

DETAILED PROJECT COST FORM:

Project Name:

Agency Name and Address:

Contact Person:

Contact Phone Number:

Contact Email:

Positions Salary Expenses:	Total Annual Program Costs*	Support from Other Funding Sources	REQUESTED FUNDING from OHCD	Agency Contribution (" Match")
Director				
Supervisors				
Case Managers				
Monitors				
Administrative Staff				
Employee Benefits:				
FICA at 7.65%				
Other Fringe Benefits				
Agency Expenses:				
Rent				
Utilities				
Insurance				
Program Supplies				
Food				
Office Supplies/Equipment				
Security				
Repair & Maintenance				
Other:				
Other:				
Direct Service Costs:				
Homeless Prevention Assistance				
Rental Assistance (1-24 months)				
First/Last/Security				
Hotel/Motel Rooms				
Utility Assistance				
Other:				
Other:				
Totals:				

*Include Code Blue costs, if applicable. **NOTE: Agency can add other line item expenses as needed or remove line items not in the program budget.