

ASSUMPTIONS

Monthly Rent	per unit		0
Tenant Contribution			0
Monthly Subsidy			0
		x12	
Annual Subsidy per unit			0
State Portion	per unit	0 %	0
HUD Portion	per unit	0 %	0
Indian/Tribal	per unit	0 %	0
Other _____	per unit	0 %	0

Annual Escalator

0.03

Grant Application Detailed Budget

U.S. Department of Housing and Urban Development

OMB Approval No.

Functional Categories [Year 1: X] [Year 2:] [Year 3:] [Year 4:] [Year 5:] [Year 6:] [Year 7:] [Year 8:] [All Years:]

Name of Project/Activity:		Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
Year-end Unit Lease-up	15	HUD Share	State Share	Local/Tribal Share	Other	Program Income	Total
A. Rental Assistance		\$ -	\$ -	\$ -	\$ -		\$ -
B. Administrative Costs		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1. Salaries							\$ -
2. Supplies							\$ -
C. Other (Direct Costs)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1. _____							\$ -
2. _____							\$ -
3. _____							\$ -
D. Total Costs		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Grant Application Detailed Budget

U.S. Department of Housing and Urban Development

OMB Approval No. xx/xx/xxxx
Exp xx/xx/xxxx

Functional Categories [Year 1] [Year 2: X] [Year 3:] [Year 4:] [Year 5:] [Year 6:] [Year 7:] [Year 8:] [All Years:]

Name of Project/Activity:	Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
Year-end Unit Lease-up 25	HUD Share	State Share	Local/Tribal Share	Other	Program Income	Total
A. Rental Assistance		\$ -				\$ -
B. Administrative Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1. Salaries						\$ -
2. Supplies						\$ -
C. Other (Direct Costs)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
1. _____						\$ -
2. _____						\$ -
3. _____						\$ -
D. Total Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Public reporting burden for this collection of information is estimated to average 5 hours per response, 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 collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information collection is necessary to ensure that viable projects are developed. It is important to obtain information from applicants to assist HUD in determining if nonprofit organizations initially funded continue to have the financial and administrative capacity needed to develop a project and that the project design meets the needs of the residents. The Department will use this information to determine if the project meets statutory requirements with respect to the development and operation of the project, as well as ensuring the continued marketability of the projects. This information is required in order to obtain benefits. This information is considered non-sensitive and no assurance of confidentiality is provided.

Grant Application Detailed Budget		U.S. Department of Housing and Urban Development					OMB Approval No. 2501-0017 (exp. 11/30/2014)			
Name of Project/Activity:		Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8	Column 9
		HUD Share	Applicant Match	Other HUD Funds	Other Fed Share	State Share	Local/Tribal Share	Other	Program Income	Total
a. Personnel (Direct Labor)		\$	\$	\$	\$	\$	\$	\$	\$	\$
b. Fringe Benefits										
c. Travel										
d. Equipment (only items > \$5,000 depreciated value)										
e. Supplies (only items w/depreciated Value < \$5,000)										
f. Contractual		#REF!								#REF!
g. Construction										
1. Administration and legal expenses										
2. Land, structures, rights-of way, appraisals, etc.										
3. Relocation expenses and payments										
4. Architectural and engineering fees										
5. Other architectural and engineering fees										
6. Project inspection fees										
7. Site work										
8. Demolition and removal										
9. Construction										
10. Equipment										
11. Contingencies										
12. Miscellaneous										
h. Other (Direct Costs)		\$ -				\$ -				\$ -
i. Subtotal of Direct Costs		#REF!				\$ -				#REF!
j. Indirect Costs (% Approved Indirect Cost Rate: _____%)										waived
Grand Total (Year: _____):										
Grand Total (All Years):										#REF!

Note: admin costs in (h) Other represent Direct Costs only, all Indirect Costs have been waived

Clarification: The HUD-424-CB that is part of the SF-424-BDF is a duplicate of this "All Years" spreadsheet. This Excel file has been included so as to

Instructions for the HUD Grant Application Detailed Budget Form

Public reporting burden for this collection of information is estimated to average 2 hours 36 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. Information collected will provide proposed budget data for multiple programs. HUD will use this information in the selection of applicants. Response to this request for information is required in order to receive the benefits to be derived. The information requested does not lend itself to confidentiality.

General Instructions

This form is designed so that an application can be made for any of HUD's grant programs. [Separate sheets must be used for each proposed program year and for a summary of all years.](#)

Check applicable program year [or all years](#) box at top of page to indicate [which applies](#).

[On the final sheet enter the Grand Total for all years in the applicable box at the bottom of the page.](#) In preparing the budget, adhere to any existing HUD requirements which

prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, HUD may require budgets to be shown separately by function or activity. Your budget information should show the entire cost of your proposed program of activities per year. If you are not using funds in any of the line item categories, you should leave the item blank. Pages may be duplicated to show budget data for individual programs, projects or activities.

NOTE: Not all budget categories on this form are eligible for funding under all programs. Please see eligible activities under the specific program for which you are seeking funding.

Budget Categories

The budget categories identifies how your program funds will be allocated by type of use, e.g., funds going for salaries, travel, contracts, etc. Each of these line items should be broken out under each applicable column.

Lines a-f--Show the totals of Lines a to f in each column.

Lines g. Show construction related expenses in the appropriate categories below.

Line g.1.--Enter estimated amounts needed to cover administrative expenses. Do not include costs which are related to the normal functions of government.

Line g.2.--Enter estimated site and right(s)-of-way acquisition costs (this includes purchase, lease, and/or easements).

Line g.3.--Enter estimated costs related to relocation advisory assistance, replacement housing, relocation payments to displaced persons and businesses, etc.

Line g.4.--Enter estimated basic engineering fees related to construction (this includes start-up services and preparation of project performance work plan).

Line g.5.--Enter estimated engineering costs, such as surveys, tests, soil borings, etc.

Line g.6.--Enter estimated engineering inspection costs.

Line g.7.--Enter the estimated site preparation and restoration which are not included in the basic construction contract.

Line g.8.--Enter the estimated costs related to demolition activities.

Line g.9.--Enter estimated costs of the construction contract.

Line g.10.--Enter estimated cost of office, shop, laboratory, safety equipment, etc. to be used at the facility, if such costs are not included in the construction contract.

Line g.11.--Enter any estimated contingency costs.

Line g.12.--Enter estimated miscellaneous costs.

Line h.--Enter any other direct costs not already addressed above.

Line i.--Calculate the totals of all applicable columns to determine the Subtotal of Direct Costs.

Line j.--Indicate the approved Indirect Cost Rate (if any) and calculate the indirect cost in accordance with the terms of your approved indirect cost rate and enter the resulting amount.

Grand Total (Year:___)--Enter the sum of lines i. and j. under column 9 for each year, [and enter the applicable year, in the blank, for each sheet completed.](#)

Grand Total (All Years)--Enter the sum of all the, "Grand Total (Year:___)" amounts from each sheet completed, under column 9, for all proposed years.

For each budget category (personnel, fringe benefits, travel, etc) you should identify the amount of funding you plan on using in your grant program. You should complete each column as follows:

Column 1 - Identify the amount of funds that you will need from the HUD grant program for which you are seeking funding.

Column 2 - Identify any matching funds that you are required to include in your proposed program in order to be eligible for assistance.

Column 3 - Identify any other HUD funds that you will be adding to this program either through your formula or competitive grant programs.

Column 4 - Identify any other Federal funds that you will be adding to this program either through your formula or competitive grant programs.

Column 5 - Identify any State funds that you will be adding to this program.

Column 6 - Identify any Local or Tribal Government funds that you will be adding to this program.

Column 7 - Identify any additional funds not previously identified in Columns 1 - 6, that you intend to use for your proposed program.

Column 8 - Identify any program income that you expect to generate under this program.

Column 9 - Add columns 1 - 8 across and place the total in Column 9.