U.S. Department of Housing and Urban Development

Office of Housing

The public reporting burden for this collection of information for the Multifamily Housing Service Coordinator Program is estimated to average 2 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. HUD may not conduct, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. HUD collects this information under Section 671 of the Housing and Community Development Act of 1992, and uses this information to determine an applicant's need for and capacity to administer grant funds. The information submitted is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 1989 (42 U.S.C. 3545). Providing this information is required to obtain benefits.

 	,					
Name and Address of Grantee/Owner:						
1. Project Information: Please provide the inform					1	T
a. Project Name and Addre	ess	b. Project Type (i.e. Se 221(d)(3)BMIR, or		c. FHA or Project Number:	d. Section 8 Number	e. # of Subsidized Rental Units
		22 I(u)(3)DIVIIN, 01	360. 0	Number.		Neritai Oriits
	T.,				1	l
f. Resident Information	Number of Residents	% of Total Residents			e multiple eligible projec	
Estimate # of Frail Elderly:		%			unt of time planned for e	
Estimate # of at Risk Elderly:		%	Pro	ject Name(s)	# of Hours	per week
Estimate # Non-Elderly People w/ Disabilities		%				
Remaining Residents		%				
Total	0	0.0				
2. Budget Information**						
a. Personnel (Direct Labor/Salary	Но	urs	Ra	ite per Hour	Yea	r 1
Identify Position – SC or Aide			110	no por riour	100	
						\$0.00
						\$0.00
						\$0.00
						\$0.00 \$0.00
						\$0.00
Total Direct Labor Cost						\$0.00
b. Fringe Benefits	Rate	e (%)		Base	Yea	
b. I finge Deficite	11211	(70)				\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
Total Fringe Benefits Cost						\$0.00

OMB Approval No. 2502-0447

(exp. 1/31/2007)

c. Quality Assurance/Program Evaluation		Data was Harry	Vo. and
ap - 10% of line "a", Personnel)	Hours	Rate per Hour	Year1
Total Quality Assurance			
Total Quality Assurance			
Training	Hours	Rate per Hour	Year1
Total Training			
-			
	(mileage and rate per mile) airfare (trips and fare), other	her (quantity and unit cost), per diem (days	
nd rate per day).			
			Year 1
a rato por day).			Teal I
ina rato por dayy.			Teal I
na rato por dayy.			Teal I
			Teal I
Total Travel			Teal I
			Teal I
Total Travel	Quantity	Unit Cost	Year 1
Total Travel			
Total Travel Supplies and Materials			
Total Travel		Unit Cost	
Total Travel Supplies and Materials Total Supplies and Materials	Quantity	Unit Cost	
Total Travel Supplies and Materials Total Supplies and Materials	Quantity	Unit Cost	
Total Travel Supplies and Materials Total Supplies and Materials	Quantity	Unit Cost	Year 1
Total Travel Supplies and Materials Total Supplies and Materials	Quantity	Unit Cost	Year 1
Total Travel Supplies and Materials Total Supplies and Materials	Quantity	Unit Cost	Year 1
Total Travel Supplies and Materials	Quantity	Unit Cost	Year 1

h. Indirect Costs	Quantity		Unit Cost		Year 1	
					regrega	
Total Indirect Costs						
i. Total Estimated Costs						
					·	
** Please note: You may increase costs from ye	ear to year by no more	than 3%.				
i Controlto If you along to control out for a Co		· Overlite : A common disconsiste	4			
j. Contracts: If you plan to contract out for a Se	rvice Coordinator or for	Quality Assurance, iis	t related cost. Give i	tem and related cost		
k. Quality Assurance is% of line a, "P	ersonnel (Direct Labor)	". (Cannot exceed 109	%.)			
3. Funding Sources and Time Periods (India		" "	// C.N.A. (I	le p.	 	
Grant	\$ Amount	# of Years	# of Months	From Date	To Date	
		- N/A -	12			
Section 8 Operating Funds (i.e.						
Section 8 Operating Funds (i.e. Budget-based)	\$ Amount	# of Years	# of Months	From Date	To Date	
	\$ Amount	# of Years	# of Months	From Date	To Date	
	\$ Amount	# of Years	# of Months	From Date	To Date	
	\$ Amount \$ Amount	# of Years # of Years	# of Months # of Months	From Date From Date	To Date	
Budget-based)						
Budget-based)						
Budget-based) Residual Receipts	\$ Amount	# of Years	# of Months	From Date	To Date	
Budget-based)						
Budget-based) Residual Receipts	\$ Amount	# of Years	# of Months	From Date	To Date	

Signature:	Date:		
Contact Name:	Phone #:	Email:	

a. Project Name and Address		b. Project Type (I.e. Sec. 202, 236,		c. FHA or Project	d. Section 8 Number	e. # of Subsidized
		221(d)(3)BMIF	R, or Sec. 8)	Number		Rental Units
f. Resident Information	Number of Residents	% of Total Residents	a. If	the SC will serve mu	Itiple eligible projects,	give
Estimate # of Frail Elderly	Number of Residents	%			ime planned for each	
Estimate # of at Risk Elderly				Name(s)	# of Hours	
Estimate # Non-Elderly People w/ Disabilities		%	1 10,000	rtamo(o)	" or riodro	por wook
Remaining Residents		%				
Total						
Project Information:						
2 5	dress	b. Project Type (I.e	. Sec. 202, 236,	c. FHA or Project	d. Section 8 Number	e. # of Subsidized
3. a. Project Name and Add	11000	221(d)(3)BMIF		Number		Rental Units
		221(d)(3)BMIF	R, or Sec. 8)		Itinla aligible projects	Rental Units
f. Resident Information		221(d)(3)BMIF % of Total Residents	R, or Sec. 8)	the SC will serve mu	Itiple eligible projects,	Rental Units
f. Resident Information Estimate # of Frail Elderly		221(d)(3)BMIF % of Total Residents %	g. If	f the SC will serve mu	ime planned for each	Rental Units give site.
f. Resident Information Estimate # of Frail Elderly Estimate # of at Risk Elderly		221(d)(3)BMIF % of Total Residents %%	g. If	the SC will serve mu		Rental Units give site.
f. Resident Information Estimate # of Frail Elderly		221(d)(3)BMIF % of Total Residents %	g. If	f the SC will serve mu	ime planned for each	Rental Units give site.

Project Information:						
4. a. Project Name and Address		b. Project Type (I.e. Sec. 202, 236, 221(d)(3)BMIR, or Sec. 8)		c. FHA or Project Number	d. Section 8 Number	e. # of Subsidized Rental Units
f. Resident Information Estimate # of Frail Elderly Estimate # of at Risk Elderly Estimate # Non-Elderly People w/ Disabilities Remaining Residents Total	Number of Residents	% of Total Residents%%%%	prop		Itiple eligible projects, time planned for each # of Hours	site.
Project Information:						
5. a. Project Name and Address		b. Project Type (I.e. Sec. 202, 236, 221(d)(3)BMIR, or Sec. 8) c. FHA or Project d. Section 8 Number		d. Section 8 Number	e. # of Subsidized Rental Units	
	Number of Residents	% of Total Residents	g. If	the SC will serve mu	Itiple eligible projects,	give
Estimate # of Frail Elderly		%			ime planned for each	
Estimate # of at Risk Elderly Estimate # Non-Elderly People w/ Disabilities Remaining Residents		% %	Project	Name(s)	# of Hours	per week
Total						

(exp 3/31/2007)

Instructions	for completing the One-Year Budget, HUD-91186-A			
Section 2: Budget Information				
a. Personnel (Direct Labor)	This section should show the labor costs for The Service Coordinators and/or aides. Use the hourly labor cost for salaried employees (use 2080 hours per year or the value your organization uses to perform this calculation). Do not show fringe or other indirect costs in this section.			
b. Fringe Benefits	Use the same standard fringe rate used by your organization. You may use a single fringe rate (a percentage of the total direct labor) or list each of the individual fringe charges. Use the Total Direct Labor Cost as the base for the fringe calculation. If your organization calculates fringe benefits differently, use a different base and discuss how you calculate fringe as a comment.			
c. Quality Assurance	Give the title of the professional (e.g. MSW) who will be performing QA, the number of hours over the year you expect to use them, and their hourly rate. Quality Assurance is limited to program evaluation activities and cannot exceed 10% of line a, Personnel.			
d. Training	Give fees and rates for appropriate training programs, to the extent known. Otherwise estimate and provide basis for the anticipated cost.			
e. Travel	Provide mileage and cost estimates for use of private vehicles or public transportation; show the estimated cost of airfare required to attend training programs, and list necessary per diem rates in accordance with your organization's policies. Give travel destinations if known.			
f. Supplies and Materials	List the supplies you propose to purchase. You can use an anticipated consumption rate to estimate the cost of office or other common supplies, (e. g. 1 box paper clips every 3 months). Include replacement of office equipment. List items individually along with the quantity and their anticipated cost.			
g. Other Direct Costs	Include costs such as telephone and Internet Service, printing, postage, and maintenance of office equipment, when such costs are attributable to the SC program only.			
h. Indirect Costs	OMB Circular A87 defines indirect costs as those that have been incurred by multiple programs for common or joint purposes. Indirect costs are associated with the centralized services distributed throughout your agency and cannot be readily identified with one particular program. Additionally, the costs should not be otherwise treated as direct costs. If your organization already has an established indirect cost rate, use this rate and explain how it is calculated.			
i. Grand Total	Sum lines "a" through "h" to get your one-year total request amount.			
j. 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.			
k. Quality Assurance percent of line a, Personnel	Quality Assurance costs cannot exceed ten percent (10%) of your total Personnel/Direct labor cost. Calculate your percentage and include on this line, to ensure you are within the 10% cap.			
Section 3: Funding Sources a				

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 May 1, 2004 to April 30, 2005).