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

County and State	Refugees [1]	Entrants	Havana parolees [2]	Total arrivals FY 1995–1999	Total FY 2000 final allocation
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,[3] 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,[4] 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,[5] 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

[1] Refugees include refugees, Kurdish asylees, and Amerasian immigrants from Vietnam.
[2] 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.
[3] The allocation for Jefferson County, Kentucky will be awarded to the Kentucky Wilson/Fish project.
[4] The allocation for Clark County, Nevada will be awarded to the Nevada Wilson/Fish project.
[5] The allocation for Minnehaha County, South Dakota will be awarded to the South Dakota Wilson/Fish project.

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
Iowa	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.

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 l996. The information requested does not lend itself to confidentiality.

1. Voucher Number	2. LOCCS Pgrm. Area	3. Period Covered by this Request (mm/yyyy)
083	ONAP	from: to:

5. Voice Response No. (5 digits, hyphen, 5 more)	6. Grantee Organization's Name
8. Grant or Project No.	6a. Grantee Organization's TIN

9. Line Item No.	Type of Funds Requested	Amount (dollars) * (cents)
1605	Title VI - Grant Funds	
1610	Title VI- Administration	
1620	Title VI - Technical Assistance Tribes/TDHEs	
1630	Title VI - Pass-through Funds for Capacity-Building Activities	
1631	Title VI - Fiscal Services	
1632	Title VI - Security Enhancement	
1633	Title VI - Affordable Housing Activities	
1634	Title VI - Economic Benefits	
	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.

11. 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 X	14. Date of Request

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-CBG** (4/2000)

LOCCS / VRS
Comprehensive Improvement Assistance 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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1. Voucher Number	2. LOCCS Pgrm. Area	3. Period Covered by this Request (mm/yyyy)	4.
029	CIAP	from: to:	☐ 1 = Partial Disbursement ☐ 2 = Final Disbursement

5. Voice Response No. (5 digits, hyphen, 5 more)	6. Grantee Organization's Name	7. Payee Organization's Name
8. Grant or Project No.	6a. Grantee Organization's TIN	7a. Payee Organization's TIN

9. Line Item No.	Type of Funds Requested	Amount :(dollars) * (cents)
1406	Operations	*
1408	Management Improvements	*
1410	Administration	*
1430	Fees & Costs	*
1440	Site Acquisition	*
1450	Site Improvement	*
1460	Dwelling Structures	*
1465	Dwelling Equipment - Non-Expendable	*
1470	Non-Dwelling Structures	*
1475	Non-Dwelling Equipment	*
1485	Demolition	*
1492	Moving to Work Demonstration	*
1495	Relocation Costs	*
1498	Mod Used for Development	*
1500	FY 1992 & Prior Year Grants	*
	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.

11. 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 X	14. Date of Request

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)

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Previous edition is obsolete

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

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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1. Voucher Number	2. LOCCS Pgrm. Area	3. Period Covered by this Request (mm/yyyy)	4.
029	CIAP	from: to:	☐ 1 = Partial Disbursement ☐ 2 = Final Disbursement

5. Voice Response No. (5 digits, hyphen, 5 more)	6. Grantee Organization's Name	7. Payee Organization's Name
8. Grant or Project Number	6a. Grantee Organization's TIN	7a. Payee Organization's TIN

9. Line Item No.	Type of Funds Requested	Amount (dollars) * (cents)
		*
		*
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		*
		*
		*
		*
		*
		*
		*
		*
		*
	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.

11. 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 (mm/dd/yyyy)

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form **HUD-50080-CIAP-TA** (4/2000)

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)

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1. Voucher Number	2. LOCCS Pgrm. Area	3. Period Covered by this Request (mm/yyyy)	4.
028	COMP	from: to:	☐ 1 = Partial Disbursement 2 = Final Disbursement

5. Voice Response No. (5 digits, hyphen, 5 more)	6. Grantee Organization's Name	7. Payee Organization's Name
8. Grant or Project No.	6a. Grantee Organization's TIN	7a. Payee Organization's TIN

9. Line Item No.	Type of Funds Requested	Amount (dollars) * (cents)
1406	Operations	*
1408	Management Improvements	*
1410	Administration	*
1411	Audit Costs (CGP)	*
1430	Fees & Costs	*
1440	Site Acquisition	*
1450	Site Improvement	*
1460	Dwelling Structures	*
1465	Dwelling Equipment - Non-Expendable	*
1470	Non-Dwelling Structures	*
1475	Non-Dwelling Equipment	*
1485	Demolition	*
1490	Replacement Reserve (CGP)	*
1492	Moving to Work Demonstration	*
1495	Relocation Costs	*
1498	Mod Used for Development	*
	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.

11. 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 X	14. Date of Request

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Previous edition is obsolete

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

LOCCS / VRS
Drug Elimination Program
Assisted Housing
Payment Voucher

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner

OMB Approval No. 2502-0476 (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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1. Voucher Number	2. LOCCS Pgrm. Area	3. Period Covered by this Request (mm/yyyy)
042	DF2B	from: to:

5. Voice Response No. (5 digits, hyphen, 5 more)	6. Grantee Organization's Name
8. Grant or Project No.	6a. Grantee Organization's TIN

9. Line Item No.	Type of Funds Requested	Amount (dollars) * (cents)
9150	Physical Improvements	*
9160	Drug Prevention	*
9170	Drug Intervention	*
9180	Drug Treatment	*
9190	Other Program 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.

11. 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 X	14. Date of Request

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form **HUD-50080-DF2B** (4/2000)

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 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 I937, as amended. The information requested does not lend itself to confidentiality.

1. Voucher Number	2. LOCCS Pgrm. Area	3. Period Covered by this Request (mm/yyyy)	4.
073	EDSS	from: to:	☐ 1 = Partial Disbursement ☐ 2 = Final Disbursement

5. Voice Response No. (5 digits, hyphen, 5 more)	6. Grantee Organization's Name	7. Payee Organization's Name
8. Grant or Project No.	6a. Grantee Organization's TIN	7a. Payee Organization's TIN

9. Line Item No.	Type of Funds Requested	Amount (dollars) * (cents)
4210	Supportive Services	*
4220	Economic Development Activities	*
4230	Administrative Costs	*
4240	Service Coordinator(s) / Case Manager(s) Salary	*
4250	Other Program 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.

11. 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 X	14. Date of Request

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

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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1. Voucher Number	2. LOCCS Pgrm. Area	3. Period Covered by this Request (mm/yyyy)	4.
018	DRUG	from: to:	☐ 1 = Partial Disbursement ☐ 2 = Final Disbursement

5. Voice Response No. (5 digits, hyphen, 5 more)	6. Grantee Organization's Name	7. Payee Organization's Name
8. Grant or Project No.	6a. Grantee Organization's TIN	7a. Payee Organization's TIN

9. Line Item No.	Type of Funds Requested	Amount (dollars) * (cents)
9110	Reimbursement of Law Enforcement	*
9115	Special Initiative	*
9116	Gun Buyback TA Match	*
9120	Employment of Security Personnel	*
9130	Employment of Investigators	*
9140	Voluntary Tenant Patrol	*
9150	Physical Improvements	*
9160	Drug Prevention	*
9170	Drug Intervention	*
9180	Drug Treatment	*
9190	Other Program Costs	*
9191	FY 1991 Grant 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.

11. 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 X	14. Date of Request

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-DRUG** (7/2000)

LOCCS / VRS
Family Investment Centers 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.

1. Voucher Number	2. LOCCS Pgrm. Area	3. Period Covered by this Request (mm/yyyy)	4.
060	FIC	from: to:	☐ 1 = Partial Disbursement ☐ 2 = Final Disbursement

5. Voice Response No. (5 digits, hyphen, 5 more)	6. Grantee Organization's Name	7. Payee Organization's Name
8. Grant or Project No.	6a. Grantee Organization's TIN	7a. Payee Organization's TIN

9. Line Item No.	Type of Funds Requested	Amount (dollars) * (cents)
9610	Administrative Costs	*
9620	Other Program Costs	*
9630	Supportive Services	*
9640	Conversion/Renovation Activities	*
		*
		*
		*
		*
		*
		*
		*
		*
		*
	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.

11. 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 X	14. Date of Request

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

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.

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1. Voucher Number	2. LOCCS Pgrm. Area	3. Period Covered by this Request (mm/yyyy)	4.
041	HEI	from: to:	☐ 1 = Partial Disbursement ☐ 2 = Final Disbursement

5. Voice Response No. (5 digits, hyphen, 5 more)	6. Grantee Organization's Name	7. Payee Organization's Name
8. Grant or Project No.	6a. Grantee Organization's TIN	7a. Payee Organization's TIN

9. Line Item No.	Type of Funds Requested	Amount (dollars) * (cents)
2000	Hope Grant - Year 1 Approved Budget	*
3000	Hope Grant - Year 2 Approved Budget	*
4000	Hope Grant - Year 3 Approved Budget	*
5000	Hope Grant - Year 4 Approved Budget	*
6000	Hope Grant - Year 5 Approved Budget	*
		*
		*
		*
		*
		*
		*
		*
	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.

11. 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 X	14. Date of Request

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

LOCCS / VRS
HOPE 1 Implementation 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)

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1. Voucher Number	2. LOCCS Pgrm. Area	3. Period Covered by this Request (mm/yyyy)
021	HOP1	from: to:

5. Voice Response No. (5 digits, hyphen, 5 more)	6. Grantee Organization's Name
8. Grant or Project No.	6a. Grantee Organization's TIN

9. Line Item No.	Type of Funds Requested	Amount (dollars) * (cents)
9410	Architecture & Engineering	*
9415	Implementation of Homeownership Program	*
9420	Rehabilitation Costs	*
9425	Administrative Costs	*
9430	Development of RMCs/RCs	*
9435	Counseling & Training	*
9440	Relocation	*
9445	Temporary Relocation	*
9450	Assistance for Operating Expenses	*
9455	Replacement Reserves	*
9460	Replacement Housing	*
9465	Legal Fees	*
9470	Ongoing Training Needs	*
9475	Economic Development	*
9480	Other Eligible Activities	*
	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.

11. 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 X	14. Date of Request

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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. LOCCS Pgrm. Area	3. Period Covered by this Request (mm/yyyy)	4.
058	URP	from: to:	☐ 1 = Partial Disbursement ☐ 2 = Final Disbursement

5. Voice Response No. (5 digits, hyphen, 5 more)	6. Grantee Organization's Name	7. Payee Organization's Name
8. Grant or Project No.	6a. Grantee Organization's TIN	7a. Payee Organization's TIN

9. Line Item No.	Type of Funds Requested	Amount (dollars) * (cents)
1408	Management Improvement	*
1410	Administration	*
1430	Fees & Costs	*
1440	Site Acquisition	*
1450	Site Improvement	*
1460	Dwelling Structures	*
1465	Dwelling Equipment - Non-Expendable	*
1470	Non-Dwelling Structures	*
1475	Non-Dwelling Equipment	*
1485	Demolition	*
1495	Relocation 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.

11. 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 X	14. Date of Request

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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 I937, as amended. The information requested does not lend itself to confidentiality.

1. Voucher/Certification Number :	2. LOCCS Pgrm. Area:	3. Period Covered by this Request (mm/yy):	4.
027	**HOMI**	from: to:	☐ 1 = Partial Disbursement ☐ 2 = Final Disbursement

5. Voice Response No. (5 digits, hyphen, 5 more) :	6. Indian Tribe's Name :	7. Payee Organization's Name :
8. Grant No:	6a. Indian Tribe's Taxpayer ID No. :	7a. Payee Organization's TIN:

9. Line Item No.	Type of Funds Requested	Amount : (dollars) * (cents)
1000	Non-Administrative Costs	*
2000	Administrative Costs	*
		*
		*
		*
		*
		*
		*
		*
		*
		*
		*
	10. Voucher/Certification 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.

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

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-HOMI** (4/2000)

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.

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1. Voucher Number	2. LOCCS Pgrm. Area	3. Period Covered by this Request (mm/yy)
079	**IHBG**	from: to:

5. Voice Response No. (5 digits, hyphen, 5 more)	6. Grantee Organization's Name
8. Grant or Project No.	6a. Grantee Organization's TIN

9. Line Item No.	Type of Funds Requested	Amount (dollars) * (cents)
1600	Current Assisted Stock Operating Subsidy	
1601	Investments	
1602	IHBG Balance	
	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.

11. 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 : X	14. Date of Request :

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

LOCCS / VRS
Lead-Based Paint Risk Assessment
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)	4.
036	LBP	from: to:	☐ 1 = Partial Disbursement ☐ 2 = Final Disbursement

5. Voice Response No. (5 digits, hyphen, 5 more)	6. Grantee Organization's Name	7. Payee Organization's Name
8. Grant or Project No.	6a. Grantee Organization's TIN	7a. Payee Organization's TIN

9. Line Item No.	Type of Funds Requested	Amount (dollars) * (cents)
1410	Administration	*
1430	Fees & 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.

11. 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 X	14. Date of Request

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

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

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1. Voucher/Certification Number	2. LOCCS Pgrm. Area	3. Period Covered by this Request (mm/yy)	4. ☐ 1 = Partial Disbursement 2 = Final Disbursement
094	MTWG	from: to:	

5. Voice Response No. (5 digits, hyphen, 5 more)	6. Grantee Organization's Name	7. Payee Organization's Name
8. Grant No	6a. Grantee Organization's TIN No.	7a. Payee Organization's TIN

9. Line Item No.	Type of Funds Requested	Amount (dollars) * (cents)
0100	MTW Technical Assistance	*
	10. Voucher/Certification 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.

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

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form **HUD-50080-MTW** (8/20/2000)

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 :	2. LOCCS Pgrm. Area:	3. Period Covered by this Request (mm/yy):	4.
032	PDEV	from: to:	☐ 1 = Partial Disbursement ☐ 2 = Final Disbursement

5. Voice Response No. (5 digits, hyphen, 5 more) :	6. Grantee Organization's Name :	7. Payee Organization's Name :
8. Grant or Project No:	6a. Grantee Organization's TIN :	7a. Payee Organization's TIN:

9. Line Item No.	Type of Funds Requested	Amount : (dollars) * (cents)
1406	Operations	*
1410	Administration	*
1425	Initial Operating Deficit	*
1430	Planning (except HUD technical service fee)	*
1440	Site Acquisition & Expenses	*
1450	Site Improvements	*
1475	Non-Dwelling Equipment	*
1480	Construction Work/Contract Work-In Progress	*
1485	Demolition	*
1495	Relocation Costs	*
1499	Development Used for Mod	*
1500	FY 94 & Prior Year Grants & Loans	*
	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.

11. 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 : X	14. Date of Request :

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form **HUD-50080-PDEV** 4/2000

LOCCS / VRS
Public Housing 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)

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1. Voucher Number	2. LOCCS Pgrm. Area	3. Period Covered by this Request (mm/yyyy)	4.
049	PHTA	from to	☐ 1 = Partial Disbursement ☐ 2 = Final Disbursement

5. Voice Response No. (5 digits, hyphen, 5 more)	6. Grantee Organization's Name	7. Payee Organization's Name
8. Grant or Project Number	6a. Grantee Organization's TIN	7a. Payee Organization's TIN

9. Line Item No.	Type of Funds Requested	Amount: (dollars) * (cents)
		*
		*
		*
		*
		*
		*
		*
		*
		*
		*
		*
		*
	10. Voucher Total	$ *

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form **HUD-50080-PHTA** (04/2000)

LOCCS / VRS
PH Apprenticeship Demonstration Program in Construction Trades
(Urban Youth Corp) 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)	4.
067	UYC	from: to:	☐ 1 = Partial Disbursement ☐ 2 = Final Disbursement

5. Voice Response No. (5 digits, hyphen, 5 more)	6. Grantee Organization's Name	7. Payee Organization's Name
8. Grant or Project No.	6a. Grantee Organization's TIN	7a. Payee Organization's TIN

9. Line Item No.	Type of Funds Requested	Amount (dollars) * (cents)
9910	Administrative Costs	*
9920	Stipends	*
9930	Supportive Services	*
9940	Uniforms and Tools	*
9950	Subgrants	*
9970	Other Program Costs	*
		*
		*
		*
		*
		*
	10. Voucher Total	$ *

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

LOCCS / VRS
RESIDENT OPPORTUNITIES AND SELF SUFFICIENCY (ROSS) PROGRAM
Payment Voucher (All Grantees)
Resident Service Delivery Models

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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090	ROSS	from: to:	☐ 1 = Partial Disbursement ☐ 2 = Final Disbursement

5. Voice Response No. (5 digits, hyphen, 5 more)	6. Grantee Organization's Name	7. Payee Organization's Name
8. Grant or Project No.	6a. Grantee Organization's TIN	7a. Payee Organization's TIN

9. Line Item No.	Type of Funds Requested	Amount (dollars) * (cents)
FY 1999-FY 2000	**RESIDENT SERVICE DELIVERY MODELS**	*
2005	**Program Coordinator**	*
2010	**Physical Improvements**	*
2020	**Entrepreneur Business Development**	*
2021	Establishing a Revolving Loan Fund (RLF Establishment)	*
2022	Developing a Credit Union (CU Development)	*
2030	**Business Development**	*
2031	Develop Business Plan	*
2032	Conduct Market Analysis	*
2033	Secure Licensing, Insurance, Bonding (Licensing/Bonding)	*
2034	Training Related to Resident Owned Business (ROB Training)	*
2035	Establishment of Resident Managed Business Development (RMBD Establishment)	*
2040	**Resident Organization Development Activities**	*
2041	Organize Community	*
2042	Operating Procedures	*
2043	Develop MOU	*
2044	Develop Plan for Technical Assistance (T/A Plan Development)	*
2045	Consultant Contracts	*
2046	Self Sufficiency Programs	*
2050	**Resident Management**	*
2051	Conduct Feasibility Study	*
2052	Secure Training/Skills/Expertise (RM Training)	*

Continued on next page

Continued from page 1

9. 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	$ *

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LOCCS / VRS
RESIDENT OPPORTUNITIES AND SELF SUFFICIENCY (ROSS) PROGRAM
Payment Voucher (All Grantees)
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)

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073	ROSS	from: to:	☐ 1 = Partial Disbursement ☐ 2 = Final Disbursement

5. Voice Response No. (5 digits, hyphen, 5 more)	6. Grantee Organization's Name	7. Payee Organization's Name
8. Grant or Project No.	6a. Grantee Organization's TIN	7a. Payee Organization's TIN

9. Line Item No.	Type of Funds Requested	Amount (dollars) * (cents)
FY 1999-FY 2000	**ELDERLY SERVICE COORDINATORS**	*
9810	Administrative Costs	*
9820	Other Program Expenses	*
9830	Training	*
9840	Salaries	*
9850	Fringe	*
		*
		*
		*
		*
		*
		*
	10. Voucher Total	$ *

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form **HUD-50080-SC** (4/7/2000)

LOCCS / VRS
RESIDENT OPPORTUNITIES AND SELF SUFFICIENCY (ROSS) PROGRAM
Payment Voucher (All Grantees)
Resident Management and Business Development

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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8. Grant or Project No.	6a. Grantee Organization's TIN	7a. Payee Organization's TIN

9. Line Item No.	Type of Funds Requested	Amount (dollars) * (cents)
FY 1999-FY 2000	**RESIDENT MANAGEMENT AND BUSINESS DEVELOPMENT**	*
1010	**Physical Improvements**	*
1020	**Resident Business Development**	*
1021	Develop Business Plan	*
1022	Conduct Market Analysis	*
1023	Licensing, Insurance Bonding (Licensing/Bonding)	*
1024	Training Related to Resident Owned Business (R.O.B. Business Training)	*
1025	Establishment of Resident Managed Business Development (RMBD Establishment)	*
1026	Technical Assistance	*
1030	**Resident Organization Development Activities (RO Activities)**	*
1031	Organize Community	*
1032	Operating Procedures	*
1033	Develop MOU	*
1034	Develop Plan for Technical Assistance (Develop T/A Plan)	*
1035	Consultant Contracts	*
1036	Self Sufficiency Programs	*
1040	**Resident Management**	*
1041	Conduct Feasibility Study	*

Continued on next page

Continued from page 1

9. 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	$ *

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LOCCS / VRS
RESIDENT OPPORTUNITIES AND SELF SUFFICIENCY (ROSS) PROGRAM
Payment Voucher (All Grantees)
Capacity Building/Conflict Resolution

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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090	ROSS	from: to:	☐ 1 = Partial Disbursement 2 = Final Disbursement

5. Voice Response No. (5 digits, hyphen, 5 more)	6. Grantee Organization's Name	7. Payee Organization's Name
8. Grant or Project No.	6a. Grantee Organization's TIN	7a. Payee Organization's TIN

9. Line Item No.	Type of Funds Requested	Amount (dollars) * (cents)
FY 1999-FY 2000	**CAPACITY BUILDING**	*
3000	Capacity Building Activities	*
3010	Training	*
3011	Consultants	*
3012	Other	*
		*
9100	Travel Costs	*
9400	Administrative Costs	*
	CONFLICT RESOLUTION	
4000	Mediation Activities	*
4010	Establishment of Violence Free Zones (Violence Free Zones)	*
4011	Youth Services Activities	*
4012	Resident/PHA Issues	*
4013	Development of Materials	*
4014	Training for Mediation/Reconciliation (Mediation/Reconciliation Trng)	*
4015	Technical Assistance to RAs (RA T/A)	*
		*
9100	Travel Costs	*
9400	Administrative Costs	*
		*
		*
		*
		*
		*
	10. Voucher Total	$ *

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form **HUD-50080-CB/CR** (4/7/2000)

LOCCS / VRS
Service Coordinators for Public Housing
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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064	SCPH	from: to:	☐ 1 = Partial Disbursement ☐ 2 = Final Disbursement

5. Voice Response No. (5 digits, hyphen, 5 more)	6. Grantee Organization's Name	7. Payee Organization's Name
8. Grant or Project No.	6a. Grantee Organization's TIN	7a. Payee Organization's TIN

9. Line Item No.	Type of Funds Requested	Amount (dollars) * (cents)
9810	Administrative Costs (Excluding Salaries)	*
9820	Other Program Expenses	*
9830	Supportive Services	*
9840	Training	*
9850	Salaries	*
		*
		*
		*
		*
		*
		*
		*
	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.

11. 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 X	14. Date of Request

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

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	2. LOCCS Pgrm. Area	3. Period Covered by this Request (mm/yyyy)	4.
044	SPG	from: to:	☐ 1 = Partial Disbursement ☐ 2 = Final Disbursement

5. Voice Response No. (5 digits, hyphen, 5 more)	6. Grantee Organization's Name	7. Payee Organization's Name
8. Grant or Project No.	6a. Grantee Organization's TIN	7a. Payee Organization's TIN

9. Line Item No.	Type of Funds Requested	Amount (dollars) * (cents)
1000	Personnel	*
1100	Fringe Benefits	*
1200	Travel	*
1300	Equipment	*
1400	Supplies	*
1500	Contractual / Sub-Grantees	*
1600	Construction	*
1700	Other	*
1800	Indirect Charges	*
		*
		*
		*
	10. Voucher Total	$ *

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11. 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 X	14. Date of Request

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

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. LOCCS Pgrm. Area	3. Period Covered by this Request (mm/yy)
025	TOP	from to

5. Voice Response No. (5 digits, hyphen, 5 more)	6. Grantee Organization's Name
8. Grant or Project No.	6a. Grantee Organization's TIN

9. Line Item No.	Type of Funds Requested	Amount (dollars) * (cents)
9810	Employment Readiness Training Contract	
9820	Business/Job Training Contracts	
9830	Job Placement Retention Contracts	
9840	Mediation Activities	
9850	Resident Organization Development Activities	
9851	Organize Community	
9852	Operating Procedures	
9853	Develop MOU	
9854	Plan for Technical Assistance	
9855	Consultant Contracts	
9856	Implement Property Management	
9857	Self-Sufficiency Programs	
9860	Travel Costs	
9870	Other Resident Costs (Stipends, Reimbursements)	
9880	Administrative and Other Costs	
	10. Voucher Total	$

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11. 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 X	14. Date of Request

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

LOCCS / VRS
Traditional Indian 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)

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1. Voucher Number	2. LOCCS Pgrm. Area	3. Period Covered by this Request (mm/yyyy)	4.
031	TIHD	from: to:	1 = Partial Disbursement 2 = Final Disbursement

5. Voice Response No. (5 digits, hyphen, 5 more)	6. Grantee Organization's Name	7. Payee Organization's Name
8. Grant or Project No.	6a. Grantee Organization's TIN	7a. Payee Organization's TIN

9. Line Item No.	Type of Funds Requested	Amount (dollars) * (cents)
1406	Operations	*
1410	Administration	*
1425	Initial Operating Deficit	*
1430	Planning	*
1440	Site Acquisition	*
1450	Site Improvements	*
1451	Off Site Sewer & Water	*
1475	Non-Dwelling Equipment	*
1480	Construction Work/Contracts in Progress	*
1485	Demolition	*
1495	Relocation Costs	*
1499	Development Used for Mod	*
1500	FY 1994 & Prior Year Grants	*
	10. Voucher Total	$ *

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11. 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 X	14. Date of Request

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

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	2. LOCCS Pgrm. Area	3. Period Covered by this Request (mm/yyyy)	
059	VRP	from: to:	1
5. Voice Response No. (5 digits, hyphen, 5 more)	6. Grantee Organization's Name		
8. Grant or Project No.	6a. Grantee Organization's TIN		

9. Line Item No.	Type of Funds Requested	Amount (dollars) * (cents)
1408	Management Improvement	*
1410	Administration	*
1430	Fees & Costs	*
1440	Site Acquisition	*
1450	Site Improvement	*
1460	Dwelling Structures	*
1465	Dwelling Equipment - Non-Expendable	*
1470	Non-Dwelling Structures	*
1475	Non-Dwelling Equipment	*
1495	Relocation Costs	*
		*
		*
	10. Voucher Total	$ *

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11. 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 X	14. Date of Request

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

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)

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1. Voucher Number	2. LOCCS Pgrm. Area	3. Period Covered by this Request (mm/yyyy)
062	YAP	from: to:

5. Voice Response No. (5 digits, hyphen, 5 more)	6. Grantee Organization's Name
8. Grant or Project No.	6a. Grantee Organization's TIN

9. Line Item No.	Type of Funds Requested	Amount (dollars) * (cents)
9910	Administrative Costs	*
9920	Stipends	*
9930	Supportive Services	*
9940	Uniforms and Tools	*
9950	Subgrants	*
9960	Data Collection/Evaluation	*
9970	Other Program Costs	*
		*
		*
		*
		*
		*
		*
	10. Voucher Total	$ *

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11. 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 X	14. Date of Request

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

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)
063	YDI	from: to:

5. Voice Response No. (5 digits, hyphen, 5 more)	6. Grantee Organization's Name
8. Grant or Project No.	6a. Grantee Organization's TIN

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 Total	$ *

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

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