



**EXHIBIT 9-E  
HOME PROGRAM INCOME / RECAPTURED FUNDS  
QUARTERLY REPORTING FORM - EXAMPLE**

Grantee: City of Sunrise

Contract No.: M02-SG3001-200

Grant Year: 2002

Project Name: City of Sunrise HBA Program

XX 1st Quarter         2nd Quarter         3rd Quarter         4th Quarter    2011 (Year)

Transaction Date	Grantee Identifier	IDIS Number (if known)	Program Income / Recaptured Funds Received	Program Income / Recaptured Funds Disbursed		
				Type of Activity***	Soft Costs	Project Costs
1/15/2011	A. Smith	9022	\$10,000	Returned to MDOC 1/16/11		\$10,000
(NOTE: Qualified to access Single Family Noncompetitive Program 3/1/2011)						
3/1/2011	C. Jones	9024	\$12,500			
3/10/2011	Brown			Assisted homebuyer Brown 3/10/2011	\$610	\$7,000
3/21/2011	B. Greene			Assisted homebuyer Greene 3/21/2011	\$150	\$4,700
<b>TOTALS:</b>			<b>\$ 22,500.00</b>		<b>\$ 760.00</b>	<b>\$ 21,700.00</b>
<b>THIS QUARTER'S NET PROGRAM INCOME (Receipts minus disbursements):</b>						<b>\$ 40.00</b>
<b>PREVIOUS QUARTER'S PROGRAM INCOME BALANCE:</b>						<b>\$ -</b>
<b>CUMULATIVE PROGRAM INCOME BALANCE:</b>						<b>\$ 40.00</b>

\*\* Grantee must return program income / recaptured funds to the MT Dept of Commerce unless the Grantee is a Qualified Entity for the Single Family Noncompetitive Program or has received approval from the HOME Program to use the funds on an open grant.

For HOME Use Only	
Date Received:	_____
Reviewed by:	_____
Date Reviewed:	_____

Grantee Fiscal Officer: \_\_\_\_\_

Date: \_\_\_\_\_

