

U.S. DEPARTMENT OF AGRICULTURE RURAL DEVELOPMENT NON-CONTRACTUAL PROGRAM LOAN COST EXPENSE (PLCE) CERTIFICATION		1. Foundation Financial Information System (FFIS) State Division Code
USDA FORM RD 2024-30 (08-05)		2. Request Date (MM-DD-YYYY)
PART – A TYPE OF ACTION REQUESTED		
3A. Initial PLCE Obligation (Check One) <input type="checkbox"/> Yes <input type="checkbox"/> No		3B. Initial Dollar Amount Requested \$
4A. Modification to Obligation Request (Check One) <input type="checkbox"/> Increase Obligation Request Amount <input type="checkbox"/> Other (Describe in Item 7A below) <input type="checkbox"/> Decrease Obligation Request Amount <input type="checkbox"/> Post Payment Modification (Describe in Item 7A below)		4B. Revised Dollar Amount (Including any cancellations) \$
5. Cancellation of Obligation (Check One) <input type="checkbox"/> Partial Cancellation <input type="checkbox"/> Full Cancellation		6. Date of Certification (Attach Invoice)
7A. Description of Services Requested		7B. Project Number (MFH expenses only)
7C. Fund Code/Loan Number		7D. FFIS Program Code
7E. Date of Original Loan		7F. PLCE Account (A, L, R) (Check One) <input type="checkbox"/> A <input type="checkbox"/> L <input type="checkbox"/> R
8A. Name of Applicant/Borrower (Last Name, First Name & MI)		8B. Case Number or Property ID Number
9A. Name of Initiating Agency Official (Print)		9B. Signature of Initiating Agency Official
9C. Email Address of Initiating Agency Official		
PART B – PAYEE INFORMATION		
10A. Payee's Name		10B. Payee's EIN/TIN/SSN
10C. FFIS Vendor Code		
10D. Payee's Address (Including Zip Code)		
10E. Payee's DUNS Number		
10F. Payee's Email Address		10G. Payee's Telephone Number (Including Area Code)
PART C – FOR STATE OFFICE USE ONLY		
11A. Signature of PLCE Funds Approving Official		11B. PLCE Funds Approval Date (MM-DD-YYYY)
12A. FFIS MY Document Number		12B. FFIS TY Document Number

RD 2024-30 (08-05)

(see reverse)

<u>PROCEDURE FOR PREPARATION</u>	:	RD Instruction 2024-A.
<u>PREPARED BY</u>	:	Receiving office or payment approving office as appropriate.
<u>NUMBER OF COPIES</u>	:	Original and two copies, or number needed to make distribution.
<u>SIGNATURES REQUIRED</u>	:	Rural Development (RD) authorized official.
<u>DISTRIBUTION OF COPIES</u>	:	Original Form RD 2024-30 along with original invoice to Contract Specialist or appropriate designee.

- 1 copy in purchase order file along with copy of invoice/billing or receipt as appropriate.

- 1 copy in borrower or property file as appropriate.

PURPOSE OF FORM

This form is used to establish obligations and authorize payment for non-contractual purposes. This form is also used to liquidate non-contractual Agency program loan cost expense obligations and voucher payments in the Foundation Financial Information System (FFIS). The detail line items on this form are used to reference specific borrower loan accounts or property records when recoverable expenses are involved.

GENERAL INFORMATION

Securely staple an original or copy of payee’s invoice or bill to this form. Make sure the attached invoice or bill has clear “remit to” name and address. The Electronic Funds Transfer (EFT) or Treasury check will be made payable and forwarded per bank routing instructions for EFTs or instructions contained on the invoice. If appropriate, e.g., tax payments, the “remit to” instructions can show “in care of” an Agency Official with an Agency office address.

There are a maximum of 30 line items for any one Form RD 2024-30. If there are more than 30 line items, split into two or more invoices and suffix the invoice numbers (-1, -2, etc.).

COMPLETION OF FORM

BLOCK	BLOCK NAME	INSTRUCTIONS
1	FFIS State Division Code	Enter the FFIS State Division Code of the Requesting Office.
2	Date of Request	Enter the Date of Request.
3A	Initial PLCE Obligation	Enter the checkmark in the (Yes) or (No) box to indicate if this is an initial Program Loan Cost Expense (PLCE).
3B	Initial Dollar Amount Requested	Enter the initial dollar amount being requested.
4A	Modification to Obligation Request	Enter a checkmark to indicate if the modification increases or decreases the initial obligation requested amount. If yes, complete item 4B. If the Other box is checked, describe the required change in item 7A below. If the Post Payment Modification box is checked describe the required change in item 7A below.
4B	Revised Dollar Amount	Enter the revised dollar amount.
5	Cancellation of Obligation	Enter a checkmark to indicate if the obligation cancellation is a Partial Cancellation or a Full Cancellation.
6	Date of Certification	Enter the date the payment is being certified. Date must be after the invoice has been received.
7A	Description of Services	Enter a description of the services being requested.
7B	Project Number (<i>MFH Only</i>)	Enter Project Number for Multi-Family Housing Projects
7C	Fund Code/Loan No. or	Enter the Fund Code and/or Loan number of the account to identify the particular loan to be charged.
7D	FFIS Program Code	Enter the appropriate PAC Code from the RD Instruction 2024-A, Exhibit D.
7E	Date of Original Loan	Enter the date of the original loan.
7F	PLCE Account	Enter a checkmark to indicate the appropriate PLCE Fund Account (A, L, R).

8A	Name of Applicant/Borrower	Enter the name of the applicant/borrower for the PLCE request.
8B	Case Number or Property ID	Enter the case number and/or property identification number of the applicant/borrower for the request.
9A	Authorized Agency Officials	Enter the name of Authorized Agency Official making the request for services.
9B	Signature of Initiating Agency Official	Enter the signature of the Initiating Agency Official.
9C	Email Address of Initiating Agency Officials	Enter the email address of the Initiating Agency Official.
10A	Payee Name	Enter the name of the payee providing the requested Service.
10B	Payee EIN/TIN/SSN	Enter the payee's Employer Identification, Tax Identification or Social Security Number.
10C	VID Number	Enter Vender Identification (VID) number assigned by Fiscal Control Branch (FCB). (FFIS Vendor Code)
10D	Payee's Address	Enter the payee's complete mailing address, including Zip Code.
10E	Payee's DUNS number	Enter DUNS number for payee.
10F	Email Address of Payee's	Enter email address of the payee.
10G	Payee's Phone	Enter the payee's phone number, including Area Code.
11A	Signature of Approval Official	Enter the signature of the PLCE funds approval official.
11B	PLCE Approval Date	Enter the date the PLCE obligation request is approved for funding.
12A	FFIS MY Document Number	Enter the computer generated MY document number from the initial MY transaction screen. Use this number for tracking purposes.
12B	FFIS TY Document Number	Enter the TY document number from the transaction screen. Record the TY number after processing the payment request transaction.