



OMB Approved Changes for:

Multifamily Housing Service Coordinator Program

Welcome to the presentation to review OMB Approved Changes for Multifamily Housing Service Coordinator program. Today's presenters are Elizabeth Mazreku and Alicia Guggenmos. On April 28, 2015, HUD issued a 60 day notice, soliciting comments on modifications to the Service Coordinator program. On November 4, 2015, OMB approved the changes. Today's course will go through those changes and assist grantees with knowing how to move forward with the new voucher processing and semi-annual reports. If you have follow-up questions, please reach out to your local field HUD office.

*U.S. Department of Housing and Urban Development (HUD),
Office of the Assistant Secretary for Housing – Federal Housing Commissioner*



MEET YOUR TEAM



Michelle

is a Program Manager at ABC Management Inc. She has worked at ABC Inc. for the last two weeks. She has 5 years of housing experience, but has never managed Federal grant awards.





Erica

is a Compliance Manager at ABC Management Inc. She has worked at ABC Inc. for the last five years, but has over 10 years experience working in housing.

She was recently promoted to a manager and is in the process of training her replacement.





Did you hear HUD is changing the way we submit our drawdowns for the Service Coordinator Program?

A photograph of two business women in an office cubicle. The woman on the left, with her hair in a ponytail, is pointing at a document held by the woman on the right. A speech bubble originates from the woman on the right. The office background consists of cubicles with glass partitions and a drop ceiling with square light fixtures.

I did! It's a much easier process. Come over to my desk and I'll show you the changes.



As you know, we are required to drawdown grant funds from eLOCCS monthly or quarterly. HUD's preferred method is monthly, which is what our organization does.

A photograph of two women in business attire sitting at a computer workstation in an office cubicle. The woman on the left is smiling and looking towards the camera. The woman on the right is also smiling and looking towards the camera. A speech bubble originates from the woman on the left, containing the text: "Will we continue to drawdown monthly with the new method?". The background shows a large, empty office space with many cubicles, suggesting a corporate environment. The lighting is bright, and the overall tone is professional and optimistic.

Will we continue to drawdown monthly with the new method?

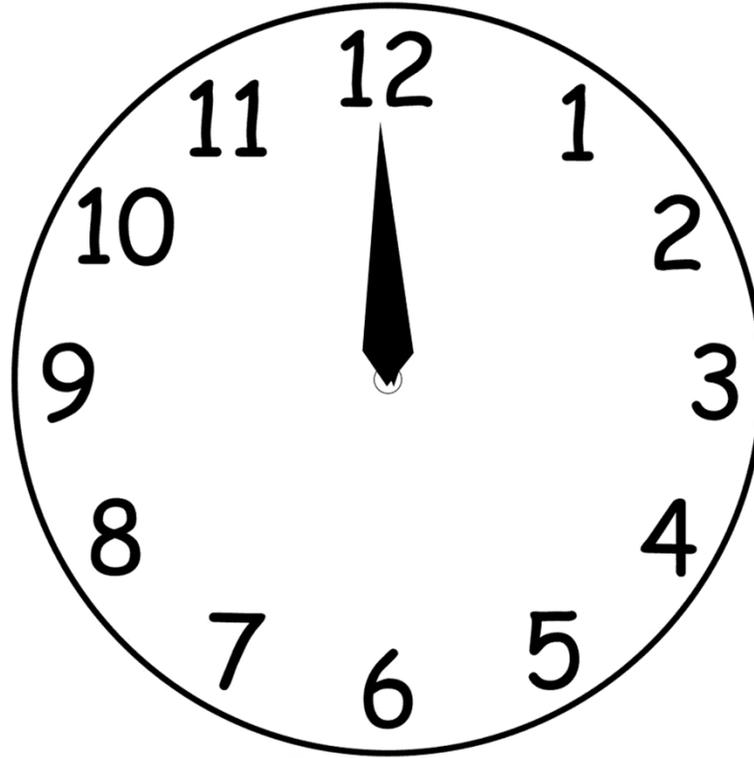


Yes. Let's pull up the old version of the SCMF-50080 and the new one, so I can show you the differences.



Let's go ahead and practice inputting our drawdown information from the first 6 months of our current cycle.

One Hour Later.....





That was easy, but
looking at the summary
page, what are all
these errors?





That's strange, let's take a look at the summary page.

LOCCS Payment Voucher/Expense Report
Service Coordinators Multifamily Housing

U.S. Department of Housing and Urban Development
Office of Housing
Federal Housing Commissioner
OMB Approval No. 2502-0447
(exp 11/30/2018)

Public reporting burden for this collection of information is estimated to average three hours 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, DC 20140-3690. 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 electronic Line of Credit Control System (eLOCCS) 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 the online reimbursement request. 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.

U.S. Department of Housing and Urban Development
OMB Approval No. 2502-0447
Office of Housing
Federal Housing Commissioner



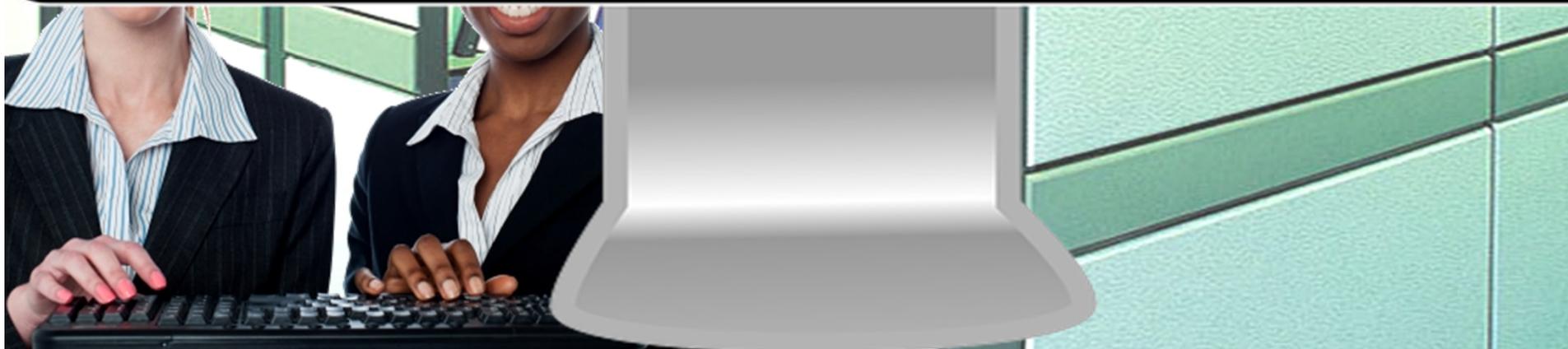
1. LOCCS Pgrm Area	SCMF		
2a. Grantee Organization's Name	ABC Company		
2b. Grantee Organization's TIN	43-1000000		
3. Grant Number	MO36C9000003		
4a. 12-Month Grant Term	From (mm/dd/yyyy): 1/1/2015 To (mm/dd/yyyy): 12/31/2015		
4b. Grant Amount	\$51,295.00		
5. Six Month Reporting Period:	<input checked="" type="checkbox"/> First <input type="checkbox"/> Second		
6. Line Item No.	Type of Funds Requested	Amount	
1010	Salary	\$15,000.00	
1020	Fringe Benefits	\$4,500.00	
1040	Quality Assurance	\$1,800.00	Quality Assurance (QA) cannot exceed 10% of the total salary. If cell is red, please revise or submit a justification as to why QA exceeds 10%.
1045	Training	\$100.24	
1050	Travel	\$500.24	
1055	Supplies & Materials	\$555.88	
1060	Start-up Costs	\$0.00	
1065	Other Direct Costs	\$1,520.82	
1070	Indirect Costs	\$3,018.80	Indirect Costs (ID) cannot exceed 10% of the total voucher amount. If cell is red, please revise or submit a justification as to why ID exceeds 10%.
7. Total		\$26,995.78	

My submission of this expense report certifies that the data reported are correct and the amount requested is not in excess of immediate disbursement need for this program. In the event the funds provided become more than necessary, such excess will be promptly returned, as directed by HUD.

9. Name and Phone Number (include area code) of the person who completed this form

Summary Draw 1 Draw 2 Draw 3 Draw 4 Draw 5 Draw 6 Instructions Example

If a grantee exceeds 50% of the total grant with any semi-annual submission, a warning box will come up reminding the grantee to ensure they are on budget. If there are budget shortfalls, a grantee cannot take from renewal funds to pay for costs in the previous grant cycle. For example, if the grant ends 12/31/2015 and there aren't enough funds to cover all of December's costs, the grantee cannot use renewal funds to go back and pay for prior year expenses.





Technically, we exceeded 50% of the total grant the first six months because we budgeted our training expenses at the beginning of our grant cycle and since we're not anticipating any other training costs, we are right on budget.

**LOCCS Payment Voucher/Expense Report
Service Coordinators Multifamily Housing**

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U.S. Department of Housing and Urban Development
OMB Approval No. 2502-0447
Office of Housing
Federal Housing Commissioner



1. LOCCS Pgrm Area: SCMF

2a. Grantee Organization's Name: ABC Company

2b. Grantee Organization's TIN: 43-1000000

3. Grant Number: MO36C9000003

4a. 12-Month Grant Term: From (mm/dd/yyyy): 1/1/2015 To (mm/dd/yyyy): 12/31/2015

4b. Grant Amount: \$51,295.00

5. Six Month Reporting Period: First Second

6. Line Item No. Type of Funds Requested Amount

1010	Salary	\$15,000.00	
1020	Fringe Benefits	\$4,500.00	
1040	Quality Assurance	\$1,800.00	Quality Assurance (QA) cannot exceed 10% of the total salary. If cell is red, please revise or submit a justification as to why QA exceeds 10%.
1045	Training	\$100.24	
1050	Travel	\$500.24	
1055	Supplies & Materials	\$555.88	
1060	Start-up Costs	\$0.00	
1065	Other Direct Costs	\$1,520.82	
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7. Total		\$26,995.78	

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9. Name and Phone Number (include area code) of the person who completed this form

Summary Draw 1 Draw 2 Draw 3 Draw 4 Draw 5 Draw 6 Instructions Example

Quality Assurance (QA) cannot exceed 10% of the total salary. If this indicator alerts when you are completing the new 50080-SCMF, provide the field office with a short justification, explaining why the QA exceeds 10% of the salary. A justification can be as simple as one or two sentences included in the body of the email that includes the 50080-SCMF. For example, "QA not billed last cycle".



LOCCS Payment Voucher/Expense Report
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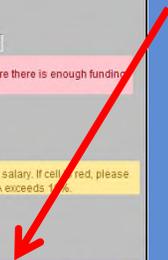


1. LOCCS Pgrm Area: SCMF
2a. Grantee Organization's Name: ABC Company
2b. Grantee Organization's TIN: 43-1000000
3. Grant Number: MO36C90000003
4a. 12-Month Grant Term: From (mm/dd/yyyy): 1/1/2015 To (mm/dd/yyyy): 12/31/2015
4b. Grant Amount: \$51,295.00
5. Six Month Reporting Period: First Second
6. Line Item No. Type of Funds Requested Amount
1010 Salary \$15,000.00
1020 Fringe Benefits \$4,500.00
1040 Quality Assurance \$1,800.00 Quality Assurance (QA) cannot exceed 10% of the total salary. If cell is red, please revise or submit a justification as to why QA exceeds 10%.
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7. Total \$26,995.78

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9. Name and Phone Number (include area code) of the person who completed this form
Summary Draw 1 Draw 2 Draw 3 Draw 4 Draw 5 Draw 6 Instructions Example

Indirect Costs shouldn't exceed 10% of the total voucher amount. If this indicator alerts when you are completing the new 50080-SCMF, provide the field office with a short justification, explaining why the ID costs exceed 10%. A justification can be as simple as one or two sentences included in the body of the email that includes the 50080-SCMF. For example, "ID costs not billed last cycle".





I will need to talk to accounting and make sure we didn't exceed the 10% thresholds for Quality Assurance and Indirect Costs.



While I talk to
accounting would you
mind filing our voucher
documentation?



Sure! I'll see you in a little bit. Thanks again for all your help!



Whoa! What are you doing with all of these boxes?



Now that we don't have to submit documentation, I am recycling our files.

First, per 2 CFR 200, Financial records, supporting documents, statistical records, and all other non-Federal entity records pertinent to a Federal award **MUST** be retained for a period of three years from the date of submission of the final expenditure report or, for Federal awards that are renewed quarterly or annually, like the Service Coordinator program, from the date of the submission of the quarterly or annual financial report, respectively, as reported to the Federal awarding agency. This means from the date of the drawdown request.





Second, our management company requires we retain records for 7 years. Since it is the more stringent policy we must follow it. If our management company had a two year policy, we would have to follow HUD's three year requirement.

The image shows two women in business attire standing in an office cubicle. The woman on the left is holding a large cardboard box, and the woman on the right is holding another one up. A speech bubble from the woman on the right contains text about accounting and documentation. In the bottom right corner, there is a blue recycling bin and two smaller cardboard boxes. The office background features cubicle walls and fluorescent lighting.

Lastly, after talking with accounting, we may have an issue with our QA costs, therefore, we should pull the documentation and review it to ensure we correctly accounted for all the costs. Also, if HUD questions these costs in the future, we have to be able to provide adequate documentation.



How about I help you pick up these boxes and we go back to my desk and review the Quality Assurance and Indirect costs line items?



Sure! Thanks Erica!

The image shows two women in professional attire sitting at a desk in an office cubicle. They are looking at a computer monitor. A large speech bubble originates from the woman on the left, containing text about a voucher rejection. The office background is filled with cubicles and bookshelves.

Erica, I have pulled all of the documentation for Indirect Costs and Quality Assurance and it looks like we may be charging too much. This explains why I received an error when I was inputting our most recent voucher for the month of September. eLOCCS rejected the voucher and told me we were out of funds in the QA line. What should we do?



No worries, we will contact our local HUD office and correct the issue. We recently switched QA providers and unfortunately, accounting missed the issue.

A photograph of two businesswomen in an office cubicle. The woman on the left is wearing a dark pinstriped blazer over a light blue and white striped collared shirt. The woman on the right is wearing a dark blazer over a light blue and white striped collared shirt. They are both smiling and looking towards the camera. In front of them is a computer monitor and keyboard. A large speech bubble is positioned above them, containing text. The background shows a typical office cubicle with white walls, a green carpet, and a ceiling with recessed lighting. There are bookshelves with books in the cubicle.

I have a quick question. When does the new voucher process rollout?

The image shows two women in professional attire sitting at a desk in an office. A computer monitor is positioned between them. A large speech bubble originates from the woman on the right, containing text about HUD voucher renewal processes. The office background features cubicles and bookshelves.

That's a really good question. Since the new voucher process requires us to submit the HUD-50080 twice a year, semi-annually, HUD is requesting grantees start the new process at renewal. For example, if we have a grant that is currently 8 months into their budget, we will wait until renewal before beginning the new process. In the meantime, we will continue to submit the old HUD-50080 along with documentation to HUD field staff.

A photograph of two women in an office cubicle. They are both smiling and looking towards the camera. In front of them is a computer monitor and keyboard. A speech bubble is positioned above the monitor, containing the text: "What if we have a grant that is 3 months into their budget?". The office background consists of cubicle walls, shelves with books, and a drop ceiling with square light fixtures.

What if we have a grant that is 3 months into their budget?

The background of the slide is a photograph of two women in an office cubicle. They are both smiling and looking towards the camera. The woman on the left has her hands on a computer keyboard. In front of them is a computer monitor. The office has cubicle walls and bookshelves filled with binders and books. A large speech bubble is overlaid on the right side of the image, containing text about HUD forms.

The new HUD-50080-SCMF is applicable in Calendar year 2016. You will submit the old HUD-50080 until your grant is renewed in 2016. For example, if your grant expired November 30, 2015, and renewed December 1, 2015 the new form won't be applicable until December 1, 2016. Therefore, you will continue to submit the old HUD-50080 (monthly or quarterly), with documentation, until the end of the grant period. Starting December 1, 2016, the new form will be effective and you won't submit another HUD-50080-SCMF, until June 2017, which is 6 months into the grant period (December 1, 2016 through May 2017) and you'll need to submit the second HUD-50080-SCMF January of 2018, covering the period of June 1, 2017 through January 2018. Documentation will not be required with the new HUD-50080-SCMF, but if HUD has any questions or concerns, they may ask for more documentation at time of review.



I don't know about you, but I could use a coffee. Let's grab the laptop and talk about the Semi-Annual reports in the break room!



You ready?



I am! I pulled up the performance reports to show you. So let's take a look!

FEDERAL FINANCIAL REPORT
(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted

2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)

Page 1 of pages

3. Recipient Organization (Name and complete address including Zip code)

4a. DUNS Number

4b. EIN

5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)

6. Report Type
 Quarterly Cash
 Semi-Annual Accrual
 Annual Final

7. Basis of Accounting
 Cash
 Accrual

8. Project/Grant Period (Month, Day, Year)
 From: _____ To: _____

9. Reporting Period End Date (Month, Day, Year)
 From: _____ To: _____

10. Transactions
 (Use lines 8-9 for single or combined multiple grant reporting)
Federal Cash (To report multiple grants separately, also use FFR Attachment):
 a. Cash Receipts
 b. Cash Disbursements
 c. Cash on Hand (line a minus b)
 (Use lines 8-9 for single grant reporting)
Federal Expenditures and Unobligated Balance:
 d. Total Federal funds authorized
 e. Federal share of expenditures
 f. Federal share of unobligated obligations
 g. Total Federal share (sum of lines e and f)
 h. Unobligated balance of Federal funds (line d minus g)
Recipient Share:
 i. Total recipient share required
 j. Recipient share of expenditures
 k. Remaining recipient share to be provided (line i minus j)
Program Income:
 l. Total Federal share of program income earned
 m. Program income expended in accordance with the induction alternative
 n. Program income expended in accordance with the addition alternative
 o. Unexpended program income (line l minus line m or line n)

11. Indirect Expense
 a. Type
 b. Rate
 c. Period From
 d. Base
 e. Amount Charged
 f. Federal Share

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation

13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and intent set forth in the award documents. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code Title 18, Section 1001)

14. Types of Printed Name and Title of Authorized Certifying Official

15. Signature of Authorized Certifying Official

16. Telephone (Area code, number, and extension)

17. Email Address

18. Date Report Submitted (Month, Day, Year)

19. Agency use only

Standard Form 425 - Revised 10/11/2011
 OMB Approval Number: 0348-0061
 Expiration Date: 2/03/2015

Paperwork Burden Statement:
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including 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 Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

In the past, grantees were required to provide the local HUD Field Office with a Federal Financial Report, SF-425 and the Semi-Annual Service Coordinator Performance Report, form HUD-92456

Semi-Annual Performance Report
 Multifamily Housing
 Service Coordinator Program

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

OMB Approval No.2502-0447 (exp. 11/30/2018)

Public reporting burden for this collection of information is estimated to average 4 hours 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 provide it unless it displays a currently valid control number.

Instructions: See pages 3 - 5 for detailed instructions.

1. Reporting Period
 Oct. 1 - Mar 31, 20__
 Apr. 1 - Sept. 30, 20__

2. Service Coordinator Information
 Name: _____ Email address: _____
 Phone w/ area code: _____ Number of weekly hrs at project: _____
 Hire date: ____/____/____

3. Source of funds for Service Coordinator (check all that apply)

Debit Service Savings Residual Receipts Project Rental Assistance Project (PRAC)

Grant- Provider # _____ Section 236 Excess Income Section 8 Operating Funds

4. Project Information
 Project Name _____
 Street Name, City, State, and Zip code _____

of Units _____ # of Residents _____

5. People Served

a. Resident Age Ranges
 Age 18-61 (i.e., non-elderly people with disabilities) Age 62-80 Age 81-85 Over 86 Total

b. Residents' Functional Status

Type	Number of Project Residents	% of Total	Number SC Assisted During Reporting Period
Frail Elders	<input type="text"/>	<input type="text"/>	<input type="text"/>
At Risk Elders	<input type="text"/>	<input type="text"/>	<input type="text"/>
Non-elders	<input type="text"/>	<input type="text"/>	<input type="text"/>
All others	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>

c. Neighbors Served
 Number of low-income elderly or people with disabilities who live in the neighborhood and whom you assisted during the reporting period: _____

d. First Timers
 Number of individuals whom you assisted for the first time during this reporting period.
 New move ins Neighborhood residents

All other project residents

Page 1 of 7 Form HUD 92456 11/2015

OMB recently approved the elimination of the SF-425s for the Service Coordinator program. Starting with the next reporting period, October 1 through March 31, due April 30, 2016. Grantees will no longer need to submit the SF-425.

Semi-Annual Performance Report
 Multifamily Housing
 Service Coordinator Program

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

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Instructions: See pages 3 - 5 for detailed instructions.

1. Reporting Period
 Oct. 1 - Mar 31, 20__
 Apr. 1 - Sept. 30, 20__

2. Service Coordinator Information
 Name: _____ Email address: _____
 Phone w/ area code: _____ Number of weekly hrs at project: _____
 Hire date: ____/____/____

3. Source of funds for Service Coordinator (check all that apply)

Debt Service Savings <input type="checkbox"/>	Residual Receipts <input type="checkbox"/>	Project Rental Assistance Project (PRAC) <input type="checkbox"/>
Grant- Provider # _____	Section 236 Excess Income <input type="checkbox"/>	Section 8 Operating Funds <input type="checkbox"/>

4. Project Information
 Project Name _____
 Street Name, City, State, and Zip code _____
 # of Units _____ # of Residents _____

5. People Served

a. Resident Age Ranges
 Age 18-61 (i.e., non-elderly people with disabilities) _____ Age 62-80 _____ Age 81-95 _____ Over 95 _____ Total _____

b. Residents' Functional Status

Type	Number of Project Residents	% of Total	Number SC Assisted During Reporting Period
Frail Elders	_____	0%	_____
At Risk Elders	_____	0%	_____
Non-elders	_____	0%	_____
All others	_____	0%	_____
Total	0	100%	0

c. Neighbors Served _____
 Number of low-income elderly or people with disabilities who live in the neighborhood and whom you assisted during the reporting period.

d. First Timers _____
 Number of individuals whom you assisted for the first time during this reporting period.
 New move ins _____ Neighborhood residents _____
 All other project residents _____

Page 1 of 7 Form HUD 92456 11/2015

In addition to the elimination of SF-425s, HUD is changing the way it collects HUD-92456. Unless a reasonable accommodation request is made, all HUD-92456 forms should be submitted via email. Snail mail submissions will no longer be accepted. Also, in an effort to aggregate data, HUD is requiring the HUD-92456 be submitted via a fillable document. This means an “electronic” signature will need to be applied. This can be as easy as typing in the Service Coordinator's name. Service Coordinator's will no longer print the form, sign and scan back in, as the form loses it's fillable fields and makes it impossible to collect and analyze the data. PLEASE NOTE: The HUD-92456 MUST be completed by the Service Coordinator.

Semi-Annual Performance Report
 Multifamily Housing
 Service Coordinator Program

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

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Instructions: See pages 3 - 5 for detailed instructions.

1. Reporting Period
 Oct. 1 - Mar 31, 20__
 Apr. 1 - Sept. 30, 20__

2. Service Coordinator Information
 Name: _____ Email address: _____
 Phone w/ area code: _____ Number of weekly hrs at project: _____
 Hire date: ____/____/____

3. Source of funds for Service Coordinator (check all that apply)

Debt Service Savings <input type="checkbox"/>	Residual Receipts <input type="checkbox"/>	Project Rental Assistance Project (PRAC) <input type="checkbox"/>
Grant- Provider # _____	Section 236 Excess Income <input type="checkbox"/>	Section 8 Operating Funds <input type="checkbox"/>

4. Project Information
 Project Name _____
 Street Name, City, State, and Zip code _____
 # of Units _____ # of Residents _____

5. People Served

a. Resident Age Ranges
 Age 18-61 (i.e., non-elderly people with disabilities) Age 62-80 Age 81-95 Over 96 Total

b. Residents' Functional Status

Type	Number of Project Residents	% of Total	Number SC Assisted During Reporting Period
Frail Elders	_____	0%	_____
At Risk Elders	_____	0%	_____
Non-elders	_____	0%	_____
All others	_____	0%	_____
Total	0	100%	0

c. Neighbors Served _____
 Number of low-income elderly or people with disabilities who live in the neighborhood and whom you assisted during the reporting period.

d. First Timers _____
 Number of individuals whom you assisted for the first time during this reporting period.
 New move ins _____ Neighborhood residents _____
 All other project residents _____

Page 1 of 7 Form HUD 92456 11/2015

The image shows two women in professional attire standing in a modern office or meeting room. The woman on the right is holding a silver laptop. A speech bubble originates from the woman on the left, containing text about performance reports. The background features several tables and chairs, a large TV on the wall, and modern lighting fixtures.

Are there any other changes I should know about? Otherwise, I think Semi-Annual performance reports should be pretty easy to collect, I just need to make sure our Service Coordinators keep the HUD-92456 in a fillable format.



Yes! Also, be sure to remind the Service Coordinators, not to use locally saved forms. HUDs most up-to-date forms can be found at http://portal.hud.gov/hudportal/HUD?src=/program_offices/administration/hudclips/forms/hud9.

A photograph of two women in a meeting room. The woman on the left has blonde hair and is wearing a dark sweater over a light-colored collared shirt. The woman on the right has dark hair and is wearing a dark sweater over a light-colored collared shirt. They are both smiling and looking at a silver laptop held by the woman on the right. A large white speech bubble with a black border is positioned above the laptop, containing text. The background shows a meeting room with several tables and chairs, a large TV on the wall, and modern lighting fixtures.

This is important because previous versions of the forms weren't enabled to be fillable. Furthermore, Questions 9-14 on the HUD-92456 now has fillable fields. Submissions should be limited to the space provided. Lastly, Service Coordinators can still submit attachments, but they need to be separate from the report.



I am assuming the Quality Assurance reports should be sent separate from the HUD-92456 as well?



Yes, and any grant that spends money on QA, should provide a QA report of activities with their Semi-annual reports.

