

**Chart: Operating Costs**

Identify the day-to-day costs of operating supportive housing that will be paid for using SHP funding during the requested term of the project.

<b>Operating Costs</b>	<b>SHP Dollars Requested (2 or 3 years)</b>
Maintenance, Repair	
Staff (position, salary, % of time, fringe benefits)	
Utilities	
Equipment (lease/buy)	
Supplies (quantity)	
Insurance	
Furnishing (quantity)	
Relocation (no. of persons)	
Food	
Other operating costs (please specify*)	
Other operating costs (please specify*)	
<b>Total Operating Costs Budget**</b>	
<b>Total SHP Dollars Requested ***</b>	

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

*\*\*The total operating costs entered here must equal the amount shown in the "Total Budget" column, Line 7 of the Project Budget portion of Section K.*

*\*\*\*Total SHP dollars requested must equal the amount shown in the "SHP Request" column, Line 7, of the Project Budget portion of Section K.*