Do not use commas, dollar signs, or *any* special characters in the number fields below. It will disrupt the auto-totals. Remember to round all amounts requested in this application to the nearest hundred - 95000 instead of 94986

WORK PROGRAM AND BUDGET EXHIBIT "A" - ATTACHMENT 5

LOUISVILLE-JEFFERSON COUNTY METRO GOVERNMENT

Office of Housing - Emergency Solutions Grant-CV Capital Project RFP

LINE ITEM BUDGET, Pg 1 of 2

If selected for funding, any line item expense not explicitly listed needs approval from LMG staff before execution of an agreement.

Organization Name:

Project Name:

A. Provide a line item budget as follows:

Expense Categories	**Funding Requested in this Application**	**All (Other) Metro Funding reqeuested/obtained for this project**	**Government Funds obtained for this project NOT through LMG**	**Private funds requested/obtained for this project (philanthropy, insurance, Org's general fund, etc.)**	**Total**
Direct Capital Expenses					
Engineers and Architects					0
Payments to Contractors					0
Renovation Materials					0
Tools					0
Other Renovation/Conversion, Specify Below					
					0
					0
					0
					0
					0
					0
					0
Total Direct Personnel Service Expenses	0	0	0	0	0
Direct Operating Expenses:					
Professional Service Contract					0
Rent					0
Telephone					0
Utilities					0
Local Travel					0
Office Supplies					0
Other Direct Operating Expense, Specify Below					
					0
					0
					0
					0
					0
					0
					0
Total Direct Operating Expenses	0	0	0	0	0
Specially Authorized Costs:					
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
Specially Authorized Costs	0	0	0	0	0
TOTAL PROGRAM BUDGET	0	0	0	0	0

WORK PROGRAM AND BUDGET EXHIBIT "A" - ATTACHMENT 5

LOUISVILLE-JEFFERSON COUNTY METRO GOVERNMENT

Office of Housing - Emergency Solutions Grant-CV Capital Project RFP

LINE ITEM BUDGET, Pg 2 of 2

If selected for funding, any line item expense not explicitly listed needs approval from LMG staff before execution of an agreement.

Organization Name:

Project Name:

B. IF APPLICABLE: Provide the name of each source of funding for this project outside of the funding being requested in this application. Include ALL sources which will fund any part of this project in any way between January 1, 2021 and December 31, 2022. Include a fair cash valuation for non-cash sources, like volunteer hours or donated space/services. If your organization has only applied to receive funding from a source, but has not been approved: list the total amount requested from the source in the value column & write in the notes column that the application has not yet been approved at the time of this application. For all other situations, list the total amount of funding that is available to your organization from the source in the value column below & write details about the funding in the notes section. (i.e. how much of the funding remains from the total available, is the funding on a reimbursement basis or does your organization have the total amount available today, etc.)

Name of Outside Funding Source (Applicant's general fund, Philanthropic group, Insurance, Other unit of government, etc.)	Total Funding from Source Available to this Project	Notes
Total Value of Outside Contributions (if applicable)	0	