

| 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.