

## Part E: Program Budget

Completed by covenanthousefl@gmail.com on 4/15/2018 2:44 AM

Case Id: 10134

Name: Covenant House Florida, Inc.

Address: 733 Breakers Avenue

### Part E: Program Budget

#### E.1. Please describe the project budget request:

On-going Project with CDBG Support

#### E.2. Program Budget. Enter all Program Revenue and complete only applicable sections under Program Expenditures.

Revenue Source	2018 Proposed Revenue	Is this revenue source confirmed and committed to the project?
CDBG/HOME	\$15,000.00	No
Fundraising	\$25,000.00	Yes
Grants	\$51,068.00	Yes
Other	\$32,000.00	Yes
	<b>\$123,068.00</b>	

Program Expenditures	CDBG/HOME	Fundraising	Grants	Other	Total Project Costs
Salaries/Wages	\$0.00	\$0.00	\$29,640.00	\$0.00	\$29,640.00
Employee Benefits	\$0.00	\$0.00	\$7,706.00	\$0.00	\$7,706.00
Professional Contract Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Office Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Postage/Printing	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Notices/Subscriptions	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Utilities	\$3,000.00	\$0.00	\$0.00	\$2,000.00	\$5,000.00
Travel/Training	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Rent/Facility Costs	\$12,000.00	\$25,000.00	\$13,722.00	\$23,700.00	\$74,422.00
Insurance/Legal/Financial Services	\$0.00	\$0.00	\$0.00	\$6,300.00	\$6,300.00
Fundraising	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Materials/Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Lunch/Snacks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Assistive Technology	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administrative Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Scholarship Awards	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Scholarship Maintenance Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Camp(s)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supplies/Activities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Classes	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Field Trips	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Capital Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Direct Client Services	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	<b>\$15,000.00</b>	<b>\$25,000.00</b>	<b>\$51,068.00</b>	<b>\$32,000.00</b>	<b>\$123,068.00</b>

Program Expenditures - Other	CDBG/HOME	Fundraising	Grants	Other
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**E.3 Explain the rationale or basis for all proposed line item budget costs for the proposed project. The narrative should explain:**

**a) line item costs for the CDBG funds requested;**

**b) matching funds (or staff in-kind or citizen volunteer services in lieu of cash match, to be supplied by applicant);**

**c) Other sources and amounts of County, state, federal, or private funds to be involved.**

The total annual operating cost for this 4-bed Emergency Shelter Program is \$123,068. CHF is requesting \$15,000 which is 12% of the program budget which will provide \$12,000 for Rent/Facility Costs, and \$3,000 for Utilities.

CHF's \$108,068 cash match to provide for (1) case manager \$29,640, employee benefits \$7,707, Rent/Facility Costs \$64,422, and Insurance/Legal/Financial Services \$6,200.

Other Source of Funds: \$25,000 Board Fundraising, \$51,068 Grants (HUD HHS), \$32,000 Other - Donor Giving.

Funds will help CHF increase/expand shelter program services to provide targeted case management services (emotional/social/physical health). The Case Manager will provide youth with linkages to Broward's Continuum of Care through other providers.

- Child Day Care
- Entitlement Programs; SSI, WIC, Medicaid, TANF
- Enrollment in local middle/high or vocational programs
- Employment Opportunities: Career Source Broward, OIC
- Health Department, Children's Diagnostic & Treatment Ctr., Healthcare for the Homeless
- Mental Health: Psychiatric Care and psychotropic medications