

EXHIBIT 13-4-D.NSP
Montana NSP Program Income Reporting Form
BEFORE PROJECT CLOSEOUT

Grantee	Contract #	Date Program Income Report submitted __/__/__						
Prepared By								
Description of activities which generated Program Income (PI):								
Description of activities funded by Program Income (PI):								
PROGRAM INCOME CASH STATUS REPORT								
1. Date(s) Program Income Earned for this transaction (i.e. 3/15/2010, 3/16/2010)								
2. Available Balance of Program Income prior to this transaction								
3. Total Amount of Program Income Earned during this transaction(s)								
4. Amount of PI Reinvested into NSP eligible use (if applicable)								
5. Balance of PI (not reinvested) (line 2 plus line 3 less line 4)								
ADMINISTRATIVE FUND STATUS REPORT								
6. Are there Administrative Funds charged against any amount of Program Income? <input type="checkbox"/> Yes OR <input type="checkbox"/> No <i>If yes, what is the amount of Administrative Funds reinvested into the NSP Project.</i>								
7. Net Total Balance of Program Income (line 5 less line 6)								
8. Amount Reported by Address								
Address	Amount PI Earned	Amount PI Reinvested						
Approval by NSP Program Specialist		Certification of Preparer						
NSP Authorized Signature _____ Date _____		To the best of my knowledge, the data on this form is correct and all disbursements were made in accordance with grant regulations. I certify that all NSP program income is maintained in a separate NSP fund/account.						
		Signature of Preparer _____						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">FOR NSP USE ONLY</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>PI eligible for reuse</td> <td> </td> <td> </td> </tr> </table>		FOR NSP USE ONLY	Yes	No	PI eligible for reuse			Street Address _____
FOR NSP USE ONLY	Yes	No						
PI eligible for reuse								

PI over 10% admin			
PI over NSP \$25,000 threshold			
Date Program Income Plan approved			
Date Program Income Report Processed			
			Phone Number
			Email Address

INSTRUCTIONS FOR COMPLETING “PROGRAM INCOME REPORTING FORM BEFORE CLOSEOUT”

NOTE*

This program income report must be completed and submitted EACH time program income is earned by a property or project to be reported by MDOC staff to HUD. Program income must be reported, by MDOC staff, as soon as earned to ensure that all draw requests can be processed according to HUD guidelines. If this information is not received in a timely manner, your draw request could be delayed.

Grantee – same as “Grantee” as shown on Contract or Contract Amendment.

Contract # - begins with #MT-NSP-____-____-_____.

Date Program Income Report submitted – please input date submitted to MDOC NSP.

Prepared by – name of individual preparing Income Reporting Form.

Description of activities which generated Program Income (PI) - list the general activities that generated the program income. For example: rental income or sale of NSP assisted house.

Description of activities funded by Program Income (PI) – eligible use and description must be carried out in compliance with the approved project activities as listed in the grantees contract and contract amendment and all other applicable program requirements.

PROGRAM INCOME CASH STATUS REPORT

1. Date program income was earned (i.e. date of sale of house)
2. Available Balance of Program Income prior to this transaction(s) - this is the balance of PI from previously reported information.
3. Total amount of program income earned during the transaction(s) - this is the dollar amount that was generated as program income.
4. Amount of program income reinvested into NSP eligible use or project(s) for this transaction (if applicable).
5. Balance of Program Income remaining (line 2 plus line 3 less line 4). The new balance of the current program income would be determined by calculating the available balance of program income plus the amount of program income received in this reporting period minus the amount reinvested into another project activity such as down payment assistance. This balance of program income does NOT include any reporting of administrative funds to be reinvested. Reporting of administrative funds occurs in the following cell.

ADMINISTRATIVE FUND STATUS REPORT

6. Is there Administrative Funds charged against any amount of Program Income? Grantees MUST select an appropriate answer to clearly identify if Administrative Funds will be budgeted for a project which uses program income.

If yes, what is the amount of Administrative Funds reinvested into the NSP Project. – Grantees must identify what amount of Administrative Funds will be reinvested. The amount of Administrative Funds cannot be greater than 10%.

7. Net Total Balance of Program Income (line 5 less line 6). This number represents the remaining balance of funds available for further reinvestment as program income at the date the report was submitted.
8. Amount reported by address – please list each address and amount of program income earned for each property.

Certification of Preparer. Must be signed by individual preparing Program Income Reporting Form

SUBMISSION OF SIGNED FORMS:

E MAIL and FAX:

MDOC will accept signed, scanned copies of the form submitted via email or fax to NSP staff

Fax (406) 841-2878 (ATTN: NSP)

OR

Jennifer Olson

jeolson@mt.gov

Becky Anseth

banseth@mt.gov

MAIL COMPLETED FORM TO:

Montana Neighborhood Stabilization Program

Montana Department of Commerce

P.O. Box 200523

Helena, MT 59620-0523

Telephone (406) 841-2800