Calculate Fair Market Rent (FMR) at the following link:

https://www.huduser.gov/portal/datasets/fmr.html

Complete this table:

Is this a new or renewal project? (New/ Renewal):

Unit Size	# of Units (a)	Fair Market Rent (b)	12 Months (c)	Total Request (a)x(b)x(c)
Single Room Occupancy		$	12	$
0 Bedrooms		$	12	$
1 Bedrooms		$	12	$
2 Bedrooms		$	12	$
3 Bedrooms		$	12	$
4 Bedrooms		$	12	$
			Total Request for Grant Term	$

**Column (b): New projects enter the published FY 2026 FMR. Renewal projects may enter actual rent per unit if lower than FMR. Amounts may not exceed 100% of the published FMR.*

Note: Units leased or assisted with CoC Program funds must meet NSPIRE standards beginning October 1, 2026.

- *https://www.federalregister.gov/documents/2023/05/11/2023-09693/economic-growth-regulatory-relief-and-consumer-protection-act-implementation-of-national-standards*
- *https://www.federalregister.gov/documents/2023/06/22/2023-13293/national-standards-for-the-physical-inspection-of-real-estate-inspection-standards*

Leased - Transitional and Permanent Supportive Housing Projects (TH and PSH)

WHO COMPLETES THIS FORM: TH and PSH projects that will lease an entire structure or individual units directly from a property owner. The master lease is held by the subrecipient. The subrecipient then holds a program or occupancy agreement with each participant. TH participants do not hold their own lease directly with the property owner.

DO NOT COMPLETE THIS FORM IF: Your project is RRH or SSO, or the units are already budgeted on the Rental Assistance form, do not budget the same units in both places.

For each leased structure, enter the property name and full address (street address, city, state, and ZIP code) in the first column. In column (a), enter the monthly leasing cost. The "12 Months" column (b) is pre-filled with 12 and should not be changed. Multiply the monthly leasing cost by 12 and enter the result in the "Total Request" column. Complete one row for each structure. After all rows are completed, add the amounts in the "Total Request" column and enter the sum in the "Total Request for Grant Term" field at the bottom of the table.

Property Name + Full Address	**Monthly Leasing Cost (a)**	**12 Months (b)**	**Total Request (a)x(b)**
	$	12	$
	$	12	$
	$	12	$
	$	12	$
	$	12	$
	$	12	$
	$	12	$
	$	12	$
Total Request for Grant Term			$

Note: Units leased or assisted with CoC Program funds must meet NSPIRE standards beginning October 1, 2026.

- *https://www.federalregister.gov/documents/2023/05/11/2023-09693/economic-growth-regulatory-relief-and-consumer-protection-act-implementation-of-national-standards*
- *https://www.federalregister.gov/documents/2023/06/22/2023-13293/national-standards-for-the-physical-inspection-of-real-estate-inspection-standards*

Operating Budget- Transitional and Permanent Supportive Housing Projects

WHO COMPLETES THIS FORM: TH and PSH projects with day-to-day operating costs for housing units or facilities the project owns or leases.

DO NOT COMPLETE THIS FORM IF: Your project is RRH or SSO. Operating costs under 24 CFR 578.55 apply to housing units and facilities, not service-only projects.

The operating costs listed below are based on the eligible operating costs described in 24 CFR 578.55 and are associated with the day-to-day operations of housing units and facilities. PSH projects may only include operating costs in this section if they do not request rental assistance for the same units. Per 24 CFR 578.55(c), CoC Program funds may not be used for maintenance and repair of housing where those costs are included in the lease.

Eligible Operating Cost	**Quantity AND Description** *(max 400 characters)*	**Amount Requested**
Maintenance and Repair		$
Property Taxes and Insurance		$
Building Security[1]		$
Electricity, Gas, and Water		$
Furniture		$
Equipment		$
	Total Request for Grant Term	$

[1] Building security is eligible only for a structure where more than 50 percent of the units or area is paid for with CoC Program funds (24 CFR 578.55(b)(4)).

Quantity and Description: Enter the quantity (i.e., numbers) and descriptive information for each line item for which you are requesting funds (e.g., "Electricity, Gas, and Water - 8-unit TH facility, 12 months @ $750/month = $9,000" or "Maintenance and Repair - quarterly HVAC servicing, 4 visits @ $300, plus general repairs estimated at $2,000 annually").

Total Request for Grant Term: Enter the total amount requested for eligible CoC Program operating costs for a 12-month period.

Supportive Services - All Projects

WHO COMPLETES THIS FORM: All project types (PSH, RRH, TH, SSO/SSO-SO renewals).

Eligible Costs	Quantity AND Description *(max 400 characters)*	Amount Requested
Assistance with Moving Costs (PH or TH Only)		$
Substance Use Treatment		$
Mental Health Treatment		$
Medication Management		$
Peer Support		$
Case Management		$
Street Outreach (SSO-SO Only)		$
Employment Assistance		$
Job Training		$
Life Skills Training		$
Education Service		$
Housing Service Assistance		$
Utility Deposits		$
Transportation		$
Child Care		$
Credit Repair		$
	Total Request for Grant Term	$

Quantity AND Description: This field must provide a complete picture of how CoC Program funds will be used in the project to assist program participants. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title-1 FTE@ $45,000 including fringe benefits of $X or 50 hours @ $25 per hour including fringe benefits of **$X).** Additionally, include any direct provision costs (24 CFR 578.53(e)(17)) for each line item (e.g., monthly use of cell phone to contact program participants @ $X per month).

Annual Amount Requested: Enter the annual amount requested for eligible CoC Program supportive services for a 12-month period.

Total Request for Grant Term: Enter the total amount requested for all line items.

VAWA Cost Budget-All Projects

WHO COMPLETES THIS FORM: Optional for any project type, regardless of population served.

The Violence Against Women Act (VAWA) protects survivors of domestic violence, dating violence, sexual assault, and stalking who live in federally funded housing. Every project funded through the CoC Program must follow two VAWA requirements, no matter who the project serves:

1. **Emergency transfers.** If a program participant becomes a survivor and no longer feels safe in their unit, the project must help them move quickly to a safe unit.
2. **Confidentiality.** The project must keep information about all survivors, including where they live, private and protected.

In 2022, Congress updated VAWA so that CoC Program funds can now be used to pay for the work these requirements involve. This created a new budget category called VAWA costs. VAWA costs are not just for DV Bonus projects or projects that focus on survivors. Any project may request them, because every CoC-funded project must meet the emergency transfer and confidentiality requirements.

Note: New projects may include VAWA costs in their application. Renewal projects may add VAWA costs by expanding their project or by shifting up to 10 percent of funds from another eligible activity into the VAWA cost line item.

Eligible VAWA Cost	**Quantity AND Description** *(max 400 characters)*	**Amount Requested**
Moving Costs		$
Travel Costs		$
Security Deposits		$
Utilities		$
Housing Fees		$
Case Management		$
Housing Navigation		$
Safety Technology		$
Confidentiality Requirements		$
	Total Request for Grant Term	$

Administration/ Indirect Cost Budget- All Projects

WHO COMPLETES THIS FORM: All project types.

Administrative costs are costs of overall program management, coordination, reporting and evaluation of the project, not costs of delivering housing or services to participants, which must be budgeted on the applicable program budget forms. Administrative costs are limited to 10% of the total funding amount requested. Applicants may request eligible project administrative costs in accordance with 24 CFR 578.59.

Applicants may also request indirect costs in accordance with 2 CFR Part 200 and must provide documentation of a federally negotiated indirect cost rate agreement (NICRA) or indicate use of the 15 percent de minimis rate, as applicable. Costs charged as indirect costs may not also be charged as direct project administrative costs.

Eligible Administrative Cost	**Quantity AND Description** *(max 400 characters)*	**Amount Requested**
Training		$
Travel		$
Supplies		$
Other Admin Costs (Program management, coordination, reporting and evaluation of the project)		$
Indirect Costs		$
	Total Request for Grant Term	$

Quantity and Description: Enter the quantity (i.e., numbers) and descriptive information for each line item for which you are requesting funds.

Total Request for Grant Term: Enter the total amount requested for eligible administrative and/or indirect costs for a 12-month period.

Required Documentation: If applying a federally negotiated indirect cost rate, provide a copy of the negotiated indirect cost rate agreement (NICRA) signed by the cognizant agency in Section 13: Required Attachments.

Match Budget- All Projects

WHO COMPLETES THIS FORM: All project types. Every grant must have match.

Under 24 CFR 578.73, all grant funds, except leasing, must be matched with at least a 25 percent cash or in-kind contribution from sources other than the CoC Program grant. Describe how your project will meet this requirement. If your project will use program income as part of the match, state the estimated amount and how it will be generated. In-kind services provided by a third party require a memorandum of understanding executed before the grant agreement.

Match Source	Cash or In-Kind	Description	Amount/ Value
			$
			$
			$
			$
		Total Match	$

Match Letter Requirements

A match letter for each source must be included as a separate attachment. Letters must meet the following criteria:

- Be on letterhead from the organization providing the contribution, contributions can be from an internal or external organization.
- Be signed and dated by an authorized representative of the contributing organization.
- Contain the cash amount or dollar value of the in-kind contribution.
- Contain the specific date the contribution will be made available and the period during which the contribution will be available.
- Contain the name of the applicant agency to which the contribution is being given.
- Contain the specific grant name and the fiscal year.
- Contain a description of the goods/services that will be provided (for in-kind contributions) or a description of what the funds will be spent on (for cash contributions).