

**Shelter Budget Information**

Name of Shelter \_\_\_\_\_  
 Agency Operating Shelter \_\_\_\_\_  
 List any shelter licenses held: \_\_\_\_\_  
 Hours per day that shelter is staffed: \_\_\_\_\_  
 Total Number of Beds Available: \_\_\_\_\_

**Financial Information**

		2012 calendar or fiscal year	2013 budgeted year
Calendar or fiscal year dates →			
<b>Sources of Revenue</b>			
<b>Government Funds:</b>			
<b>State</b>	MaineHousing		
	State DHHS Agreement		
	State DOC Agreement		
	MaineCare (targeted case management)		
	MaineCare (PNMI)		
	Emergency Food and Shelter Program		
	General Assistance Reimbursement		
	City Taxes		
	County/Municipal Funds		
	Other State Funds (please specify)		
	_____		
	_____		
<b>Federal</b>	Emergency Shelter Funds		
	FEMA		
	Federal DHHS		
	Food Stamps		
	RYI		
	USDA		
	HUD Grants (please specify)		
	_____		
	_____		
	Direct Federal Funds (please specify)		
	_____		
	_____		
	<b>Total Government Funds</b>		
<b>Program Income:</b>			
	Client Fees (rent, etc.)		
	Sale of Products		
	Other (please specify)		
	_____		
	_____		
	<b>Total Program Funds</b>		
<b>Other Revenue:</b>			
	United Way		
	Fundraising Events		
	Private Donations		
	In Kind Donations		
	Churches		
	Business/Foundations		
	Civic Organizations		
	Investment Income		
	Other (please specify)		
	_____		
	_____		
	<b>Total Other Revenue</b>		
<b>Total revenue for shelter operating budget</b>			
<small>(should equal total expenses)</small>			
Cost to provide one bednight of shelter (total operating expenses divided by total number of bednights)			
Total Shelter Operating Budget			

Signature of person completing form \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Title of person completing form

\_\_\_\_\_ Date