

**HOPWA BUDGET**

Project Sponsor: \_\_\_\_\_

Contract Period: October 1, 2026 - June 30, 2027

**ADMINISTRATIVE COSTS:**

	<u>Original Allocation</u>	<u>Increase/Decrease</u>	<u>Revised Allocation</u>
<b>Administration Total</b>	\$ _____	\$ _____	\$ _____

**DIRECT CARE COSTS:**

<b>Direct Care Category</b>	<b>\$ <u>Original Allocation</u></b>	<b>\$ <u>Increase/Decrease</u></b>	<b>\$ <u>Revised Allocation</u></b>
Short-Term Rent	\$ _____	\$ _____	\$ _____
Short-Term Mortgage	\$ _____	\$ _____	\$ _____
Short-Term Utilities	\$ _____	\$ _____	\$ _____
Short-Term Supported Housing Facility ( <i>Transitional Housing</i> )	\$ _____	\$ _____	\$ _____
Tenant-Based Rental Assistance (TBRA)	\$ _____	\$ _____	\$ _____
Permanent Housing Placement ( <i>Supportive Service</i> )	\$ _____	\$ _____	\$ _____
Housing Case Management ( <i>Supportive Service</i> )	\$ _____	\$ _____	\$ _____
Resource Identification	\$ _____	\$ _____	\$ _____
Supportive Services: (specify)	\$ _____	\$ _____	\$ _____
<b>Direct Care Subtotal</b>	\$ _____ <b>0.00</b>	\$ _____	\$ _____ <b>0.00</b>
<b>TOTAL CONTRACT AMOUNT</b>	\$ _____ <b>0.00</b>	\$ _____	\$ _____ <b>0.00</b>

(Please use the signature block below if completing line-item revision)

\_\_\_\_\_  
Project Sponsor Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Contract Manager Signature\_\_\_\_\_  
Date

Note: This document is a summary of the budget narrative agreed to by the Department and Provider. The budget narrative, which is maintained in the contract file, is a line item explanation of services and expenditures of this contract.