

APPLICANT NAME:
 PROJECT NAME:

Enter information into only the yellow shaded cells. All other cells will calculate automatically.

Rental Assistance Budget Eligible with Rapid Rehousing, the Rapid Rehousing Component of TH-RRH or Permanent Supportive Housing (PSH)				
Size of Units	# of Units	FY24 FMR*	12	Total Request
Single Room Occupancy		\$1,262	12	\$0
Efficiency		\$1,362	12	\$0
1 Bedroom		\$1,546	12	\$0
2 Bedrooms		\$1,923	12	\$0
3 Bedrooms		\$2,530	12	\$0
4 Bedrooms		\$2,997	12	\$0
Total Units & Annual Assistance Requested				\$0
Grant Term			1 year	
Total Request for Grant Term				\$0

*Please keep the 2024 FMRs in the calculation

Leasing Budget Eligible with the Transitional Housing Component of TH-RRH or Permanent Supportive Housing (PSH)				
Size of Units	# of Units	Monthly	12	Total Request
Leased Structure (whole)			12	\$0
OR				
Size of Units	# of Units	FY24 FMR*	12 Months	Total Request
Single Room Occupancy		\$1,262	12	\$0
Efficiency		\$1,362	12	\$0
1 Bedroom		\$1,546	12	\$0
2 Bedrooms		\$1,923	12	\$0
3 Bedrooms		\$2,530	12	\$0
4 Bedrooms		\$2,997	12	\$0
Total Units & Annual Assistance Requested				\$0
Grant Term			1 year	
Total Request for Grant Term				\$0

*Please keep the 2024 FMRs in the calculation

Operating Costs Budget (Combine With Leasing – Not Eligible With Rental Assistance)				
Eligible Costs	Quantity AND Description	Direct Costs	Indirect	Total
Maintenance/Repair			\$0	\$0
Property Taxes and Insurance				\$0
Replacement Reserve				\$0
Building Security			\$0	\$0
Electricity, Gas, and Water				\$0
Furniture				\$0
Equipment				\$0
Total Annual Assistance Requested		\$0	\$0	\$0
Grant Term				1 year
Total Request for Grant Term				\$0

HMIS BUDGET (If funds are needed for HMIS participation)				
Eligible Costs	Quantity AND Description	Direct Costs	Indirect	Total
Equipment				\$0
Personal			\$0	\$0
Total Annual Assistance		\$0	\$0	\$0
Grant Term				1 year
Total Request for Grant Term				\$0

SUPPORTIVE SERVICES BUDGET All Project Types				
Eligible Costs	Quantity AND Description	Direct Costs	Indirect	Total
Annual Assessment of Service			\$0	\$0
Case Management			\$0	\$0
Assistance with Moving Costs				\$0
Child Care				\$0
Employment Assistance/Job			\$0	\$0
Education Services			\$0	\$0
Life Skills Training			\$0	\$0
Legal Services			\$0	\$0
Outreach Services			\$0	\$0
Housing Search/Counseling			\$0	\$0
Food				\$0
Transportation			\$0	\$0
Outpatient Health Services				\$0
Mental Health Services				\$0
Substance Abuse Treatment				\$0
Utility Deposits				\$0
Operating Costs				\$0
Total Annual Assistance Requested		\$0	\$0	\$0
Grant Term				1 year
Total Request for Grant Term				\$0

Total Annual Admin Budget Allowed (10% of Direct Costs Above) \$0

ADMIN BUDGET All Project Types				
Eligible Costs	Quantity AND Description	Direct Costs	Indirect	Total
Gen'l Mgmt, Oversight, Trainings			\$0	\$0
Environmental Reviews			\$0	\$0
Rent, Utilities, Equipment			\$0	\$0
Total Annual Assistance Requested		\$0	\$0	\$0
Grant Term				1 year
Total Request for Grant Term				\$0.00

SUMMARY BUDGET (Will auto-populate based on budget items entered above)			
Budget Line Item	Direct Costs	Indirect	Total
Rental Assistance	\$0		\$0
Leasing	\$0		\$0
Operating Costs	\$0	\$0	\$0
Supportive Services	\$0	\$0	\$0

HMIS Costs	\$0	\$0	\$0
Admin	\$0	\$0	\$0
Total Funds Requested	\$0	\$0	\$0

MATCHING FUNDS REQUIRED	
25% match required for all Federal funds requested with exception of leasing funds.	Required
Matching Funds Required	\$0

Grantees claiming the 10% de minimis indirect rate use this budget worksheet. This will allow you to fully recover the indirect you are eligible for

Gray shaded cells are not eligible for inclusion in Modified Total Direct Cost. DO NOT INCLUDE INDIRECT COSTS IN THESE CELLS You may claim direct costs for these expenses but no indirect - if your agency has a Negotiated Indirect Cost Rate Agreement approved by a cognizant government agency, you MUST use that rate. Contact CoC Planner for Assistance

Enter Applicant & Project Name

Rental Assistance: Enter the number units on the row with the corresponding unit size. The HUD paid rent for new projects must be the Fair Market Rent (FMR) used in eSnaps (this may not match the current FMR), do not change the FMR on this form. If the FMR used in the application is not the current FMR, HUD will make adjustments to the FMR if the project is awarded by way of an increase to the grant funds.

Size of Units	# of Units	FMR	Months	Total Request
SRO		\$ 653.00	12	\$ -
Efficiency		\$ 871.00	12	\$ -
1	15	\$1,066.00	12	\$191,880.00
2		\$1,351.00	12	\$ -
3		\$1,796.00	12	\$ -
4		\$2,173.00	12	\$ -
	15			\$ 191,880

If you are leasing an entire building please complete the top portion of the leasing request.
 Leasing units of housing: Enter the number units on the row with the corresponding unit size. The HUD paid rent for new projects must be the Fair Market Rent (FMR) used in eSnaps (this may not match the current FMR), do not change the FMR on this form. If the FMR used in the application is not the current FMR, HUD will make adjustments to the FMR if the project is awarded by way of an increase to the grant funds.

Size of Units	# of Units	Monthly	Months	Total Request
Leased Structure (whole building)				
[Redacted]				
Size of Units	# of Units	FMR	Months	Total Request
SRO		\$ 653.00	12	\$ -
Efficiency		\$ 871.00	12	\$ -
1	15	\$1,066.00	12	\$191,880.00
2		\$1,351.00	12	\$ -
3		\$1,796.00	12	\$ -
4		\$2,173.00	12	\$ -
	15			\$ 191,880

Operating Costs: enter a detailed description of the costs in the description column and enter the line item costs in the item total column. See example below. **Operating costs cannot be combined with Rental Assistance in new Permanent Housing proposals.**

Eligible Costs	Qty & Description	Direct Costs	Indirect	Total
Maintenance/ Repair	Cost of maintenance for leased properties (replacing broken fixtures and/or appliances, cost of materials, subcontracting necessary repair work to licensed contractors, plumbers)	\$ 20,000.00	Calculated automatically	Calculated automatically
Property Taxes and Insurance			N/A	Calculated automatically
Replacement Reserve			N/A	Calculated automatically
Building Security			Calculated automatically	Calculated automatically
Electricity, Gas and Water			N/A	Calculated automatically
Furniture	Furniture \$1,000 x 4 units	\$ 4,000.00	N/A	Calculated automatically
Equipment (lease, Buy)			N/A	Calculated automatically
	Total	\$ 24,000.00		

Indirect costs are calculated at the 10% diminimus rate, if you have a rate approved by a cognizant agency, please adjust the formula to the approved rate & provide the cognizant agency approval as an attachment to your application

HMIS: enter the costs here.

Eligible Costs	Qty & Description	Direct Costs	Indirect	Total
Equipment			N/A	Calculated automatically
Personnel	.1 FTE HMIS Administrator at \$38,000 + \$12,000 Fringe	\$ 5,000.00	Calculated automatically	Calculated automatically

Support Services: enter a detailed description of the costs in the description column and enter the line item costs in the item total column. See example

Eligible Costs	Qty & Description	Direct Costs	Indirect	Total
Annual Assessment of Need			Calculated automatically	Calculated automatically
Assistance with Moving Costs			N/A	Calculated automatically
Case Management	2 FTE Case Managers at \$38,000 + \$12,000 Fringe at 32%	#####	Calculated automatically	Calculated automatically
Child Care			N/A	Calculated automatically
Education Services			Calculated automatically	Calculated automatically
Employment Assistance and Job Training			Calculated automatically	Calculated automatically
Food			N/A	Calculated automatically
Housing Search & Counseling Services	1 FTE Housing Navigator at \$45,000 + \$14,400 Fringe at 32%	\$ 59,400.00	Calculated automatically	Calculated automatically
Legal Services			Calculated automatically	Calculated automatically
Life Skills Training			Calculated automatically	Calculated automatically
Mental Health Services			N/A	Calculated automatically
Outpatient Health Services	\$200 for 50 health exams at XYZ Clinic	\$ 10,000.00	N/A	Calculated automatically
Outreach Services			Calculated automatically	Calculated automatically
Substance Abuse Treatment Services			N/A	Calculated automatically
Transportation	Leased vehicle at 400 per month, 500 (\$5) daily transit passes	\$ 7,300.00	Calculated automatically	Calculated automatically
Utility Deposits			N/A	Calculated automatically
Operating			N/A	Calculated automatically
	Total	#####		

Admin cannot exceed 10% of the total budget line items.

Summary Budget: will be calculated automatically if the formula is preserved on the sheet. Providers must make sure the total matches the amount approved by the Homeless Trust after reallocation.

Match must = 25% of the total budget line items (-) leasing budget line items.