

Appendix: Request for Budget Revision/Grant Agreement Amendment Budget Charts

Grant Number:

Chart 1: Revised Summary Project Budget

	Revised SHP Request	Applicant Cash	Total Revised Project Budget
1. Real Property Leasing			
2. Supportive Services*			
3. Operations**			
4. HMIS*			
5. SHP Request (subtotal lines 1 thru 4)			
6. Administration*** (up to 5% of line 5)			
7. Total SHP Request (total lines 5 and 6)			

Leasing

If you proposed to lease units or structures in more than one metropolitan or non-metropolitan area, fill in the appropriate number of tables for each area with a different FMR or actual rent. Please reproduce this Exhibit as needed to accommodate projects using more than one FMR or actual rent.

Enter the number of unit(s)/structure(s) by the bedroom size to be leased and the lower of the actual rent or the FMR as published in the Federal Register on **September 27, 2006**. The space to be leased may be scattered-site (e.g., one-bedroom apartments in five different apartment complexes) or contained within a structure (e.g., a group home with six bedrooms).

Multiply the number of units/structures by the FMR or actual rent, whichever is lower, by 12 months (# of units x FMR or actual rent x 12) and enter the result in the Year 1 column and the total column. If you will have a multi-year lease (e.g., the grant term is for 2 or 3 years), enter the Years 2 and 3 costs, as applicable, and then total.

Please note that the FMR for a single room occupancy (SRO) unit is equal to 75% (0.75) of the 0-bedroom FMR. The FMRs for unit sizes larger than 4-bedrooms are calculated by adding 15% to the 4-bedroom FMR for each extra bedroom. For example, the FMR for a 5-bedroom unit is 1.15 times the 4-bedroom FMR, and the FMR for a 6-bedroom unit is 1.30 times the 4-bedroom FMR.

FMRs may be found at the following WEB site: <http://www.huduser.org/datasets/fmr.html>

Chart A: Leased units

Name of metropolitan or non-metropolitan FMR area:

Address (if scattered site, indicate so):

Size of units	No. of units/structures	FMR or HUD rent paid	No. of Mos.	Revised Total
1. SRO	x	x	12 =	\$
2. 0 bdrm	x	x	12 =	\$
3. 1 bdrm	x	x	12 =	\$
4. 2 bdrm	x	x	12 =	\$
5. 3 bdrm	x	x	12 =	\$
6. 4 bdrm	x	x	12 =	\$
7. 5 bdrm	x	x	12 =	\$
8. 6 bdrm	x	x	12 =	\$
9. Other	x	x	12 =	\$
10. Totals				\$

Chart B: Leased Structure

Structure 1	Monthly Leasing Cost	No. of Mos	Revised Total
	\$ x	12 =	\$

Address:

Supportive Services Budget

Please complete the chart below for your project's revised supportive services budget.

In the first column, fill in the supportive service expenses. For staff positions, please include the job title and quantity (or FTE-full time equivalent); for supportive services, such as transportation services, please include the type (e.g., bus tokens) and quantity. **Please ensure that the total supportive services request on Line 11, column (d) below, matches the amount you entered in your project's Summary Budget in Exhibit 1 of this document.**

Example:

Supportive Service Expense	Total
Service Activity: Mental Health Counseling Quantity: 0.25 FTE	\$30,909
Service Activity: Transportation (Bus Tokens) Quantity: 500/mo. @\$2.00 ea.	37,091
SHP Request	54,400
Total Supportive Services Costs	\$68,000

Supportive Service Expense	Revised Total
1. Service Activity: Quantity:	
2. Service Activity: Quantity:	
3. Service Activity: Quantity:	
4. Service Activity: Quantity:	
5. Service Activity Quantity:	
6. Service Activity Quantity:	
7. Service Activity: Quantity:	
8. Service Activity: Quantity:	
9. SHP REQUEST*	
10. Selectee's Match (Line 11 minus Line 9)	
11. Total Supportive Services Budget	

*The SHP request cannot be more than 80% of the total supportive services budget in Line 11.

Operating Budget

Operating costs are those costs associated with the day-to-day operation of supportive housing and for which cash payment is needed. Operating costs differ from supportive service costs in that operating costs support the function and the operation of the housing project. If requesting SHP operating funds, only the portion of the costs directly related to the operation of the housing project are eligible. For example, if a project sponsor's executive director will spend 10% of his/her time providing management to the housing project, then (up to) 10% of his/her salary can be charged as an SHP operating expense. Additionally, for example, in cases of shared utilities, SHP operating funds may only pay for the portion of the utilities associated with the housing project based on the square footage of the project's space.

SHP operating funds may not be used to pay for the following costs:

- a. Operating costs of a supportive services only facility;
- b. Administrative expenses such as audits and preparing HUD reports (see Exhibit 7: Administration);
- c. Rent of space for supportive housing and/or supportive services (see Exhibit 3: Real Property Leasing);
- d. The payment of principal and interest on a loan on a facility not currently being used as supportive housing and/or for the delivery of services (see Exhibit 2: Acquisition, Rehabilitation, New Construction, and Project Feasibility); and
- e. Depreciation because it does not constitute an incurred cost that requires a cash outlay.

In the first column under operating costs, enter the requested information including type of expense and other information where indicated (see example in chart below. **Please ensure that the total operations request on Line 13, column (d) below, matches the amount you entered in your project's Summary Budget in Exhibit 1. Also, the match amount must be at least 25% of the total Operating budget**

Operating Costs	Revised Total
EXAMPLE: Grounds maintenance contract;\$75/mos, x no. of mos.	
1. Maintenance/Repair	
1. Staff (position, % time, fringe benefits, salary)	
1. Utilities	
1. Equipment (lease/buy)	
1. Supplies (quantity)	
6. Insurance	
6. Furnishings (quantity)	
6. Relocation (no. of persons)	
6. Food (perishable/non-perishable, quantity)	
6. Other Operating Costs (amounts/ quantities)	
6. SHP REQUEST	
6. Selectee's Match (Line 13 minus line 11)	
6. Total Operating Budget	

Matching Funds

If your request to move funds has triggered an increased match requirements (i.e. where funds are transferred to Operations, which has a 25% match requirement), please provide the following information about the new matching funds:

These firm commitments must be documented on letterhead stationery, signed and dated by an authorized representative, and attached to this Exhibit. Each letter must, at a minimum, contain the following elements:

1. The name of the organization providing the cash resource;
2. The amount;
3. The type of activity for which the funds will be used (e.g., case management, child care, education);
4. The name of the project sponsor organization to which the cash will be contributed and/or the name of the project;
and
5. The date the funds will be available.