The completion and submission of this document is a requirement of your HUD contract award. Funding will not be disbursed until this document has been submitted and approved. Additionally, the information provided in this report will be used to evaluate grantee performance and future funding allocations.

|  |  |
| --- | --- |
| 1. Funding Year
 |       |
| 1. Name of Organization
 |       |
| 1. Name of Funding Source
 |       |
| 1. Grant Amount Approved FY 2021-2022
 |       |
| 1. Did the program have unexpended HUD funding FY 2020-2021?

 If yes, indicate carryover amount\* | YES | NO | N/A |
|  |[x] [ ] [ ]
|  |        |
| 1. Total Estimated Program Costs (All Sources)
 |       |
| 1. Did the program receive HUD funding in FY 2019-2020?
 | YES | NO |
|  |[x] [ ]
| 1. Address of Organization
 |       |
| 1. Key Contact Person for Program Information
 |       |
| * 1. Title
 |       |
| * 1. E-mail
 |       |
| * 1. Telephone
 |       |
| 1. Key Contact Person for Financial Information
 |       |
| * 1. Title
 |       |
| * 1. E-mail
 |       |
| * 1. Telephone
 |       |

Please provide a brief explanation for the remaining carryover balance and plans for utilizing the carryover funds in the new FY.

|  |
| --- |
|       |

1. Please provide specific obtainable goals to achieve during the approved program fiscal year. In addition, provide quarterly obtainable benchmarks which can be measured to determine performance. For example:
	* + Human service grants should be measurable goals based on the amount of people served, number of activities, trainings, etc.
		+ Development related grants should be based on number of units produced, number of sidewalks completed, trees planted, community gardens created/maintained, etc.

**(Goals must be based on what the Grantee can accomplish within the Program Year)**

|  |
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|       |

1. Please list other funding sources that will be leveraged for this program. **For Pending and Approved Amounts, you must attach letters of commitment as supportive documentation. If funds are pending, you must provide a copy of the application or request.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Funding Source  | Related Services Provided | Approved Amount | Pending Amount |
| 1. |       |       |       |       |
| 2. |       |       |       |       |
| 3. |       |       |       |       |
| 4. |       |       |       |       |
| 5. |       |       |       |       |

1. Please outline complimentary services and/or programs provided by other agencies/organizations that will support this program.

|  |  |  |
| --- | --- | --- |
|  | Agency/Organization  | Related Services to be Provided  |
| 1. |       |       |
| 2. |       |       |
| 3. |       |       |
| 4. |       |       |
| 5. |       |       |

1. **Budget Detail.**

Please complete the following budget table. Amounts presented in budget must be consistent with the amount of HUD funding awarded for the current fiscal year.

|  |  |  |  |
| --- | --- | --- | --- |
|   | **OBJECT CODES** | Total Project Budget | HUD Project Budget |
| 50110 | Salaries *(Case Management)* |       |       |
| 50150 | Unemployment Compensation |       |       |
| 51809 | Medical Benefits |       |       |
| 58852 | Social Security (F.I.C.A.) |       |       |
| 59933 | Worker's Compensation |       |       |
| 53310 | Mileage |       |       |
| 55574 | Materials and Supplies\* |       |       |
| 55584 | Printing\* |       |       |
| 55594 | Insurance |       |       |
| 56650 | Postage |       |       |
| 56694 | Audit Services\*\* |       |       |
| 56911 | Inspections |       |       |
| **HOPWA – Direct Financial Assistance** |  |  |
|  | Rental Assistance – TBRA  |       |       |
|  | Permanent Housing Placement |       |       |
|  | STRMU |       |       |
|  | Admin (no more than 7%) |       |       |
|  | Other: |       |       |
| **ESG Prevention – Direct Financial Assistance** |  |  |
|  | Rental Arrearage  |       |       |
|  | Utility Payments  |       |       |
|  | Security Deposits/ First Month’s Rent |       |       |
|  | Utility Deposits  |       |       |
|  | Admin (no more than 7.5%) |       |       |
|  | Other:  |       |       |
| **ESG Re-Housing – Direct Financial Assistance**  |  |  |
|  | Rental Arrearage  |       |       |
|  | Utility Payments  |       |       |
|  | Security Deposits/ First Month’s Rent |       |       |
|  | Utility Deposits  |       |       |
|  | Admin (no more than 7.5%) |       |       |
|  | Other:  |       |       |
| **ESG – Shelter** |  |  |
|  | Operations |       |       |
|  | Insurance |       |       |
|  | Utilities  |       |       |
|  | Food  |       |       |
|   | **TOTAL PROJECT BUDGET** |       |       |
|  |
| *\*Indicate why the purchase is necessary to the project that is being funded.* |
| *\*\*Applicable only if the project has expended $500,000.00 or more of federal funding during the audited year.*  |
| *\*\*\*Other Contractual Services for any outside contractual services, provide a description of the need for those services and an explanation as to why they cannot be performed by the organization. A description of services that will be subject to a contract is required.*  |

**Please use the following space to describe any of the budgeted items presented in the table:**

|  |  |
| --- | --- |
| **Object Code (from Budget** | **Description for Cost Need**  |
|       |       |
|       |       |
|       |       |
|       |       |
|       |       |

1. **Personnel Service Detail**

The table should include staffing information for all persons who will participate in the activities funded under the HUD Grant.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Title/ Position** | **Total Annual Salary** | **Amount of Salary from this Grant** | **Monthly Grant Amount** | **# of Grant Hours per Month** |
|       |       |       |       |       |       |
|  |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|   | **Sub-total:** |       |       |       |       |
|  |  |  |  |  |  |  |
| **Fringe Benefits**  |   |   |   |   |   |       |
| 51809 - Medical Benefits - Anticipated Costs |   |   |   |       |
| **Employer Taxes** |   |   |   |   |   |       |
| 50150 Unemployment Compensation - Anticipated Costs |   |   |       |
| 59933 Workers Compensation - Anticipated Costs |   |   |       |
|       |  |  |       |
|       |  |  |       |
|       |  |  |  |       |
| **Estimated Total of Employer Benefit & Tax Costs** |  |  |  |  |

1. **Certification**

By signing this document, the undersigned certifies that all of the information provided is true and accurate as of the time of this document preparation, and it is their intent to use the HUD funds awarded for the activities stated in this report as defined under the regulations established by the specific HUD funding source.

I       (name) hereby acknowledge that the information provided in this document for the       (list name of program / project / activity) are true and accurate.

|  |  |
| --- | --- |
| Name: |       |
| Title: |       |
| Signature: |       |
| Date: |       |

**(FOR NEW HAVEN PERSONNEL ONLY)**

|  |  |
| --- | --- |
| Accepted By: |       |
| Name: |       |
| Title: |       |
| Date: |       |