

**EXHIBIT 13-4-C.NSP**  
**Montana NSP Program Income Reporting Form**  
**AFTER PROJECT CLOSEOUT**

Grantee	Contract #	Date Program Income Report submitted __/__/__						
Prepared By		Reporting Period ___ Oct 1 – March 30    ___ April 1 – Sept 30						
Description of activities which generated Program Income (PI):								
Description of activities funded by Program Income (PI):								
<b>PROGRAM INCOME CASH STATUS REPORT</b>								
1. Date(s) Program Income Earned for this transaction(s) (i.e. 3/15/2013, 3/16/2013)								
2. Available Balance of Program Income								
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)								
<b>ADMINISTRATIVE FUND STATUS REPORT</b>								
6. Is there Administrative Funds charged against any amount of Program Income?    ___ Yes OR ___ No If yes, what is the amount of Administrative Funds reinvested into the NSP Project.								
7. Net Total Balance of Program Income (line 5 less line 6)								
8. Amount Reported by Address								
Address	Amount PI Earned	Amount PI Reinvested						
<b>Approval by NSP Program Specialist</b>		<b>Certification of Preparer</b>						
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						
		Street Address						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>FOR NSP USE ONLY</b></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>			<b>FOR NSP USE ONLY</b>	Yes	No	PI eligible for reuse		
<b>FOR NSP USE ONLY</b>	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 AFTER CLOSEOUT”

**NOTE\***

*This program income report must be completed every 6 months. The report is due to MDOC staff April 30 and October 30. Program income must be reported to HUD, by MDOC staff, to ensure that program income funds are being used by the grantee or sub-grantee for eligible uses. If there is a significant balance of program income funds which are not being used by the grantee, HUD may require MDOC to recapture the funds.*

**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.

**Reporting Period** – period when program income was received.

**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 program income plan and all applicable program requirements.

### PROGRAM INCOME CASH STATUS REPORT

1. Date program income was earned for this transaction(s) - (i.e. date of sale of house)
2. Available Balance of Program Income - 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. Total Amount of program income reinvested into NSP eligible use or project(s) for this transaction (if applicable) – this is the dollar amount that has been reinvested into a project that is approved as part of the MDOC program income plan.
5. Balance of Program Income remaining (line 2 plus line 3 less line 4) - The new balance of program income would be determined by calculating the balance of previously available 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](mailto:jeolson@mt.gov)

Becky Anseth

[banseth@mt.gov](mailto: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