Supplemental NOFO 2022

Missouri Balance of State Continuum of Care



MO BoS CoC Budget Tool Guidance

Using the Budget Tool Guidance

Opening the Tool

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

	A	В	C	D	E	
1	Using the rental assistance amo	ount from the chart above, comp	lete the budget below for the pr	oject that you are requesting as	sistance for this grant request.	
2	Eligible costs are line itemed be	elow. Do not enter information i	into this chart. It should self-fill	based on other charts. Only doe	uble check information. (4 Points)	
3						
	Eligible Costs		Annual Rental Assistance	Applicant's Grant Term (in	Total Assistance Requested for Grant	
4	Lighte costs		Requested by Applicant	Years)	Term by Applicant	
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 Re	quested			\$ -	
12	9. Cash Match				\$ -	
13	10. In-Kind Match				\$ -	
14	Total Match (Must be at a minimu	um of 25% of project budget):				
15	\$0.00					
16	Will turn red if does not match th	e "Match" page budget.				
	Rural Set Aside Capacity Building	(up to 20% of subtotal of all BLIs+			ć	
17	Admin)				· ·	
18	Total Budget				\$ -	
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.

Crack State	16	Vill turn red if does not match the "Match" page buc					
		Rural Set Aside Capacity Building (up to 20% of subto					
	17	Admin)					
	18	Total Budget					
	19						
	20						
	21						
	22						
	23						
	24						
	25						
	26						
	27						
	28						
	29						
	30						
	31						
	32						
		Households Served Rental Assistance					
and the second second	Des	dy					

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.

Supplemental NOFO 2022

MO BoS CoC Budget Tool Guidance

Missouri Balance of State Continuum of Care



Total Project Units and Type

This workbook is a s	ummary of o	charts requ	ired b	y HUD ir	the CoC	s applic	ation.
Please complete or e	enter in the	cells highl	ighted	in orang	e only.		
	E-t North						
▼	Enter Numb	er					
Total Units		0					
lotal Beds		0					
Total Chronic Beds		0					
Housing Type	Check One						
Barracks							
Dormitory-shared							
Shared Housig							
Single Room Occupancy							
Clustered Apartments							
Single Family Housing							
Scattered Site aparements							
Address of Units							
City							
State							
County							
Zip							
If you have scattered site u	nits, use the sit	e of the admir	nistration	n office.			
► Total Project U	nits and Type	Households S	anyod	Pontal Acci	stance Pudget	Supp	artivo Convice

ady

Enter information pertaining to your project. If you have no units/beds, move on to the Supportive Services Budget page of the tool.

Supplemental NOFO 2022 MO BoS CoC Budget Tool Guidance

Missouri Balance of State Continuum of Care



Household Served

	-										
	Please enter the nubers below.										
	For the purpose of a HUD application, childre	en are consider	red youth under t	he age of 18.							
I											
			Chronically	Non-Chronically	Chronically	Chronic					
		Total	Homeless	Homeless	Homeless Non-	Substance	Domestic		Severely	Developmentally	Physic
		Households	Veterans	Veterans	Veteras	Abuse	Violence	HIV/AIDS	Mental III	Disabled	Disab
I	Households with Adults Only	0	0	0	0						
I	Households with Adults and Children	0	0	0	0						
	Households with Children Only	0	0	0	0						
Ī	Total**	0									
1	**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 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.

Supplemental NOFO 2022 MO BoS CoC Budget Tool Guidance

Missouri Balance of State Continuum of Care



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
Rural Set Aside Only- Seciont 491 Activities			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 De	escription (max 40	00 chara	acters)	One Year
Assessment of Service Needs					
Assistance with Moving Costs					
Case Management					
Child Care					
Education Services					
Employment Assistance					
Food	Provide Food month. Cost	boxes for 50 low per box-55\$ for 12	income 2 month	families a s.	33000
Total Annual Assistance Requested				\$3	3,000.00
Grant Term		3			-
Total Request for 3 year Grant Term				\$9	9,000.00
1					

*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.

Supplemental NOFO 2022

MO BoS CoC Budget Tool Guidance

Missouri Balance of State Continuum of Care



Match:

A minimum of 25% of the project budget must be matched from the requesting agency. This tool is to help the project be mindful of the amount that is expected. It is not required by the Lead Agency to fill this sheet out. The Lead Agency of the CoC requires a Minimum Match Letter from your agencies, agreeing that you will provide the Minimum Match Amount.

A minimum of 25% of the project budget must be matched from the requesting agency, including Capacity Building for Rural Set Aside. Proof of the match amount needs to be listed below. All documentation of match sources and amounts will be needed to be provided to IHCDA Community Services before a grant agreement will be issued. (1 Points)							
Type of Match (i.e.: Cash or In-kind)	What is the Source of the Contribution (i.e.: name of the grantor or where funds come from)	Identify Source of Contribution as Government or Private funds	Date of Written Commitment (i.e.: when was money received or committed from the donor)	Amount of Written Commitment (i.e.: how much is total grant/donation and how much will be used for matching purposes for this request)			
-							
Annual CASH Match:							
Annual In-Kind Match:							
Total Match (for 3 year grant)	\$ -						
What eligibility requirements do th	e funder(s) have for this project?						

*Tip- Toggle to the Project Budget Page to see what your calculated minimum match will be for the three year grant period. See example below.

Elizible Cente	Annual Rental Assistance	Applicant's Grant Term (in	Total Assistance Requested for Grant
	Requested by Applicant	Years)	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			\$ 108,900.00
9. Cash Match			\$ -
10. In-Kind Match			\$ -
Total Match (Must be at a minimum of 25% of project budget):			
\$32,670.00			
Will turn rea if does not match the "Match" page budget.			
Rural Set Aside Capacity Building (up to 20% of subtotal of all BLIs+			¢ 31.780.00
Admin)			\$ 21,780.00
Total Budget			\$ 130,680.00

The worksheet has calculated my potential Minimum Match based on the funding requests in the sheet thus far. It is highlighted in red because I have not input my Minimum Match numbers yet. Divide this number by 3 to get your annual Minimum Match cost to plug into your Match Worksheet page. Again, the additional items on this sheet are elements of the Tool, so the project may be mindful of where minimum match funding is coming from. This is not required to turn into the Lead Agency for this internal CoC Application, however it may be required for your Project's e-snaps application. Return to the Match page and plug in your annual Minimum Match budget. Once the number match, the cell will no longer be red.

Supplemental NOFO 2022 MO BoS CoC Budget Tool Guidance

Missouri Balance of State Continuum of Care



Project Budget:

	Annual Rental Assistance	Applicant's Grant Term (in	Total Assistance Requested for Grant
Eligible Costs	Requested by Applicant	Years)	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			\$ 108,900.00
9. Cash Match			\$ 32,670.00
10. In-Kind Match			\$ -
Total Match (Must be at a minimum of 25% of project budget):			
\$32,670.00			
Will turn red if does not match the "Match" page budget.			
Rural Set Aside Capacity Building (up to 20% of subtotal of all BLIs+			\$ 21,780,00
Admin)			\$ 21,780.00
Total Budget			\$ 163,350.00

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= **130,680** for this example.