TABLE 1.—FINAL TARGETED ASSISTANCE ALLOCATIONS BY COUNTY: FY 2000—Continued

County and State	Refugees 1	Entrants	Havana parolees <sup>2</sup>	Total arrivals FY 1995– 1999	Total FY 2000 final alloca- tion
18. Cook/Kane, Illinois	15,790	368	298	16,456	1,942,642
19. Polk County, Iowa	3,612	1	2	3.615	426,753
20. Jefferson County, <sup>3</sup> Kentucky	3,813	1,353	621	5,787	683,159
21. Hampden County, Massachusetts	2,281	9	6	2,296	271,044
22. Suffolk County, Massachusetts	4,285	53	59	4,397	519,069
23. Ingham County, Michigan	1,927	647	290	2,864	338,097
24. Kent County, Michigan	2,836	73	34	2,943	347,432
25. Hennepin County, Minnesota	6,601	3	4	6,608	780,079
26. Ramsey County, Minnesota	2,024	10	7	2,041	240,941
27. City of St. Louis, Missouri	8,606	1	1	8,608	1,016,180
28. Lancaster County, Nebraska	2,378	38	25	2,441	288,162
29. Clark County, <sup>4</sup> Nevada	1,566	1,261	867	3,694	436,079
30. Hudson County, New Jersey	1,327	665	825	2,817	332,549
31. Bernalillo County, New Mexico	1,051	1,006	827	2,884	340,458
32. Monroe County, New York	2,730	833	452	4,015	473,973
33. New York, New York	42,317	590	531	43,438	5,127,885
34. Oneida County, New York	4,698	1	0	4,699	554,720
35. Guilford County, North Carolina	2,430	7	10	2,447	288,870
36. Cass County, North Dakota	1,791	3	2	1,796	212,019
37. Cuyahoga County, Ohio	3,600	7	8	3,615	426,753
38. Multnomah, Oregon	11,319	776	404	12,499	1,475,515
39. Erie County, Pennsylvania	1,922	0	0	1,922	226,893
40. Philadelphia County, Pennsylvania	4,833	44	37	4,914	580,101
41. Minnehaha County, <sup>5</sup> South Dakota	1,592	0	0	1,592	187,937
42. Davidson County, Tennessee	3,248	54	42	3,344	394,761
43. Dallas/Tarrant, Texas	11,248	525	485	12,258	1,447,065
44. Harris County, Texas	8,525	348	137	9,010	1,063,636
45. Davis/Salt Lake, Utah	5,135	1	3	5,139	606,662
46. Fairfax County, Virginia	3,152	7	10	3,169	374,103
47. City of Richmond, Virginia	2,310	103	72	2,485	293,356
48. King/Snohomish, Washington	13,378	51	34	13,463	1,589,316
49. Pierce County, Washington	2,421	10	7	2,438	287,808
50. Spokane County, Washington	3,255	0	1	3,256	384,373
Total	289,305	39,551	48,349	377,205	44,529,300

<sup>&</sup>lt;sup>1</sup> Refugees include refugees, Kurdish asylees, and Amerasian immigrants from Vietnam.

TABLE 2.—TARGETED ASSISTANCE— FINAL ALLOCATIONS BY STATE: FY 2000

State	Amount
Arizona	\$1,211,318
California	7,053,173
Colorado	364,895
District of Columbia	431,475
Florida	9,926,173
Georgia	1,583,885
Illinois	1,942,642
lowa	426,753
Kentucky	683,159
Massachusetts	790,113
Michigan	685,520
Minnesota	1,021,020
Missouri	1,016,180
Nebraska	288,162
Nevada	436,079
New Jersey	332,549
New Mexico	340,458
New York	6,156,578
North Carolina	288,870

TABLE 2.—TARGETED ASSISTANCE— FINAL ALLOCATIONS BY STATE: FY 2000—Continued

State	Amount
North Dakota	212,019
Ohio	426,753
Oregon	1,475,515
Pennsylvania	806,994
South Dakota	187,937
Tennessee	394,761
Texas	2,510,701
Utah	606,662
Virginia	667,459
Washington	2,261,497
Total FY 2000 allocation	44,529,300

[FR Doc. 00-19649 Filed 8-2-00; 8:45 am]

BILLING CODE 4184-01-P

#### **DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT**

[Docket No. FR-4563-N-10]

**Notice of Proposed Information Collection for Public and Indian** Housing—LOCCS/VRS Payment Vouchers

**AGENCY:** Office of the Assistant Secretary for Public and Indian Housing, HUD.

**ACTION:** Notice.

**SUMMARY:** The proposed information collection requirement described below will be submitted to the Office of Management and Budget (OMB) for review, as required by the Paperwork Reduction Act. The Department is soliciting public comments on the subject proposal.

<sup>&</sup>lt;sup>2</sup> For FY 1999, the Havana parolees for all counties are based on actual data. For previous years, the Havana parolees of Florida counties are based on actual data, while parolees from other counties are prorated based on each county's proportion of the four year (FY 1995-1998) entrant population.

The allocation for Jefferson County, Kentucky will be awarded to the Kentucky Wilson/Fish project.
 The allocation for Clark County, Nevada will be awarded to the Nevada Wilson/Fish project.
 The allocation for Minnehaha County, South Dakota will be awarded to the South Dakota Wilson/Fish project.

**DATES:** Comments Due Date: October 2, 2000.

ADDRESSES: Interested persons are invited to submit comments regarding this proposal. Comments should refer to the proposal by name and/or OMB Control number and should be sent to: Mildred M. Hamman, Reports Liaison Officer, Public and Indian Housing, Department of Housing and Urban Development, 451 7th Street, S.W., Room 4238, Washington, D.C. 20410–5000

#### FOR FURTHER INFORMATION CONTACT:

Mildred M. Hamman, (202) 708–3642, extension 4128, for copies of the proposed forms and other available documents. (this is not a toll-free number).

SUPPLEMENTARY INFORMATION: The Department will submit the proposed information collection to OMB for review, as required by the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35, as amended).

This Notice is soliciting comments from members of the public and affected agencies concerning the proposed collection of information to: (1) Evaluate

whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility; (2) evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information; (3) enhance the quality, utility, and clarity of the information to be collected; and (4) minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated collection techniques or other forms of information technology; e.g., permitting electronic submission of responses.

This Notice also lists the following information:

Title of Proposal: Public and Indian Housing—LOCCS/VRS Payment Vouchers.

OMB Control Number: 2577–0166.

Description of the need for the information and proposed use: Form HUD–50080 will be used by grant recipients to request funds from HUD through the LOCCS/VRS voice activated system. The information collected on this form will also be used as an internal

control measure to ensure the lawful and appropriate disbursement of Federal funds as well as provide a service to program recipients.

Agency form number: HUD-50080 Series.

Members of affected public: State, Local or Tribal government; Resident Organizations.

Estimation of the total number of hours needed to prepare the information collection including number of respondents, frequency of response, and hours of response: 5,312 respondents, 22 responses per respondent, 116,864 total responses, 17,540 (116,864x.15) total burden hours.

Status of the proposed information collection: Reinstatement, with new vouchers for the Resident Opportunities and Self-Sufficiency (ROSS) Program.

**Authority:** Section 3506 of the Paperwork Reduction Act of 1995, 44 U.S.C. Chapter 35, as amended.

Dated: July 27, 2000.

#### Harold Lucas,

Assistant Secretary for Public and Indian Housing.

BILLING CODE 4210-33-M

# LOCCS / VRS Capacity-Building Grant Payment Voucher

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0166 (exp. 6/30/2000)

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. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

HUD implemented the Line of Credit Control System/Voice Response System (LOCCS/VRS) to process requests for payments to grantees. Grant recipients fill out a voucher form for the applicable HUD program with all the necessary information prior to making a telephone call using a touch tone telephone to initiate the drawdown process. The grantee will be prompted for entering the information and for confirming information that is spoken back by the VRS simulated voice. This information is required to obtain benefits under the Native American Housing and Self-Determination Act of 1996. The information requested does not lend itself to confidentiality.

Voucher Number		2. LOCCS Pgrm. Area	3. Period Covered by this Request (	(mm/yyyy)			
083	1 1 1 1	ONAP	from: to:		422		
5. Voice Response No	o. (5 digits, hyphen, 5 m	ore ) 6. Grantee Organ	ization's Name				
8. Grant or Project No	).	6a. Grantee Orga	inization's TIN		3.44		
9. Line Item No.	Type of F	unds Requested			Amount	(dollars)	* (cents)
1605	Title VI - Grant I	Funds					   
1610	Title VI- Adminis	stration					
1620	Title VI - Techni	cal Assistance Trib	es/TDHEs				   
1630	Title VI - Pass-th	nrough Funds for C	Capacity-Building Activities				
1631	Title VI - Fiscal S	Services					   
1632	Title VI - Securit	y Enhancement					
1633	Title VI - Afforda	ble Housing Activit	ties				
1634	Title VI - Econor	nic Benefits					
			10	. Voucher Total	\$		
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11. Name & Phone Nu	gram. In the event the imber (including area co completed this form		ecome more than necessary, suc 2. Name & Title of Authorized Signator			i, as directi	ea by HUD.
		1	13. Signature			14. Date of R	equest
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Warning: HUD will o	prosecute false claims	and statements. Convi	X iction may result in criminal and/or civ	ril penalties. (18 U.S.0	C. 1001. 1010. 101	2: 31 U.S.C	. 3729. 3802)

#### LOCCS / VRS

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0166 (exp. 6/30/2000)

## Comprehensive Improvement Assistance Program

Payment Voucher

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. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

HUD implemented the Line of Credit Control System/Voice Response System (LOCCS/VRS) to process requests for payments to grantees. Grant recipients fill out a voucher form for the applicable HUD program with all the necessary information prior to making a telephone call using a touch tone telephone to initiate the drawdwon process. The grantee will be prompted for entering the information and for confirming information that is spoken back by the VRS simulated voice. 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		OCCS Pgrm. Are	a 3. Period Covered by this Request from:		1 = P	artial Disbursement nal Disbursement	
5. Voice Response	No. (5 digits, hyphen, 5 more)	6. Grantee Org	anization's Name	7. Payee Organizatio	n's Name		
8. Grant or Project I	No.	6a. Grantee Or	ganization's TIN	7a. Payee Organizati	on's TIN		
9. Line Item No.	Type of Funds	Requested			Amount	:(dollars) * (cents)	
1406	Operations					*	
1408	Management Improv	ements			*		
1410	Administration					*	
1430	Fees & Costs					*	
1440	Site Acquisition					*	
1450	Site Improvement					*	
1460	Dwelling Structures			7/14		*	
1465	Dwelling Equipment	- Non-Expend	dable			*	
1470	Non-Dwelling Structu	ıres				*	
1475	Non-Dwelling Equipn	nent				*	
1485	Demolition					*	
1492	Moving to Work Dem	onstration				*	
1495	Relocation Costs					*	
1498	Mod Used for Develo	pment				*	
1500	FY 1992 & Prior Yea	r Grants		,		*	
needs for this pr	ogram. In the event the fi		voucher are correct and the amo become more than necessary, su	ch excess will be promp	excess of i		
	Number (including area code) no Completed this form		12. Name & Title of Authorized Signato	ory (type or print clearly)			
			13. Signature			14. Date of Request	

LOCCS / VRS

### Comprehensive Improvement Assistance Program-Technical Assistance

Payment Voucher

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0166 (exp. 6/30/2000)

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. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

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5. Voice Response No. (5 c	ligits, hyphen, 5 more )	6. Grantee Organ	ization's Name		7. Payee Organization	n's Name		
8. Grant or Project Number	ant or Project Number 6a. Grant			. Grantee Organization's TIN 7a. Payee Organizatio				
9. Line Item No.	Type of Funds	Requested				Amount	(dollars)	* (cents)
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I certify the data report for this program. In the				the amount requ	ested is not in excess	s of immed		
11. Name & Phone Number of the person who comp	(including area code)		12. Name & Title of Au					
		1	3. Signature			14. D	ate of Reques	t (mm/dd/yyyy)
Warning: HUD will prosec	cute false claims and s	tatements. Convid	ction may result in crir	ninal and/or civil per	nalties. (18 U.S.C. 100	1, 1010, 101	2; 31 U.S.C.	. 3729, 3802)

## LOCCS / VRS Comprehensive Grant

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0166 (exp. 6/30/2000)

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the tifice reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agemmay not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

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1. Voucher Number	r 2.	COMP	3. Period Covered from:	by this Request (mr	n/yyyy)	1 1 1	al Disburs I Disburse	
5. Voice Response	No. (5 digits, hyphen, 5 more	6. Grantee Organ	ization's Name		7. Payee Organiz	ation's Name	TALL BASE	
B. Grant or Project	No.	6a. Grantee Orga	inization's TIN		7a. Payee Organi	zation's TIN		
Line Item No.	Type of Fun	ds Requested				Amount (d	dollars)	* (cents)
1406	Operations							*
1408	Management Impr	ovements						*
1410	Administration							*
1411	Audit Costs (CGP	)					***************************************	*
1430	Fees & Costs							*
1440	Site Acquisition		W. C.	·				*
1450	Site Improvement				· ·			*
1460	Dwelling Structure	S						*
1465	Dwelling Equipmer	nt - Non-Expenda	able					*
1470	Non-Dwelling Struc	ctures						*
1475	Non-Dwelling Equi	pment	The second secon				1 13 1000	*
1485	Demolition			**************************************				*
1490	Replacement Rese	erve (CGP)						*
1492	Moving to Work De	emonstration						*
1495	Relocation Costs							*
1498	Mod Used for Deve	elopment						*
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1. Name & Phone	In the event the funds  Number (including area code ho Completed this form		more than necess  12. Name & Title of Au			returned, as dire	cted by H	UD.
2		1	13. Signature			14	I. Date of Re	quest
/arning: HUD wil	Il nrosecute false claims and	1 statements Conv	iction may recult in a	eriminal and/or civil	popultios (19119)	2 1001 100 1012:	21 11 6 0 1	2720 2002)

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001,100 1012; 31 U.S.C. 3729, 3802)

Privacy Statement: Public Law 97-255, Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD): bllect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraulent actions. The purpose of the data is to safeguard the Line of Credit Control System (LOCCS) from unauthorized access. The data are used to ensure that induals who no longer require access to LOCCS have their access capability promptly deleted. Failure to provide the information requested on the form may delay thereesing of your approval for access to LOCCS. While the provision of the SSN is voluntary, HUD uses it as a unique identifier for safeguarding the LOCCS fru nauthorized access. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

Previous edition is obsolete

# LOCCS / VRS Drug Elimination Program Assisted Housing

U.S. Department of Housing and Urban Development Office of Housing Federal Housing Commissioner OMB Approval No. 2502-0476 (exp. 6/30/2000)

Payment Voucher

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. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

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DF2B   from: to:	
8. Grant or Project No.  6a. Grantee Organization's TIN  6a. Grantee Organization's TIN  Amount (dollars)  9150 Physical Improvements  9160 Drug Prevention  9170 Drug Intervention  9180 Drug Treatment  9190 Other Program Costs	
9. Line Item No. Type of Funds Requested Amount (dollars) 9150 Physical Improvements 9160 Drug Prevention 9170 Drug Intervention 9180 Drug Treatment 9190 Other Program Costs	
9150 Physical Improvements 9160 Drug Prevention 9170 Drug Intervention 9180 Drug Treatment 9190 Other Program Costs	
9160 Drug Prevention 9170 Drug Intervention 9180 Drug Treatment 9190 Other Program Costs	* (cents)
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9190 Other Program Costs	*
9190 Other Program Costs	*
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10. Voucher Total	*
certify the data reported and funds requested on this voucher are correct and the amount requested is not in excess of immediate disburse for this program. In the event the funds provided become more than necessary, such excess will be promptly returned, as directed by H	UD.
11. Name & Phone Number (including area code) of the Person who Completed this form	
13. Signature 14. Date of Re	quest
X	

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)

### LOCCS / VRS

### **Economic Development and Supportive Services**

Payment Voucher

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0166 (exp. 6/30/2000)

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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0166), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

#### Do not send this form to the above address.

HUD implemented the Line of Credit Control System/Voice Response System (LOCCS/VRS) to process requests for payments to grantees. Grant recipients fill out a voucher form for the applicable HUD program with all the necessary information prior to making a telephone call using a touch tone telephone to initiate

1. Voucher Number		CCS Pgrm. Area 3. Period (	Covered by this Request (n to:	nm/yyyy)	4. 1 = Partial Disbursement 2 = Final Disbursement
5. Voice Response N	o. (5 digits, hyphen, 5 more)	6. Grantee Organization's Nar	ne	7. Payee Organi	ization's Name
3. Grant or Project No	0.	6a. Grantee Organization's TII	N	7a. Payee Orga	nization's TIN
9. Line Item No.	Type of Funds	Requested			Amount (dollars) * (cents)
4210	Supportive Services				*
4220	Economic Developm	ent Activities			*
4230	Administrative Costs				*
4240	Service Coordinator	s) / Case Manager(s) S	alary		*
4250	Other Program Cost	3			*
					*
					*
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			1	10. Voucher Tota	* *
					t in excess of immediate disbursement romptly returned, as directed by HUD.
Name & Phone Nu of the Person who	umber (including area code) o Completed this form	12. Name & T	itle of Authorized Signatory	(type or print clearly)	· · · · · · · · · · · · · · · · · · ·
		13. Signature			14. Date of Request
		x			

# LOCCS / VRS **Drug Elimination Program**Payment Voucher

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0166 (exp. 6/30/2000)

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. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

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5. Voice Response N	No. (5 digits, hyphen, 5 more)	6. Grantee Organ	ization's Name	***************************************	7. Payee Organiz	ation's Name		
3. Grant or Project N	lo.	6a. Grantee Orga	nization's TIN		7a. Payee Organi	zation's TIN		
Line Item No.	Type of Funds	Requested				Amount	(dollars)	* (cents)
9110	Reimbursement of I	Law Enforceme	ent					*
9115	Special Initiative							*
9116	Gun Buyback TA M	atch						*
9120	Employment of Sec	urity Personne						*
9130	Employment of Inve	estigators						*
9140	Voluntary Tenant P	atrol						*
9150	Physical Improvement	ents						*
9160	Drug Prevention		MA TO 10					*
9170	Drug Intervention							*
9180	Drug Treatment							*
9190	Other Program Cos	ts						*
9191	FY 1991 Grant Cos	ts						*
-								*
				_	10. Voucher T			*
I certify the data needs for this pro	reported and funds requorers. In the event the f	uested on this v Tunds provided b	oucher are correct and become more than nec	d the amount reessary, such e	requested is not xcess will be pr	in excess of comptly return	immediate o ed, as direc	lisbursement ted by HUD.
11. Name & Phone N	Number (including area code) to Completed this form		12. Name & Title of Author					
			13. Signature		1000		14. Date of I	Request
			X					

LOCCS / VRS

### **Family Investment Centers Program**

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0166 (exp. 6/30/2000)

#### Payment Voucher

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. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

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1. Voucher Nun <b>060</b>	nber	2. LOCCS Pgrm. Area	3. Period Covered from:	by this Request (m	nm/yyyy) 4.		artial Disb nal Disbur	
5. Voice Respo	nse No. (5 digits, hyphen, 5 m	ore ) 6. Grantee Organ	ization's Name		7. Payee Organization	's Name		
8. Grant or Proj	ect No.	6a. Grantee Orga	nization's TIN		7a. Payee Organizatio	n's TIN	A 10 4 1	
9. Line Item I	No. Type of F	unds Requested				Amount	(dollars)	* (cents)
9610	Administrative C	Costs						*
9620	Other Program	Costs						*
9630	Supportive Serv	ices						*
9640	Conversion/Ren	ovation Activities						*
								*
								*
								*
								*
								*
								*
								*
								*
								*
					10. Voucher Total	\$		*
	data reported and funds : s program. In the event the							
11. Name & Pho of the Perso	one Number (including area co on who Completed this form	de) 1	2. Name & Title of Au	uthorized Signatory	(type or print clearly)			
		1	3. Signature				14. Date of	Request
W-1		)	Κ					

# LOCCS / VRS Hope - Elderly Independence Payment Voucher

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0166 (exp. 6/30/2000)

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. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

HUD implemented the Line of Credit Control System/Voice Response System (LOCCS/VRS) to process requests for payments to grantees. Grant recipients fill out a voucher form for the applicable HUD program with all the necessary information prior to making a telephone call using a touch tone telephone to initiate the drawdwon process. The grantee will be prompted for entering the information and for confirming information that is spoken back by the VRS simulated voice. 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. L	OCCS Pgrm. Area	3. Period Covered by from:	this Request (mm/	<sup>(</sup> yyyy) 4.	1	rtial Disbu	
5. Voice Response N	No. (5 digits, hyphen, 5 more)	6. Grantee Organi	ization's Name		7. Payee Organization's	s Name		
8. Grant or Project N	0.	6a. Grantee Organ	nization's TIN		7a. Payee Organization	i's TIN		
9. Line Item No.	Type of Funds	Requested			4	Amount	(dollars)	* (cents)
2000	Hope Grant - Year	1 Approved Bud	dget					*
3000	Hope Grant - Year	2 Approved Bud	dget					*
4000	Hope Grant - Year	3 Approved Buc	lget					*
5000	Hope Grant - Year	4 Approved Bud	lget					*
6000	Hope Grant - Year	5 Approved Bud	dget					*
								*
								*
								*
								*
								*
								*
								*
					10. Voucher Total			*
	reported and funds requestrant. In the event the f							
	lumber (including area code) o Completed this form	1	2. Name & Title of Auth	norized Signatory (ty	pe or print clearly)		ak ni sa	
		1	3. Signature				14. Date of F	Request
		>	Κ					

## LOCCS / VRS HOPE 1 Implementation Grant

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0166 (exp. 6/30/2000)

### Payment Voucher

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. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

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Noucher Number		2. LOCCS Pgrm. Area	3. Period Covered from:	d by this Request (mm	/yyyy)			
5. Voice Response N	o. (5 digits, hyphen, 5 mo	ore ) 6. Grantee Organ	nization's Name		1		No.	
3. Grant or Project No	D.	6a. Grantee Orga	anization's TIN					
D. Line Item No.	Type of Fu	unds Requested				Amount	(dollars)	* (cents)
9410	Architecture & E	ngineering						*
9415	Implementation of	of Homeownership	o Program					*
9420	Rehabilitation Co	osts						*
9425	Administrative C	osts						*
9430	Development of	RMCs/RCs						*
9435	Counseling & Tra	aining						*
9440	Relocation							*
9445	Temporary Relo	cation						*
9450	Assistance for O	perating Expense	s				**************************************	*
9455	Replacement Re	eserves						*
9460	Replacement Ho	using						*
9465	Legal Fees							*
9470	Ongoing Training	g Needs						*
9475	Economic Develo	opment						*
9480	Other Eligible Ac	tivities						*
					10. Voucher Tot	al \$		*
	reported and funds r							
1. Name & Phone N	umber (including area coo Completed this form			Authorized Signatory (t		- •		-
			13. Signature				14. Date of F	Request
Varning: HUD will	nrosecute false claims a		X viction may result in	criminal and/or civil o	enalties (1811SC 1	001 1010 1	012: 31115.0	3729 3802)

Privacy Statement: Public Law 97-255, Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) with will be used by HUD to protect disbursement data from fraudulent actions. The purpose of the data is to safeguard the Line of Credit Control System (LOCCS) from unauthorized access. The data are used to ensure that individuals who no longer require access to LOCCS have their access capability promptly deleted. Failure to provide the information requested on the form may delay the processing of your approval for access to LOCCS. While the provision of the SSN is voluntary, HUD uses it as a unique identifier for safeguarding the LOCCS from unauthorized access. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

form HUD-50080-HOP1-b (4/2000)

### LOCCS / VRS HOPE VI Program Payment Voucher

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0166 (exp. 6/30/2000)

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. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

HUD implemented the Line of Credit Control System/Voice Response System (LOCCS/VRS) to process requests for payments to Public and Indian Housing program grantees. Grant recipients fill out a voucher form for the applicable HUD program with all the necessary information prior to making a telephone call using a touch tone telephone to initiate the drawdwon process. The grantee will be prompted for entering the information and for confirming information that is spoken back by the VRS simulated voice. This information is required to obtain benefits under the HOPEVI. The information requested does not lend itself to confidentiality.

1. Voucher Number	2. L	OCCS Pgrm. Area	3. Period Covered by t	his Request (mm/	уууу) 4.	i	artial Disbu		
	o. (5 digits, hyphen, 5 more)				7. Payee Organization	's Name			
8. Grant or Project No	o.	6a. Grantee Orga	anization's TIN		7a. Payee Organizatio	ation's TIN			
9. Line Item No.	Type of Funds	Requested				Amount	(dollars)	* (cents)	
1408	Management Impro	vement						*	
1410	Administration							*	
1430	Fees & Costs							*	
1440	Site Acquisition							*	
1450	Site Improvement							*	
1460	Dwelling Structures							*	
1465	Dwelling Equipment	- Non-Expend	able					*	
1470	Non-Dwelling Struct	tures						*	
1475	Non-Dwelling Equip	ment						*	
1485	Demolition							*	
1495	Relocation Costs							*	
								*	
					10. Voucher Total	\$			
certify the data needs for this pro	reported and funds requestrant. In the event the f	nested on this volumes provided t	oucher are correct an	d the amount r	equested is not in excess will be promp	excess of tly return	immediate of	disbursemented by HUI	
	umber (including area code) c Completed this form		12. Name & Title of Autho	rized Signatory (ty	pe or print clearly)				
		-	13. Signature				14. Date of	Request	
			X						

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Privacy Statement: Public Law 97-255, Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions. The purpose of the data is to safeguard the Line of Credit Control System (LOCCS) from unauthorized access. The data are used to ensure that individuals who no longer require access to LOCCS have their access capability promptly deleted. Failure to provide the information requested on the form may delay the processing of your approval for access to LOCCS. While the provision of the SSN is voluntary, HUD uses it as a unique identifier for safeguarding the LOCCS from unauthorized access. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

Previous editions are obsolete form HUD-50080-URP (4/2000)

LOCCS / VRS Indian HOME Program Payment Certification Voucher U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0166 (exp.6/30/2000)

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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0166), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

#### Do not send this form to the above address.

HUD implemented the Line of Credit Control System/Voice Response System (LOCCS/VRS) to process requests for payments to grantees. Grant recipients fill out a voucher form for the applicable HUD program with all the necessary information prior to making a telephone call using a touch tone telephone to initiate the drawdwon process. The grantee will be prompted for entering the information and for confirming information that is spoken back by the VRS simulated voice. 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/Certificat	tion Number: 2. L	OCCS Pgrm. Area:		d by this Request to:		4. 1 = Partial Disbursement 2 = Final Disbursement
	No. (5 digits, hyphen, 5 more ) :				7. Payee Organ	ization's Name :
8. Grant No:		6a. Indian Tribe's	Taxpayer ID No. :		7a. Payee Orga	inization's TIN:
9. Line Item No.	Type of Funds	Requested				Amount : (dollars) * (cents
1000	Non-Administrative	Costs				*
2000	Administrative Costs	:				*
						*
						*
		···				*
						*
						*
						· *
						*
						*
						*
						*
				10. <b>V</b> 01	ucher/Certification	Total: \$ *
						ess of immediate disbursement needs returned, as directed by HUD.
	Number (including area code)				ry (type or print clearly)	
		-	13. Signature :			14. Date of Request :
			X			

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)

### LOCCS / VRS Indian Housing Block Grant Payment Voucher

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0166 (exp. 6/30/2000)

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. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

HUD implemented the Line of Credit Control System/Voice Response System (LOCCS/VRS) to process requests for payments to grantees. Grant recipients fill out a voucher form for the applicable HUD program with all the necessary information prior to making a telephone call using a touch tone telephone to initiate the drawdown process. The grantee will be prompted for entering the information and for confirming information that is spoken back by the VRS simulated voice. This information is required to obtain benefits under the Native American Housing and Self-Determination Act of 1996. The information requested does not lend itself to confidentiality.

1. Voucher Number	2. l	OCCS Pgrm. Area	3. Period Covered by this Re	quest (mm/yy)			
079		IHBG	from: to:	•			
5. Voice Response N	o. (5 digits, hyphen, 5 more)	6. Grantee Organi	zation's Name				
8. Grant or Project No	D.	6a. Grantee Organ	nization's TIN				
9. Line Item No.	Type of Fund	s Requested			Amount	(dollars)	* (cents)
1600	Current Assisted St	tock Operating S	Subsidy				    -
1601	Investments						
1602	IHBG Balance						
							]
				10. Voucher Total	\$		
I certify the data	reported and funds requ	uested on this vo	ucher are correct and the come more than necessar	amount requested is no	et in excess of in	nmediate di	isbursement
11. Name & Phone No	umber (including area code) Completed this Form:		2. Name & Title of Authorized S			a, as unecu	a by HOD.
		1:	3. Signature :			14. Date of R	equest :
		x					
			ction may result in criminal and act, 31 U.S.C. 3512, authori				

### LOCCS / VRS Lead-Based Paint Risk Assessment

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0166 (exp. 6/30/2000)

### Payment Voucher

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. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

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1. Voucher Number	er	2. LOCCS Pgrm. Area	3. Period Covere	d by this Request (i	mm/yyyy)	1 1	artial Disbursement nal Disbursement
	e No. (5 digits, hyphen, 5 mo	re ) 6. Grantee Organ	nization's Name		7. Payee Organization	on's Name	
8. Grant or Projec	t No.	6a. Grantee Org	anization's TIN	ion's TIN			
9. Line Item No	.   Type of Fu	ınds Requested			1	Amount	(dollars) * (cents)
1410	Administration						*
1430	Fees & Costs						*
							*
							*
-							*
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							*
							*
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							*
							*
							*
					10. Voucher Tot	al \$	*
	ta reported and funds reprogram. In the event the						
11. Name & Phono of the Person	e Number (including area cowho Completed this form	de)	12. Name & Title of	Authorized Signator	y (type or print clearly)		
			13. Signature				14. Date of Request
			X				

LOCCS / VRS Moving to Work Demonstration Program Technical Assistance Grants U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0166 (exp. 6/30/2000)

#### **Payment Voucher**

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. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

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094		MTWG	from:	to:		<b>└</b>	artial Disbı inal Disbur	
/oice Response No. (5	digits, hyphen, 5 more)	6. Grantee Orga	anization's Name		7. Payee Organizat	tion's Name		
Grant No	**************************************	6a. Grantee Org	ganization's TIN No.		7a. Payee Organiza	ation's TIN		
Line Item No.	Type of Funds	Requested				Amount	(dollars)	* (cents
0100	MTW Technica					, unedin	(donaro)	*
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							***************************************	
			W. W		AAA			
								Option Control Control
				MANUFACTURE PART .			2022 2020 2020 2020 2020 2020	
				yanaan				
								And the territory of th
						\$		*
				10, Vouche	er/Certification Total	al:		*
rtify the data rep ds for this progra	orted and funds requ m. In the event the fo	unds provided	voucher are correct become more than i	and the amount necessary, such	requested is not in excess will be pron	excess of a	immediate d ed, as direct	isburseme ed by HU
Name & Phone Numb of the Person who cal	er (including area code) led:		12. Name & Title of Aut	horized Signatory (	(type or print clearly) :			
			13. Signature :				14. Date of F	Request :
			X					

# LOCCS / VRS Public Housing Development Payment Voucher

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0166 (Exp.6/30/2000)

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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0166), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. Do not send this form to the above address.

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1.	Voucher Number :	·····		DCCS Pgrm. Area:	3. Period Covered from:	d by this Request (	mm/yy):		al Disbursement Disbursement
5.	Voice Response No	. (5 digits, hyphen, 5 mo	re ) :	6. Grantee Organiz	zation's Name :		7. Payee Organizat		
8.	Grant or Project No:			6a. Grantee Organ	ization's TIN :		7a. Payee Organiza	tion's TIN:	
9.	Line Item No.	Type of F	unds	Requested				Amount : (c	iollars) * (cents)
	1406	Operations							*
	1410	Administration							*
	1425	Initial Operating	Defi	cit					*
	1430	Planning (excep	HU	D technical serv	vice fee)				*
	1440	Site Acquisition	& Ex	penses					*
	1450	Site Improvemen	nts						*
	1475	Non-Dwelling Ed	uipr	nent					*
	1480	Construction Wo	rk/C	ontract Work-In	Progress				*
	1485	Demolition							*
	1495	Relocation Costs	3						*
	1499	Development Us	ed f	or Mod					*
	1500	FY 94 & Prior Ye	ar C	Grants & Loans					*
							10. Voucher Tot	al:	*
I c fo	ertify the data re r this program. I	ported and funds red in the event the fund	ques Is pr	ed on this vouch ovided become r	er are correct and more than neces	d the amount requals	uested is not in excess ss will be promptly re	of immediate d turned, as direc	isbursement needs ted by HUD.
11.		mber (including area co Completed this Form:	de)	1	2. Name & Title of A	Authorized Signator	y (type or print clearly) :		
					3. Signature :			14	1. Date of Request :
				)	(			1	

# LOCCS / VRS Public Housing Technical Assistance

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0166 (Exp.6/30/2000)

Payment Voucher

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. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

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1. \	Voucher Number	2. L	OCCS Pgrm. Area	3. Period Covered	by this Request (mm.	/yyyy)	4. 1 = Partial Dis 2 = Final Disb	
		(5 digits, hyphen, 5 more	) 6. Grantee Organiz	ation's Name		7. Payee Organizat	ion's Name	
8. (	Grant or Project Nun	nber	6a. Grantee Organ	ization's TIN		7a. Payee Organiza	ation's TIN	
9.	Line Item No.	Type of Funds	s Requested				Amount: (dollars)	* (cents)
								*
								*
								*
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								*
								*
								*
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								*
Ι.	pertify the data re	ported and funds requ	ested on this you	cher are correct		). Voucher Total		* lishursement
ne	eds for this progr	ram. In the event the fu	inds provided bec	ome more than i	necessary, such exc	ess will be promp		
11		nber (including area code) completed this form			Authorized Signatory (t	ype or print clearly)		
				3. Signature			14. Date	of Request
			X					0.0.0700.0000)
Pr all da to ac	ivacy Statement: the information (e. ta is to safeguard the LOCCS have their cess to LOCCS. N	rosecute false claims and Public Law 97-255, Finaccept the Social Security ne Line of Credit Control 8 access capability prom While the provision of the e otherwise disclosed of	ancial Integrity Act, Number (SSN)) wh System (LOCCS) fro ptly deleted. Failur SSN is voluntary,	31 U.S.C. 3512, a nich will be used b om unauthorized a re to provide the ir HUD uses it as a	authorizes the Depar y HUD to protect dist access. The data are nformation requested unique identifier for	rtment of Housing a oursement data fror used to ensure that d on the form may d safeguarding the L	nd Urban Development in fraudulent actions. The individuals who no longuelay the processing of the pro	t (HUD) to collect ne purpose of the er require access your approval for

LOCCS / VRS

### **PH Apprenticeship Demonstration Program in Construction Trades**

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0166 (exp. 6/30/2000)

(Urban Youth Corp) Payment Voucher

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. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

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1. Voucher Number	2.1	OCCS Pgrm. Area	3. Period Covered I from:	by this Request (mi	m/yyyy) 4.	1	artial Disb nal Disbur		
	No. (5 digits, hyphen, 5 more	6. Grantee Organi	ization's Name		7. Payee Organization	's Name			
8. Grant or Project	No.	6a. Grantee Organ	nization's TIN		7a. Payee Organization	nization's TIN			
9. Line Item No.	Type of Fund	s Requested				Amount	(dollars)	* (cents)	
9910	Administrative Cost	ts						*	
9920	Stipends							*	
9930	Supportive Service	s						*	
9940	Uniforms and Tools	3						*	
9950	Subgrants							*	
9970	Other Program Cos	sts						*	
								*	
								*	
***************************************								*	
								*	
								*	
					10. Voucher Tota	\$		*	
I certify the dat needs for this p	a reported and funds req	uested on this vo	oucher are correct ecome more than	and the amount	t requested is not in e	excess of i	mmediate ed, as dire	disbursemen	
11. Name & Phone	Number (including area code) tho Completed this form		2. Name & Title of Au					-	
		1	13. Signature				14. Date of	Request	
		)	Χ				<u> </u>		

LOCCS / VRS RESIDENT OPPORTUNITIES AND SELF SUFFICIENCY (ROSS) PROGRAM U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0166 (exp. 6/30/2000)

Payment Voucher (All Grantees)
Resident Service Delivery Models

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. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

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1. Voucher Number		OCCS Pgrm. Area	from:	ed by this Request (mr to:		1 = Partial Disburs 2 = Final Disburse	
5. Voice Response No.	(5 digits, hyphen, 5 more)	6. Grantee Organiz	ation's Name		7. Payee Organizati	ion's Name	
8. Grant or Project No.		6a. Grantee Organi	zation's TIN		7a. Payee Organiza	ation's TIN	
9. Line Item No.	Type of Fund	s Requested	***************************************			Amount (dollars) * (c	ents)
FY 1999-FY 2000	RESIDENT SERVIC	E DELIVERY M	ODELS			*	
2005	Program Coordina	tor				*	
2010	Physical Improven	nents				*	
2020	Entrepreneur Busi	ness Developm	ent			*	
2021	Establishing a Re	evolving Loan Fu	nd (RLF Estab	lishment)			
2022	Developing a Cre	edit Union (CU De	evelopment)			*	
2030	Business Develop	ment				*	
2031	Develop Busines	s Plan				*	
2032	Conduct Market	Analysis				*	
2033	Secure Licensing	, Insurance, Bon	ding (Licensing	g/Bonding)		*	
2034	Training Related	to Resident Own	ed Business (F	ROB Training)		*	
2035	Establishment of	Resident Manag	ed Business D	evelopment (RM	BD Establishment)		
2040	Resident Organiza	tion Developme	nt Activities			*	
2041	Organize Commu	unity				. *	
2042	Operating Procee	dures				*	
2043	Develop MOU					*	
2044	Develop Plan for	Technical Assista	ance (T/A Plan	Development)		*	
2045	Consultant Contr	acts				*	-
2046	Self Sufficiency F	Programs				*	
2050	Resident Manager	nent				*	
2051	Conduct Feasibil	ity Study				*	
2052	Secure Training/	Skills/Expertise (F	RM Training)			*	

Continued on next page

#### Continued from page 1

Line Item No.	Type of Funds Requested	Amount (dollars) *	(cents)
2053	Develop MOU	*	
2054	Consultant	*	
2055	Secure T/A to Draft Contract (Draft Contract T/A)	*	
2056	Negotiate Contract with PHA (Contract Negotiation)	*	
2057	Conduct Resident Training Preparation (Resident Training)	*	
2060	Self Sufficiency Program	*	
2061	Program Coordinator	*	
2062	Physical Improvements	*	
2063	Employment and Job Readiness (Job Readiness)	*	
2064	Job Training	*	
2065	Management Related Employment Training (Mgmt/Employment Training)	*	
2066	Vocational Training	*	
2067	Technical Assistance	*	
2070	Family Supportive Services	*	
2870	Elderly Supportive Services	*	
9100	Travel Costs	*	
9200	Other Resident Costs (Stipends, Reimbursements) – (Resident Costs)	. *	
9300	Contract Administrator	*	
9400	Administrative and Other Costs	*	
		*	
		*	
	. ,	· *	
		*	
		*	
		*	
	10. Voucher Total	\$ *	

I certify the data reported and funds requested on this voucher are correct and the amount requested is not in excess of immediate disbursement needs for this program. In the event the funds provided become more than necessary, such excess will be promptly returned, as directed by HUD.

Name & Phone Number (including area code)     of the Person who Completed this form	12. Name & Title of Authorized Signatory (type or print clearly)	
	13. Signature	14. Date of Request
	X	

LOCCS / VRS
RESIDENT OPPORTUNITIES
AND SELF SUFFICIENCY
(ROSS) PROGRAM

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0166 (exp. 6/30/2000)

Payment Voucher (All Grantees)

#### **Service Coordinators for Public Housing**

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1. Voucher Number	2.	ROSS	Period Covered by this Reques     from: to:	st (mm/yyyy)	4. 1 = Partial Disbursement 2 = Final Disbursement
	(5 digits, hyphen, 5 more)	6. Grantee Organi		7. Payee Organization	n's Name
8. Grant or Project No.		6a. Grantee Organ	nization's TIN	7a. Payee Organizati	ion's TIN
9. Line Item No.	Type of Fund	ls Requested			Amount (dollars) * (cents)
FY 1999-FY 2000	ELDERLY SERVIC	E COORDINATO	ORS		*
9810	Administrative Cos	ts			
9820	Other Program Exp	penses			*
9830	Training				*
9840	Salaries				*
9850	Fringe				*
					*
				·	*
					*
					*
					*
					* ·
	L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			10. Voucher Total	*
I certify the data reneeds for this prog	eported and funds rec gram. In the event the	quested on this vo	oucher are correct and the am ecome more than necessary, s	ount requested is not in such excess will be prom	excess of immediate disbursement aptly returned, as directed by HUD.
11. Name & Phone Nur	mber (including area code) Completed this form		12. Name & Title of Authorized Signal	tory (type or print clearly)	* -
		]	13. Signature		14. Date of Request
			Χ		

LOCCS / VRS
RESIDENT OPPORTUNITIES
AND SELF SUFFICIENCY
(ROSS) PROGRAM

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0166 (exp. 6/30/2000)

Payment Voucher (All Grantees)

### **Resident Management and Business Development**

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. Voucher Number		ROSS	3. Period Covere	d by this Request (mm	v/уууу)	1 = Partial Disbu			
. Voice Response No.	(5 digits, hyphen, 5 more)	6. Grantee Organiz	zation's Name		7. Payee Organizati				
3. Grant or Project No.		6a. Grantee Organ	ization's TIN		7a. Payee Organiza	ation's TIN			
D. Line Item No.	Type of Fund	s Requested				Amount (dollars) *	(cents)		
FY 1999-FY 2000	RESIDENT MANAG	GEMENT AND B	USINESS DEV	ELOPMENT		*			
1010	Physical Improven	nents				*			
1020	Resident Business	s Development				*	***************************************		
1021	Develop Busines	s Plan				*			
1022	Conduct Market	Analysis				*			
1023	Licensing, Insura	nce Bonding (Lic	censing/Bonding	g)		*			
1024	Training Related	to Resident Own	ed Business (F	R.O.B. Business T	raining)	*	*		
1025	Establishment of	Resident Manag	ed Business D	evelopment (RMI	3D Establishment)	. *			
1026	Technical Assista	ance				*			
1030	Resident Organiza	tion Developme	ent Activities (F	RO Activities)		*			
1031	Organize Commi	unity				*			
1032	Operating Proced	dures				*			
1033	Develop MOU					*			
1034	Develop Plan for	Technical Assist	ance (Develop	T/A Plan)		*			
1035	Consultant Contr	acts	V			*			
1036	Self Sufficiency F	Programs		<u> </u>		*			
1040	Resident Manager	nent				*			
1041	Conduct Feasibil	ity Study				*			
			Continued	on next page		<u> </u>			

form HUD-50080-RMBD Page 1 of 2 (4/7/2000)

#### Continued from page 1

Line Item No.	Type of Funds Requested	Amount (dollars) *	(cents)
1042	Secure Training/Skills/Expertise (RM Training)	*	
1043	Develop MOU	*	
1044	Secure T/A to Draft Contract (Draft Contract T/A)	*	
1045	Negotiate Contract with PHA (PHA Contract Negotiation)	*	
1046	Conduct Resident Training/Preparation (Resident Training)	*	
1050	Self Sufficiency Program	*	
1051	Employment and Job Readiness	*	
1052	Job Training	*	
1053	Management Related Employment Training (Mgmt. Employment Training)	*	
1054	Vocational Training	*	
1055	Technical Assistance	*	
1060	Supportive Services	*	
9100	Travel Costs	*	
9200	Other Resident Costs (Stipends, Reimbursements) – (Resident Costs)	*	
9300	Contract Administrator	*	
9400	Administrative and Other Costs	*	
		*	
		*	
		*	
		*	
		*	
	10. Voucher Total	\$ *	

I certify the data reported and funds requested on this voucher are correct and the amount requested is not in excess of immediate disbursement needs for this program. In the event the funds provided become more than necessary, such excess will be promptly returned, as directed by HUD.

Name & Phone Number (including area code) of the Person who Completed this form	12. Name & Title of Authorized Signatory (type or print clearly)	
	13. Signature	14. Date of Request
	x	

LOCCS / VRS RESIDENT OPPORTUNITIES AND SELF SUFFICIENCY (ROSS) PROGRAM U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0166 (exp. 6/30/2000)

Payment Voucher (All Grantees)

### **Capacity Building/Conflict Resolution**

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. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

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1. Voucher Number		OCCS Pgrm. Area	3. Period Covered by this Request (m	nm/yyyy)	4 1 =	Partial Disbursem
090		ROSS	from: to:			Final Disburseme
5. Voice Response No.	(5 digits, hyphen, 5 more)	6. Grantee Organiz	ation's Name	7. Payee Organizati	on's Name	
8. Grant or Project No.		6a. Grantee Organi	ization's TIN	7a. Payee Organiza	tion's TIN	
9. Line Item No.	Type of Funds	Requested		<del></del>	Amount	(dollars) * (cent
FY 1999-FY 2000	CAPACITY BUILDIN	1G			1	*
3000	Capacity Building Ad	ctivities			<u> </u>	*
3010	Training				1	*
3011	Consultants				1	*
3012	Other					*
9100	Travel Costs					*
9400	Administrative Costs	<u> </u>				*
	CONFLICT RESOLU	JTION				B.115
4000	Mediation Activities				1	*
4010	Establishment of Vio	lence Free Zone	es (Violence Free Zones)			*
4011	Youth Services Activ					*
4012	Resident/PHA Issue	s			-	*
4013	Development of Mat					*
4014	<del> </del>		(Mediation/Reconciliation Trno	7)		*
4015	Technical Assistance					*
9100	Travel Costs				<u> </u>	*
9400	Administrative Costs				<u> </u>	*
						*
						. *
			•			*
						*
	<u> </u>			10. Voucher Total	<del> </del>	*
			ucher are correct and the amour come more than necessary, sucl		excess of in	
11. Name & Phone Nur	mber (including area code) Completed this form		2. Name & Title of Authorized Signatory		ipily roturno	a, as directed by II
		13	3. Signature			14. Date of Request
			X			

LOCCS / VRS
Service Coordinators for
Public Housing

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0166 (exp.6/30/2000)

Payment Voucher

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1. Voucher Nun 064	nber	2. LOCCS Pgrm. Area	3. Period Covered by this Request from: to:	(mm/yyyy)	1 = Partial Disbursement 2 = Final Disbursement
	nse No. (5 digits, hyphen, 5 n	nore ) 6. Grantee Organi	zation's Name	7. Payee Organization	on's Name
3. Grant or Proj	ect No.	6a. Grantee Organ	nization's TIN	7a. Payee Organizat	ion's TIN
Eine Item i	No. Type of F	Funds Requested		L	Amount (dollars) * (cents)
9810	Administrative (	Costs (Excluding Sa	laries)		*
9820	Other Program	Expenses			*
9830	Supportive Serv	vices			*
9840	Training				*
9850	Salaries				*
					*
					*
					*
					*
					*
					*
					*
				10. Voucher Tot	\$ al *
					excess of immediate disburseme
1. Name & Ph	one Number (including area con who Completed this form		2. Name & Title of Authorized Signate		
		1	3. Signature		14. Date of Request
		>	(		

# LOCCS / VRS Special Purpose Grants Payment Voucher

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0166

(exp. 6/30/2000)

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1. Voucher Number					1 = Partial Disbursement 2 = Final Disbursement			
5. Voice Response No	. (5 digits, hyphen, 5 m	nore ) 6. Grantee Organ	ization's Name	7. Payee Organization	n's Name			
8. Grant or Project No.	•	6a. Grantee Orga	nization's TIN	7a. Payee Organization	on's TIN			
9. Line Item No.	Type of F	unds Requested			Amount (dollars) * (cents)			
1000	Personnel				*			
1100	Fringe Benefits				*			
1200	Travel				*			
1300	Equipment				*			
1400	Supplies				*			
1500	Contractual / Su	ub-Grantees			*			
1600	Construction				*			
1700	Other				*			
1800	Indirect Charges	s			*			
					*			
		4			*			
					*			
				10. Voucher Tota	, \$ *			
					excess of immediate disbursement only returned, as directed by HUD.			
	mber (including area co Completed this form	ode) 1	2. Name & Title of Authorized Sign	natory (type or print clearly)	<del>-</del>			
		1	3. Signature		14. Date of Request			
		<u> </u>	<					

# LOCCS / VRS Tenant Opportunities Program Payment Voucher (All Grantees)

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0166 (exp. 6/30/2000)

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1. Voucher Number	2. L	OCCS Pgrm. Area	Period Covered by this Requestion     from to	est (mm/yy)			
5. Voice Response N	o. (5 digits, hyphen, 5 more)	6. Grantee Organi	ization's Name				
8. Grant or Project No	D.	6a. Grantee Organ	nization's TIN				
9. Line Item No.	Type of Funds	s Requested			Amount	(dollars) '	(cents)
9810	Employment Readin		ontract			(4.5)	( )
9820	Business/Job Trainii						
9830	Job Placement Rete		3				
9840	Mediation Activities						
9850	Resident Organizati	on Developmen	nt Activities			100	in the
9851	Organize Communit		enderstande de de de la company de la compan				l
9852	Operating Procedure				,		
9853	Develop MOU						
9854	Plan for Technical A	ssistance					
9855	Consultant Contract			Water Committee	<u> </u>		
9856	Implement Property						
9857	Self-Sufficiency Pro						
9860	Travel Costs	gramo					
9870	Other Resident Cos	ts (Stinends Re	eimhursements)				<u> </u> 
9880	Administrative and 0		embarsements)				l
***************************************		100					
				1.4.191			
				***************************************			
				****			
				10. Voucher Total	\$		
for this program.	In the event the funds p	rovided become	ther are correct and the amou more than necessary, such o	excess will be promptl	y returned, as di		
	umber (including area code) completed this form.	1	12. Name & Title of Authorized Sig	natory (type or print clearly			
		1	13. Signature			14. Date of R	equest
		>	X				
Warning: HLID will	prosecute false claims and s	statements Convic	ction may result in criminal and/or	civil penalties (18 LLS C	1001 1010 1012	· 31 U.S.C.	3729 3802)

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Privacy Statement: Public Law 97-255, Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions. The purpose of the data is to safeguard the Line of Credit Control System (LOCCS) from unauthorized access. The data are used to ensure that individuals who no longer require access to LOCCS have their access capability promptly deleted. Failure to provide the information requested on the form may delay the processing of your approval for access to LOCCS. While the provision of the SSN is voluntary, HUD uses it as a unique identifier for safeguarding the LOCCS from unauthorized access. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

Previous editions are obsolete form HUD-50080-TOP (4/200

### LOCCS / VRS **Traditional Indian Housing Development**

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0166 (Exp.6/30/2000)

#### Payment Voucher

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1. Voucher <b>031</b>		2. L	OCCS Pgrm. Area	3. Period Covered b	y this Request (mm.	/yyyy) 4.	1	Partial Disbursement	
	esponse No. (5 digits, hyphen,	more)	6. Grantee Organi			7. Payee Organization			
8. Grant or	Project No.		6a. Grantee Organ	nization's TIN		7a. Payee Organization	on's TIN		
9. Line It	em No. Type o	f Funds	Requested				Amount	(dollars) * (cents)	
1406	Operations							*	
1410	Administratio	n				A		*	
1425	Initial Operati	ng Det	icit					*	
1430	Planning							*	
1440	Site Acquisition	on						*	
1450	Site Improve	nents						*	
1451	Off Site Sewe	er & W	ater					*	
1475	Non-Dwelling	Equip	ment				*		
1480	Construction	Work/0	Contracts in Pro	ogress				*	
1485	Demolition							*	
1495	Relocation C	osts						*	
1499	Development	Used	for Mod					*	
1500	FY 1994 & Pi	ior Ye	ar Grants					*	
						10. Voucher Total	\$	*	
I certify needs for	the data reported and fun this program. In the ever	ds requ it the f	ested on this vo	oucher are correct ecome more than i	and the amount a	requested is not in a	excess of otly return	immediate disbursemented, as directed by HUI	
	& Phone Number (including are Person who Completed this forn		1	2. Name & Title of Aut	horized Signatory (ty	pe or print clearly)			
				3. Signature				14. Date of Request	
Warning:	HUD will prosecute false clai	ms and		ction may result in cri	minal and/or civil pe	enalties. (18 U.S.C. 10	01, 1010, 1	012; 31 U.S.C. 3729, 3802	

# LOCCS / VRS Vacancy Reduction Program Payment Voucher

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0166 (exp. 6/30/2000)

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1. Voucher Number	r	2. LOCCS Pgrm. Area	3. Period Covered by this Requirement to:	uest (mm/yyyy)	1		
	No. (5 digits, hyphen, 5 mo	ore ) 6. Grantee Organ	1	1			
8. Grant or Project	No.	6a. Grantee Orga	nization's TIN				
9. Line Item No.	Type of Fu	unds Requested			Amount	(dollars) * (ce	ents)
1408	Management Im	provement				*	
1410	Administration					*	
1430	Fees & Costs					*	
1440	Site Acquisition					*	
1450	Site Improvemer	nt				*	
1460	Dwelling Structu	res				*	
1465	Dwelling Equipm	ent - Non-Expenda	able			*	
1470	Non-Dwelling Str	ructures				*	
1475	Non-Dwelling Eq	uipment				*	
1495	Relocation Costs	3				*	
						*	
						*	
				10. Voucher Total	\$	*	
I certify the dat needs for this p	a reported and funds rogram. In the event the	requested on this vo	oucher are correct and the a	amount requested is not in e	xcess of im	mediate disburs	sement HUD.
	Number (including area conho Completed this form	de) 1	2. Name & Title of Authorized Signature	gnatory (type or print clearly)			
		1	3. Signature			14. Date of Reques	;t
			Κ	B			

# LOCCS / VRS Youth Apprenticeship Program Payment Voucher

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0166 (exp. 6/30/2000)

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. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

HUD implemented the Line of Credit Control System/Voice Response System (LOCCS/VRS) to process requests for payments to grantees. Grant recipients fill out a voucher form for the applicable HUD program with all the necessary information prior to making a telephone call using a touch tone telephone to initiate the drawdwon process. The grantee will be prompted for entering the information and for confirming information that is spoken back by the VRS simulated voice. 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.

. Voucher Number		2. LOCCS Pgrm. Area	3. Period Covered	by this Request (mr	n/yyyy)			
062	(5 d) 10 10 15	YAP	from:	to:				
. Voice Hesponse No	o. (5 digits, hyphen, 5 m	ore) 6. Grantee Organi	ization's Name					
. Grant or Project No	).	6a. Grantee Organ	nization's TIN					
Line Item No.	Type of F	unds Requested				Amount	(dollars)	* (cents
9910	Administrative (	Costs						*
9920	Stipends							*
9930	Supportive Serv	ices						*
9940	Uniforms and To	ools						*
9950	Subgrants							*
9960	Data Collection/	Evaluation						*
9970	Other Program	Costs						*
								*
								*
								*
								*
								*
								*
					10. Voucher Tota	\$ al		*
		requested on this vo						
Name & Phone Nu	Imber (including area co Completed this form		2. Name & Title of Au			-		
		1:	3. Signature				14. Date of F	Request
		x	(					

# LOCCS / VRS Youth Development Initiative Payment Voucher

U.S. Department of Housing and Urban Development Office of Public and Indian Housing OMB Approval No. 2577-0166 (exp. 6/30/2000)

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1. Voucher Number	2. LOCCS Pgrm. Area 3. Period Covered by this Request (mm/yyyy)  from: to:			
	o. (5 digits, hyphen, 5 more ) 6. Grantee Organization's Name			
8. Grant or Project No	o. 6a. Grantee Organization's TIN			inches Anna
9. Line Item No.	Type of Funds Requested	Amount	(dollars)	* (cents)
9710	Administrative Costs			*
9720	Other Program Expenses			*
9730	Supportive Services			*
9740	Conversion/Renovation			*
9750	Service Coordinator			*
9760	Acquisition			*
9770	New Construction			*
				*
				*
				*
				*
				*
				*
	10. Voucher To	tal \$		*
	reported and funds requested on this voucher are correct and the amount requested is not in gram. In the event the funds provided become more than necessary, such excess will be pron			
1. Name & Phone Nu	umber (including area code) Completed this Form:  12. Name & Title of Authorized Signatory (type or print clearly)			
	13. Signature		14. Date of	Request
*	X			

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Privacy Statement: Public Law 97-255, Financial Integrity Act, 31 U.S.C. 3512, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions. The purpose of the data is to safeguard the Line of Credit Control System (LOCCS) from unauthorized access. The data are used to ensure that individuals who no longer require access to LOCCS have their access capability promptly deleted. Failure to provide the information requested on the form may delay the processing of your approval for access to LOCCS. While the provision of the SSN is voluntary, HUD uses it as a unique identifier for safeguarding the LOCCS from unauthorized access. This information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

form **HUD-50080-YDI** (4/2000)