

**CHART E: USE OF FUNDS - LHCA, INTERMEDIARY, SHFA, OR MSO**

**RATING FACTORS 3B, 3C, 3D**

**INSTRUCTIONS**

**USE OF FUNDS:** HUD will evaluate the Applicant's housing counseling program actual expenses for the period October 1, 2019, through September 30, 2020. Applicants that became HUD-approved during Fiscal Year 2020 should ensure that their expenses reflect the entire fiscal year, and not just that portion for which the agency was HUD-approved.

Applicants must document their total housing counseling program expenses. **MSOs, SHFAs, and Intermediaries must include total program expenses for their entire network.** Please follow the instructions below for completing the budget chart.

**Field (a) Housing Counselors.** Includes the salary and fringe of housing counselors program staff who provide direct housing counseling or group education. For an employee whose primary duty is providing counseling and education, the entire salary and fringe benefits may be considered.

**Field (b) Other Housing Counseling Program Staff (not included in (a) above).** Includes the salary and fringe of housing counseling program staff who do not provide direct housing counseling or group education.

**\*\*Note for fields (a) and (b):** For employees whose primary duty is not counseling (e.g. program managers, administrative assistants, etc.), but who nevertheless conduct counseling sessions or group workshops as an ancillary duty, their salaries and fringe benefits should be prorated between fields (a) and (b) in accordance with the proportion of their efforts expended in providing such client services.

**Fields (c) through (h) Direct Costs.** Costs must be incurred pursuant to the eligible activities described in Section IV.F of this NOFO.

**Field (i) Other Direct Costs.** Includes other direct costs not included in section (c) through (h). Briefly describe those other direct costs in the field provided. Costs must be incurred pursuant to the eligible activities described in Section IV.F of this NOFO.

**Field (j) Indirect Costs.** Includes indirect costs authorized under an Applicant's negotiated rate or the de minimis rate of 10 percent. See Section IV.F of this NOFO for indirect cost rules information.

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	<b>Applicant Name:</b>	
	<b>Applicant HCS ID:</b>	
	<b>1</b>	<b>2</b>
	<b>Expenses</b>	<b>Applicant's FY 2020 Expenses (\$), All sources</b>
	<b>Salaries + Fringe</b>	
A	Housing Counselors that provide direct housing counseling and/or group education	
B	Other Housing Counseling Program Staff who do not provide direct housing counseling and/or group education (not included in (A) above).	
	<b>Direct Costs:</b>	
C	Travel	
D	Equipment	
E	Marketing and Outreach	
F	Supplies	
G	Training	
H	Contractual	
I	Other (Direct Costs): Please describe in the field below (limit to 500 characters).	
J	<b>TOTAL DIRECT COSTS</b>	\$ -
K	Indirect Cost Allocation Amount (if applicable)	
L	<b>TOTAL PROGRAM EXPENSES</b>	\$ -