

<p>The public reporting burden for this collection of information for the Multifamily Housing Service Coordinator Programs is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to Washington Headquarters Office, Paperwork Project Management (0182-0047) and to the Office of Management and Budget, Paperwork Project Management (0304-0188). Do not send comments to HUD.</p>				
<p><b>Name and Address of Grantee/Owner:</b></p>				
<p><b>1. Project Information:</b> Please provide the information for every project included in your request; add more rows if needed.</p>				
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:	_____	_____ %	Project Name(s)	# of Hours per week
Estimate # of at Risk Elderly:	_____	_____ %		
Estimate # Non-Elderly People w/ Disabilities	_____	_____ %		
Remaining Residents	_____	_____ %		
Total				
<p><b>2. Budget Information**</b></p>				
a. Personnel (Direct Labor/Salary) Identify Position - SC or Aide	<b>Hours</b>	<b>Rate per Hour</b>	<b>Year1</b>	
Total Direct Labor Cost				
b. Fringe Benefits	<b>Rate (%)</b>	<b>Base</b>	<b>Year1</b>	
Total Fringe Benefits Cost				

c. Quality Assurance/Program Evaluation (cap - 10% of line "a", Personnel)	<b>Hours</b>	<b>Rate per Hour</b>	<b>Year1</b>
Total Quality Assurance			
d. Training	<b>Hours</b>	<b>Rate per Hour</b>	<b>Year1</b>
Total Training			
e. Travel <i>(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).</i>			<b>Year 1</b>
Total Travel			
f. Supplies and Materials	<b>Quantity</b>	<b>Unit Cost</b>	<b>Year 1</b>
Total Supplies and Materials			
g. Other Direct Costs	<b>Quantity</b>	<b>Unit Cost</b>	<b>Year 1</b>
Total Other Direct Costs			
<b>Subtotal of Direct Costs</b>			



Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Project Information:** Please provide the information for every project included in your request; add more rows if needed.

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	_____	_____ %	Project Name(s)		
Estimate # of at Risk Elderly	_____	_____ %			
Estimate # Non-Elderly People w/ Disabilities	_____	_____ %	# of Hours per week		
Remaining Residents	_____	_____ %			
Total					

**Project Information:**

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	_____	_____ %	Project Name(s)		
Estimate # of at Risk Elderly	_____	_____ %			
Estimate # Non-Elderly People w/ Disabilities	_____	_____ %	# of Hours per week		
Remaining Residents	_____	_____ %			
Total					

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		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	_____	_____ %		Project Name(s)	# of Hours per week
Estimate # of at Risk Elderly	_____	_____ %			
Estimate # Non-Elderly People w/ Disabilities	_____	_____ %			
Remaining Residents	_____	_____ %			
Total					
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 Number	d. Section 8 Number	e. # of Subsidized Rental Units
		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	_____	_____ %		Project Name(s)	# of Hours per week
Estimate # of at Risk Elderly	_____	_____ %			
Estimate # Non-Elderly People w/ Disabilities	_____	_____ %			
Remaining Residents	_____	_____ %			
Total					

**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 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 exact time period, (e.g. from May 1, 2004 to April 30, 2005).