|  |
| --- |
| **Housing Trust Fund Corporation****New York State Access to Home for Veterans Program****Administrative Funds Detail Sheet**(attach additional sheets as needed) |
| LPA Name:        | SHARS#:       |
| Time Period For This Request:       To       |
|  **1. Personnel Services** |
| Staff Salaries *(list individually)* | Amount This Period | Total Requested To Date***(including this request)*** |
|        |  | $       |  |  | $       |  |
|        |  | $       |  |  | $       |  |
|        |  | $       |  |  | $       |  |
|        |  | $       |  |  | $       |  |
|        |  | $       |  |  | $       |  |
|        | **+** | $       |  | **+** | $       |  |
|  a. Total Salary*(please calculate manually)* |  | $       |  |  | $       |  |
|  b. Fringe Benefits | **+** | $       |  | **+** | $       |  |
| **2. Total Personnel Services** *(a+b)* |  | $       |  |  | $       |  |
| **3. OTPS** *(Specify and attach backup if necessary)* |
|        |  | $       |  |  | $       |  |
|        |  | $       |  |  | $       |  |
|        |  | $       |  |  | $       |  |
|        |  | $       |  |  | $       |  |
|        |  | $       |  |  | $       |  |
|  **4. Other** *(Specify)* |
|        |  | $       |  |  | $       |  |
|        |  | $       |  |  | $       |  |
|        | **+** | $       |  | **+** | $       |  |
|  **5. Total Amount Requested** *(Total of Sections 2 thru 4)* |  | $       |  |  | $       |  |