

Housing Opportunities for Persons with AIDS - Program Year 2015

Detailed Line Item Budget

General Information			
1. Project Sponsor Name:			
2. Pass-Through Entity Name:			
3. Preparer's Name and Title:		4. Period Covered:	
Boxes 4-5 are to be completed by OEO Personnel			
5. Grant Agreement Number:			
6. Original Grant Amount:			

Personnel Summary: Transfer total salaries for each section to the appropriate line item below			
Case Management/Personnel	FTEs	Annualized Salary/Wages	Total Amount
Case Management: Operations			
Case Management: STRMU			
Case Management: TBRA			
Case Management: Housing Information			
Case Management: Permanent Housing Placement			
Case Management: Supportive Services			
Personnel (ED only): Administration			

A. Operations

Operations Personnel Costs		Total Amount
1. Operations Salaries/Wages (from Personnel Summary)	<i>Operations: Personnel Subtotal</i>	
Operations Fringe Benefits	Base and Calculation	Total Amount
2. FICA		
3. Health Insurance		
4. Workers' Compensation		
5. Retirement		
6.		
7.		
	<i>Operations: Fringe Benefits Subtotal</i>	
Operations Non-Personnel Expenses	Expense Detail	Total Amount
9.		
10.		
11.		
12.		
13.		
	<i>Operations: Non-Personnel Expenses Subtotal</i>	
Operations TOTAL		

B. SHORT-TERM RENT, MORTGAGE, UTILITY (STRMU)

STRMU Personnel Costs		Total Amount
1. STRMU Salaries/Wages (from Personnel Summary)	<i>STRMU Personnel Subtotal</i>	
STRMU Fringe Benefits	Base and Calculation	Total Amount
2. FICA		
3. Health Insurance		
4. Workers' Compensation		
5. Retirement		
6.		
7.		
	<i>STRMU Fringe Benefits Subtotal</i>	
STRMU Payments/Other Non-Personnel Costs	Expense Detail	Total Amount
9.		
10.		
11.		
12.		
	<i>STRMU Expense Categories Subtotal</i>	

Appendix C

STRMU TOTAL

Applicant Name: _____

C. TENANT BASED RENTAL ASSISTANCE (TBRA)

TBRA Personnel Costs		Total Amount
1. TBRA Salaries/Wages (from Personnel Summary)	<i>TBRA Personnel Subtotal</i>	
TBRA Fringe Benefits		Total Amount
Base and Calculation		
2. FICA		
3. Health Insurance		
4. Workers' Compensation		
5. Retirement		
6.		
7.		
	<i>TBRA Fringe Benefits Subtotal</i>	
TBRA Rental Subsidy costs		Total Amount
Expense Detail		
8.		
9.		
10.		
	<i>TBRA Rental Assistance Subtotal</i>	
TBRA TOTAL		

D. HOUSING INFORMATION

Housing Information Personnel Costs		Total Amount
1. Housing Information Salaries/Wages (from Personnel Summary)	<i>Housing Information Personnel Subtotal</i>	
Housing Information Fringe Benefits		Total Amount
Base and Calculation		
2. FICA		
3. Health Insurance		
4. Workers' Compensation		
5. Retirement		
6.		
7.		
	<i>Housing Information Fringe Benefits Subtotal</i>	
Financial Assistance/Services		Total Amount
Expense Detail		
8.		
9.		
10.		
11.		
	<i>Housing Information Financial Assistance/Services Subtotal</i>	
HOUSING INFORMATION TOTAL		

E. PERMANENT HOUSING PLACEMENT

Permanent Housing Placement Personnel Costs		Total Amount
1. Permanent Housing Placement Salaries/Wages (from Personnel Summary)	<i>Permanent Housing Placement Personnel Subtotal</i>	
Housing Housing Placement Fringe Benefits		Total Amount
Base and Calculation		
2. FICA		
3. Health Insurance		
4. Workers' Compensation		
5. Retirement		
6.		
7.		
	<i>Permanent Housing Placement Fringe Benefits Subtotal</i>	
Permanent Housing Placement Assistance		Total Amount
Expense Detail		
8.		
9.		
10.		
11.		
12.		
	<i>Permanent Housing Placement Assistance Subtotal</i>	
PERMANENT HOUSING PLACEMENT TOTAL		

Applicant Name: _____

F. Supportive Services

Supportive Services Personnel Costs		Total Amount
1. Supportive Services Salaries/Wages (from Personnel Summary)	<i>Supportive Services Personnel Subtotal</i>	
Housing Housing Placement Fringe Benefits		Total Amount
2. FICA		
3. Health Insurance		
4. Workers' Compensation		
5. Retirement		
6.		
7.		
	<i>Supportive Services Fringe Benefits Subtotal</i>	
Supportive Services Assistance (Non Personnel)		Total Amount
8.		
9.		
10.		
11.		
12.		
	<i>Supportive Services Assistance (Non Personnel) Subtotal</i>	
SUPPORTIVE SERVICES TOTAL		

G. Administrative Costs

Administrative Personnel Costs		Total Amount
1. Administrative Salaries/Wages (from Personnel Summary)	<i>Administrative Personnel Subtotal</i>	
Administrative Fringe Benefits		Total Amount
2. FICA		
3. Health Insurance		
4. Workers' Compensation		
5. Retirement		
6.		
7.		
	<i>Administrative Fringe Benefits Subtotal</i>	
Other Administrative Costs		Total Amount
8.		
9.		
10.		
11.		
12.		
13.		
	<i>Other Administrative Costs Subtotal</i>	
ADMINISTRATIVE TOTAL		
2015 HOPWA Grant Total Request		

Anticipated Leveraging and Program Income

Budget Category	Description	Type	Source	Amount
		C - Cash I - Inkind PI -Program Income	Fed - Federal Funds Pub - Other Public Funds Priv - Private Sources	

Appendix C

Applicant Name: _____

HOPWA Federal Budget Summary

When you have completed the budget worksheets, verify the total transferred for each category to the spaces below.

Budget Category	
A. Operations	
B. Short-term Rent, Mortgage and Utility (STRUM)	
C. Tenant Based Rental Assistance (TBRA)	
D. Housing Information	
E. Permanent Housing Placement	
F. Supportive Services	
G Administration	
Total HOPWA Federal Grant Request	

Authorized Applicant Signature **Date**

OEO Approval Signature **Date**

Modified 3/15