

USDA
Form RD 442-4
(Rev. 9-97)

Position 1

DISTRICT DIRECTORS REPORT

INSTRUCTIONS: To be completed between the sixth and ninth month of operation of first year; and quarterly for delinquent borrowers and those with Financial Problems. Submit one copy to the State Director.

Date of Review	Type of Review <input type="checkbox"/> Other <input type="checkbox"/> Initial <input type="checkbox"/> Delinquency	State	County
Name of Borrower	Case Number		
Address	Type of Facility		
Date Loan Closed	Date Placed in Operation	Amount of Assistance	Loan \$ Grant \$

I Recreation or Grazing Association Borrowers			III Health Care Borrowers			
	Planned	Actual		Budget	Actual	
1. No. of Members	_____	_____	1. No. of Beds	_____	_____	
II Water and/or Sewer Borrowers			2. Patient Days of Care	_____	_____	
1. No. users required @ loan closing	_____	_____	3. % occupancy rate-YTD	_____	_____	
2. Actual users @ start of operations	_____	_____	4. No. of out patient visits	_____	_____	
3. No. users added	_____	_____	IV All Borrowers - Fiscal			
4. No users lost	_____	_____		Yes	No	Amount
5. No. users @ review date (2+3-4)	_____	_____	1. Revenue Account established	_____	_____	_____
6. No. users on waiting list	_____	_____	2. Debt Service Account established	_____	_____	_____
7. No. users delinquent	_____	_____	3. O & M Account established	_____	_____	_____
8. Dollar amount Delinquent	_____	_____	4. Reserve Account established	_____	_____	_____
9. Quantity of water purchased	_____	_____	5. Do Accounting records appear adequate	_____	_____	_____
10. Quantity of water sold	_____	_____	6. Are Quarterly Management reports timely submitted	_____	_____	_____
11. Quantity of waste treated	_____	_____	7. If Audit is required, has Auditor been selected	_____	_____	_____
V Management Data			Yes No			
1. Do you consider the facility to be properly managed and maintained?			_____	_____		
2. Are rules, regulations and by laws enforced by governing body?			_____	_____		
3. If comments were made in previous audits concerning operation changes or adjustments, have these been made?			_____	_____		
4. Does the Governing body hold regular meetings?			_____	_____		
5. Does insurance coverage appear adequate?			_____	_____		
Explain all "No's" in Section VI						

Used by District Director to report the findings resulting from the District Director's review. Applicable to Community Programs and Group Farmer Programs.

PROCEDURE FOR PREPARATION : RD Instructions 1942-A.

PREPARED BY : District Director.

NUMBER OF COPIES : Original and two copies. (For Delinquent Borrowers Original and three copies)

SIGNATURES REQUIRED : District Director.

DISTRIBUTION OF COPIES : Original to County Office Case docket; copy retained by District Director, copy to State Office (for Community Program delinquent Borrowers State Office will send copy to National Office).

REVERSE OF FORM RD 442-4

VI Problems and Recommended Solutions

Also explain all "No's" from sections IV and V and reasons for Reserve and Debt Account Balances which are not current.

VII Delinquent Borrowers

Include comments as to reasons for delinquency and actions which have been and are to be taken by the governing body and Agency to bring the organization's account current.

District Director