

2021 Continuum of Care Budget Worksheet

1. Please complete each tab as it relates to your individual project. If there is no funding being requested for a specific budget line item please leave this tab blank.

2. Only enter information in the light green shaded boxes.

3. DO NOT enter any information in the light gray shaded cells, as these contain formulas that will automatically calculate totals and percentages.

4. All projects must complete the Project Information and Match & Leveraging tab.

5. Before submission with the concept paper ensure the Summary Budget tab matches the amount of funds you are looking to request.

Agency Name:

Project Name:

Acquisition/Rehabilitation/New Construction Budget	
Budget Item	Total CoC Request
Total Acquisition	
Total Rehabilitation	
Total New Construction:	
Total	\$ -

Leasing Units Budget		
Unit Size	# of Units	Total CoC Request
SRO		
0 bedroom		
1 Bedroom		
2 Bedroom		
3 Bedroom		
4 Bedroom		
	Total	\$ -

*For leasing program - the amount you are requesting should not exceed the amount awarded in the previous round of funding. If this is a new leasing project you may request up to the Fair Market Rent for the Unit Size (see FMRs for 2018 below).

Rental Assistance Budget					
Unit Size	# Units	2021 FMR	Rental Assistance Requested	Months	Total CoC Request
0 bedroom		\$ 1,253.00		12	\$ -
1 bedroom		\$ 1,503.00		12	\$ -
2 bedroom		\$ 1,768.00		12	\$ -
3 bedroom		\$ 2,199.00		12	\$ -
4 bedroom		\$ 2,724.00		12	\$ -
				Total	\$ -

*For rental assistance programs - the amount you are requesting should not exceed the amount awarded in the previous round of funding. Rental Assistance programs may request less than FMR if they choose too, if not please use the FMRs listed.

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Supportive Services Budget	
Eligible Costs	CoC Funds Requesting
1. Assessment of Service Needs	
2. Assistance with Moving Costs	
3. Case Management	
4. Child Care	
5. Education Services	
6. Employment Assistance	
7. Food	
8. Housing/Counseling Services	
9. Legal Services	
10. Life Skills	
11. Mental Health Services	
12. Outpatient Health Services	
13. Outreach Services	
14. Substance Abuse Treatment Services	
15. Transportation	
16. Utility Deposits	
Total	\$ -

Operating Budget	
Eligible Costs	CoC Funds Requested
1. Maintenance/Repair	
2. Property Taxes and Insurance	
3. Replacement Reserve	
4. Building Security	
5. Electricity, Gas, and Water	
6. Furniture	
7. Equipment (lease/buy)	
Total	\$ -

HMIS Budget	
Eligible Costs	CoC Funds Requested
1. Equipment	
2. Software	
3. Services	
4. Personnel	
5. Space & Operations	
Total	\$ -

Summary Budget	
Total Acquisition	\$ -
Total Rehabilitation	\$ -
Total New Construction	\$ -
Total Leasing	\$ -
Total Rental Assistance	\$ -
Total Supportive Services	\$ -
Total Operating	\$ -
Total HMIS	\$ -
Subtotal Funding Requested:	\$ -
Admin Costs	-
Total CoC Funding Requested	\$ -
Total Budget for Match Requirement	\$ -

***Admin costs should not exceed 7% of the Subtotal line items or the amount awarded during the previous funding (whichever is lower)**

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Match and Leveraging

Match		
Total Match Required		\$ -
Total Match Percentage		#DIV/0!
Contributer	Cash or In-Kind?	Value of Commitment
Total Match		\$ -

Leveraging		
Total Leveraging Percentage		#DIV/0!
Contributer	Cash or In-Kind?	Value of Commitment
Total Leveraging		\$ -