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Financial Reporting Periods:	Date Range(s):	Voucher Supporting Documentation Due to [Grantee] (If Applicable):
Quarter 1	xx/xx/xxxxx - xx/xx/xxxxx	TBD by Grantee
Quarter 2	xx/xx/xxxxx - xx/xx/xxxxx	TBD by Grantee
Quarter 3	xx/xx/xxxxx - xx/xx/xxxxx	TBD by Grantee
Quarter 4	xxxxxxxxxx - xxxxxxxxxx	TBD by Grantee
Quarter 5	xx/xx/xxxx - xx/xx/xxxx	TBD by Grantee
Quarter 6	xx/xx/xxxx - xx/xx/xxxx	TBD by Grantee
Quarter 7	xxxxxxxxxx - xxxxxxxxxx	TBD by Grantee
Quarter 8	xxhxxhxxxx — xxxhxxhxxxx	TBD by Grantee

Include your actual Quarter(s) start/end dates for the grant in the "Date Range(s)" column.

The Voucner Supporting Documentation to [Grantee]" is only applicable to Sub-Grantees submitting this template to the Grantee. The Grantee will establish the deadline (for each quarter) that the Sub-Grantee will submit this template to them

Quarter 7	xxhxxhxxxx - xxhxxhxxxx
Quarter 8	xx/bx/bxxx - xx/bx/bxxx
Item	Discussion
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HLID:424-CRW Categories from Approved Purhast	Enter the name and address of the applicable Grantee or Subrecipient/Sub-Grantee at the top of the HUD 52700 worksheet, corresponding to the HUD-approved HUD-424-CBW in your DRGR Action Plan. Enter the budget line item description and the HUD-share of the budget for the full grant period in each applicable budget category, corresponding to the most recent HUD-approved HUD-424-
HUD-424-CBW Categories from Approved Budget	CBW in your DRGR Action Plan. Do not include any additional costs or Applicant Match not funded by HUD as this will alter totals in specific categories and automatically calculated fields. If you earn Program Income throughout the lifecycle of this grant, it may be added to your award via an amendment to your DRGR Action Plan. If you are a Sub-Grantee in receipt of Program
	Income, notify the Grantee so they can document the Program Income accordingly in DRGR. Do not include Program Income in the HUD 52700. The HUD 52700 is only intended to document costs incurred that will be reimbursed with HUD grant funds.
Quarterly Dates	Enter the date range of each quarter in the grant period of performance. ""This is a cost-reimbursement grant, so only claim expenditures that were incurred during the quarter."*
Quarterly Entries: Personnel (Direct Labor)	Run your Financial Management System Report for this grant that shows the hours spent on this grant by each staff member for the quarter.
	Refer to your payroll records for individual hourly rates of pay for everyone who worked on the grant during the quarter. Your payroll records should align with the hourly rates of pay approved by HUD (as documented in your most recent budget in your DRGR Action Plan that has been reviewed and approved by HUD).
	Enter or add actual individual names and titles of positions that were budgeted as individuals start, are hired, or replaced throughout the lifecycle of the grant. There should be a row for everyone who has worked on the grant during the quanter/year, as indicated by the budgeted titles.
	Using your Financial Management System Report, enter the "Actual Hours Worked" for the individual for the quarter.
	Using your payroll records, enter the "Actual Hourly Rate" for the individual for the quarter.
	Additional supporting documentation for "Personnel (Direct Labor)" is not required to be submitted with the HUD 52700. However, we expect you to maintain adequate documentation in a manner that, in the event we need to ask for it, it will be easily retrievable for a given quarterlyear.
	Include the "Actual Rate" for the applicable Fringe Benefit(s) for the quarter. Include the "Actual Fringe Base" for the applicable Fringe Benefit(s) for the quarter.
Quarterly Entries: Fringe Benefits	Additional supportion documentation for "Frince Renefits" is not required to be submitted with the HLID 52700. However, we expect you to maintain adequate documentation in a manner that in the
	event we need to ask for it, it will be easily retrievable for a given quarter/year.
	For "Travel Costs," enter the actual costs incurred for each category for the quarter. It is important to ensure that the Travel Costs incurred comply with applicable travel regulations.
	For "Equipment," "Supplies and Materials," and "Other Direct Costs," enter the "Actual Quantity" and "Actual Unit Cost" for the quanter. Make sure that the description(s) provided directly correspond to an approved budgeted item.
Quarterly Entries: Additional Quarterly Expenditures	For "Consultants (Type)," enter the "Actual Amount of Days Worked" for the quarter and "Actual Rate per Day." Refer to 2 CFR 200.459 (Professional Service Costs) for additional information on consultant costs.
	Additional supporting documentation for these quarterly expenditures is not required to be submitted with the HUD 52700. However, we expect you to maintain adequate documentation in a manner that, in the event we need to ask for it, it will be easily retrievable for a given quarterlyear.
	For "Contracts," enter the "Actual Quantity" and "Actual Unit Cost" for the quarter.
	Sub-Grantees will complete their own HUD 52700 and submit it to the Grantee each quarter, with the Grantee determining the date that the form will be due to them for each quarter. Grantees may use the due date chart on this Instructions page to communicate deadlines for submission.
Quarterly Entries: Contracts & Sub-Grantees	The Grantee is not required to include Sub-Grantees' claimed expenditures on the Grantee's HUD 52700. These cells are highlighted in purple. However, the Grantee is required to individually list each Sub-Grantee and their awarded amount in Category 7b of the "HUD-424-CBW Categories from Approved Budget" rows (columns A - D).
	Refer to 2 CFR 200.331 (Subrecipient and Contractor Determinations) for additional information on the distinction between Contracts and Sub-Grantees.
	Additional supporting documentation for "Contracts" and "Sub-Grantees (List individually)" is not required to be submitted with the HLIO S2700. However, we expect the Grantee, Sub-Grantee, and sill entities involved in the administration of the Contracts to maintain adequate documentation in a manner that, in the event we need to ask for it, it will be easily retrievable for a given quarter/year.
	Include your Federally Negotiated Rate (or applicable De Minimis Rate if no Federally Negotiated Rate exists)
Quarterly Entries: Indirect Costs	Include the "Actual Indirect Base" for the quarter.
Quarterly Entries: Indirect Costs	Ensure that the Indirect Costs incurred complies either with your Federally Negotiated Rate or the De Minimis Rate.
	Additional supporting documentation for "Indirect Costs" is not required to be submitted with the HUD 52700. However, we expect you to maintain adequate documentation in a manner that, in the event we need to ask for it, it will be easily retrievable for a given quarterlyear.
Total Invoice Amount for Each Quarter	The "Total Invoice Amount" for each quarter will be automatically calculated from the "Subtotal of Direct Costs" and "Total Indirect Costs" quarterly expenditures.
•	The automatically calculated total(s) should be consistent with your internal financial documentation detailing the total invoice amount for the quarter(s) and the amount requested on your corresponding DRGR vouchers.
	The "Total YTD" balance will be automatically calculated from the sums of the quarterly expenditures claimed per line item in each cost category.
Total YTD & Remaining Balance	The "Balance Remaining" will automatically calculate the difference between the "Total YTD" balance and the total "Estimated Cost" HIJD has agreed to fund for the specific category and line item.
	Funds not spent in Year 1 of this grant will automatically roll over to Year 2 in both the HUD 52700 and DRGR. Funds not spent by the end of the grant term may be subject to deobligation or recapture.
	The official who is authorized to legally bind the respective Grantee or Sub-Grantee must sign the HUD 52700 to certify claimed expenditures each quarter. The official will digitally sign by double-clicking on the X in the signature box located at the bottom of each quarter column. Manually enter the date that the signature was provided in the row below the signature box.
Signing the HUD 52700	is important to note that the suprisory is certifying to the following in accordance with 2 CFR 200.415. By signing this report, I certify to the best of my knowledge and belief that the report in two, complete, and accurate, and the expenditures, disbursements and each receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudistient information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false criminal or otherwise. (Civ. Code Trile 18, Section 100 Land Trile 13, Sections 2753–2750 and 3801–3812).
	Once you have entered all of your information for the quarter, save the file in the following format: EPGP-(GRANTEE)-VCHRSUPPDOC-QTR1. If you are a Sub-Grantee submitting this form to the Grantee, save the file in the following format: EPGP-(GRANTEE)-YOUR SUBGRANTEE NAME-VCHRSUPPDOC-QTR1.
Saving the File & File Name Instructions	For subsequent quarters, open your most recent HUD 52700, enter the information for the new quarter, and save a new version of the form with an updated quarter reference in the file name. This will ensure that current and past quarterly information is tracked and saved in the most recent HUD 52700. The HUD 52700 must maintain information for all previous quarters in the grant term to ensure the accuracy of 10st VTD and Remaining Balance calculations.
	Ensure that the quarter you include in the file name is consistent with the quarter for which you are requesting reimbursement.*

Grant Detailed Voucher Worksheet				
HUD 52700	Exp. xelexiscox			
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Name of Grantee (and Subrecipient If Applicable): [1				
Address of Grantee: [A	Address]			
Address of Subrecipient (If Applicable): f	Address1			

No. Common							
Description Company	HUD-424-CBW Categories from Approved Budget	cription of HUD-Sha	are of Budget (For	Full Grant Period)	Quarter 1	xxhxhxxx - v	lxxixxx
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signing his report, I certify to the best of my knowledge belief that the report is true, complete, and accurate the expenditures, disbursements and cash receipts for the purposes and objectives set forth in the terms conditions of the Federal award. I am averate that any person of the rederal award. I am averate that any person of the rederal award. I am averate that any person of the rederal award. I am averate that any person of the rederal to the control of the control institute penalties for fraud, false a statements, false as or otherwise. (U.S. Code Tille 18, Section 1001 and 31, Sections 379–370 and 3801–381.