



Office of Temporary and Disability Assistance

KATHY HOCHUL
Governor

DANIEL W. TIETZ
Commissioner

BARBARA C. GUINN
Executive Deputy Commissioner

Homelessness During Inclement Weather (Code Blue)

Code Blue Period October 1, 2022 through September 30, 2023

Attachment 4

District:	_____	Contact Name:	_____
Email:	_____	Phone:	_____
Amount Requested:	_____		

If funds are requested, the following pages should be completed to explain in detail the need for funding.

As indicated in 22-ADM-XXX, cost reimbursement will be considered where the district has demonstrated and justified a need for funds over and above those that were already being paid when the original Executive Order 151 went into effect in 2016. Reimbursement of essential, additional costs incurred related to the regulation are subject to OTDA and Division of the Budget approval. Only expenditures directly related to the provision of Code Blue services that are not funded in any other way can be claimed. All plans must be received at OTDA by September 6, 2022. *Plans received after the deadline may not be eligible for funding for the 2022-2023 Code Blue period.* During the plan period, districts must track the actual number of clients served on nights that Code Blue services are provided.

I (We), the undersigned, attest that I am (we are) authorized to submit the attached applications and that such provisions will remain valid through the Code Blue Period listed above.

_____	(Please print or type)	_____	(Title)
_____	(Electronic Signature)	_____	(Date)

Request for Code Blue Funding

Provide an estimate below of the average number of clients expected to be served per night and the total number of nights expected to provide Code Blue services. Estimates should be based on prior year actual clients served and Code Blue nights.

1. District expects to serve an average of _____ clients per night that Code Blue services are required.
2. District expects _____ total nights where it will be necessary to provide Code Blue services during the Code Blue period.

Description of Code Blue Services

Narrative by Budget Category:

Along with a narrative, please give a detailed (i.e., line item) breakout of the specific costs identified in each category. Each line-item total below should match the "Total Costs" in Column H of Attachment 2.

Salary Total: \$

Salary Narrative:

Fringe Benefits Total: \$

Fringe Narrative:

Contractual Total: \$

Contractual Narrative:

Travel Total: \$

Travel Narrative:

Equipment Total: \$

Equipment Narrative:

Supplies Total: \$

Supplies Narrative:

Other Direct Expenses Total: \$

Other Direct Expenses Narrative:

Assistance Direct to Clients Total: \$

Assistance Direct to Clients Narrative:

Client Transportation Total: \$

Client Transportation Narrative:

Other Total: \$

Other Narrative: