



US DEPARTMENT OF HOUSING & URBAN DEVELOPMENT

OMB Approval No. 2502-0447
(exp 11/30/2018)

4. Budget Summary: Total Revenue and Expenses								
SCMF Budget Summary	Expense Totals	Fund Sources Total	SCMF Grant	Residual Receipts	Rental Assistance	Debt Service Savings	Other Sources	Amount Remaining to Apply
a. Personnel (Direct Labor)								
b. Fringe Benefits								
c. Quality Assurance								
d. Training								
e. Travel								
f. Supplies and Materials								
g. Other Direct Costs								
h. Indirect Costs								
j. Grand Total								
Revenue-Expense								
	Check Figures							

Instructions: Indicate the amount of funding estimated to come from each funding source, by line item.
The total of funds in each column (Row 24) should be the same as the totals calculated in the itemized budget on Tab 2.

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Section I: Project Information	
<p>Provide the information requested for each housing site that is included in your application and that will be served by the Service Coordination Team. On Tab 1: Project Information, list the following in the appropriate column:</p> <ul style="list-style-type: none"> •Project Name and Address in Column A •Project Type (Sec. 202, 236, 221 (d)(3)BMIR or Section 8) in Column B •FHA or Project Number in Column C •GrantSolutions Grant Number in Column D •Contract Number in Column E •Number of Subsidized Rental Units in Column F <p>If the Service Coordination Team will serve multiple eligible projects, list the individual projects and state the proportionate amount of time planned at each site. Be sure to include all SC activities, whether funded by the SCMF grant, Budget-Based funds or Other Sources -- this listing should reflect the full scope of services offered, regardless of the source of funding. List the following information in the appropriate column:</p> <ul style="list-style-type: none"> •Project Name in Column A •Number of Hours per Site in Column B 	
Section II: Expense Information	
<p>Provide the budget information requested for the entire scope of services at all sites that will be provided by the Service Coordination Team. On Tab 2: Budget Detail, list the following information in the appropriate column:</p>	
a. Salary/Direct Labor Costs	<p>This section should show the salary/labor costs for the Service Coordinators and/or aides.</p> <ul style="list-style-type: none"> •List their job title and any professional certification in Column A. •Enter their hourly labor cost in Column C. For salaried employees use 2,080 work hours per year, or the value your organization uses, to perform this calculation. •Enter the number of hours they will work in Column D. <p>Do not show fringe benefits, third-party contracts, indirect, or any other costs in this section.</p>
b. Fringe Benefits	<p>This section should show the fringe benefits costs for the Service Coordinators and/or aides.</p> <ul style="list-style-type: none"> •Use the same fringe rate that is standardly used by your organization for all staff. •List each of the individual fringe charges in Column A. •Enter the 'Rate for Calculating Cost' as a percentage in Column C. •Enter the Total Direct Labor Cost (cell E24) as the base for the calculation in Column D. <p>If your organization calculates fringe benefits differently, you may use a different base and then please use as much space as needed in Column A to discuss how you calculate fringe benefits and the elements that are included. Show the individual elements in Columns C & D.</p>
c. Quality Assurance (QA)	<p>Based on the third-party contracts you have in place or anticipate:</p> <ul style="list-style-type: none"> •List the title of the professional (e.g. MSW) who will be performing QA in Column A. •Enter their rate per hour in Column C. •Enter the number of hours over the year you expect to use them in Column D. <p>Please remember that Quality Assurance activities are limited to program evaluation and the cost cannot exceed 10% of Cell E24, 'Estimated Annual Cost' for Salary/Direct Labor.</p>
d. Training	<p>To the extent known: Give fees and rates for appropriate training programs, to the extent known. Otherwise estimate and provide basis for the anticipated cost.</p> <ul style="list-style-type: none"> •Describe the training(s) to be undertaken in Column A. •Enter the rate per hour in Column C. •Enter the number of hours anticipated in Column D. <p>If actual information is not known, please estimate and provide bases for anticipated costs.</p>
e. Travel	<p>To the extent that you have the information, please detail local travel and travel for training:</p> <ul style="list-style-type: none"> •Describe the travel to be undertaken in Column A. -For local travel describe the means of travel (e.g. private vehicle, public transit), the distance between remote sites and the main location, and the frequency of travel between sites. -For travel to training include information regarding the destination, means of travel (air, train, personal vehicle, etc.), number of nights lodging and purpose of the trip. <p>List airfare), other (quantity & unit cost) and per diem (# days & daily rate)</p> <ul style="list-style-type: none"> •Enter the 'Cost Basis' (rate per mile, transit pass cost, airfare, lodging etc.) in Column C. •Enter the quantity (# of trips or months, # of nights lodging/per diem, etc.) in Column D. <p>If actual information is not known, please estimate and provide bases for anticipated costs.</p>
f. Supplies and Materials	<p>List the supplies you propose to purchase. Detail individual items, unit cost and quantity to be purchased; include replacement of office equipment. Do not lump items together. You can use an anticipated consumption rate to estimate the cost of office or other common supplies:</p> <ul style="list-style-type: none"> •Describe the supplies and materials to be purchased in Column A. •Enter the Estimated Unit Cost for each element in Column C. •Enter the Quantity to be purchased in Column D.

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g. Other Direct Costs	>Third-Party Contracts for professional services, such as QA & Service Coordination, >Communication costs such as telephone and internet service, and >Business expenses, such as printing, postage, and maintenance of office equipment, when such costs are attributable to the SC program only. Enter information regarding all Other Direct Costs. List and describe individual elements: •Describe the contracts or other elements in Column A. •Enter the Estimated Unit Cost for each in Column C.
i. Indirect Costs	To be used only by entities with a HUD-approved Indirect Cost Rate. •Describe the Indirect Cost Rate in effect in Column A. •Enter the Indirect Cost Rate, approved by HUD, in Column C.
k. Contracts (Sub-Grantees)	If you will contract with a public or private agency to provide the Service Coordinator or Quality Assurance, list the activities and costs included in the contract in this section.

Section III: Funding Sources

Housing owners can use any of the five funding sources to pay the costs of a Service Coordinator program. You may use these resources individually or in combination with each other. Indicate which funding sources you propose to use, and the dollar amount. (In Section 4 you will have the opportunity to match funding sources to specific expense line items.) On Tab 2: Budget Detail, list the following information in the appropriate column:
 •For Line Items 3.l – 3.p, list the source of funding in Column A and the amount of funding in Column C.

Section IV: Budget Summary

Housing owners can use any of the five funding sources to pay the costs of a Service Coordinator program. Section 4 allows you to match individual funding sources to specific line item activities. Please include all sources and uses of funds, including SCMF Grant funds, Budget-Based funds and Other Sources, such as gifts, fund raising and philanthropy. On Tab 3: Budget Summary, indicate the amount of funding estimated to come from each funding source, by line item row:
 •List SCMF Grant funds in Column D
 •List Residual Receipts in Column E
 •List Rental Assistance in Column F
 •List Debt Service Savings in Column G
 •List Other Funding Sources in Column H

Please note that in each column, the cell in row 24 (e.g., D24, E24, etc.) should be the same as the totals on Tab 2: Budget Detail, Section 3 for these various funding sources.

The public reporting burden for this collection of information for the Multifamily Housing Service Coordinator Programs is estimated to average 4 hours per response for applicants, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information and preparing the application package for submission to HUD. When providing comments, please refer to OMB Approval No. 2502-0447. HUD may not conduct, and a person is not required to respond to, a collection of information unless the collection displays a valid control number. The information submitted in response to the Annual renewal Guidance for the Service Coordinator Program is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 1989 (Public Law 101-235, approved December 15, 1989, 42 U.S.C. 3545).

Service Coordinators in Multifamily Housing Program	
Eligible Costs	<ul style="list-style-type: none"> • Salary, fringe benefits, and related administrative costs • Quality assurance • Training • Travel • Creation of office space • Purchase of office furniture <ul style="list-style-type: none"> • Equipment • Supplies • Computer hardware & software • Internet services • Indirect administrative costs.
Quality Assurance Restrictions	Quality Assurance (QA) cannot exceed 10 percent of the Service Coordinator's salary. Eligible QA activities are those that evaluate your program to assure that the position and program are effectively implemented.
Training Requirements	All service coordinators working in HUD-assisted multifamily housing designated for the elderly and people with disabilities must conform to the Office of Multifamily Housing's Training Guidelines. See Multifamily Guidelines for additional info: https://www.hud.gov/sites/documents/DOC_25245.PDF
Start-up Cost Restrictions	Reasonable costs associated with setting up a confidential office space for the Service Coordinator are allowable. Such expenses must be one-time only
Ineligible Costs	<ul style="list-style-type: none"> • Food • Coffee/creamer/ sugar/cups • Eating utensils/plates/ • Beverages • Gifts to residents/or staff • Costs associated with parties or meals (even for residents) • Restaurant meals/travel not associated with approved training and/or not included in the approved budget • Entertainment/classes for residents • Computer hardware/software or other equipment not used/required by the service coordinator <p>Additional ineligible costs per the NOFA:</p> <ul style="list-style-type: none"> • Supervision performed by property management staff. (Management fees already pay for such supervision.) • Cost overruns associated with creating private office space; • Usual audit and legal fees; • Application preparation and submission; • Increasing management fees. • Service Coordinator-related training courses for property management staff who do not directly provide Service Coordination. Owners must use their management fees to pay this expense. • Pay PAC members for their services.