

APPLICANT NAME:  
PROJECT NAME:

[Yellow shaded input area for Applicant Name and 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	FY23 FMR	12	Total Request
Single Room Occupancy		\$539	12	\$0
Efficiency		\$719	12	\$0
1 Bedroom		\$820	12	\$0
2 Bedrooms		\$998	12	\$0
3 Bedrooms		\$1,296	12	\$0
4 Bedrooms		\$1,369	12	\$0
Total Units & Annual Assistance Requested				\$0
Grant Term				1 year
Total Request for Grant Term				\$0

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				
Single Room Occupancy		\$539	12	\$0
Efficiency		\$719	12	\$0
1 Bedroom		\$820	12	\$0
2 Bedrooms		\$998	12	\$0
3 Bedrooms		\$1,296	12	\$0
4 Bedrooms		\$1,369	12	\$0
Total Units & Annual Assistance Requested				\$0
Grant Term				1 year
Total Request for Grant Term				\$0

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
Personnel			\$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
<b>Total Annual Assistance Requested</b>		\$0	\$0	<b>\$0</b>
<b>Grant Term</b>				<b>1 year</b>
<b>Total Request for Grant Term</b>				<b>\$0</b>

**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
<b>Total Annual Assistance Requested</b>		\$0	\$0	<b>\$0</b>
<b>Grant Term</b>				<b>1 year</b>
<b>Total Request for Grant Term</b>				<b>\$0.00</b>

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
<b>Total Funds Requested</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

MATCHING FUNDS REQUIRED	
<b>25% match required for all Federal funds requested with exception of leasing funds.</b>	<b>Required</b>
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. 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 OHS for Assistance**