

Chart 3: Supportive Services

Supportive Service Costs	SHP Dollars Requested (2 or 3 years)	Est. No. of Persons Served (point in time)
Service Activity: Outreach Quantity:		
Service Activity: Case Management Quantity:		
Service Activity: Life Skills (outside of case management) Quantity:		
Service Activity: Alcohol and Drug Abuse Services Quantity:		
Service Activity: Mental Health and Counseling Services Quantity:		
Service Activity: HIV/AIDS Services Quantity:		
Service Activity: Health Related and Home Health Services Quantity:		
Service Activity: Education and Instruction Quantity:		
Service Activity: Employment Services Quantity:		
Service Activity: Child Care Quantity:		
Service Activity: Transportation Quantity:		
Service Activity: Transitional Living Services Quantity:		
Other Service Activity: (please specify *) Quantity:		
Total Supportive Services Costs**		
Total SHP Dollars Requested***		

**If not specified, the costs will be removed from the budget.*

***The total supportive service costs entered here should equal the amount shown in the "Total Budget" column, Line 6, of the Project Budget portion of Section K.*

****SHP dollars requested must equal the amount shown in the "SHP Request" column, Line 6, of the Project Budget portion of Section K.*