Funding Approval and HOME Investment Partnerships Agreement

Title II of the National Affordable Housing Act

U.S. Department of Housing and Urban Development Office of Community Planning and Development OMB Approval No. 2506-0171 (Exp. 11/30/2001)

Public reporting burden for this collection of information is estimated to average 1 hour 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. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

The HOME statute imposes a significant number of data collection and reporting requirements. This includes information on assisted properties, on the owners or tenants of the properties, and on other programmatic areas. The information will be used: 1) to assist HOME participants in managing their programs; 2) to track performance of participants in meeting fund commitment and expenditure deadlines; 3) to permit HUD to determine whether each participant meets the HOME statutory income targeting and affordability requirements; and 4) to permit HUD to determine compliance with other statutory and regulatory program requirements. This data collection is authorized under Title II of the Cranston-Gonzalez National Affordable Housing Act or related authorities. Access to Federal grant funds is contingent on the reporting of certain project-specific data elements. Records of information collected will be maintained by the recipients of the assistance. Information on activities and expenditures of grant funds is public information and is generally available for disclosure. Recipients are responsible for ensuring confidentiality when public disclosure is not required.

1. Participant Name and Address			2. Participant Number	
			3. Tax Identification Nu	umber
4. No Longer Used	5. Appropriation Number	6. No Longer Used		7. FY (yyyy)
8. Previous Obligation (Enter "0" for initial FY	allocation)			\$
a. Formula Funds	anocation	\$		
b. Community Housing Development Org. (CHDO) Competitive Reallo			
9. Current Transaction (+ or -)	Cribo) Competitive realion	241017		\$
a. Formula Funds		\$		
CHDO (For deobligations only)		\$		
Non-CHDO (For deobligations only)		\$		
b. CHDO Competitive Reallocation or Deob	digation	\$		
10. Revised Obligation	ga.vo.v			\$
a. Formula Funds		\$		· · · · · · · · · · · · · · · · · · ·
b. CHDO Competitive Reallocation		\$		
11. Special Conditions (check applicable box)	Not applicable	12 Date of Obli	gation (Congressiona	al Release Date)
TT. Openial containons (oncor applicable box)	Attached	(mm/dd/yyyy		,
Consolidated Plan submission/Application to time) and this HOME Investment Partr Agreement. Subject to the provisions of thi Jurisdiction/Entity upon execution of this A reallocation are covered by this Agreement amendment or other consent. HUD's paym with HUD's electronic funds transfer and inforegulations at 24 CFR Part 92, HUD may Jurisdiction/Entity without the Participating. Entity agrees that funds invested in affordat housing. Repayment shall be made as specifor environmental review, decision making, a	nership Agreement, form is Agreement, HUD will make agreement by the parties upon execution of an ameent of funds under this Agramation reporting proced by its execution of an influence of the surisdiction's/Entity's execute housing under 24 CFR ecified in 24 CFR Part 92	HUD-40093, inclustate the funds for the endment by HUD, we greement is subject ures issued pursual amendment, de-oboution of the amend Part 92 are repayals. The Participating	iding any special content of the Fiscal Year specified Fiscal Year specified Fiscal Year ithout the Participating of the Participation	onditions, constitute part of this ied, available to the Participating ar provided by HUD by formula ing Jurisdiction's execution of the Jurisdiction's/Entity's compliance. To the extent authorized by HUD sly awarded to the Participating int. The Participating Jurisdiction/ in longer qualifies as affordable to assume all of the responsibility
13. For the U.S. Department of HUD (Name and	Title of Authorized Official)	14. Signat	· ·	15. Date
16. For the Participating Jurisdiction/Entity (Nam	e and Title of Authorized Off	ficial) 17. Signat	ure	18. Date
19. Check one: Initial Agreement	Amendment #			
	Pag	e 1 of 3		form HUD-40093 (11/2000)

Instructions for Completing the Funding Approval and HOME Investment Partnerships Agreement, form HUD-40093

General Instructions: This Agreement is used for one of five purposes: 1) the initial Agreement between HUD and the Participating Jurisdiction (PJ) that obligates HOME formula funds; 2) the initial Agreement between HUD and the PJ/entity that obligates Community Housing Development Organization (CHDO) competitive reallocation funds; 3) the amendment to the Agreement that deobligates the amount of a PJ/entity's HOME funds previously obligated because of a reduction by HUD; 4) the amendment to the Agreement that deobligates the amount of a State's HOME funds previously obligated, in order to transfer that amount to a new jurisdiction to meet its minimum participation threshold; or 5) the amendment to the Agreement that reallocates to a State the amount of HOME funds declined by a city/urban county.

For all initial Agreements (purposes #1 and #2), make **five** copies of this Agreement (HUD-40093) and have them signed as originals by the appropriate HUD official, who is usually the Community Planning and Development (CPD) Director in the Field Office. One copy should be held by the Field Office for informational purposes. Three copies should be sent to the jurisdiction (or entity) for signature. The jurisdiction (or entity) should sign all copies and keep one for its records and return two signed as originals to the HUD Field Office. The HUD Field Office should send one copy to the CFO National Accounting Center for recording the contract. Send one copy to Headquarters, OAHP, Attn: Director, Financial and Information Services Division via fax (202-708-1744) or pouch mail (Room 7164). Headquarters will ensure that the correct grant amount and date of obligation are entered in the Integrated Disbursement and Information System, which will obviate changes to commitment, CHDO reservation and expenditure deadlines. Keep one copy for the Field Office files.

For amendments to the Agreement that deobligate funds because of a reduction by HUD (purpose #3), after notification from the Headquarters' Office of Affordable Housing (OAHP) to proceed, make four copies of this Agreement (HUD-40093) and have them signed as originals by the appropriate HUD official, who is usually the CPD Director in the Field Office. It is not necessary to have the jurisdiction sign the form. The Field Office should send one copy to the jurisdiction (or entity) for its records. Send one copy to the CFO National Accounting Center to initiate the deobligation. Send one copy to Headquarters, OAHP, Attn: Director, Financial and Information Services Division via fax (202-708-1744) or pouch mail (Room 7164) so that Headquarters can track the deobligation. Keep one copy for the Field Office files.

For amendments to the Agreement that deobligate the amount of a State's HOME funds in order to transfer that amount to a new jurisdiction to meet its minimum participation threshold (purpose #4) or that reallocate to a State the amount of HOME funds declined by a city/urban county (purpose #5), make **five** copies of this Agreement (HUD-40093) and have them signed as originals by the appropriate HUD official, who is usually the CPD Director in the Field Office. One copy should be held by the Field Office for informational purposes. Four copies should be sent to the jurisdiction (or entity) for signature. The jurisdiction should sign all copies and keep one for its records and return three signed as originals to the HUD Field Office. The HUD Field Office should send one copy to the CFO National Accounting Center for initiating the deobligation or reallocation.

Send one copy to Headquarters, OAHP, Attn: Director, Financial and Information Services Division via fax (202-708-1744) or pouch mail (Room 7164) so that Headquarters can track the deobligation or reallocation. Keep one copy for the Field Office files.

In addition, form HUD-40093-A, Attachment A to the Funding Approval and HOME Investment Partnerships Agreement, must be attached and sent to Headquarters, OAHP, Attn: Director, Financial and Information Services Division via fax (202-708-1744) or pouch mail (Room 7164) for purposes #4 and #5, as follows:

- The State is transferring HOME funds to a new Jurisdiction to enable a new Jurisdiction to meet its minimum participation threshold amount; or
- The City/Urban County is declining HOME funds.
- **1. Participant Name and Address.** Enter the participating jurisdiction's (or entity's) name and address as shown in Item 4 of Standard Form 424.
- 2. Participant Number. Enter the applicable participant number assigned by the HUD Field Office for the PJ/entity that corresponds to the fiscal year source of funds for this transaction.
- **3. Tax Identification Number.** Enter the Tax (Employer) Identification Number (TIN) shown in Item 6 of Standard Form 424. For jurisdictions (or entities) that are already participating in the HOME Program, this must be the TIN associated with the jurisdiction (or entity) for the HOME Program.
- 4. No Longer Used.
- **5. Appropriation Number.** Enter the Appropriation Number from the HUD-185.1 sub-assigning funds for the Fiscal Year source of funds for this transaction.
- **6. No Longer Used.** Note: This item, formally Funding Approval Number, has been replaced by item 19, below:
- **7. Fiscal Year.** Indicate the fiscal year (yyyy) source of funds for this transaction. Only funds from this fiscal year are to be included in this transaction. (A separate form must be completed for each FY's funds.)
- **8. Previous Obligation.** Enter the total amount of funds that have been previously obligated for this participant for this FY source of funds.
 - a. Formula Funds. Enter the total amount of formula funds previously obligated to the partici pant. If this is the funding approval form for the participant's initial allocation for the fiscal year, the amount will be "0". If this is a funding approval f form for realocating or deobligating funds, enter the amount from line 10a of the previously submitted form HUD-40093 for the FY identified under item 7.
 - b. Community Housing Development Organization CHDO) Competitive Reallocation. Enter the amount of funds previously obligated to the PJ/ entity by competition for CHDOs. If this is a funding approval form for reallocating or deobligating funds previously allocated by competition for CHDOs, enter the amount from line 10b. of the previously submitted form HUD-40093 for the FY identified under item 7.

- **9. Current Transaction.** Enter the total amount of funds for this action. Indicate a deobligation either by placing parentheses around the amount deobligated or a minus sign before the amount de-obligated.
 - a. Formula Funds. Of the amount indicated under item 9, indicate the amount that is for formula funds. If this is a formula fund deobligation, show the distribution of that amount of funds under line 9a.1 CHDO funds and/or line 9a.2 non-CHDO funds.
 - **1. CHDO.** Of the amount indicated under item 9a, indicate the amount that are CHDO funds. If none, enter "0". Note: If this is a CHDO competitive reallocation, enter the amount in 9b.
 - **2. Non-CHDO.** Of the amount indicated under item 9a, indicate the amount that are Non-CHDO funds. If none, enter "0".
 - b. CHDO Competitive Reallocation or Deobgilation. Of the amount indicated on line 9, indicate the amount that is reallocated or deobligated from funds previously reallocated by CHDO competition.

Note: CHDO set-aside funds that are recaptured by HUD are available for reallocation if, within 24 months after the last day of the month in which HUD notifies the PJ of HUD's execution of the HOME Investment Parterships Agreement (Congressional release date), at least 15 percent of the PJ's allocation is not reserved for CHDOs.

- 10. Revised Obligation. Enter the total amount of funds available to the jurisdiction (or entity) after this transaction (Item 8 plus/minus Item 9).
 - a. Formula Funds. Enter the total amount of formula funds available to the participating jurisdiction after this transaction (item 8a plus/minus item 9a).
 - b. CHDO Competitive Reallocation.

 Enter the total amount of funds available to the PJ/entity as a competitive reallocation for CHDOs after this transaction (item 8b plus/minus item 9b).
- 11. Special Conditions. If applicable, check the box and attach any special conditions that are part of the Agreement.
- 12. Date of Obligation. The date of obligation is the Congressional release date. The Congressional release date must be the date of the letter notifying the PJ (or entity) of the initial award of funds for the FY identified under item 7. This field is not required if the Agreement is being amended for a deobligation because of a reduction by HUD (purpose #3).
- 13. Name and Title of HUD Official. Enter the name and title of the HUD official who is authorized to sign the Agreement on behalf of HUD. This is usually the Field Office CPD Director.
- 14. Signature of HUD Official. The HUD official signs the Agreement here.

- **15. Date.** Enter the date the HUD official signed the form. In the case of initial agreements, this date must be the same date as the date of obligation (item 12).
- 16. For the Participating Jurisdiction/Entity (Name and Title of Authorized Office). Enter the name and title of the official authorized to sign on behalf of the participating jurisdiction/entity. This is not required if the Agreement is being amended for a deobligation because of a reduction by HUD (purpose #3).
- 17. Signature of PJ/Entity Official. The PJ/entity official signs the Agreement here. This is not required if the Agreement is being amended for a deobligation because of a reduction by HUD (purpose #3).
- 18. Date. Enter the date the PJ/Entity official signs the Agreement. This is not required if the Agreement is being amended for a deobligation because of a reduction by HUD (purpose #3). If this is for an initial Agreement, the date must be prior to the date of obligation (item 12) and the date the HUD official signs the form (item 15).
- **19. Type of Agreement.** Check either Initial Agreement (purpose #1 or #2) or Amendment # (purpose # 3, #4 or #5). If an amendment, indicate the amendment number.

Attachment A to the Funding Approval and HOME Investment Partnerships Agreement

U.S. Department of Housing and Urban Development Office of Community Planning and Development

Title II of the National Affordable Housing Act

This form must be used if 1) the State is transferring HOME funds to a new Jurisdiction, or 2) if the City/Urban County is declining HOME funds. Send the form to Headquarters, OAHP, Attn: Director, Financial and Information Services Division via fax (202-708-1744) or pouch mail (Room 7164).

participation t	ansferring HOME funds to hreshold amount.	a new Jurisdictio	or, to enable a new Jurisdiction to meet its
The State of	(Enter the name of the State that the		
			ansterred from)
Grant Number	(Enter the State Grant Number)	(and the FY(yyyy))	
is transferring \$			to Enter the name of the PJ receiving the HOME funds)
	(enter the amount of HOME for	unds being transferred)	Enter the name of the PJ receiving the HOME funds)
Grant Number	(Enter the PJ Grant Number)	(and the FY(yyyy))	
Revised obliga	tion for the State \$		
	(orig	ginal obligation minus the	amount transferred
Revised obligation	tion for the new PJ \$	ginal obligation plus the an	
ii tiie Otate ai	no new Participating Jurisui	ction are overseer	by different Field Offices:
	nd new Participating Jurisdi	ction are overseer	n by different Field Offices: New Jurisdiction's Field Office
2. The City/Urba	State's Field Office n County is declining HOI	ME funds.	New Jurisdiction's Field Office
2. The City/Urba The City/Coun	State's Field Office n County is declining HOI ity of	ME funds. If the PJ that declined)	
2. The City/Urba The City/Coun	State's Field Office n County is declining HOI	ME funds. If the PJ that declined)	New Jurisdiction's Field Office
2. The City/Urba The City/Coun allocation of \$ _	State's Field Office n County is declining HOI ity of	ME funds. If the PJ that declined)	New Jurisdiction's Field Officeis declining the FY (yyyy)
The City/Urba The City/Coun allocation of \$ _	State's Field Office n County is declining HOI ity of(Enter the name of	ME funds. If the PJ that declined)	New Jurisdiction's Field Officeis declining the FY (yyyy)
The City/Urba The City/Coun allocation of \$ _	State's Field Office n County is declining HOI aty of(Enter the name of	ME funds. If the PJ that declined)	New Jurisdiction's Field Officeis declining the FY (yyyy)
The City/Urba The City/Coun allocation of \$ _	State's Field Office n County is declining HOI aty of(Enter the name of	ME funds. If the PJ that declined)	New Jurisdiction's Field Officeis declining the FY (yyyy)
The City/Urba The City/Coun allocation of \$ _	State's Field Office In County is declining HOI Output of (Enter the name of Ition for the State \$ Ing Jurisdiction and the State	ME funds. If the PJ that declined)	New Jurisdiction's Field Officeis declining the FY (yyyy) different Field Offices:

			rban Development	IORITY	
FUNDS RESERVATION & CONTRACT AUTH 1A. NAME AND ADDRESS OF PROJECT IDENTIFICATION			1B. PROJECT CONTRACT, IAA OR PURCHASE ORDER NUMBER		
				2. DATE OF PREPAR (Month, Day and Yea	
3. RESERVATION NUMBER	4. NAM	E AND TITLE	OF SOURCE OFFIC	CER	
5. Fun	ding and A	ccountin	g Classificat	ion	
APPROPRIATION OR FUND SYMBOL	COST CENTER CODE B	SUB-OBJECT CLASS CODE C	RESERVATION OUTSTANDING D	INCREASE (Decrease) E	NET AMOUNT F
		ļ			
NET TOTALS 6. Purpose of			-1. A1:h	Dov/ogl)	<u> </u>
B. INCREASE OR (Decrease) R C. CANCEL RESERVATION (BI D. EXECUTE, AMEND OR WA	racket Amou	nt in 5EI CT			
7A. DESCRIPTION OF PROJECT		7B. CO	NTRACT CONDITIO	INS (If any)	
8A. DATE (Mo., Day and Year) 8B. SIGNATURE C	OF SOURCE OFF	ICER			
9. To Be	Complete	d by the	Originating (Office	
RECOMMENDATION AND AUTHORIZATION (If Re	quired):				
In accordance with authority vested in or delegate cable law; under decisions of record regarding the the actions in Block 5 are in the public interest, the					of appli- on that
A. RECOMMENDED (Signature)			HORIZED (Signatu		
B. TITLE		E. TITL	E		
C. DATE (Mo., Day & Year)		F. DAT	E (Mo., Day & Yea	r)	
G. OFFICIAL PRESS RELEASE DATE (Month, Day	and Year)				
	O. For Ac				1014411115
FUNDS AVAILABLE RES	ERVATION F	RECORDED	OR ADJUSTE	D TO AMOUNT SI	HOWN IN 5F
By				Date	
Previous Edition is Obsolete					HUD-718 (3-

HUD NOTIFICATION U. S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT WASHINGTON, DC 20410

FIELD OFFICE:					
ACTION:					
DESCRIPTION:					
RECIPIENT	CONGRESSIONAL	DISTRICT	AMOUNT		
PROJECT HIGH	LIGHTS:				
RECIPIENT COI PHONE:	NTACT:				
HUD CONTACT PHONE:	`:				
CONGRESSION	AL DELEGATION:	PARTY:	DATE:		
SUMMARY OF NOTIFICATION ACTION:					
Secretary	Deputy Secretary	_ Asst. Secretary	LCR		
Congressional Ca	all Completed To:	Date: _			
CPD Field Office	/Program Office				
OFM (Pearl C. Pe	eebles, Ext. 4896)				

Standard Form 1199A (Rev. June 1967) Prescribed by Treasury Department Treasury Dept. Cir. 1076 OMB No. 1510-0007

DEFECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for direct deposit, the payee is to read the back of this
 form and fill in the information requested in Sections 1 and 2. Then
 take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed for will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last first middle initial)					
<u> </u>		D TYPE OF DEPOSITOR ACCOUNT CHECKING SAVINGS			
ADDRESS (street, route, P.O. Box, APO/FPO)		E DEPOSITOR ACCOUNT NU	MBER		
ADDRESS (street, route, P.O. Box, APO/FPO)					
CITY STATE	ZIP CODE	F TYPE OF PAYMENT (Check o	nlv one)		
		☐ Social Security		ary/Mil. Civilian	Pav
TELEPHONE NUMBER		☐ Supplemental Security Income		•	
AREA CODE		☐ Railroad Retirement	☐ Mil. Reti		
		☐ Civil Service Retirement (OPM)			
B NAME OF PERSON(S) ENTITLED TO PAYMEN	1	□ VA Compensation or Pension	☐ Other _		pecify)
		0	OF DAYMENT		
C CLAIM OR PAYROLL ID NUMBER		G THIS BOX FOR ALLOTMENT	OF PAYMENT	AMOUNT	icubiej
		TYPE	{	AMOUNT	
Prefix S	Iffix				
PAYEE/JOINT PAYEE CERTIFICATION	ON	JOINT ACCOUNT HOLDE	RS' CERTIFIC	ATION (option	a)
I certify that I am entitled to the payment identified	above, and that I	I certify that I have read and und	ierstood the b	ack of this form	n, including
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		the SPECIAL NOTICE TO JOIN			
SIGNATURE	DATE	SIGNATURE		DAT	E
SIGNATURE	DATE	SIGNATURE		DAT	E
SECTION 2 (TO BE CO	MPLETED BY	PAYEE OR FINANCIAL IN	STITUTION	<i>I)</i>	
SECTION 2 (TO BE CO	MPLETED BY	PAYEE OR FINANCIAL IN		<i>I</i>)	
	MPLETED BY			l)	
	MPLETED BY			<i>I</i>)	
	MPLETED BY			<i>I</i>)	
	MPLETED BY			<i>I</i>)	
GOVERNMENT AGENCY NAME		GOVERNMENT AGENCY ADDRI	ESS	<i>I</i>)	
GOVERNMENT AGENCY NAME SECTION 3 (TO	BE COMPLET	GOVERNMENT AGENCY ADDRI	ESS	<i>I</i>)	
GOVERNMENT AGENCY NAME	BE COMPLET	GOVERNMENT AGENCY ADDRI	ESS	I)	CHECK
GOVERNMENT AGENCY NAME SECTION 3 (TO	BE COMPLET	GOVERNMENT AGENCY ADDRI	ESS	<i>I</i>)	CHECK
GOVERNMENT AGENCY NAME SECTION 3 (TO	BE COMPLET	GOVERNMENT AGENCY ADDRI	ESS	<i>I</i>)	
GOVERNMENT AGENCY NAME SECTION 3 (TO	BE COMPLET	GOVERNMENT AGENCY ADDRI	ESS	<i>'</i>)	
GOVERNMENT AGENCY NAME SECTION 3 (TO	BE COMPLET	ED BY FINANCIAL INSTITE ROUTING NUMBER	UTION)	<i>(</i>)	
GOVERNMENT AGENCY NAME SECTION 3 (TO	BE COMPLET	GOVERNMENT AGENCY ADDRI	UTION)	<i>(</i>)	
GOVERNMENT AGENCY NAME SECTION 3 (TO	BE COMPLET	ED BY FINANCIAL INSTITE ROUTING NUMBER	UTION)	<i>(</i>)	
GOVERNMENT AGENCY NAME SECTION 3 (TO	BE COMPLET	ED BY FINANCIAL INSTITUTE ROUTING NUMBER DEPOSITOR ACCOUNT	UTION)	<i>(</i>)	
GOVERNMENT AGENCY NAME SECTION 3 (TO	BE COMPLET	ED BY FINANCIAL INSTITE ROUTING NUMBER	UTION)		
SECTION 3 (TO	BE COMPLET N FINANCIAL INSTIT	ED BY FINANCIAL INSTITUTION CERTIFICATION	UTION) TITLE		DIGIT
GOVERNMENT AGENCY NAME SECTION 3 (TO	BE COMPLET N FINANCIAL INSTITUTE and the account num	ROUTING NUMBER DEPOSITOR ACCOUNT TUTION CERTIFICATION	UTION) TITLE	ed financial insti	DIGIT
SECTION 3 (TO NAME AND ADDRESS OF FINANCIAL INSTITUTIO I confirm the identity of the above-named payee(s) a tify that the financial institution agrees to receive a	BE COMPLET N FINANCIAL INSTITUTE and the account num	ED BY FINANCIAL INSTITUTION CERTIFICATION TUTION CERTIFICATION There and title. As representative of the ment identified above in accordance.	UTION) TITLE	ed financial instit	DIGIT

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

Attachment 6

This form is to be completed by the recipient's (or grantee's) chief executive officer or designated representative. Send notarized original to your local HUD CPD Field Office for review and forwarding to:

U.S. Dept of HUD, CPD 451 7th St, SW, Rm 7224

Washington, DC 20410 ATTN: IDIS Sys Admin FAX: 202-708-3363

IDIS Access Request (Temporary Form, Feb 1999)

The recipient's (or grantee's)

Attachment 6
020299

Privacy Act 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 which will be used by
HUD to protect disbursement data from fraudulent actions. The Housing and Community Development Act of
1987, 42 U.S.C. 3543 authorizes HUD to collect the SSN. The purpose of the data is to safeguard the
Integrated Disbursement and Information System (IDIS) from unauthorized access. The data are used to
ensure that individuals who no longer require access to IDIS have their access capability promptly deleted.
Provision of the SSN is mandatory. HUD uses it as a unique identifier for safeguarding IDIS from
unauthorized access. This information will not be otherwise disclosed or released outside of HUD, except as
permitted or required by law. Failure to provide the information requested on the form may delay the
processing of your approval for access to IDIS.

* CHANGE NAME/FUNCTIONS/GRANTEE RENEW LAPSED II ADD ACCESS TO ANOTHER GRANTEE DROP FROM II	D NEW REQUEST
Authorized User's Name: (Last, First, MI)	
Soc Sec Num (SSN): Office Phone: (
Office Address: (Street, City, State, Zip)	CPD Use: UOG Code:
Grantee Organization's Name: I am with a CITY COUNTY STATE STA	TE SUBGRANTEE **
* ALWAYS MARK ALL THE FUNCTIONS NEEDED. Authorized Set Up Activity Request Drawdown Approve Functions/ Local IDIS Administrator Program Areas: CDBG ESG HOME HOPWA Note: Every IDIS user can view activities and get reports even if no other functions are authorized.	ed.
Authorized User's Signature and Date:	
Field Office Approval (CPD Director or Designee):	Date
(NOTE: You can't authorize yourself, only your CEO or "grant holder" I authorize the person above to access IDIS, with the functions checked. (Typed please) Approved by: Name	can.) Notary (signature and date)
Title .	
Office Phone: () Office Address: (Street, City, State, Zip)	
Approving Official's Signature and Date:	
** Approval of State Subgrantee Request - CPD State Coordinator or State	Official name, signature, and date:
Name: Signature:	_

Instructions for Recording, Committing and Disbursing Local Funds

The local account contains funds that enable the jurisdiction to meet the participation threshold amount described in Section 92.102 of the HOME regulations.

A. Instructions for Recording Local Funds in IDIS:

- 1. Select option H Receipts Menu from the IDIS Main Menu
- 2. Select option 01 Receipt Authorization from the Receipts Menu
- 3. Place an X next to your PJ name and press <Enter>
- 4. Press <Enter> to confirm the authorization
- 5. Select option 02 Create Receipt from the Receipts Menu
- 6. Enter the following:

Receipt Program Code

M

Fiscal Year

YYYY of grant number Select applicable code:

Source Type

MC = Metro City

UC = Urban County

DC = Consortium

SG = State Recipient

Fund Type

PΙ

Amount

Amount of local funds

7. When the information is successfully entered, the following message appears at the bottom of the screen: "Receipt Posted. Please Note Grant and Voucher Number"

B. Instructions for Attaching Local Funds to an Activity

- 1. Select option I Activity Funding from the IDIS Main Menu
- 2. Select option 02 Maintain Activity Funding from the Activity Funding Menu
- 3. Enter the HUD Activity Number committing program income and press <Enter>.
- 4. Enter an <X> next to the desired grant funds you want to commit and press <Enter>. Screen C04M005 will appear.
- 5. Enter the amount of local funds under the Funded Amount field and press <Enter>
- 6. When the information is successfully enter
- 7. Fiscal Year is optional.

C. Instructions for Recording Disbursed Local Funds in IDIS

- 1. Select option D (Drawdown) from the Main Menu
- 2. Select option 01 (Drawdown Authorization) from the Drawdown Menu
- 3. Place an X next to the PJ Name and press <Enter> which will take you back to the Drawdown Menu.
- 4. Select option 04 (Create Drawdown/Voucher) from Drawdown Menu and press <Enter>. Screen C04MD10 should appear.
- 5. Enter all the HUD activity numbers requesting drawdowns and press <Enter>. Screen C04MD11 should appear. You can request up to 60 activities on one voucher request.

- 6. Enter the draw amounts for each listed activity number. If PI funds have been receipted an additional line will appear for that activity with a Fund Type of PI. When finished entering all the required amounts press <Enter> to save.
- 7. NOTE: To view more activities on the voucher press enter to save data before paging up or down.
- 8. Press <Shift> <F10> to initiate drawdown request. The<Shift> <F10> will take you to the C04MD14 screen to review your request. Press <Shift> <F10> again to accept drawdown.

NOTE: The drawdown request is not complete until a voucher number is displayed at the bottom of the C04MD14 screen.