|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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)* |  | $ |  |  | | $ |  |