|  |
| --- |
| **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. |  |