**Budget Form**

**Continuum of Care – Rapid Rehousing**

\*\*Example [budget](https://0dae4f91-4a77-41b6-8005-0e9000834ebd.filesusr.com/ugd/73dee7_cc1fbdfb33dd4528be3e890569f2c7e2.pdf) from Tenant Resource Center’s previous application. Pgs. 34-35, 37

**Rental Assistance Budget Detail**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Size of Units** | **# of Units** | **FMR Area** | **X 12 months\*** | **Total Request** |
| SRO |  | $667 | 12 months |  |
| O Bedroom |  | $889 | 12 months |  |
| 1 Bedroom |  | $1039 | 12 months |  |
| Total  |  |  |  |  |

\*HUD requires that for budgeting, it is assumed that all participants will need 12 months of full assistance.

**Supportive Services Budget\***

|  |  |  |
| --- | --- | --- |
| **Eligible Costs** | **Quantity & Description** | **Annual Assistance Requested** |
| **Assessment of Service Needs** |  |  |
| **Assistance with Moving Costs** |  |  |
| **Case Management** |  |  |
| **Child Care** |  |  |
| **Education Services** |  |  |
| **Employment Assistance** |  |  |
| **Food** |  |  |
| **Housing/Counseling Services** |  |  |
| **Legal Services** |  |  |
| **Life Skills** |  |  |
| **Mental Health Services** |  |  |
| **Outpatient Health Services** |  |  |
| **Outreach Services** |  |  |
| **Substance Abuse Treatment Services** |  |  |
| **Transportation** |  |  |
| **Utility Deposits** |  |  |
| **Operating Costs** |  |  |
| **Total Request** |  |  |

\*HUD requires a Supportive Services Budget for new project applicants. Please scroll down to view an example.

**Sources of Match**

Match (cash or in-kind) must be used for eligible program costs only and must be equal or greater than 25% of the total grant request for all eligible costs under the [CoC Program interim rule](https://www.in.gov/ihcda/files/housing-urban-dev-24-cfr-part-578.pdf) with the exception of leasing costs. Total match must be at least $22,850.

|  |  |  |  |
| --- | --- | --- | --- |
| **Source of Match** | **Cash or In-kind** | **Value** | **Date of commitment** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total** |  |  |  |

**Summary Budget**

|  |  |
| --- | --- |
| **Eligible Costs** | **Total Assistance Request for 1 Year** |
| **Rental Assistance** |  |
| **Supportive Services\*** |  |
| **Operating** |  |
| **HMIS** |  |
|  **Subtotal** |  |
| **Admin (up to 10%)** |  |
| **Total Assistance plus Admin** |  |
| **Cash Match** |  |
| **In-Kind Match** |  |
| **Total Match** |  |
| **Total Budget** |  |

**Example Supportive Services Budget**

