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 - 5000 instead of 4986

WORK PROGRAM AND BUDGET EXHIBIT "A" - ATTACHMENT 5

LOUISVILLE-JEFFERSON COUNTY METRO GOVERNMENT

OFFICE OF RESILIENCE AND COMMUNITY SERVICES-HUD Funding

LINE ITEM BUDGET, Pg 1 of 2

If selected for funding, any line item expense not explicitly listed needs approval from RCS 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**	**All (Other) Federal funds requested/ obtained for this project**	**Private funds requested/obtained for this project (philanthropy, insurance, Org's general fund, etc.)**	**Total**
Direct Personnel Services:					
Salaries - Operational Personnel					0
Fringe Benefits					0
Salaries - Administrative Personnel/Activities					0
Overtime					0
Other Personnel Service, 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
Direct Service Expenses:					
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
Total Direct Service Expenses	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 RESILIENCE AND COMMUNITY SERVICES- HUD Funding

LINE ITEM BUDGET, Pg 2 of 2

If selected for funding, any line item expense not explicitly listed needs approval from RCS 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 March 11, 2021 and December 30, 2024. 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	