**Attachment B**

- Budgets Form -

2024 Minneapolis/Hennepin County

Continuum of Care Homeless Assistance Program

**Project Name:**

**Applicant Name:**

**Project Budgets (complete all applicable sections. Submit entire Attachment B with Pre-Application [Attachment A])**

**Project Budget** (Complete all applicable sections)

1. **Rental Assistance Budget**

#### (Only complete for projects requesting HUD rental assistance)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **a. Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area:**  Minneapolis - St. Paul – Bloomington, MN-WI MSA | | | | |
| **b. Check the appropriate box that relates your rent to the published FMR1:**  1% to 99% of FMR  100% of FMR ***(FY2023 figures below)*** | | | | |
| **c. Size of Units** | **d. Number**  **Of Units** | **e. FMR1 or Actual Rent** | **f. Number of Months2** | **g. Total** |
| Efficiency | x | x $932 | 12= | $ |
| 1 Bedroom | x | x $1,078 | 12= | $ |
| 2 Bedroom | x | x $1,329 | 12= | $ |
| **h. Totals3:** | x |  |  | $ |

***1***

1Please be advised that the actual FMRs used in calculating the grant will be those in effect at the time the grant is approved, which may be higher or lower than the FMRs listed above.

2If selected for full application to HUD, the applicant may be able to apply for more than 1 year (up to 5 years) and this calculation can be adjusted at that time***.***

3 Total of line h., column g. must match line 1, column b. on the Project Summary Budget (Attachment A)

**2. Supportive Services Budget** (only complete for services to be provided with HUD funding. Complete to the best of your ability)

|  |  |
| --- | --- |
| **Supportive Services Costs** | **HUD CoC Funding Only** |
| **1. Outreach**  Quantity: (i.e; # of persons to be served, including anticipated turn-over) |  |
| **2. Case Management**  Quantity: |  |
| **3. Life Skills (outside of case management)**  Quantity: |  |
| **4. Alcohol and Drug Abuse Services**  Quantity: |  |
| **5. Mental Health and Counseling Services**  Quantity: |  |
| **6. HIV/AIDS Services**  Quantity: |  |
| **7. Outpatient Health Services**  Quantity: |  |
| **8. Education Services**  Quantity: |  |
| **9. Employment Assistance & Job Training**  Quantity: |  |
| **10. Child Care**  Quantity: |  |
| **11. Transportation**  Quantity: (indicate type of costs- bus tokens, taxi, van purchase, van driver, etc.) |  |
| **12. Housing Search & Counseling Services**  Quantity: |  |
| **13. Other** (must specify **1)**  Quantity: |  |
| **14. Total support service dollars requested in lines 1 to 13: 2** |  |
| 1If not specified, the costs will be removed from the budget. (SSO projects, enter assessment costs here)  2Total of Line 14 must match line 2, column b. on the Project Summary Budget (Attachment A) | |
| **15. Cash and/or in-kind match & other funds to be spent on CoC eligible supportive service activities. 3** |  |
| 3Match- figure 25% of HUD funds as required by the CoC Program Interim Rule, Section 578.73, under the HEARTH Act. Total of Line 15 must match line 5, column c. in the Project Summary Budget. | |

**3. HMIS and Administration** (only complete for projects requesting HUD funds for HMIS and administration costs)

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| --- | --- |
| **HMIS Costs** | **HUD funding** |
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|  |  |
|  |  |
| Administration % and total |  |
| **Total cash and/or in-kind match to be spent on eligible activities. 3** |  |
| TOTAL HMIS and Administration |  |
|  | |
|  |  |
| 3 Match- figure 25% of HUD funds as required by the CoC Program Interim Rule, Section 578.73, under the HEARTH Act. | |