

2021 COST FORMS – DUPAGE COUNTY HOMELESS CONTINUUM

Organization Name	
Project Name	
HUD Expiring Grant Number (if renewal)	
Project Start Date	
Project End Date	
Contact Person	
Email address	
Telephone with extension	
Project Budgets	
Grant Term – 1,2,3 years	
Indicate if NEW or Renewal Project	

FUNDING REQUEST

LEASING COSTS

FOR A JOINT TH-RRH, INDICATE THE FOLLOWING:

		Housing Type	Funding Source
Number of TH units			
Number of TH beds			
Number of RRH units			
Number of RRH beds			
Associated address			

Leasing Units - HUD paid amount cannot exceed FY 20 FMR for both new and renewal projects.

LEASING Unit(s)				
8. Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area:				
Chicago-Naperville-Joliet, IL				
c. Size of Units	d. Number of Units	e. HUD Paid Amount	f. Number of Months	g. Totals
0 Bedroom			12	
1 Bedroom			12	
2 Bedrooms			12	
3 Bedrooms			12	
4 Bedrooms			12	
5 Bedrooms			12	
6 Bedrooms			12	
Other: _____			12	
h. Totals:				

LEASED STRUCTURES BUDGET

STRUCTURE NAME	
STREET ADDRESS 1	
STREET ADDRESS 2	
CITY	
STATE	
ZIP	
HUD PAID RENT PER MONTH	
X 12 months for a year	
X Grant term	

TOTAL REQUEST FOR GRANT TERM	
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RENT ASSISTANCE COSTS

Select the "Type of Rental Assistance:" N/A, PRA, TRA, or SRA. (not applicable, project rental assistance, tenant rental assistance, or sponsor rental assistance). _____

Rent Assistance Units – rent must equal HUD FY20 FMR amount for new projects, can be less than FMR for renewal projects.

c. Size of Units	d. Number of Units	e. HUD FMR amount	f. 12 months	g. Total Request
0 Bedroom			12	
1 Bedroom			12	
2 Bedrooms			12	
3 Bedrooms			12	
4 Bedrooms			12	
5 Bedrooms			12	
6 Bedrooms			12	
Other: _____			12	
h. Totals:				

SUPPORTIVE SERVICES BUDGET – HUD funds only

Eligible Costs	Quantity (limit 400 characters)	Annual Request	Grant Term	Total for grant term
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				
17. Operating Costs *				
Total Annual Assistance Request				

****Project applicants may only include “17. Operating Costs” (maintenance, repair, building security, furniture, utilities, and equipment) in the Supportive Services budget, if the costs are for a facility that is used to provide supportive services for program participants.**

OPERATING BUDGET – HUD funds only. May not be included in Rapid Rehousing projects.

Eligible Costs	Quantity (limit 400 characters)	Annual Request	Grant Term	Total for grant term
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 Assistance Requested				

Sources of Match - leveraging is no longer required.

The following list summarizes the funds that will be used as match for the project, both cash and in-kind. On the chart below please list all available cash and in-kind match resources for your program. A 25% match is required for all funds except leasing. Note: use of any In-Kind Match requires an attachment of an executed Memorandum of Understanding verifying the amount listed.

IDENTIFY AS MATCH	TYPE - CASH	GOVT. OR PRIVATE	NAME OF SOURCE	DATE OF WRITTEN COMMITMENT	VALUE (\$)

IDENTIFY AS MATCH	TYPE IN-KIND	GOVT. OR PRIVATE	NAME OF SOURCE	DATE OF WRITTEN COMMITMENT	VALUE (\$)

Note – To add more lines in chart, click onto the row just above.

SUMMARY FOR MATCH

TOTAL VALUE OF CASH COMMITMENTS	
TOTAL VALUE OF IN-KIND COMMITMENTS	
TOTAL VALUE OF ALL COMMITMENTS	

Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Answer “Yes” or “No.” If “Yes,” the following questions and text box will appear. If “No,” no further response is required Yes No

Briefly describe the source of the program income: Enter a description of the source of program income. **Note:** CoC-generated program income includes occupancy charges paid to the recipient or subrecipient. These amounts are considered program income and **may** be used as match funds

Estimate the amount of program income that will be used as Match for this project: Enter estimated amount in the field provided.

PROJECT SUMMARY BUDGET .

GRANT TERM - 1 YEAR 2 YEARS 3 YEARS

Eligible Costs	Annual Assistance HUD Dollars Request	X Grant Term – only for new projects	= Total Assistance for Grant Term
1a. Leased Units			
1b. Leased Structures			
2. Rent Assistance			
3. Supportive Services			
4. Operating			
5. HMIS			
Subtotal Costs Requested			
Administrative Costs (Up to 10%)			
Total Assistance plus Admin Requested			
Cash Match Amount*			
In-Kind Match*			
Total Match			
Total Budget			

* The sum of cash and in-kind match must equal 25% of all assistance requested except Leased Units and Leased Structures.