

Understanding LOCCS Usage for 2008-2009 New Grantees

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What is LOCCS?

- **LOCCS** is a **Line of Credit Control System/ Voice Response System** used to process request for payments to grantees.
- To begin using LOCCS/VRS the grantee must complete the following forms (list forms)
 - **(HUD form 27054)**
 - **(HUD form 27053)**
 - **(Standard form 1199A)**



How Do I Get Started?

- Grant recipients must fill out a voice response system access authorization form. (HUD form 27054)
 - 1) Type of Function
 - 2) SSN
 - 3) Authorized User name, Title, Phone #, Complete Mailing Address, & E-mail
 - 4) Tax ID #, & Organization's Name
 - 5) Program #, Program Name, Function
 - 6) Authorized User's Signature & Date
 - 7) Approval Signature & info
 - 8) Notary

First Form 27054

- 8 sections of this form need to be completed

LOCCS Voice Response System Access Authorization		U.S. Department of Housing and Urban Development	OMB Approval No. 2535-0102 (exp. 01/31/2004)
<p>See Instructions, Public Burden, and Privacy Act statements on back before completing this form.</p> <p>This form is to be approved by the recipient's (or grantee's) chief executive officer. For new users, retain a copy and send a notarized original and two copies to your local HUD Field Office for review.</p>			
The Field Office will forward the forms to: U.S. Dept. of Housing and Urban Development Chief Financial Officer, FYM PO Box 23774 Washington, DC 20026-3774		For Overnight delivery send to: Chief Financial Officer, FYM 451 7th Street SW Room 314 Washington, DC 20410	
1. Type of Function (mark one) <input type="checkbox"/> 1 New User <input type="checkbox"/> 2 Reinstated User <input type="checkbox"/> 3 Terminate User <input type="checkbox"/> 4 Reset Password for active users <input type="checkbox"/> 5 Add new Program Area or Tax ID <input type="checkbox"/> 6 Change Tax ID or Address		2a. User ID (new user leave blank)	2b. Social Security Number (SSN)
3. Authorized User's Name (last, first, mi)		Title	Office Phone No. (include area code)
Office Address (street, city, State & zip)		E-Mail address (if available)	
4. Recipient Organization for which Authority is being Requested			
Tax ID		Organization's Name	
Tax ID		Organization's Name	
Tax ID		Organization's Name	
5a. LOCCS Program Area		5b. Program Name	5c. S = Query Only D = Project Drawdown S = Project Set-Up (HOME, HOP3) A = Admin. Drawdown (HOME, HOP3)
_____		_____	_____
_____		_____	_____
_____		_____	_____
6. Authorized User's Signature		Date (mm/dd/yyyy)	
<p>I authorize the person identified above to access LOCCS via the Voice Response System.</p>			
7. Approved by (name)		Office Phone Number	8. Notary (must be different from user and approving official) (Seal, signature, and date (mm/dd/yyyy))
Title		Social Security Number (SSN)	_____
Office Address (street, city, State, zip code)		E-Mail address (if available)	_____
Approving Official's Signature		Date (mm/dd/yyyy)	_____
<p>Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (19 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)</p>			
Previous editions are obsolete.		Page 1 of 2	Form HUD-27054 (2/2000)

What Next?

(HUD form 27053) ?

- This form is used as the voucher to request grant payment
- Voucher form should include the following (7) sections:
 - 1) Voucher Number
 - 2) LOCCS Program Area
 - 3) Period Covered by This Request
 - 4) Recipient Organization, Tax ID #, Address
 - 5) Balance on Hand
 - 6) Voice Response #
 - 7) Name & Title of Authorized Signatory

Second Form

- 7 sections of this form need to be completed

LOCCS VRS Request Voucher for Grant Payment

U.S. Department of Housing
and Urban Development
Office of Administration

OMB Approval No. 2535-0102
(exp. 5/31/2010)

Public reporting burden for this collection of information is estimated to average 10 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.
This information collection is to request payment of grant funds or to designate the appropriate officials who can have access to HUD voice activated payment system. The HUD voice activated payment system has been especially designed to help the recipient when calling in for a request of funds and improves the payment process so the recipient will know right away whether their request will be paid or not. This information collection is required under 24 CFR Subpart C, 95.21 - Post Award Requirements, the information collection is needed in order to obtain or retain a benefit.

1. Voucher Number:	2. LOCCS Pgm. Area:	3. Period Covered by this Request (mm/yyyy):
4. Recipient Organization's Name:		4b. Recipient Organization's Address:
4a. Recipient Organization's Employer Identification Number:		

6. Voice Response No. (5 digits, hyphen, 5 digits):		Grant or Project No:	Amount: (dollars) (cents)	
(1)	-		\$	*
(2)	-			*
(3)	-			*
(4)	-			*
(5)	-			*
(6)	-			*
(7)	-			*
(8)	-			*
(9)	-			*
(10)	-			*
Voucher Total:			\$	*

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (19 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

7. Name & Title of Authorized Signatory (type or print clearly)

Signature	Date of Request
X	

Privacy Act 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.

Are There Any Other Forms Required?

- Standard form 1199A needs to be completed to initiate the Direct Deposit Payment for the LOCCS Drawdowns.

Standard Form 1199A (EG)
(Rev. June 1987)
Prescribed by Treasury
Department
Treasury Dept. Cl. 1076

OMB No. 1510-0007

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 (TO BE COMPLETED BY PAYEE)

A NAME OF PAYEE (last, first, middle initial)		D TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
ADDRESS (street, route, P.O. Box, APO/FPO)		E DEPOSITOR ACCOUNT NUMBER	
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER		F TYPE OF PAYMENT (Check only one)	
AREA CODE		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mt. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other (specify)	
B NAME OF PERSON(S) ENTITLED TO PAYMENT		G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)	
CLAIM OR PAYROLL ID NUMBER		TYPE	
Prefix	Suffix	AMOUNT	
PAYEE/JOINT PAYEE CERTIFICATION		JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)	
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.	
SIGNATURE	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE

SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
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SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION	ROUTING NUMBER	CHECK DIGIT
	DEPOSITOR ACCOUNT TITLE	

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE
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Financial institutions should refer to the GREEN BOOK for further instructions.
THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

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Any Further Questions?

