Multifamily Housing Service Coordinator
First-Time Funding Request

**U.S. Department of Housing
and Urban Development**
Office of Housing

OMB Approval No.2502-0447
(expires 09/30/2013)

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The public reporting burden for this collection of information for the Multifamily Housing Service Coordinator Programs is estimated to average 40 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 Notice of Funding Availability 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).

Name and Address of Applicant/Owner:

I. Project Information: List the information for the lead project in your application; provide information for additional projects on "More Projs" worksheet.

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	Number of Residents	% of Total Residents	g. If the SC will serve multiple eligible projects, give proportionate amount of time planned for each site.	
			Project Name(s)	# of Hours per week
Estimate # of Frail Elderly	0	#DIV/0!		
Estimate # of at Risk Elderly	0	#DIV/0!		
Estimate # Non-Elderly People w/ Disabilities	0	#DIV/0!		
Remaining Residents	0	#DIV/0!		
Total	**0**	**#DIV/0!**		**0**

h. Is there an SC currently working at this project? _____ Yes _____ No

If yes: 1. How many hours per week does the Service Coordinator currently work?	2. How many hours per week do you want to add to your program?	3. Will you extend current employees hours or hire additional staff?

II. Budget Information**

a. Personnel (Direct Labor/Salary) Identify Position - SC or Aide	Annual Hours	Rate per Hour	Year1	Year 2	Year 3	Tot 3-Year
	0	$0	$0	$0	$0	$0
	0	$0	$0	$0	$0	$0
	0	$0	$0	$0	$0	$0
	0	$0	$0	$0	$0	$0
	0	$0	$0	$0	$0	$0
	0	$0	$0	$0	$0	$0
Total Direct Labor Cost			**$0**	**$0**	**$0**	**$0**

form **HUD-91186**
(01/2012)

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b. Fringe Benefits	Rate (%)	Base	Year1	Year 2	Year 3	Tot 3-Year
	0%	$0	$0	$0	$0	$0
	0%	$0	$0	$0	$0	$0
	0%	$0	$0	$0	$0	$0
	0%	$0	$0	$0	$0	$0
	0%	$0	$0	$0	$0	$0
	0%	$0	$0	$0	$0	$0
Total Fringe Benefits Cost			$0	$0	$0	$0
c. Quality Assurance/Program Evaluation (cap - 10% of line "a", Personnel)	Annual Hours	Rate Per Hour	Year1	Year 2	Year 3	Tot 3-Year
	0	$0	$0	$0	$0	$0
	0	$0	$0	$0	$0	$0
	0	$0	$0	$0	$0	$0
	0	$0	$0	$0	$0	$0
	0	$0	$0	$0	$0	$0
	0	$0	$0	$0	$0	$0
Total Quality Assurance			$0	$0	$0	$0
d. Training	Annual Hours	Rate Per Hour	Year 1	Year 2	Year 3	Tot 3-Year
	0	$0	$0	$0	$0	$0
	0	$0	$0	$0	$0	$0
	0	$0	$0	$0	$0	$0
	0	$0	$0	$0	$0	$0
	0	$0	$0	$0	$0	$0
	0	$0	$0	$0	$0	$0
Total Training			$0	$0	$0	$0
e. Travel (Indicate local private vehicle, (mileage and rate per mile) airfare (trips and fare), other (quantity and unit cost), per diem (days and rate per day).			Year 1	Year 2	Year 3	Tot 3-Year
			$0	$0	$0	$0
			$0	$0	$0	$0
			$0	$0	$0	$0
			$0	$0	$0	$0
			$0	$0	$0	$0
Total Travel			$0	$0	$0	$0
f. Supplies and Materials	Quantity	Unit Cost	Year 1	Year 2	Year 3	Tot 3-Year
	0	$0	$0	$0	$0	$0
	0	$0	$0	$0	$0	$0
	0	$0	$0	$0	$0	$0
	0	$0	$0	$0	$0	$0
	0	$0	$0	$0	$0	$0
Total Supplies and Materials			$0	$0	$0	$0
g. Start-up Costs						

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1. Creating Private Office Space	Quantity	Unit Cost	Year 1	Year 2	Year 3	Tot 3-Year
	0	$0	$0			$0
	0	$0	$0			$0
	0	$0	$0			$0
	0	$0	$0			$0
	0	$0	$0			$0
	0	$0	$0			$0
Subtotal for Private Office Space			**$0**			**$0**
2. Office Furniture/Equipment	Quantity	Unit Cost	Year 1	Year 2	Year 3	Tot 3-Year
	0	$0	$0			$0
	0	$0	$0			$0
	0	$0	$0			$0
	0	$0	$0			$0
	0	$0	$0			$0
	0	$0	$0			$0
Subtotal Cost of Furniture/Equipment			**$0**			**$0**
Total Start-Up Costs			**$0**			**$0**
h. Other Direct Costs	Quantity	Unit Cost	Year 1	Year 2	Year 3	Tot 3-Year
	0	$0	$0	$0	$0	$0
	0	$0	$0	$0	$0	$0
	0	$0	$0	$0	$0	$0
	0	$0	$0	$0	$0	$0
	0	$0	$0	$0	$0	$0
	0	$0	$0	$0	$0	$0
Total Other Direct Costs			**$0**	**$0**	**$0**	**$0**
Subtotal of Direct Costs			**$0**	**$0**	**$0**	**$0**
I. Indirect Costs	Quantity	Unit Cost	Year 1	Year 2	Year 3	Tot 3-Year
	0	$0	$0	$0	$0	$0
	0	$0	$0	$0	$0	$0
	0	$0	$0	$0	$0	$0
	0	$0	$0	$0	$0	$0
	0	$0	$0	$0	$0	$0
	0	$0	$0	$0	$0	$0
Total Indirect Costs			**$0**	**$0**	**$0**	**$0**
j. Total Estimated Costs			**$0**	**$0**	**$0**	**$0**

** Please note: You may increase costs from year to year by no more than 3%.

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k. Contracts: If you plan to contract out for a Service Coordinator or for Quality Assurance, list related cost. Give item and related cost.	$ Amount
	$0
	$0
	$0
	$0
Total	**$0**
l. Quality Assurance is what percentage of line a, "Personnel (Direct Labor)". (Cannot exceed 10%.)	#DIV/0!

III. Funding Sources and Time Periods (Indicate all that apply.)

Grant	$ Amount	# of Years	# of Months	From Date	To Date
	$0	0	0		

Section 8 Operating Funds (i.e. Budget-based)	$ Amount	# of Years	# of Months	From Date	To Date
	$0	0	0		

Residual Receipts	$ Amount	# of Years	# of Months	From Date	To Date
	$0	0	0		

Excess Income	$ Amount	# of Years	# of Months	From Date	To Date
	$0	0	0		

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Provide information for additional projects included in your application.

(2)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	Number of Residents	% of Total Residents	g. If the SC will serve multiple eligible projects, give proportionate amount of time planned for each site.	
Estimate # of Frail Elderly	0	#DIV/0!	Project Name(s)	# of Hours per week
Estimate # of at Risk Elderly	0	#DIV/0!		
Estimate # Non-Elderly People w/ Disabilities	0	#DIV/0!		
Remaining Residents	0	#DIV/0!		
Total	**0**	**#DIV/0!**		**0**

h. Is there an SC currently working at this project?	_____ Yes	_____ No
If yes: 1. How many hours per week does the Service Coordinator currently work?	2. How many hours per week do you want to add to your program?	3. Will you extend current employees hours or hire additional staff?

(3)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	Number of Residents	% of Total Residents	g. If the SC will serve multiple eligible projects, give proportionate amount of time planned for each site.	
Estimate # of Frail Elderly	0	#DIV/0!	Project Name(s)	# of Hours per week
Estimate # of at Risk Elderly	0	#DIV/0!		
Estimate # Non-Elderly People w/ Disabilities	0	#DIV/0!		
Remaining Residents	0	#DIV/0!		
Total	**0**	**#DIV/0!**		**0**

h. Is there an SC currently working at this project?	_____ Yes	_____ No
If yes: 1. How many hours per week does the Service Coordinator currently work?	2. How many hours per week do you want to add to your program?	3. Will you extend current employees hours or hire additional staff?

More Projs form **HUD-91186**
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(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	Number of Residents	% of Total Residents	g. If the SC will serve multiple eligible projects, give proportionate amount of time planned for each site.	
Estimate # of Frail Elderly	0	#DIV/0!	Project Name(s)	# of Hours per week
Estimate # of at Risk Elderly	0	#DIV/0!		
Estimate # Non-Elderly People w/ Disabilities	0	#DIV/0!		
Remaining Residents	0	#DIV/0!		
Total	**0**	**#DIV/0!**		**0**

h. Is there an SC currently working at this project?	_____ Yes	_____ No
If yes: 1. How many hours per week does the Service Coordinator currently work?	2. How many hours per week do you want to add to your program?	3. Will you extend current employees hours or hire additional staff?

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(expires 03/31/2007)

Instructions for completing the HUD-91186

Section I: Project Information	
Provide the information about the housing project that is included in your application and that will be served by the Service Coordinator. If your application includes two or more projects, choose a lead project for the main worksheet. Provide the information for the other project(s) on the "More Projs" worksheet.	
Section II: Budget Information	
Complete one combined budget form for all projects in your application	
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). You may include payroll taxes here. 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. If your organization calculates fringe benefits differently, use a different base and discuss how you calculate fringe as a comment.
c. Quality Assurance (QA)	Give the title of the professional (e.g. MSW) or agency who you expect to perform QA, the number of hours over the year you expect to use them, and their hourly rate. QA is limited to program evaluation activities and cannot exceed 10% of line II.a "Personnel (Direct Labor/Salary)". Line II.l calculates this percent by dividing the three-year QA total by the three-year Direct Labor total.
d. Training	Give fees and rates for appropriate training programs, to the extent known. Otherwise estimate and provide basis for the projected cost.
e. Travel	Provide mileage and cost estimates for use of private vehicles, public transportation, or airfare required to attend training programs. List necessary per diem rates in accordance with your organization's policies. Give travel destinations if known. Commuting costs are eligible if the Service coordinator serves multiple projects that are a significant distance from each other.
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 expected cost.
g.1. Creating Private Office Space	List expenses associated with setting up a private office for the Service Coordinator. List each anticipated cost. You may incur these costs only during the first year of your program.
g.2. Office Furniture and Equipment	List start-up expenses related to purchasing furniture, computers, printers, and other office equipment. List the quantity and unit cost.
Total Start-Up Costs	Sum of lines g.1 and g.2.
h. 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.

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i. 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 a Federally approved Indirect Cost Rate, use this rate and make a notation.
j. Grand Total	Sum lines "a" through "i" for each year. You may increase costs from year to year by no more than 3%. The Grand Total 3-year amount in cell G114 must be the same amount you provide in your grant application.
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 that would be included in the contract in this section.
I. Quality Assurance Percent of line a, Personnel	Quality Assurance costs cannot exceed 10% of your total Direct Labor cost. The worksheet will calculate the percent. If it is over 10%, you must adjust either the QA or Direct Labor amounts.
Section III: Funding Sources and Time Periods	
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 dates of the time period, if known (e.g. from May 1, 2012 to April 30, 2013).	

Instructions form **HUD-91186**
(01/2004)