Federal Cash Transactions Report

(See Instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272-A)

OMB Approval No. 0348-0003

1. Federal sponsoring agency and organizational element to which this report is submitted: Department of Housing and Urban Development

2. Recipient Organization

Name: Department of Housing and Community Development

Number and Street: 801 North Capitol Street, N.E.

City, State and Zip Code: Washington, D.C. 20002

4. Federal grant or other identification number: S-MC-110001

5. Recipient's account number or identifying number: None

6. Letter of credit number: 86-00PP231

7. Last payment voucher number: None

Give total number for this period

8. Payment vouchers credited to your account: None

9. Treasury checks received (whether or not deposited): None

10. Period covered by this report

From (month, day, year): 10/01/2004

To (month, day, year): 12/31/2004

3. Federal Employer Identification Number: 53-6001131

11. Status of Federal Cash (See specific Instructions on back)	
a. Cash on hand beginning of reporting period	$ -29,658.00
b. Letter of credit withdrawals	0.00
c. Treasury check payments	0.00
d. Total receipts (Sum of lines b and c)	0.00
e. Total cash available (Sum of lines a and d)	-29,658.00
f. Gross disbursements	0
g. Federal share of program income	0.00
h. Net disbursements (Line f minus line g)	0.00
i. Adjustments of prior periods	0.00
j. Cash on hand end of period	$ -29,658.00

12. The amount shown on Line 11j. above represents cash requirements for the ensuing days

13. Other Information

a. Interest income	$ 0.00
b. Advances to subgrantees or subcontractors	$ 0.00

14. Remarks (Attach additional sheets of plain paper if more space is required.)

15. Certification

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant agreement.

Authorized Certifying Official

Signature

Date Report Submitted: 01/21/2005

Typed or printed name and title: George B. Dines, Jr. Agency Fiscal Officer

Phone (Area code, number, extension): 202-442-7261

This space for agency use

Federal Cash Transactions Report

(See Instructions on the back If report is for more than one grant or assistance agreement, attach completed Standard Form 272-A)

OMB Approval No. 0348-0003

1. Federal sponsoring agency and organizational element to which this report is submitted: Department of Housing and Urban Development

2. Recipient Organization

Name: Department of Housing and Community Development

Number and Street: 801 North Capitol Street, N.E.

City, State and Zip Code: Washington, DC 20002

3. Federal Employer Identification Number: 53-6001131

4. Federal grant or other identification number: S-MC-11-0001

5. Recipient's account number or identifying number: None

6. Letter of credit number: 86-00PP231

7. Last payment voucher number: None

Give total number for this period

8. Payment vouchers credited to your account: None

9. Treasury checks received (whether or not deposited): None

10. Period covered by this report

From (month, day, year): 01/01/2005

To (month, day, year): 03/31/2005

11. Status of Federal Cash (See specific instructions on back)		
	a. Cash on hand beginning of reporting period	$ -29,658.00
	b. Letter of credit withdrawals	0.00
	c. Treasury check payments	0.00
	d. Total receipts (Sum of lines b and c)	0.00
	e. Total cash available (Sum of lines a and d)	-29,658.00
	f. Gross disbursements	0.00
	g. Federal share of program income	0.00
	h. Net disbursements (Line f minus line g)	0.00
	i. Adjustments of prior periods	0.00
	j. Cash on hand end of period	$ -29,658.00

12. The amount shown on Line 11j. above represents cash requirements for the ensuing days	13. Other Information	
	a. Interest income	$ 0.00
	b. Advances to subgrantees or subcontractors	$ 0.00

14. Remarks (Attach additional sheets of plain paper if more space is required.)

15. Certification

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant agreement.

Authorized Certifying Official

Signature:

Typed or printed name and title: George B. Dines, Jr. Agency Fiscal Officer

Date Report Submitted: 04/11/2005

Phone (Area code, number, extension): 202-442-7261

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FEDERAL CASH TRANSACTIONS REPORT

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272A.)

OMB APPROVAL NO. 0348-0003

1. Federal sponsoring agency and organizational element to which this report is submitted: Department of Housing and Urban Development

2. RECIPIENT ORGANIZATION

Name: DC Department of Housing and Community Devel(

Number and Street: 801 North Capitol Street, N.E.

City, State and ZIP Code: Washington, D.C. 20002

4. Federal grant or other identification number: S-MC-110001

5. Recipient's account number or identifying number: None

6. Letter of credit number: 86-00P231

7. Last payment voucher number: None

Give total number for this period

8. Payment Vouchers credited to your account: None

9. Treasury checks received *(whether or not deposited)*: None

3. FEDERAL EMPLOYER IDENTIFICATION NO. 53-6001131

10. PERIOD COVERED BY THIS REPORT

FROM *(month, day, year)* 04/01/2005

TO *(month, day, year)* 06/30/2005

11. STATUS OF FEDERAL CASH *(See specific instructions on the back)*

a. Cash on hand beginning of reporting period	$ -29,658.00
b. Letter of credit withdrawls	152,932.00
c. Treasury check payments	0.00
d. Total receipts *(Sum of lines b and c)*	152,932.00
e. Total cash available *(Sum of lines a and d)*	123,274.00
f. Gross disbursements	130,289.00
g. Federal share of program income	0.00
h. Net disbursements *(Line f minus line g)*	130,289.00
i. Adjustments of prior periods	0.00
j. Cash on hand end of period	$ -7,015.00

12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING *Days*

13. OTHER INFORMATION

a. Interest income	$
b. Advances to subgrantees or subcontractors	$

14. REMARKS *(Attach additional sheets of plain paper, if more space is required)*

15. CERIFICATION

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.

AUTHORIZED CERTIFYING OFFICIAL

SIGNATURE

DATE REPORT SUBMITTED: 07/12/2005

TYPED OR PRINTED NAME AND TITLE: George B. Dines, Jr., Agency Fiscal Officer

TELEPHONE *(Area Code, Number, Extension)*: (202) 442-7261

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FEDERAL CASH TRANSACTIONS REPORT

(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272A.)

OMB APPROVAL NO. 0348-0003

1. Federal sponsoring agency and organizational element to which this report is submitted: Department of Housing and Urban Development

2. RECIPIENT ORGANIZATION

Name: Department of Housing and Community Developm

Number and Street: 801 North Capitol Street, N.E.

City, State and ZIP Code: Washington, DC 20002

4. Federal grant or other identification number: S-MC-110001

5. Recipient's account number or identifying number: NONE

6. Letter of credit number: 86-00P231

7. Last payment voucher number: NONE

Give total number for this period

8. Payment Vouchers credited to your account: NONE

9. Treasury checks received *(whether or not deposited)*: NONE

3. FEDERAL EMPLOYER IDENTIFICATION NO. ► 53-6001131

10. PERIOD COVERED BY THIS REPORT

FROM *(month, day, year)*: 06/01/2005

TO *(month, day, year)*: 09/30/2005

11. STATUS OF FEDERAL CASH *(See specific instructions on the back)*	
a. Cash on hand beginning of reporting period	$ -7,015.00
b. Letter of credit withdrawls	139,371.00
c. Treasury check payments	0.00
d. Total receipts *(Sum of lines b and c)*	139,371.00
e. Total cash available *(Sum of lines a and d)*	132,356.00
f. Gross disbursements	50,890.00
g. Federal share of program income	0.00
h. Net disbursements *(Line f minus line g)*	50,890.00
i. Adjustments of prior periods	152,808.00
j. Cash on hand end of period	$ 234,274.00

12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING *Days*	**13. OTHER INFORMATION**	
	a. Interest income	$
	b. Advances to subgrantees or subcontractors	$

14. REMARKS *(Attach additional sheets of plain paper, if more space is required)*

15. CERIFICATION

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.

AUTHORIZED CERTIFYING OFFICIAL		
	SIGNATURE	DATE REPORT SUBMITTED: 10/13/2005
	TYPED OR PRINTED NAME AND TITLE: George B. Dines, Jr., Agency Fiscal Officer	TELEPHONE *(Area Code, Number, Extension)*: (202) 442-7261

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