

HOPWA PROGRAM BUDGET NARRATIVE

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

Contract #:

Amendment #:

Project Sponsor Name: _____

A. ADMINISTRATIVE CHECK ONE [] Cost Reimbursement [] Fixed Price/Unit Cost

Amount Requested

Salaries: Provide the following for each position

(1-1)	Position Title and Position Number:	
(1-2)	Gross Annual Salary:	
(1-3)	Percentage of time/effort requested from this contract:	
(1-4)	Amount requested from this contract:	
(1-5)	Other funding sources for this position if it is partially funded by this contract:	

	Funding Source	%	\$		
	Totals	100%			\$

Fringe Benefits for Position:

1	FICA:	\$
2	Life/Disability Insurance:	\$
3	Retirement:	\$
4	Unemployment/Workers' Comp:	\$
5	Health/Dental Insurance:	\$
6	Other:	\$
	TOTAL FRINGE	\$

(2-1)	Position Title and Position Number:	
(2-2)	Gross Annual Salary:	
(2-3)	Percentage of time/effort requested from this contract:	
(2-4)	Amount requested from this contract:	
(2-5)	Other funding sources for this position if it is partially funded by this contract:	

	Funding Source	%	\$		
	Totals	100%			\$

Fringe Benefits for Position:

1	FICA:	\$
2	Life/Disability Insurance:	\$
3	Retirement:	\$

4	Unemployment/Workers' Comp:	\$
5	Health/Dental Insurance:	\$
6	Other:	\$
	TOTAL FRINGE	\$

(3-1)	Position Title and Position Number:			
(3-2)	Gross Annual Salary:			
(3-3)	Percentage of time/effort requested from this contract:			
(3-4)	Amount requested from this contract:			
(3-5)	Other funding sources for this position if it is partially funded by this contract:			
	Funding Source	%	\$	
	Totals	100%		\$

Fringe Benefits for Position:		
1	FICA:	\$
2	Life/Disability Insurance:	\$
3	Retirement:	\$
4	Unemployment/Workers' Comp:	\$
5	Health/Dental Insurance:	\$
6	Other:	\$
	TOTAL FRINGE	\$

(4-1)	Position Title and Position Number:			
(4-2)	Gross Annual Salary:			
(4-3)	Percentage of time/effort requested from this contract:			
(4-4)	Amount requested from this contract:			
(4-5)	Other funding sources for this position if it is partially funded by this contract:			
	Funding Source	%	\$	
	Totals	100%		\$

Fringe Benefits:		
1	FICA:	\$
2	Life/Disability Insurance:	\$
3	Retirement:	\$
4	Unemployment/Workers' Comp:	\$
5	Health/Dental Insurance:	\$
6	Other:	\$
	TOTAL FRINGE	\$

Travel:

1	List each type of travel:	
2	List unit cost for each type of travel:	
3	List number of miles to travel or number of days of travel:	
4	List percent of travel requested from this contract:	
5	List the amount requested from this contract:	
6	Provide narrative explanation of who will travel, where they will travel, and for what purpose. (If units of cost exceed what the Department allows, it will have to be adjusted):	\$
Office Expenses:		
1	List office expenses:	
2	List total amount of each expense item:	
3	List percentage being requested from this contract for each expense item:	
4	List amount requested from this contract for each expense item:	
5	Provide narrative justification for each item:	\$
Equipment:		
1	List each kind of equipment:	
2	List total cost for each kind of equipment:	
3	List percentage of each item that will be requested from this contract:	
4	List amount requested from this contract for each item:	
5	Provide narrative justification for equipment:	\$
Other (Specify):		
1	List other allowable costs:	
2	List total amount of each allowable cost item:	

3	List percent of each item requested from this contract:	
4	List amount requested from this contract for each item:	
5	Provide narrative justification for each item:	
Subtotal Administrative (not to exceed 7% of the total contract amount)		\$

B. DIRECT CARE: Cost Reimbursement

Short-Term Rent: (One unit is 1 month of service). Enter on the space provided the planned (estimated) total number of clients to be served and number of units to be provided with HOPWA funds for this activity.

#	Number of Clients/Households	
#	Number of Units	\$

Short-Term Mortgage: (One unit is 1 month of service). Enter on the space provided the planned (estimated) total number of clients to be served and number of units to be provided with HOPWA funds for this activity.

#	Number of Clients/Households	
#	Number of Units	\$

Short-Term Utilities: (One unit is 1 month of service). Enter on the space provided the planned (estimated) total number of clients to be served and number of units to be provided with HOPWA funds for this activity.

#	Number of Clients/Households	
#	Number of Units	\$

Short-Term Supported Housing Facility (Transitional Housing): (One unit is 1 day of service). Enter on the space provided the planned (estimated) total number of clients to be served and number of units to be provided with HOPWA funds for this activity. Short-term supportive housing funds may be used for the provision of a hotel room or other similar unit, and cannot exceed more than 60 days in a 6 month period.

#	Number of Clients/Households	
#	Number of Units	\$

Tenant-Based Rental Assistance (TBRA): (One unit is 1 month of service). Enter on the space provided the planned (estimated) total number of clients to be served and number of units to be provided with HOPWA funds for this activity.

#	Number of Clients/Households	
#	Number of Units	\$

Permanent Housing Placement (PHP): (One unit is 1 month of service). PHP is a supportive service. Enter on the space provided the planned (estimated) total number of clients to be served and number of units to be provided with HOPWA funds for this activity. PHP funds may be used for first month's rent and security deposits not to exceed two months of rent costs.

#	Number of Clients/Households	
#	Number of Units	\$

Housing Case Management: Housing case management is a supportive service. Provide an explanation of case management costs on the space provided for each case manager position in FTEs, the monthly salary, the percent (%) and amount (\$) of HOPWA funds allocated for each FTE listed under this contract. Provide the physical location, including county and address for each case manager. Specify the estimated number of unduplicated clients to be case managed. (This line-item does not cover Project Sponsor administrative expenses.)

_____ Number of Non-duplicated Households

Explanation of costs:

List FTEs and Position Number	Monthly Salary X	# of Months Paid X	% of Time =	Amount of HOPWA Funds
			%	\$
			%	\$
			%	\$
Total FTEs Salary				\$

Other funding sources for this position if it is partially funded by this contract:

Funding Source	%	\$
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Totals		100%	

Fringe Benefits for Position:

FICA:	\$	
Life/Disability Insurance:	\$	
Retirement:	\$	
Unemployment/Workers' Comp:	\$	
Health/Dental Insurance:	\$	
Other:	\$	
Total Fringe/Other Costs Associated with FTEs	\$	\$
Total HOUSING CASE MANAGEMENT AMOUNT	\$	\$

Resource Identification: Establish, coordinate, and develop housing assistance resources for eligible persons. This is NOT case management. Enter on the space provided any staff hired in FTEs, the monthly salary, and the percent (%) and amount (\$) of HOPWA funds allocated under this contract.

List FTEs and Position Number	Monthly Salary X	# of Months Paid X	% of Time =	Amount of HOPWA Funds
			%	\$
			%	\$
			%	\$
Total FTEs Salary				\$

Other funding sources for this position if it is partially funded by this contract:

Funding Source	%	\$
Totals	100%	

Fringe Benefits for Position:

FICA:	\$	
Life/Disability Insurance:	\$	
Retirement:	\$	
Unemployment/Workers' Comp:	\$	
Health/Dental Insurance:	\$	
Other:	\$	
Total Fringe/Other Costs Associated with FTEs	\$	\$
Total RESOURCE IDENTIFICATION AMOUNT	\$	\$

Other Supportive Services (must specify):
 _____ Number of Clients/Households
 \$

Subtotal Direct Care \$

TOTAL CONTRACT AMOUNT \$

(1) Please check one: The Project Sponsor will subcontract for []All []Part []None of the services under this contract.
 (2) If applicable, specify the service(s) to be subcontracted; enter N/A if not applicable.

(3) List the name(s) and address(es) of the agency(ies) currently providing case management services to clients:

(4) Subcontractors must list out FTEs and dollar amounts allocated to each one.