LOCCS / VRS **Capacity-Building Grant**

U.S. Department of Housing and Urban Development Office of Public and Indian Housing

OMB Approval No. 2577-0166 (exp. 7/31/2007)

Payment Voucher

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

HUD implemented the Line of Credit Control System/Voice Response System (LOCCS/VRS) to process requests for payments to grantees. Grant recipients fill out a voucher form for the applicable HUD program with all the necessary information prior to making a telephone call using a touch tone telephone to initiate the drawdown process. The grantee will be prompted for entering the information and for confirming information that is spoken back by the VRS simulated voice. This information is required to obtain benefits under the Native American Housing and Self-Determination Act of 1996. The

1. Voucher Number		2. LOCCS Pgrm. Area	3. Period Covered	by this Request (m	ım/yyyy)		
083	o. (5 digits, hyphen, 5 mo	re) 6. Grantee Organi	from:	to:			
o. Voice Heaponse No	. (3 digits, hyprien, 3 mo	o. Grantee Organi.	zation 3 Name				
3. Grant or Project No.		6a. Grantee Orgar	6a. Grantee Organization's TIN				
9. Line Item No.	Type of Fu	ınds Requested				Amount (dollars)	* (cents)
1605	Title VI - Grant Funds						
1610	Title VI- Administration						
1620	Title VI - Technical Assistance Tribes/TDHEs						
1630	Title VI - Pass-through Funds for Capacity-Building Activities						
1631	Title VI - Fiscal Services						İ
1632	Title VI - Security Enhancement						İ
1633	Title VI - Affordat						
1634	Title VI - Econom	ic Benefits					
				10.	Voucher Total	\$	<u>i</u>
I certify the data re	eported and funds rec	nuested on this your	her are correct ar	nd the amount rea	quested is not in e	xcess of immediate disbur	rsement needs

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

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

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