



US DEPARTMENT OF HOUSING & URBAN DEVELOPMENT

Owner (Applicant) Legal Name:	Brockton Senior Housing
Owner (Applicant) Address:	45 School St, Brockton, MA 02301

1. Project Information: *Please provide the information for every project included in your request*

Project Name and Address	Project Type <i>Sec. 202, 236, 221 (d)(3)BMIR or Section 8</i>	FHA or Project Number	GrantSolutions Grant Number	Contract Number	Number of Subsidized Rental Units
Harmony House, 123 Easy St, Brocton, MA 01301	202	023-EE-001	MFSC-180000	MA-06S00000	60
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-

Total # of Residents Served in this Proposal:	60
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If the SC 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 MFSC grant, Budget-Based funds or Other Sources -- this listing should reflect the full scope of services offered, regardless of the source of funding.

Project Names:	Number of Hours per Site
Porter Pond Manor	4.00
Waldo Lake Estates	4.00
Harmony House	32.00
	-
	-
	-
Total Number of Hours at All Sites:	40.00

Signature:		Date:	10/15/2018
Contact Name and Title:	John R. Adams		
Phone:	505-580-7123	Email:	jadams@brocktonSH.org



**US Department of Housing
and Urban Development**

2. Line Item Expenses:					4. Application of Funding Sources to Specific Expense Items:						
a. Salary/Direct Labor – Identify Positions (e.g. 'SC' or 'Aide') and Professional Licensure (e.g. 'MSW')					Rate per Hour	Number of Hours	Estimated Annual Cost	Amount MFSC Grant	Amount Other Sources	HUD Approved Adjustments	Total All Sources
1.0 FTE Service Coordinator (MSW)					\$16.00	2,080	33,280	30,210	3,070	-	33,280
Subtotal Salary/Direct Labor Costs							33,280	30,210	3,070	-	33,280
b. Fringe Benefits – List and describe all benefits and taxes included; specify individual bases for costs					Rate for Calculating Cost	Cost Base	Estimated Annual Cost	Amount MFSC Grant	Amount Other Sources	HUD Approved Adjustments	Total All Sources
Medical and Dental Insurance					16.00%	33,280	5,325	5,325			5,325
Employer Matching Contribution to Employees Retirement Fund					2.80%	33,280	932	932			932
Federal Social Security Tax - Employer Portion					6.20%	33,280	2,063	2,063			2,063
Medicare Tax - Employer Portion					1.45%	33,280	483	483			483
Life and Disability Insurance					3.55%	33,280	1,181	1,181			1,181
Subtotal Fringe Benefits Cost					30.00%		9,984	9,984			9,984
c. Quality Assurance/Program Evaluation Remember that QA costs cannot exceed 10% of Salary/Direct Labor Costs (item 2.a)					Rate per Hour	Number of Hours	Estimated Annual Cost	Amount MFSC Grant	Amount Other Sources	HUD Approved Adjustments	Total All Sources
Boston College School of Social Work					\$90.00	36.00	3,240	3,240			3,240
Subtotal Quality Assurance Costs							3,240	3,240			3,240
d. Training – List fees & rates to the extent known; provide basis for projected costs					Cost Basis	Number of Hours	Estimated Annual Cost	Amount MFSC Grant	Amount Other Sources	HUD Approved Adjustments	Total All Sources
AASC-sponsored training curriculum					\$50.00	12.00	600	600			600
Subtotal Training Costs							600	600			600
e. Travel – Detail local travel (e.g. private vehicle, mileage & rate per mile) and travel for training: airfare (trips & fare), other (quantity & unit cost) and per diem (# days & daily rate)					Cost Basis	Quantity	Estimated Annual Cost	Amount MFSC Grant	Amount Other Sources	HUD Approved Adjustments	Total All Sources
Local Travel - weekly trip from primary office location to 2 satellite locations:							-	-			-
50 trips per year x 60 miles @ \$5.45 per mile					\$32.70	50	1,635	702	933		1,635
Travel expenses for mandatory training:							-	-			-
Airfare from Boston, MA to Denver, CO					\$450.00	1	450	450			450
Conference Hotel - 4 nights lodging					\$150.00	4	600	600			600
Per Diem costs - 4 days during conference					\$50.00	4	200	200			200
Reimbursement for airport parking - 5 days @\$12 per day					\$12.00	5	60	60			60
Reimbursement for mileage from home to airport - RT mileage = 40 miles					\$0.55	40	22	22			22
Subtotal Travel Costs							2,967	2,034	933		2,967
f. Supplies and Materials – Detail individual items to be purchased, unit cost and quantity; include replacement of office equipment. Do not lump items together.					Estimated Unit Cost	Quantity	Estimated Annual Cost	Amount MFSC Grant	Amount Other Sources	HUD Approved Adjustments	Total All Sources
Ink cartridge/toner for printer/copier/scanner/fax machine					\$54.00	3	162	162			162
Copy paper					\$52.00	2	104	104			104
Easel pad					\$23.00	2	46	46			46
Subtotal Supplies & Materials Costs							312	312			312
g. Other Direct Costs – List & describe individual Third-Party Contracts for professional services, such as QA & Service Coordination.					Estimated Unit Cost	Quantity	Estimated Annual Cost	Amount MFSC Grant	Amount Other Sources	HUD Approved Adjustments	Total All Sources
Third-party Contracted SC Aide - Porter Pond Manor and Waldo Lake Estates: 400 hours @ \$11/hour					\$11.00	400	4,400	4,400			4,400
Dues: AACS & MASC - MSW staff only					\$225.00	1	225	225			225
AASC Online subscription - annual fee for 1 user					\$595.00	1	595	595			595
Mobile phone & data service - monthly cost for 1 user					\$75.00	12	900	900			900
Subtotal 'Other Direct Costs'							6,120	6,120			6,120
h. TOTAL DIRECT Costs							56,503	52,500	4,003		56,503
i. Indirect Costs – List indirect cost rate, if approved by HUD					Approved Indirect Cost Rate		Estimated Annual Cost	Amount MFSC Grant	Amount Other Sources	HUD Approved Adjustments	Total All Sources
HUD-approved de minimis indirect cost rate					10.0%		5,650	5,250	400		5,650
j. GRAND TOTAL ALL Costs							62,153	57,750	4,403		62,153
k. Subcontracts/Subgrantee Agreements – If you plan to contract out for a Service Coordinator or for Quality Assurance, list specific contracts, describe the scope of services and the related costs.											
Line 38: One-year contract for QA with Boston College School of Social Work, Newton, MA: ongoing QA monitoring & consulting, 3 hrs/mo @ \$90/hr; \$3,240 total											
Line 86: One-year contract for SC Aide with SE Mass Service Coordinators; 8 hrs/week @ \$11/hr; \$4,400 total annual cost											
3. Funding Sources (Indicate all that apply)											

Housing owners can use any of the four 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, by giving the dollar amount, the number of years and months during which you will use the funds, and the exact time period, (e.g. from Jan 1, 2019 to Dec 31, 2019).

i. MFSC Grant		\$ Amount	Percent of Total Estimated Costs
MFSC-180000		56,000	
Offset from 2017		1,750	
	Subtotal MFSC Grant Funds	57,750	92.9%
m. Residual Receipts		\$ Amount	Percent of Total Estimated Costs
FY 2017		1,403	
		-	
	Subtotal Residual Receipts	1,403	2.3%
n. Rental Assistance		\$ Amount	Percent of Total Estimated Costs
		-	
		-	
	Subtotal Rental Assistance	-	0.0%
o. Debt Service Savings		\$ Amount	Percent of Total Estimated Costs
		-	
		-	
	Subtotal Debt Service Savings	-	0.0%
p. Other Sources (e.g. Gifts, Fundraising & Philanthropy)		\$ Amount	Percent of Total Estimated Costs
Brockton United Way		3,000	
		-	
	Subtotal Other Sources	3,000	4.8%
q.	GRAND TOTAL ALL Sources	62,153	100.0%



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4. Budget Summary: Total Revenue and Expenses

MFSC Budget Summary	Expense Totals	Fund Sources Total	MFSC Grant	Residual Receipts	Rental Assistance	Debt Service Savings	Other Sources	Amount Remaining to Apply
a. Personnel (Direct Labor)	33,280	33,280	30,210	70			3,000	-
b. Fringe Benefits	9,984	9,984	9,984					-
c. Quality Assurance	3,240	3,240	3,240					-
d. Training	600	600	600					-
e. Travel	2,967	2,967	2,034	933				-
f. Supplies and Materials	312	312	312					-
g. Other Direct Costs	6,120	6,120	6,120					-
h. Indirect Costs	5,650	5,650	5,250	400				-
j. Grand Total	62,153	62,153	57,750	1,403	-	-	3,000	-
Revenue-Expense		-						
Check Figures		62,153	57,750	1,403	-	-	3,000	0

Instructions: Indicate, by line item, the amount of funding estimated to come from each funding source. The **Grand Total** on Row 22 in Columns D-H should equal the amounts shown on Row 24, which are brought forward from Tab 2: **Budget Detail**.

Section I: Project Information

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:

- 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

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 MFSC 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:

- Project Name in Column A
- Number of Hours per Site in Column B

Section II: Expense Information

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:

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:</p> <p>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. <p>-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.</p> <p>-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> <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.
g. Other Direct Costs	<p>>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.</p> <p>Enter information regarding all Other Direct Costs. List and describe individual elements:</p> <ul style="list-style-type: none"> •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. <ul style="list-style-type: none"> •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	
<p>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:</p> <ul style="list-style-type: none"> •For Line Items 3.I – 3.p, list the source of funding in Column A and the amount of funding in Column C. 	
Section IV: Budget Summary	
<p>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 MFSC 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:</p> <ul style="list-style-type: none"> •List MFSC 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 	
<p>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.</p>	

Multifamily Housing Service Coordinator

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	<p>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.</p>	
Training Requirements	<p>All service coordinators working in HUD-assisted multifamily housing designated for the elderly and people with disabilities must</p> <p style="text-align: center;">See Multifamily Guidelines for additional info: http://portal.hud.gov/hudportal/documents/huddoc?id=DOC_25245.pdf</p>	
Start-up Cost Restrictions	<p>Reasonable costs associated with setting up a confidential office space for the Service Coordinator are allowable. Such expenses</p>	
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.