

**Multifamily Housing Service Coordinator  
First-Time Funding Request**

The public reporting burden for this collection of information for the Multifamily Housing Service Coordinator Programs is estimated to average 40 hours per response for applicants, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information and preparing the application package for submission to HUD. When providing comments, please refer to OMB Approval No. 2502-0447. HUD may not conduct, and a person is not required to respond to, a collection of information unless the collection displays a valid control number. The information submitted in response to the Notice of Funding Availability for the Service Coordinator Program is subject to the disclosure requirements of the Department of Housing and Urban Development Reform Act of 1989 (Public Law 101-235, approved December 15, 1989, 42 U.S.C. 3545).

Name and Address of Applicant/Owner:

**I. Project Information: List the information for the lead project in your application; provide information for additional projects on "More Projs" worksheet.**

a. Project Name and Address		b. Project Type (I.e. Sec. 202, 236, 221(d)(3)BMIR, or Sec. 8)		c. FHA or Project Number	d. Section 8 Number	e. # of Subsidized Rental Units
f. Resident Information		Number of Residents	% of Total Residents	g. If the SC will serve multiple eligible projects, give proportionate amount of time planned for each site.		
Estimate # of Frail Elderly	0	#DIV/0!		Project Name(s)		# of Hours per week
Estimate # of at Risk Elderly	0	#DIV/0!				
Estimate # Non-Elderly People w/ Disabilities	0	#DIV/0!				
Remaining Residents	0	#DIV/0!				
<b>Total</b>	<b>0</b>	<b>#DIV/0!</b>				<b>0</b>
h. Is there an SC currently working at this project? _____ Yes _____ No						
If yes: 1. How many hours per week does the Service Coordinator currently work?		2. How many hours per week do you want to add to your program?		3. Will you extend current employees hours or hire additional staff?		

**II. Budget Information\*\***

a. Personnel (Direct Labor/Salary) Identify Position - SC or Aide	Annual Hours	Rate per Hour	Year1	Year 2	Year 3	Tot 3-Year
	0	\$0	\$0	\$0	\$0	\$0
	0	\$0	\$0	\$0	\$0	\$0
	0	\$0	\$0	\$0	\$0	\$0
	0	\$0	\$0	\$0	\$0	\$0
	0	\$0	\$0	\$0	\$0	\$0
<b>Total Direct Labor Cost</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Multifamily Housing Service Coordinator  
First-Time Funding Request**

**U.S. Department of Housing  
and Urban Development  
Office of Housing**

OMB Approval No.2502-0447  
(expires 11/30/2018)

b. Fringe Benefits	Rate (%)	Base	Year1	Year 2	Year 3	Tot 3-Year
	0%	\$0	\$0	\$0	\$0	\$0
	0%	\$0	\$0	\$0	\$0	\$0
	0%	\$0	\$0	\$0	\$0	\$0
	0%	\$0	\$0	\$0	\$0	\$0
	0%	\$0	\$0	\$0	\$0	\$0
	0%	\$0	\$0	\$0	\$0	\$0
<b>Total Fringe Benefits Cost</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
c. Quality Assurance/Program Evaluation (cap - 10% of line "a", Personnel)	Annual Hours	Rate Per Hour	Year1	Year 2	Year 3	Tot 3-Year
	0	\$0	\$0	\$0	\$0	\$0
	0	\$0	\$0	\$0	\$0	\$0
	0	\$0	\$0	\$0	\$0	\$0
	0	\$0	\$0	\$0	\$0	\$0
	0	\$0	\$0	\$0	\$0	\$0
	0	\$0	\$0	\$0	\$0	\$0
<b>Total Quality Assurance</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
d. Training	Annual Hours	Rate Per Hour	Year 1	Year 2	Year 3	Tot 3-Year
	0	\$0	\$0	\$0	\$0	\$0
	0	\$0	\$0	\$0	\$0	\$0
	0	\$0	\$0	\$0	\$0	\$0
	0	\$0	\$0	\$0	\$0	\$0
	0	\$0	\$0	\$0	\$0	\$0
	0	\$0	\$0	\$0	\$0	\$0
<b>Total Training</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
e. Travel (Indicate local private vehicle, (mileage and rate per mile) airfare (trips and fare), other (quantity and unit cost), per diem (days and rate per day).			Year 1	Year 2	Year 3	Tot 3-Year
			\$0	\$0	\$0	\$0
			\$0	\$0	\$0	\$0
			\$0	\$0	\$0	\$0
			\$0	\$0	\$0	\$0
			\$0	\$0	\$0	\$0
<b>Total Travel</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
f. Supplies and Materials	Quantity	Unit Cost	Year 1	Year 2	Year 3	Tot 3-Year
	0	\$0	\$0	\$0	\$0	\$0
	0	\$0	\$0	\$0	\$0	\$0
	0	\$0	\$0	\$0	\$0	\$0
	0	\$0	\$0	\$0	\$0	\$0
	0	\$0	\$0	\$0	\$0	\$0
<b>Total Supplies and Materials</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
g. Start-up Costs						

1. Creating Private Office Space	Quantity	Unit Cost	Year 1	Year 2	Year 3	Tot 3-Year
	0	\$0	\$0	X	X	\$0
	0	\$0	\$0			\$0
	0	\$0	\$0			\$0
	0	\$0	\$0			\$0
	0	\$0	\$0			\$0
	0	\$0	\$0			\$0
<b>Subtotal for Private Office Space</b>			<b>\$0</b>			<b>\$0</b>
2. Office Furniture/Equipment	Quantity	Unit Cost	Year 1	Year 2	Year 3	Tot 3-Year
	0	\$0	\$0	X	X	\$0
	0	\$0	\$0			\$0
	0	\$0	\$0			\$0
	0	\$0	\$0			\$0
	0	\$0	\$0			\$0
	0	\$0	\$0			\$0
<b>Subtotal Cost of Furniture/Equipment</b>			<b>\$0</b>			<b>\$0</b>
<b>Total Start-Up Costs</b>			<b>\$0</b>			<b>\$0</b>
h. Other Direct Costs	Quantity	Unit Cost	Year 1	Year 2	Year 3	Tot 3-Year
	0	\$0	\$0	\$0	\$0	\$0
	0	\$0	\$0	\$0	\$0	\$0
	0	\$0	\$0	\$0	\$0	\$0
	0	\$0	\$0	\$0	\$0	\$0
	0	\$0	\$0	\$0	\$0	\$0
	0	\$0	\$0	\$0	\$0	\$0
<b>Total Other Direct Costs</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>Subtotal of Direct Costs</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
i. Indirect Costs	Quantity	Unit Cost	Year 1	Year 2	Year 3	Tot 3-Year
	0	\$0	\$0	\$0	\$0	\$0
	0	\$0	\$0	\$0	\$0	\$0
	0	\$0	\$0	\$0	\$0	\$0
	0	\$0	\$0	\$0	\$0	\$0
	0	\$0	\$0	\$0	\$0	\$0
	0	\$0	\$0	\$0	\$0	\$0
<b>Total Indirect Costs</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>j. Total Estimated Costs</b>			<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

\*\* Please note: You may increase costs from year to year by no more than 3%.

k. Contracts: If you plan to contract out for a Service Coordinator or for Quality Assurance, list related cost. Give item and related cost.						<b>\$ Amount</b>
						\$0
						\$0
						\$0
						\$0
<b>Total</b>						<b>\$0</b>
l. Quality Assurance is what percentage of line a, "Personnel (Direct Labor)". (Cannot exceed 10%.)						#DIV/0!
<b>III. Funding Sources and Time Periods (Indicate all that apply.)</b>						
Grant	\$ Amount	# of Years	# of Months	From Date	To Date	
	\$0	0	0	<del> </del>	<del> </del>	
Section 8 Operating Funds (i.e. Budget-based)	\$ Amount	# of Years	# of Months	From Date	To Date	
	\$0	0	0			
Residual Receipts	\$ Amount	# of Years	# of Months	From Date	To Date	
	\$0	0	0			
Excess Income	\$ Amount	# of Years	# of Months	From Date	To Date	
	\$0	0	0			