Strategies for Grant Start Up and Program Success

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Learning Objectives

Understanding the key important information throughout the grant lifecycle:

- Grant Agreement Form (HUD-1044)
- Grant Application Detailed Budget Worksheet (CBW-424)
- Work Plan, Policies and Procedures, and Benchmarks
- HHGMS Contact Sheet
- Grantee Request
- LOCCS
- Quarterly Report Submission

Grant Agreement (HUD-1044)

- Provided at Start of grant

- Includes key information related to grant:
  - Grantee information (Address, AO, and PM)
  - OLHCHH staff information (GO and GTR assigned)
  - Award amount

- Needs to be signed by AO and GO

- Updated 1044 is required if any listed information changes (i.e., key personnel, amendments, etc.)

Assistance Award/Amendment

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

1. Assistance Instrument		2. Type of Action	
☐ Cooperative Agreement ☐ Grant		☐ Award ☐ Amendment	
3. Instrument Number	4. Amendment Number	5. Effective Date of this Action	6. Control Number
7. Name and Address of Recipient		8. HUD Administering Office	

		8a. Name of Administrator	8b. Telephone Number
		Deb Roane	Grant Services Director,

10. Recipient Project Manager		9. HUD Government Technical Representative	
11. Assistance Arrangement	12. Payment Method	13. HUD Payment Office	
☐ Cost Reimbursement	☐ Treasury Check Reimbursement		
☐ Cost Sharing	☐ Advance Check		
☐ Fixed Price	☐ Automated Clearinghouse		

14. Assistance Amount		15. HUD Accounting and Appropriation Data	
Previous HUD Amount		15a. Appropriation Number	15b. Reservation number
HUD Amount this action	$ 0		
Total HUD Amount		Amount Previously Obligated	

Where Does Your Part 3 Come From?

- In the budget workbook you will find the part 3 tab

- The part 3 is used to show the total balances in each category and to track your administrative cost

- As a reminder the part 3 must be submitted with each voucher.
    - Budget tool will create a part 3 form for use with LOCCS request

FINANCIAL REPORTING

HUD Healthy Homes! Grant Funds

Grant Agreement Number:	Grant Number.		
Grant Organization:	Grantee,		
Date Prepared:		(Year:	2021

HUD Healthy Homes Grant Funds

BUDGET CATEGORIES'	NEGOTIATED HUD SHARE BUDGET	APPROVED LOCCS DRAWDOWNS THIS PERIOD *	CUMULATIVE LOCCS DRAWDOWNS TO DATE'	AVAILABLE BALANCE
1. Personnel (Direct Labor)	$269,896.16	$20.179.12	$34.978.81	$234.917.35
2. Fringe Benefits	$50,632.64	$4,024.35	$5,188.81	$45,443.83
3. Travel	$20,512.68	$0.00	$15,483.28	$5,029.40
4. Equipment	$0.00		$0.00	$0.00
5. Supplies and Materials	$22,080.00	$0.00	$24.70	$22,055.30
6. Consultants	$22,204.11		$848.00	$21,356.11
7. Contracts and Sub-Grantees				
HHP services	$598,171.09	$42,150.00	$12,750.00	$585.421.09
7b	$0.00			$0.00
7c	$0.00			$0.00
7d	$0.00			$0.00
7e	$0.00			$0.00
7f.	$0.00			$0.00
7q.	$0 00			$0.00
7h.	$0.00			$0.00
7i.	$0.00			$0.00
	$0.00			$0.00
7k.	$0.00			$0.00

Work Plan (Due 60 Days Upon Grant Start Up)

- The "what" component of your grant

- Presents information on grant performance by quarter:
  - Units Assessed
  - Units Completed
  - LOCCS Draws

- Can be updated (with GTR approval) throughout grant period

- Most recent approved version should be on-file with GTR

Policies and Procedures (Due 60 Days Upon Grant Start Up)
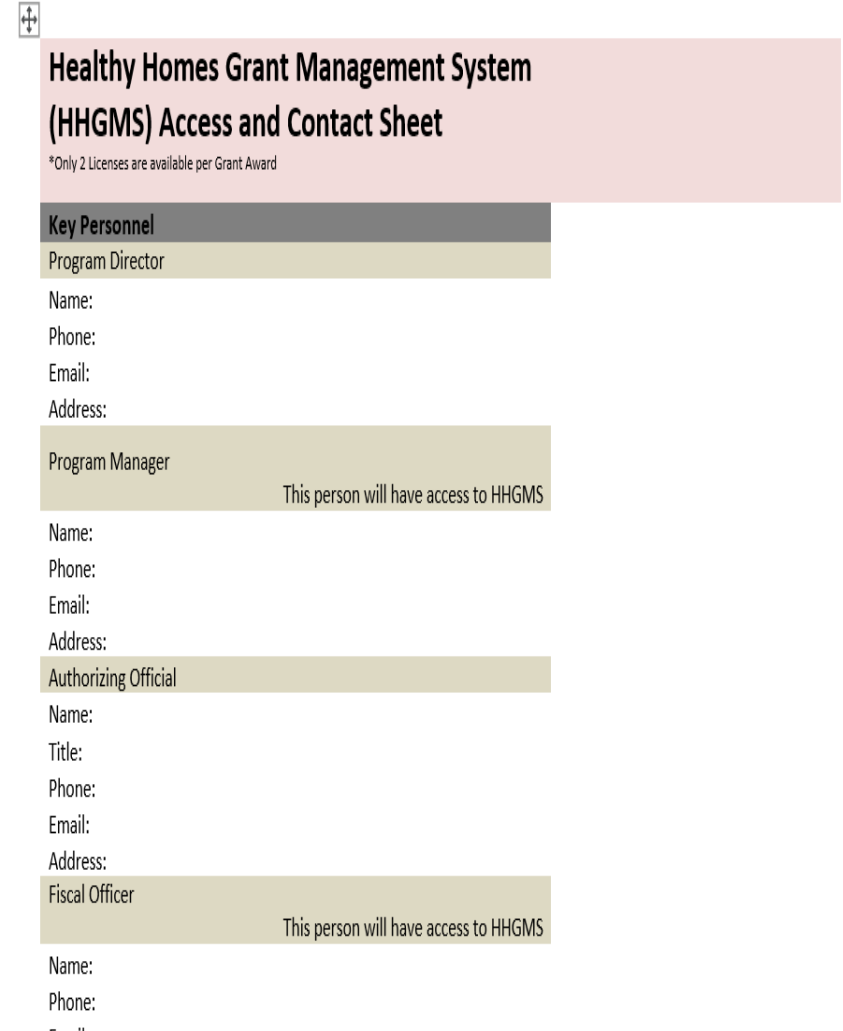
- The "how" component of your grant

- Presents information on grant protocols and practices. Sample items include:
  - Outreach strategy
  - Procurement approach
  - Flow of funds to contractor/sub-grantees
  - Evaluation plan
  - Should be updated (with GTR approval) throughout grant period if any protocols change
  - Most recent approved version should be on-file with GTR

Benchmarks

- Must achieve the grant compliance benchmarks to be identified by the grantee and approved by the GTR

- Benchmark should be realistic that the goals will be met with the 36 months Period of Performance (POP)

- Make your benchmarks achievable

- Communicated and share to all partners

- Evaluate your benchmarks constantly

- This is where the quarterly scoring comes from

Number of Completed & Cleared Housing Units Proposed:		< Enter Number of Units to be Completed and Cleared.										
Units Completed and Cleared:												
Minimum Performance Standard		0%	1%	5%	10%	20%	30%	40%	50%	60%	70%	80%
Proposed # Completed												
Actual # Completed												
Actual % Completed												
LOCCS DRAWDOWNS Grant Award Amount =		<Enter Requested OHHLHC Dollar Amount										

HHGMS Contact Sheet

- Please make sure your HHGMS contact sheet is correct. If there are any changes throughout the grant lifecycle, please send an updated contact sheet to your GTR.

- All fields that apply should be filled out

Healthy Homes Grant Management System (HHGMS) Access and Contact Sheet

*Only 2 Licenses are available per Grant Award

Key Personnel

Program Director

Name:

Phone:

Email:

Address:

Program Manager

This person will have access to HHGMS

Name:

Phone:

Email:

Address:

Authorizing Official

Name:

Title:

Phone:

Email:

Address:

Fiscal Officer

This person will have access to HHGMS

Name:

Phone:

Grantee Request

- All request should be submitted as a grantee request in HHGMS such as:
  - eLOCCS
  - Work Plan and Policies and Procedures
  - Any type of revision (benchmark, key personnel, budget, etc.)

eLOCCS Voucher Submission

- eLOCCS and HHGMS are two separate systems

- When submitting a voucher, the following should be included:
  - Voucher which is generated from eLOCCS
  - Signed part 3

- Supporting documentation is required for any eLOCCS request greater than 100k

FINANCIAL REPORTING
HUD Healthy Homes! Grant Funds

Grant Agreement Number:	Grant Number.		
Grant Organization:	Grantee,		
Date Prepared:		(Year:	2021

HUD Healthy Homes Grant Funds

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7e	$0.00			$0.00
7f.	$0.00			$0.00
7q.	$0 00			$0.00
7h.	$0.00			$0.00
7i.	$0.00			$0.00
	$0.00			$0.00

Voucher Verification

Payment Voucher Entry

Menu Auth Log
Off Bottom

_____ Voucher Selection   Payment Entry

eLOCCS
LBA Lead-Based Paint Abatement
Payment Voucher

U.S. Department of Housing and Urban Development
Office of Lead-Based Abatement Housing

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

HUD implemented the Line of Credit Control System (eLOCCS) to process requests for payments to grantees. Grant recipients should fill out a voucher form for the applicable HUD program with all the necessary information prior to the drawdown process. This information is required to obtain benefits under the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

1. Voucher Number 039-00041000	2. LOCCS Pgrm Area LBA	3.	4.
5. Voice Response No. n/a	6. Grantee Organization		
8. Grant or Project No.	6a. Grantee Organization TIN 71-000000		

Budget Line Item	Name	Authorized	Disbursed	Available Balance	Voucher Amount
1500	Healthy Homes Supplemental	1,000,000.00	137,715.55	862,284.45	67,466.90
	Total:	1,000,000.00	137,715.55	862,284.45	67,466.90

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.

11. Name & Phone Number of Person completing this form

Quarterly Report Submission

- The quarters: October-December, January- March, April- June, July-September

- All quarterly reports are due 30 days after the end of each quarter

- For your eLOCCS request to be counted toward each quarter, it must be submitted 10 days before the quarter ends

- Quarterly reports should be submitted under the quarterly report tab

- The SF-425 should be submitted as an attachment with each quarterly report

Questions