WINTER SHELTER BUDGET FORM

Complete and submit with Winter Shelter Applications only. Provide Year 1 and Year 2 estimated costs for Winter Shelter in the table below. Insert permitted facility capacity. Enter data into cells below that are not shaded.

	Year 1: Nov. 15, 2017 to March 15, 2018	Year 2: Nov. 15, 2018 to March 15, 2019	TOTAL COST (Start-Up +Year 1 +Year 2)
Permitted Capacity			
Start-Up Costs. (Maximum must be calculated using the permitted facility capacity. Enter totals for each year.)			
Sleeping mats/beds/cots	$ -	$ -	$ -
Fire/life safety materials	$ -	$ -	$ -
Hardware/software - see maximums for HMIS related	$ -	$ -	$ -
Volunteer training	$ -	$ -	$ -
Other (describe)	$ -	$ -	$ -
Subtotal Start-Up	**$ -**	**$ -**	**$ -**
Facility Costs			
Rent/Payment	$ -	$ -	$ -
Electric/Gas	$ -	$ -	$ -
Water	$ -	$ -	$ -
Trash	$ -	$ -	$ -
Other (describe)	$ -	$ -	$ -
Subtotal Facility	**$ -**	**$ -**	**$ -**
Direct Client-Assistance Costs			
Food	$ -	$ -	$ -
Dinnerware & utensils	$ -	$ -	$ -
Toilet paper	$ -	$ -	$ -
Other (describe)	$ -	$ -	$ -
Other (describe)	$ -	$ -	$ -
Subtotal Supplies	**$ -**	**$ -**	**$ -**
Personnel - Costs for staff time spent on night shelter, including training and meetings, but not day shelter costs.			
A. Shelter Staff Hours - combined weekly hours for all shelter staff			N/A
B. Shelter Staff Hourly Rate - note if benefits/fringe included			N/A
C. Subtotal Shelter Staff Total Hours Over 23 Weeks (multiply A by B by 23 weeks)	$ -	$ -	$ -
D. Winter Shelter Supervisor Hours - Weekly hours			N/A
E. Supervisor Hourly Rate - note if benefits/fringe are included			N/A
F. Subtotal Supervisor (multiply D by E by 23 weeks)	$ -	$ -	$ -
Subtotal Personnel (Shelter Staff +Supervisor)	**$ -**	**$ -**	**$ -**
TOTAL COST	**$ -**	**$ -**	**$ -**