

# YHDP Round 4 &5 New Project Application Detailed Instructions:

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U.S. Department of Housing and Urban Development  
Community Planning and Development  
Office of Special Needs Assistance Programs

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## Introduction

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This document provides detailed instructions for organizations completing the Fiscal Year (FY) 2020 YHDP New Project Applications for funding available through the YHDP Notice of Funding Opportunity (NOFO). These instructions provide information for each question within the YHDP new project applications in the electronic grants management system called *e-snaps*. Additional guides, resources, and an *e-snaps* technical walkthrough are available on [HUD’s website](https://www.hud.gov/program_offices/comm_planning/coc/competition) ([https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition)).

For questions regarding project applications, and how they are affected by HUD statute, regulations, and policy, first contact your YHDP Lead or the TA lead for clarification. Project applicants can find additional information on [HUD’s website](https://www.hud.gov/program_offices/comm_planning/coc/competition) regarding the YHDP Program requirements. The **HUD Exchange** also includes unofficial YHDP Program information developed by technical assistance providers. Lastly contact your assigned YHDP DDO and copy the [YouthDemo@hud.gov](mailto:YouthDemo@hud.gov) email to submit questions or concerns about program requirements.

These instructions mirror the eight parts of the new project application in *e-snaps* as listed below and in Table 1 on page 5.

- Parts 1 and 2 of the project applications are the same regardless of the project type;

- The visibility of *e-snaps* screens and questions for Parts 3 through 6 are mostly open to all the following project types, however, there are a few screens that are dependent on project type. Listed are each of the seven eligible YHDP New project types:
  - Permanent Supportive Housing (PH-PSH)
  - Rapid Rehousing (PH-RRH)
  - Joint Transitional Housing and Permanent Housing-Rapid Rehousing (Joint TH and PH-RRH)
  - Transitional Housing (TH)
  - Supportive Services Only (SSO)–including SSO Coordinated Entry (CE)
  - Safe Havens (SH)
  - Homeless Management Information Systems (HMIS).
- Parts 7 and 8 are the same regardless of the project type.

**HUD has modified the project application in *e-snaps* to conform to the requirements for YHPD projects. Even with these modifications, there are certain questions within the FY2019 new project YHDP forms for which special instructions are given within the instructions, below. Any special YHDP instructions are highlighted in **YELLOW**.**

## What's New for the YHDP Program New Project Applications in Round 4/5

1. **New questions related to Racial Equity.** Questions related to Racial Equity have been added throughout the project application. Please answer these questions to the best of your ability
2. **Special YHDP Activities.** This is the first year the Special YHDP Activities are available under the YHDP New application. Applicants will find a screen consisting of a list of checkboxes. Please select Special YHDP Activities that your organization will find applicable to your project
3. **Unique Entity Identifier (UEI).** Starting on April 4<sup>th</sup>, across all Federal awards, the DUNS number will be replaced with what is called the Unique Entity Identifier (UEI). The UEI is a requirement for all federal grantees. Below are a few tips on how to find your organizations UEI number:
  - If your entity is already registered in SAM.gov, your Unique Entity ID (UEI) has already been assigned and is viewable in SAM.gov. This includes inactive registrations. The Unique Entity ID is currently located below the DUNS Number on your entity registration record. Remember, you must be signed in to your SAM.gov account to view entity records
  - Follow this link: [https://www.fsd.gov/gsafsd\\_sp?id=gsafsd\\_kb\\_articles&sys\\_id=a05adbae1b59f8982fe5ed7ae54bcba](https://www.fsd.gov/gsafsd_sp?id=gsafsd_kb_articles&sys_id=a05adbae1b59f8982fe5ed7ae54bcba) to learn how to find your unique UEI on SAM.gov
  - Follow this link: [https://www.fsd.gov/sys\\_attachment.do?sys\\_id=3866d0061b13b8106397ec21f54bcb72](https://www.fsd.gov/sys_attachment.do?sys_id=3866d0061b13b8106397ec21f54bcb72) on how to get a UEI ID if you currently do not have one.

## Important Reminders

- 1. HUD Forms and Certifications:** HUD added the following forms directly into the *e-snaps* project application. HUD-2880: Applicant/Recipient Disclosure/Update Report, HUD-50070: Certification for a Drug Free Workplace, Certification Regarding Lobbying, and SF-LLL: Disclosure of Lobbying Activities. For project applicants with multiple CoC Program-funded projects, HUD built functionality into the HUD-2880 in the **Project Applicant Profile** so project applicants are only required to fill out the form's fields once for the **combined total** amount for all YHDP projects being submitted.
- 2. Operating Budget and Replacement Reserve Costs.** All new project applications with amounts entered for "**Replacement Reserve**" on Screen "**6G Operating Budget**" are required to answer an additional "**Replacement Reserve**" (Yes/No) question that will populate on Screen 3A question #8 and must be answered prior to submission. In addition, if any applicant utilizes CoC Program Operating funds for replacement reserve, the applicant must submit documentation on Screen "**7A Attachments.**" For further details, refer to instructions for Screen 3A (#8) in this guide.
- 3. Removal of *e-snaps* Screen "5C. Outreach for Participants."** HUD is no longer collecting data in project applications for proposed outreach locations and outreach narrative due to the CoC Program requirements for all CoCs to establish and use a Coordinated Entry process.
- 4. Project Applicants Must Certify "Active" System for Award Management (SAM) Status.** Screen "**7D Certification**" has a new certification requirement that states:  
  
"I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement."

## Project Applicant Profile

Before accessing and completing a project application, you should access the **Project Applicant Profile** to complete information for your organizational contacts, particularly:

- Authorized Representative must be the person in the organization authorized to sign legal documents and legally obligate funds for the applicant's organization.
- Secondary Contact, the person who can address matters in the absence of the authorized contact and who has knowledge of the project application.

Should HUD need to contact your organization to resolve a curable deficiency (see Section VIII.C of the NOFO), these are the two people who will receive the email notification with instructions on how to resolve and the timeframe required for resolution.

Additionally, you must complete the information for [Form HUD-2880, Applicant/Recipient Disclosure/Update Report \(HUD-2880\)](#). The information in this form is used to populate questions on Screen 1G and will automatically populate the total assistance requested from all your organization's project application(s).

To make changes to information populated from the profile, refer to the **Basic Instructions to Access a Project Applicant Profile** below, or if you need instructions on how to complete Form HUD-2880, refer to the additional instructions created by a HUD-approved technical assistance provider, available on the HUD Exchange, [Project Applicant Profile Navigational Guide](#) and [How to Complete HUD 2880 in \*e-snaps\*](#).

## All Projects – Part 1: HUD Forms and Certifications

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Most information in Part 1 populates from the **Project Applicant Profile**. All other fields, including those in white or shaded in gray, are read-only, and either populate with information from the profile or other *e-snaps* data. You must review all information to ensure accuracy and update as needed.

You must complete several HUD required forms in Part 1 of *e-snaps* before you have access to the project application. All other parts of an *e-snaps* project application will remain hidden until this information is completed and saved, including all checkboxes certifying signed forms. The “**Submission Summary**” screen will highlight any incomplete Part 1 screens that need further attention.

**Part 1 of the project application includes the following forms:**

**SF-424: Application for Federal Assistance;** Screens 1A-1F.

**HUD-2880: Applicant/Recipient Disclosure/Update Report;** Screen 1G.

**HUD-50070: Certification for a Drug Free Workplace;** Screen 1H.


**Certification Regarding Lobbying;** Screen 1I.

**SF-LLL: Disclosure of Lobbying Activities;** Screen 1J.

**SF-424B: Assurances for Non-Construction Projects;** Screen 1K; and

**SF-424D: Assurances for Construction Projects;** Screen 1L.

## Basic Instructions to Access a Project Applicant Profile

1. Log into *e-snaps* at <https://esnaps.hud.gov/grantium/frontOffice.jsf> and select "Applicants" in the left menu of the main screen. Important; if working on the project application select “Save” and then select “**Back to Submissions List**” to exit the project application and go back to the main menu. Select "Applicants" from the left menu to access the Project Applicant Profile using the following steps. **Note:** The “View Applicant Profile” link in the left menu leads to a read-only version of the profile and does not allow editing).
2. After selecting "Applicants", select the folder  under “Open”. The list of project applicant profile screens will appear in the left menu.
3. Begin by opening the profile for editing by selecting “6. Submission Summary” from the left menu and then select the "Edit" button at the bottom of the screen. Once in edit mode, the entire profile can be updated.
4. After you have completed all updates and screens have been “Saved,” return to “6. Submission Summary” and select the "Complete" button at the bottom of the screen.
5. Finally, select "Back to Applicants List" in the left menu, then select “Submissions” in the left menu of the *e-snaps* main screen to open a project application. The updated profile information should now appear in all Part 1 screens. If information is not showing as updated, most likely one of the steps above was not completed correctly.

## SF-424: Application for Federal Assistance; Screens 1A-1F

### Screen 1A. SF-424 Application Type

1. **Type of Submission.** No action required.
2. **Type of Application.** No action required if this field indicates “YHDP New Project Application FY2020.” Applicants made this selection when “registering” an *e-snaps* Funding Opportunity before opening the application. The different *e-snaps* Funding Opportunities include: Renewal,

New, CoC Planning, UFA Costs, YHDP Renewal, YHDP Replacement and YHDP New. If the field is not correct, return to the *e-snaps* **Funding Opportunity** screen and create a project application using the funding opportunity for “**YHDP New Project Application FY2020**” project. For instructions for “**registering**” an *e-snaps* **Funding Opportunity** refer to the guide [How to Access the Project Application](#)

3. **Date Received.** No action required. This field automatically populates with the date when you “**Submit**” the project application on the “**Submission Summary**” screen to send to the CoC for review, rating, and ranking.
4. **Applicant Identifier.** No action required; leave this field blank.
- 5a. **Federal Entity Identifier.** No action required; leave this field blank.
- 5b. **Federal Award Identifier.** No action required; leave this field blank.
6. **Date Received by State.** No action required; leave this field blank.
7. **State Application Identifier.** No action required; leave this field blank.

### Screen 1B. SF-424 Legal Applicant

All questions on Screen 1B populate from the **Project Applicant Profile**.

8. **Applicant.** Ensure the accuracy of the organization’s legal name, address, and contact person. The legal name must match the name on the organization’s articles of incorporation or other legal governing authority. Do not list surrogate names, abbreviations, or acronyms.

**Note:** HUD will contact the person listed in field “**f**” if the project application has any curable deficiencies. This field populates with the “**Alternate Contact**” located in the Project Applicant Profile who should be the person who is most knowledgeable with the project application.

### Screen 1C. SF-424 Application Details

All fields on Screen 1C populate from *e-snaps* or the **Project Applicant Profile**.

9. **Type of Applicant.** No action required. Eligible project applicants are: nonprofits, state, and local governments, instrumentalities of state or local government, and public housing agencies (defined in 24 CFR 5.100).
10. **Name of Federal Agency.** No action required.
11. **Catalog of Federal Domestic Assistance (CFDA) Title.** No action required.
12. **Funding Opportunity Number.** No action required.
  - **Funding Opportunity Title.** No action required.
13. **Competition Identification Number.** Not applicable.
  - **Competition Identification Title.** Not applicable.

### Screen 1D. SF-424 Congressional Districts

Some of the fields on Screen 1D are required, some are optional, and others are populated from *e-snaps*.

14. **Area(s) affected by the project (State(s) only).** Required. Indicate the state(s) in which the proposed project will operate and serve persons experiencing homelessness as defined by 24 CFR 578.3.
15. **Descriptive Title of Applicant’s Project.** No action required. This field populates with the name entered when the project applicant created the project from the “**Projects**” screens in *e-snaps*. To change the name, exit the application, go back to “**Projects**” on the left main menu, identify the

correct project on the list of projects, open the project and edit the name. Once the application is reopened from the “**Submissions**” screen, the new project name will appear.

- 16. Congressional District(s).** No action required. HUD uses the district(s) selected here to report certain project data and award amounts to members of Congress. For help locating the correct congressional district go to: <https://www.govtrack.us/congress/members/map>.
- 16a. Applicant.** No action required. The congressional district(s) listed here populate from the **Project Applicant Profile**.
- 16b. Project.** Required. Select The congressional district(s) in which the proposed project is expected to operate.
- 17. Proposed project.** Required. Provide the expected operating start and end dates for the proposed project using the calendar fields provided. If a project application is conditionally awarded, the official operating dates will be recorded in HUD’s electronic Line of Credit Control System (eLOCCS) and will be set to the first day of the month according to the month of the first project expense.
- 18. Estimate funding (\$).** No action required. The requested funding amount will be identified on the “**Summary Budget**” screen of this project application.

## Screen 1E. SF-424 Compliance

You must complete all questions on Screen 1E.

- 19. Executive Order 12372.** Required. Project applications submitted in the CoC Program Competition are subject to the provisions of Executive Order (EO)12372, *Intergovernmental Review of Federal Programs*. This EO allows each State to designate an entity to perform this function. A list of states that have chosen to review applications, along with State Points of Contact (SPOC) are available at: [SPOC-April-2020](#). If you will have projects in more than one state, you must check each state against the SPOC list as one state may require review while other states may not require review.

On Screen 1E, select “**a.**” or “**b.**” to indicate whether the application was selected for review by the state(s) in which the project operates (or will operate).

“**a.**” indicates the state requires review of the application and enter the date on which the application was made available to the state(s). In cases where the SPOC has not reviewed an application prior to the application submission deadline, you must submit the application to meet the FY 2020 CoC Program Competition application deadline for funding consideration.

“**b.**” indicates your organization is located within a state(s) that has chosen not to participate in EO 12372 or this project application has not been selected for review by the state(s); therefore, this CoC project application is not applicable in your state(s).

- 20. Delinquent debt.** Required. On Screen 1E, select “**Yes**” or “**No**” to indicate whether your organization owes debt to any federal agency. Consistent with 31 U.S.C. 3720B and 28 U.S.C. 3201(e), if your organization has an outstanding federal debt it is not be eligible to receive HUD funds, unless one of the following applies:

- a negotiated repayment schedule is established, and the repayment schedule is not delinquent; or
- other arrangements satisfactory to HUD are made prior to HUD awarding funds.

The explanation of any debt owed, and the repayment arrangements must be provided on Screen 1E. If arrangements satisfactory to HUD cannot be completed within 90 days of notification of the conditional award, HUD will rescind the conditional award.

## Screen 1F. SF-424 Declaration

**On Screen 1F, project applicants must select the checkbox next to the “I agree” statement.** All fields are read-only and populate from the **Authorized Representative** listed in the **Project Applicant Profile**. By checking the box, the project applicant agrees to be bound by all terms and conditions associated with this funding request and certifies that data and content in the project application (including all attachments) are true and correct. Screen 1F **must** identify the person authorized to act for the project applicant’s organization and assume the obligations imposed by the all federal laws, program regulations, NOFA requirements, and conditions for a conditional grant award. All fields are read-only and populate from the **Authorized Representative** listed in the **Project Applicant Profile** and should be updated, if needed.

## HUD-2880: Applicant/Recipient Disclosure/Update Report; Screen 1G

This screen populates with information entered in the Project Applicant Profile. If any of the information is incorrect you will need to return to the Project Applicant Profile to make corrections that you will see when you return to this screen.

The Form HUD-2880 uses federal terminology that does not clearly match terminology used for the CoC Program and project applications. For CoC Program purposes, HUD is clarifying the meaning of “**specific project or activity**” and “**this application**” in Part 1 of the HUD-2880, questions 1 and 2. The legal requirements of the HUD-2880 as related to the CoC Program mean: any single organization/applicant equals one application for all accumulated project applications; regardless of how many individual project applications are submitted in a CoC Program Competition. Therefore, information in an *e-snaps* HUD-2880 includes the total amount of all the project applications applying for funds in the FY 2021 CoC Program Competition. For example, if organization XYZ is submitting three separate project applications at \$100,000 each for a total amount of \$300,000; then an answer of “**Yes**” is required in Part 1 question 2 of the HUD-2880—as organization XYZ expects to receive assistance in excess of \$200,000. Since the total amount of funds requested by your organization exceeds \$200,000 for all project applications submitted, you must complete Parts II and III of the HUD-2880.

### **Applicant/Recipient Disclosure/Update Report form HUD-2880 for CoC Program project applicants.**

- 1. Applicant/Recipient Name, Address, and Phone.** No action required. This information populates from the “**Authorized Representative**” screen of the **Project Applicant Profile**.
- 2. Employer ID Number (EIN).** No action required. This information populates from the “**Organization Information**” screen of the **Project Applicant Profile**. You should confirm the EIN populating is correct as an incorrect EIN will delay your organization’s ability to sign the grant agreement if selected for conditional award. EINs are confirmed by HUD prior to releasing funds to the electronic Line of Credit Control System (eLOCCS) and will be withheld from processing if the EIN is incorrect.
- 3. HUD Program.** No action required. This field populates with “**Continuum of Care Program**”.
- 4. Amount of HUD Assistance Requested/Received.** No action required. This field remains blank in the **Project Applicant Profile**. The amount in this field will populate based on the total funds requested for this project application from the “**Summary Budget**” screen.
- 5. State the name and location (street address, City and State) of the project or activity.** No action required. This field populates with the following message: “**Refer to project name, addresses and grant number entered into the attached project application.**” The information this message references is located on the project application screen 1B. SF-424 Legal Applicant, 3A. Project Detail, and 4B. Housing Type and Location.



**Form HUD-2880 Part I. Threshold Determinations–Project Applicants Only.** Part I provides information to help you determine whether the remainder of the form must be completed.

1. **Are you applying for assistance for a specific project or activity?** No action required. This information populates with “Yes”.
2. **Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)?** For further information, see 24 CFR Sec. 4.9.

The answer to this question must be provided in the Project Applicant Profile for all an organization’s accumulated total of FY 2021 CoC project applications. If updates are needed to this question return to the **Project Applicant Profile**.

**Yes**, you must complete Parts II and III of this form. For instructions for completing Parts II and III, refer to pages 2-3 of the [HUD-2880](#). You must report any other government and non-government assistance involved in the project or activity for which assistance is sought (Part II); and you must report:

- all developers, contractors, or consultants involved in the application for assistance or in the planning, development, or implementation of the project or activity, and
- any person who has a financial interest in the project or activity.

If you need to report more assistance than available on the screen, attach the listing to this project application on Screen **7A. Attachments**.

**No**, review the information, check the box “**I agree**”.

**Certification:** The “**I agree**” certification will appear at the bottom of the screen in the **Project Applicant Profile** and at the bottom of the copies of this form in all project applications your organization submits in a CoC Program Competition. You must certify in both the Project Applicant Profile and the project application that the information provided is accurate and complete.

## **HUD-50070: Certification of a Drug Free Workplace; Screen 1H**

The Form HUD-50070 populates information from the **Project Applicant Profile** and relevant data from the FY 2021 project application. **You must read and certify by checking the box toward the bottom of the screen.** Confirm the Authorized Representative information is accurate. If any information on this form is inaccurate, see [Basic Instructions to Access a Project Applicant Profile](#) above.

## **Certification Regarding Lobbying; Screen 1I**

Per 2 CFR part 200, all federal agencies must require submission of the Certification Regarding Lobbying form, which populates information from the **Project Applicant Profile** and relevant data from the FY 2021 project application. This form clarifies which organizations must select “**Yes**” on the next screen for the SF-LLL: Disclosure of Lobbying Activities form. **You must read and certify by checking the box toward the bottom of the screen.** Confirm the “**Authorized Representative**” information is accurate. If any information on screen 1I is inaccurate, see [Basic Instructions to Access a Project Applicant Profile](#).

## **SF-LLL: Disclosure of Lobbying Activities; Screen 1J**

The [SF-LLL](#) populates information from the **Project Applicant Profile** and relevant data from the FY 2021 project application. The requirement related to lobbying as explained in the SF-LLL instructions states:

The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of

Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.

For further clarification or questions on the SF-LLL, see the full form instructions on HUD’s website.

**Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? Select:**

**Yes**, if your organization, or subrecipient(s) if applicable, is engaged in lobbying and answer the questions as they appear on the screen. You must read, certify, and sign by checking the box toward the bottom of the screen (the check box will not appear until you answer the question above). Confirm the “**Authorized Representative**” information is accurate. If any information on this form is not accurate, see [Basic Instructions to Access a Project Applicant Profile](#).

**No**, if your organization, and subrecipient(s) if applicable, is not engaged in lobbying associated with the CoC Program.

## SF-424B: (Assurances for Non-Construction) and SF-424D (Assurances for Construction) Projects; Screens 1K and 1L

Applicants and recipients are required to submit assurances of compliance with federal civil rights requirements. (e.g., Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments Act of 1972, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975; *see also* 24 CFR § 1.5; 3.115; 8.50; and 146.25). HUD accepts these assurances in the form of the SF-424B (Assurances of Non construction Programs) and SF-424D (Assurances for Construction Programs), which also require compliance with all general federal nondiscrimination requirements in the administration of the grant. Applications requesting funds for both non-construction programs and construction programs must submit both the SF-424B and SF-424D.




## All Projects – Part 2: Subrecipient and Recipient Information and Experience

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### Screen 2A. Subrecipient(s) – Attachment Requirement

If your project application includes a subrecipient(s) that will perform part, or all the activities included in this project application you must include the subrecipient(s) information on this screen and attach a copy of the subrecipient(s) nonprofit documentation on the **Attachments** screen. If this project will not include a subrecipient(s) you do not need to complete this screen. Note: If the project includes a subrecipient after the grant agreement is signed, the recipient will have to do a grant agreement amendment.

For more information on the use of subrecipients and the difference between a subrecipient and a contractor, review the definition in 24 CFR 578.3, recipient responsibilities in 24 CFR 578.23(c)(4)(11), and the *Characteristics Indicative of a Subrecipient* in the [July 24, 2015: Using Contractors in ESG and CoC Programs](#) located on the HUD Exchange.

Select add  to enter subrecipient information on the 2A Subrecipient Detailed screen(s). The primary “**Subrecipient**” screen will compile a list of all subrecipients entered in the detailed screens. All grey fields will calculate after you complete and save this screen. Select “**Save & Back to List**” to save the information and return to the primary screen. Select “**Save & Add Another**” to add information for another subrecipient. To view and edit, select view . To delete, select .

You must identify the following information for each subrecipient:

**a. Organization Name;**

- b. **Organization Type** (nonprofit documentation must be uploaded to the Attachment Screen 7A if applicable);
- c. **Employer or Tax Identification Number**;
- d. **Organization's DUNS**;
- e. **Organization's UEI**
- f. **Organization's Physical Address**;
- g. **Organization's Congressional District(s)**;
- h. **Is the subrecipient a faith-based organization**;
- i. **Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?**
- j. **Expected Subaward Amount**; and
- k. **Contact Person.** The name and contact information of the person within the subrecipient organization who has the authority to act on the organization's behalf as it relates to carrying out the actions contracted by your organization.

## Screen 2B. Experience of Applicant, Subrecipient(s) and Other Partners

You must describe your organization's capacity and experience, including subrecipient(s) as applicable, developers, and contractors, on Screen 2B.

1. **Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.** Required. Describe your organization, subrecipient(s) if applicable, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) have successfully utilized federal funds in other projects. Provide examples that illustrate experience such as:
  - (a) working with and addressing the target population(s) identified housing and supportive service needs;
  - (b) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation;
  - (c) identifying and securing matching funds from a variety of sources; and
  - (d) managing basic organization operations including financial accounting systems.
2. **Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.** Required. Include experience with leveraging all federal, state, local and private sector funds. If your organization has no experience leveraging other funds, include the phrase "**No experience leveraging other federal, state, local, or private sector funds.**"
3. **Describe your organization's (and subrecipient(s) if applicable) financial management structure.** Required. Include how your organization has a functioning accounting system that is operated in accordance with generally accepted accounting principles or has designated a fiscal agent that will maintain a functioning accounting system for your organization in accordance with generally accepted accounting principles. If your project application includes a subrecipient(s), include the subrecipient(s) fiscal control and accounting procedures to assure proper dispersal of and accounting for federal funds in accordance with the requirements of 2 CFR part 200.
4. **Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization?** Required. Select:

**Yes**, your organization has unresolved HUD Monitoring **or** OIG Audit findings

**No**, there are no unresolved HUD Monitoring **or** OIG Audit findings. The HUD monitoring or OIG audit findings are not limited to just CoC Program funds, but to any funds that are in use from other HUD programs, (e.g., HOPWA, ESG).

**4a. Describe the unresolved monitoring or audit findings.** If “Yes” was selected for question 4, provide a detailed explanation as to why the monitoring or audit finding(s) remain unresolved and the steps that have or will be taken towards resolution (e.g., responded to the HUD letter, but no final determination received).

**4. Describe the experience of the applicant and potential subrecipients (if any) in providing housing and services to Black, Indigenous, People of Color (BIPOC) experiencing homelessness?** Required. Provide a detailed explanation on the experiences that the applicant and subrecipient (if applicable) have in serving BIPOC communities.

## All Projects – Part 3 through Part 6

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The detailed instructions for Part 3 through Part 6 have combined the eligible new project types for YHDP (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SH, SSO, SSO-CE, HMIS) into one section in this guide. HUD expects project applicants to demonstrate compliance in the project application with the requirements for the project type identified.

### All Projects Part 3: Project Information

#### All Projects Screen 3A. Project Detail

All fields on Screen 3A must be completed for submission of this application.

1. **CoC Number and Name:** Required. Select the CoC Number and Name from the dropdown. **Selecting the correct CoC is critical.** The dropdown contains all CoCs that were registered in the FY 2021 CoC Program Registration process and are listed according to the CoC Number (e.g., NE-502) and CoC Name (e.g., Lincoln County CoC). Based on the selection made in this field, when “**Submit**” is selected on Screen 8B, *e-snaps* will send this project application to the CoC selected.

**Note:** You should only use the “**No CoC**” option in instances where a project is in a geographic area not claimed by any CoC or if you are submitting a Solo Appeal.

2. **CoC Collaborative Applicant Name:** Required. Select the name of the Collaborative Applicant for the CoC you intend to submit the project application. The dropdown for this field is based on the CoC Number and Name selected above with the CoC’s designated Collaborative Applicant’s name that registered during the FY 2021 CoC Program Registration process.
3. **Project Name:** No action required. This field populates from the *e-snaps* “**Project**” screens and is read-only. If the project name is incorrect, exit the project application screens and open the *e-snaps* “**Project**” screens by selecting “**Projects**” from the left menu to correct the information.
4. **Project Status:** Required. This field defaults to the “**Standard**” option.
5. **Component Type:** Required. For **PH-PSH or PH-RRH** projects, select “**PH**” click “**Save**” and the next question will appear. For **Joint TH and PH-RRH** component projects select “**Joint TH and PH-RRH.**” For **TH** projects select “**TH.**” For all **SSO** component projects, select “**SSO.**” 4. For **SH** projects, select “**SH.**” For **HMIS** projects, select “**HMIS.**”

**5a. Does the PH project provide PSH or RRH?** Required. For PH-PSH projects select “PSH.” For PH-RRH projects, select “RRH”

**Note:** Project applicants will select the *type* of rental assistance on the detailed budgets and PH-RRH projects can *only* select tenant-based rental assistance (TRA).

**5a. Select the type of SSO Project.** Required only for SSO projects. Select from a list of all SSO project types.

**Street Outreach** projects include any activity that reaches out to persons living on streets or places not meant for human habitation. These projects engage these individuals and families experiencing homelessness who are living on the streets or other places not meant for human habitation to provide services that may include transportation; referrals to shelter, housing, or services; and food and clothing distribution.

**Housing Project or Housing Structure Specific** projects are connected to a housing project or housing structure and typically offer services in fixed buildings where persons present themselves for services. Services for this category must be housing related and designed to help program participants either identify or maintain housing. These projects must meet at least one of the following three additional criteria to remain SSO projects (as opposed to being classified as PH or TH projects\*\*):

1. The SSO has no connection with the housing provider (they provide services because the client is a program participant in their SSO project and **NOT** because they have an agreement with the housing provider to provide services to the housing provider’s program participants); or
2. The SSO grant supports housing of multiple components (e.g., TH **and** PSH projects);

\*\*Review the supportive services or housing decision tool for clarification at

[www.hudexchange.info/resource/3875/coc-program-ss0-housing-component-decision-tool/](http://www.hudexchange.info/resource/3875/coc-program-ss0-housing-component-decision-tool/).

**Coordinated Entry (CE)** projects are designed to support the development and implementation of coordinated entry processes as required by 24 CFR part 578 and [CPD-17-01: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System \(effective January 23, 2019\)](#). These systems help CoCs assess the needs of program participants and effectively match persons experiencing homelessness with the most appropriate resources available to address their particular needs. HUD originally awarded most of these projects in FY 2012-FY 2019; however, some SSO projects operating as Coordinated Entry were originally awarded prior to the FY 2012 CoC Program Competition. Project applicants submitting coordinated entry renewal project applications must adhere to the requirements in both 24 CFR part 578 and [CPD-17-01: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System](#).

**Stand-alone Supportive Services** projects typically operate in a facility or office designated for the sole purpose of providing services by providers. Common examples include: legal services, personal hygiene and health services, child care centers, parenting classes, and educational and employment training. While these services are not directly related to a specific housing project or structure, they must be necessary to assist program participants in obtaining and maintaining housing.

**6. Will this project include replacement reserves in the Operating budget? (Attachment Requirement)** Required. For additional information see [Replacement Reserves FAQ #3678 on the HUD Exchange](#). Select:

**Yes**, if this project application includes an Operating budget and your organization intends to use some or all the CoC Program operating funds towards replacement reserves. Attach supporting documentation on Screen 7A that includes:

- total amount of funds that will be placed in reserve during the grant term;
- system(s) to be replaced that includes the useful life of the system(s); and
- repayment schedule that includes the payment amount.

**No**, if your organization does not intend to include an Operating budget or if an Operating budget is included, does not intend to use operating funds for replacement reserves.

## All Projects Screen 3B. Description

All fields on Screen 3B are required and provide HUD with a detailed description of the project.

### 1. Provide a description that addresses the entire scope of the proposed project. Required.

Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used.

The information in this description must align with the information entered in other screens of the application. Additionally, if your project will implement service participation requirements or requirements that go beyond what is typically included in a lease agreement, describe those requirements and how they will be implemented.

**YHDP Specific Requirements for PSH, RRH, TH, SH, JOINT and SSO Non CE. These requirements should be included on top of the requirements for the regular project description:**

- The purpose of the project and its role in the community response;
- Target population(s) to be served;
- How the applicant will incorporate positive youth development and trauma informed care into the project;
- Community partnerships; and
- Outcomes and performance measures.

**Note:** HUD recommends using more general data (e.g., this project will serve 10 persons over the term of the grant) rather than using specific dates (e.g., in FY 2020 this project will serve 10 persons) to reduce the need to change project descriptions for annual renewals.

**JOINT ONLY:** Required. If YHDP Program funds will not be requested for both TH and PH-RRH units in this application, the description must describe the number of TH and PH-RRH units that will be utilized by the project from another funding source(s) and provide details of how TH and PH-RRH assistance will be provided for all participants under this joint component. For example, if TH units are requested in this application and PH-RRH units will not be funded with YHDP Program funds (i.e. ESG etc.), the description must include information as to where the funds for the PH-RRH units will come from, and if provided by a separate organization, provide organizational information and source funding for these units and the number of units supported.

### **SSO-CE Only:**

Required. Provide a detailed description of the scope of the project including the project plan for addressing coordinated entry needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and the reason CoC Program funding is required. The

information project applicants provide in this narrative must not conflict with information provided in other parts of the project application.

**YHDP Specific Requirements for SSO-CE; These requirements should be included on top of the requirements for the regular project description:**

- Purpose of the projects and its role in the coordinated community homeless crisis response system;
- Clearly describe how the project will be used to improve the community's coordinated entry process as it pertains to recruiting and connecting youth experiencing homelessness to the community's homeless crisis response system;
- Clearly describe the written standards that have/will be incorporated into the overall coordinated entry written standards that are youth specific;
- How the coordinated entry process will incorporate positive youth development and trauma informed care;
- Community partnerships; and
- Outcomes and performance measures.

**HMIS ONLY:** Required. Provide a detailed description of the scope of the project including the community needs, the design and implementation of the HMIS system, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and the reason CoC Program funding is required. The information project applicants provide in this narrative must not conflict with information provided in other parts of the project application.

**YHDP Specific Requirements for HMIS; These requirements should be included on top of the requirements for the regular project description:**

- Provide a clear and concise project description of the scope of the project. Provide the following information:
- Purpose of the project and its role in the coordinated community response. Clearly describe how the project will support one of the following eligible use of HMIS grants awarded under the YHDP:
  - Implementing or expanding youth specific HMIS system components (e.g., adding youth-specific data standards,
  - evaluating this program, or to develop YHDP specific reports), or
  - adding youth organizations to the HMIS
- Additionally, if requesting a waiver of regulations at 24 CFR part 578 or statute at 42 U.S.C. 11302-11362, include:
  - enter a description of the special YHDP activities request including a justification;
  - include specific section of the regulation or statute that the applicant is requesting HUD to waive; and
  - Special YHDP activities must be for innovative projects used to directly serve youth. If the YHDP Special activity will help to create a project that supports YHDP Planning activities, CE, or Homeless Management Information System (HMIS), follow the guidance for those project types.

**1a. Provide a description that addresses how this project will follow Positive Youth Development (PYD).** Required. Provide a detailed description of how this project will follow the policies of Positive Youth Development.

**1b. Provide a description that addresses how this project will follow Trauma Informed Care (TIC).** Required. Provide a detailed description of how this project will follow the policies of Trauma Informed Care.

**1c. How does this project help the community meet the shared vision, goals and objectives of the coordinated community plan (CCP)?** Required. Provide a detailed description of how this project will follow the CCP developed by the applicant’s YHDP community.

**1d. Describe how race will not be a factor in determining outcomes in this project.** Required. Provide a detailed description of how this project will not make race a determining outcome in projects.

**2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur.** Required. You must enter information in at least one field on the table. If your project includes multiple structures you will complete one column for each structure. You will estimate the number of days from grant execution for the first four questions, as applicable, for the requested project application. Nonapplicable fields can remain blank or you can enter “0” or “NA”.

**Note:** To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is PH-PSH projects with sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
New project staff hired, or other project expenses begin?				
Participant enrollment in project begins?				
Participants begin to occupy leased or rental assistance units or structure(s), and supportive services begin?				
Leased or rental assistance units or structure, and supportive services near 100% capacity?				

**3. Please identify the specific population focus? (Select ALL that apply).** Required. This field defaults to “Youth under 25” option (which is required for all YHDP projects). If a subpopulation focus for your organization is not listed, check the box next to “Other” and enter in the subpopulation in the text box provided. SH projects must select at least “MI” and can select additional subpopulations.

**HMIS ONLY:** Questions 4 – 10 are required but will not be assessed if the project is strictly an HMIS project. Projects that are strictly HMIS should select for the housing first and SSO questions either “None” or “None of the Above”.

**4. Will your project participate in the CoC’s Coordinated Entry (CE) Process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD’s minimum requirements?** Required. Coordinated Entry is a process designed to coordinate program participant intake, assessment, and provision of referrals.



A CE process must cover the entire CoC's geographic area, is easily accessed by individuals and families seeking housing **or** services, is well advertised, and includes a comprehensive and standardized assessment tool and process. Participation in a CE process is a requirement for all applicants of CoC Program funds. Select:

**Yes**, if this project will participate in the CoC's CE process or applicant organization is a victim service provider and uses an alternate CE process that meets HUD's minimum requirements.

**No**, if this project will not meet these criteria.

**5. Housing First.** Housing First is a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions (such as, sobriety or a minimum income threshold). This approach quickly connects individuals and families experiencing homelessness to permanent housing:

- no barriers to entry (e.g., sobriety, treatment, or service participation requirements);
- no preconditions (e.g., sobriety, income); and
- does not terminate program participants from the project for lack of participation in the program (e.g., supportive service participation requirements or rules beyond normal tenancy rules).

Supportive services are voluntary but are offered to maximize housing stability and prevent returns to homelessness. For further information refer to the: [Housing First in PSH Brief](#).

The questions in this section help identify whether your project operates consistent with a Housing First approach.

**5a. Will the project quickly move participants into permanent housing?** Required. Select:

**Yes**, if your project will rapidly move program participants into permanent housing and will not require additional steps (e.g., a required stay in transitional housing or a certain number of days of sobriety).

If this is a Domestic Violence (DV) project application including survivors of human trafficking, sexual assault, stalking, and dating violence, select “**Yes**” if the project will rapidly move program participants into permanent housing after their immediate safety needs have been addressed (e.g., survivor(s) believe they are still in danger and not ready to move into their own permanent housing).

**No**, if the project does not remove all barriers to move program participants quickly into permanent housing or requires additional steps prior to helping a program participant obtain permanent housing.

**5b. Will the project enroll program participants who have the following barriers? Select all that apply.** Required. Checking the box next to each item listed confirms your project does not have the listed barriers for entering the project at the time of completing this application. If these barriers exist at the time of application, select “**None of the above**”.

**5c. Will the project prevent program participant termination for the following reasons? Select all that apply.** Required. Checking the box next to each item listed confirms your project does not terminate program participants for the reasons listed at the time of completing this project application. If a program participant can be terminated from the project for any of these reasons at the time of application, select “**None of the above**”.

**5d. Will the project follow a Housing First approach?** No action required. This question automatically populates based on the responses to questions 5a, 5b, and 5c.

**Yes**, is populated if you selected “**Yes**” for question 5a **and** checked all boxes or checked “**None of the above**” for questions 5b and 5c. This confirms the project will operate following a Housing First approach.

**No**, is populated if you selected “**No**” to question 5a **or** did not check all boxes or checked “**None of the above**” for questions 5b or 5c. This confirms the project will not operate following a Housing First approach.

Any project application with “**Yes**” for question 5d commits to and must operate following Housing First during its FY 2022 grant term.

**6. How will you work to remove barriers such as landlord’s unwillingness to accept CoC assistance or provide housing to people experiencing homelessness. If project uses RRH units, additionally describe your landlord engagement to ensure there are RRH units available for persons enrolled in your project.** Provide a detailed description of how this project will remove barriers to help provide housing.

**7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?** Required. Select:

**Yes**, if any portion of the project will be site-based or require program participants to live in a specific locality, city, or specific area.

**No**, program participants will not be required to live in a specific locality, city, or area.

**Note:** If you are requesting tenant-based rental assistance (TRA), you may require program participants to live in a specific area or structure **only** for the first year of participation when it is necessary for coordination of supportive services.

**7a. If yes, explain how and why the project will implement this requirement.** Describe why the project applicant has chosen to implement this program design for your project program participants. For example, if a project applicant owns a building to provide PSH for program participants or program participants will be required to meet with a case manager at least monthly in their first year of the project and the case managers offices are in the identified locality. For project applicants requesting TRA, it is particularly important to explain why implementing this requirement is necessary for facilitating the provision of supportive services.

**8. Will more than 16 persons live in one structure?** Required. Select:

**Yes**, indicates more than 16 persons will reside in a single structure.

**No**, if this will not occur.

**8a. Describe the local market conditions that necessitate a project of this size.** Required if you answered “**Yes**” to question 7. In the text box provided, explain the local market conditions that require placing more than 16 persons in a single structure.

**8b. Describe how the project will be integrated into the neighborhood.** Required if you answered “**Yes**” to question 7. In the text box provided, explain how your organization will successfully integrate program participants into the neighborhood.

**4. The following questions will ONLY appear for “Coordinated Entry” projects must be answered.** See the *Coordinated Entry Notice* for additional information. ([Notice CPD-17-01: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System](#)).

**4a. Will the coordinated entry process cover the CoC’s entire geographic area?** See Section II.B.1 of the *Coordinated Entry Notice* for additional information. Select:

**Yes**, if the funding request from this project will be used to meet this requirement.

No, funds from this project will not meet this requirement.

**4b. Will the coordinated entry process be affirmatively marketed and easily accessible by individuals and families seeking assistance?** Required for coordinated entry project applications. The CoC's coordinated entry must be affirmatively marketed and easily accessible by individuals and families seeking housing and services. Select:

**Yes**, if the CoC's coordinated entry is affirmatively marketed to those least likely to apply for housing and services in the absence of special outreach.

**No**, if the coordinated entry does not meet the criteria.

**4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.** Required for coordinated entry project applications. Use the textbox provided to describe the advertisement strategy that will ensure coordinated entry will be accessible to individuals and families with the highest barriers to accessing assistance including persons with disabilities, and persons with limited English proficiency (see 24 CFR 578.93(c)). Using bullets instead of full paragraphs is appropriate.

**4d. Does the coordinated entry process use a comprehensive, standardized assessment process?**

Required for coordinated entry project applications. See Sections I.C.4 and II.B.2 of the Coordinated Entry Notice for additional information. Select:

**Yes**, if the standardized assessment process meets the criteria.

**No**, if the standardized assessment does not meet the criteria.

**4e. Describe the referral process and how the coordinated entry process ensures program participants are directed to appropriate housing and services.** See Section II.B.3 of the Coordinated Entry Notice for additional information. Describe how the referral process for homelessness resources is coordinated with CoC and ESG providers according to the CoC's written Coordinated Entry process. Using bullets instead of full paragraphs is appropriate.

**4f. If the coordinated entry process includes differences in access, entry, assessment, or referral for certain subpopulations, are those differences limited only to the following five groups: (1) adults without children; (2) adults accompanied by children; (3) unaccompanied youth; (4) households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and (5) persons at risk of homelessness?** Select:

**Yes**, if the CoC only limits differences identified to the five groups permitted in Section II.B.2 of the of the *Coordinated Entry Notice*.

**No**, if the does not meet this criteria and limits differences in access, entry, assessment, or referral for more than the five groups permitted.

**4g. This coordinated entry project will refer persons experiencing homelessness to projects that specifically coordinates and integrates mainstream health, social services, and employment programs to program participants for which they may be eligible?** Select:

**Yes**, if this SSO-CE project will refer program participants to projects that coordinate and integrate referrals to mainstream health, social services, and employment programs.

**No**, if the SSO-CE does not meet the criteria and this SSO-CE project will not refer program participants to projects that coordinate and integrate referrals to mainstream health, social services, and employment programs.

9. **Indicate whether the project is “100% Dedicated,” “DedicatedPLUS,” or “None” according to the information provided.** Required. Select if the project will dedicate 100 percent of beds to individuals and families experiencing chronic homelessness or who meet the criteria of DedicatedPLUS. Even if DedicatedPLUS is selected, the project applicant can still dedicate beds to individuals and families experiencing chronic homelessness on Screen 4B, and those CH dedicated beds must operate in accordance with Section III.B.2.g. of the FY 2021 CoC Program Competition NOFA. All new **PH-PSH** projects must select from the following:
- **100% Dedicated** (see Section III.B.2.b. of the NOFO) indicates the project is serving only those individuals and families who meet the definition of chronically homeless in 24 CFR 578.3. If you select “**100% Dedicated**” all vacancies must be filled with program participants who meet the definition of chronically homeless.
  - **DedicatedPLUS** (see Section III.B.2.g. of the NOFO) indicates the project is serving only those individuals and families who meet the DedicatedPLUS definition.
  - **None** if this project is not DedicatedPLUS or 100% Dedicated. Most YHDP Projects should select “None”.

**Definitions:**

“**100% Dedicated**” is a project defined in the FY 2021 NOFA Section III.B.2.g. as:

***Beds Dedicated to Chronically Homeless Individuals and Families.*** A permanent supportive housing (PH-PSH) bed that is dedicated specifically for use by chronically homeless individuals and families within a CoC’s geographic area, as reported in the CoC’s Housing Inventory Count (HIC) and the FY 2019 permanent housing project applications. When a program participant exits the project, the bed must be filled by another chronically homeless participant unless there are no chronically homeless persons located within the CoC’s geographic area. This concept only applies to permanent supportive housing projects.

**DedicatedPLUS project.** A permanent supportive housing project where 100 percent of the beds serve individuals and families, including unaccompanied youth, that meet one of the following criteria at intake. Refer to Section III.C.2.g of the FY 2019 CoC Program Competition NOFA:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven, but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year, and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a Joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last 3 years, but has not done so on four separate occasions and the individual or head of household meet the definition of ‘homeless individual with a disability’; or
- (6) receiving assistance through a Department of Veterans Affairs (VA) - funded homeless assistance program and met one of the above criteria at initial intake to the VA’s homeless assistance system.

**None. Have no requirements on homeless status for beds.**

## Youth Demo Projects

All fields on the Youth Demo Projects screens are required for YHDP projects only.

- 1. Does this project carry out housing problem solving activities to divert or rapidly exit households from homelessness??** Required for YHDP projects.

**Yes**, this project carries out housing problem-solving activities or diverts households to rapidly exit homelessness.

**No**, this project does not carry out any of those activities.

- 1a. Describe the intervention strategy to engage families and how community partnerships such as child welfare agencies, schools, youth providers, and other community service and homeless providers are incorporated into the intervention strategy?** Required if “Yes” to question 1 above.

**1b. What services are provided to engage the family and youth?** Required if “Yes” to question 1 above, select one or more of the available options. If a focus for your project is not listed, check the box next to “Other” and enter in the text box provided.

- 2. Is this a Host Homes project?** Required for YHDP Projects

- 3. Please identify the specific populations addressed in this project (Select ALL that apply)**

Required. Select one or more of the available subpopulations. If a subpopulation focus for your organization is not listed, check the box next to “Other” and enter in the subpopulation in the text box provided.

- 4. Does this project plan to use Rental Assistance in the Youth Demo program?** Required for YHDP projects

**4a. Will this project use Rental Deposits?** Required if “Yes” to Question #4

**4b. Will this project cover first months rent?** Required if “Yes” to Question #4

**4c. Short Term Rental Assistance.** Required if “Yes” to Question #4

**4d. Medium Term Rental Assistance.** Required if “Yes” to Question #4

- 5. How will the community continue to involve the Youth Action Board (YAB) in the development and implementation of YHDP projects?** Required. Provide a detailed description of how the YAB will continue their involvement in this project?

- 6. Will your project offer any specialized services for youth living with HIV/AIDS?** Required. Provide a detailed description of how this project will offer any specialized services for youth living with HIV/AIDS.

**6a. If Yes, please provide detail of those services.** Required if “Yes” to question 6 above.

## Special YHDP Activities

### All Projects. Special YHDP Activities

- 1. Is the YHDP Replacement Project Applicant requesting a Special YHDP Activity, Exemption or Innovative Activity?** Required.

**Yes**, this project is requesting a Special YHDP Activity, Exemption or Innovative Activity

**No**, this project does not carry out any of those activities.

2. **Check the appropriate box(s) for the Special YHDP Activity the applicant is requesting (Select all that apply).** Required if “Yes” to question 1 above, select one or more of the available options. If your project does not plan to apply for these Special YHDP Activities, select “None”
  
3. **YHDP grant funds may be used for the following if they are necessary to assist program participants to obtain and maintain housing. Recipients and subrecipients must maintain records establishing how it was determined paying the costs was necessary for the program participant to obtain and retain housing and must also conduct an annual assessment of the needs of the program participants and adjust costs accordingly. (Select all that apply)** Required if “Yes” to question 1 above, select one or more of the available options. If your project does not plan to apply for these Special YHDP Activities, select “None”
  
4. **Check the appropriate box(s) for the Special YHDP Activity - Exemptions the applicant is requesting. (Select all that apply)** Required if “Yes” to question 1 above, select one or more of the available options. A required additional textbox for each selected checkbox will appear for the applicant to explain why they need to apply for this Special YHDP Activity – Exemption. If your project does not plan to apply for these Special YHDP Activities, select “None”

5. **Innovative Activities**

**5a. Is the applicant requesting an innovative activity?** Required if “Yes” to question 1 above.

**Yes**, this project is requesting an Innovative Activity.

**No**, this project does not carry out any of those activities.

**5b. Will this activity be testing or likely to achieve a positive outcome in at least one of the four core outcomes for youth experiencing homelessness (stable housing, permanent connections, education/employment, and well-being)?** Required if “Yes” to question 5 above

**Yes**, this activity will likely achieve a positive outcome in at least one of the four core outcomes.

**No**, this activity will not achieve a positive outcome in at least one of the four core outcomes. Please explain why in the textbox.

**5c. Is the activity cost free?** Required if “Yes” to question 5 above

**Yes**, this activity is cost free.

**No**, this activity is not cost free. Please explain why in the textbox.

**5d. Does the activity conflict with fair housing, civil rights or environmental regulations?**

Required if “Yes” to question 5 above

**Yes**, this activity conflicts with fair housing, civil rights or environmental regulations. Please explain why in the textbox.

**No**, this activity does not conflict with fair housing, civil rights or environmental regulations.

**5e. Is the activity approved by the YAB?** Required if “Yes” to question 5 above

Yes, this activity is approved by the YAB.

No, this activity is not approved by the YAB. Please explain why in the textbox.

**5f. Is the activity approved by the CoC?** Required if “Yes” to question 5 above

Yes, this activity is approved by the CoC.

No, this activity is not approved by the CoC. Please explain why in the textbox.

## All Projects Part 4: Housing and Services

### All Projects 4A. Supportive Services for Participants

**Note:** If “Coordinated Entry” is selected, project applicants are not required to complete this section.

**Note:** HMIS projects are not required to complete this section.

- 1. Describe how program participants will be assisted to obtain and remain in permanent housing** For projects that include housing as a component (even if housing is not provided using YHDP funds): Required. An acceptable response will acknowledge the needs of the target population and include a plan that addresses the types of assistance that will be provided by the project applicant, or other partners, to ensure program participants served by this project will move into appropriate permanent housing as well as either remain in or move to other permanent housing once assistance is no longer needed. Additionally, if you will coordinate with other partners, include their role in meeting this criterion. The description should include:
  - how you will determine the right type of housing that fit the needs of program participants (this should match the information entered on screen **4B. Housing Type**);
  - if you will use rental assistance or leasing assistance, how you will work with landlords to address possible issues and challenges;
  - the type of assistance and support you will provide to program participants to overcome challenges to permanent housing (e.g., case management; housing counseling, employment resources); and
  - how you will work with program participants to set goals towards successful retention of permanent housing.

Finally, if this project will exclusively assist victims of domestic violence, the description must include safety planning addressing the needs of this particular homeless population towards meeting the goal of obtaining and maintaining permanent housing.

If applying for an SSO Non CE project, describe how participants will be assisted to quickly exit homelessness by obtaining or retaining housing.

**1a. Describe specific efforts to ensure BIPOC, LGBTQ and people with disabilities experiencing homelessness will be connected to housing of their choice and supported in housing after the assistance has expired.** Describe how this project will help program participants, particularly BIPOC, LGBTQ or people with disabilities to connect to housing of their choice and supported in that housing after assistance has expired.

2. **Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.**

Describe how this project will help program participants obtain the benefits for which they are eligible. Additionally, if you will coordinate with other partners, include their role in meeting this criterion. The description should include:

- assisting program participants with obtaining and increasing employment income that will lead to successful exits from homelessness (e.g., local employment programs, job training opportunities, educational opportunities);
- the type of mainstream services you will assist program participants with obtaining to increase non-employment income (e.g., SSI; SSDI; Food Stamps, Veterans benefits);
- the type of social services you will provide access and help program participants obtain (e.g., childcare, food assistance, TANF, early childhood education); and
- access to healthcare benefits and resources (e.g., Medicaid, Medicare, healthcare for the homeless, FQHCs).

**Additionally, address how youth will be assisted to obtain education and life skills training.**

3. **For all supportive services available to participants, indicate who will provide them and how often they will be provided.** Required. From the list of supportive services provided, select the service(s) provided by your project to program participants from; your organization (Applicant), subrecipient(s), partner organization(s), or non-partner organization(s) (e.g., Workforce Board). You should select all services that will be provided to program participants to assist them in exiting homelessness, not just those that may be requested in the project application.

For all supportive services where “**Applicant**” is selected, there must also be a corresponding entry for that service in the Supportive Services budget.

If more than one “**Provider**” or “**Frequency**” is relevant for a single service, select the provider and frequency that is used most. If more than one provider offers the service equally as often, choose the provider according to the following order: (1) Applicant, (2) Subrecipient, (3) Partner, and (4) Non-Partner.

- **Provider:** For each applicable supportive service select one of the following:
  - “**Applicant**” to indicate that the project applicant will provide the supportive service;
  - “**Subrecipient**” as indicated on Screen 2A, that will provide the service;
  - “**Partner**” to indicate that an organization that is not a subrecipient of CoC Program funds, but with whom a formal agreement or (MOU) was signed to provide the service; or
  - “**Non-Partner**” to indicate that a specific organization with whom no formal agreement was established regularly provides the service to program participants.
- **Frequency:** Required if “Provider” is selected. Select how often the service is provided to program participants. If two frequencies are equally common, select the interval that is most frequent, (e.g., both weekly and monthly are equally common—select weekly).

4. **How will the project allow youth the ability to choose providers and interventions that fit their needs?** Describe how this project will help youth participants choose providers and interventions that fit their needs.



5. **How will the project respond to the different needs for service type, intensity, and length of support for youth?** Describe how this project will help respond to different needs for youth based on service type, intensity, and length of support.

**Identify whether the project includes the following activities:**

6. **Transportation assistance to program participants to attend mainstream benefit appointments, employment training, or jobs?** Required. Select:

**Yes**, if the project provides regular, or as needed transportation assistance to mainstream and community resources, including appointments, employment training, educational programs, and jobs. Transportation assistance may include bus passes, rail/subway cards, vehicle owned by the organization, etc.

**No**, if transportation is not regularly provided or cannot be provided consistently as requested.

- 6a. **Transportation assistance to clients to attend Youth Action Board (YAB) meetings and other community events?**

**Yes**, if the project provides regular, or as needed transportation assistance to YAB meetings. Transportation assistance may include bus passes, rail/subway cards, vehicle owned by the organization, etc.

**No**, if transportation is not regularly provided or cannot be provided consistently as requested for YAB meetings.

7. **Annual follow-up with program participants to ensure mainstream benefits are received and renewed?** Required. Select:

**Yes**, if the project follows-up with program participants annually to ensure they applied for mainstream benefits (e.g., TANF, food stamps, SSI) for which they are eligible, receiving the benefits, and renew benefits as required.

**No**, if the project does not follow-up with program participants annually.

8. **Will program participants have access to SSI/SSDI technical assistance provided by this project, subrecipient, or partner agency?** Required. Select:

**Yes**, if program participants have access to SSI/SSDI technical assistance. The assistance can be provided by the project applicant, a subrecipient, or a partner agency—through a formal or informal relationship.

**No**, if there is no or significantly limited access to SSI/SSDI technical assistance.

- 8a. **Has the staff person providing the technical assistance completed SOAR training in the past 24 months?** Required if “Yes” is selected for question 6. Select:

**Yes**, if the staff person who provides SSI/SSDI technical assistance completed SOAR training, online or in person, in the past 24 months. If more than one person provides technical assistance, only select “Yes” if all persons have completed the training.

**No**, if the staff person(s) has not completed SOAR training.

## All Projects Screen 4B. Housing Type and Location




**HMIS projects + Projects that will have no housing (YHDP or non-YHDP funded):** HMIS or any other YHDP projects that have no YHDP or non-YHDP funded housing can select “None” as an option for question #1. If “None” is selected, no other fields or questions will appear on the screen.

This screen captures the number of Units, Beds, and Dedicated CH Beds for each housing type and location.

The numbers reported must reflect the units and beds at full capacity on a single night directly supported by CoC Program funds or eligible match funds. This includes units supported only by CoC Program supportive services funds without CoC Program leasing, operating, or rental assistance funds. The reported number of units and beds should generally match the number of households (units), and persons (beds) as listed on Screens 5A and 5B, although there are understandable exceptions (e.g., a two-parent household where the parents share a bed).

The primary 4B screen provides a summary of the units and beds included in the project according to the following categories:

- **Total Units**, all **units** in the project, regardless of size.
- **Total Beds**, all **beds** in the project, regardless of unit configuration (e.g., a 2-bedroom unit serving a family with 2 children may have 3 beds – one for adult(s) and two for each child or may only have 2 beds if the 2 children will share a bed).
- **Total Dedicated CH Beds**, all CH beds **dedicated** for individuals and families experiencing chronic homelessness.

The summary table on the primary 4B screen aggregates the individual “**Housing Type and Location detail**” screens. To add a detail screen, select add  and complete the mandatory fields. Select “**Save & Back to List**” to save the information and return to the primary screen. Select “**Save & Add Another**” to add another detail screen. To view and edit, select view . To delete, select .

1. **Housing type:** Required. Select the type of housing structures where program participants will be housed. If more than one housing type is used you will complete a “**Housing Type and Location Detail**” screen for each type (e.g., both SRO and Clustered Apartments you will enter the information twice, once for each housing type). Select from the following housing types:

- **Barracks:** Individuals or families sleep in a large room with multiple beds. **This type should not be selected as it is not appropriate for PH-PSH, PH-RRH projects.**
- **Dormitory: (shared or private rooms).** Individuals or families share sleeping rooms or have private rooms; share a common kitchen, common bathrooms, or both. **This type should not be selected as it is not appropriate for PH-RRH projects.**
- **Shared housing:** Two or more unrelated people share a house or an apartment. Each unit must contain private space for each individual or family, plus common space for shared use by residents of the unit. Projects cannot use zero or one-bedroom units for shared housing.
- **Single Room Occupancy (SRO) units:** Individuals have private sleeping or living room which may contain a private kitchen and bath, or shared, dormitory style facilities.
- **Clustered apartments:** Individuals or families have a self-contained housing unit located within a building or complex that houses both persons with special needs (e.g., persons formerly experiencing homelessness, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV) and persons without special needs.
- **Scattered-site apartments (including efficiencies):** Individuals or families have a self-contained apartment. Apartments are scattered throughout the community.
- **Single family homes/townhouses/duplexes:** Individuals or families have a self-contained, single-family home, townhouse, or duplex that is located throughout the community.

2. **Indicate the maximum number of Units and Beds available for program participants at the selected housing site:** Required. For this type of housing, enter the total number of units and beds.
  - 2a. **Units:** Enter the total number of units available at full capacity on a single night in the selected housing type and location.
  - 2b. **Beds:** Enter the total number of beds available at full capacity on a single night in the selected housing type and location.

**Note:** A zero bedroom or efficiency must be indicated as 1 unit, 1 bedroom, and 1 bed. In addition, the number of units and beds listed on Screen 4B must be equal to or greater than the total number of units requested in the budget, Part 6 in this guide, and the number of beds **should correlate** to the number and characteristics of persons that the project is expected to serve as recorded on Screens 5A and 5B.

3. **How many beds in "2b. Beds" are dedicated to persons experiencing chronic homelessness?** Required. If you selected **"100% Dedicated"** to question #8 on Screen 3B. Project Description, you must enter all beds as dedicated for individuals and families experiencing chronic homelessness. If you selected **"DedicatedPLUS"** you can enter the number of beds that will be dedicated CH; but this is not required so long as all program participants who enter the project meet the **"DedicatedPLUS"** requirements in Section III.B.2.g of the NOFO.

If your project has dedicated CH beds to serve families experiencing chronic homelessness, you will enter all beds for the household as CH beds. See [HUD Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing](#) for additional information.

If TH, SH or SSO Non CE, this will be 0. If DedicatedPLUS or None selected, the number of dedicated beds can also be 0.

4. **Address:** Required. Enter the address for all properties for which funding is requested. If the location is not yet known, enter the expected location of the housing units. For scattered-site and single-family housing, or for projects that have units at multiple locations, you should enter the address where the majority of units and beds will be located. Where the project uses tenant-based rental assistance, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for your administration office.

**Important Note:** Projects serving survivors of domestic violence must use a PO Box or other anonymous address to ensure the safety of program participants.

**PH-RRH:** Since PH-RRH projects use tenant-based rental assistance (TRA) and the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office.

4. **Select the geographic area associated with this address:** Required. Report the geographic area in which the housing type, units, and beds are actually located. The list of geographic areas is limited by the state(s) selected on Screen 1D of the application. Multiple areas can be selected if units are located in more than one county or city. Hold down the **"Ctrl"** key to make multiple selections.

## Joint TH and PH-RRH Screen 4B. Housing Type and Location




The primary 4B screen numbers should match the most recently approved project application under grant agreement or grant agreement amendment.

Use Screen 4B to report the number of Units and Beds for each housing type and location supported, regardless of funding source. If either of the TH portion or the PH-RRH portion are supported through other funding source(s) be sure to enter these units, beds, and funding source(s) on the **"Housing Type**

**and Location and Detail”** screens. The number of units and beds in each of the TH portions and the PH-RRH portions must be greater than ‘0.’ The total numbers reported must reflect the total units and total beds at full capacity on a single night for both the TH and RRH portions of the project. This includes units supported only by CoC Program supportive services funds without CoC Program leasing, operating, or rental assistance funds. Generally, the reported number of beds should match the number of persons served and households, as listed on Screens 5A and 5B although there are understandable exceptions (e.g., a two-parent household where the parents share a bed).

The primary 4B screen provides a summary of the units and beds included in the project according to the following categories:

	TH	RRH	Total
<b>Total Units:</b>			
<b>Total Beds:</b>			

The summary chart on the primary 4B screen aggregates the individual “**Housing Type and Location detail**” screens. To add a detail screen, select add  and complete the mandatory fields. Select “**Save & Back to List**” to save the information and return to the primary screen. Select “**Save & Add Another**” to add another detail screen. To view and edit, select view . To delete, select .

1. **Is this housing type for the TH portion or RRH portion of the project?** Select “TH” or “RRH.” If “TH” is selected an additional question will appear.
  - 1a. **Does this TH portion of the project have private rooms per household?** Select “Yes” if the units in the TH portion of the project have private rooms per household. Select “No” if households do not have private rooms and must share sleeping spaces with other households.
2. **Housing type:** Report the type of housing structures in which program participants under this project will be housed for **both the TH portion and the PH-RRH portions of the project whether funds are requested through this CoC Program project application or funds from another source(s).** Each housing type must be listed individually according to the following options:
  - **Barracks:** Individuals or families sleep in a large room with multiple beds. **This type is not appropriate for the PH-RRH portion of the project and should only be selected if it is being used for the TH portion of the project.**
  - **Dormitory; shared or private rooms:** Individuals or families share sleeping rooms or have private rooms; persons share a common kitchen, common bathrooms, or both. **This type is not appropriate for the PH-RRH portion of the project and should only be selected if it is being used for the TH portion of the project.**
  - **Shared housing:** Two or more unrelated people share a house or an apartment. Each unit must contain private space for each assisted family, plus common space for shared use by the residents of the unit. Common space must be appropriate for shared use by the residents and private space must contain at least one bedroom for each two persons in the family. A zero or one-bedroom unit may not be used for shared housing.
  - **Single Room Occupancy (SRO) units:** Each individual has private sleeping or living room which may contain a private kitchen and/or bath, or shared, dormitory style facilities. **Clustered apartments:** Each individual or family has a self-contained housing unit located within a building or complex that houses both persons with special needs (e.g., formerly homeless persons, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV) and persons without special needs.

- **Scattered-site apartments (including efficiencies):** Each individual **or** family has a self-contained apartment. Apartments are scattered throughout the community.
  - **Single family homes/townhouses/duplexes:** Each individual **or** family has a self-contained, single family home, townhouse, **or** duplex that is dispersed throughout the community.
- 3. What is the funding source for these units and beds?** From the dropdown menu, select either CoC, ESG, Section 8 or HUDVASH, Other, or Mixed. If multiple housing funding sources are used for this housing type and location, select “**Mixed.**” When Other or Mixed are selected, enter details in the textbox that will appear.
  - 4. Indicate the maximum number of Units and Beds available for project participants at the selected housing site:** For this type of housing, enter the total number of units and beds.
    - **Units:** Enter the total number of units available at full capacity on a single night in the selected housing type and location.
    - **Beds:** Enter the total number of beds available at full capacity on a single night in the selected housing type and location.

**Note:** A zero bedroom **or** efficiency must be indicated as 1 unit, 1 bedroom, and 1 bed. In addition, the number of units and beds listed on Screen 4B must be equal to **or** greater than the total number of units and beds requested in the budget, Part 6 of this guide, and **should correlate** to the number and characteristics of persons that the project is expected to serve recorded on Screens 5A and 5B.

- 5. Address:** Project applicants must enter an address for all proposed and existing properties. **If** the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, **or** for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located **or** where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, **or** if the address for scattered-site **or** single-family homes housing cannot be identified at the time of application, enter the address for the project’s administration office. Projects serving survivors of domestic violence, including human trafficking, must use a PO Box **or** other anonymous address to ensure the safety of participants.
- 6. Select the geographic area associated with this address:** Report the geographic area in which the housing type, units, and beds will be located. The list of geographic areas is limited by the state(s) selected on Screen 1D of the application. Multiple areas can be selected if units are located in more than one county **or** city. Hold down the “**Ctrl**” key to make multiple selections.

## HMIS Part 4: Implementation of HMIS

**Note:** Only **HMIS** projects should complete these screens, unless otherwise notified.

### HMIS Screen 4A. HMIS Standards

All questions on Screen 4A are required and should be answered based on the current configuration of the dedicated HMIS project. For more information on HMIS Data Standards applicable for all HMIS projects, go to [HMIS Data Standards](#).

#### HMIS Universal Data Elements

1. Name	6. Gender	11. Destination
2. Social Security Number	7. Veteran Status	12. Relationship to Head of Household
3. Date of Birth	8. Disabling Condition	13. Client Location

4. Race	9. Project Start Date	14. Housing Move-in Date
5. Ethnicity	10. Project Exit Date	15. Prior Living Situation

**1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the 2020 HMIS Data Standard Notice?** Required. Select:

Yes, if the HMIS collects all required UDEs.

No, if the HMIS cannot or does not collect all required UDEs.

**1a. If no, explain why and the planned steps for correction:** Required if “No” was selected for question 1a. If the HMIS does not capture all UDEs provide an explanation that includes the UDE(s) not collected by the HMIS, the reason the UDE(s) are not captured, the specific steps the HMIS Lead, working with the CoC, will take to come into compliance; and how funds from this project application will result in full compliance with this requirement.

**2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting (i.e., Annual Performance Reports, Annual Homeless Assessment table shells (Logitudinal System Analysis), data for CAPER/ESG reporting, SPM and Data Quality Table, etc.)?** Required. Select:

Yes, the HMIS produces all HUD-required reports and provides data as needed for HUD reporting.

No, the HMIS does not produce all HUD-required reports.

**2a. If no, explain why and the planned steps for correction:** Required if “No” was selected for question 2a. If the HMIS does not have this capacity, provide an explanation that includes the reports that cannot be produced, the reason, the specific steps the HMIS Lead, working with the CoC, will take to come into compliance, and how funds from this project application will result in full compliance with this requirement.

**3. Is your HMIS capable of generating all reports required by Federal partners including HUD, VA, and HHS?** Required. Select:

Yes, the HMIS produces all reports required by Federal partners.

No, the HMIS does not produce all reports required by Federal partners.

**3a. If No, explain why and the planned steps for correction.** Required if “No” was selected for question 3a. If the HMIS does not have this capacity provide an explanation that includes the reports that cannot be produced, the reason, the specific steps the HMIS Lead, working with the CoC, will take to come into compliance, and how funds from this project application will result in full compliance with this requirement.

**4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC?** Required. Select:

Yes, the HMIS can unduplicate client records.

No, the HMIS cannot unduplicate client records or if the HMIS will soon include this capacity.

**5. Is there a staff person responsible for ensuring the HMIS implementation meets all security standards as required by HUD and other federal partners?** Required. Select:

Yes, the HMIS Lead has a staff person responsible for security standards.

No, the HMIS Lead does not have a staff person responsible for security standards, or if the HMIS Lead will hire or appoint a person.

**6. Does your organization conduct a background check for all employees who access and view HMIS data?** Required. Select:

**Yes**, the HMIS Lead conducts background checks on all employees who access the HMIS, including, but not limited to HMIS Lead personnel, administrators, project-level staff (e.g., case managers, housing specialist).

**No**, if the HMIS Lead does not conduct background checks.

**7. Does the HMIS Lead conduct Security Training and follow up on security standards regularly?** Required. Select:

**Yes**, the HMIS Lead conducts security training and follows-up with recipients and subrecipient organizations.

**No**, the HMIS Lead does not conduct security training or follow-up with recipients **and** subrecipients.

**8. Do you have a process in place to remove licenses for former users who no longer need access to HMIS (e.g., leave their job, fired)?** Required. Select:

**Yes**, there is a process in place to remove HMIS users who should no longer have HMIS access.

**No**, there is not a process in place to remove HMIS users who should no longer have HMIS access.

**8a. How long does it take to remove licenses for former HMIS users?** Required if you answered “Yes” to question 8. The HMIS Lead must have the capacity to remove user access rights. Select the appropriate time frame from the options:

- **Within 24 hours;**
- **Within 1 week;**
- **Within 2 weeks;**
- **Within 1 month;**
- **Longer than 1 month; or**
- **Longer than 1 month** if this capacity does not exist.

## HMIS Screen 4B. HMIS Training

**Note: Only HMIS projects should complete these screens, unless otherwise notified.**

Screen 4B is designed to assess whether the HMIS has the capacity to train HMIS users to adequately use the systems supported by these CoC Program funds.

**Indicate the last training date or proposed training date for each HMIS training, as applicable.**

Required. Enter the date in the prescribed format (mm/yyyy) of the last, **or** next proposed, training date. **If** there has been no training, enter 00/0000. You can also specify up to 3 additional HMIS trainings that apply to the implementation of the proposed project. Enter data for each of the following categories:

1. Basic Computer Training	5. Security Training
2. HMIS Software Training for Sys Admin	6. Privacy/Ethics Training
3. HMIS Software Training	7. HMIS PIT Count Training
4. Data Quality Training	8. Other (must specify

## All Projects Part 5: Participants

**Note:** If “Coordinated Entry” is selected, project applicants are not required to complete this section.

**Note:** HMIS projects are not required to complete this section.

**Note:** While HMIS and SSO-CE projects are not required to fill out this section, due to e-snaps functionality requirements, numbers must be entered before the form can be saved and application can be submitted. We recommend, putting in "1" on screen 5A in any column, and then a "1" in the appropriate matching column in screen 5B

### All Projects Screen 5A. Project Participants - Households

The information on this screen captures program participant information that includes the number of households the project serves, the characteristics of those households, and the number of persons for each household type, as applicable.

Households	Households with at Least One Adult & One Child*	Adult Households without Children	Households with Only Children	Total
<b>Total Number of Households</b>	Total number of households that include at least one adult who is 18 or older and one child who is under the age of 18	Total number of households where everyone is 18 or older	Total number of households where everyone is under the age of 18	This field automatically populates the total number of households entered on this row
<b>Characteristics</b>				
<b>Persons over age 24*</b>	Number of all adults who are 24 years old and older for this household type	Number of all adults who are 24 years old and older for this household type	Does not apply for the household type	Total based on the numbers entered on this row
<b>Persons ages 18-24*</b>	Number of all youth who are between the ages of 18 and 24 for this household type	Number of all youth who are between the ages of 18 and 24 for this household type	Does not apply for this household type	Total based on the numbers entered on this row
<b>Accompanied Children under age 18</b>	Number of all children who are under the age of 18 for this household type	Does not apply for this household type	Number of all children who are under the age of 18 for this household type (children who are accompanied by a parent or legal guardian who is also under the age of 18)	Total based on the numbers entered on this row
<b>Unaccompanied Children under age 18</b>	Does not apply for this household type	Does not apply for this household type	Numerical entry of all children not accompanied by an adult under the age of 18	Total based on the numbers entered on this row
<b>Total Persons</b>	This field automatically populates the total number for this household type	This field automatically populates the total number for this household type	This field automatically populates the total number for this household type	This field automatically populates the total persons

\*If your project serves both **Persons over age 24** and **Persons ages 18-24**, the numbers entered for both must match the number entered under **Households with at Least One Adult and One Child**. For example, if your project serves 10 households with adults over the age of 24 and 5 households with persons between the ages of 18 and 24, these two fields added together must equal 15.

### All Projects Screen 5B. Project Participants - Subpopulations

The following table appears on this screen to capture the subpopulation information for the households entered on Screen 5A and are based on a single point in time. Referring to Screen 5A, for each household



where numbers were entered, enter those numbers in the appropriate column for that section. You will only enter numbers in the categories where you entered numbers on Screen 5A and the numbers in this table must match the numbers from the table on Screen 5A.

If the numbers for all three sections of this table do not match and correlate to Screen 5A, you will receive an error message to correct the information entered on this screen.

**PH-PSH Special Requirements:**

**100% Dedicated**, if 100% Dedicated was selected on Screen 3B, all household numbers must be entered under the “**Chronically Homeless**” (CH) column for the appropriate household and must:

- match the number of beds entered for question “**2b. Beds**” on Screen 4B; and
- the head of household must have a qualifying disability and meet the definition of chronically homeless in 24 CFR 578.3.

**Disability**, all PH-PSH projects require that at least one household member has a qualifying disability (see 42 U.S.C.423(d).

**100% Dedicated or DedicatedPLUS**, the head of household must have a qualifying disability and meet the definition of chronic homelessness at 24 CFR 587.3 or the definition of DedicatedPLUS in Section III.B.2.g of the NOFO.

To complete the columns correctly, the following rules apply for all three household types:

- The numbers entered for the following columns *cannot be duplicated* within these three subpopulations:
  - **CH (Not Veterans)**—number of chronically homeless non-veterans which must match the number of beds entered for question “**2b. Beds**” on Screen 4B. Do not include chronically homeless veterans; or
  - **CH Veterans** –number of chronically homeless veterans, regardless of discharge reason; or
  - **Veterans (Not CH)**– number of veterans who do not meet the chronically homeless definition.
- The numbers entered for the following columns *can be duplicated* and should reflect the estimated subpopulations program participants fall under:
  - **Chronic Substance Abuse;**
  - **HIV/AIDS;**
  - **Mentally Ill;**
  - **Domestic Violence (DV)**, includes survivors of human trafficking, sexual assault, stalking, and dating violence;
  - **Physical Disability;**
  - **Developmental Disability; and**
  - **Persons Not Represented by a Listed Subpopulation.** For this last item, you will be required to enter a description of program participants who fall into this category that will appear at the bottom of the table on this screen.

Persons in Households with at Least One Adult and One Child										
Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance	HIV/AIDS	Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented

				e Abuse						by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Children under age 18		N/A	N/A							
<b>Total Persons</b>										
<b>Persons in Households without Children</b>										
Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
<b>Total Persons</b>										
<b>Persons in Households with Only Children</b>										
Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18		N/A	N/A							
Unaccompanied Children under age 18		N/A	N/A							
<b>Total Persons</b>										

Projects that are TH, SH and SSO Non CE are not required to serve 100% CH. Additionally projects that select DedicatedPLUS or None are not required to serve 100% CH.

## All Projects Part 6: Budgets

Part 6 of the application requests project information related to budget requests, and information about required grant matching funds.

### All Projects Screen 6A. Funding Request

Screen 6A provides the framework through which a project applicant creates a project budget.

- 1. Will it be feasible for the project to be under grant agreement by September 30, 2023?**  
Select “Yes” to indicate the project will begin operating by September 30, 2021. Unobligated funds will not be available after September 30, 2023. If “No” is selected, project applicants will not be able to submit this project application in *e-snaps*.
- 2. What type of CoC funding is this project applying for under the Youth Homeless Demonstration Program?** This question automatically defaults to YHDP.
- 3. Does this project propose to allocate funds according to an indirect cost rate?** Required. See Section V.B.3.j of the NOFO for additional information and select:

**Yes**, if your project will use an indirect cost rate either approved by a cognizant agency or will use the 10 percent *de minimis* rate.

**No**, your project will not use an indirect cost rate.

**3a. Complete the indirect cost rate table below:** Required if you answered “Yes” to question 1. Complete using information from your approved indirect cost agreement or enter 10 percent to use *de minimis* rate:

- **Cognizant Agency** – if you have an approved indirect cost agreement, enter the name of the Cognizant Agency with whom you have the agreement (e.g., HUD, HHS), or if using the 10 percent *de minimis* enter “NA”.
- **Indirect Cost Rate** – enter one of the following if you:
  - have an approved indirect cost agreement, enter the rate percentage (e.g., 15 %) or
  - will use the 10 percent *de minimis* rate, enter 10 %.
- **Direct Cost Base** – enter the amount of your direct cost base for this application.
- **Date agreement approved or enter “NA” for use of 10 % *de minimis* rate** – if you have an approved indirect cost agreement, enter the date it was executed or if you are using the 10 percent *de minimis* rate enter “NA”.

Cognizant Agency	Indirect Cost Rate	Direct Cost Base	Date approved or enter “NA” if using 10 % <i>de minimis</i> rate
	%	\$	

**3b. Has this rate been approved by your cognizant agency?** Select

**Yes**, if the indirect cost rate was approved by your cognizant agency. A copy of the approved indirect cost rate must be attached to the project application.

**No**, if it has either not been submitted to or was submitted but has not yet been approved by your cognizant agency.

**3c. Do you plan to use the 10% *de minimis* rate?** Select

**Yes**, only if you plan to use the 10 percent *de minimis* rate as described in 2 CFR 200.414(f).

**No**, if you will be using the approved rate indicated in the table above.

**4. Select a grant term:** This question automatically defaults to 2 years.




**5. Select the costs for which funding are being requested:** Required. Check the box next to the eligible costs for which funding is being requested (be sure to review 24 CFR part 578, Subpart D; Program Components and Eligible Costs and Section 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds). Each checked box unlocks the corresponding Budget Line Item (BLI) screens available for this project type:

- **Leased Units;**
- **Leased Structures;**
- **Rental Assistance;**
- **Supportive Service;**
- **Operating;** and

- HMIS

## All Projects Screen 6C. Leased Units Budget




JOINT TH and PH-RRH ONLY: **These budget costs are only eligible for the TH portion of the project.**

You have access to this budget if you checked “**Leased Units**” on Screen 6A. The primary screen will aggregate the total assistance requested and total units requested for each FMR area listed on a “**Leased Units Budget Detail**” screen. To add another “**Leased Units Budget Detail**” screen, select add . All grey fields will calculate after you complete and save this screen. Select “**Save & Back to List**” to save the information and return to the primary screen or select “**Save & Add Another**”. To view and edit, select view . To delete, select .

**Metropolitan or non-metropolitan Fair Market Rent area:** Required. Select FMR area(s) from the dropdown menu for the location(s) you are requesting funds. The list is sorted by state abbreviation, and most areas calculated by county or metropolitan area. The selected FMR area is used to populate the per unit rent amount in the FMR Area column on this screen. If your project provides units in more than one FMR area, you must create a separate “**Leased Units Budget Detail**” screen for each FMR area




- **Size of units:** No action required. These options are system generated. The size of units are in line with the [FMR tables](#); however, for clarification, the “**0-bedroom**” unit listed in *e-snaps* is the “**efficiency**” unit size on the FMR table and the FMR table does not include SRO units for which the per unit rent is calculated at 75 percent of the efficiency rate.
- **Number of units:** Required. For each unit size, enter the number of units for which you are requesting funds.
- **FMR:** No action required. These fields populate with the **FY 2022 FMRs** based on the FMR area you selected.
- **HUD Paid Rent:** For each unit size, enter the rent to be paid with CoC Program funds. The amount entered cannot exceed the FMR amount under “**FMR Area**”.
- **12 Months:** No action required. These fields are populated with the value 12 to calculate the annual rent request.
- **Total Request:** No action required. This column populates with the total calculated amount from each row.
- **Total Units and Annual Assistance Requested:** No action required. This column calculates based on the sum of the total requests per unit size per year.
- **Grant Term:** No action required. This field populates with “**1-Year**” and is read-only.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

## All Projects Screen 6D. Leased Structures Budget

You have access to this budget if you checked “**Leased Structures**” on Screen 6A. The primary screen will aggregate the total assistance leased structures requested on “**Leased Structures Budget Detail**” screen(s). To add leased structures, select add  to access the detail budget screens. The primary 6D screen will populate and update automatically when new detail screens are added to the list. To view and edit select view . To delete, select .

On the “**Leased Structures Budget Detail**” enter the **Structure Name** by which you will identify the leased structure (e.g., name of the property, the street name where it is located), **Street Address, City, State, and Zip** Code. Lastly, enter the monthly amount of HUD paid rent you are requesting for each structure. The amount of leased funds will be calculated by 12 months to populate the **Total Annual Assistance Requested** which is then multiplied by the grant term selected to populate the **Total Request for Grant Term**.

## All Projects Screen 6E. Rental Assistance Budget

You have access to this budget if you checked “**Rental Assistance**” on Screen 6A. The primary screen will aggregate the totals for each FMR area **or** rental assistance type listed on “**Rental Assistance Detail**” screens. Select add  to access a new “**Rental Assistance Detail**” screen. All grey fields will calculate after you complete and save this screen. Select “**Save & Back to List**” or select “**Save & Add Another**”. To view and edit, select view . To delete, select .

**Type of Rental Assistance:** Required. Select the type of rental assistance from the dropdown:

- PRA – project-based rental assistance where program participants must reside in housing provided through a contract with the owner of an existing structure whereby the owner agrees to lease subsidized units to program participants. Program participants may not retain their rental assistance if they relocate to a unit outside the project.
- SRA – sponsor-based rental assistance where program participants must reside in housing owned or leased by a sponsor organization and arranged through a contract between the recipient and the sponsor organization.
- TRA – tenant-based rental assistance where program participants select any appropriately sized unit within the CoC’s geographic area, although recipients or subrecipients may restrict the location under certain circumstances to ensure the availability of the appropriate supportive services. Except for victims of domestic violence, program participants may not retain their rental assistance if they relocate to a unit outside the CoC’s geographic area.

If you have more than one rental assistance type for the project, you must create a separate detail budget screen for each rental assistance type, even if they are in the same FMR area. For example, if the project consists of 10 PRA units and 10 TRA units in County A, you must submit two “**Rental Assistance Budget Detail**” screens for County A—one for the 10 PRA units and one for the 10 TRA units.

**JOINT TH and PH-RRH ONLY:** The RRH portion of the project must select TRA. If there is more than one rental assistance type for the project that the TH portion of the project will use, as approved by HUD, the project applicant must create a separate detail budget screen for each type, even if they are in the same FMR area. For example, if the project consists of 10 PRA units and 10 TRA units in County A, the project applicant must submit two “Rental Assistance Detail” budget screens for County A – one for the 10 PRA units and one for the 10 TRA units.

**Metropolitan or non-metropolitan Fair Market Rent area:** Required. Select FMR area(s) from the dropdown menu for the location(s) you are requesting funds. The list is sorted by state abbreviation, and most areas calculated by county or metropolitan area. The selected FMR area is used to populate the per unit rent amount in the FMR Area column on this screen. If your project provides units in more than one FMR area, you must create a separate “**Rental Assistance Budget Detail**” screen for each FMR area.

The **Rental Assistance Annual Budget** table accounts for the size of units, number of units requested, FMR for each unit size multiplied by 12 months to account for annual rent that is summarized by row in the “**Total Request**” column.

- **Size of units:** No action required. These options are system generated. The size of units are in line with the [FMR tables](#); however, for clarification, the “**0-bedroom**” unit listed in *e-snaps* is the

“efficiency” unit size on the FMR table and the FMR table does not include SRO units for which the per unit rent is calculated at 75 percent of the efficiency rate.

- **Number of units:** Required. For each unit size, enter the number of units for which funding is requested.
- **FMR:** No action required. These fields populate with the **FY 2022 FMRs** based on the FMR area you selected. New CoC Program project applications must request full FMR for initial funding and can choose less than FMRs upon renewal, if needed.
- **12 Months:** No action required. These fields are populated with the value 12 to calculate the annual rent request.
- **Total Request:** No action required. This column populates with the total calculated amount from each row.
- **Total Units and Annual Assistance Requested:** No action required. This column calculates based on the sum of the total requests per unit size per year.
- **Grant Term:** No action required. This field populates based on the grant term selected on the “6A. Funding Request” screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

### All Projects Screen 6F. Supportive Services Budget

You have access to this budget if you checked “Supportive Services” on Screen 6A. The supportive services listed are based on the eligible supportive services in 24 CFR 578.53.

If you enter information into a row for eligible costs, there must also be a corresponding supportive services selection on Screen 4A. **Supportive Services for Program Participants**, question #4 where “Applicant” is selected under the “Provider” column. Additionally, see 24 CFR 578.53(e)(17) for information regarding direct provision of services that apply to the individual budget items (e.g., if funds will be used to pay for a cell phone for the case manager, the monthly cost of the cell phone, will be included on the Case Management line; if funds will be used to pay for staff time to drive program participants to appointments, the staff pro-rated salary, benefits, etc., will be included in the Transportation line). For this reason, you must provide detailed information for quantity and description for each eligible cost requested.

The itemized budget screen includes 17 eligible Supportive Services costs:

- |                                 |  |
|---------------------------------|--|
| 1. Assessment of Service Needs  | 10. Life Skills                        |
| 2. Assistance with Moving Costs | 11. Mental Health Services             |
| 3. Case Management              | 12. Outpatient Health Services         |
| 4. Child Care                   | 13. Outreach Services                  |
| 5. Education Services           | 14. Substance Abuse Treatment Services |
| 6. Employment Assistance        | 15. Transportation                     |
| 7. Food                         | 16. Utility Deposits                   |
| 8. Housing/Counseling Services  | 17. Operating Cost*                    |
| 9. Legal Services               |  |

\*See 24 CFR 578.53(a) to determine if you are eligible to apply for funds in this category as it does not apply to all project applications.

Enter the quantity, detail, and budget request for each cost requested. The total amounts calculate when you select “Save”.

- **Eligible Costs:** No action required. The categories listed are eligible supportive services costs for which funds can be requested under 24 CFR 578.53.
- **Quantity AND Description:** Required. This field must provide a complete picture of how CoC Program funds will be used in the project to assist program participants. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title–1 FTE @ \$45,000 including fringe benefits of \$X or 50 hours @ \$25 per hour including fringe benefits of \$X). Additionally, include any direct provision costs (24 CFR 578.53(e)(17)) for each line item (e.g., monthly use of cell phone to contact program participants @ \$X per month).
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program supportive services for a 12-month period. If you are requesting a multi-year grant term (e.g., 3 years), you will see the total request for the 3-year grant term request in the **Total Request for Grant Term** field.
- **Total Annual Assistance Requested:** No action required. This field calculates the total based on the sum for each eligible cost where you entered information.
- **Grant Term:** No action required. This field populates based on the grant term selected on the “6A. Funding Request” screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

Certain Special YHDP Activities will have a Supportive Service budget connection. We recommend applicants add text in the quantity and description field on how certain Supportive Services BLIs are connected to Special YHDP Activities. You may use the table below to determine what Special YHDP Activity is connected to what Supportive Service BLI. If there is no BLI connection, the applicant does not need to include anything in the Quantity and description for that Special YHDP Activity.

Note: The Special YHDP Activities listed are the only ones that have a Supportive Services BLI connection. If you do not see a Special YHDP Activity listed, that means it doesn’t have a SS BLI connection and you do not need to write anything in the quantity and description field. If you have questions, please contact the youth demo mailbox at youthdemo@hud.gov or your TA contact.

	Assistance w/ Moving Costs	Operating Costs	Life Skills	Housing & Counseling Services	Transportation	Legal Services
I.C.1.a(8) Provide moving expense more than one time to a program participant	X					
I.C.1.a(9) Provide payments for families that provide housing under host homes and kinship care		X				

I.C.1.a(10)(a) Security deposits (not to exceed 2 months of rent)	X					
I.C.1.a(10)(b) Pay for damage to units (not to exceed 2 months rent)	X					
I.C.1.a(10)(c) Costs to provide household cleaning supplies			X			
I.C.1.a(10)(d) Housing start-up expenses (not to exceed \$300 per participant)	X					
I.C.1.a(10)(e) Purchase cell phone and service (cost must be reasonable and housing related)				X		
I.C.1.a(10)(f) Cost of Internet (costs must be reasonable)	X					
I.C.1.a(10)(j) Pay gas a mileage for participant personal vehicle for trips for eligible services					X	
I.C.1.a(10)(k) Payment of Legal fees						X
I.C.1.a(10)(l) Payment of insurance,					X	



registration and past driving fines						
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### All Projects Screen 6G. Operating Budget

You have access to this budget if you checked “**Operating**” on Screen 6A. The operating costs listed are based on the eligible operating costs described in 24 CFR 578.55. Operating costs are associated with the day-to-day operations of housing units and facilities. Note: Operating costs cannot be used in the same unit as rental assistance.

**Note:** If this screen includes “**Replacement Reserve**” as an expected operating cost, an additional question will populate on Screen 3A (#8) that must be answered prior to submission. For further details, refer to instructions for Screen 3A (#8) in this guide.

The itemized budget screen includes 7 eligible Operating costs:

1. Maintenance and Repair	5. Electricity, Gas, and Water
2. Property Taxes and Insurance	6. Furniture
3. Replacement Reserve	7. Equipment
4. Building Security	

Enter the quantity, detail, and total budget request for each cost requested. The total amounts calculate when you select “**Save**”.

- **Eligible Costs:** No action required. The categories listed are eligible Operating costs for which funds can be requested under 24 CFR 578.55.
- **Quantity AND Description:** Required. This field must provide a complete picture of how CoC Program funds will be used in the project. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title–1 FTE @ \$45,000 including fringe benefits of \$X or 50 hours @ \$25 per hour including fringe benefits of \$X).
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program operating costs for a 12-month period. If you are requesting a multi-year grant term (e.g., 3 years), you will see the total request for the grant term request in the **Total Request for Grant Term** field.
- **Total Annual Assistance Requested:** No action required. This field calculates based on the sum for each eligible cost where you entered information.
- **Grant Term:** No action required. This field populates based on the grant term selected on the “**6A. Funding Request**” screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

### All Projects Screen 6H. HMIS Budget

You have access to this budget if you checked “**HMIS**” on Screen 6A. The HMIS costs listed are based on the eligible HMIS costs described in 24 CFR 578.57 and must comply with HMIS requirements.

If your project is not a dedicated HMIS request as you are not the HMIS Lead, you can request HMIS costs to contribute data to the CoC’s designated HMIS is outlined in 24 CFR 578.57(a)(1)(i)-(x). This

includes projects that will provide housing and services to victims of domestic violence to contribute data to a comparable database.

The itemized budget screen includes 5 eligible HMIS costs:

- |              |                         |
|--------------|-------------------------|
| 1. Equipment | 4. Personnel            |
| 2. Software  | 5. Space and Operations |
| 3. Services  |                         |

Enter the quantity, detail, and budget request for each cost requested. The total amounts calculate when you select “Save”.

- **Eligible Costs:** No action required. The categories listed are eligible HMIS costs for which funds can be requested under 24 CFR 578.57.
- **Quantity AND Description:** Required. This field must provide a complete picture of how CoC Program funds will be used in the project to assist program participants. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title–1 FTE @ \$45,000 including fringe benefits of \$X or 50 hours @ \$25 per hour including fringe benefits of \$X).
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program HMIS activities to contribute to your CoC’s HMIS for a 12-month period. If you are requesting a multi-year grant term (e.g., 3 years), you will see the total request for the grant term request in the **Total Request for Grant Term** field.
- **Total Annual Assistance Requested:** No action required. This field calculates based on the sum for each eligible cost where you entered information.
- **Grant Term:** No action required. This field populates based on the grant term selected on the “6A. Funding Request” screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

## All Projects Screen 6I. Sources of Match

You must complete the “**Sources of Match**” screen. See 24 CFR 578.73 for CoC Program match requirements. If you plan to use program income as match you must provide an estimate of how much program income will be used.

The **Summary for Match** fields on this screen will populate once all match information is entered and saved on the **Sources of Match Detail** screen.




1. **Will this project generate program income described in 24 CFR 578.97 to use as Match for this project?** Required. Select:
  - Yes, if your project plans to use program income as match, complete the next two questions.
  - No, if your project will not use program income as match.
- 1a. **Briefly describe the source of the program income.** Required if you selected “Yes” to question 1. Provide the source of program income with a brief description.
- 1b. **Estimate the amount of program income that will be used as Match for this project.** Required if you selected “Yes” to question 1. Enter estimated amount.

## Sources of Match Detail Screen(s)

Enter match information on this screen based on the current commitments at the time of project application submission that will apply to the grant term if selected for conditional award, not based on

projections. Match contributions can be cash, in-kind, or a combination of both. Match must be no less than 25 percent of the total request, including Administration costs, but excluding Leasing costs (i.e., Leased Units and Leased Structures). If your match amount exceeds 25 percent, HUD will expect you to produce the higher amount included in the project application if selected for conditional award.

**Example:** If the “**Total Assistance Requested**” for a PH-PSH project is \$100,000 without leasing costs, then you must match funds of no less than \$25,000.

The summary table on the primary “**Sources of Match**” screen aggregates the multiple cash and in-kind commitments entered in the “**Sources of Match Detail**” screens. To add a detail screen, select add  and complete the mandatory fields. Select “**Save & Back to List**” to save the information and return to the primary screen. Select “**Save & Add Another**” to add another detail screen. To view and edit, select view . To delete, select .

You need to complete this screen for each type of match commitment you want to include with your project application. Once completed with this “**Sources of Match Detail**” screen, return to the “**Sources of Match**” screen where you will see the total commitment amounts for Cash, In-Kind, and All, as applicable.

1. **Type of Commitment:** Required. Select “**Cash**” or “**In-Kind**” (non-cash) to indicate the type of contribution that describes this match commitment. If applications include third-party in-kind match, you need to attach MOU(s) documentation that confirms the in-kind match commitment.

**Cash**, if you will use cash to satisfy the match requirement.

**In-Kind**, if you will use the value of any real property, equipment, or services contributed to this project that are eligible costs under the CoC Program.

2. **Source:** Required. Select:

**Private**, the match will be provided by a non-government entity.

**Government**, the match will be provided by a government entity (e.g., HUD-VASH (VA Supportive Housing program)) so long as the government funds do not prohibit their use as match for another federal program.

3. **Name of Source:** Required. Enter the name of the organization providing the contribution. Be specific and include the office or grant program as applicable.

4. **Amount of Written Commitment:** Required. Enter the total dollar value of the contribution.

## All Projects Screen 6J. Summary Budget

This screen summarizes the total funding request for a project application based on the budget screens completed. If you need to make an adjustment to any of the budget amounts shown on this screen, access the budget screen (e.g., Rental Assistance) to make the adjustment.

There is only one field on this screen you can edit, the “**Admin**” field. If you request Administrative Costs for this project, enter the amount of requested funds. If you enter an amount in this field, you may be required to return to the **Sources of Match** screen to update the match amount for this project application. The total amounts are calculated by *e-snaps* when you select “**Save**”.

- **Admin:** Enter the amount of requested administrative funds. You can only request up to 10 percent of the amount listed in the field “**7. Sub-Total Costs Requested**”. If an ineligible Admin amount is entered, *e-snaps* will report an error when the screen is saved; “**The Administrative Costs exceed 10 percent of the Sub-Total Costs Requested**”. The error message will inform you of the maximum amount of administrative costs you can request, and you will need to update the **Admin**. amount.

The summary budget also includes the amount of Cash, In-Kind, and Total Match entered on Screen 6D. To adjust match amounts, return to Screen 6D. If an ineligible match amount is entered, *e-snaps* will report an error when the screen is saved; “**The Total Match amount is less than 25 percent**”. The error message will inform you of the minimum amount of match funds you are required to have for this project, and you will need to return to a “**Sources of Match Detail**” screen to make the necessary adjustments to increase the match amount for this project application.

For more information concerning the FY 2021 CoC Program Competition, visit [HUD’s website](#).

## All Projects – Part 7: Attachments and Certification

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Part 7 is available in all project applications to upload attachments and complete the certification. In addition, if project applicants select “**Appeal**” or “**No CoC**” on Screen 3A, two additional attachment screens will appear.

### Screen 7A. Attachments

Screen 7A includes three links that allow project applicants to upload and attach supplementary information to the project application. *E-snaps* will allow project applicants to submit project applications without attaching supplementary documentation; however, some project applicants must attach documentation based on their unique project requests. The following provides information on common attachments, including:

- HUD-2991
- Letters from both the YHDP Lead and the Youth Advisory Board
- Special YHDP activities request: Include a description of the special YHDP activities request including a justification and the specific section of the regulation or statute that the applicant is requesting HUD to waive
- Additional documentation needed to explain project innovations
- **Subrecipients.** Attach nonprofit documentation for each nonprofit organization identified on Screen “**2A. Subrecipients**”. Nonprofit status is documented by submitting either: (1) a copy of the Internal Revenue Service (IRS) final determination letter providing tax-exempt status under Section 501(c)(3) of the IRS Code (preferred); or (2) a certification from a licensed CPA that the organization meets each component of the definition of a private nonprofit organization as defined by 24 CFR 578.3.
- **Third-Party In-Kind Match.** If your project application includes third-party in-kind match commitment on the “**Sources of Match**” screen you have a separate “**7A Attachments**” screen that should be used to attach the required Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) between your organization and the organization providing the in-kind match. Documentation is required prior to issuance of the grant agreement if your renewal project is selected for conditional award.
- **Replacement Reserve.** If your project application will utilize replacement reserve as part of the CoC Program operating budget, you must attach supporting documentation that includes:
  - total amount of funds that will be placed in reserve during the grant term;
  - system(s) to be replaced that includes the useful life of the system(s); and
  - repayment schedule that includes the payment amount.

- **Federally Approved Indirect Cost Rate.** If your organization has a Federally approved indirect cost rate agreement as entered on the “**6A Funding Request**” screen, the approved agreement must be attached to this project application.

Failure to include the attachment for any of the above items that are part of the project application may result in delays of grant processing if selected for conditional award as this information must be sent to the local HUD CPD field office for review. If the information is attached, conditional awards can be processed timely.

### Screen 7B. Certification

Screen 7B populates with the name and information of your organization’s Authorized Representative from the **Project Applicant Profile**. You must read, certify, and sign by checking the box at the bottom of the screen to submit the project application. If your organization is a Public Housing Agency (PHA), you must also include the PHA number. By completing the certification, the Authorized Representative agrees to the terms and conditions provided on the screen, on behalf of your organization. To make changes to information populated from the profile, refer to the **Basic Instructions to Access a Project Applicant Profile** above.

## All Projects – Part 8: Submission Summary

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Screen “**8B Submission Summary**” is available for all project applications.

### Screen 8B. Submission Summary

Screen 8B provides a summary of all project application screens and the “**Submit**” button. The “**Last Updated**” column provides the status of each screen listed, and the date the screen was completed. The “**Mandatory**” column indicates whether a screen must be fully completed to submit the project application to the Collaborative Applicant in *e-snaps*. After the **Project Applicant Profile** is confirmed accurate, all required project application screens are completed, and all appropriate attachments are uploaded, the project application can be submitted in *e-snaps*. All submitted project applications are sent to the CoC identified on Screen 3A. If “**No CoC**” is selected on Screen 3A, the project application will be sent directly to HUD for consideration.

The following table explains the columns on the Submission Summary page.

<b>Complete</b>	<b>Page</b>	<b>Last Updated</b>	<b>Mandatory</b>
-- = no information is required. <b>Green</b> √ = Ok <b>Red X</b> = incomplete screen.	Provides the name of each Screen.	<b>Date (MM/DD/YYYY)</b> = date information on the screen was updated and saved. <b>Please Complete</b> = the screen identified has errors or has not been fully completed. <b>No Input Required</b> = No information is required on this screen to submit.	<b>Yes</b> = screen includes questions that must be answered to submit. <b>No</b> = screen does not include questions that must be answered to submit.

If the **Submission Summary** page has the following for each **Row**, you will be able to click “**Submit**” and your project application will be sent to your CoC for review, scoring and ranking. All project applications accepted and ranked by the CoC will be included in the CoC Consolidated Application once it is submitted to HUD by the application submission deadline in the NOFO.

- All green √ or -- in the **Complete** column; and
- Date (MM/DD/YYYY) in the **Last Updated** column.

After the application is submitted in *e-snaps*, use the “**export to PDF**” link to save the application as a PDF or to print a hard-copy of the application. The PDF version of the application serves as a record of submission.

