



# Office of Temporary and Disability Assistance

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## Attachment 6

### Homelessness During Inclement Weather (Code Blue)

#### Budget Instructions

Please use the following as a guide to complete the Budget and Budget Narrative. Cost reimbursement will be considered where the district has demonstrated and justified a need for funds that are consistent with essential services provided during previous Code Blue seasons. Reimbursement of essential additional costs incurred related to the regulation is subject to OTDA and Division of the Budget approval. Once initial plans are approved, districts will have an opportunity to submit a revised plan. Documentation must be provided for all cost increases over the originally approved plan. Administrative overhead charges as a flat percentage fee for Code Blue service providers are not eligible for reimbursement and should not be included in the plan or budget. **Please note that only essential, additional expenditures that are directly related to service provision per the regulation and that are not funded in any other way will be eligible for reimbursement.**

Types of costs that are ineligible, and therefore should not be included in the plan or budget, include but are not limited to:

- Administrative overhead charges as a flat percentage fee for districts or service providers.
- The share of costs for items that are likely to be used outside of Code Blue periods, including cell phones, tablets, and office supplies. User fees for such items should only encompass the Code Blue period.
- Capital expenses including building modifications and repairs, unless specifically necessary for the provision of Code Blue Services. To the extent possible, these costs should be allocated to Code Blue periods and depreciated over the reasonable life of the asset.
- Costs incurred by local government entities as part of their normal scope of duties, such as police patrols and welfare checks.
- Fringe benefit costs that would otherwise be incurred by the district.

If the costs associated with the regulation are eligible for reimbursement under the guidelines associated with Public Assistance, they should not be claimed on the RF17 Special Projects forms; instead, they should be claimed as public assistance on the appropriate claim schedules. **Only expenditures that are not funded in any other way can be claimed.** Planned costs must be directly related to the delivery of the program services and activities that will take place. **All budget amounts should be in whole numbers (no cents).**

## Program Cycle

Reimbursement for expenditures related to activities in compliance with the regulation will be made available to districts. The program cycle's operational dates for activities undertaken to comply with this regulation are October 1 – September 30. Expenses should be based on what will be incurred for one program cycle.

Please identify the following (by numbered line on Budget Form):

1. **Salary Costs:** Enter the amount of salaries of staff charged, providing a list of positions and associated job duties. Include detail on the expected number of hours per week to be worked and hourly or salaried rate. Salaries for existing staff may not be included unless they are adding hours to their existing work schedule for delivery of program services and will directly result in the district incurring additional costs. All salary costs must be justified as directly carrying out Code Blue activities.
2. **Fringe Benefits:** Enter the amount of fringe benefits associated with the salaries charged. Fringe benefit costs may only be included to the extent that the costs would not otherwise be incurred by the district.
3. **Total Salary and Fringe Benefit Costs:** The sum of lines 1 and 2.
4. **Contractual Costs:** This category includes institutions, individuals, or organizations external to the district which have entered into an agreement with the district to provide any services outlined in or associated with the plan, and whose services are to be funded. Administrative overhead expenses for Code Blue service providers should only be included in the budget if the expenses are directly related to and would not be incurred but for the Code Blue program. These overhead expenses must be itemized within the budget and cannot be a flat percentage of the provider's cost. Provide a narrative for all subcontractor costs, including line item details on how funds will be expended.
5. **Travel Costs:** Enter the direct travel costs for employees assigned. Staff travel costs should be budgeted in line with standard agency travel policy or New York State Comptroller guidelines. Travel costs are reimbursed at State rates. Only travel costs for personnel listed under Staff Salaries are acceptable. Consultant or subcontractor's travel expenses should be included on the contractual costs line. No out-of-state travel costs are allowed unless specifically detailed and approved. All non-local destinations for travel must have prior OTDA approval.
6. **Equipment Costs:** Equipment required to meet the contract objectives may be either purchased or rented, whichever is more economical. Equipment is tangible personal property having a useful life of more than two years and an acquisition cost of \$500 or more per unit. Duplicative equipment should not be included in consecutive Code Blue budgets unless there is an essential, stated reason to repurchase a particular item. To the extent possible, equipment should be cost allocated to Code Blue periods and depreciated over the reasonable life of the asset. List the equipment, associated costs, and depreciation schedule in the Budget Narrative.
7. **Supplies:** Provide a list of the essential supplies and associated costs in the budget narrative. To the extent possible, supplies left over from previous years should be used to reduce current year purchases.
8. **Other Direct Expenses:** Enter any expenses outside of the categories listed above that are essential to direct service provision. Include a list of the expenses and associated costs in the budget narrative.
9. **Total Non-Salary Expenses:** The sum of lines 4 through 8.

10. Assistance Direct to Clients: This should include any costs associated with the payment of services to clients. Provide sufficient detail so that all costs are clearly identified.
11. Client Transportation: Enter the amount of any transportation costs to or for clients as part of services provided. List the transportation and the associated costs provided in the Budget Narrative.
12. Other: Enter the amounts provided to clients other than the identified costs listed under Transportation. List the participant-related item and associated costs in the Budget Narrative Form.
13. Total of Client Related Costs: Sum of lines 10 through 12.
14. Total Costs: Sum of lines 3, 9 and 13.