

Partners Ending Homelessness Budget Workbook Instructions

This budget workbook consists of 8 separate spreadsheets. This first spreadsheet contains instructions on how to complete the workbook. The following three spreadsheets are required for all applications: Total Budget, Match, and Leverage.

The nature of the eligible costs that are being requested determines which of the other seven spreadsheets must be completed by the applicant. These spreadsheets are Supportive Services, Operating, Leasing, Rental Assistance, HMIS, and Staffing. If a spreadsheet does not pertain to the funding request, check the "Not Applicable" box at the top left of the spreadsheet.

The NOFA, once released, potentially may change the eligible costs for each type of program, whether Permanent Housing or Rapid ReHousing (PSH and RRH)

Spreadsheet cells in which applicants can enter data are highlighted in green. In most cases, computations are generated automatically and information from the detailed spreadsheets is transferred directly to the Total Budget spreadsheet.

The only entry that applicants can make in the Total Budget spreadsheet is the dollar amount of the project administration costs requested. The local maximum allowable is 10%.

Match: Applicants are reminded that HUD requires that all HUD funding, except leasing, must be matched with a minimum 25% total cash and/or non-cash (in-kind) contribution for eligible program costs.

Match - New Projects: Both cash and in-kind match must be documented via signed agreements, letters of commitment, or memoranda of understanding that are submitted with the application. In the case of in-kind match, documentation must include how the value was determined.

Match - Renewal Projects: For local application process provide a detailed list of match sources and amounts on the Match worksheet. Documentation of match will have to be submitted when completing the C1.9a Issues and Conditions if project is awarded funding

We encourage you to include all other funding for the project above the 25% required minimum match in your leveraging.

Provide narrative detail on the budget lines; quantity, cost of items, mileage calculation, etc.

PROJECT NAME:



TOTAL BUDGET

Eligible Costs

**Annual
Amount**

1	Leased Units	\$0
2	Leased Structures	\$0
3	Rental Assistance	\$0
5	Supportive Services	\$0
6	Operating	\$0
7	HMIS	\$0
8	Sub-Total HUD Request	\$0
9	Project Administration (Up to 10% Maximum)	
10	Total HUD Request (line 8 + 9)	\$0
11	Cash Match	\$0
12	In-Kind Match	\$0
13	Total Match	\$0
<i>Match Perc #DIV/0!</i>		
14	Total Budget	\$0

Remember your Total HUD request (D16) must be equal to or less than your total FY2019 Award

Project Name:

Not applicable: If this spreadsheet is not applicable to the project, mark an "x" in the box to the left.

SUPPORTIVE SERVICES BUDGET

	Eligible Cost	Description	Annual Request
1	Assessment of Services Needs		
2	Assistance with Moving Costs		
3	Case Management		
4	Child Care		
5	Education Services		
6	Employment Assistance/Job Training		
7	Food		
8	Housing Search & Counseling Services		
9	Legal Services		
10	Life Skills		
11	Mental Health Services		
12	Outpatient Health Services		
13	Outreach Services		
14	Substance Abuse Treatment Services		
15	Transportation		
16	Utility Deposits		
17	Operating Costs for SSO Project		
Total Request for Supportive Services:			\$0

Description should include personnel costs and other eligible costs. Detail for the personnel costs is completed on the staffing worksheet.

Project Name:								
Not applicable: If this spreadsheet is not applicable to the project, mark an "x" in the box to the left.								
OPERATING BUDGET								
	Eligible Cost	Quantity Description	Annual Request					
1	Maintenance/Repair of Housing							
2	Property Taxes and Insurance							
3	Replacement Reserve							
4	Building Security							
5	Electricity, Gas, and Water							
6	Furniture							
7	Equipment (Lease or purchase)							
		Total Request for Operating:	\$0					
Description should include personnel costs and other eligible costs. Detail for the personnel costs is completed on the staffing worksheet.								

Not applicable: If this spreadsheet is not applicable to the project, mark an "x" in the box to the left.

COSTS OF CONTRIBUTING DATA TO HMIS

	Eligible Cost	Quantity Description	Annual Request
1	Purchasing or Leasing Computer Hardware, Software, Licenses, or Equipment		
2	Obtaining Technical Support		
3	Leasing Office Space		
4	Cost of Utilities and High-Speed Data Transmission needed for HMIS		
5	Salaries for Operating HMIS		
6	Cost of Travel to HUD-Sponsored and HUD-Approved HMIS Training		
Total Request for HMIS:			\$0

Project Name:									
Not applicable: If this spreadsheet is not applicable to the project, mark an "x" in the box to the left.									
PROPERTY LEASES TO PROVIDE HOUSING									
Unit Size	Number of Units	Fair Market Rent (FMR)	Actual Rent	Total					
0 Bedroom		\$650		\$ -					
1 Bedroom		\$760		\$ -					
2 Bedroom		\$951		\$ -					
3 Bedroom		\$1,192		\$ -					
4 Bedroom		\$1,285		\$ -					
Total Request for Rental Assistance				\$ -					
Fill in # of units and actual rent if not using FMR only. Total = b*c *12; or b*d*12 will autocalculate									
PROPERTY LEASES TO PROVIDE SUPPORTIVE SERVICES									
Description of Property and Use			Annual Request						
Total Supportive Services Leases			\$ -						

Project Name:

Not applicable: If this spreadsheet is not applicable to the project, mark an "x" in the box to the left.

RENTAL ASSISTANCE

Unit Size	Number of Units	Fair Market Rent (FMR)	Actual Rent	Total
0 Bedroom		\$650		\$ -
1 Bedroom		\$760		\$ -
2 Bedroom		\$951		\$ -
3 Bedroom		\$1,192		\$ -
4 Bedroom		\$1,285		\$ -
Total Request for Rental Assistance				\$ -

Fill in # of units and actual rent if not using FMR only. Total = b*c *12; or b*d*12 will autocalculate

Project Name:

Not applicable: If this spreadsheet is not applicable to the project, mark an "x" in the box to the left.

STAFFING DETAIL

Job Title	Name (or vacant if currently no one in that position)	Key Job Responsibilities	FTE	Annual Salary	Fringe Percent	Total
						\$0
Total Staff Compensation:						\$0

Project Na

CASH MATCH DETAIL

Government or	Name of Contributing	Description of Contribution	Annual Amount
Total Cash Match:			\$0

IN-KIND MATCH DETAIL

Nature and Description of In-Kind	Calculation of Value	Annual Amount
Total In-Kind Match:		\$0

\$0