**Supportive Services Value Calculation Worksheet**

Use this form to calculate the value of supportive services used as match. Refer to the Supportive Services Value Calculation Guide for detailed instructions.

**Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Length of compliance period: \_\_\_5 Years \_\_\_10 Years \_\_\_15 Years**

1. **Supportive Services provided by applicant’s own staff. Complete the table below-**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Service** | **Service Hours per Month**  | **Total Hours Worked Per Month**  | **% of Service Hours** | **Total Monthly Salaries** | **Monthly Service Value** | **Annual Service Value** | **Compliance Period Total Service Value** |
| Hrs provided to THTF residents |  | (Svc Hrs ÷ Total Hrs) |  | (Total Monthly Salaries ÷ % of Svc Hrs) | (Monthly Svc Value x 12) | (Annual Svc Value x Compliance Period) |
| Case Management |  |  |  |  |  |  |  |
| Intensive Day Treatment/Therapy |  |  |  |  |  |  |  |
| Behavioral Therapy |  |  |  |  |  |  |  |
| Health Services |  |  |  |  |  |  |  |
| Alcohol and Drug Abuse Recovery Support Services |  |  |  |  |  |  |  |
| Anger Management |  |  |  |  |  |  |  |
| Employment Counseling/Job Placement Assistance |  |  |  |  |  |  |  |
| Financial Literacy/ Education |  |  |  |  |  |  |  |
| Life Skills Training |  |  |  |  |  |  |  |
| Job Skills Training |  |  |  |  |  |  |  |
| GED Training |  |  |  |  |  |  |  |
| Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |  |  |  |  |  |  |  |
| Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |
| **Total Supportive Services Value** |  |  |

1. **Supportive Services paid for by the applicant. Complete the table below.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Type of Service and Name of vendor** | **Per-unit Cost** | **Number of THTF residents served** | **Total Cost** | **Frequency****(i.e. weekly)** | **Annual Cost** | **Compliance Period Total Value**(Annual Cost x Compliance Period) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Total Supportive Services Value** |  |  |  |

1. **Contracts or agreements with other organizations to provide services. Complete the fields below.**
2. Name of organization providing services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Length of contract/agreement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Total contract value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Number of residents receiving services under the contract: \_\_\_\_\_
6. THTF-funded housing residents receiving services under the contract: \_\_\_\_\_
7. Total value of supportive services provided to THTF residents: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_