

Supportive Services Budget

*** A quantity AND description must be entered for each requested cost.**

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs	<input type="text"/>	<input type="text" value="0"/>
2. Assistance with Moving Costs	<input type="text"/>	<input type="text" value="0"/>
3. Case Management	<input type="text"/>	<input type="text" value="0"/>
4. Child Care	<input type="text"/>	<input type="text" value="0"/>
5. Education Services	<input type="text"/>	<input type="text" value="0"/>
6. Employment Assistance	<input type="text"/>	<input type="text" value="0"/>
7. Food	<input type="text"/>	<input type="text" value="0"/>
8. Housing/Counseling Services	<input type="text"/>	<input type="text" value="0"/>
9. Legal Services	<input type="text"/>	<input type="text" value="0"/>
10. Life Skills	<input type="text"/>	<input type="text" value="0"/>
11. Mental Health Services	<input type="text"/>	<input type="text" value="0"/>
12. Outpatient Health Services	<input type="text"/>	<input type="text" value="0"/>

13. Outreach Services	<input type="text"/>	<input type="text" value="0"/>
14. Substance Abuse Treatment Services	<input type="text"/>	<input type="text" value="0"/>
15. Transportation	<input type="text"/>	<input type="text" value="0"/>
16. Utility Deposits	<input type="text"/>	<input type="text" value="0"/>
17. Operating Costs	<input type="text"/>	<input type="text" value="0"/>
Total Annual Assistance Requested		<input type="text" value="0"/>
Grant Term		<input type="text" value="0"/>
Total Request for Grant Term		<input type="text" value="0"/>

Operating

Instructions: [Show Instructions](#)

*** A quantity AND description must be entered for each requested cost.**

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair	<input type="text"/>	<input type="text" value="0"/>
2. Property Taxes and Insurance	<input type="text"/>	<input type="text" value="0"/>
3. Replacement Reserve	<input type="text"/>	<input type="text" value="0"/>
4. Building Security	<input type="text"/>	<input type="text" value="0"/>
5. Electricity, Gas, and Water	<input type="text"/>	<input type="text" value="0"/>
6. Furniture	<input type="text"/>	<input type="text" value="0"/>
7. Equipment (lease, buy)	<input type="text"/>	<input type="text" value="0"/>
Total Annual Assistance Requested		<input type="text" value="\$0"/>
Grant Term		<input type="text" value="1 Year"/>
Total Request for Grant Term		<input type="text" value="\$0"/>

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$0	1 Year	\$0
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$0
8. Admin (Up to 10%)			0
9. Total Assistance Plus Admin Requested			\$0
10. Cash Match			\$0

11. In-Kind Match

\$0

12. Total Match

\$0

13. Total Budget

\$0