

Organization's Name		Provide Organization's name as shown on application
Funding Source		Provide Source of Funds for which you are applying
Service Area		Provide name of service area for which you are applying. If applying for multiple service area's complete this sheet for each of the service areas you are applying for
Personnel Schedule		This section provides projected salary and fringe costs for your proposed program. This schedule provides two options for calculation, salary or hourly wage;
Total		The total line will provide the total proposed salary line minus the applicable fringe rate.
Fringe Benefits		Provide your agencies fringe benefit rate, as approved in your personnel policy; the justification should include what benefits are covered under fringe; and the fringe rate should be applied to the total salary line.
Total Personnel		This line will provide the combined total of proposed salary and fringe costs.
Cosultants/Contractural		Provide a list of positions or activities that will be carried out by consultants or through contracts. Provide the unit of payment, this could be by the hour or the completed task; and provide the cost of each unit and the number of units being contracted for.
Occupancy	Rent	This line item should be calculated using the following formula: percentage of space occupied by the proposed program, times the cost per square foot, times 12 months. <b>EXAMPLE: This example supposes that your program will occupy 100 square feet at a cost of \$30. per square foot, per month. 100 sq.ft. x \$30.00 per sq. ft. = \$3,000 x 12 months for a total of \$36,000.</b>
<b>Local Funds</b>		
<b>Ryan White Funds</b>		
<b>CDC Funds</b>	Utilities	This line should be calculated by naming utilities Gas/Electric/Water, as applicable. Provide an overall projected costs of those utilities multiplied by number of months (in most cases 12) of your program. <b>Note: For Ryan White Emergency Relief Awards, occupancy is not an allowable direct cost to the grant except in limited service categories. In all other cases occupancy must be allocated to the grants Administrative/Indirect Cost line. For rule exceptions, please contact your HAHSTA Program Officer.</b>
Occupancy		This line should be calculated by naming utilities Gas/Electric/Water, as applicable. If the utilities are included in the determination of client rent subsidy, do not include a separate utility line item in the budget. Provide an overall projected costs of those utilities multiplied by the number of months (in most cases 12) of your program.
<b>HOPWA</b>		

**Program/Administrative Rent**

This should include any office space or shared program space used to deliver services. This line item should be calculated using the following formula. Percentage of space occupied by the proposed program, times the cost per square foot, times 12 months.

**EXAMPLE :** This example supposes that your program will occupy 100 square feet at a cost of \$30 per square foot, per month.  $100 \text{ sq.ft.} \times \$30 \text{ per square foot} = \$3,000 \times 12 \text{ months}$  for a total of \$36,000.

**Client Rent Subsidy**

This should include the rent associated with the bed space occupied by clients. This is calculated in one of two ways based on the program design and facility ownership. For programs leasing a building specifically and only and only for the purpose of housing clients, the program may budget the entire rental cost of the lease minus the income generated by resident rent payments (transitional programs only). Programs should not include any administrative or program office space. Those costs should be allocated and calculated per the Program/Administrative Rent rule as listed above.

For programs who own the facility where each client has their own apartment within the facility, or use multiple funding to cover client rent, the program must determine a reasonable rent standard for the client living space. The rent standard may not exceed fair market rent (FMR) and must consider whether the clients share a room or have a private room. The calculation would be the total expected rental cost associated with the beds in the facility minus the income collected in resident rent payment. For additional information consult 24 CFR parts 320-340, and the HUD Grantee Oversight Manual.

## Travel/Transportation

This line item should be calculated with two items in mind. If your organization has a policy that allows for Reimbursement for staff's use of their personal vehicles you should complete by filling in the unit as one mile, the unit reimbursement cost per OMB is 50.5 cents per mile, the projected number of miles staff will be traveling and total budget.

**EXAMPLE This example supposes that the total projected travel for the duration of the program will be 500 miles. 55.5 cents per mi. x 500 miles = a total budget of \$277.50.**

The other item that should be included in this line is tokens/farecards for organization's staff. You should provide a projected number that you will need for your program, indicate the unit, the unit cost, number to be purchased and total cost.

Supplies This line should indicate the total projected costs of General Office Supplies needed to administer your program that have a value of \$5,000 dollars or less.

Capital Equipment Capital Equipment are purchases that exceed \$5000. These purchases must be pre-approved by HAA

Client Cost This line should include specific client costs related to your program. Ie. Tokens, farecards, incentives (where allowed), and other program appropriate client costs.

Communications This line should include costs associated with maintaining communications necessary to administer your . program. Ie telephone, internet, fax lines, copying. You should complete a projected costs for each item, indicate the unit and number on the budget sheet.

Other Direct Costs This line should be comprised of direct program costs that cannot be attributed to other budget lines.

Indirect Costs If your Organization has a Federally Negotiated Indirect Cost Agreement, HAA will accept that document in lieu of providing detail of costs associated with this line. You may charge indirect at a rate not to exceed the percentage annotated in the Request for Application.

If your Organization does not have a Federally Negotiated Indirect Cost Agreement, you will be required to provide detail of what costs are captured in your indirect cost line.