



Using the Budget Tool Guidance

Opening the Tool

When you download and open the excel file, it opens to this page:

	A	B	C	D	E
1	Using the rental assistance amount from the chart above, complete the budget below for the project that you are requesting assistance for this grant request.				
2	Eligible costs are line itemed below. <b>Do not enter information into this chart. It should self-fill based on other charts. Only double check information. (4 Points)</b>				
3					
4	<b>Eligible Costs</b>		<b>Annual Rental Assistance Requested by Applicant</b>	<b>Applicant's Grant Term (in Years)</b>	<b>Total Assistance Requested for Grant Term by Applicant</b>
5	2. Rental Assistance		\$0.00	3	\$ -
6	3. Supportive Services		\$0.00	3	\$ -
7	4. Operating			3	\$ -
8	5. HMIS				\$ -
9	6. Sub-total Costs Requested				\$ -
10	7. Admin (up to 10%)				\$ -
11	8. Total Assistance plus Admin Requested				\$ -
12	9. Cash Match				\$ -
13	10. In-Kind Match				\$ -
14	<b>Total Match (Must be at a minimum of 25% of project budget):</b>				
15	<b>\$0.00</b>				
16	<b>Will turn red if does not match the "Match" page budget.</b>				
17	<b>Rural Set Aside Capacity Building (up to 20% of subtotal of all BLUs+ Admin)</b>				
18	<b>Total Budget</b>				
19					
20					

Please note, at the top it reads: "Do not enter information into this chart. It should self-fill based on other charts. Only double check information."

This is where your final budget information will appear, due to the formulas already in the tool.

16	<b>Will turn red if does not match the "Match" page budget</b>	
17	<b>Rural Set Aside Capacity Building (up to 20% of subtotal of all BLUs+ Admin)</b>	
18	<b>Total Budget</b>	
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To navigate to the first chart in this workbook, use the arrows or three dots at the bottom left hand corner of the screen. Use these tabs at the bottom to navigate through all pages of this workbook.





**Household Served**

Please enter the numbers below.  
For the purpose of a HUD application, children are considered youth under the age of 18.

	Total Households	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronically Homeless Non-Veterans	Chronic Substance Abuse	Domestic Violence	HIV/AIDS	Severely Mental Ill	Developmentally Disabled	Physical Disabilities
Households with Adults Only	0	0	0	0						
Households with Adults and Children	0	0	0	0						
Households with Children Only	0	0	0	0						
<b>Total**</b>	0									

\*\*The total should match total units on the previous sheet

This page supports the previous. Fill in with data pertaining to the household types housed in your project. If your project has no units/bed move on to the Supportive Services Budget page of the tool.

**Rental Assistance Budget**

Budget Detail (Chart #1): Enter number of units by unit type, and add the applicable Fair Market Rent (FMR). The formulas will calculate, using applicable FMR level (added by applicant), multiply units times 12 (3-year term) to equal total request. The County of location for the unit or administrative offices will be used for the FMR. Please visit HUD's FMR website for more information. <https://www.huduser.gov/portal/datasets/fmr.html>

County: 0

Size of units for rental assistance or leasing	# of units	FMR AREA	36 MONTHS (3 year of grant, multiply FMR x 12 months to equal total request)	Total Request
SRO			36	\$0.00
0 BEDROOM			36	\$0.00
1 BEDROOM			36	\$0.00
2 BEDROOM			36	\$0.00
3 BEDROOM			36	\$0.00
4 BEDROOM			36	\$0.00
5 BEDROOM			36	\$0.00
6 BEDROOM			36	\$0.00
7 BEDROOM			36	\$0.00
8 BEDROOM			36	\$0.00
9 BEDROOM			36	\$0.00
Total units and annual Assistance requested	0			\$0.00
Total units and grant term assistance requested	0			\$0.00

Determine the number of units your organization plans to support with this grant for the three year period for rental assistance or leasing. This chart will generate a dollar amount and provide you with the total you will need to request for your unit coverage plans. If your project has no units/bed move on to the Supportive Services Budget page of the tool.



**Supportive Service Budget**

Enter the quantity and total budget request for each supportive services cost. The budget form will use an annual budget to calculate the total of 3 years in supportive service. When including staff costs, please include title, salary and number of FTEs. (4 Points)

Eligible Costs	Quantity Description (max 400 characters)	One Year Budget Request	Total Assistance Requested
Assessment of Service Needs			0
Assistance with Moving Costs			0
Case Management			0
Child Care			0
Education Services			0
Employment Assistance			0
Food			0
Housing Search/Counseling Services			0
Legal Services			0
Life Skills			0
Mental Health Services			0
Outpatient Health Services			0
Outreach Services			0
Substance Abuse Treatment			0
Transportation			0
Utility Deposits			0
Operating Costs			0
<b>Rural Set Aside Only- Seciont 491 Activities</b>			0
Total Annual Assistance Requested			\$0.00
Grant Term		3	
Total Request for 3 year Grant Term			\$0.00

Enter your One Year Budget Request for eligible costs for supportive services under the Supplemental NOFO. Use the Quantity Description column to explain this request.

Example:

Eligible Costs	Quantity Description (max 400 characters)	One Year
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Child Care		
Education Services		
Employment Assistance		
Food	Provide Food boxes for 50 low income families a month. Cost per box-55\$ for 12 months.	33000
<b>Total Annual Assistance Requested</b>		<b>\$33,000.00</b>
<b>Grant Term</b>	<b>3</b>	
<b>Total Request for 3 year Grant Term</b>		<b>\$99,000.00</b>

\*Note- images may appear different from what you see in your Budget Tool. Elements were adjusted for visual clarity.

The workbook will produce the amount needed to be requested for 3 grant years, based on your One Year Budget Request.

**HMIS Budget-** Only complete the HMIS Budget page if you are the HMIS Lead for the MO BoS CoC, otherwise move on.





**Project Budget:**

Eligible Costs	Annual Rental Assistance Requested by Applicant	Applicant's Grant Term (in Years)	Total Assistance Requested for Grant Term by Applicant
2. Rental Assistance	\$0.00	3	\$ -
3. Supportive Services	\$33,000.00	3	\$ 99,000.00
4. Operating		3	\$ -
5. HMIS			\$ -
6. Sub-total Costs Requested			\$ 99,000.00
7. Admin (up to 10%)			\$ 9,900.00
8. Total Assistance plus Admin Requested			\$ <b>108,900.00</b>
9. Cash Match			\$ 32,670.00
10. In-Kind Match			\$ -
Total Match (Must be at a minimum of 25% of project budget):			
<b>\$32,670.00</b>			
Will turn red if does not match the "Match" page budget.			
Rural Set Aside Capacity Building (up to 20% of subtotal of all BLIs+ Admin)			\$ 21,780.00
Total Budget			\$ <b>163,350.00</b>

Items to note: This is not a complete budget, it is an example. This workbook has already calculated the Admin 10% addition to the Budget. The Total Assistance plus Admin Requested plus the Rural Set Aside Capacity Building will be your **Funding Request** as a project.  
 $108,900 + 21,780 = \mathbf{130,680}$  for this example.