

**Chart 1: Beds**

Beds	Current Level (if applicable)	New Effort or Change in Effort	Projected Level (col.1+ col. 2)	No. Projected To Be Served Over the Grant Term
Number of Bedrooms				
Number of beds				

**Chart 2: Participants**

Participants	Current Level (if applicable)	New Effort or change in Effort	Projected Level (col.1+col. 2)	No. Projected to be served over the Grant Term
Number of families with children				
Of persons in families with children				
a. number of disabled				
b. number of other adults				
c. number of children				
Of single individuals not in families				
a. number of disabled individuals				
b. number of other individuals				

***Note that, if your project is funded, you will be held responsible for achieving the numbers you enter in Section E.***

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Form HUD-40076-modified  
OMB Approval No. 3114-0001 (exp. 09/30/03)

### **Section III. HUD Grant Application Requirements**

#### *Part A. Supportive Housing Program (SHP) Application*

#### **6. Operations Budget**

Complete the Chart on the following page for your new project's total

operations budget. In the first column, the operating cost activity is given. You must enter the quantity (if applicable) for each operating item that will be paid for using SHP funds. Add any other eligible operating costs not listed on the chart that will be paid for using SHP funding. For staff positions, please include the job title, salary, percent of

time allocated for the position, and fringe benefits. Please ensure that the total SHP dollars requested match the amount you entered in the "SHP Total Request" column on Line 5, Operations, in your Project Budget in Section I.

In the second column, enter the amount of SHP funding requested for