

**Appendix B
Budget Form
OMH Supported Housing (Transformation) (RFP-OCDMH-SH-17)
Orange County**

| Start-up Budget (if applicable) | | Operational Budget | |
|---|-------------|---------------------------------------|-------------|
| | Cost | | Cost |
| Staffing* (itemize below): | | Staffing* (itemize below): | |
| Fringe Benefits: | | Fringe Benefits: | |
| Other Than Personal Services (OTPS): | | OTPS (include contingency): | |
| Property (include broker fees, security and rent): | | Property: | |
| Furniture/Equipment | | Furniture /Equipment: | |
| Administration and Overhead: % | | Administration and Overhead: % | |
| Total Expense: | | Total Expense: | |
| | | | |
| | | Client Contribution: | |
| | | HUD Funding: | |
| | | OMH Funding: | |
| | | Other Funding: (Identify Source) | |
| Total Funding: | | Total Funding: | |

*** Itemized Staffing:**

| | Start-up | Operational | |
|---------------------------|-----------------|--------------------|----------------------|
| Staffing Position* | FTE | FTE | Annual Salary |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Agency Name: _____

Type of OMH Supported Housing Beds Budget is for:

Number of Beds Budgeting:
