

Vendor Name			
Somerville Homeless Coalition			
DPH Bureau/Program Name			
Vendor Code	Fiscal Year	Today's Date	
	2024		
Contract Number	RFR#		
Program Component	FTE	NEW BUDGET	Justification
1. Program Staff			
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$ -	
		\$	
SUB TOTAL	0.00	\$ -	
Fringe Benefits	#DIV/0!	\$ -	Enter the total dollar amount of Fringe Benefits (the percentage will be calculated)
1. TOTAL PROGRAM STAFF		\$ -	
Program ComponentNew BudgetJustification			
2. NON PERSONNEL (Consultants - Consultant worksheet required), subcontractors, supplies, stipends, training, travel)			
Consultant: Individual	\$		
Consultant: Organization	\$		
Subcontractors	\$		
Meal voucher program with Somerville Homeless Coalition	\$ 26,250.00		\$15/meal voucher per person x 10 persons x 7 days a week x 25 weeks
Hotel/Motel Voucher program with Housing Families and Somerville Homeless Coalition	\$ 18,000		60 hotel vouchers x average \$300/night
Sleeping bags and outdoor tents	\$ 30,000		60 outdoor cold weather sleeping bags x 200 each and 60 outdoor cold-weather sleeping tents at \$300/each
Public Health Vending Machine supplies	\$ 19,547.53		Stock one outdoor public health vending machines for 6 months with items such as; winter weather kits; hygiene and personal care kits; Aylazine test strips; Safe use kits; sunscreen and bug spray; safer sex kits
Thermal winter blankets	\$ 5,400.00		120 blankets for use at the warming center and rough sleepers at \$45/per blanket
Clothing vouchers	\$ 16,250.00		\$50 voucher to local Goodwill or second-hand store x 5 a day x 5 days a week x 13 weeks
Housing Search Clinics at Warming Center	\$ 3,648.00		Overtime costs for Housing Families Housing Search case managers to provide services on site at the warming center twice weekly at rate of \$38/hr x 2 staff x 4 hrs/week x 12 weeks
2. TOTAL NON PERSONNEL	\$ 119,095.53		
3. OCCUPANCY			
Program Facility	\$ -		
Facility Operations, Maint. and Furn.	\$ -		
3. TOTAL OCCUPANCY	\$ -		
SUB TOTAL: 1 + 2 + 3	\$ 119,095.53		
Administrative Support			
Max Cap Amount:	0.00%		
4. AGENCY ADMIN. SUPPORT			Enter the total dollar amount of Administrative Support (the percentage will be calculated)
5.PROGRAM SUPPORT*			
TOTAL 1+ 2 + 3 + 4 + 5	\$ 119,095.53		

*Program Support: This component is for direct administrative program support that is associated with a single program(s) and NOT allocated across programs as an indirect cost or identified in admin support.

PLEASE NOTE: Only fill out this worksheet if you listed CONSULT

CONTRACT ID:

FISCAL YEAR:

PROJECT DELIVERABLE*	
1	Project Charter
2	Project Management Plan
3	Project Schedule
4	Project Budget
5	Project Risk Register
6	Project Communication Plan
7	Project Stakeholder Register
8	Project Performance Report
9	Project Closure Report

[illegible]

*** List Project Deliverables for each Consultant, the dates and cost of the deliverable when completed**

**** This amount should equal the total amount you have allocated for CONSULTANTS in your budget**

PLEASE NOTE: This worksheet is not needed for SUBCONTRACTORS

WANTS in your budget

2024

KEY DATE*	PROJECT DELIVERABLE COST*
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL CONSULTANTS**	\$0.00