

PART IV B1

**Emergency Shelter Grants Project Matching Funds Table
FFY 2009**

County:

Service Provider:

Detail specific funds, sources, amounts, value of in-kind contributions and the assumptions used to derive at quantitative estimates of dollar equivalents. **Please do not include an amount for which there is no commitment letter. That letter should include an amount of funds or the value of service supplied within the application. The dollar amount shown in column 4 of this sheet should be the same as column 3 on the budget page.**

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Name of Source of Match	Category of Original Funding Source*	Cash Portion of Match	Value of In-kind Portion of Match Amount	Total Amount of Match Dollars	Total Request	Percent of Match to Total Request	Type of In-Kind Match (eg. Time, bldgs, food, etc.)	Attachment Number
Essential Services/Case Management				\$ -		0%		
Moving Sheltered Persons to Permanent Housing and Independent Living				\$ -		0%		
Shelter Maintenance & Operation Costs (e.g rent, utilities, etc.)				\$ -		0%		
Staffing Costs*				\$ -		0%		
Administrative Costs (excluding salary costs)**				\$ -		0%		
Shelter renovation, minor rehab., conversion***				\$ -		0%		
Totals	\$ -	\$ -	\$ -	\$ -	\$ -	0%		

* Not including case manager funded under essential services. ESG share limited to 20% of allocation.

** These funds are extremely limited. Consider this when preparing the request.

*** Project under this line item utilizing ESG funds will not score high unless the applicant demonstrates an extreme need.(See Part IV , A6 of the application)