

ATTACHMENT C SCHEDULE OF EXEMPTIONS

Schedule of Exemptions Requested TOP

Lha Name : Fiscal Year Ending : 12/31/2017 Rev No. : 0 (Original)

Line No.	Account	Category	Description of Exemption	Amount(\$)	No. of years Requested (N for New Request)	Prior Year Approved <input type="radio"/> Yes <input type="radio"/> No						
1												
Total: <input type="text"/>												
State Program												
400-1	400-9	689-1	689-C	689-9	MRVP/AHVP							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Sup. Service</td> <td>State Mod.</td> <td>Other-S1</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		Sup. Service	State Mod.	Other-S1	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>										
200-A	667-A	705-A	689-A	Other-A								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Federal Program												
HUD P.H.	SEC 8 HCVP	SEC 8 MOB	SEC 8 MOB RHB	FSS	HUD MOD	Other-F1 Other-F2						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>						

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Schedule of Exemptions Requested TOP

Lha Name : Fiscal Year Ending : 12/31/2016 Rev No. : 0 (Original)

Lha Name : Barnstable Housing Authority		Fiscal Year Ending : 12/31/2016		Rev No. : 0 (Original)																					
Schedule of Operating Exemptions																									
Description of Expense	Category	Proration by Program (Include all State Federal Programs)																							
		Amount	400-1	400-9	689-1	689-C	689-9	MRVP/AHVP	200-A	667-A	705-A	689-A	Other-A	SUPPORT SERVICES	STATE MOD	OTHER-S1	HUD P.H.	SEC 8 HCVP	SEC 8 MOB	SEC 8 MOB REHAB	FSS	HUD MOD	OTHER-F1	OTHER-F2	
As funded in prior years	Mixed Pop Coordinator	29,716	29,716																						
AUP Audit	Misc	4,200	4,200																						
Increase in workers comp ins	Misc	7,832	7,832																						
Increase in Health Ins Costs	Employee Health Ins	18,482	18,482																						
Totals		60,230	60,230	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

DHCD Direct Reimbursements Report is not Available!!!!