact for questions
- d. E-mail address of the person to contact for questions
- e. Submission date



Example 2:

Scenario:

- Grant Award Amount: \$98,171.87
- Approved NICRA: 23.46% of total direct costs
- Draw Down Requests as of reporting end date: \$0
- YTD Program Income: \$0



Example 2:

First Quarterly Financial Report – Itemized Accounting of Actual Costs Excerpt

| Expense Category | Q1 Amount |
|------------------------------|-----------|
| Salaries | 36,488.27 |
| Fringe Benefits | 7,297.65 |
| Travel | 5,053.78 |
| Subtotal of Direct Costs | 48,839.70 |
| Indirect Costs (Rate 23.46%) | 11,457.79 |
| Total Costs | 60,297.49 |



First Quarterly Financial Report – FFR Excerpt

| 10. Transact | tions | Cumulative | | | | | | | | |
|----------------|--|--------------------------------|----------------|------------|-----------|-----------|-----------|------------------|--|--|
| (Use lines a-c | Use lines a-c for single or multiple grant reporting) | | | | | | | | | |
| Federal Cash | Federal Cash (To report multiple grants, also use FFR Attachment): | | | | | | | | | |
| a. Cash Re | eceipts | 0.00 | | | | | | | | |
| b. Cash Di | sbursements | | 60,297.49 | | | | | | | |
| c. Cash on | Hand (line a minus | b) | | | | | | (60,297.49) | | |
| (Use lines d-o | o for single grant re | porting) | | | | | | | | |
| Federal Expe | enditures and Unob | ligated Balance: | | | | | | | | |
| d. Total Fe | ederal funds authorize | ed | | | | | | 98,171.87 | | |
| e. Federal | share of expenditure | s | | | | | | 60.297.49 | | |
| f. Federal | share of unliquidated | d obligations | | | | | | 0.00 | | |
| g. Total Fe | ederal share (sum of | lines e and f) | | | | | 60,297.49 | | | |
| h. Unobliga | ated balance of Fede | ral funds (line d minus g) | | | | | 37,874.38 | | | |
| Recipient Sh | hare: | | | | | | | - | | |
| i. Total rec | cipient share required | 1 | | | | | | 0.00 | | |
| j. Recipier | nt share of expenditu | res | | | | | 0.00 | | | |
| | | be provided (line i minus j) | | | | | | 0.00 | | |
| Program Inco | | | | | | | | | | |
| | leral program income | | | | | | | 0.00 | | |
| | | n accordance with the dedu | | | | | | 0.00 | | |
| | | accordance with the additi | | | | | | 0.00 | | |
| o. Unexpen | | e (line I minus line m or line | | | 1 | | | 0.00 | | |
| | | b. Rate | c. Period From | | d. Base | e. Amount | - | f. Federal Share | | |
| 11. Indirect | NICRA | 23.46% | 1/1/2016 | 12/31/2020 | 48,839.70 | 11 | ,457.79 | 11,457.79 | | |
| Expense | | | | | | | | | | |
| | | | | g. Totals: | 48,839.70 | 11 | ,457.79 | 11,457.79 | | |



Example 2:

Final Quarterly Financial Report – Itemized Accounting of Actual Costs Excerpt

| Expense Category | Q2 Amount | YTD Amount |
|------------------------------|-----------|------------|
| Salaries | 23,086.27 | 59,574.54 |
| Fringe Benefits | 4,617.25 | 11,914.90 |
| Travel | 2,973.93 | 8,027.71 |
| Subtotal of Direct Costs | 30,677.45 | 79,517.15 |
| Indirect Costs (Rate 23.46%) | 7,196.93 | 18,654.72 |
| Total Costs | 37,874.38 | 98,171.87 |

00

Final Quarterly Financial Report – FFR Excerpt

| | | | 1 | | | i | | | | |
|---|-----------------------|---------------------------|-------------|------------|-----------|------------|-----------|------------------|--|--|
| 0. Transactions | | | | | | Cumulative | | | | |
| (Use lines a-c | c for single or multi | ple grant reporting) | | | | | | | | |
| Federal Casl | h (To report multip | le grants, also use FFR A | ttachment): | | | | | | | |
| a. Cash R | a. Cash Receipts | | | | | | | 60,297.49 | | |
| b. Cash D | b. Cash Disbursements | | | | | | 98,171.87 | | | |
| c. Cash or | n Hand (line a minus | b) | | | | | | (37,874.38) | | |
| (Use lines d-o | o for single grant re | eporting) | | | | | | | | |
| Federal Expe | enditures and Unob | oligated Balance: | | | | | | | | |
| d. Total Fe | ederal funds authoriz | zed | | | | | | 98,171.87 | | |
| e. Federal share of expenditures | | | | | | 98,171.8 | | | | |
| f. Federal share of unliquidated obligations | | | | | 0.00 | | | | | |
| g. Total Federal share (sum of lines e and f) | | | | | | 98,171.87 | | | | |
| h. Unobligated balance of Federal funds (line d minus g) | | | | | | 0.00 | | | | |
| Recipient SI | hare: | | | | | | | | | |
| i. Total re | cipient share require | d | | | | | | 0.0 | | |
| j. Recipient share of expenditures | | | | | 0.00 | | | | | |
| k. Remaining recipient share to be provided (line i minus j) | | | | | | 0.00 | | | | |
| Program Inc | | | | | | | | | | |
| I. 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 I minus line m or line n) | | | | | | | 0.00 | | | |
| | a. Type | b. Rate | | Period To | d. Base | e. Amount | - | f. Federal Share | | |
| 11. Indirect | NICRA | 23.46% | 1/1/2016 | 12/31/2020 | 79,517.15 | 18 | 3,654.72 | 18,654.72 | | |
| Expense | | | | | | | | | | |
| | | | | g. Totals: | 79,517.15 | | 3,654.72 | 18,654.72 | | |

Common Errors

Common Errors

| GK. |
|-----|
| |
| |

| | FEDERAL FINANCIAL REPORT | | | | |
|---|---|---|--|-------------------|-------------|
| | (Follow form instructions) | | | | |
| Federal Agency and Organizational Elements to Which Report is Submitted | nt 2. Federal Grant or Other Identifying Number Assig (To report multiple grants, use FFR Attachment) | 2. Federal Grant or Other Identifying Number Assigned by Federal Agency | | | of pages |
| Recipient Organization (Name and comple | ete address including Zip code) | | | | |
| 4a. DUNS Number 4b. EIN | Recipient Account Number or Identifying Numbe (To report multiple grants, use FFR Attachment) | | Report Type Quarterly Semi-Annual Annual Final | 7. Basis of Accor | - |
| 8. Project/Grant Period From: (Month, Day, Year) | To: (Month, Day, Year) | | orting Period End D nth, Day, Year) | Date | |
| 10. Transactions | | | | Curnulative | |

- 1. Incomplete forms
- 2. Not submitting a report each quarter
- 3. Late reporting
- 4. Not reporting the correct grant number
- 5. Not capturing the accurate reporting type
- 6. Not reporting the accurate reporting period end date



| 10. Transactions | Cumulative | | | |
|--|------------|--|--|--|
| (Use lines a-c for single or multiple grant reporting) | | | | |
| Federal Cash (To report multiple grants, also use FFR Attachment): | | | | |
| a. Cash Receipts | | | | |
| b. Cash Disbursements | | | | |
| c. Cash on Hand (line a minus b) | | | | |

10 (a) Not reporting the correct amount of the grant funds (received) as of the beginning of the grant reporting period to the reporting period end date.

10 (b) Not reporting the correct amount of Federal funds disbursed from the start of the award through the reporting period end date.



| (Use lines d-o for single grant reporting) | | |
|--|--|--|
| Federal Expenditures and Unobligated Balance: | | |
| 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) | | |
| h. Unobligated balance of Federal funds (line d minus g) | | |

10 (e) Not reporting the correct amount of actual disbursements (direct and indirect expenses) charged to the grant as of the reporting period end date.

10 (f) Not reporting all incurred expenses owed (un-liquidated obligations) but not yet recognized.



| Program Income: | | |
|---|--|--|
| I. 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 I minus line m or line n) | | |

10 (I) Not reporting the cumulative amount of program income received during beginning of the grant reporting period to the reporting period end date.

10 (m) Not reporting the correct amount of program income expended for HUD grant activities supported under the grant during the reporting period end date.



Not including notes for the following exceptions:

- 1. Cash on Hand
- 2. Unobligated Balance of Federal Funds (Line 10h)
- 3. Unexpended Program Income



Things to Remember

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Things to Remember



- 1. Double-check to make sure the FFR is completed correctly and contains all required information and signatures.
- 2. Have a copy of award notification available for reference purposes.
- 3. Have copies of the last reported FFR (to refer to), if not a new grant. If new, this would be the 1st report.
- 4. Program outlays and program income should be reported on the same accounting basis (either cash or accrual) that is used in the normal accounting system.
- 5. A 'FINAL' FFR should be submitted for the duration of the grant with no unliquidated obligations before HUD can accept the "FINAL" FFR to close out the award.
- 6. An extension should be requested in writing prior to the due date for the SF-425 is necessary.

Available Assistance

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Training

| Menu | Description | Onsite and/or Remote |
|---|--|----------------------------|
| Completing the Federal Financial Report (SF-425) | One-on-one training with staff on how to accurately complete the SF-425, with examples | Optional |
| Financial Management System Training | Training staff on maintaining a compliant financial management system; configuration of the accounting system; and development and training on relevant policies, procedures and internal controls | Optional |
| Grant Financial Reporting | Training staff on financial reporting requirements, due dates, required supporting documents, document retention | Optional |

Available Services — Financial Analysis



Financial Analysis

| Menu | Description | Onsite and/or Remote |
|---|---|----------------------------|
| Quarterly Financial Reporting Review | Review of quarterly financial reports for accuracy and completeness | Optional |



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Requesting Services

- 1. REQUEST HUD POC emails a BMC GTM and requests the service: States service required, grantee name, agency's contact information, and available information to complete the service
- 2. APPROVAL: GTM reviews the request, verifies it meets contractual requirements, and schedules with BMC
- **3. COMPLETION**: BMC will complete the service and submit the final deliverable to the GTMs



Benefits to Grantees



- 1. Comprehensive assistance to grantees to minimize the burdens of implementation of new regulations
- 2. Potentially reduce findings during performance and financial reviews
- Provide financial and administrative technical assistance to grantees that can be transferred to other Federal programs
- 4. Reduce administrative burden through training of subgrantees



Please forward any questions to: <u>housing.counseling@hud.gov</u> with "Completing the FFR-SF-425" in the Subject line Note: Only questions related to the HUD, Office of Housing Counseling, Comprehensive Housing Counseling grant will be accepted and responded to.