**G. Project Budget**

Complete the Budget and Match/Leveraging worksheet below to provide the accurate budget information for the project you are applying for.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Budget Summary** | | | | |
| Proposed Activities | **a. MCTHF**  **Request** | **b. Additonal Funding Receiving** | **c. Total Project Budget (a+b)** |
| 1. **Acquisition** |  |  |  |
| 1. **Rehabilitation** |  |  |  |
| 1. **New Construction** |  |  |  |
| 1. **Leasing**   From Housing Assistance Budget Chart |  |  |  |
| 1. **Rental Assistance**   From Housing Assistance Budget Chart |  |  |  |
| 1. **Supportive Services**   From Supportive Services Budget Chart |  |  |  |
| 1. **Operating Costs**   From Operating Costs Budget Chart |  |  |  |
| 1. **Subtotal**   **(lines 1 through 8)** |  |  |  |
| 1. **Administrative Costs**   **(Up to 7% of line 8)** |  |  |  |
| 1. **Total Budget**   **(Total lines 8 + 9)** | **$** | **$** | **$** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Component Types (Check only one box)**    **TRA SRA PRA Leasing Short-term Rental Assistance (1-3 months)**    **Medium-term Rental Assistance (4 – 24 months)** | | | | |
| Size of Units | Number of Units | Monthly Rent | Number of Months | **Total** |
| SRO | x | $ x | 12= | $ |
| 0 Bedroom | x | $ x | 12= | $ |
| 1 Bedroom | x | $ x | 12= | $ |
| 2 Bedrooms | x | $ x | 12= | $ |
| 3 Bedrooms | x | $ x | 12= | $ |
| 4 Bedrooms | x | $ x | 12= | $ |
| 5 Bedrooms | x | $ x | 12= | $ |
| 6 Bedrooms | x | $ x | 12= | $ |
| Other: \_\_\_\_\_ | x | $ x | 12= | $ |
| Totals: |  |  |  | $ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Efficiency | One-Bedroom | Two-Bedroom | Three-Bedroom | Four-Bedroom |
| $1,336 | $1,515 | $1,917 | $2,333 | $2,575 |

|  |  |  |
| --- | --- | --- |
| **Supportive Services Budget**  (if none, leave blank) | | |
| Eligible Costs | Quantity & Description | Annual HUD Assistance Requested |
| 1. Assessment of Service Needs |  |  |
| 1. Assistance with Moving Costs |  |  |
| 1. Case Management |  |  |
| 1. Child Care |  |  |
| 1. Education Services |  |  |
| 1. Employment Assistance |  |  |
| 1. Food |  |  |
| 1. Housing/Counseling Services |  |  |
| 1. Legal Services |  |  |
| 1. Life Skills |  |  |
| 1. Mental Health Services |  |  |
| 1. Outpatient Health Services |  |  |
| 1. Outreach Services |  |  |
| 1. Substance Abuse Treatment |  |  |
| 1. Transportation |  |  |
| 1. Utility Deposits |  |  |
| 1. Operating Costs (salary, benefits, materials, and supply costs incurred in directly providing support services to participants) |  |  |
| Total Annual Assistance Requested |  |  |

|  |  |  |
| --- | --- | --- |
| **Operating Costs Budget**  (if none, leave blank) | | |
| Eligible Costs | Quantity & Description | Annual HUD Assistance Requested |
| 1. Maintenance/Repair |  |  |
| 1. Property Taxes and Insurance |  |  |
| 1. Replacement Reserve |  |  |
| 1. Building Security |  |  |
| 1. Electricity, Gas, and Water |  |  |
| 1. Furniture |  |  |
| 1. Equipment (lease, buy) |  |  |
| Total Annual Assistance Requested |  |  |