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| **Housing Trust Fund Corporation**  **New York State Access to Home Medicaid Program**  **Project Delivery Detail Sheet** | | | | |
| **LPA Name:** | | | **SHARS ID#:** | |
| **Project Address:** | | | | |
|  | **Note:** Staff and overhead costs are directly attributable to the rehabilitation program, and may be charged either as project- related soft costs, or as administrative costs. This form, “Project Delivery Detail Sheet”, is to be used for project specific costs only. Examples of such costs are listed below. | | |  |
| 1. **List Project Delivery Cost(s)** | | **Amount requested**  **for this Project** | **Total Requested To Date**  ***(including this request)*** | |
| Applicant Intake | | $ | $ | |
| Initial Inspection | | $ | $ | |
| Estimate/Scope of Work | | $ | $ | |
| Construction Documents/Contractor Selection | | $ | $ | |
| Progress Inspection/Final Sign Off/Lien Preparation | | $ | $ | |
| Staff Salary | | $ | $ | |
| Fringe | | $ | $ | |
| Other: | | $ | $ | |
|  | | $ | $ | |
|  | | $ | $ | |
|  | | $ | $ | |
|  | | $ | $ | |
|  | | $ | $ | |
| 1. **Total Amount Requested** | | $ | $ | |
|  | **Examples include, but not limited to**: Application Intake; assessment of needs; bid process; coordination of contractors and timely implementation of project; monitoring; travel; final close-out of project. | | |  |