



Asheville/Buncombe Homeless Coalition

Provider Instructions for Expenditure Data Request Focus Strategies Homeless System Analysis

February 28, 2012

You are being asked to provide information on your last budget year's expenditures for all your homeless projects and programs. The attached Excel Spreadsheet includes information from all shelter, HPRP, transitional housing and permanent supportive housing programs reported in the 2011 Housing Inventory Count (HIC) as well as Support Services Only (SSO) programs funded through the Homeless Coalition (Coalition), or Continuum of Care.

Cost information will be combined with usage and exit data from HMIS to determine the cost of supporting clients in shelters, transitional housing, services only program rapid rehousing and PSH and to compare the relative cost and outcomes among the various programs. **No budget data presentation will attribute costs or funding to any specific program or provider.**

The spreadsheet has two tabs: One for program information (red) and one for expenditure information (green). Each tab has embedded instructions and drop down menus to aid in entry. You may only enter information in yellow cells; grey cells are already filled out and locked from editing.

After you complete the worksheet, Please Save it with your agency's name in the title as follows: "ASH_Budget_ExcelTemplate_NonProfitName**".** The Excel worksheet should then be sent to your Coalition Coordinator who will compile your program's data with others in your continuum and forward on to Focus Strategies.

Directions for Completing Spreadsheet

1) **Program Information Tab:**

Begin on the red tab entitled "Program Information". Choose your provider name from the drop down menu labeled Step One, which will then automatically fill in the rows pertaining to your organization. The program name and program type will appear automatically in grey cells.

- **Column C - Alternate Name:** If your program operates under a different name than the one in the spreadsheet, please fill in this column.



- **Column E - Sub-type:** You will need to select the program sub-type (i.e. scattered site, congregate, etc.) from the drop down menu. Directions will pop up along with the drop down menus to aid in the selection of the program sub-type. Additional information on the program can be entered in the notes column – if you are unclear as to the sub-type of your program, please provide detailed notes on the program in the notes column.
- **Column F - Program Capacity:** For shelters, permanent supportive housing and transitional housing, the bed capacity (from the HIC) is filled in. HPRP and Support Services Only (SSO) programs are asked to input the program capacity (bed capacity for HPRP and service “slots” for SSO).

Red Highlighting: If a shelter program has seasonal or overflow beds, a separate line has been created for these beds to allow budget information for the different bed types. These programs are highlighted in red. Please split the program budget (proportionally or otherwise) between these components.

HPRP Programs: If a program is identified in the HIC as a Homeless Prevention and Rapid Re-Housing Program (HPRP), the program has been provided two lines – one for Rapid Re-Housing and one for Prevention. Please split the program capacity and budget (proportionally or otherwise) between these components. If your HPRP does not provide both Rapid Re-Housing and Prevention, you can leave the irrelevant component row blank or enter “0”. Note that the worksheet has controls to limit the capacity between the Rapid Re-Housing and Prevention components to the total capacity noted in the HIC, and the instruction pop up will note this capacity limitation.

Additional Lines: If you operate a supportive services only program (SSO), Outreach or any other program not included in the HIC, please use rows 46 through 55 at the bottom of the sheet to add these programs. If you only operate programs not on the HIC or funded through the Coalition, you will not be on the drop down list, but can report using the blank rows at the bottom of the sheet.

If any of the information in the grey cells is wrong, please note the mistake and correct information in column G “Notes, Corrections, etc.”.



2) Budget Information Tab

After completing the Program Information tab, please continue to the green “Budget Information” tab. This tab should have some information already in it based on entries in the previous page. On this tab, you will enter financial information.

Each provider should provide annual program expenditures corresponding to the most recently completed budget year for the particular program, **inclusive of all funding sources, public and private, and all costs including overhead and administration attributable to the particular program(s).** The client data drawn from HMIS will be for the most recent federal fiscal year (October 1, 2010 through September 30, 2011), so we would like budget data that most closely corresponds to this timeframe.

Expenditures need to be by program, such if you administer five separate shelters you will show five different amounts, each on a different row of the Excel spreadsheet.

The specific expenditure components requested are:

- **Column D: Budget Dates** Please enter the start and end dates of your most recently completed budget year for the program. The budget date does not have to correspond with the federal fiscal year; please use the actual budget dates applicable to the program.
- **Column E: HUD CoC and/or ESG Grant** This is a *reference cell only*, and is auto-populated with the amount of HUD funding received through CoC or ESG awards. This amount does not include other HUD funding (HOME, CDBG, HOPWA, HCV (Section 8), etc.). This amount is not added into the subtotal and totals in Columns H and J – providers should include expenditures from this grant amount in Column F.
- **Column F: Annual Program Expenditures** Please enter the total expenditures for the operation of the program, inclusive of all funding sources (HUD, other governmental funding, and private funding). **ONLY** include funds that are part of your annual operating budget. If your program has acquisition or construction financing, but that debt does not have hard annual payments, do not include these funds. If your program has dedicated tenant based or project based Housing Choice Vouchers (Section 8), please note this in Column G, including the number of units receiving the rental subsidy and rental subsidy amount (if known). Do not include residents with tenant based vouchers that are not dedicated to your program (e.g. the resident happens to have a voucher, but can use it at will at any rental property in the community, with or without services). Do not include housing or service subsidy for Shelter Plus care units – Shelter Plus Care will report on their programs separately.



- **Column G: Administration** Please include total operating and administration expenditures *including* the administration portion of any HUD grant(s). See below for additional detail below on calculating administration.
- **Column H: Subtotal** This cell sums up the value of expenditures entered in columns F and G. This should equal the total annual expenditures of funding for the program.
- **Column I: Outside Services** Please include the cost of any outside services connected with your program. Many programs rely on other providers or systems to provide the supportive services to their clients or tenants. For example, if another non-profit or a governmental agency provides any dedicated supportive services to the tenants to your program (example: substance abuse treatment, mental health services, etc.) that are specifically linked to your program, please include the expenditures associated with these services. Please note in Column K the organization or organizations providing these services and the nature of these services. If this organization or organizations separately reports these services, the Coalition staff will reconcile these costs such that they are not double counted.
- **Column J: Total** This cell sums up the value of columns H and I. This should equal the total expenditures for the program, including funding from your agency plus any additional expenditure from outside service agencies detailed in column I. This will be the total program cost used for analysis. *Note that Coalition staff will work with Focus Strategies to ensure that outside services are not double counted by the housing providers and service provider before forwarding the budgets to Focus Strategies.*

3) Treatment of Administrative Costs

Expenditure information should include costs for services, operations and administration. Administration means all expenses associated with running the program that are not captured in other line items. For this analysis administration is not limited to 5% as HUD funds are – we are interested in the real, total cost of the program. Many providers, especially those that administer a variety of programs, will apply a specific administrative overhead rate for all programs. For example, a shelter with an operations budget of \$1 million annually and a 15% administrative rate should be shown with a total annual budget of \$1,150,000.

- $\$1,000,000 \times 15\% \text{ admin rate} = \$150,000 \text{ annual admin costs}$
- $\$1,000,000 \text{ operations costs} + \$150,000 \text{ admin costs} = \$1,150,000 \text{ total annual budget}$

If you use another method for capturing administrative overhead costs and are not able to provide this amount by individual program, please call your Coalition Coordinator for additional direction.



4) Additional Notes for Specific Program Types

- **Emergency Shelter:** Please include the total cost to operate the shelter, including staffing, case management, operations and any costs associated with the physical structure.
 - For year round shelters that add additional seasonal beds for particular months or that have overflow beds, separate out the seasonal or overflow beds into their own row (as if they were a separate program), dividing operational costs proportionate for those additional beds and additional months.
 - For programs that provide hotel/motel vouchers as a sheltering method, provide the costs for the actual vouchers as well as all costs associated with operating the program.

If you have debt associated with the physical property (land or building), only include the annual debt payment if there are fixed, hard payments on the note. In other words, include debt payments that are part of your annual operating budget. Deferred payment loans, residual receipt payments, or other such payment structures should not be included.

- **Permanent Supportive Housing and Transitional Housing:** If you have debt associated with the physical property (land or building), only include the annual debt payment if there are fixed, hard payments on the note. In other words, include debt payments that are part of your annual operating budget. Deferred payment loans, residual receipt payments, or other such payment structures should not be included.

If you have project based or dedicated tenant based Housing Choice Vouchers (Section 8) associated with your project, please note this in the comments column. Tenant based vouchers should only be counted if they are dedicated to your program (e.g. a set aside of the general pool). Do not include the voucher subsidy for residents with tenant based vouchers that are not dedicated to your program (e.g. the resident happens to have a voucher, but can use it at will at any rental property in the community, with or without services). Please indicate how many units have Housing Choice Vouchers and (if known), the total rental subsidy provided through the vouchers.

- **HPRP:** If you offer both prevention and rapid re-housing activities under the HPRP program, please separate out these activities as if they were two different programs (the Excel tool will automatically provide two rows for this). In this way, the true costs of each activity will be captured. If you cannot do this note this in the notes column and Focus Strategies will apply a proportional break down of the funding based on the



proportion of clients served (from HMIS) by each activity. If you only provide one service, simply leave the non-applicable row blank.

- **SSO:** Providers of Support Services Only (SSO) programs are asked to give detail on the type of program(s) operated, the populations served and any additional descriptive of the program. Specifically, provide the name of any housing units (TH, PSH, S+C or HPRP) that the SSO is under contract to provide services to AND provide the number or percent of clients served by the SSO in these units.
- **Shelter Plus Care:** The Shelter Plus Care coordinator will provide (separately from this request) information on the housing and service dollars associated with Shelter Plus Care units. If you operate a program that supports Shelter Plus Care (such as an SSO) or have Shelter Plus Care residents (such as in a Permanent Supportive Housing development), please do not include costs associated with the housing or services for those Shelter Plus care residents.