Project Information

| Agency Name: | | | |
|---------------|--|--|--|
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| Project Name: | | | |
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Acq-Rehab- New Construction

| Acquisition/Rehabilitati | ion/New Construction Budget | | |
|--------------------------|-----------------------------|--|--|
| Budget Item | Total CoC Request | | |
| Total Acquisition | | | |
| Total Rehabilitation | | | |
| Total New Construction: | | | |
| Total | \$ - | | |
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Project Staff

| | Proje | ect Staff | | | |
|------------|-------------------------------|---------------------|-----------------------|-------------------|--------------------------------|
| Staff Name | Staff Position/Job Title/Role | Staff Salary | Percent of Staff Time | Indicate how rema | aining balance of staff salary |
| Stall Name | Stati Postdon/Job Hite/Rote | (enter full salary) | Dedicated to Project | iso | compensated |
| | | | | In Kind | Grant |
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Leasing- Rental Assistance

| | | | | _ | | | | | | |
|--|------------------|--------------------------|---|----------------|-----------------|------------------|--|-------------------------|---------|-----------------|
| Le | easing Units Bud | | 1 | | 1 | | | | | |
| Unit Size # of Units Total CoC Request | | | *For leasing program - the amount you are requesting should not exceed the amount | | | | | | | |
| SRO | | | | awarded in the | e previous rour | nd of funding. I | If this is a new le | easing project | you may | |
| 0 bedroom | | | | request up to | the Fair Market | Rent for the U | Jnit Size (see FM | MRs for 2025 br | elow). | |
| 1 Bedroom | | | | | | | | | | |
| 2 Bedroom | | | | | | | | | | |
| 3 Bedroom | | | | | | | | | | |
| 4 Bedroom | | | | | | | | | | |
| | Total | ıl \$ - | | | 1 | | | , | | |
| | | | | | 7 | | | , | | |
| | | | | | 7 | | | , | | |
| | | Rental Assis | stance Budget | | | 1 | | | | |
| | T | 7 | Rental | T , | | | *For rental assistance programs - the amount you are | | | unt you are |
| Unit Size | # Units | # Units 2025 FMR Assista | Assistance | Months | Total CoC | | requesting should not exceed the amount awarded in the | | | |
| | | | Requested | | Request | 1 | previous round of funding. Rental Assistance programs | | | |
| 0 bedroom | | \$ 1,385.00 | | | \$ - | | may request less than the FMR if they choose too, if no please use the 2025 FMRs listed. | | | |
| 1 bedroom | | \$ 1,392.00 | | 12 | \$ - | | | | | , o 100, ii iii |
| 2 bedroom | | \$ 1,686.00 | | 12 | \$ - | | produce doc | 5 EU EU 1 1 11 11 11 11 | Aca. | |
| 3 bedroom | | \$ 2,159.00 | | 12 | \$ - | | | | | |
| 4 bedroom | | \$ 2,523.00 | | 12 | \$ - | | | | | |
| | | 1 | | Total | - | | | | | |
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Supportive Services

| Supportive | Services Budget |
|--|-----------------------|
| Eligible Costs | CoC Funds Requesting |
| ~ | COC Fullus nequesting |
| 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

| | 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 | \$ |
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