

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted TREASURY		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)		Page 1	of 2
3. Recipient Organization (Name and complete address including Zip code) DELAWARE STATE HOUSING AUTHORITY 18 THE GREEN DOVER, DE, 19901					
4a. DUNS Number 611186909	4b. EIN 1516000279BT	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)		6. Report Type XX Quarterly Semi-Annual Annual Final	7. Basis of Accounting XXCash Accrual
8. Project/Grant Period From: (Month, Day, Year)			To: (Month, Day, Year)		9. Reporting Period End Date (Month, Day, Year) MARCH 31, 2010
10. Transactions					Cumulative

(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	3,361,710.00
b. Cash Disbursements	3,361,710.00
c. Cash on Hand (line a minus b)	.00

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	
e. Federal share of expenditures	
f. Federal share of unliquidated obligations	
g. Total Federal share (sum of lines e and f)	
h. Unobligated balance of Federal funds (line d minus g)	
Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	
Program Income:	
l. Total Federal program income earned	
m. Program income expended in accordance with the deduction alternative	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
						g. Totals:	

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official DEAKYNE,CYNTHIA	c. Telephone (Area code, number and extension) 302-739-4263x291
b. Signature of Authorized Certifying Official CYNTHIA L. DEAKYNE	d. Email address CINDY@DESTATEHOUSING.COM
	e. Date Report Submitted (Month, Day, Year) APRIL 09, 2010
14. Agency use only:	

Standard Form 425
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503.

FEDERAL FINANCIAL REPORT ATTACHMENT
(For reporting multiple grants)

1. Federal Agency and Organizational Element to Which Report is Submitted (Box 1 on Page 1) TREASURY		2. Recipient Organization (Box 3 on Page 1) DELAWARE STATE HOUSING AUTHORITY 18 THE GREEN DOVER, DE, 19901	
3a. DUNS Number (Box 4a on Page 1) 611186909	4. Reporting Period End Date (Box 9 on Page 1) (Month, Day, Year) MARCH 31, 2010	Page <u> 2 </u> of <u> 2 </u>	
3b. EIN (Box 4b on Page 1) 1516000279BT			
5. List Information below for each grant covered by this report. Use additional pages if more space is required.			
Federal Grant Number	Recipient Account Number	Cumulative Federal Cash Disbursement	
TDP2009GRDE27	DE321FY080	\$ 7,918,493.39	
TOTAL (Should correspond to the amount on Line 10b on Page 1)		\$ 3,361,710.00	

Standard Form 425A
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average thirty (30) minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0061), Washington, DC 20503.

Screen Help



Federal Financial Report

Save | Certify | Report Disbursements | Cancel

FEDERAL FINANCIAL REPORT				(Prescribed by OMB A-102 and A-110)	
1. Federal Agency and Organizational Element to Which Report is Submitted			2. Federal Grant or Other Identifying Number		
2-TREASURY					
3. Recipient Organization (Name and complete address including Zip code)					
DELAWARE STATE HOUSING AUTHORITY					
18 THE GREEN					
DOVER, DE, 19901					
4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number	6. Report Type	7. Basis of Accounting	
611186909	1516000279BT		Quarterly	Cash	
8. Project/Grant Period(month,day,year)			9. Reporting Period End Date(month,day,year)		
From:		To:	03/31/2010		
10. Transactions				Cumulative	
(Use lines a-c for single or multiple grant reporting)					
Federal Cash (To report multiple grants, also use Report Disbursements):					
a. Cash Receipts			3,361,710.00		
b. Cash Disbursements			3,361,710.00		
c. Cash on Hand (line a minus b)			0.00		
(Use lines d-o for single grant reporting)					
Federal Expenditures and Unobligated Balance:					
d. Total Federal funds authorized					
e. Federal share of expenditures					
f. Federal share of unliquidated obligations					
g. Total Federal share (sum of lines e and f)					
h. Unobligated balance of Federal funds (line d minus g)					
Recipient Share:					
i. Total recipient share required					
j. Recipient share of expenditures					
k. Remaining recipient share to be provided (line i minus j)					

Program Income:						
l. Total Federal program income earned						
m. Program income expended in accordance with the deduction alternative						
n. Program income expended in accordance with the addition alternative						
o. Unexpended program income (line l minus line m or line n)						
11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
			g. Totals:			

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

Prepared by :	DEAKYNE,CYNTHIA	Phone No. :	302-739-4263x291
Email Address:	CINDY@DESTATEHOUSING.COM		

13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

a. Typed or Printed Name and Title of Authorized Certifying Official	c. Telephone (Area code, number and extension)
DEAKYNE,CYNTHIA	302-739-4263x291
b. Signature of Authorized Certifying Official	d. Email Address
	CINDY@DESTATEHOUSING.COM
	e. Date Report Submitted
	04/09/2010
	14. Agency use only

User Code	F98
Payee Account	C5821P1
DPM Rep Name	REGENIA MITCHELL
Phone Number	301-443-1500
Standard Form	425
OMB Approval Number	0348-0061
Expiration Date	10/31/2011

Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0060), Washington, DC 20503

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PSC 272

FEDERAL CASH TRANSACTIONS REPORT
STATUS OF FEDERAL CASH

EXCEPTION TO S

DELAWARE STATE HOUSING AUTHORITY
18 THE GREEN

DOVER DE 19901
PIN: C5821 PAN: C5821P1 EIN: 1516000279BT
ACH REGION: 03 STATE: DE

- 1. CASH ON HAND BEGINNING OF REPORTING PERIOD \$
- 2. TOTAL RECEIPTS (SEE STATEMENT OF CASH ACCOUNTABILITY FOR DETAILS) +\$
- 3. TOTAL CASH AVAILABLE \$
- 4. NET DISBURSEMENTS (FROM PSC 272-A) -\$ _____
- 5. CASH ON HAND END OF PERIOD (LINE 3, MINUS LINE 4) \$ _____
- 6. THE AMOUNT SHOWN ON LINE 5, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSU

OTHER INFORMATION

- 7. INTEREST INCOME \$ _____
- 8. ADVANCES TO SUBGRANTEES OR SUBCONTRACTORS \$ _____

AUTHORIZED CERTIFYING OFFICIAL

I CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT THIS REPORT IS TRUE IN AL AND THAT ALL DISBURSEMENTS HAVE BEEN MADE FOR THE PURPOSE AND CONDITIONS OF THE

SIGNATURE _____ DATE REPORT SUBMI

TYPED OR PRINTED NAME AND TITLE _____

TELEPHONE: (AREA CODE) _____ (NUMBER) _____ - _____ (EX

THE HHS CONTACT WHO IS RESPONSIBLE FOR YOUR ACCOUNT
REGENIA MITCHELL OR STAFF AT: 301-443-1500
RETURN THE COMPLETED REPORT TO:
DIVISION OF PAYMENT MANAGEMENT
P.O. BOX 6021

ROCKVILLE, MD. 20852

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PSC 272-A

FEDERAL CASH TRANSACTION REPORT

DELAWARE STATE HOUSING AUTHORITY
 PAN: C5821P1 EIN: 1516000279BT
 ACH REGION: 03 STATE: DE

REPORT LINE ITEM	FEDERAL GRANT OR OTHER IDENTIFICATION (A)	RECIP A/C OR OTHER ID NO (B)	AUTHORIZED AMOUNT (C)	CUM
0001	N-TDP2009GRDE27	DE321FY080	20,550,433.00	
SUB-TOTAL			20,550,433.00	

PLEASE ENTER DOCUMENTS MISSING FROM ABOVE. (COPY OF AWARD DOCUMENT MUST BE ATTAC

TOTALS				
--------	--	--	--	--

NET DISBURSEMENTS (COLUMN E MINUS COLUMN D) MUST CORRESPOND
 WITH AMOUNT SHOWN ON PSC 272 LINE 4

1

PSC 272-B

STATEMENT OF CASH ACCOUNTABILITY

DELAWARE STATE HOUSING AUTHORITY
 PAN: C5821P1 EIN: 1516000279BT
 ACH REGION: 03 STATE: DE

	TOTAL CASH ACCOUNTABILITY	REP ACTIVE
PSC TOTAL AS OF 01/01/2010	\$ 4,172,581.52	\$ 782,
NET DISBURSEMENTS REPORTED		

FOR THE PERIOD ENDING 12/31/2009 0.00 \$ 3,774,

CASH ON HAND BEGINNING OF REPORTING PERIOD \$ 4,172,581.52 \$ 4,556,

ADJUSTED REPORTED DISB AS OF 01/01/2010 0.00 4,556,

ADVANCES TO PAYEE DURING THIS PERIOD:

LINE*	PAID DATE	SCHEDULE	VOU	AMOUNT
0002	01/15/2010	13855	00000	384,201.87
0003	01/19/2010	13862	00000	79,689.44
0004	02/03/2010	23930	00000	376,875.52
0005	02/23/2010	23008	00000	1,681,796.02
0006	02/26/2010	23027	00000	78,931.63
0007	02/26/2010	23027	00000	271,912.58
0008	03/26/2010	33136	00000	537,156.26
0009	03/31/2010	33154	00000	335,348.55

TOTAL RECEIPTS (See line 2 of PSC 272): 3,745,911.87

TOTAL CASH ACCOUNTABILITY AS OF 03/31/2010 7,918,493.39 4,556,

PLEASE ENTER ADVANCES RECEIVED PRIOR TO 04/01/2010 MISSING FROM ABOVE
 _____ \$ _____ PAYMENT TYPE (CIRCLE ONE): LOC-F
 _____ \$ _____ PAYMENT TYPE (CIRCLE ONE): LOC-F

1

PSC 272-C

ERROR CORRECTION DOCUMENT

DELAWARE STATE HOUSING AUTHORITY

PAN: C5821P1 EIN: 1516000279BT

ACH REGION: 03 STATE: DE

NOTE: THIS "ERROR CORRECTION DOCUMENT" IS TO BE USED TO REPORT DATA PROBLEMS Y TO THE PSC 272-A OR THE "ADVANCES TO PAYEE" PORTION OF THE "STATEMEN

- INSTRUCTIONS:
1. ENTER THE "REPORT LINE ITEM" FOR THE LINE IN ERROR FROM THE CASH ACCOUNTABILITY" IN THE "LINE ITEM" COLUMN ABOVE.
 2. ENTER THE APPROPRIATE ERROR CODE FROM THE LIST BELOW IN THE
 3. ENTER THE CORRECTED DATA IN THE LAST COLUMN. PLEASE PRINT L

ERROR CODES:

A - AUTHORIZED AMOUNT IS CORRECT, BUT FEDERAL GRANT OR OTHER IDENTIFICATION IS INCORRECT (ENTER CORRECTED DATA AND PROVIDE AWAR

- B - INCORRECT RECIP A/C OR OTHER ID NO. PSC WILL CHANGE ITS RECORDS TO E
- C - AUTHORIZED AMOUNT IS INCORRECT (ENTER CORRECT AMOUNT AND PROVIDE AWAR
- W - PAYMENT AMOUNT IN INCORRECT (ENTER CORRECT AMOUNT)
- F - THIS PAYMENT WAS NOT RECEIVED BY MY ORGANIZATION
- X - FEDERAL GRANT OR OTHER IDENTIFICATION CANNOT BE IDENTIFIED OR DOES NO
- D - DELETE A PREVIOUSLY REPORTED MISSING ADVANCE OR UNIDENTIFIED FEDERAL

CORRECTIONS TO FEDERAL CASH TRANSACTION REPORT (PSC 272-A) :

----LINE----	--ERROR--	-----CORRECTED-----
----ITEM----	--CODE--	-----DATA-----
___/___/___/___/___/	/___/	/___/___/___/___/___/ . /___/___/___/___/___/___/
___/___/___/___/___/	/___/	/___/___/___/___/___/ . /___/___/___/___/___/___/
___/___/___/___/___/	/___/	/___/___/___/___/___/ . /___/___/___/___/___/___/
___/___/___/___/___/	/___/	/___/___/___/___/___/ . /___/___/___/___/___/___/

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PSC 272-E

MAJOR PROGRAM STATEMENT

DELAWARE STATE HOUSING AUTHORITY
 PAN: C5821P1 EIN: 1516000279BT
 ACH REGION: 03 STATE: DE

PART I ADVANCES TO PAYEE BY MAJOR PROGRAM

ADVANCES TO PAYEE DURING THIS PERIOD:

LINE	PAID DT	SCHED	VOU/RQN	AMOUNT	***** A D V A N
0010	01152010	13855	00000	\$ 384,201.87	384201.87 1602LOWINCOMEH
0011	01192010	13862	00000	\$ 79,689.44	79689.44 1602LOWINCOMEH
0012	02032010	23930	00000	\$ 376,875.52	376875.52 1602LOWINCOMEH
0013	02232010	23008	00000	\$ 1,681,796.02	1681796.02 1602LOWINCOMEH
0014	02262010	23027	00000	\$ 350,844.21	78931.63 1602LOWINCOMEH
0015	03262010	33136	00000	\$ 537,156.26	537156.26 1602LOWINCOMEH
0016	03312010	33154	00000	\$ 335,348.55	335348.55 1602LOWINCOMEH
				\$ <u>3,745,911.87</u>	

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PSC 272-E

MAJOR PROGRAM STATEMENT

DELAWARE STATE HOUSING AUTHORITY
 PAN: C5821P1 EIN: 1516000279BT
 ACH REGION: 03 STATE: DE

PART II - CASH ACCOUNTABILITY

PROGRAM	TOTAL AUTHORIZATIONS AS OF 03/31/2010	TOTAL ADVANCES AS OF 03/31/2010	UN
1602LOWINCOMEHOUSING			
N-TDP2009GRDE27	20,550,433.00		
1602LOWINCOMEHOUSING -	----- 20,550,433.00	7,918,493.39	
TOTALS	\$ 20,550,433.00	\$ 7,918,493.39	\$

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