

**Chelan Douglas County Homeless Housing Taskforce
2025 - 2027 Homeless Grant Proposals
Proposed Program Budget**

*Instructions: Complete the budget for **the proposed program only**, not for the entire organization. Please refer to the 2025-2027 Proposal Guidelines for detailed definitions and examples of the budget categories listed below.*

Agency Name:		Proposed Program Name:	
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Program Type:	
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A. Program Expenses

i. Program Personnel Costs (for direct service and program support staff):

	Position Title	FTE	Total ANNUAL Base Salary	Total ANNUAL Taxes, Benefits, & Other Indirect Staff Costs	Total ANNUAL Salary Including Taxes, Benefits & Other Indirect Staff Costs	% of Time Allocated to Program	Total Annual Staff Cost Attributable to Program	ANNUAL Grant Funding Requested for Staff Costs	TWO-YEAR Grant Funding Requested for Staff Costs
1.									
2.									
3.									
4.									
5.									
Total Program Personnel Costs									

ii. Program Expenses (Note: Enter the amount directly attributable to the program or the program allocation as a proportion of the total agency cost)

Expense Description	Total ANNUAL Program Costs	ANNUAL Grant Funding Requested	TWO-YEAR Grant Funding Requested
1. Total Personnel Costs for direct service and program support staff (enter totals from table above)			
2. Facility Support: Leasing of buildings for shelters, transitional housing, & PSH programs			
3. Facility Support: Building utilities; facility maintenance; janitorial support; security services; facility supplies, etc.			
4. Program operation expenses (non-staffing): i.e. office space, office utilities, office supplies, and staff			
5. Staff travel/mileage directly attributable to program			
6. Direct client assistance (i.e. food, clothes, toiletries, laundry, bus tokens, work permit fees)			
7. Administrative/overhead costs (costs that support the organization as a whole & are not attributable to a specific			
8. Other: Specify			
Total Program Expenditures			

B. Program Revenue

i. Total Projected Program Revenues FOR THE TWO-YEAR GRANT TERM (7/1/25 – 6/30/27):

Revenue Source	Total	Specify Funding Source
Grant proposal funding request		Not required
Other local funding		
Other state funding		
Other federal funding		
Agency fundraising		
Private donations		
Client rent or other client fees		
Other		
TOTAL PROJECTED TWO-YEAR REVENUE		