

Emergency Food & Shelter Program
Budget Form

Spending Period for Phase Begin Date: End Date: Contact: Name: Address:	(1) Total Paid \$ (2) Interest income earned \$ (3) Total available for program \$ (Add lines 1 & 2) (4) Less award amount \$ unexpended as of: (5) Net Expenditures (3 less 4) \$
Food: (A) Expenditures for served meals \$ (B) Expenditures for other food \$	Meals Individual Emergency Repairs/Building Code: (G) Expenditures to rehabilitate a facility \$ due to building code citation
Shelter: (C) Expenditures for mass shelter \$ Number of nights' lodging from these funds. (on-site shelter) (D) Expenditures for other shelter \$ Number of motel/hotel nights (E) Expenditures for rent/mortgage \$ Number of bills paid from these funds	Energy: Bill Paid Individual (H) Expenditures for utility assistance to \$ an individual or family. Number of bills paid. Administration: (I) Administrative costs incurred (You are \$ allowed up to 2.00% of your award if approved by Local Board.)
Supplies/Equipment (F) Expenditures for supplies/ \$ equipment	Bills Paid Grand Total: (J) Total amount expended \$ (Add A-I, must match (5) above)