Youth Homelessness Demonstration Program Budget Workbook

A separate budget workbook needs to be completed for each proposed project.

|  |
| --- |
| **Total Budget Costs** |
| Supportive Services Costs |  |
| Rental Assistance Costs |  |
| Leasing Costs |  |
| Operating Costs |  |
| HMIS Costs |  |
| Administration *(capped at 10% of total budget)* |  |
| Total Budget |  |

Please complete the components of the budget workbook that are required for the proposed project. The request entered for each section should be equivalent to the cost of one year of the relevant supportive service.

#### Supportive Services Budget (FYI services, RRH, PSH)

The explanation of eligible costs can be found at [24 CFR 578.53](https://www.ecfr.gov/current/title-24/section-578.53)

Reminder, YHDP allows for implementation of a variety of regulatory flexibilities and these flexibilities can create innovation within the CoC Regulations. Please review the flexibilities (below) for more information and to outline anticipated costs associated with the flexibilities you are requesting. Most flexibilities will be billed to the Supportive Service budget line and should be included in the “other” row on the supportive services budget chart below.

*The Budget Narrative must provide a complete picture of how CoC Program funds will be used in the project to assist eligible youth & young adults. Enter the quantity (i.e. numbers) and descriptive information for each activity. For example: if requesting staffing enter position title – 1 FTE @ $45,000 including fringe benefits of $X or 50 hours @ $25 per hour including fringe of $X. Include any direct provision costs (24 CFR 578.53€(17)) for each line item (e.g. monthly use of cell phone to contact youth & young adults* *@ $x per month.*

|  |  |  |
| --- | --- | --- |
|  | **Annual Amount** | **Budget Narrative (quantity & description)** |
| 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  |  |  |
| Other - *Only applicable if requesting flexibilities (see below) - add in costs from flexibilities section, question 2* |  |  |

**What is the total amount of Supportive Service funding requested? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Any additional notes regarding the supportive services section of this project:

#### Rental Assistance Budget (RRH, PSH)

 The explanation of eligible costs can be found at [24 CFR 578.51](https://www.ecfr.gov/current/title-24/subtitle-B/chapter-V/subchapter-C/part-578/subpart-D/section-578.51)

* All new project applications are required to use FY2021 Fair Market Rent (FMR) and request full FMR for initial funding.

<https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2022_code/select_Geography.odn>

* The table accounts for the size of units, number of units requested, FMR for each unit, and multiplied by 12 months to account for annual rent.

| **FMR Area** | **Total Units Requested** | **Total Annual Budget Requested** |
| --- | --- | --- |
|  |  |  |
| **Size of Units** | **# of Units** | **FMR Amount**  | **FMR Amount x 12** |
| 0 Bedroom (studio or efficiency) |  |  |  |
| 1 Bedroom |  |  |  |
| 2 Bedrooms |  |  |  |
| 3 Bedrooms |  |  |  |
| 4 Bedrooms |  |  |  |
| 5 Bedrooms |  |  |  |
| 6 Bedrooms |  |  |  |

**What is the total amount of Rental Assistance requested? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Any additional notes regarding the rental assistance section of this project:

#### 3. Leased Units (PSH, RRH - if using leased units for RRH, a flexibility needs to be requested in section 7)

 The explanation of eligible costs can be found at [24 CFR 578.49](https://www.ecfr.gov/current/title-24/subtitle-B/chapter-V/subchapter-C/part-578/subpart-D/section-578.49)

* All new project applications are required to use FY2021 Fair Market Rent (FMR) and request full FMR for initial funding.

<https://www.huduser.gov/portal/datasets/fmr/fmrs/FY2022_code/select_Geography.odn>

* The table accounts for the size of units, number of units requested, FMR for each unit, and multiplied by 12 months to account for annual rent.

|  |  |  |
| --- | --- | --- |
| **FMR Area** | **Total Units Requested** | **Total Annual Budget Requested** |
|  |  |  |
| **Size of Units** | **# of Units** | **FMR Amount**  | **FMR Amount x 12** |
| 0 Bedroom (studio or efficiency) |  |  |  |
| 1 Bedroom |  |  |  |
| 2 Bedrooms |  |  |  |
| 3 Bedrooms |  |  |  |
| 4 Bedrooms |  |  |  |
| 5 Bedrooms |  |  |  |
| 6 Bedrooms |  |  |  |
| 7 Bedrooms |  |  |  |
| 8 Bedrooms |  |  |  |

**What is the total amount of Leased Units requested? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Any additional notes regarding the leased units section of this project:

#### 4. Leased Structures (PSH, RRH - if using leased units for RRH, a flexibility needs to be requested in section 7)

The explanation of eligible costs can be found at [24 CFR 578.49](https://www.ecfr.gov/current/title-24/subtitle-B/chapter-V/subchapter-C/part-578/subpart-D/section-578.49)

* 1. Enter the Structure Name by which you will identify the leased structure (e.g. name of the property), street address, city, and zip code.

Structure #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Structure #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. Enter the monthly amount of HUD paid rent you are requesting for each structure, multiple by 12, and the total annual assistance requested for each structure.

|  |  |  |
| --- | --- | --- |
|  | Structure #1 | Structure #2 |
| HUD paid rent (monthly) |  |  |
| Multiply monthly amount by 12 = total annual assistance |  |  |

If there will be more than 2 structures, please add information regarding the address of the location(s) and requested funds for the additional sites here:

**What is the total amount of Leased Structures requested? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Any additional notes regarding the leased structures section of this project:

#### 5. Operating Budget (PSH – only if using leasing funds for housing, RRH – only if a flexibility is requested to using leasing funds - this can be done in section 7)

 The explanation of eligible costs can be found at [24 CFR 578.55](https://www.ecfr.gov/current/title-24/subtitle-B/chapter-V/subchapter-C/part-578/subpart-D/section-578.55)

*The Budget Narrative must provide a complete picture of how CoC Program funds will be used in the project to assist eligible youth & young adults. Enter the quantity (i.e. numbers) and descriptive information for each activity. For example: if requesting staffing enter position title – 1 FTE @ $45,000 including fringe benefits of $X or 50 hours @ $25 per hour including fringe of $X.*

|  |  |  |
| --- | --- | --- |
|  | **Annual Amount** | **Budget Narrative (quantity & description)** |
| Maintenance and Repair |  |  |
| Property Taxes and Insurance |  |  |
| Building Security |  |  |
| Electricity, Gas, and Water |  |  |
| Furniture |  |  |
| Equipment |  |  |

**What is the total amount of Operating funding requested? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Any additional notes regarding the operating section of this project:

#### 6. HMIS Budget (FYI services, RRH, PSH)

*The Budget Narrative must provide a complete picture of how CoC Program funds will be used in the project to assist youth & young adults. Enter the quantity (i.e. numbers) and descriptive information for each activity. For example: if requesting staffing enter position title – 1 FTE @ $45,000 including fringe benefits of $X or 50 hours @ $25 per hour including fringe of $X. Include any direct provision costs (24 CFR 578.53€(17)) for each line item (e.g. monthly use of cell phone to contact Youth & Young adult program participants @ $x per month.*

|  |  |  |
| --- | --- | --- |
|  | **Annual Amount** | **Budget Narrative (quantity & description)** |
| Equipment |  |  |
| Software |  |  |
| Services |  |  |
| Personnel |  |  |
| Space & Operations |  |  |

**What is the total amount of HMIS funding requested? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Any additional notes regarding the HMIS section of this project:

7. YHDP Flexibilities (FYI services, RRH, PSH)

1. Are you requesting a special YHDP Activity, Exemption or Innovative Activity? ☐ YES ☐ NO

If yes, continue on. If no, you are not required to complete this section.

1. What is the total funding request for flexibilities\*? \_\_\_\_

*\*When this section is complete, add this total amount to the “other” row in the Supportive Services Budget Chart.*

1. Check the appropriate boxes for the special activity being requested.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity** | **NOFO Citation**  | **Check if being requested** | **Annual Amount** | **Budget Narrative (quantity & description)** |
| Leases under 12 months (minimum 1 month) | 1.C.1.a(1) | ☐  | No Additional Cost Associated |
| Use of leasing, Sponsored Based Rental Assistance (SRA) and Project Based Rental Assistance (PRA) in Rapid Rehousing (RRH) | 1.C.1.a(2) | ☐  | No Additional Cost Associated |
| Project admin funds used to employ youth with lived experience for project implementation, execution, and improvement | 1.C.1.a(4) | ☐  | No Additional Cost Associated |
| Project admin funds used to attend non-HUD sponsored or approved conferences (must be relevant to youth homelessness)  | 1.C.1.a(5) | ☐  | No Additional Cost Associated |
| Employ youth receiving recipient services (document nature of work and no conflicts of interest)  | 1.C.1.a(6) | ☐  | No Additional Cost Associated |
| Use habitability standards in 24 CFR 576.403© rather than HQS in 24 CFR 578.75 for up 24 months of housing assistance (document standards applied to units and proof of compliance)  | 1.C.1.a(7) | ☐  | No Additional Cost Associated |
| Provide moving expense more than one time to youth & young adult program participants(supportive service cost) | 1.C.1.a(8) | ☐  |  |  |
| Provide payments for families that provide housing under host homes and kinship care (up to $500 per month) (supportive service cost) | 1.C.1.a(9) | ☐  |  |  |

1. YHDP grant funds may be used for the following if they are necessary to assist eligible youth & young adults to obtain and maintain housing. Recipients and subrecipients must maintain records establishing how it was determined paying the costs was necessary for the youth & young adult to obtain and retain housing and must also conduct an annual assessment of the needs of the youth & young adult program participants and adjust costs accordingly. (Select all that apply)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Activity***(all* supportive service costs) | **NOFO Citation** | **Check if being requested** | **Annual Amount** | **Budget Narrative (quantity & description)** |
| Security deposits (not to exceed 2 months of rent)  | C.1.a(10)(a) | ☐  |  |  |
| Pay for damage to units (not to exceed 2 months rent)  | C.1.a(10)(b) | ☐  |  |  |
| Costs to provide household cleaning supplies | C.1.a(10)(c) | ☐  |  |  |
|  Housing start-up expenses (not to exceed $300 per participant)  | C.1.a(10)(d) | ☐  |  |  |
| Purchase cell phone and service (cost must be reasonable and housing related) | C.1.a(10)(e) | ☐  |  |  |
| Cost of Internet (costs must be reasonable)  | C.1.a(10)(f) | ☐  |  |  |
| Payment of rental arrears(up to 6 months) | C.1.a(10)(g) | ☐  |  |  |
| Payment of utility arrears (up to 6 months) | C.1.a(10)(h) | ☐  |  |  |
|  Payment of utilities (up to 3 months)  | C.1.a(10)(i) | ☐  |  |  |
| Pay gas a mileage for participant personal vehicle for trips for eligible services | C.1.a(10)(j) | ☐  |  |  |
| Payment of Legal fees  | C.1.a(10)(k) | ☐  |  |  |
| Payment of insurance, registration and past driving fines | C.1.a(10)(l) | ☐  |  |  |

e) Applicable to FYI Services Only – No extra annual cost associated

|  |  |  |
| --- | --- | --- |
| YHDP recipients may continue providing supportive services to youth & young adult program participants for up to 36 months after the youth or young adult exits homelessness, if the services are in connection with housing assistance, such as the Foster Youth to Independence initiative, or if the recipient can demonstrate that extended supportive services ensures continuity of case workers for youth & young adult program participants. | 1.C.1.b(2) | ☐  |