

## 2023 COST FORMS – DUPAGE COUNTY HOMELESS CONTINUUM

<b>Organization Name</b>	
<b>Project Name</b>	
<b>HUD Expiring Grant Number (if renewal)</b>	
<b>Project Start Date</b>	
<b>Project End Date</b>	
<b>Contact Person</b>	
<b>Email address</b>	
<b>Telephone with extension</b>	
<b>Project Budgets</b>	
<b>Indicate if NEW or Renewal Project</b>	

### FUNDING REQUEST

### LEASING COSTS

FOR A JOINT TH-RRH, INDICATE THE FOLLOWING:

		Housing Type	Funding Source
<b>Number of TH units</b>			
<b>Number of TH beds</b>			
<b>Number of RRH units</b>			
<b>Number of RRH beds</b>			
<b>Associated address</b>			

**Leasing Units - HUD paid amount cannot exceed FY23 FMR for both new and renewal projects.**

<b>LEASING Unit(s)</b>				
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	
<b>h. Totals:</b>				

### 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	

## 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 FY23 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	
<b>h. Totals:</b>				

## 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 *				
<b>Total Annual Assistance Request</b>				

**\*\*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)				
<b>Total Assistance Requested</b>				

**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**

<b>TOTAL VALUE OF CASH COMMITMENTS</b>	
<b>TOTAL VALUE OF IN-KIND COMMITMENTS</b>	
<b>TOTAL VALUE OF ALL COMMITMENTS</b>	

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**

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			
<b>Subtotal Costs Requested</b>			
<b>Administrative Costs (Up to 10%)</b>			
<b>Total Assistance plus Admin Requested</b>			
<b>Cash Match Amount*</b>			
<b>In-Kind Match*</b>			
<b>Total Match</b>			
<b>Total Budget</b>			

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