

III. FINANCIAL MANAGEMENT

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A. INTRODUCTION

Grantees are required to establish record-keeping systems that are adequate to determine whether the NSP funds have been spent in accordance with federal and state laws.

The NSP utilizes forms for Activity set-up, payment requests, Activity completion reports and quarterly reports that reflect the information that we will need to enter into the Disaster Recovery Grant Reporting (DRGR) System. Please fill out each form completely in order to ensure timely processing.

B. TRACKING FUNDS

Grantees must maintain a system for tracking obligated and unobligated balances. A transaction journal recording all receipts and expenditures by date, description of Activity/payee, amount, and budget category must be maintained and available for review. The entries in the journal must be supported with proper documentation, including bank statements, vouchers, and invoices.

It is recommended that a separate record be kept tracking the expenditures against the obligated/set-up amount for each Activity. This will enable you to have an accounting of all costs incurred at the street address level—even if funds are utilized from more than one NSP budget category.

Other Funds: It is anticipated that Grantees will utilize other sources of funds for activities. Maintain a record documenting the source of funds, amount, date, and purpose for which the funds were used. For example, a street address file should document the bank mortgage/HUD-1 Settlement Statement, any sources of down payment assistance—HCRI, AHP, homebuyer's funds; and other sources of rehab funds—CDBG, HOME. Lead hazard mitigation funds should also be tracked.

Administrative expenses for employees/grant administrators must be documented with time sheets. If Administrative dollars are used for supplies or rent through allocation of cost, an allocation plan must be on file.

C. ACTIVITY SET-UP INSTRUCTIONS

Before DHCD approves the first Activity Set-up, Grantee must submit the following NSP program working documents for DCHD review and/or approval:

1. All Memoranda of Understanding (MOUs) with collaborating agencies, if applicable;
2. Intergovernmental Agreements (IGAs) with collaborating municipalities, if applicable;
3. Tier 1 Environmental Review for local units of government. See Ch. 6 Environmental Review; and
4. Documentation of identified HUD-approved Homebuyer Counseling Agency.

One Activity set-up form must be submitted for each Activity that will be assisted with NSP dollars. Each street address will be assigned an individual Activity number for tracking beginning with the grantee's contract number, e.g., # 92301. Activities also must be split by County Median Income (CMI) level of the household intended to be served. That means that multi-family projects serving more than one CMI level require two set-up forms. For multiple NSP activities at a single address (e.g., multi-family development), we will assign a letter following the standard Activity Set-up #, e.g., # 92301a, # 92301b, etc. Please use the Activity Set-up numbers on all subsequent Requests for Payments and Completion Reports.

Funds may be obligated for an Activity for a sub-recipient when orders are placed, when offer to purchase is accepted and signed by both buyer and seller, construction contracts are awarded, services are received, and similar transactions have occurred that require payment by the State or Grantee during the same or a future period. In order to obligate rehab and redevelopment funds, those entities that are classified as developers will have documentation on file at the time of submitting the Activity Set-up for the scope of work, development/rehab budget and timetable for work to be done, signed by the individual in their organization authorized to sign contracts.

The set-up form shows that the environmental review has been completed or that the Activity is exempt from review, the amount of NSP dollars anticipated to complete the Activity, and the amount of other funds that will be utilized for the activity. The form also asks for the complete address of unit(s) including 11-digit census tract, the type of NSP eligible activity, and the CMI level of the household expected to occupy the unit. Please indicate if the unit(s) is foreclosed, vacant, abandoned and/or blighted. If you will be Landbanking, a plan for future land use must be attached or previously submitted. Please fill out the form completely.

Each Activity set-up or revision must be submitted with an original signature and date. **Faxed set-ups and attachments or PDF files through email are acceptable, as long as the form is signed by the authorized person for the Grantee. DO NOT mail the original after faxing/emailing the document—retain it in your file.**

If changes need to be made to an "Original Submission" before approval of Set-up, i.e., Activity number assigned), keep it marked as an "Original Submission". Once Set-up is approved, if unanticipated costs are encountered or other significant changes emerge during the Activity (change of units, eligible use, etc.), you must submit an Activity Set-up Report marked "Revision" to request changes. Please enter the Revision number to the right. If there are sufficient dollars for the contract activity, the revision will be approved and additional funds may be requested at that time. For new set-ups, if you have NSP Program Income available, it must be obligated before obligating additional contract dollars in conjunction with at least \$1,000 of contract activity funds.

Please note the following changes or additions to the NSP Activity Set-up Form made as of June 2010.

1. ERR: You may now mark N/A if the Environmental Review is not applicable. If a municipality has received authorization from Commerce to conduct their own Environmental Reviews, you may document that accordingly.
2. ACTIVITY FUNDS: HUD is now requiring documentation of dollars related to lead hazard mitigation at the time of Set-up. Please include lead hazard mitigation costs in the first line of NSP Contract Funds Committed. Then, enter the amount that will be spent on lead hazard mitigation only on the last line.

If Grantees, as developers, are obligating funds for rehab or redevelopment, the following supporting documentation (signed by the individual in their organization authorized to sign contracts) must be in the project Activity file:

- Scope of work for all rehab or redevelopment work to be completed,
- Rehab or redevelopment budget, and
- Timeline for rehab or redevelopment activities.

If Grantees, as sub-recipients, are obligating funds for rehab or redevelopment they must have executed construction contracts in the project Activity file for these funds.

3. ACTIVITY INFORMATION: Please list the CMI level as 001 OR 002 (or 003 OR 004 for Financing Mechanisms). This is the same as the quarterly report. Also, # of Parcels acquired voluntarily replaces # of units acquired voluntarily.

D. REQUEST FOR PAYMENT INSTRUCTIONS

The Request for Payment form (RFP) is used to request Activity or Administrative dollars, **rounded to the nearest dollar**. Only one type of payment (Activity or Admin) may be requested per form, however Administrative dollars related to multiple activities may be requested on one form with adequate documentation. For Activity dollars, the form also asks for the complete address of unit(s) including 11-digit census tract, the NSP Activity (e.g. B1), the County Median Income (CMI) level of the household expected to occupy the unit (e.g., 001 = <50% CMI), and the number of units.

1. CONTRACT FUNDS

For Administrative dollars, Grantee may request \$2,000 of NSP administration funds upon receipt by the Department of all NSP program working documents as described above. Grantee may request the balance of NSP Administrative funds in proportion to housing Activity funds paid out to a completed street address activity. For example, most Grantee Administrative budgets total a maximum of 7.5% of their housing Activity funds. Therefore, Grantee may request 7.5% of the Activity Set-up amount for that project. Furthermore, for Eligible Uses B. Acquisition, Rehab, Resale/Rental or E. Redevelopment, Administrative dollars will be paid in proportion to the activity within that category. Grantee may request 50% after Acquisition, 25% after Rehabilitation, and the final 25% after Resale/Rental when Completion Reports are submitted with household beneficiary data. For projects without rehab costs (e.g., redevelopment/reconstruction), grantees may request 50% of Administrative funds after acquisition and 50% after when Completion Reports are submitted with household beneficiary data.

Grantees must have eligible expenses related to Administrative cost of at least as much as the Administrative funds being requested. Therefore, it is possible that a grantee may be “eligible” to receive more Administrative funds for which they have actual expenses at this time. However, Grantees must refrain from requesting more Administrative funds than those for which they have documented expenses.

Supporting Documentation

When submitting a Request for Payment form, Grantees must attach related documentation, according to Attachment E of the NSP contract and as indicated in the table below. Please write the street address Activity Set-up # in the upper right-hand corner of documentation attached. Administrative funds will be assigned a separate Activity #, e.g. # 920ADM. Please note that for both Activity and Administrative funds, it is very important to have the correct sequential Request number for that street address or Administrative funds draw.

Procedure for Requesting Administrative Funds

| Eligible Use | Documentation Required | Admin \$ Request % Allowed | Completion Report Due* |
|---|---|-----------------------------------|---|
| 1. Financing Mechanisms: | Completion Report showing beneficiary data submitted. | 100% | 60 days after closing |
| 2. Acquisition: | HUD-1 settlement statement submitted. | 50% | N/A |
| 3. Rehab/Reconstruction: | Final HQS inspection and lead clearance (if applicable) OR Certificate of Occupancy/Inspection submitted. | 25% | N/A |
| 4. Resale/Rental: | Completion Report showing beneficiary data (rent-up or resale) submitted. | 25% | 60 days after Resale/Rent-up |
| 5. Demolition of Blighted Structure: | Report by local jurisdiction documenting that the property is blighted and Completion Report | 100% | 30 days after demolition Activity |
| 6. Landbanking: C2. Acquisition: | HUD-1 settlement statement submitted. Completion Report | 100% | 60 days after closing |
| C1. Disposition: | Completion Report | 100% | 30 days after final disposition/ by 1/30/2012 |
| 7. Redevelopment: Acquisition: Redevelopment: Resale/Rental: | HUD-1 settlement statement submitted. Certificate of Occupancy/Final HQS Inspection Completion Report showing beneficiary data (rent-up or resale) submitted. | 50% 25% 25% | 60 days after Resale/Rent-up |

* Commerce may grant an extension of due date with reasonable justification upon request.

In the event that an acquisition transaction is not accompanied by a HUD-1 settlement statement, please send another form of documentation of acquisition or title transfer.

Documentation of Calculation of Administrative Funds

Please include documentation as to how you arrived at the amount requested based on the procedure laid out above. Below is a well done example from one of your colleagues:

| CITY ADMIN REQUEST - 1/21/2010 | | | | | | | | |
|--------------------------------|---------------|------------|------------|---------------|------------------|----------------------|------------------|-----------------|
| Act # | Address | Set-up Amt | 7.5% Admin | % Admin Drawn | Amt Requested | Documentation | Partner Portion | Grantee Portion |
| 90301 | Superior St | \$ 137,500 | \$ 10,312 | 50% | \$ 5,156 | Settlement Statement | \$ 3,781 | \$ 1,375 |
| 90302b | Cass St | \$ 9,524 | \$ 714 | 100% | \$ 714 | Demolition Order | \$ 524 | \$ 190 |
| 90303 | Lawe St | \$ 150,000 | \$ 11,250 | 50% | \$ 5,625 | Settlement Statement | \$ 4,125 | \$ 1,500 |
| 90304 | Spring St | \$ 92,000 | \$ 6,900 | 50% | \$ 3,450 | Settlement Statement | \$ 2,530 | \$ 920 |
| 90305 | Wisconsin Ave | \$ 100,000 | \$ 7,500 | 50% | \$ 3,750 | Settlement Statement | \$ 2,750 | \$ 1,000 |
| TOTAL REQUESTED: | | | | | \$ 18,695 | | \$ 13,710 | \$ 4,985 |

2. PROGRAM INCOME

Please note this section received substantial updates in December 2010 and has subsequently received additional revisions.

Program Income and First In, First Out Rule

When Program Income has been earned on an NSP Activity, the Grantee must substantially exhaust available Program Income funds before they are allowed to request additional contract dollars. This is sometimes referred to as First In, First Out (FIFO). When the Grantee submits a Request for Payment of funds, the signing official will now certify on the RFP that there is NOT a substantial amount of Program Income cash on hand, as defined by more than \$5,000.

Example: If a Grantee has an invoice on a rehab contract of \$10,000 needing payment, but it is in receipt of \$50,000 in Program Income, the Grantee must use that Program Income cash on hand to pay that bill first. The Grantee will not request additional funds at this time in this scenario.

Program Income and Revolving Loan Funds

Program Income earned by any Activity *can* be deposited into an RLF (Revolving Loan Fund) that is designated for a specific NSP eligible use (e.g. Acquisition/rehab of residential properties, landbanking, or redevelopment/new construction of residential properties). However, contrary to previous guidance, EVEN IF the Grantee deposits its Program Income into an RLF, the Grantee is still required to spend Program Income on hand first. Therefore, during the contract performance period (i.e., until 2/28/2013), an RLF might not provide any advantages for the Grantee. However, Grantees should be thinking about how Program Income will be managed after the contract performance period which might include a specified NSP RLF.

Requesting Additional Contract Activity Dollars

Once Program Income funds have been substantially exhausted (expended on NSP activities) as described above, the Grantee may request additional contract dollars on the RFP form. At this time, when the Grantee requests additional contract funds, Program Income that has been expended on this activity should be reported on the RFP form. When Program Income is expended and reported on an RFP form, the Grantee must complete Section 2b. (Program Income Received on Page 2 of the RFP) to document the NSP Activity on which the Program Income was earned.

If by expending Program Income on an activity, the Grantee has made the final payment on that activity, then the Grantee should submit a Request for Payment form with (or in advance) of the Activity Completion Report to report this expenditure using Program Income.

Example: The \$10,000 invoice to be paid was the final payment for an Activity. No additional contract dollars will be needed for that Activity. The Grantee submits a final Request for Payment (including Sec. 2b. Program Income Received) with Program Income only and reports Program Income used on the Completion Report.

Program Income and Contract Activity Dollars

If Program Income used on an Activity reduces the amount of contract dollars needed for that activity, the remaining balance will need to be re-obligated. However, new Activity Set-up Reports may also show sole use of Program Income.

Example: The Grantee has reported Program Income received on an RFP. The Grantee is also now ready to set-up the next activity using the previously reported \$50,000 in Program Income. The Activity Set-Up and RFP process followed are the same as if Contract Dollars were being used.

Administrative Funds and Program Income

Grantees will continue to request contract Administrative funds using the same procedure as described above until those funds have been exhausted. DHCD will track the 10% Administrative cap based on Program Income reported. Once contract Administrative funds have been exhausted and the Grantee has additional Administrative expenses, the Grantee will request the "Program Income Admin" from DHCD. If the Grantee chooses to use less than the full 10% of Administrative funds from Program Income received, they will need to notify DHCD of this intention so that those funds can be expended on activities.

Program Income 10% Cap on Administrative Funds

Based on preliminary guidance, DHCD anticipates that HUD will increase the allowable Administrative funds budget by 10% of Program Income reported as received on a quarterly basis. After the quarter in which a Grantee reports Program Income received, DHCD will reduce the Grantee's Activity budget line by the 10% calculation for Administrative funds. DHCD will work out a process to communicate adjusted Activity and Administrative dollar amounts back to Grantees at the start of the next quarter. By doing this, DHCD can be sure that Grantees refrain from exceeding either the 10% cap on total Administrative funds (10% of Activity + Program Income) or the spending limit of the State's entire NSP grant.

General Reminders

NSP funds may be requested no more than 15 days prior to the time of an eligible expenditure and retained in the Grantee's account for no more than 10 working days upon receipt. It may be necessary to make more than one payment request for each Activity. Each request for payment must be submitted with an original signature and date. Please keep accurate records of the contract balance and the Activity balances. **Faxed requests or PDF files through email are acceptable as long as the form is signed by the authorized person for the Grantee. DO NOT mail the original after faxing/emailing the document—retain it in your file. You should expect to receive the payment within 5 to 10 business days to process through the state system from when the request is received. This means Grantees must plan closing dates for acquisitions accordingly.** *Please do not ask for exact check delivery dates.*

E. COMPLETION REPORT INSTRUCTIONS

For an Activity to be considered complete, the following additional information is needed:

- Complete detail of NSP funds and other funds used in relation to this Activity;
- NSP Program Income funds returned to Grantee with this project and additional PI expected in future;
- Demonstrate minimum required 1% discount on purchase price from appraisal;
- Resale price and type of title;
- Household demographics for each unit developed or assisted; For Multi-Family Rental, please complete Rental Completion form on the following page instead;
- Match/leverage dollars used on the Activity (CDBG, HOME, private, etc.);
- NSP Program Income funds used on the Activity;
- The type of Homebuyer Counseling completed and by whom;
- Addressing lead-based paint and asbestos issues;
- Addressing energy efficiency/green built standards;
- Participation of minority and/or women owned businesses in that Activity.
- NEW JAN 2011: # of Female Head of Household(s)

Please review the following detailed Completion Report Instructions beginning on the next page:

NSP COMPLETION REPORT INSTRUCTIONS

The purpose of the NSP Completion Report is to summarize how NSP, private and public funds are used in an Activity. This report is required at the completion of an Activity. A fully completed activity is defined by the ability to report beneficiary data, i.e., the unit(s) have been rented or sold regardless of the type of rehabilitation, reconstruction or redevelopment activity OR demolished, acquired or disposed for landbanking. The information on this report will be used by Congress to gauge the progress of the NSP program in the State of Wisconsin and on a national level.

1. ACTIVITY INFORMATION

CONTRACT#: Enter the NSP contract number under which this Activity is funded.

ACTIVITY#: Enter the five digit unique number assigned by Commerce to this Activity. The Activity number is assigned when the grantee submits the Activity Set-up Report to the Department of Commerce. This number will be emailed to you after receipt of the Activity Set-up Report.

SUBMISSION DATE: Enter the date the Completion Report is submitted to the Department of Commerce, which is after all work for an Activity has been completed.

ORIGINAL SUBMISSION: Check this box only if it is the first time a grantee is submitting a Completion Report for this Activity.

REVISION: Check this box only if this is not an original submission and revisions were made to the Completion Report.

E-MAIL ADDRESS: Enter the e-mail address of the contact person. If two or more agencies are involved, enter the e-mail address of the person who can answer questions about this Activity.

AGENCY NAME: Enter the name of the agency overseeing the Activity. If more than one agency is involved, enter the name of the lead agency.

AGENCY CONTACT: Enter the name of the primary person to contact regarding the Completion Report. If more than one agency is involved, enter the name of the person who can answer questions about the Activity.

TEL #: Enter the phone number of the agency contact.

EXT: Enter the extension number of the agency contact.

ACTIVITY SET-UP TYPE: Enter the number of the Activity type for this Activity.

CMI LEVEL: Enter the County Median Income level for this Activity.

LEASE PURCHASE: If this Activity involves a lease purchase arrangement, enter the date the agreement was signed. Ownership of the unit must be conveyed to the homebuyer within 36 months of signing the lease purchase agreement.

2. ACTIVITY INFORMATION

ADDRESS: provide street address, city, county and zipcode.

11 – digit Census Tract # : this will be one of the census tracts identified in your executed contract (census tracts can be located on HUD website: <http://www.huduser.org/nspgis/map.aspx>)

Relocation Costs: The Uniform Relocation and Real Property Acquisition Policies Act, also known as the Uniform Act, applies to all assisted properties. Both permanent and temporary relocation assistance are eligible costs. Information on relocation can be found at: http://www.hud.gov/offices/cpd/communitydevelopment/programs/neighborhoodspg/pdf/nsp1_bridgenotice.pdf and <http://www.gpo.gov/fdsys/pkg/FR-2009-06-24/pdf/E9-14909.pdf>). Enter all relocation payments associated with this Activity.

INITIAL PURCHASE PRICE:

Enter the purchase price of the single family home, the appraised value and whether the required 1% discount from appraisal was achieved.

RESALE PRICE: Enter the resale price of the property to the homebuyer.

TYPE OF TITLE: Enter if the property will be held by fee simple or leasehold title by the homebuyer.

ADDITIONAL COST NOT RECAPTURED THRU SALES PRICE: Enter any additional costs not recaptured through the sale price. Add that amount to the **RESALE PRICE** to the come up with the **TOTAL**.

PROGRAM INCOME: Enter the amount of Program Income returned to the Agency with this project and if you expect to receive additional Program Income in the future (e.g. lease purchase, rental, agency holds mortgage, etc.)

1. NSP CONTRACT FUNDS

ACQUISITION/REHAB (including Homebuyer Assistance), DEMOLITION, LANDBANKING, REDEVELOPMENT

1. CONTRACT FUNDS:

In box 1., enter the NSP contract funds awarded to project for NSP eligible activities (this does not include direct assistance to homebuyer). If Contract Funds are the only form of NSP assistance to project, the Affordability Period will be governed by the Resale Model. A deed restriction must be utilized for the number of years required by the amount of NSP funds in the project (see Chapter VII, pg. 7 – Affordability Period). Check the box indicating that a deed restriction was utilized and enter the number of years for which the property was deed restricted.

2. DIRECT HOMEBUYER ASSISTANCE:

In box 2., enter any NSP contract funds used to provide direct homebuyer financial assistance (e.g., downpayment/closing cost assistance, or subsidized loan). Please note: Even if providing Contract Funds as well for this unit, if direct homebuyer assistance was provided, the Affordability Period will be governed by the Recapture Model. A recorded lien or 2nd mortgage must be used for the number of years required by the amount of NSP Homebuyer Assistance funds provided (see Chapter VII, pg. 7 – Affordability Period). Check the box indicating

that a 2nd mortgage or recorded lien was utilized and enter the number of years for which the property has a lien.

3. TOTAL NSP CONTRACT FUNDS:

In box 3., enter the total of 1. Contract Funds and 2. Direct Homebuyer Assistance used for this project. (1. + 2. = 3.)

LEAD HAZARD REDUCTION:

Enter separately each of the following: a. Lead hazard reduction costs, b. Hard rehab costs excluding lead hazard reduction, and c. total rehab costs (a + b = c).

4. PROGRAM INCOME USED ON THIS ACTIVITY:

Enter the amount of Program Income used to complete this activity.

5. TOTAL OF NSP FUNDS UNSED ON THIS ACTIVITY:

Enter the total amount of NSP funds used on this activity, both contract and Program Income dollars (3. + 4. = 5.).

4. OTHER FEDERAL FUNDS

(Provide information explaining the source and use of all non-NSP federal funds)

FEDERAL FUNDS: Enter contributions made with or derived from federal resources or funds. Some examples of federal funds are CDBG funds, Workforce Investment Act, FHA, Department of Energy (DOE) Weatherization Emergency Assistance Program (EAP) and Preservation Grants.

USDA RURAL DEVELOPMENT: Enter the total amount dollar from a USDA Rural Development loan.

TOTAL FEDERAL FUNDS: Enter the total of all non-NSP federal funds in this Activity.

5. STATE/LOCAL FUNDS

(Provide information explaining the source and use of state and local funds)

HOUSING TRUST FUNDS: These are funds dedicated by municipalities for affordable housing, such as the City of Stevens Point's HOORA Program.

Enter the amount of any housing trust funds used in this Activity.

STATE/LOCAL APPROPRIATED FUNDS: These funds are appropriated by the State legislature to assist low- and moderate-income households with housing needs like foreclosure prevention, downpayment and closing costs. Some examples of an appropriated funding source are HCRI and Focus on Energy.

Enter the amount of any state or local appropriated funds used in this Activity.

STATE/LOCAL TAX EXEMPT BOND PROCEEDS: These are loans made from State and local municipalities from affordable housing bond proceeds such as housing authority mortgage revenue bonds and WHEDA loan programs.

TOTAL PUBLIC FUNDS: Enter the total of all State/Local funds used in this Activity.

6. PRIVATE FUNDS

LENDER NAME: Enter the name of the lender associated with this Activity.

MORTGAGE AMOUNT: Enter the mortgage amount associated with this Activity.

LOAN TYPE: Indicate whether the loan is fixed or variable. The interest rate of a fixed interest rate loan will not change during the life of the loan. The interest of a variable interest rate loan may change during the life of the loan.

LOCK IN DATE: A lock in date is used to guarantee a specific interest rate, if the loan is closed within a specific time.

Enter the date when the interest rate was locked in.

INTEREST RATE: Enter the interest rate at which the homeowner received the loan.

NO. OF YEARS: Enter the number of years for which the mortgage loan is written.

PRIVATE LOAN AMOUNT: Enter the amount borrowed from a private lender to purchase, construct or rehabilitate this Activity.

OWNER CASH CONTRIBUTION: Enter funds provided by the homeowner toward the purchase, construction or rehabilitation of a single-family home. Owner cash contributions includes: earnest money, home inspection costs, appraisal fees, repair costs, and home insurance.

FOUNDATION GRANTS: Foundation grants are non-federal cash contributions from a third party. Examples of foundation grants are: credit from the lender, Federal Home Loan Bank (FHLB-AHP) down payment assistance.

Enter the amount of foundation grant funds associated with this Activity.

INDIVIDUAL DONATIONS: Individual donations include monetary gifts from relatives or friends, credit from the seller for closing costs or other seller contributions, and charitable gifts from organizations like Goodwill and the United Way towards the construction, purchase or rehabilitation of this Activity.

Enter any individual donations associated with this Activity.

TOTAL PRIVATE FUNDS: Enter the total amount from private loan amount, owner cash contribution, foundation grants and individual donations.

7. TOTAL ACTIVITY COSTS:

Enter the sum of all total fields in Sections 3 through Section 6.

8. DONATIONS (provide documentation)

DONATED LAND: Land donated to the program. Check the box if the donated land is foreclosed, public or private.

SITE PREPARATION: Site preparation donated for construction or acquisition or rehabilitation of a NSP property. Some examples of site preparation are demolition work and grading.

Enter the dollars value of all site preparation work associated with this Activity

CONSTRUCTION MATERIALS: Donated construction material used in the construction or rehabilitation of a NSP property. Some examples of construction materials are wood, mortar, steel, drywall, flooring etc.

Enter the dollar value of construction materials associated with this Activity.

LABOR: A rate of \$10.00 per hour is the rate established by HUD for unskilled donated or voluntary labor. Labor from community groups, nonprofits, friends, neighbors, corrections work crews, Job Training Partnership Act (JTPA), and the Wisconsin Fresh Start (WFS) programs are some examples of donated labor.

Enter the dollar value of all donated labor associated with this Activity.

OWNER SWEAT EQUITY: This is the value of labor that members of the Activity household contributed to the rehabilitation or construction of their single-family home. The value of owner sweat equity is computed using the \$10 per hour rate established by HUD for unskilled labor.

Enter the dollar value of the owner sweat equity associated with this Activity.

COUNSELING/PROFESSIONAL SERVICES: The value of counseling/professional service is determined by the rate that the individual or entity performing the service normally charges. Direct costs are limited to salary costs (including benefits) and the cost of materials related to the services provided (e.g., pamphlets, tool kits for new homeowners etc.) can be counted as match. Some examples of counseling/professional services are first homebuyer education classes and affordability counseling.

Enter the dollar value of the counseling/professional service for this Activity.

TOTAL DONATIONS: Enter the total amounts from donated land, site preparation, construction materials, donated labor, owner sweat equity and counseling/professional services.

9A. HOUSEHOLD CHARACTERISTICS – SINGLE FAMILY UNIT (ONLY FOR CATEGORIES A, B AND E)

UNIT NO.: This number should always be 1 for homeowner projects; for multifamily units enter information on page 4 of report (#9B).

NO. OF BEDROOMS: Enter the number of bedrooms for this Activity.

OCCUPANT: Enter number appropriate to project (1 for rental, 2 for homebuyer, and 9 for vacant).

MONTHLY RENT: The fields below are used for NSP rental activities.

TENANT CONTRIBUTION: Enter the amount of rent paid directly by renter.

SUBSIDY AMOUNT: Enter amount paid through a subsidy such as Section 8.

TOTAL RENT: Enter the total rent charged for the unit, including both Tenant and Subsidy amounts.

INCOME DATA: The fields below are used to determine income.

MONTHLY GROSS INCOME: (Round to the nearest dollar): Enter the Activity's household gross monthly income (monthly income before taxes).

% of AREA MEDIAN: (Round to the nearest dollar): Use the HUD NSP Household Income Limits tablet found on the Commerce website: http://test.commerce.wi.gov/CD/docs/Housing-Reference/cd-boh-wns_limits.pdf Look up the Activity county to get the % of area median. Enter the % of area median income found in the HUD NSP Household Income Limits that corresponds to the Activity household size and household gross yearly income.

HOUSEHOLD DATA: The fields below provide household demographic information for this Activity.

HISPANIC-CHECK IF YES: Check the box if the head of household is of Hispanic origin.

RACE OF HEAD OF HOUSEHOLD:

11. White
 12. Black/African American
 13. Asian
 14. American Indian/ Alaskan Native
 15. Native Hawaiian/ Other Pacific Islander
 16. American Indian/ Alaskan Native & White
 17. Asian & White
 18. Black/African American & White
 19. American Indian/Alaskan Native & Black/African American
 20. Balance/Other
- Choose this category if none of the other race categories apply.*
09. Vacant Unit

Enter the race of the head of household.

SIZE OF HOUSEHOLD: Enter the number of people in the Activity household.

TYPE OF HOUSEHOLD:

1. SINGLE/NON-ELDERLY: Household head for this Activity is unmarried and under the age of 65.
2. ELDERLY: Household head is age 65 and over
3. RELATED/1 PARENT: Household head is a single parent.
4. RELATED/2 PARENT: The household contains two parents.
5. OTHER: Use this if none of the other types of household apply.
6. VACANT UNIT: Unit is vacant.

Enter the type of household.

RENTAL ASSISTANCE: Enter here the type of rental assistance that household will be receiving.

10. WHAT KIND OF HUD-APPROVED HOMEBUYER COUNSELING DID THIS HOUSEHOLD COMPLETE?

PRE-PURCHASE: Household received pre-purchase (before purchase) homebuyer counseling.

BOTH PRE- AND POST-PURCHASE: Household received both pre- and post-purchase counseling.

N/A: No homebuyer counseling required (ex. Rental housing, demolition or landbanking only)

Check the box that applies to this household. List name of the agency providing the homebuyer counseling.

11. NUMBER OF HOUSEHOLDS WITH A MEMBER WITH A DISABILITY?

Enter the number of households that have a member of the household with a disability. This number may be zero.

12. NUMBER OF HOUSEHOLDS WITH A FEMALE HEAD OF HOUSEHOLD?

Enter the number of households that have a female head of household. This number may be zero.

13. a. DID THIS PROJECT INVOLVE INTERIM CONTROLS (LEAD-SAFE WORK) AS REQUIRED OR ABATEMENT OF LEAD-BASED PAINT FOR HOMES CONSTRUCTED PRIOR TO 1978?

Check yes if this project involved interim controls or abatement of lead-base paint.

b. DID THIS ACTIVITY INVOLVE “CERTIFIED ASBESTOS ABATEMENT” CONTRACTORS?

Check yes if this project asbestos abatement.

14. DID THIS ACTIVITY MEET ENERGY STAR STANDARDS?

Check yes if this unit was certified as a Wisconsin ENERGY STAR home. ENERGY STAR homes are 25 percent or more energy efficient than homes built with Wisconsin’s Uniform Dwelling Code. Housing units receiving this certification must pass a series of performance tests and meet specific program standards before being certified.

Check yes and provide documentation if this is an ENERGY STAR unit.

15. DID THIS HOMEBUYER COME FROM SUBSIDIZED HOUSING (PUBLIC HOUSING OR RENTAL ASSISTANCE FROM A FEDERAL, STATE OR LOCAL PROGRAM) IMMEDIATELY PRIOR TO HOME ASSISTANCE? (HOMEBUYERS ONLY)

Check yes if the homebuyer came from public housing or received rental assistance from a federal, state or local program immediately prior to home assistance.

16. DID YOU CONTRACT WITH ANY MBE (Minority Business Enterprise)/WBE (Women Business Enterprise) CONTRACTORS/SUBCONTRACTORS ON THIS PROJECT?

Check yes if this Activity used any MBE or WBE contractors or subcontractors. Attach report from: <http://commerce.wi.gov/CD/docs/BOH-Forms/cd-boh-nsp-MBEWBEReport.doc>

9B. HOUSEHOLD CHARACTERISTICS – MULTI-UNIT PROJECT (2 or More)

Complete information for each unit in multifamily project as described above (#9A). List each unit number as applicable.

F. QUARTERLY REPORT INSTRUCTIONS

The NSP Quarterly Report provides information about the status of program funds, the number of households and income level of program beneficiaries, and street addresses. The report also allows the Grantee to highlight particular program accomplishments and to call attention to potential problem areas.

The Grantee is responsible for completing the activities specified in Attachments C Scope of Work and Timetable and F Budget Table of the NSP contract. The Grantee is equally responsible for keeping the Department informed about progress on the program being funded. Given the timeliness component of the NSP Program, the key procedure for communicating the status of the NSP program to Commerce is now through the submission of an accurate, complete and timely Quarterly Report Form. This information in this format is also critical to the Department's quarterly reporting responsibilities to HUD. A sample report is attached.

Reports may be submitted via e-mail (PDF or WORD documents), fax or US mail to the NSP Program. ***The failure to submit timely and concise reports could jeopardize the payment of contract funds.***

QUARTERLY REPORT INSTRUCTIONS:

This report, submitted on a calendar quarter basis, consists of three main parts: the Financial Statement, Completions with Street Addresses, and Program Reports) and a comments section. **One** copy of the report is due at Commerce **no later than 15 days after the end of each calendar quarter**. Another copy should be placed in the grantee's Quarterly Report file.

| Quarter-end dates: | Quarterly Report due dates: |
|----------------------|-----------------------------|
| ◆ March 31, 20xx | April 15, 20xx |
| ◆ June 30, 20xx | July 15, 20xx |
| ◆ September 30, 20xx | October 15, 20xx |
| ◆ December 31, 20xx | January 15, 20xx |

* Please note that HUD only required monthly reporting in months 15-18 of the NSP1 grant, i.e., June (regular quarterly), July (special monthly), August (special monthly), September (regular quarterly).

The heading should include the Grantee name as listed on the contract, the contract number, the name, phone number and e-mail of the contact person, and the reporting period end date, e.g., 12/31/09. This date is also found in Attachment C Scope of Work and Timetable in the contract.

I. FINANCIAL STATEMENT

A. NSP CONTRACT FUNDS CUMULATIVE TOTAL AS OF THE END OF THIS QUARTER

This section is intended to capture all NSP contract funds committed and requested cumulatively as of the end of the quarter and how they compare to the contracted amounts and the Grantee's expenditures. A sum function has been created to total columns (Right click and Update Field. However, to make that work \$0 must be entered where the cell would be blank.) Grantees may delete Activity Category lines which are not funded, however please keep the page break in the same place.

1. Budget Categories: Under the first column, enter the amount awarded for each of the NSP Eligible Uses (A-E) and Administration, as shown in the NSP contract (the first column of

NSP Contract Attachment F Budget Table). *This will stay the constant during all quarters, unless there is a contract or letter amendment.* For Grantees who have approved contract or letter amendments before the end of the quarter, please begin with these already amended amounts.

2. Committed End of Quarter: Under the second column, enter the **total** amount of NSP funds committed on Activity Set-up Reports by the end of the reporting quarter for each category including total administration payment requests.
3. Committed to \leq 50% CMI End of Quarter: Under the third column, enter the subset amount from total committed that was committed to households \leq 50% County Median Income (CMI) at the end of the reporting quarter.
4. BALANCE (Contract \$ - Committed \$): Under the fourth column, enter the amount of the Committed column subtracted from the Budget Categories Contract column at the end of the reporting quarter. BALANCE = (Contract \$ - Committed \$)
5. Expenditures End of Quarter: Under the fifth column, enter the Grantee's expenditures by the end of the reporting quarter for each category. This amount may be higher than the amount requested to date if the Grantee has been advancing funds for the program. However, please note that due to the nature of the NSP program, HUD and the Department would like to keep this amount relatively low.
6. Requested End of Quarter: Under the sixth column, enter the total dollar amount of NSP contract funds requested for disbursement since the beginning of the contract up through the end of the reporting quarter for each category.

B. NSP PROGRAM INCOME THIS QUARTER ONLY (1 & 2) & CUMULATIVE (3)

This section is intended to capture NSP Program Income funds RECEIVED and EXPENDED in the current quarter only and COMMITTED as of the end of the quarter.

1. Program Income Received: Under the first column, enter the amount of Program Income RECEIVED by Activity type and CMI level (e.g. B1 002, B2 001, C, etc.) for this quarter only. It is conceivable that there will be no Program Income to report until future quarters. Demolition and Administrative funds are shaded out because these activities can not earn Program Income. The CMI levels in Landbank are shaded because it is N/A. **These amounts should equal the Program Income reported as RECEIVED in Sec. 2b of the Request for Payment forms submitted that quarter.**
2. Program Income Expended: Under the second column, enter the amount of Program Income funds EXPENDED by the end of the reporting quarter by NSP eligible use for this quarter only. Remember: Do not reserve 10% for Administrative funds. This amount should be zero until all contract Administrative funds have been expended and Program Income administrative funds have been requested from DCHD. **These amounts should equal the amounts reported as EXPENDED in Sec. 2a of the on Request for Payment forms submitted that quarter.**
3. Program Income Committed: Under the third column, enter the amount of Program Income committed by Activity type (e.g. B1, B2, D, etc.) and CMI level by the end of the reporting quarter from Activity Set-ups. It is conceivable that there will be no Program Income to commit to new set-ups until future quarters. However, once received, please remember that grantees are required to commit Program Income before new contract funds to a new project. Please note that it is not necessary to revise a previous set-up to accommodate the expenditure of Program Income. Remember: Do not reserve 10% for Administrative funds.

This amount should be zero until all contract Administrative funds have been expended and Program Income administrative funds have been requested from DCHD.

C. PROGRAM INCOME RECEIVED/EXPENDED OVERVIEW

THIS SECTION IS NEW. PLEASE READ CAREFULLY.

Previous Quarter Program Income Balance on Hand: In the box on the upper left-hand corner of page 2, on the first line enter the amount of Program Income Balance on Hand. This is the CUMULATIVE amount of the Total of Program Income Received minus Program Income Expended and will be equal to #3 below in the previous quarter.

1. Total Cumulative Program Income Received to Date: Enter the total CUMULATIVE amount of Program Income Received on all activities and from all sources to date as reported on Request for Payment Forms.
2. Total Cumulative Program Income Expended to Date: Enter the total CUMULATIVE amount of Program Income Expended on all activities and from all sources to date as reported on Request for Payment Forms.
3. End of this Quarter Program Income Balance on Hand: Enter the total amount of Program Income Balance on Hand. This amount should be equal (1 - 2 = 3) and should be entered in the Previous Quarter Program Income Balance on Hand box in the next quarter.

Total Uncommitted Program Income Balance: On the last line of this box, enter the cumulative amount of uncommitted Program Income Balance as of the end of the reporting quarter. (Uncommitted PI Balance = Program Income Received – Program Income Committed).

PROGRAM INCOME ADMIN - Total Cum. PI Rec'd To Date X 10% = (1. Above): In the floating box, enter 10% of the total CUMULATIVE amount of Program Income Expended on all activities and from all sources to date as reported on Request for Payment Forms. (e.g., \$80,000 x 10% = \$8,000). This is for information only.

D. AMOUNT REQUESTED THIS QUARTER ONLY

THIS SECTION HAS CHANGED. PLEASE READ CAREFULLY.

NEW! Beneficiary data will no longer be collected on the Quarterly Report. All beneficiary information will be collected on the Activity Completion Report. A fully completed activity is defined by the ability to report beneficiary data, i.e., the unit(s) have been rented or sold regardless of the type of rehabilitation, reconstruction or redevelopment activity OR demolished, acquired or disposed for landbanking. Please note that there is no income level benefit for NSP Activity Types C. Land bank, D. Demolition, and Administrative funds. Therefore please use the space provided for dollars for those categories. NSP Contract \$ Requested This Quarter: Under this set of columns, enter the **total** dollar amount of NSP contract funds requested for disbursement during this **reporting quarter** categorized by income level and Activity type. *Do not include Program Income.*

II. STREET ADDRESSES COMPLETED THIS QUARTER BY ACTIVITY

THIS SECTION HAS CHANGED. PLEASE READ CAREFULLY.

This section may be copied if more space is needed for additional street addresses. Please **ONLY** enter street addresses that were **COMPLETED** in the current reporting period **AND** whose completion reports and supporting documentation have been submitted.

- ◆ NEW! Enter the date the Completion Report and any outstanding supporting documentation was submitted to Commerce (e.g. HQS, Certificate of Occupancy, etc.).
- ◆ Enter the Activity Set-up number (e.g. # 90301, # 90302, etc.)

- ◆ Enter the Activity Type (e.g., A, B1, B2, C, D or E)
- ◆ Enter the CMI Level (e.g., 001 = ≤50% CMI and 002 = 51-120%)
Example: B1 001 means Acq, Rehab, Resale to ≤50% CMI B2 002 = Acq, Rehab, Rental to 51-120% CMI
- ◆ Enter the Street Address, City, County & Zip Code
- ◆ Enter the # of units set-up at this street address by NSP Activity, # of parcels (Tax ID #s) acquired voluntarily, and # of properties acquired. (Please note that most single family projects will have one unit, one parcel, and one property. However, a multi-family project may have, for example, 16 units, 5 parcels and one property.)

III. GENERAL PROGRAM REPORTING ACTIVITIES DUE ON APRIL 15 REPORT

THIS SECTION IS REVISED. PLEASE READ CAREFULLY.

With the April 15 Quarterly Report, please check YES that you've completed and attached a Fair Housing Report and Sec. 3 Report covering the reporting period of April 1 (2010) to March 31 (2011).

1. Fair Housing Report: A. Please report on the fair housing affirmative action(s) your program implemented this past year. B. Please describe the planned action(s) for current reporting year and when initiations of the actions are expected. This report can be found at: <http://commerce.wi.gov/CD/docs/cd-boh-nsp-fair-housing-report.doc>
2. Section 3 Report: ALL RECIPIENTS MUST COMPLETE PART 1. Report any actions on the Section 3 Report Form taken to ensure that employment, and other economic activities generated by this program, were directed toward low- and moderate-income people (below 80% of county median income). This report can be found at: <http://commerce.wi.gov/CD/docs/cd-boh-nsp-section3.doc>

NOTE: MBE/WBE Reports should be submitted with Activity Completion Reports.

IV. BRIEF PROGRESS REPORT &/OR COMMENTS

Report on problems you are encountering implementing the NSP program AND/OR on success you have had in your program.

Each report must be complete and comprehensive. That is, all parts of the report (financial, beneficiary data and street addresses) for all contract activities (NSP eligible housing activities and program administration) are due as a single submission. Reports provided on a piecemeal basis are not acceptable and will be returned.

Quarterly Reports may be submitted to the NSP program coordinator via e-mail (PDF or WORD), fax (608-266-5381), or U.S. mail (NSP Program, Department of Commerce, P.O. Box 7970, Madison, WI 53707--7970).

ACTIVITY SET-UP REPORT

NSP PROGRAM

1. ACTIVITY INFORMATION

| | | | |
|--|--------------------|--|----------------|
| CONTRACT #: NSP 09- | ACTIVITY #: | DATE: | |
| <input type="checkbox"/> Original Submission | | <input type="checkbox"/> Revision # _____ <input type="checkbox"/> FINAL | |
| AGENCY NAME: | | E-MAIL ADDRESS: | |
| AGENCY CONTACT: | | TELEPHONE: | EXT. #: |

Will this activity be carried out by a faith-based organization? YES NO

2. ENVIRONMENTAL REVIEW

Approximate age of unit(s) _____ years

YES NO N/A If older than 50 years, we have sent a request for environmental review to Environmental Review Desk at Commerce.
Date Sent: _____ (OR to Commerce approved Environmental Reviewer: _____).

YES NO Completed copies of the Statutory Checklist (Imp. Manual Ch. 6 - Attachment 7) are in the Grantee's activity file.

YES NO N/A We have received authorization to proceed from the Environmental Desk at Commerce OR _____.

3. ACTIVITY FUNDS

| | |
|---|----|
| 1. NSP Contract Funds Committed | \$ |
| 2. NSP Program Income | \$ |
| 3. Other Committed Funding (Specify: _____) | \$ |
| A. Total Funds (Lines 1 + 2 + 3 above)* | \$ |
| B. Total Estimated Activity Budget | \$ |
| *Of the Total Estimated Activity Budget, how much will be spent on lead hazard mitigation? | \$ |

If developer, supporting documentation for Rehab/Redevelopment (scope of work, budget, timeline) are in the Grantee's activity file OR N/A
 If sub-recipient, executed contracts for Rehab/Redevelopment are in the Grantee's activity file OR N/A

4. ACTIVITY INFORMATION

| Activity Setup Type: | CMI Level: | # Units at Co. Median Inc.: | # Parcels acquired voluntarily |
|----------------------------------|--|--|--------------------------------|
| A. Financing Mechanism | 003 = 0-50% 004 = 51-120% | 1. ≤ 50% OR 2. 51-120% | — — |
| B1. Acquisition & Rehab – Resale | 001 = 0-50% 002 = 51-120% | | |
| B2. Acquisition & Rehab – Rental | 001 = 0-50% 002 = 51-120% | Total Units | — — |
| C. Land Banks* | N/A | | |
| D. Demolition | N/A | | |
| E1. Redevelopment – Resale | 001 = 0-50% 002 = 51-120% | | |
| E2. Redevelopment – Rental | 001 = 0-50% 002 = 51-120% | | |
| Is the unit(s): | Foreclosed? <input type="checkbox"/> YES <input type="checkbox"/> NO | * If Land banking, a plan for future land use is attached or has been submitted to Commerce. <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | Vacant? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | Abandoned? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| | Blighted? <input type="checkbox"/> YES <input type="checkbox"/> NO | | |

5. ACTIVITY STREET ADDRESS

| | | | |
|---------------------------------|---------------------|--|--|
| Street Address: | | | |
| City: | Zip code: | | |
| 11-digit Census Tract #: | County Name: | | |

Approved and submitted by:

Signature (original signature required) _____ Date _____

| | |
|--|--|
| | |
|--|--|

Name of Authorized Signatory _____ Title _____

| | |
|--|--|
| Submit the Activity Set-Up Report to: | NSP Program Bureau of Community Finance, Department of Commerce P.O. Box 7970 Madison, WI 53707-7970 (608) 266-5381 (fax) |
|--|--|

REQUEST FOR PAYMENT

NSP PROGRAM

1. ACTIVITY INFORMATION

| | | | | | |
|---|--|-------------|--|------------|--|
| CONTRACT #: NSP | | ACTIVITY #: | | DATE: | |
| REQUEST #: | | | <input type="checkbox"/> ADMIN DOLLARS <input type="checkbox"/> ACTIVITY DOLLARS | | |
| AGENCY NAME: | | | ADDRESS: (check to be mailed to) | | |
| AGENCY CONTACT: | | | TELEPHONE: | Ext. # | |
| Period covered by this request: <i>from</i> | | (mm/dd/yy) | <i>to</i> | (mm/dd/yy) | |

2a. STATUS OF ACTIVITY/ADMINISTRATION FUNDS

| | |
|---|----|
| A. Activity CONTRACT FUNDS Committed or Admin Contract Funds | \$ |
| 1. LESS: Requests Paid To Date | \$ |
| 2. LESS: Amount Per this Request..... | \$ |
| Remaining Contract Balance | \$ |
| B. PROGRAM INCOME Activity Funds Committed or Admin PI Funds | \$ |
| 3. LESS: Program Income Expended on this Activity To Date | \$ |
| 4. LESS: Program Income Per this Request* | \$ |
| Remaining PI Balance Committed to this Activity | \$ |
| TOTAL Expended on this Activity to Date (1+2+3+4) | \$ |

* Program Income Received Report (RFP Section 2b on pg. 2) is completed.

3. ACTIVITY DOLLARS

| | | | | |
|--------------------------|------------|--------------|--|---------------------------------------|
| Street Address: | | | Amount of Request (Show dollars & NO cents) | Type of Payment 1=Progress 2=Final |
| | | | \$ | |
| City: | | Zip code: | | |
| 11-digit Census Tract #: | | County Name: | | |
| Activity Setup Type: | CMI Level: | | # Units: at ≤ 50% CMI ____ | at 51-120% CMI ____ |

OR

4. ADMINISTRATION DOLLARS

Supporting documentation listed in Contract Attachment E is attached.

| | |
|-------------------------------------|---------------------------------------|
| Amount of Request (Show dollars) | Type of Payment 1=Progress 2=Final |
| \$ | |

Certification

I certify that 1) The funds requested for the above activity or administrative support will be used in accordance with the applicable requirements of the Neighborhood Stabilization Program and the DHCD contract; 2) The agency has less than \$5,000 of Program Income funds on hand; and 3) The costs in the activity file have proper documentation and are subject to monitoring and auditing procedures by DHCD and HUD.

| | |
|--|------------|
| DHCD OFFICIAL USE ONLY Approved By: | |
| <input type="text"/> | Date _____ |

| | |
|---|----------------------|
| Signature (original signature required) | Date |
| <input type="text"/> | <input type="text"/> |
| Name of Authorized Signatory | Title |

REQUEST FOR PAYMENT

NSP PROGRAM

| | | | |
|------------------------|--|--------------------|--------------|
| CONTRACT #: NSP | | ACTIVITY #: | DATE: |
| REQUEST #: | <input type="checkbox"/> ADMIN DOLLARS <input type="checkbox"/> ACTIVITY DOLLARS | | |
| AGENCY NAME: | | | |

2b. PROGRAM INCOME RECEIVED REPORT

| NSP BUDGET CATEGORIES | PROGRAM INCOME (\$) RECEIVED BY ACTIVITY # & TYPE | | |
|---|--|--------------------|----------------------|
| | ACTIVITY SET- UP # | 0-50% CMI (001) | 51-120% CMI (002) |
| A. Financing Mechanism | | | |
| B1. Acquisition & Rehab – Resale | | | |
| | | | |
| | | | |
| | B1 Sub-total | | |
| B2. Acquisition & Rehab – Rental | | | |
| | | | |
| | | | |
| | B2 Sub-total | | |
| C1. Land Banks - Disposition (CMI = N/A) | | | |
| | | | |
| | | | |
| | C1 Sub-total | | |
| E. Redevelopment | | | |
| | | | |
| | E Sub-total | | |
| TOTAL PI RECEIVED* | | | |

*Total PI received in current quarter must match report of PI received on next Quarterly Report.

| |
|--|
| DHCD OFFICIAL USE ONLY - PI in DRGR: PI Rec'd Entry Date _____ |
|--|

| | |
|---|--|
| Submit the Request for Payment to: | NSP Program Bureau of Community Finance, Department of Commerce P.O. Box 7970 Madison, WI 53707-7970 (608) 266-5381 (fax) Joanna.balsamo-lilien@wisconsin.gov |
|---|--|

COMPLETION REPORT

NSP PROGRAM

1. ACTIVITY INFORMATION

| | | | | | |
|---|--|--|-----------------------------------|---|---------|
| CONTRACT #: NSP 09- | | ACTIVITY #: | | SUBMISSION DATE: | |
| <input type="checkbox"/> Original Submission | | | <input type="checkbox"/> Revision | | |
| AGENCY NAME: | | | EMAIL ADDRESS: | | |
| AGENCY CONTACT: | | | TELEPHONE: | | EXT. #: |
| Activity Setup Type: | | CMI Level: | | Lease Purchase: <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| A. Financing Mechanism B1. Acquisition & Rehab – Resale B2. Acquisition & Rehab – Rental C1. Land Bank Disposition C2. Land Bank Acquisition D. Demolition E1. Redevelopment – Resale E2. Redevelopment – Rental | | 003 = 0-50% 004 = 51-120% 001 = 0-50% 002 = 51-120% 001 = 0-50% 002 = 51-120% N/A N/A 001 = 0-50% 002 = 51-120% 001 = 0-50% 002 = 51-120% | | If yes, date of agreement between homebuyer and titleholder? | |

2. ACTIVITY INFORMATION

| | | | |
|--------------------------|--|--------------|--|
| Street Address: | | | |
| City: | | Zip code: | |
| 11-digit Census Tract #: | | County Name: | |

| | |
|------------------|----|
| Relocation Costs | \$ |
|------------------|----|

| | | |
|-----------------------------------|----------------------------|--|
| Initial Purchase Price: \$ | Appraised Value: \$ | Minimum of 1% Discount: <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-----------------------------------|----------------------------|--|

| | |
|--|--|
| Resale Price: | Type of Title: <input type="checkbox"/> Fee Simple <input type="checkbox"/> Leasehold |
| Addl. Cost not recaptured thru sales price \$ | Total \$ |

| |
|---|
| Program Income Returned to Agency with this Activity: \$ |
| Additional PI expected with this Activity? <input type="checkbox"/> YES <input type="checkbox"/> NO |

3. NSP FUNDS

Complete for ACQUISITION/REHAB (including Homebuyer Assistance), DEMOLITION, LANDBANKING, REDEVELOPMENT activities.

| | | | |
|--|--|---|-------|
| CONTRACT FUNDS | | | |
| Contract Funds Used for Activity Costs <i>(not incl. HB Assistance)</i> | <input type="checkbox"/> Deed restriction? | # of years _____ | 1. \$ |
| Direct Homebuyer Assistance | <input type="checkbox"/> 2 nd mortgage? | # of years _____ | 2. \$ |
| <i>a. Lead hazard reduction costs</i> (a. + b. = c.) | \$ | <i>b. Hard rehab costs excluding lead reduction</i> | \$ |
| TOTAL NSP CONTRACT FUNDS (1. + 2. = 3.) | | | 3. \$ |
| Program Income Used on this Activity | | | 4. \$ |
| TOTAL OF NSP FUNDS USED ON THIS ACTIVITY | | | 5. \$ |

COMPLETION REPORT**NSP PROGRAM**

AGENCY NAME:

ACTIVITY #:

4. OTHER FEDERAL FUNDS

(Specify source & use)

 N/A

| | | |
|-----------------------------|--|-----------|
| Federal Funds | | \$ |
| Federal Funds | | \$ |
| USDA Rural Development Loan | | \$ |
| TOTAL FEDERAL FUNDS | | \$ |

5. STATE/LOCAL FUNDS

(Specify source & use)

 N/A

| | | |
|--------------------------------------|--|-----------|
| Housing Trust Funds | | \$ |
| State/Local Appropriated Funds | | \$ |
| State/Local Tax Exempt Bond Proceeds | | \$ |
| TOTAL STATE/LOCAL FUNDS | | \$ |

6. PRIVATE FUNDS USED BY GRANTEE N/A

| | | | |
|---|---------------|------------------|---------------|
| Lender Name: | | Mortgage Amount: | |
| Loan Type: <input type="checkbox"/> fixed <input type="checkbox"/> variable | Lock In Date: | Interest Rate: | No. of Years: |
| Private Loan Amount | | \$ | |
| Owner Cash Contribution | | \$ | |
| Foundation Grants | | \$ | |
| Individual Donations (specify who/what) | | \$ | |
| TOTAL PRIVATE FUNDS | | \$ | |

TOTAL ACTIVITY COSTS (Total of Items 3 through 6)**\$****7. DONATIONS**

Description*

 N/A

| | | |
|----------------------------------|---|-----------|
| Donated Land | <input type="checkbox"/> Foreclosed? <input type="checkbox"/> Private? <input type="checkbox"/> Public? | \$ |
| Site Preparation | | \$ |
| Construction Materials | | \$ |
| Labor | | \$ |
| Owner Sweat Equity | | \$ |
| Counseling/Professional Services | | \$ |
| TOTAL DONATIONS | | \$ |

*Provide the documentation

COMPLETION REPORT

NSP PROGRAM

AGENCY NAME: _____

ACTIVITY #: _____

9a. HOUSEHOLD CHARACTERISTICS *(If Multiple units please complete 9b. below)*

| Unit No | No. of Bedrooms | Occupant | Monthly Rent* (including Tenant Paid Utilities) | | | Income Data* | | Household Data | | | | |
|---------|---|------------------------------------|--|----------------|------------|----------------------|---|---------------------------|--|--|---|---|
| | | | Tenant Contribution | Subsidy Amount | Total Rent | Monthly Gross Income | % of Area Median | Ethnicity | Race of Head of Household | Size of Household | Type of Household | Rental Assistance |
| | 0. efficiency 1. 1Bdrm 2. 2 Bdrms 3. 3 Bdrms 4. 4 Bdrms 5. 5 or more Bdrms | 1. Tenant 2. Owner 9. Vacant | | | | | 1. 0-30% 2. 31-50% 3. 51-80% 4. 81-120% 9. Vacant | Hispanic - Check if "yes" | 11. White 12. Black/African American 13. Asian 14. American Indian / Alaskan Native 15. Native Hawaiian / Other Pacific Islander 16. American Indian / Alaskan Native & White 17. Asian & White 18. Black/African American & White 19. American Indian/Alaskan Native & Black/African American 20. Balance/Other 9. Vacant unit | 1. 1 Person 2. 2 Persons 3. 3 Persons 4. 4 Persons 5. 5 Persons 6. 6 Persons 7. 7 Persons 8. 8 or more Persons 9. Vacant | 1. Single/non-Elderly 2. Elderly 3. Related/1 parent 4. Related/2 parent 5. Other 9. Vacant Unit | 1. Section 8 2. HOME TBRA 3. Other 4. None 9. Vacant Unit |
| | | | \$ | \$ | \$ | \$ | | | <input type="checkbox"/> | | | |

*Round to the nearest dollar.

10. What kind of HUD-approved homebuyer counseling did this household complete?

Pre-purchase (8 hours)

AGENCY NAME: _____

Pre-purchase (8 hours) plus post-purchase

N/A

11. Number of households with a member with a disability? _____ N/A

12. Number of households with a female Head of Household? _____ N/A

13. a. Did this activity involve interim controls (lead-safe work with "certified renovator" contractors) or abatement of lead-based paint?

Yes

No

b. Did this activity involve "certified asbestos abatement" contractors?

Yes

No

14. Did this activity meet Energy Star Standards?

Yes

No

(If "Yes" please provide documentation showing certification from Focus on Energy)

15. Did this homebuyer come from subsidized housing (public housing or rental assistance from a federal, state or local program) immediately prior to NSP assistance?

Yes

No

N/A

16. Did you contract with any MBE/WBE contractors/subcontractors for this activity?

Yes

No

(If "Yes" please attach the MBE/WBE reporting form)

Submit the Completion Report to:

NSP Program
Bureau of Community Finance
Department of Commerce
P.O. Box 7970
Madison, WI 53707-7970
(608) 266-5381 (fax)

9b. HOUSEHOLD CHARACTERISTICS

| Unit No | No. of Bedrooms | Occupant | Monthly Rent (including Tenant Paid Utilities)* | | | Income Data | | HISPANIC Check if "Yes" | Race of Head of Household | Household Data | | |
|---------|---|------------------------------------|---|----------------|------------|-----------------------|---|--------------------------|--|--|---|--|
| | | | Tenant Contribution | Subsidy Amount | Total Rent | Monthly Gross Income* | % of Area Median | | | Size of Household | Type of Household | Rental Assistance |
| | 0. efficiency 1. 1Bdrm 2. 2 Bdrms 3. 3 Bdrms 4. 4 Bdrms 5. 5 or more Bdrms | 1. Tenant 2. Owner 9. Vacant | | | | | 1. 0-30% 2. 31-50% 3. 51-80% 4. 81-120% 9. Vacant | | 11.White 12. Black/African American 13. Asian 14. American Indian / Alaskan Native 15. Native Hawaiian / Other Pacific Islander 16. American Indian / Alaskan Native & White 17. Asian & White 18. Black/African American & White 19. American Indian / Alaskan Native & Black / African American 20. Balance / Other 9. Vacant unit | 1. 1 Person 2. 2 Persons 3. 3 Persons 4. 4 Persons 5. 5 Persons 6. 6 Persons 7. 7 Persons 8. 8 or more Persons 9. Vacant | 1. Single/non-Elderly 2. Elderly 3. Related/1 parent 4. Related/2 parent 5. Other 9. Vacant Unit | 1. Section 8 2. HOME TBA 3. Other 4. None 9. Vacant Unit |
| | | | \$ | \$ | \$ | \$ | | <input type="checkbox"/> | | | | |
| | | | \$ | \$ | \$ | \$ | | <input type="checkbox"/> | | | | |
| | | | \$ | \$ | \$ | \$ | | <input type="checkbox"/> | | | | |
| | | | \$ | \$ | \$ | \$ | | <input type="checkbox"/> | | | | |
| | | | \$ | \$ | \$ | \$ | | <input type="checkbox"/> | | | | |
| | | | \$ | \$ | \$ | \$ | | <input type="checkbox"/> | | | | |
| | | | \$ | \$ | \$ | \$ | | <input type="checkbox"/> | | | | |
| | | | \$ | \$ | \$ | \$ | | <input type="checkbox"/> | | | | |
| | | | \$ | \$ | \$ | \$ | | <input type="checkbox"/> | | | | |
| | | | \$ | \$ | \$ | \$ | | <input type="checkbox"/> | | | | |

*Round to the nearest dollar.

NEIGHBORHOOD STABILIZATION PROGRAM

QUARTERLY REPORT FORM
(due 15 days after end of quarter)

DATE: / /

DHCD USE ONLY:

QPR Entered Date: _____
Initials: _____

| | | | |
|--|--|-----------------|--|
| GRANTEE: | | CONTACT: | |
| Contract # NSP 09- | Phone number: | E-mail: | |
| QUARTER #/YEAR: 1 ST 2 ND 3 RD 4 TH 2010 2011 | REPORTING QUARTER (end date): Dec. 31, 2010 | | |

I. FINANCIAL STATEMENTS

A. NSP CONTRACT FUNDS CUMULATIVE TOTALS AS OF END OF THIS QUARTER

| BUDGET CATEGORIES (FROM CONTRACT) | | COMMITTED END OF QTR (\$) | COMMITTED TO ≤ 50% CMI END OF QTR (\$) | BALANCE (CONTRACT \$- COMMITTED \$) | EXPENDITURES END OF QTR (\$) | REQUESTED END OF QTR (\$) |
|--------------------------------------|------|------------------------------|--|---|---------------------------------|------------------------------|
| A. Financing Mechanism | | | | \$ 0.00 | | |
| B1. Acquisition & Rehab – Resale | | | | \$ 0.00 | | |
| B2. Acquisition & Rehab – Rental | | | | \$ 0.00 | | |
| C. Land Banks | | | | \$ 0.00 | | |
| D. Demolition | | | | \$ 0.00 | | |
| E. Redevelopment | | | | \$ 0.00 | | |
| ADMINISTRATION | | | | \$ 0.00 | | |
| TOTAL | \$ 0 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |

B. NSP PROGRAM INCOME –THIS QUARTER ONLY (1 & 2)/ CUMULATIVE (3)

| NSP BUDGET CATEGORIES 001 = 0-50% OR 002 = 51-120% | 1. THIS QUARTER ONLY PROGRAM INCOME RECEIVED BY ACTIVITY TYPE (\$) <i>(Must match PI Received Reports on RFPs 2b)</i> | | | 2. THIS QUARTER ONLY PROGRAM INCOME EXPENDED BY ACTIVITY TYPE <i>(Must match PI on RFPs 2a)</i> | | 3. CUMULATIVE PROGRAM INCOME COMMITTED BY ACTIVITY TYPE <i>(Must match approved set-ups)</i> | |
|--|--|--------------------|----------------------|---|----------------------|--|----------------------|
| | TOTAL | 0-50% CMI (001) | 51-120% CMI (002) | 0-50% CMI (001) | 51-120% CMI (002) | 0-50% CMI (001) | 51-120% CMI (002) |
| | A. Financing Mechanism | | | | | | |
| B1. Acquisition & Rehab – Resale | | | | | | | |
| B2. Acquisition & Rehab – Rental | | | | | | | |
| C. Land Banks (CMI = N/A) | | | | | | | |
| D. Demolition (CMI = N/A) | | | | | | | |
| E. Redevelopment | | | | | | | |
| ADMINISTRATION (CMI = N/A) | | | | | | | |
| TOTAL | | | | | | | |

C. NSP PROGRAM INCOME REC'D/EXPENDED OVERVIEW

| | |
|--|-----------|
| PREVIOUS QTR PI BALANCE ON HAND | \$ |
| 1. TOTAL CUM. PI REC'D TO DATE | \$ |
| 2. TOTAL CUM. PI EXPENDED TO DATE | \$ |
| 3. END OF THIS QTR PI BALANCE ON HAND (1 - 2 = 3) | \$ |
| TOTAL UNCOMMITTED PI BALANCE | \$ |

| | |
|--|----|
| PROGRAM INCOME ADMIN TOTAL CUM. PI REC'D TO DATE x 10% = (1. ABOVE) | \$ |
|--|----|

D. NSP CONTRACT \$ REQUESTED THIS QUARTER ONLY

| NSP BUDGET CATEGORIES 001 = 0-50% OR 002 = 51-120% | AMOUNT OF NSP CONTRACT \$ REQUESTED THIS QUARTER | |
|--|--|-------------|
| | 0-50% CMI | 51-120% CMI |
| A. Financing Mechanism | | |
| B1. Acquisition & Rehab – Resale | | |
| B2. Acquisition & Rehab – Rental | | |
| C. Land Banks (CMI = N/A) | | |
| D. Demolition (CMI = N/A) | | |
| E. Redevelopment | | |
| ADMINISTRATION (CMI = N/A) | | |
| TOTAL | \$ 0 | |

II. STREET ADDRESSES COMPLETED THIS QUARTER* BY ACTIVITY

| COMPLETION REPORT/HQS SUBMITTED DATE | ACTIVITY SET-UP # | ACT. TYPE A B1 B2 C D E | 001 = 0-50% OR 002 = 51-120% | STREET ADDRESS | CITY | COUNTY | ZIP CODE | # UNITS | # PAR-CELS | # PROP-ERTIES |
|--------------------------------------|-------------------|----------------------------|---------------------------------|----------------|------|--------|----------|---------|------------|---------------|
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |

*Please attach an additional page if you need more than 5 spaces for street addresses

III. GENERAL PROGRAM REPORTING ACTIVITIES DUE ON APRIL 15 REPORT (See instructions for details)

| | | |
|---------------------|--|--------------------|
| FAIR HOUSING | Fair Housing report detailing actions accomplished this year and planned next year is attached. | Yes _____ No _____ |
| SECTION 3 | Section 3 report detailing actions to promote employment of low- and moderate-income people is attached. | Yes _____ No _____ |

IV. BRIEF PROGRESS REPORT &/OR COMMENTS