



Office of Lead Hazard Control and Healthy Homes

Verification of Administrative Costs During Negotiations

Budget Categories	Description of the Activity	HUD Share Total	HUD Share Admin	HUD Share Direct
1. Personnel (Direct Labor)	This is the total cost for the list of staff member who will work on the grant for the four year period. The City of Augusta work week is 37.5 hours per pay period. Our annual FTE Hours is 1950 at 7800 for four years. The Hourly pay for the Inspectors, Program Manager, and Fiscal Officer is considered supplemental pay	\$680,394.00	\$193,050.00	\$487,344.00
2. Fringe Benefits	These are the benefits included with the listed salaries. The fringe benefits includes LTD, Life Insurance, Retirement, Health Insurance (City Portion), FICA & Medicare (City Portion)	\$196,293.67	\$55,694.92	\$140,598.74
3. Travel	This cost includes airfare for out-of-state travel associated with attending eight required HUD Conferences which also includes fairs for taxi rides.	\$78,745.13	\$41,112.00	\$0.00
4. Equipment		\$16,380.00	\$0.00	\$0.00
5. Supplies and Materials		\$17,136.00	\$0.00	\$0.00
6. Consultants		\$0.00	\$0.00	\$0.00
7. Contract and Sub-Grantees		\$2,495,982.80	\$0.00	\$2,299,503.80
8. Construction		\$0.00	\$0.00	\$0.00
9. Other Direct Costs	This administrative cost will consist of providing Community training and workshops, Public Information, Printing, and Postage. This cost will also be used for license, renewals and certification cost and marketing expense from our third party marketing firm provider	\$75,068.40	\$52,534.20	\$0.00
10. Indirect Costs		\$0.00	\$0.00	\$0.00
Total:		\$3,560,000.00	\$342,391.12	\$2,927,446.54
Percentage of HUD Share Total:		100%	10%	82.23%

The Authorizing Official and the Fiscal Staff Official (person) shall certify this form that the Administrative Costs do not exceed the 10% Administrative Cost limit on the revised PART 3 - Financial Reporting - Administrative Costs Summary.

Authorizing Official Signature:

Fiscal Staff Official Signature:

Arnold R. Pierce



Office of Lead Hazard Control and Healthy Homes



HHP Direct Cost Breakdown

Budget Category	Description/Activity	Total Expense Dollar Amount
1. Personnel (Direct Labor)	This is the total cost for the list of staff member who will work on the grant for the four year period. The City of Augusta work week is 37.5 hours per pay period. Our annual FTE Hours is 1950 at 7800 for four years. The Hourly pay for the Inspectors, Program Manager, and Fiscal Officer is considered supplemental pay	\$487,344.00
2. Fringe Benefits	These are the benefits included with the listed salaries. The fringe benefits includes LTD, Life Insurance, Retirement, Health Insurance (City Portion), FICA & Medicare (City Portion)	\$140,598.74
3. Travel		\$0.00
4. Equipment		\$0.00
5. Supplies and Materials	The Non-Consumable supplies will consist of office space furniture, fixtures, and equipment needed to effectively run the program. Those includes office desk, chair, laptops, phones, etc.	\$0.00
6. Consultants		\$0.00
7. Contract and Sub-Grantees	This cost includes the relocation of 90 units not to exceed 10 nights per relocation. Rehabilitation of 90 units to address lead environmental hazards in residential dwellings. Remediation and abatement of 90 units which is allocated to address homes requiring these services.	\$2,299,503.80
8. Construction		\$0.00
9. Other Direct Costs		\$0.00
10. Indirect Costs		\$0.00
Total HHP Direct Expenses		\$2,927,446.54
HHP Direct Cost Percentage of Total Budget of HUD Share		82.23%

(Do not include any HH award amount in calculation)

Arnold R. Pierce
 (Name of Individual Completing this Form)
 Arnold R. Pierce
 (Signature of Individual Completing this Form)

1/23/23
 Date

FINANCIAL REPORTING

HHP Funds

Grant Agreement Number:	Grant Agreement Number: GA LHB0779-22		
Grant Organization:	Organization Name: Augusta, Georgia Housing and Community Development		
Date Prepared:	5-Jan	Year:	2023

HHP Funds

BUDGET CATEGORIES*	NEGOTIATED HUD SHARE BUDGET	APPROVED LOCCS DRAWDOWNS THIS PERIOD*	CUMULATIVE LOCCS DRAWDOWNS TO DATE*	AVAILABLE BALANCE
1. Personnel (Direct Labor)	\$680,394.00			\$680,394.00
2. Fringe Benefits	\$196,293.67			\$196,293.67
3. Travel	\$78,745.13			\$78,745.13
4. Equipment	\$16,380.00			\$16,380.00
5. Supplies and Materials	\$17,136.00			\$17,136.00
6. Consultants	\$0.00			\$0.00
7. Contracts and Sub-Grantees				
7a: Medical Associates Plus (Staff)	\$13,155.00			\$13,155.00
7b: Medical Associates Plus (Blood Lead Test Kits)	\$21,824.00			\$21,824.00
7c: Medical Associates Plus-Match (Staff) - Match (Mobile Testing)	\$0.00			\$0.00
7d: Augusta Partnership for Children (Marketing & Outreach)	\$40,000.00			\$40,000.00
7e: Relocation (90% of 90) (Not to exceed 10 nights per relocation)	\$121,500.00			\$121,500.00
7f: Rehabilitation	\$2,070,000.00			\$2,070,000.00
7g. Remediation and Abatement (10% of 90)	\$135,000.00			\$135,000.00
7h. Contingency (Project Specific)	\$94,503.80			\$94,503.80
7i.	\$0.00			\$0.00
7j.	\$0.00			\$0.00
7k.	\$0.00			\$0.00
7l.	\$0.00			\$0.00
7m.	\$0.00			\$0.00
7n.	\$0.00			\$0.00
7o.	\$0.00			\$0.00
7p.	\$0.00			\$0.00
7q.	\$0.00			\$0.00
7r.	\$0.00			\$0.00
7s.	\$0.00			\$0.00
7t.	\$0.00			\$0.00
Subtotal Category 7	\$2,495,982.80	\$0.00	\$0.00	\$2,495,982.80
8. Construction				\$0.00
9. Other Direct Costs	\$75,068.40			\$75,068.40
9z. Healthy Homes Supplement	\$400,000.00			\$400,000.00
10. Indirect Costs	\$0.00			\$0.00
Total:	\$3,960,000.00	\$0.00	\$0.00	\$3,960,000.00

* Administrative costs included in totals expended **are not** to exceed 10-percent.

Administrative Cost Summary

BUDGET CATEGORIES*	NEGOTIATED HUD SHARE ADMIN BUDGET	APPROVED LOCCS DRAWDOWNS THIS PERIOD*	CUMULATIVE LOCCS DRAWDOWNS TO DATE*	AVAILABLE BALANCE
1. Personnel (Direct Labor)	\$193,050.00			\$193,050.00
2. Fringe Benefits	\$55,694.92			\$55,694.92
3. Travel	\$41,112.00			\$41,112.00
4. Equipment	\$0.00			\$0.00

* Administrative costs included in totals expended **are not** to exceed 10-percent.

I certify that all expenditures reported (or payment requested) are for appropriate purposes and in accordance with the provisions of the application and award documents.

(Name of Individual Completing this Form)

(Signature of Individual Completing this Form)

1/23/23
Date