2024 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 |  |
| 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 FY24 FMR for both new and renewal projects.**

|  |
| --- |
| **LEASING Unit(s)**  |
| 1. **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 |  |

**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 FY24 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**

|  |  |  |  |
| --- | --- | --- | --- |
| 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.**