

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	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
<b>Total Units &amp; Annual Assistance Requested</b>				<b>\$0</b>
<b>Grant Term</b>				<b>1 year</b>
<b>Total Request for Grant Term</b>				<b>\$0</b>

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
<b>Total Units &amp; Annual Assistance Requested</b>				<b>\$0</b>
<b>Grant Term</b>				<b>1 year</b>
<b>Total Request for Grant Term</b>				<b>\$0</b>

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

HMIS BUDGET		
(If funds are needed for HMIS participation)		
Eligible Costs	Quantity AND Description	Total
Equipment		
Personnal		
<b>Total Annual Assistance Requested</b>		<b>\$0</b>
<b>Grant Term</b>		<b>1 year</b>
<b>Total Request for Grant Term</b>		<b>\$0</b>

SUPPORTIVE SERVICES BUDGET		
All Project Types		
Eligible Costs	Quantity AND Description	Total
Annual Assessment of Service		
Case Management		
Assistance with Moving Costs		
Child Care		
Employment Assistance/Job		
Education Services		
Life Skills Training		
Legal Services		
Outreach Services		

Housing Search/Counseling		
Food		
Transportation		
Outpatient Health Services		
Mental Health Services		
Substance Abuse Treatment		
Utility Deposits		
Operating Costs		
<b>Total Annual Assistance Requested</b>		<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	Total
Gen'l Mgmt, Oversight, Trainings		
Environmental Reviews		
Rent, Utilities, Equipment		
<b>Total Annual Assistance Requested</b>		<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	Total
Rental Assistance	\$0
Leasing	\$0
Operating Costs	\$0
Supportive Services	\$0
HMIS Costs	\$0
Admin	\$0
<b>Total Funds Requested</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	<b>\$0</b>