

**New Hampshire Department of Health and Human Services**

*Complete one budget form for each budget period.*

**Contractor Name:** *NH Judicial Branch*

**Budget Request for:** *Community Housing Program*

**Budget Period** *FY24*

**Indirect Cost Rate (if applicable)** *21.50%*

Line Item	Program Cost - Funded by DHHS	Budget Narrative <i>Explain specific line item costs included and their direct relationship to meeting the objectives of this solicitation.</i>
1. Salary & Wages	\$0	
2. Fringe Benefits	\$0	
3. Consultants	\$0	
4. Equipment Indirect cost rate cannot be applied to equipment costs per 2 CFR 200.1 and Appendix IV to 2 CFR 200.	\$0	
5.(a) Supplies - Educational	\$0	
5.(b) Supplies - Lab	\$0	
5.(c) Supplies - Pharmacy	\$0	
5.(d) Supplies - Medical	\$0	
5.(e) Supplies Office	\$0	
6. Travel	\$0	
7. Software	\$0	
8. (a) Other - Marketing/ Communications	\$0	
8. (b) Other - Education and Training	\$0	
8. (c) Other - Other (specify below)		
<i>Other (please specify)</i>	\$400,000	This includes supplemental funding for the current Community Housing Program to meet current gaps in funding for program participant's housing costs. That could include Emergency Housing, Landlord Housing, Transitional Recovery, and Shelter
<i>Other (please specify)</i>	\$0	
<i>Other (please specify)</i>	\$0	
<i>Other (please specify)</i>	\$0	
9. Subrecipient Contracts		
<b>Total Direct Costs</b>	\$400,000	
<b>Total Indirect Costs</b>	N/A	
<b>TOTAL</b>	<b>\$400,000</b>	