

**NYS Homes and Community Renewal
Legislative Member Item Program Work Plan**

Program Year: __ / __ / __

SHARS ID: _____

Contract Number: _____

Organization Name: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ County: _____

Phone Number: (____) ____ - _____ Fax Number: (____) ____ - _____

Contact Person: _____

Title: _____

E-mail Address: _____

Board Chair/President: _____

Board Chair/President Signature: _____

Date: _____

Funding Amount	
Organization Name	
SHARS ID	

Description of Neighborhood/Area Boundaries. Please provide a description of the neighborhood and/or service area that will be impacted by these funds. Include relevant demographic data, boundaries, and general characteristics of the area being served.

Funding Amount	
Organization Name	
SHARS ID	

BUDGET
(Total Salaries)

Name	Title	Portion of Salary Paid by MIP funds	Total Salary
Total Salaries		\$	\$

Funding Amount	
Organization Name	
SHARS ID	

BUDGET
(Total Salaries)

Line	Personnel Services	Member Item Funds	Total Funds
1	Total Salaries (from p.4)	\$	\$
2	Total Fringe Benefits		
	Total Personnel Services	\$	\$
	Regulated Other Than Personnel Services (OTPS)	\$	\$
3	Insurance/Bonding		
4	Professional Services		
5	Accounting		
6	Audit		
7	Legal		
8	Other		
9	Equipment		
10	Other (brief description)		
	Total Regulated OTPS	\$	\$
	General Other Than Personnel Services (OTPS)		
11	Rent/Mortgage		
12	Telephone		
13	Office Supplies		
14	Printing/Postage		
15	Utilities		
16	Service & Maintenance Agreements		
17	Bank Charges (not interest)		
18	Other (brief description)		
	Total General OTPS (total lines 11 thru 18))	\$	\$
	Total OTPS (total lines 3 thru 10)	\$	\$
	Total Budget (total Personnel Services, General OTPS + Total OTPS)	\$	\$