

# CoC New Project Application Detailed Instructions:

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## **Fiscal Year 2021 CoC Program Competition**



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

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# FY 2021 CoC Program New Project Detailed Instructions

## Introduction

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This document provides detailed instructions for organizations completing the Fiscal Year (FY) 2021 Continuum of Care (CoC) Program New Project Applications for funding available through the Notice of Funding Opportunity (NOFO). These instructions provide information for each question within the new project applications in the electronic grants management system called *e-snaps*. Additional guides and resources are located on The Department of Housing and Urban Development's (HUD) website. Additional technical resources such as [How to Access the Project Application](#) and an *e-snaps* technical walkthrough, are located on [HUD's website](#).

The following documents provide information regarding CoC Program requirements and responsibilities for all projects awarded CoC Program funds:

- [FY 2021 CoC Program Competition NOFO \(NOFO\)\\*](#);
- [24 CFR part 578 \(the Rule\)](#);
- [The McKinney-Vento Act, as amended by the HEARTH Act \(the Act\)](#); and
- **Local CoC Program policy guidelines for submitting project applications to the CoC or its designated committee or subcommittee.**

\*All new project applications must comply with the NOFO under which they are awarded funding and the requirements of the Rule.

Additionally, the following items provide information that will be helpful as you complete your project applications:

- FY 2021 [CoC Project Application Navigational Guides](#) provide step-by-step instructions for navigating through *e-snaps*.
- Questions regarding information in these instructions may be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov); however, HUD cannot assist a project applicant with completing its application.

Project applicants can find additional information on [HUD's website](#) regarding the CoC Program requirements. The [HUD Exchange](#) also includes unofficial CoC Program information developed by technical assistance providers.

This set of detailed instructions mirror the eight parts of the new project application in *e-snaps* as listed below and in Table 1.

- Parts 1 and 2 are the same regardless of the project type.
- The visibility of *e-snaps* screens and questions for Parts 3 through 6 are dependent on the project type selected and are separated for each of the following eligible new project types:
  - [PH-PSH: Permanent Supportive Housing](#)
  - [PH-RRH: Rapid Re-Housing](#)
  - [Joint TH and PH-RRH: Rapid Re-Housing](#)
  - [SSO-CE: Coordinated Entry](#)
  - [HMIS: Homeless Management Information Systems](#)
- Parts 7 and 8 are the same regardless of the project type.

## What's New for CoC Program New Project Applications

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- 1. Funding Limitations.** New projects can be created through reallocation, CoC Bonus, a combination of Reallocation + CoC Bonus, and Domestic Violence (DV) Bonus. Each CoC can submit CoC Bonus and DV Bonus projects based on the following.

**CoC Bonus:** Each CoC is limited to 5 percent of the CoC's Final Pro-Rata Need (FPRN).

**DV Bonus:** Each CoC is limited to 15 percent of the CoC's Preliminary Pro Rata Need (PPRN); however, this amount is limited to:

- (1) a minimum of \$50,000 if 15 percent of the CoC's PPRN is less than \$50,000; or
- (2) maximum of \$5 million if 15 percent of the CoC's PPRN is more than \$5 million.

The [Estimated Annual Renewal Demand \(ARD\) Reports](#) posted to HUD.gov provides the maximum CoC Bonus and DV Bonus amounts available per CoC.

- 2. Expansion Process.** Your organization can submit a new project application to expand an existing renewal project that is also being submitted for renewal funding. To request an expansion of an existing renewal project through the new project application process, see Section III.B.2.j of the NOFO.

## Important Reminders

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- 1. HUD cannot correct project application errors.** Your project application must demonstrate compliance with the Rule and NOFO and you are responsible for submitting a project under the appropriate type and funding stream according to the FY 2021 NOFO and 24 CFR part 578 (except as otherwise provided in the NOFO).
- 2. 18-Months Grant Term for New Project Applications.** You can request a grant term between 12 and 18-months for your new project application; however, the funding request can only be 1-year as outlined in Section V.B.3.f.(1) of the NOFO. A request for a 13-month to 18-month initial grant term can be submitted through the project application screen "**6A Funding Request**," question 6 for the specific project type to which you are applying. First-time renewal eligibility will be dependent on the project's operating end date.
- 3. Operating Budget and Replacement Reserve Costs.** If you request CoC Program funds for "**Replacement Reserve**" on Screen "**6G Operating Budget**," you will need to answer additional questions on **Screen 3A Project Detail**. Additionally, if you utilize CoC Program Operating funds for replacement reserve, you must attach documentation on Screen "**7A Attachments**". For further details, refer to instructions for Screen 3A (#8) in this guide.
- 4. Domestic Violence (DV) Bonus.** If you are requesting funds through the DV Bonus you must check the **DV Bonus** box on screen "**3B. Project Description**," question #3. Additionally, on screen "**6A. Funding Request**," question #2, "**DV Bonus**" must be selected from the dropdown. DV Bonus funds cannot be combined with reallocated or CoC Bonus funds.
- 5. Combination of Reallocated funds and CoC Bonus funds in the same new project.** You may use both Reallocated **and** CoC Bonus funds in a single new project application.
- 6. Transition Grant:** In the FY 2021 CoC Program Competition you can request to transition eligible renewal project(s) from their original component(s) to another eligible component. To utilize the transition grant process, you must fully reallocate the renewal project(s) funds that will transition to the new component and you must submit a new project application in *e-snaps*. Eligible components for new projects in the transition process are: PH-PSH, PH-RRH, Joint TH and PH-RRH, SSO-CE, and HMIS. See Section III.B.2.w (reallocation) and Section III.B.2.z (transition grant) of the NOFO

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for additional information and requirements, including notification to the CoC of your organization’s intent to use the transition grant process.

**Note: If you are using the transition grant process you cannot consolidate or expand a project that is transitioning.**

**7. System for Award Management (SAM) Registration.** Your organization must have an active SAM registration at time of project application submission and conditional award. The SAM registration must be renewed annually so long as you receive CoC Program funds. HUD verifies that your organization has an active SAM registration prior to release of awarded funds, if conditionally selected for award, and will withhold processing funds if your organization’s SAM registration has expired. You must also confirm your organization’s Employer/Tax Identification Number (TIN) and Dun and Bradstreet information is correct in both SAM.gov and the Project Applicant Profile.

### New Project Application Screens in *e-snaps*

In the table below, all white cells marked with an “X” indicate the screens that can be accessed based on the project type of your project application. Grey cells indicate the screens that are not accessible for each project type.

**Table 1: Screens in *e-snaps* for New Project Applications**

Screen Title	New Project Types				
	PH-PSH	PH-RRH	Joint TH and PH-RRH	SSO-CE	HMIS
<b>Before Starting</b>	X	X	X	X	X
<b>Part 1 – Forms and Certification</b>					
<b>1A. SF-424 Application Type</b>	X	X	X	X	X
<b>1B. SF-424 Legal Applicant</b>	X	X	X	X	X
<b>1C. SF-424 Application Details</b>	X	X	X	X	X
<b>1D. SF-424 Congressional District(s)</b>	X	X	X	X	X
<b>1E. SF-424 Compliance</b>	X	X	X	X	X
<b>1F. SF-424 Declaration</b>	X	X	X	X	X
<b>1G. HUD-2880</b>	X	X	X	X	X
<b>1H. HUD-50070</b>	X	X	X	X	X
<b>1I. Certification Regarding Lobbying</b>	X	X	X	X	X
<b>1J. SF-LLL</b>	X	X	X	X	X
<b>1K. SF-424B: Assurances for Non-Construction</b>	X	X	X	X	X
<b>1L. SF-424D: Assurances for Construction</b>	X				
<b>Part 2 – Subrecipient Information</b>					
<b>2A. Subrecipients</b>	X	X	X	X	X
<b>2B. Experience</b>	X	X	X	X	X
<b>Part 3 – Project Information</b>					
<b>3A. Project Detail</b>	X	X	X	X	X
<b>3B. Description</b>	X	X	X	X	X
<b>3C. Expansion Grant</b>	X	X	X	X	X
<b>Part 4 – Housing Services and HMIS</b>					
<b>4A. Supportive Services for Participants</b>	X	X	X		
<b>4A. HMIS Standards</b>					X
<b>4B. Housing Type and Location</b>	X	X	X		
<b>Part 5 – Participants</b>					

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5A. Households	X	X	X		
5B. Subpopulations	X	X	X		
<b>Part 6 – Budget Information</b>					
6A. Funding Request	X	X	X	X	X
6B. Acquisition/Rehabilitation/New Construction	X				
6C. Leased Units	X		X		
6D. Leased Structures	X		X		
6E. Rental Assistance	X	X	X		
6F. Supportive Services	X	X	X	X	
6G. Operating	X		X		
6H. HMIS	X	X	X		X
6I. Sources of Match	X	X	X	X	X
6J. Summary Budget	X	X	X	X	X
<b>Part 7 – Attachments and Certification</b>					
7A. Attachments	X	X	X	X	X
CoC Rejection Letter	X	X	X	X	X
Consolidated Plan Cert	X	X	X	X	X
7B. Certification	X	X	X	X	X
<b>Part 8 – Submission Summary</b>					
8A. Notice of Intent to Appeal	X	X	X	X	X
8B. Summary	X	X	X	X	X

## 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

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.

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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

Only question 5b and the checkbox that follows it on Screen 1A are editable. All other questions populate from *e-snaps* or the **Project Applicant Profile** and are read-only.

1. **Type of Submission.** No action required.
2. **Type of Application.** No action required as this selection was made when you registered and created the project application in the **Funding Opportunity**. The different *e-snaps* **Funding Opportunities** include: YHDP Renewal, YHDP Replacement, Renewal, New, CoC Planning, and UFA Costs. **If** the field is incorrect, return to the *e-snaps* **Funding Opportunity** screen and create a project

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application using the funding opportunity for “**New**” projects. 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 questions on Screen 1C populate from *e-snaps* or the **Project Applicant Profile**.

9. **Type of Applicant.** No action required. Eligible project applicants: nonprofits, state, local governments, instrumentalities of state or local government, Indian Tribes and Tribally Designated Housing Entities (TDHEs), as defined in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103), and Public Housing Agencies (PHAs) as such terms are 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 questions on Screen 1D are required, some are optional, and others populate from *e-snaps*.

14. **Area(s) affected by the project (State(s) only).** Required. Indicate the state(s) where the 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 you 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



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

- 16. Congressional District(s).** No action required. HUD uses the district(s) selected here to report required 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. Enter the proposed operating start date and end date of the project. For a project with a 1-year term, you should enter an operating start date in Calendar Year (CY) 2022 and an end date in CY 2023 (e.g., start date 4/1/2022 and end date 3/31/2023).
- 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.

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### Screen 1F. SF-424 Declaration

**On Screen 1F, you must click 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, you agree to all terms and conditions associated with this funding request and certify that the data and content in the project application (including all attachments) are true and correct. Screen 1F must identify the person authorized to act for your organization and assume the obligations imposed by all federal laws, program regulations, NOFO requirements, and conditions for a conditional grant award.

### Form 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.

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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.

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

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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**

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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**

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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,

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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

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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.

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;**

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- 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 Physical Address**;
- f. **Organization's Congressional District(s)**;
- g. **Is the subrecipient a faith-based organization**;
- h. **Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?**
- i. **Expected Subaward Amount**; and
- j. **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:

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**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).

### All Projects – Part 3 through Part 6

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The detailed instructions for Parts 3 through 6 are separated by eligible new project types:

- Permanent Housing – Permanent Supportive Housing (PH-PSH);
- Permanent Housing – Rapid Re-Housing (PH-RRH);
- Joint Transitional Housing and Permanent Housing-Rapid Re-Housing (Joint TH and PH-RRH);
- Supportive Services Only – Coordinated Entry (SSO-CE); and
- Homeless Management Information System (HMIS).

### 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 you select “**Appeal**” or “**No CoC**” on Screen 3A, two additional attachment screens will appear.

#### Screen 7A. Attachments

This screen includes three links that allow you to upload and attach supplementary information to the project application. While *e-snaps* will allow you to submit the project application without attaching supplementary documentation, below is a list of items that you should attach if your project application includes one or more of the following.

- **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

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- 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.

### CoC Rejection Letter Attachment Screen

This attachment screen will only be visible and required if you are submitting this project application as a Solo Appeal as outlined in Section X.C of the NOFO and 24 CFR 578.35.

### “No CoC” Consolidated Plan Certification Attachment Screen

This attachment screen is only visible and required if you selected “**No CoC**” for question 2a on **Screen 3A**. This indicates that your new project application is not located within any existing CoC’s geographic area, or you are submitting a Solo Appeal, and allows you to upload a completed, signed, and dated [Certification of Consistency with the Consolidated Plan \(HUD-2991\)](#) obtain from your state or local official with entitlement jurisdiction representing the geographical area in which the proposed project will be located. For form HUD-2991 requirements see Section III.B.2.e of the 2021 NOFO.

### 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: Solo Appeal and Submission Summary

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Part 8 may include “**8A Notice of Intent to Appeal**” screen if a Solo Applicant selected “**Appeal**” on Screen 3A. Screen “**8B Submission Summary**” is available for all project applications.

If you intend to submit a Solo Application you must recreate the project application originally submitted to the CoC; however, on screen **3A. Project Detail** you will select “**No CoC**” for question **1a. CoC Number and Name** and then select “**Appeal**” for question **3. Project Status**. This will give you access to screen **8a. Notice of Intent to Appeal** which must be completed. To complete the Solo Appeal project application, you must attach a signed and dated HUD-2991 from the CoC’s local jurisdiction. You are responsible for obtaining this form for the Solo Appeal project application from the local jurisdiction, not the CoC. If you did not submit the initial project application via *e-snaps* as the CoC conducts its local competition outside of *e-snaps*, you will create the renewal project application for the component according to these instructions.

**Note:** Solo Appeal project applications must be submitted in e-snaps by the application submission due date in the NOFO.

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### Screen 8A. Notice of Intent to Appeal – Attachment Requirement

This screen will only appear if you selected “**Appeal**” to question “**3. Project Status**” on Screen “**3A. Project Detail**”. Complete the information for each question on this screen and attach a copy of the rejection letter on the **CoC Rejection Letter Attachment Screen** your organization received from the CoC.

- 1. Was this project application submitted via e-snaps or independently?** Required. CoCs may require project application submission via e-snaps while other CoCs require project application submission via other methods (e.g., standard fillable Word forms, Excel spreadsheets). Select the appropriate response based on project application submission in the local CoC competition process:
  - e-snaps* – if you submitted this project application to the CoC for the local competition through *e-snaps*.
  - Independently** – if you submitted this project application to the CoC for the local competition through a different method.
- 2. Was the project application submitted by the CoC's local submission deadline?** Required. Select “**Yes**” or “**No**” from the dropdown.
- 3. Provide the reason(s) cited by the CoC for rejecting this project application.** Required. Use the text box to enter the reason provided by the CoC for the rejection of the project application. You will also need to attach a copy of the CoC’s rejection letter to the **CoC Rejection Letter Attachment Screen**.
- 4. Describe how the CoC did not permit reasonable participation in its process:** Required. Use the text box to describe how your organization attempted to participate in the local CoC planning process and the reason you believe your organization was denied the right to participate in a reasonable manner. Include examples and timelines where possible.
- 5. Select the CoC Number and Name where this project resides:** Required. Select the CoC where the project resides. This identifies the CoC that rejected the project.
- 6. Select the CoC Collaborative Applicant Name:** Required. Select the Collaborative Applicant name using the dropdown.

Once completed, this project application will be submitted directly to HUD for review, bypassing the CoC. It is your responsibility to ensure all requirements are met for a Solo Appeal, including appropriate notifications as the CoC does have the opportunity to respond to Solo Appeals. All requirements outlined in Section X.C of the NOFO and 24 CFR 578.35(b) must be followed.

### 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.

Complete	Page	Last Updated	Mandatory
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<p>-- = no information is required.  <b>Green</b> √ = Ok  <b>Red X</b> = incomplete screen.</p>	<p>Provides the name of each Screen.</p>	<p><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.</p>	<p><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.</p>
---------------------------------------------------------------------------------------------------------	------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------

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.

Select the following links to review the detailed instructions for the appropriate project type:

- [\*\*PH-PSH: Permanent Supportive Housing\*\*](#)
- [\*\*PH-RRH: Rapid Re-Housing\*\*](#)
- [\*\*Joint TH and PH-RRH: Rapid Re-Housing\*\*](#)
- [\*\*SSO-CE: Coordinated Entry\*\*](#)
- [\*\*HMIS: Homeless Management Information Systems\*\*](#)

## FY 2021 CoC Program New Project Detailed Instructions

# Permanent Housing (PH) – Permanent Supportive Housing (PSH) New Project Applications

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## [RETURN to All Projects Part 2 through Part 8](#)

The following instructions apply to **Permanent Housing (PH)–Permanent Supportive Housing (PSH)** projects in accordance with PH-PSH requirements in 24 CFR 578.37(a)(1)(i). Before completing this part of the application, carefully review the specific requirements for PH-PSH projects in the FY 2021 NOFO. New PH-PSH project applications can request funds through the Reallocation process, CoC Bonus, or a combination of Reallocation and CoC Bonus. DV Bonus funds are not eligible for new PH-PSH projects.

## PH-PSH Part 3: Project Information

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### PH-PSH Screen 3A. Project Detail

All questions 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 and should only be changed to “**Appeal**” if your organization will submit a “**Solo Appeal**”. If you select “**Appeal**”, Screen 8A “**Notice of Intent to Appeal**” will appear on the left menu and you will need to complete additional information and include the attachment noted in the Solo Appeal process, see instructions for Screen 8A above.
- 5. Component Type:** Required. Select “**PH**”.
  - 5a. Select the type of PH project:** Required. Select “**PSH**”.
- 6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** Required. Select:

**Yes**, if your organization, or subrecipient, is a victim service provider defined in 24 CFR 578.3.

**24 CFR 578.3: *Victim service provider*** means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

**No**, if your organization, or subrecipient, is not a victim service provider.

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**7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (*Attachment Requirement*)** Required. For additional information refer to Section III.B.2.z of the NOFO for requirements to transition a renewal project from its existing component (e.g., TH) to another eligible new component (e.g., PH-PSH) through the CoC Program Competition. To facilitate this component change, you must work with the CoC and use the reallocation process to fully eliminate the eligible renewal project(s) to transition the project to the new component. Select:

**Yes**, if this new project application is requesting a transition grant.

If “Yes” is selected, you will provide information regarding the expiring component in the next two questions. The remainder of this new project application will only capture information regarding how the project will operate under the new component. If this transition project is selected for conditional award, you will work with the local HUD CPD field office to determine how the old component will wind down while ramping up the new component.

**No**, if this new project application is not requesting a transition grant.

**7a. List all expiring project(s) involved in the transition:** Required. If “Yes” to question 7, the expiring renewal project(s) must be fully eliminated using the reallocation process. (Note: While the expiring project continues operating, it has to follow the transition grant process in which no more than 50 percent of the new project funds, if awarded, are used in the expiring component as the project fully transitions to the new component prior to the end of the operating year). At least one eliminated project must be entered in the table.

<b>Full Grant Number</b>	<b>Operating Start Date</b>	<b>Expiration Date</b>	<b>Component Type</b>
Enter the full grant number of the expiring renewal project (e.g., CA0001L5F012003)	Enter the date for “POP Start” from eLOCCS	Enter the date for “POP End” from eLOCCS	Select the expiring renewal component (e.g., TH)

**IMPORTANT:** For all expiring renewal projects listed in the table, attach a copy of the approved renewal project application(s) on Screen “**7A Attachments**” (e.g., if the expiring project was funded in the FY 2019 CoC Program Competition, attach a copy of the FY 2019 project application since no 2020 project applications was entered into *e-snaps*).

**7b. Provide a description that addresses the scope of the proposed transition during the first year of operation.** Required. If “Yes” is selected in question 7, provide a detailed description of how the project will transition from the renewal project to the new project. The description must include:

- how you will reduce activities in the old renewal component as it transitions to the new component, including the plan for ensuring existing program participants do not become homeless;
- how no more than 50 percent of the funds awarded will be used to wind down the old component while ramping up the new component; and
- estimated date the project will be fully operating as the newly awarded component within the one-year grant term.

For example, if you are eliminating a TH project to create a new PH-PSH project, you must describe how the project will strategically wind down the transitional housing project, include how current TH program participants will be assisted in obtaining permanent housing while you will also ramp up the PH-PSH project over the course of the one-year grant term. You must

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also provide assurances the new PH-PSH component will be fully operational at the end of the grant term. Finally, include the amount of funds from this transitional grant application (no more than 50 percent) that will be used to wind down the outgoing TH activities with the estimated date for completion.

- 8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?** Required. Select the appropriate response. CoC Program funds cannot be awarded if used to replace state or local government funds.

**Yes**, if this project is expected to replace state or local funds and not comply with this criterion.

**No**, if this project will not replace state or local funds and will comply with this criterion.

- 9. 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.

### PH-PSH Screen 3B. Description

All questions 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.

**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 CY 2022 this project will serve 10 persons) to reduce the need to change project descriptions for annual renewals.

- 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”.

See Section IX.E.2 of the NOFO regarding timeliness standards for conditional awards.

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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
<b>Begin hiring staff or expending funds</b>				
<b>Begin program participant enrollment</b>				
<b>Program participants occupy leased or rental assistance units or structure(s), or supportive services begin</b>				
<b>Leased or rental assistance units or structure, and supportive services near 100% capacity</b>				
<b>Closing on purchase of land, structure(s), or execution of structure lease</b>				
<b>Start rehabilitation</b>				
<b>Complete rehabilitation</b>				
<b>Start new construction</b>				
<b>Complete new construction</b>				

**2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.** Required to describe the proposed development activities if you are requesting capital costs (i.e., acquisition (24 CFR 578.43), rehabilitation (24 CFR 578.45), new construction (24 CFR 578.47). 24 CFR 578.25 provides the requirements for site control, including a 15-year use period (24 CFR 578.81) that will remain in place even if the project no longer receives CoC Program funding. You should review 24 CFR part 578 for all requirements related to capital costs as not all are included in these instructions.

**3. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select ALL that apply)** Required. Check the appropriate box(s) to indicate this project will focus on one or more specific subpopulations. The box(s) checked should match the information provided in the project description. If this project does not have a specific subpopulation focus, select “N/A - Project Serves All Subpopulations”. If a subpopulation focus for your organization is not listed, check the box next to “Other” and enter the subpopulation in the text box provided.

**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

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preconditions (such as, sobriety or a minimum income threshold). See Section III.B.2.o of the NOFO for additional information. Any project application submitted as using a Housing First approach must continue operating as such during its FY 2021 grant term. 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 (e.g., supportive service participation requirements or rules beyond normal tenancy rules).

Supportive services are voluntary and offered to maximize housing stability and prevent returns to homelessness. For further information refer to Section II.A.2 of the FY 2021 CoC Program Competition NOFO and go to the: [Housing First in PSH Brief](#).

The questions in this section 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.

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Any project application with “Yes” for question 5d commits to and must operate following Housing First during its FY 2021 grant term.

### 6. Will program participants be required to live in a specific structure, unit, or locality at any time while in the program? 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.

**6a. Explain how and why the project will implement this requirement.** Required if you answered “Yes” to question 6. Describe the reason for this program design. For example, if your organization owns a building where program participants will reside, or you will require program participants meet with a case manager at least monthly in their first year of assistance and the case managers offices are located in the specific area. If you are requesting TRA, explain why implementing this requirement is necessary for providing supportive services.

### 7. Will more than 16 persons live in a single structure? Required. Select:

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

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

**7a. 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.

**7b. 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.

### 8. Is this project 100% Dedicated or DedicatedPLUS? Required. 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.

## PH-PSH Screen 3C. Project Expansion Information

You can apply for a new project that will expand an existing eligible CoC Program renewal project (see Section III.B.2.j of the NOFO), so long as it is the same component and type (e.g., both the new and renewal project applications are PH-PSH). To apply for a new project that will expand an existing eligible CoC Program renewal project you will create and submit **two** project applications: a “**Stand-alone New**” and a “**Stand-alone Renewal**.”

For instructions to complete a “**Stand-alone Renewal**” project application, review the “**Renewal Expansion Process and Questions**” instructions on pages 17-19 of the [CoC Renewal Project Application Detailed Instructions](#).

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You must complete the first question on Screen 3C that will notify HUD you are submitting a new expansion project that is tied to an eligible renewal project.

**1. Is this a “Project Expansion” of an eligible renewal project?** Required. Select:

**Yes**, this is a new project application that will expand an existing eligible renewal project application and is the same component and type as the renewal.

**No**, this new project application is not part of an expansion request. Click “**Save**” or “**Save & Next**” to move to the next screen.

If you answered “**Yes**” to question 1, you must complete the remainder of this screen. The next two questions are used to match this new expansion project application with the renewal project application you are submitting.

**1a. Eligible Renewal Grant PIN.** Enter the PIN exactly as it was entered in the renewal project application (see screen 1A. SF-424 Application Type, question 5a or 5b of your renewal project application). Additionally, to ensure you enter the correct PIN on both applications, refer to the current grant agreement or grant agreement amendment for the renewal project this new project will expand.

**1b. Eligible Renewal Grant Project Name.** Enter the Project Name exactly as it was entered in the renewal project application (see screen PH-PSH Screen 3A. Project Detail, question 4 of your renewal project application).

The following questions inform HUD how this new project will expand the eligible renewal project application. You must respond to each question with “**Yes**” or “**No**” and for each “**Yes**” response you must complete the additional questions.

**2. Will this expansion project increase the number of program participants?** Required. Select:

**Yes**, if this project will increase the number of program participants assisted (e.g., adding units) and respond to the set of questions that appear.

**No**, if this project will not increase the number of program participants.

**2a. Currently Approved Renewal Numbers (from “Stand-alone Renewal” project application).**

The numbers for this section must be the point-in-time numbers according to the current grant agreement or grant agreement as amended for the renewal project. Use the numbers entered in the renewal project application from the screens identified below.

- **Number of persons (From renewal application Screen 5A)**
- **Number of units (From renewal application Screen 4B)**
- **Number of beds (From renewal application Screen 4B)**

**2b. New effort: New Requested Numbers to Add (from this “Stand-alone New” project application).** Enter the proposed point-in-time numbers that will be added to the renewal project.

- **Number of additional persons (From this new application Screen 5A)**
- **Number of additional units (From this new application Screen 4B)**
- **Number of additional beds (From this new application Screen 4B)**

**3. Will this expansion project provide additional supportive services to program participants?**

Required. Select:

**Yes**, if this expansion project will provide additional supportive services.



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No, if this expansion project will not provide additional supportive services.

**3a. Indicate how the project will provide additional supportive services to program participants.** Required if “Yes” to question 3. Check one or both box(es) to indicate the expanded supportive services.

- **Increase number of or expand supportive services provided**
- **Increase frequency or intensity of supportive services**

**4. Will this expansion project bring existing facilities up to government health or safety standards?** Required. Select:

**Yes**, if this expansion project will be used to bring existing facilities up to state or local government health or safety standards.

**No**, if this expansion project will not be used to bring existing facilities up to state or local government health or safety standards.

**4a. Describe how the project is proposing to bring the existing facility(s) up to state or local government health or safety standards.** Required if “Yes” to question 4. Provide a description of the current health or safety standards for which funds are requested and how CoC Program funds will be used to address the issue(s), including the timeframe expected to have the health or safety standards updated.

## PH-PSH Part 4: Housing and Services

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### PH-PSH Screen 4A. Supportive Services for Program Participants

All questions on screen 4A must be completed.

**1. Describe how program participants will be assisted to obtain and remain in permanent housing:** 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.

**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.** Required.

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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).

- 3. For all supportive services available to program 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 the supportive services listed, select one of the following as applicable:

- “**Applicant**” indicates your organization will provide the supportive service;
- “**Subrecipient**” indicates the subrecipient(s) listed on Screen 2A. Project Subrecipients will provide the service;
- “**Partner**” indicates an organization other than a subrecipient of CoC Program funds, but with whom a formal agreement or (MOU) was signed to provide the service; or
- “**Non-Partner**” indicates a specific organization with whom no formal agreement was established regularly provides the service to program participants.

**Frequency:** Required. For each supportive service selected, use the dropdown to indicate 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).

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

- 4. 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.

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

**5. 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.

**6. 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.

**6a. 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.




### PH-PSH Screen 4B. Housing Type and Location

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**”

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**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 projects.**
  - **Dormitory: (shared or private rooms).** Individuals or families share sleeping rooms or have private rooms; share a common kitchen, common bathrooms, or both.
  - **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.
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

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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.

5. **Select the geographic area associated with this address:** Required. Select the geographic area(s) associated with the address entered for this project. The geographic areas listed are limited by the state(s) selected on Screen 1D of the application. If you need to select multiple areas due to units located in more than one city or county, hold down the “Ctrl” key to make multiple selections.

### PH-PSH Part 5: Program Participants

#### PH-PSH Screen 5A. Program Participants – Persons and 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

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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.

### PH-PSH Screen 5B. Program 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**

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- **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 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										
Children under age 18		N/A	N/A							
<b>Total Persons</b>										
Persons in Households without Children										
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>										
Persons in Households with Only Children										
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>										

## PH-PSH Part 6: Budgets

This section captures the budget information for the project application.

HUD requires your project to request and use funds for eligible costs as outlined in the Rule for each budget and will verify project expenditures during field office monitoring or OIG audits. Ineligible expenditures can result in monitoring or audit findings that could result in your project repaying HUD for those ineligible costs.

### PH-PSH 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 15, 2023?** Select:

**Yes**, to indicate the project intends to have a signed grant agreement by September 15, 2023. All funds conditionally awarded in the FY 2021 CoC Program Competition must be obligated via grant agreement no later than September 15, 2023.

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**No**, the project does not intend to have a signed grant agreement by September 15, 2023. By selecting this response, you will not be able to submit this project application in *e-snaps*.

**2. What type of CoC funding is this project applying for in this CoC Competition?** From the dropdown, select the type of CoC Program funding that is being requested. New **PH-PSH** project applications can request funds through:

- **Reallocation**, funds that have been reallocated from an eligible renewal project;
- **CoC Bonus**, funds available through the CoC Bonus; and
- **Reallocation + CoC Bonus**, a combination of funds available from an eligible renewal project that was reallocated and funds from the available CoC Bonus amount.

**Note:** DV Bonus funds are not eligible for new PH-PSH projects.

**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 % de minimis 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.






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4. **Select a grant term:** Required. Your new project application may request 1-year, 2-years, 3-years, 4-years, 5-years or 15-years; however, some exceptions apply (see Section V.B.3.f of the NOFO for the complete list).
5. **Select the costs for which funding is requested:** Required. Check the box(s) for the Budget Line Items (BLIs) your project requests funds (see 24 CFR 578, Subpart D; Program Components and Eligible Costs and 24 CFR 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds).
  - **Acquisition/Rehabilitation/New Construction** (24 CFR 578.43 – 47);
  - **Leased Units** (24 CFR 578.49);
  - **Leased Structures** (24 CFR 578.49);
  - **Rental Assistance** (24 CFR 578.51);
  - **Supportive Services** (24 CFR 578.53);
  - **Operating** (24 CFR 578.55); and
  - **HMIS** (24 CFR 578.57).
6. **If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months).** Required only if you requested a 1-year grant term in question 4. For additional information see Section V.B.3.f.(1) of the NOFO. Select:
  - Yes**, if you are requesting up to 6 additional months to operate this project.
  - No**, if you expect to operate this project with a 12-month grant term.
- 6a. **Select the number of months requested for the initial grant term (dropdown of 13 to 18 months).** Required if “Yes” was selected to question 6. Using the dropdown, select the total number of months you are requesting for the initial grant term.

### PH-PSH Screen 6B. Acquisition/Rehabilitation/New Construction Budget

You have access to this budget if you checked “**Acquisition/Rehabilitation/New Construction**” on Screen 6A. Complete the information on this screen to request funds for development activities. See the following sections of the Rule for additional information:

- 24 CFR 578.43, Acquisition
- 24 CFR 578.45, Rehabilitation; and
- 24 CFR 578.47, New Construction




The primary screen on Screen 6B will aggregate the acquisition, rehabilitation, and new construction costs requested for each proposed project site to calculate the total for all costs requested. To add a site, select add  to access the budget screens. The primary 6B screen will populate and update when new budget screens are added. To view and edit select view . To delete, select .

You must enter specific location information for each site requesting capital costs. Create a name for each site that you will recognize as it will populate the list on the primary screen and enter the Street Address, City, State, and Zip Code. The address must be the actual site of the proposed development activities and not the administrative office of your organization or subrecipient. Projects serving victims of domestic violence must use a PO Box **or** other anonymous address to ensure the safety of program participants.

You must enter the amount of funds requested for acquisition, rehabilitation, and new construction costs at the structure site.

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### PH-PSH Screen 6C. Leased Units Budget

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 2021 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.

### PH-PSH 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**

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**Assistance Requested** which is then multiplied by the grant term selected to populate the **Total Request for Grant Term**.

### PH-PSH 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.

**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 2021 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.

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- **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.

### PH-PSH 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

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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.

### PH-PSH 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:** 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.

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- **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.

### PH-PSH 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.

### PH-PSH 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.

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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.

### PH-PSH 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.

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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](#).**



## Permanent Housing (PH) – Rapid Re-Housing (RRH) New Project Applications

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### [RETURN to All Projects Part 2 through Part 8](#)

The following instructions apply to **Permanent Housing (PH)–Rapid Re-Housing (RRH)** projects in accordance with **PH-RRH** requirements in 24 CFR 578.37(a)(1)(ii). Before completing this part of the application, carefully review the specific requirements for **PH-RRH** projects in the NOFO. New **PH-RRH** project applications can request funds through the Reallocation process, CoC Bonus, combination of Reallocation and CoC Bonus, or DV Bonus.

## PH-RRH Part 3: Project Information

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### PH-RRH Screen 3A. Project Detail

All questions 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 the project applicant is 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 and should only be changed to “**Appeal**” if your organization will submit a “**Solo Appeal**”. If you select “**Appeal**”, Screen 8A “**Notice of Intent to Appeal**” will appear on the left menu and you will need to complete additional information and include the attachment noted in the Solo Appeal process, see instructions for Screen 8A above.
5. **Component Type:** Required. Select **PH**.
  - 5a. **Select the type of PH project:** Required. Select “**RRH**”.
6. **Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** Required. Select:  
**Yes**, if your organization, or subrecipient, is a victim service provider defined in 24 CFR 578.3.  
**24 CFR 578.3: *Victim service provider*** means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.  
**No**, if your organization, or subrecipient, is not a victim service provider.

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**7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (*Attachment Requirement*)** Required. For additional information refer to Section III.B.2.z of the NOFO for requirements to transition a renewal project from its existing component (e.g., TH) to another eligible new component (e.g., PH-PSH) through the CoC Program Competition. To facilitate this component change, you must work with the CoC and use the reallocation process to fully eliminate the eligible renewal project(s) to transition the project to the new component. Select:

**Yes**, if this new project application is requesting a transition grant.

If “Yes” is selected, you will provide information regarding the expiring component in the next two questions. The remainder of this new project application will only capture information regarding how the project will operate under the new component. If this transition project is selected for conditional award, you will work with the local HUD CPD field office to determine how the old component will wind down while ramping up the new component.

**No**, if this new project application is not requesting a transition grant.

**7a. List all expiring project(s) involved in the transition:** Required. If “Yes” to question 7, the expiring renewal project(s) must be fully eliminated using the reallocation process. (Note: While the expiring project continues operating, it has to follow the transition grant process in which no more than 50 percent of the new project funds, if awarded, are used in the expiring component as the project fully transitions to the new component prior to the end of the operating year). At least one eliminated project must be entered in the table.

<b>Full Grant Number</b>	<b>Operating Start Date</b>	<b>Expiration Date</b>	<b>Component Type</b>
Enter the full grant number of the expiring renewal project (e.g., CA0001L5F012003)	Enter the date for “POP Start” from eLOCCS	Enter the date for “POP End” from eLOCCS	Select the expiring renewal component (e.g., TH)

**IMPORTANT:** For all expiring renewal projects listed in the table, attach a copy of the approved renewal project application(s) on Screen “**7A Attachments**” (e.g., if the expiring project was funded in the FY 2019 CoC Program Competition, attach a copy of the FY 2019 project application since no 2020 project applications was entered into *e-snaps*).

**7b. Provide a description that addresses the scope of the proposed transition during the first year of operation.** Required. If “Yes” is selected in question 7, provide a detailed description of how the project will transition from the renewal project to the new project. The description must include:

- how you will reduce activities in the old renewal component as it transitions to the new component, including the plan for ensuring existing program participants do not become homeless;
- how no more than 50 percent of the funds awarded will be used to wind down the old component while ramping up the new component; and
- estimated date the project will be fully operating as the newly awarded component within the one-year grant term.

For example, if you are eliminating a TH project to create a new PH-PSH project, you must describe how the project will strategically wind down the transitional housing project, include how current TH program participants will be assisted in obtaining permanent housing while you will also ramp up the PH-PSH project over the course of the one-year grant term. You must

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also provide assurances the new PH-PSH component will be fully operational at the end of the grant term. Finally, include the amount of funds from this transitional grant application (no more than 50 percent) that will be used to wind down the outgoing TH activities with the estimated date for completion.

- 8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?** Required. Select the appropriate response. CoC Program funds cannot be awarded if used to replace state or local government funds.

**Yes**, if this project is expected to replace state or local funds and not comply with this criterion.

**No**, if this project will not replace state or local funds and will comply with this criterion.

### PH-RRH Screen 3B. Description

All questions 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 this application. Additionally, if your project will implement any 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.

**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 CY 2022 this project will serve 10 persons) to reduce the need to change project descriptions for annual renewals.

- 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”.

See Section IX.E.2 of the NOFO regarding timeliness standards for conditional awards.

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
Begin hiring staff or expending funds				
Begin program participant enrollment				
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin				
Leased or rental assistance units or structure, and supportive services near 100% capacity				

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- 3. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select ALL that apply)** Required. Check the appropriate box(s) to indicate this project will focus on one or more specific subpopulations. The box(s) checked should match the information provided in the project description. If this project does not have a specific subpopulation focus, select “N/A - Project Serves All Subpopulations”. If a subpopulation focus for your organization is not listed, check the box next to “Other” and enter the subpopulation in the text box provided.
- 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). See Section III.B.2.o of the NOFO for additional information. Any project application submitted as using a Housing First approach must continue operating as such during its FY 2021 grant term. 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 (e.g., supportive service participation requirements or rules beyond normal tenancy rules).

Supportive services are voluntary and offered to maximize housing stability and prevent returns to homelessness. For further information refer to Section II.A.2 of the FY 2021 CoC Program Competition NOFO and go to the: [Housing First in PSH Brief](#).

The questions in this section 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.

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**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 2021 grant term.

**6. Will program participants be required to live in a specific structure, unit, or locality, at any time while in the program?** 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:** For PH-RRH 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.

**6a. Explain how and why the project will implement this requirement.** Required if you answered “Yes” to question 6. Describe the reason for this program design. For example, if your organization owns a building where program participants will reside, or you will require program participants meet with a case manager at least monthly in their first year of assistance and the case managers offices are located in the specific area. For PH-RRH, explain why implementing this requirement is necessary for providing supportive services.

**7. Will more than 16 persons live in a single structure?** Required. Select:

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

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

**7a. 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.

**7b. 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

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### PH-RRH Screen 3C. Project Expansion Information

You can apply for a new project that will expand an existing eligible CoC Program renewal project (see Section III.B.2.j of the NOFO), so long as it is the same component and type (e.g., both the new and renewal project applications are PH-RRH). To apply for a new project that will expand an existing eligible CoC Program renewal project you will create and submit **two** project applications: a “**Stand-alone New**” and a “**Stand-alone Renewal**”.

For instructions to complete a “**Stand-alone Renewal**” project application, review the “**Renewal Expansion Process and Questions**” instructions on pages 17-19 of the [CoC Renewal Project Application Detailed Instructions](#).

You must complete the first question on Screen 3C that will notify HUD you are submitting a new expansion project that is tied to an eligible renewal project.

**1. Is this a “Project Expansion” of an eligible renewal project?** Required. Select:

**Yes**, this is a new project application that will expand an existing eligible renewal project application and is the same component and type as the renewal.

**No**, this new project application is not part of an expansion request. Click “**Save**” or “**Save & Next**” to move to the next screen.

If you answered “**Yes**” to question 1, you must complete the remainder of this screen. The next two questions are used to match this new expansion project application with the renewal project application you are submitting.

**1a. Eligible Renewal Grant PIN.** Enter the PIN exactly as it was entered in the renewal project application (see screen 1A. SF-424 Application Type, question 5a or 5b of your renewal project application). Additionally, to ensure you enter the correct PIN on both applications, refer to the current grant agreement or grant agreement amendment for the renewal project this new project will expand.

**1b. Eligible Renewal Grant Project Name.** Enter the Project Name exactly as it was entered in the renewal project application (see screen PH-PSH Screen 3A. Project Detail, question 4 of your renewal project application).

The following questions inform HUD how this new project will expand the eligible renewal project application. You must respond to each question with ‘yes’ or ‘no’ and for each ‘yes’ response you must complete the additional fields.

**2. Will this expansion project increase the number of program participants?** Required. Select:

**Yes**, if this project will increase the number of program participants assisted (e.g., adding units) and respond to the set of questions that appear.

**No**, if this project will not increase the number of program participants.

**2a. Currently Approved Renewal Numbers (from “Stand-alone Renewal” project application).**

The numbers for this section must be the point-in-time numbers according to the current grant agreement or grant agreement as amended for the renewal project.

- **Number of persons (From renewal application Screen 5A)**
- **Number of units (From renewal application Screen 4B)**
- **Number of beds (From renewal application Screen 4B)**

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**2b. New effort: New Requested Numbers to Add (from this “Stand-alone New” project application).** Enter the proposed point-in-time numbers that will be added to the renewal project. The numbers entered must match the numbers entered in the identified screens of this new project application.

- Number of **additional persons** (From this new application Screen 5A)
- Number of **additional units** (From this new application Screen 4B)
- Number of **additional beds** (From this new application Screen 4B)

**3. Will this expansion project provide additional supportive services to program participants?**

Required. Select:

**Yes**, if this expansion project will provide additional supportive services.

**No**, if this expansion project will not provide additional supportive services.

**3a. Indicate how the project will provide additional supportive services to program participants.** Required if “Yes” to question 3. Check one or both box(s) to indicate the expanded supportive services.

- **Increase number of or expand supportive services provided**
- **Increase frequency or intensity of supportive services**

**4. Will this expansion project bring existing facilities up to government health or safety standards?** Required. Select:

**Yes**, if this expansion project will be used to bring existing facilities up to state or local government health or safety standards.

**No**, if this expansion project will not be used to bring existing facilities up to state or local government health or safety standards.

**4a. Describe how the project is proposing to bring the existing facility(s) up to state or local government health or safety standards.** Required if “Yes” to question 4. Provide a description of the current health or safety standards for which funds are requested and how CoC Program funds will be used to address the issue(s), including the timeframe expected to have the health or safety standards updated).

## PH-RRH Part 4: Housing and Services

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### PH-RRH Screen 4A. Supportive Services for Program Participants

All questions on screen 4A must be completed.

**1. Describe how program participants will be assisted to obtain and remain in permanent housing:** Required. As Rapid Re-Housing funds are short-term (up to 3 months) or medium-term (up to 24 months) tenant-based rental assistance, describe how the project applicant will help program participants obtain permanent housing, and provide the necessary services and support to help program participants successfully remain in permanent housing once assistance ends. 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. The description should include how you will:

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- determine the right type of housing that fits the needs of program participants (this should match the information entered on screen **4B. Housing Type**).
- work with landlords to address possible issues and challenges.
- work with program participants to set goals towards successful retention of permanent housing.

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 DV Bonus funds you must also include in the description how eligible program participants (paragraph 4 of the homeless definition (24 CFR 578.3)) will be assisted to obtain and remain in permanent housing that addresses their particular needs and includes trauma-informed, victim-centered approaches.

- *Trauma-informed*: Approaches delivered with an understanding of the vulnerabilities and experiences in trauma survivors, including the prevalence and physical, social, and emotional impact of trauma. A trauma-informed approach recognizes signs of trauma in staff, clients, and others and responds by integrating knowledge about trauma into policies, procedures, practices, and settings. Trauma-informed approaches place priority on reassuring the survivor's feelings of safety, choice, and control.
- *Victim-centered*: Placing priorities, needs, and interests at the center of the work with the victim; providing nonjudgmental assistance, with an emphasis on client self-determination, where appropriate, and assisting victims in making informed choices; ensuring that restoring victims' feelings of safety and security are a priority and safeguarding against policies and practices that may inadvertently re-traumatize victims; ensuring that victims' rights, voices, and perspectives are incorporated when developing and implementing system- and community-based efforts that impact crime victims.

**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.** Required. 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).

**3. For all supportive services available to program 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



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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 the supportive services listed, select one of the following as applicable:

- “**Applicant**” indicates your organization will provide the supportive service;
- “**Subrecipient**” indicates the subrecipient(s) listed on Screen 2A. Project Subrecipients will provide the service;
- “**Partner**” indicates an organization other than a subrecipient of CoC Program funds, but with whom a formal agreement or (MOU) was signed to provide the service; or
- “**Non-Partner**” indicates a specific organization with whom no formal agreement was established regularly provides the service to program participants.

**Frequency:** Required. For each supportive service selected, use the dropdown to indicate 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).

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

**4. 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.

**5. 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.

**6. 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.

**6a. 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:

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**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.

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

This screen will capture the number of Units and Beds for each housing type and location. The numbers reported must reflect the units and beds at full capacity on a single night that will be supported by CoC Program funds or eligible match funds. This includes units supported only by CoC Program supportive services funds without CoC Program 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).

- **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).

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 is not appropriate for the PH-RRH projects and should not be selected.**
  - **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 is not appropriate for the PH-RRH projects and should not be selected.**
  - **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.

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

**4. Select the geographic area associated with this address:** Required. Select the geographic area(s) associated with the address entered for this project. The geographic areas listed are limited by the state(s) selected on Screen 1D of the application. If you need to select multiple areas due to units located in more than one city or county, hold down the “Ctrl” key to make multiple selections.

## PH-RRH Part 5: Program Participants

### PH-RRH Screen 5A. Program 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	Total based on the numbers entered on this row

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			or legal guardian who is also under the age of 18)	
<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.

### PH-RRH Screen 5B. Program 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.

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.

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<b>Persons in Households with at Least One Adult and One Child</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										
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>										

**PH-RRH Part 6: Budgets**

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

**PH-RRH 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 15, 2023?** Select:

**Yes**, to indicate the project intends to have a signed grant agreement by September 15, 2023. All funds conditionally awarded in the FY 2021 CoC Program Competition must be obligated via grant agreement no later than September 15, 2023.

**No**, the project does not intend to have a signed grant agreement by September 15, 2023. By selecting this response, you will not be able to submit this project application in *e-snaps*.

**1a. DV Bonus Only: This project can realistically be under grant agreement by September 15, 2022.** Optional. Due to HUD awarding DV Bonus funds from FY 2020 and FY 2021, HUD will prioritize post-award processing for \$50,000,000 to be sure FY 2020 funds are obligated with an executed grant agreement prior to September 15, 2022. Only for HUD planning purposes, if you

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believe your new DV Bonus project can realistically complete the post-award process by September 15, 2022, check this box.

**2. What type of CoC funding is this project applying for in this CoC Competition?** From the dropdown, select the type of CoC Program funding that is being requested. New **PH-RRH** project applications can request funds through:

- **Reallocation**, funds that have been reallocated from an eligible renewal project;
- **CoC Bonus**, funds available through the CoC Bonus;
- **Reallocation + CoC Bonus**, a combination of funds available from an eligible renewal project that was reallocated and funds from the available CoC Bonus amount; and
- **DV Bonus**, funds available to serve 100 percent domestic violence victims.

**Note:** DV Bonus funds are eligible for new **PH-RRH** projects.

**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 % de minimis 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).

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

4. **Select a grant term:** Required. Your new project application may request 1-year, 2-years, 3-years, 4-years, 5-years or 15-years; however, some exceptions apply (see Section V.B.3.f of the NOFO for the complete list).
5. **Select the costs for which funding is requested:** Required. Check the box(s) for the BLI(s) that your project request funds (see 24 CFR 578, Subpart D; Program Components and Eligible Costs and 24 CFR 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds).
  - **Rental Assistance** (24 CFR 578.51);
  - **Supportive Services** (24 CFR 578.53); and
  - **HMIS** (24 CFR 578.57).
6. **If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months).** Required only if you requested a 1-year grant term in question 4. For additional information see Section V.B.3.f.(1) of the NOFO. Select:
  - Yes**, if you are requesting up to 6 additional months to operate this project.
  - No**, if you expect to operate this project with a 12-month grant term.
- 6a. **Select the number of months requested for the initial grant term. (dropdown of 13 to 18 months).** Required if “Yes” was selected to question 6. Using the dropdown, select the total number of months you are requesting for the initial grant term.

### PH-RRH 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. While *e-snaps* allows for the selection of any type of rental assistance, for PH-RRH projects, you **must** select “**TRA**” (tenant-based rental assistance) from the dropdown menu.

**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.

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- **FMR:** No action required. These fields populate with the FY 2021 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.

### PH-RRH 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:

<ol style="list-style-type: none"> <li>1. Assessment of Service Needs</li> <li>2. Assistance with Moving Costs</li> <li>3. Case Management</li> <li>4. Child Care</li> <li>5. Education Services</li> <li>6. Employment Assistance</li> <li>7. Food</li> <li>8. Housing/Counseling Services</li> <li>9. Legal Services</li> </ol>	<ol style="list-style-type: none"> <li>10. Life Skills</li> <li>11. Mental Health Services</li> <li>12. Outpatient Health Services</li> <li>13. Outreach Services</li> <li>14. Substance Abuse Treatment Services</li> <li>15. Transportation</li> <li>16. Utility Deposits</li> <li>17. Operating Cost*</li> </ol>
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\* See 24 CFR 578.53(a) to determine if the project applicant is eligible to apply for funds in this category as it does not apply to all project applications.

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 supportive services for which funds can be requested under 24 CFR 578.53.



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- **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 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.

### PH-RRH 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.

You can request HMIS costs to contribute data to the CoC’s designated HMIS as outlined in 24 CFR 578.57(a)(1)(i)-(x). This includes new 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 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 HMIS 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).
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program HMIS 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 3-year grant term request in the **Total Request for Grant Term** field.
- **Grant Term:** No action required. This field populates based on the grant term selected on the “**6A. Funding Request**” screen.

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- **Total Annual Assistance Requested:** No action required. This field calculates the total amount of funds you are requesting multiplied by the grant term selected.

### PH-RRH 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 and 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 Administrative costs. If your match amount exceeds 25 percent, HUD will expect you to produce the higher amount in the project application if selected for conditional award.

**Example:** If the “**Total Assistance Requested**” for a PH-RRH project is \$100,000, then you must match funds 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 will 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.

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**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.

You will 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.

### PH-RRH Screen 6J. Summary Budget

This screen summarizes the total funding request for the new 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 will 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 are only allowed to 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.

## Joint Transitional Housing (TH) and Permanent Housing (PH) – Rapid Re-Housing (RRH) New Project Applications

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### [RETURN to All Projects Part 2 through Part 8](#)

The following instructions apply to **Joint Transitional Housing (TH)** and **Permanent Housing (PH)–Rapid Re-Housing (RRH)** component projects in accordance with **Joint TH and PH-RRH** requirements in 24 CFR 578.37(a)(1)(ii) and (2). Before completing this part of the application, carefully review the specific requirements for **Joint TH and PH-RRH** component projects in the FY 2021 NOFO. New Joint TH and PH-RRH project applications can request funds through the Reallocation process, CoC Bonus, a combination of Reallocation and CoC Bonus, or DV Bonus.

## Joint TH and PH-RRH Part 3: Project Information

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### Joint TH and PH-RRH Screen 3A. Project Detail

All questions 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 the project applicant is 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 and should only be changed to “**Appeal**” if your organization will submit a “**Solo Appeal**”. If you select “**Appeal**”, Screen 8A “**Notice of Intent to Appeal**” will appear on the left menu and you will need to complete additional information and include the attachment noted in the Solo Appeal process, see instructions for Screen 8A above.
- 5. Component Type:** Required. Select “**Joint TH and PH-RRH**”.
- 6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** Required. Select:

**Yes**, if your organization, or subrecipient, is a victim service provider defined in 24 CFR 578.3.

**24 CFR 578.3: Victim service provider** means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

**No**, if your organization, or subrecipient, is not a victim service provider.

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**7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (*Attachment Requirement*)** Required. For additional information refer to Section III.B.2.z of the NOFO for requirements to transition a renewal project from its existing component (e.g., TH) to another eligible new component (e.g., PH-PSH) through the CoC Program Competition. To facilitate this component change, you must work with the CoC and use the reallocation process to fully eliminate the eligible renewal project(s) to transition the project to the new component. Select:

**Yes**, if this new project application is requesting a transition grant.

If “Yes” is selected, you will provide information regarding the expiring component in the next two questions. The remainder of this new project application will only capture information regarding how the project will operate under the new component. If this transition project is selected for conditional award, you will work with the local HUD CPD field office to determine how the old component will wind down while ramping up the new component.

**No**, if this new project application is not requesting a transition grant.

**7a. List all expiring project(s) involved in the transition:** Required. If “Yes” to question 7, the expiring renewal project(s) must be fully eliminated using the reallocation process. (Note: While the expiring project continues operating, it has to follow the transition grant process in which no more than 50 percent of the new project funds, if awarded, are used in the expiring component as the project fully transitions to the new component prior to the end of the operating year). At least one eliminated project must be entered in the table.

<b>Full Grant Number</b>	<b>Operating Start Date</b>	<b>Expiration Date</b>	<b>Component Type</b>
Enter the full grant number of the expiring renewal project (e.g., CA0001L5F012003)	Enter the date for “POP Start” from eLOCCS	Enter the date for “POP End” from eLOCCS	Select the expiring renewal component (e.g., TH)

**IMPORTANT:** For all expiring renewal projects listed in the table, attach a copy of the approved renewal project application(s) on Screen “**7A Attachments**” (e.g., if the expiring project was funded in the FY 2019 CoC Program Competition, attach a copy of the FY 2019 project application since no 2020 project applications was entered into *e-snaps*).

**7b. Provide a description that addresses the scope of the proposed transition during the first year of operation.** Required. If “Yes” is selected in question 7, provide a detailed description of how the project will transition from the renewal project to the new project. The description must include:

- how you will reduce activities in the old renewal component as it transitions to the new component, including the plan for ensuring existing program participants do not become homeless;
- how no more than 50 percent of the funds awarded will be used to wind down the old component while ramping up the new component; and
- estimated date the project will be fully operating as the newly awarded component within the one-year grant term.

For example, if you are eliminating a TH project to create a new PH-PSH project, you must describe how the project will strategically wind down the transitional housing project, include how current TH program participants will be assisted in obtaining permanent housing while you will also ramp up the PH-PSH project over the course of the one-year grant term. You must

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also provide assurances the new PH-PSH component will be fully operational at the end of the grant term. Finally, include the amount of funds from this transitional grant application (no more than 50 percent) that will be used to wind down the outgoing TH activities with the estimated date for completion.

- 8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?** Required. Select the appropriate response. CoC Program funds cannot be awarded if used to replace state or local government funds.

**Yes**, if this project is expected to replace state or local funds and not comply with this criterion.

**No**, if this project will not replace state or local funds and will comply with this criterion.

- 9. 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 (for the TH portion of the project) 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.

### Joint TH and PH-RRH Screen 3B. Description

All questions 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 this application. Additionally, if your project will implement any 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.

Finally, if you are not requesting CoC Program funds for both TH and PH-RRH units in this application, you must include the number of TH and PH-RRH units that will be utilized by your project from other funding source(s) and provide details of how TH and PH-RRH assistance will be provided for all program participants under this joint component. For example, if TH units are requested in this application and PH-RRH units will be funded from other sources, 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, including the number of units supported.

**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 CY 2022 this project will serve 10 persons) to reduce the need to change project descriptions for annual renewals.

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- 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”.

See Section IX.E.2 of the NOFO regarding timeliness standards for conditional awards.

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
Begin hiring staff or expending funds				
Begin program participant enrollment				
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin				
Leased or rental assistance units or structure, and supportive services near 100% capacity				

- 3. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select ALL that apply)** Required. Check the appropriate box(s) to indicate this project will focus on one or more specific subpopulations. The box(s) checked should match the information provided in the project description. If this project does not have a specific subpopulation focus, select “N/A - Project Serves All Subpopulations”. If a subpopulation focus for your organization is not listed, check the box next to “Other” and enter the subpopulation in the text box provided.

- 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). See Section III.B.2.o of the NOFO for additional information. Any project application submitted as using a Housing First approach must continue operating as such during its FY 2021 grant term. 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

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- does not terminate program participants from the project for lack of participation (e.g., supportive service participation requirements or rules beyond normal tenancy rules).

Supportive services are voluntary and offered to maximize housing stability and prevent returns to homelessness. For further information refer to Section II.A.2 of the FY 2021 CoC Program Competition NOFO and go to the: [Housing First in PSH Brief](#).

The questions in this section 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 2021 grant term.

**6. Will program participants be required to live in a specific structure, unit, or locality, at any time while in the program?** 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.



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**Note:** For the RRH tenant-based rental assistance (TRA) portion of the project, 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.

**6a. Explain how and why the project will implement this requirement.** Required if you answered “Yes” to question 6. Describe the reason for this program design. Explain why implementing this requirement is necessary for providing supportive services. For example, if your organization owns a building where program participants will reside, or you will require program participants meet with a case manager at least monthly in their first year of assistance and the case managers offices are located in the specific area.

**7. Will more than 16 persons live in a single structure?** Required. Select:

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

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

**7a. 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.

**7b. 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.

### Joint TH and PH-RRH Screen 3C. Project Expansion Information

You can apply for a new project that will expand an existing eligible CoC Program renewal project (see Section III.B.2.j of the NOFO), so long as it is the same component and type (e.g., both the new and renewal project applications are Joint TH and PH-RRH). To apply for a new project that will expand an existing eligible CoC Program renewal project you will create and submit **two** project applications: a “**Stand-alone New**” and a “**Stand-alone Renewal**.”

For instructions to complete a “**Stand-alone Renewal**” project application, review the “**Renewal Expansion Process and Questions**” instructions on pages 17-19 of the **CoC Renewal Project Application Detailed Instructions**.

You must complete the first question on Screen 3C that will notify HUD you are submitting a new expansion project that is tied to an eligible renewal project.

**1. Is this a “Project Expansion” of an eligible renewal project?** Required. Select:

**Yes**, this is a new project application that will expand an existing eligible renewal project application and is the same component and type as the renewal.

**No**, this new project application is not part of an expansion request. Click “**Save**” or “**Save & Next**” to move to the next screen.

If you answered “Yes” to question 1, you must complete the remainder of this screen. The next two questions are used to match this new expansion project application with the renewal project application you are submitting.

**1a. Eligible Renewal Grant PIN.** Enter the PIN exactly as it was entered in the renewal project application (see screen 1A. SF-424 Application Type, question 5a or 5b of your renewal project application). Additionally, to ensure you enter the correct PIN on both applications, refer to the current grant agreement or grant agreement amendment for the renewal project this new project will expand.

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**1b. Eligible Renewal Grant Project Name.** Enter the Project Name exactly as it was entered in the renewal project application (see screen PH-PSH Screen 3A. Project Detail, question 4 of your renewal project application.

The following questions inform HUD how this new project will expand the eligible renewal project application. You must respond to each question and at least one question in #2, #3 or #4 must be answered “Yes”.

**2. Will this expansion project increase the number of program participants?** Required. Select:

**Yes**, if this project will increase the number of program participants assisted (e.g., adding units) and respond to the set of questions that appear.

**No**, if this project will not increase the number of program participants.

**2a. Currently Approved Renewal Numbers (from “Stand-alone Renewal” project application).**

The numbers for this section must be the point-in-time numbers according to the current grant agreement or grant agreement as amended for the renewal project. Use the numbers entered in the renewal project application from the screens identified below.

- **Number of persons (From renewal application Screen 5A)**
- **Number of units (From renewal application Screen 4B)**
- **Number of beds (From renewal application Screen 4B)**

**2b. New effort: New Requested Numbers to Add (from this “Stand-alone New” project application).** Enter the proposed point-in-time numbers that will be added to the renewal project. The numbers entered must match the numbers entered in the identified screens of this new project application.

- **Number of additional persons (From this new application Screen 5A)**
- **Number of additional units (From this new application Screen 4B)**
- **Number of additional beds (From this new application Screen 4B)**

**3. Will this expansion project provide additional supportive services to program participants?** Required. Select:

**Yes**, if this expansion project will provide additional supportive services.

**No**, if this expansion project will not provide additional supportive services.

**3a. Indicate how the project will provide additional supportive services to program participants.** Required if “Yes” to question 3. Check one or both box(s) to indicate the expanded supportive services.

- **Increase number of or expand supportive services provided**
- **Increase frequency or intensity of supportive services**

**4. Will this expansion project bring existing facilities up to government health or safety standards?** Required. Select:

**Yes**, if this expansion project will be used to bring existing facilities up to state or local government health or safety standards.

**No**, if this expansion project will not be used to bring existing facilities up to state or local government health or safety standards.

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- 4a. Describe how the project is proposing to bring the existing facility(s) up to state or local government health or safety standards.** Required if “Yes” to question 4. Provide a description of the current health or safety standards for which funds are requested and how CoC Program funds will be used to address the issue(s), including the timeframe expected to have the health or safety standards updated.

### Joint TH and PH-RRH Part 4: Housing and Services

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#### Joint TH and PH-RRH Screen 4A. Supportive Services for Program Participants

All questions on screen 4A must be completed.

- 1. Describe how program participants will be assisted to obtain and remain in permanent housing:** 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 (PH-RRH portion) or leasing assistance (TH portion), 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.

New projects applying for DV Bonus funds must also include in the description how eligible program participants (paragraph 4 of the homeless definition in 24 CFR 578.3) will be assisted to obtain and remain in permanent housing that addresses their particular needs and includes trauma-informed, victim-centered approaches.

- *Trauma-informed:* Approaches delivered with an understanding of the vulnerabilities and experiences in trauma survivors, including the prevalence and physical, social, and emotional impact of trauma. A trauma-informed approach recognizes signs of trauma in staff, clients, and others and responds by integrating knowledge about trauma into policies, procedures, practices, and settings. Trauma-informed approaches place priority on reassuring the survivor's feelings of safety, choice, and control.
- *Victim-centered:* Placing priorities, needs, and interests at the center of the work with the victim; providing nonjudgmental assistance, with an emphasis on client self-determination, where appropriate, and assisting victims in making informed choices; ensuring that restoring victims' feelings of safety and security are a priority and safeguarding against policies and practices that may inadvertently re-traumatize victims; ensuring that victims' rights, voices, and perspectives

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are incorporated when developing and implementing system- and community-based efforts that impact crime victims.

- 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:** Required. 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)

- 3. For all supportive services available to program 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 the supportive services listed, select one of the following as applicable:

- “**Applicant**” indicates your organization will provide the supportive service;
- “**Subrecipient**” indicates the subrecipient(s) listed on Screen 2A. Project Subrecipients will provide the service;
- “**Partner**” indicates an organization other than a subrecipient of CoC Program funds, but with whom a formal agreement or (MOU) was signed to provide the service; or
- “**Non-Partner**” indicates a specific organization with whom no formal agreement was established regularly provides the service to program participants.

**Frequency:** Required. For each supportive service selected, use the dropdown to indicate 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).

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

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

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**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.

**5. 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.

**6. 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.

**6a. 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.

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

This screen captures the numbers of units and beds for both the TH and PH-RRH portions of this project application.

**You must enter information for both the TH and PH-RRH portions on the “Housing Type and Location and Detail” screen of this project, even if one of the housing types will be funded through other source(s) rather than through the CoC Program.** You will have a minimum of two entries, one for TH and one for PH-RRH. Additionally, you must ensure your project has sufficient units and beds for both housing types to allow program participants the choice of housing they prefer as you cannot direct a program participant to one type of housing over the other.




**The CoC Program required rule is PH-RRH units must be twice the amount of those provided through the TH.** The total numbers reported must reflect the total units and total beds at full capacity on a single night for both the TH and PH-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 for which all cells must have a number greater than ‘0’:

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

- **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).

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 .

At a minimum you will complete two separate “**Housing Type and Location Detail**” screens, one for the TH portion of the project and one for the PH-RRH portion of the project.

**1. Is this housing type for the TH portion or RRH portion of the project?** Required. Select:

- **TH**, indicates you are completing the information on this screen for the TH portion of the project; or
- **RRH**, indicates you are completing the information on this screen for the PH-RRH portion of the project.

**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.

**No**, if households do not have private rooms and must share sleeping spaces with other households.

**2. Housing type:** Required. Report the type of housing structures where program participants are housed. Each housing type must be listed individually. If more than one housing type for each housing portion of this project is used you will need to complete a “**Housing Type and Location Detail**” for each (e.g., if the TH portion will use both Scattered-site and Clustered apartments, you will complete this screen twice for the TH portion in addition to the RRH portion).

Select from the following housing types.

- **Barracks:** Individuals **or** families sleep in a large room with multiple beds.
  - Can be used for TH units and beds of this joint project.
  - Not appropriate for PH-RRH units and beds and should not be selected.
- **Dormitory: (shared or private rooms).** Individuals or families share sleeping rooms or have private rooms; persons share a common kitchen, common bathrooms, or both.
  - Can be used for the TH units and beds of this joint project.
  - Not appropriate for PH-RRH units and beds and should not be selected.
- **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.

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- **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.
3. **What is the funding source for these units and beds?** Required. Be sure to include all funding sources used for this project, not just CoC Program funds. Using the dropdown, select the appropriate type of funding:
- CoC;
  - ESG;
  - Section 8;
  - HUD-VASH;
  - Mixed Funding; or
  - Other.

If multiple funding sources are used for this housing type and location (e.g., CoC and HUD-VASH), select “**Mixed Funding**”. If you selected “**Mixed Funding**” or “**Other**”, enter detailed information in the textbox that appears with this selection”.

4. **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.
- 4a. Units:** Enter the total number of units available at full capacity on a single night in the selected housing type and location.
- 4b. 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.

5. **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.
6. **Select the geographic area associated with this address:** Required. Select the geographic area(s) associated with the address entered for this project. The geographic areas listed are limited by the

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state(s) selected on Screen 1D of the application. If you need to select multiple areas due to units located in more than one city or county, hold down the “Ctrl” key to make multiple selections.

If you entered information for the TH units and beds first, repeat the steps above to enter information for the PH-RRH units and beds or vice versa.

### Joint TH and PH-RRH Part 5: Program Participants

#### Joint TH and PH-RRH Screen 5A. Program 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.

#### Joint TH and PH-RRH Screen 5B. Program 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



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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.

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 Veteran s	Veterans (Not CH)	Chronic Substanc e Abuse	HIV/ AIDS	Mentally Ill	DV	Physical Disabilit y	Develop- mental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Children under age 18		N/A	N/A							
<b>Total Persons</b>										
Persons in Households without Children										
Characteristics	CH (Not Veterans)	CH Veteran s	Veterans (Not CH)	Chronic Substanc e Abuse	HIV/ AIDS	Mentally Ill	DV	Physical Disabilit y	Develop- mental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
<b>Total Persons</b>										

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Persons in Households with Only Children										
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>										

### Joint TH and PH-RRH Part 6: Budgets

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

### Joint TH and PH-RRH 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 15, 2023?** Select:

**Yes**, to indicate the project intends to have a signed grant agreement by September 15, 2023. All funds conditionally awarded in the FY 2021 CoC Program Competition must be obligated via grant agreement no later than September 15, 2023.

**No**, the project does not intend to have a signed grant agreement by September 15, 2023. By selecting this response, you will not be able to submit this project application in *e-snaps*.

**1a. DV Bonus Only: This project can realistically be under grant agreement by September 15, 2022.** Optional. Due to HUD awarding DV Bonus funds from FY 2020 and FY 2021, HUD will prioritize post-award processing for \$50,000,000 to be sure FY 2020 funds are obligated with an executed grant agreement prior to September 15, 2022. Only for HUD planning purposes, if you believe your new DV Bonus project can realistically complete the post-award process by September 15, 2022, check this box.

**2. What type of CoC funding is this project applying for in this CoC Competition?** From the dropdown, select the type of CoC Program funding that is being requested. New **Joint TH and PH-RRH** project applications can request funds through:

- **Reallocation**, funds that have been reallocated from an eligible renewal project;
- **CoC Bonus**, funds available through the CoC Bonus;
- **Reallocation + CoC Bonus**, a combination of funds available from an eligible renewal project that was reallocated and funds from the available CoC Bonus amount; and
- **DV Bonus**, funds available to serve 100 percent domestic violence victims.

**Note:** DV Bonus funds are eligible for new **Joint TH and PH-RRH** projects.

**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.

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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 % de minimis 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:** Required. Your new project application may request 1-year, 2-years, 3-years, 4-years, 5-years or 15-years; however, some exceptions apply (see Section V.B.3.f of the NOFO for the complete list).

**5. Select the costs for which funding is requested:** Required. Check the box(s) for the BLI(s) for which your project requests funds (see 24 CFR 578, Subpart D; Program Components and Eligible Costs and 24 CFR 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds). While the Joint TH and PH-RRH component project combines two CoC Program components (TH and PH-RRH) into one joint component, you must ensure your project uses these funds in accordance with the Rule for each component.

The following budgets can only be used for the TH portion of the project:




- **Leased Units** (24 CFR 578.49);
- **Leased Structures** (24 CFR 578.49); and
- **Operating Costs** (24 CFR 578.55).

The following budgets can be used in both portions of the project:

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- **Rental Assistance** (24 CFR 578.51):
    - TH portion can select any types: SRA, PRA, and TRA
    - PH-RRH can only select TRA (tenant-based rental assistance).
  - **Supportive Services** (24 CFR 578.53); and
  - **HMIS** (24 CFR 578.57).
6. **If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months).** Required only if you requested a 1-year grant term in question 4. For additional information see Section V.B.3.f.(1) of the NOFO. Select:
- Yes**, if you are requesting up to 6 additional months to operate this project.
- No**, if you expect to operate this project with a 12-month grant term.
- 6a. **Select the number of months requested for the initial grant term. (dropdown of 13 to 18 months).** Required if “Yes” was selected to question 6. Using the dropdown, select the total number of months you are requesting for the initial grant term.

### Joint TH and PH-RRH Screen 6C. Leased Units Budget

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 2021 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.

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- **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.

### Joint TH and PH-RRH Screen 6D. Leased Structures Budget

You have access to this budget if you checked “**Leased Structures**” on Screen 6A and can only be used for the TH portion of the Joint project. 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**.

### Joint TH and PH-RRH 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. (TH portion of 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. (TH portion of the project)
- 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. (TH or PH-RRH portion of the project)

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.

**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

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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 2021 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.

### Joint TH and PH-RRH 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 |

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- |                                |                      |
|--------------------------------|----------------------|
| 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 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 supportive services 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.

### Joint TH and PH-RRH 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 the housing units and facilities. For the Joint TH and PH-RRH component the Operating costs can only be associated with the operations of the TH portion of the project.

**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            |                                |

## FY 2021 CoC Program New Project Detailed Instructions

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 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 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 3-year 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.

### Joint TH and PH-RRH 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.

You can request HMIS costs to contribute data to the CoC’s designated HMIS as outlined in 24 CFR 578.57(a)(1)(i)-(x). This includes new 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 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 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 3-year grant term request in the **Total Request for Grant Term** field.



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- **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.

### Joint TH and PH-RRH 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 and 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 Joint TH and PH-RRH 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 will 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.

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**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.

### Joint TH and PH-RRH Screen 6J. Summary Budget

This screen summarizes the total funding request for the new 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 will 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 are only allowed to 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.

## Supportive Services (SSO) – Coordinated Entry (CE) New Project Applications

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### [RETURN to All Projects Part 2 through Part 8](#)

The following instructions apply to Supportive Services Only (SSO)–Coordinated Entry (CE) projects in accordance with SSO requirements in 24 CFR 578.37(a)(3). Before completing this part of the application, carefully review the specific requirements for **SSO-CE** projects in the 2021 NOFO. New SSO-CE project applications can request funds through the Reallocation process, CoC Bonus, a combination of Reallocation and CoC Bonus, or DV Bonus.

**Note:** SSO-CE is the only type of eligible new SSO project in the FY 2021 CoC Program Competition. No other types of new SSO projects are eligible for funding. DV Bonus funds cannot be combined with any other type of new funding available.

## SSO-CE Part 3: Project Information

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### SSO-CE Screen 3A. Project Detail

All questions 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 the project applicant is 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**” screen 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 and should only be changed to “**Appeal**” if your organization will submit a “**Solo Appeal**”. If you select “**Appeal**”, Screen 8A “**Notice of Intent to Appeal**” will appear on the left menu and you will need to complete additional information and include the attachment noted in the Solo Appeal process, see instructions for Screen 8A above.
- 5. Component Type:** Required. Select “**SSO**”.
  - 5a. Type of SSO project:** Required. Select “**Coordinated Entry**”  
**Coordinated Entry (CE).** Administers the CoC’s centralized or coordinated entry process to coordinate assessment and referral of individuals and families seeking housing or services, including the use of a comprehensive and standardized assessment tool. See [CPD-17-01: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System](#) (Coordinated Entry Notice) for full information and requirements. If your project is submitted as coordinated entry you must adhere to all requirements in the Rule and Coordinated Entry Notice.

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**6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** Required. Select:

**Yes**, if your organization, or subrecipient, is a victim service provider defined in 24 CFR 578.3.

**24 CFR 578.3: Victim service provider** means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

**No**, if your organization, or subrecipient, is not a victim service provider.

**7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement)** Required. For additional information refer to Section III.B.2.z of the NOFO for requirements to transition a renewal project from its existing component (e.g., TH) to another eligible new component (e.g., PH-PSH) through the CoC Program Competition. To facilitate this component change, you must work with the CoC and use the reallocation process to fully eliminate the eligible renewal project(s) to transition the project to the new component. Select:

**Yes**, if this new project application is requesting a transition grant.

If “**Yes**” is selected, you will provide information regarding the expiring component in the next two questions. The remainder of this new project application will only capture information regarding how the project will operate under the new component. If this transition project is selected for conditional award, you will work with the local HUD CPD field office to determine how the old component will wind down while ramping up the new component.

**No**, if this new project application is not requesting a transition grant.

**7a. List all expiring project(s) involved in the transition:** Required. If “**Yes**” to question 7, the expiring renewal project(s) must be fully eliminated using the reallocation process. (Note: While the expiring project continues operating, it has to follow the transition grant process in which no more than 50 percent of the new project funds, if awarded, are used in the expiring component as the project fully transitions to the new component prior to the end of the operating year). At least one eliminated project must be entered in the table.

<b>Full Grant Number</b>	<b>Operating Start Date</b>	<b>Expiration Date</b>	<b>Component Type</b>
Enter the full grant number of the expiring renewal project (e.g., CA0001L5F012003)	Enter the date for “POP Start” from eLOCCS	Enter the date for “POP End” from eLOCCS	Select the expiring renewal component (e.g., TH)

**IMPORTANT:** For all expiring renewal projects listed in the table, attach a copy of the approved renewal project application(s) on Screen “**7A Attachments**” (e.g., if the expiring project was funded in the FY 2019 CoC Program Competition, attach a copy of the FY 2019 project application since no 2020 project applications was entered into *e-snaps*).

**7b. Provide a description that addresses the scope of the proposed transition during the first year of operation.** Required. If “**Yes**” is selected in question 7, provide a detailed description of how the project will transition from the renewal project to the new project. The description must include:

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- how you will reduce activities in the old renewal component as it transitions to the new component, including the plan for ensuring existing program participants do not become homeless;
- how no more than 50 percent of the funds awarded will be used to wind down the old component while ramping up the new component; and
- estimated date the project will be fully operating as the newly awarded component within the one-year grant term.

For example, if you are eliminating a TH project to create a new PH-PSH project, you must describe how the project will strategically wind down the transitional housing project, include how current TH program participants will be assisted in obtaining permanent housing while you will also ramp up the PH-PSH project over the course of the one-year grant term. You must also provide assurances the new PH-PSH component will be fully operational at the end of the grant term. Finally, include the amount of funds from this transitional grant application (no more than 50 percent) that will be used to wind down the outgoing TH activities with the estimated date for completion.

- 8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?** Required. Select the appropriate response. CoC Program funds cannot be awarded if used to replace state or local government funds.

**Yes**, if this project is expected to replace state or local funds and not comply with this criterion.

**No**, if this project will not replace state or local funds and will comply with this criterion.

### SSO-CE Screen 3B. Description

All questions 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 project plan for addressing coordinated entry 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 this application.

**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 CY 2022 this project will serve 10 persons) to reduce the need to change project descriptions for annual renewals.

If this new SSO-CE project application is applying for DV Bonus funds, the description must be tailored to include how eligible program participants (paragraph 4 of the homeless definition in 24 CFR 578.3) will be assisted to obtain and remain in permanent housing that addresses their particular needs and includes trauma-informed, victim-centered approaches.

- *Trauma-informed:* Approaches delivered with an understanding of the vulnerabilities and experiences in trauma survivors, including the prevalence and physical, social, and emotional impact of trauma. A trauma-informed approach recognizes signs of trauma in staff, clients, and others and responds by integrating knowledge about trauma into policies, procedures, practices, and settings. Trauma-informed approaches place priority on reassuring the survivor's feelings of safety, choice, and control.
- *Victim-centered:* Placing priorities, needs, and interests at the center of the work with the victim; providing nonjudgmental assistance, with an emphasis on client self-determination, where appropriate, and assisting victims in making informed choices; ensuring that restoring victims' feelings of safety and security are a priority and safeguarding against policies and

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practices that may inadvertently re-traumatize victims; ensuring that victims' rights, voices, and perspectives are incorporated when developing and implementing system- and community-based efforts that impact crime victims.

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”.

See Section IX.E.2 of the NOFO regarding timeliness standards for conditional awards.

Project Milestones	<u>Days from Execution of Grant Agreement</u>
	A
<b>Begin hiring staff or expending funds</b>	

3. **Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select ALL that apply)** Required. Check the appropriate box(s) to indicate this project will focus on one or more specific subpopulations. The box(s) checked should match the information provided in the project description. If this project does not have a specific subpopulation focus, select “N/A - Project Serves All Subpopulations”. If a subpopulation focus for your organization is not listed, check the box next to “Other” and enter the subpopulation in the text box provided.
4. **The following questions must be answered for “Coordinated Entry” projects.** 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?**

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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.

### SSO-CE Screen 3C. Project Expansion Information

You can apply for a new project that will expand an existing eligible CoC Program renewal project (see Section III.B.2.j of the NOFO), so long as it is the same component and type (e.g., both the new and renewal project applications are SSO-CE). To apply for a new project that will expand an existing eligible CoC Program renewal project you will create and submit **two** project applications: a “**Stand-alone New**” and a “**Stand-alone Renewal**”.

For instructions to complete a “**Stand-alone Renewal**” project application, review the “**Renewal Expansion Process and Questions**” instructions on pages 17-19 of the **CoC Renewal Project Application Detailed Instructions**.

You must complete the first question on Screen 3C that will notify HUD you are submitting a new expansion project that is tied to an eligible renewal project.

**1. Is this a “Project Expansion” of an eligible renewal project?** Required. Select:

**Yes**, this is a new project application that will expand an existing eligible renewal project application and is the same component and type as the renewal.

**No**, this new project application is not part of an expansion request. Click “**Save**” or “**Save & Next**” to move to the next screen.

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If you answered “Yes” to question 1, you must complete the remainder of this screen. The next two questions are used to match this new expansion project application with the renewal project application you are submitting.

**1a. Eligible Renewal Grant PIN.** Enter the PIN exactly as it was entered in the renewal project application (see screen 1A. SF-424 Application Type, question 5a or 5b of your renewal project application). Additionally, to ensure you enter the correct PIN on both applications, refer to the current grant agreement or grant agreement amendment for the renewal project this new project will expand.

**1b. Eligible Renewal Grant Project Name.** Enter the Project Name exactly as it was entered in the renewal project application (see screen PH-PSH Screen 3A. Project Detail, question 4 of your renewal project application).

**2. Will this expansion project increase the Coordinated Entry process?** Required. Select: “Yes” or “No”.

## SSO-CE Part 6: Budgets

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

### SSO-CE 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 15, 2023?** Select:

**Yes**, to indicate the project intends to have a signed grant agreement by September 15, 2023. All funds conditionally awarded in the FY 2021 CoC Program Competition must be obligated via grant agreement no later than September 15, 2023.

**No**, the project does not intend to have a signed grant agreement by September 15, 2023. By selecting this response, you will not be able to submit this project application in *e-snaps*.

**1a. DV Bonus Only: This project can realistically be under grant agreement by September 15, 2022.** Optional. Due to HUD awarding DV Bonus funds from FY 2020 and FY 2021, HUD will prioritize post-award processing for \$50,000,000 to be sure FY 2020 funds are obligated with an executed grant agreement prior to September 15, 2022. Only for HUD planning purposes, if you believe your new DV Bonus project can realistically complete the post-award process by September 15, 2022, check this box.

**2. What type of CoC funding is this project applying for in this CoC Competition?** From the dropdown, select the type of CoC Program funding that is being requested. New SSO-CE project applications can request funds through:

- **Reallocation**, funds that have been reallocated from an eligible renewal project;
- **CoC Bonus**, funds available through the CoC Bonus;
- **Reallocation + CoC Bonus**, a combination of funds available from an eligible renewal project that was reallocated and funds from the available CoC Bonus amount; and
- **DV Bonus**, funds available to serve 100 percent domestic violence victims.

**Note:** DV Bonus funds are eligible for new SSO-CE projects.

**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:



**FY 2021 CoC Program New Project Detailed Instructions**

**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 % de minimis 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:** Required. Your new project application may request 1-year, 2-years, 3-years, 4-years, 5-years or 15-years; however, some exceptions apply (see Section V.B.3.f of the NOFO for the complete list).

**5. Select the costs for which funding is requested:** Required. Check the box(s) for the BLI(s) for which your project requests funds (see 24 CFR 578, Subpart D; Program Components and Eligible Costs and 24 CFR 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds).

- **Supportive Services (24 CFR 578.53).**

**6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months).** Required only if you requested a 1-year grant term in question 4. For additional information see Section V.B.3.f.(1) of the NOFO. Select:

**Yes**, if you are requesting up to 6 additional months to operate this project.

**No**, if you expect to operate this project with a 12-month grant term.

## FY 2021 CoC Program New Project Detailed Instructions

**6a. Select the number of months requested for the initial grant term. (dropdown of 13 to 18 months).** Required if “Yes” was selected to question 6. Using the dropdown, select the total number of months you are requesting for the initial grant term.

### SSO-CE 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.

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 not all project applicants are eligible.

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

- **Eligible Costs:** No action required. The categories listed are eligible supportive services 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 activities 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 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.

## FY 2021 CoC Program New Projects Detailed Instructions

### SSO-CE 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 and 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 Administrative costs. If your match amount exceeds 25 percent, HUD will expect you to produce the higher amount in the project application if selected for conditional award.

**Example:** If the “**Total Assistance Requested**” for a SSO project is \$100,000, then you must match funds 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 will 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.

## FY 2021 CoC Program New Projects Detailed Instructions

- 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.

### SSO-CE Screen 6J. Summary Budget

This screen summarizes the total funding request for the new 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 will 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 are only allowed to 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.

## Dedicated Homeless Management Information Systems (HMIS) New Project Applications

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### [RETURN to All Projects Part 2 through Part 8](#)

The following instructions apply to dedicated **Homeless Management Information Systems (HMIS)** projects in accordance with **HMIS** requirements in 24 CFR 578.37(a)(4). Dedicated HMIS projects requesting costs in 24 CFR 578.37(a)(2) can only be carried out by the HMIS Lead, which is the recipient or subrecipient of the HMIS grant and must be listed on the HMIS Lead form in the CoC Applicant Profile in *e-snaps*. New dedicated HMIS funds are available through the Reallocation process, CoC Bonus, or a combination of Reallocation and CoC Bonus. DV Bonus funds are not eligible for new HMIS projects.

## HMIS Part 3: Project Information

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### HMIS Screen 3A. Project Detail

All questions 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 the project applicant is submitting a Solo Appeal.
- 2. CoC Collaborative Applicant Name:** Required. Select the name of the Collaborative Applicant for the CoC to which you intend to submit the project application. The dropdown menu 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 and should only be changed to “**Appeal**” if your organization will submit a “**Solo Appeal**”. If you select “**Appeal**”, Screen 8A “**Notice of Intent to Appeal**” will appear on the left menu and you will need to complete additional information and include the attachment noted in the Solo Appeal process, see instructions for Screen 8A above.
- 5. Component Type:** Required. Select “**HMIS**”.
- 6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?**  
Required. Select:  
**Yes**, if your organization, or subrecipient, is a victim service provider defined in 24 CFR 578.3.  
**24 CFR 578.3: Victim service provider** means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.  
**No**, if your organization, or subrecipient, is not a victim service provider.
- 7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program**

## FY 2021 CoC Program New Projects Detailed Instructions

**Competition? (*Attachment Requirement*)** Required. For additional information refer to Section III.B.2.z of the NOFO for requirements to transition a renewal project from its existing component (e.g., TH) to another eligible new component (e.g., PH-PSH) through the CoC Program Competition. To facilitate this component change, you must work with the CoC and use the reallocation process to fully eliminate the eligible renewal project(s) to transition the project to the new component. Select:

**Yes**, if this new project application is requesting a transition grant.

If “**Yes**” is selected, you will provide information regarding the expiring component in the next two questions. The remainder of this new project application will only capture information regarding how the project will operate under the new component. If this transition project is selected for conditional award, you will work with the local HUD CPD field office to determine how the old component will wind down while ramping up the new component.

**No**, if this new project application is not requesting a transition grant.

**7a. List all expiring project(s) involved in the transition:** Required. If “**Yes**” to question 7, the expiring renewal project(s) must be fully eliminated using the reallocation process. (Note: While the expiring project continues operating, it has to follow the transition grant process in which no more than 50 percent of the new project funds, if awarded, are used in the expiring component as the project fully transitions to the new component prior to the end of the operating year). At least one eliminated project must be entered in the table.

<b>Full Grant Number</b>	<b>Operating Start Date</b>	<b>Expiration Date</b>	<b>Component Type</b>
Enter the full grant number of the expiring renewal project (e.g., CA0001L5F012003)	Enter the date for “POP Start” from eLOCCS	Enter the date for “POP End” from eLOCCS	Select the expiring renewal component (e.g., TH)

**7b. Provide a description that addresses the scope of the proposed transition during the first year of operation.** Required. If “**Yes**” is selected in question 7, provide a detailed description of how the project will transition from the renewal project to the new project. The description must include:

- how you will reduce activities in the old renewal component as it transitions to the new component, including the plan for ensuring existing program participants do not become homeless;
- how no more than 50 percent of the funds awarded will be used to wind down the old component while ramping up the new component; and
- estimated date the project will be fully operating as the newly awarded component within the one-year grant term.

For example, if you are eliminating a TH project to create a new PH-PSH project, you must describe how the project will strategically wind down the transitional housing project, include how current TH program participants will be assisted in obtaining permanent housing while you will also ramp up the PH-PSH project over the course of the one-year grant term. You must also provide assurances the new PH-PSH component will be fully operational at the end of the grant term. Finally, include the amount of funds from this transitional grant application (no more than 50 percent) that will be used to wind down the outgoing TH activities with the estimated date for completion.

**8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?** Required. Select the appropriate response. CoC Program funds cannot be awarded if used to replace state or local government funds.

## FY 2021 CoC Program New Projects Detailed Instructions

**Yes**, if this project is expected to replace state or local funds and not comply with this criterion.

**No**, if this project will not replace state or local funds and will comply with this criterion.

### HMIS Screen 3B. Description

All questions 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 community needs, the design and implementation of the HMIS system, 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 this application.

**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 CY 2022 this project will serve 10 persons) to reduce the need to change project descriptions for annual renewals.

- 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”.

See Section IX.E.2 of the NOFO regarding timeliness standards for conditional awards.

Project Milestones	<u>Days from Execution of Grant Agreement</u>
	A
Begin hiring staff or expending funds	

### HMIS Screen 3C. Project Expansion Information

You can apply for a new project that will expand an existing eligible CoC Program renewal project (see Section III.B.2.j of the NOFO), so long as it is the same component and type (e.g., both the new and renewal project applications are HMIS). To apply for a new project that will expand an existing eligible CoC Program renewal project you will create and submit **two** project applications: a “**Stand-alone New**” and a “**Stand-alone Renewal**”.

For instructions to complete a “**Stand-alone Renewal**” project application, review the “**Renewal Expansion Process and Questions**” instructions on pages 17-19 of the [CoC Renewal Project Application Detailed Instructions](#).

You must complete the first question on Screen 3C that will notify HUD you are submitting a new expansion project that is tied to an eligible renewal project.

- 1. Is this a “Project Expansion” of an eligible renewal project?** Required. Select:

**Yes**, this is a new project application that will expand an existing eligible renewal project application and is the same component and type as the renewal.

**No**, this new project application is not part of an expansion request. Click “**Save**” or “**Save & Next**” to move to the next screen.

If you answered “**Yes**” to question 1, you must complete the remainder of this screen. The next two questions are used to match this new expansion project application with the renewal project application you are submitting.

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**1a. Eligible Renewal Grant PIN.** Enter the PIN exactly as it was entered in the renewal project application. To ensure you enter the correct PIN number, refer to the current grant agreement or grant agreement amendment for the renewal project that this new project will expand.

**1b. Eligible Renewal Grant Project Name.** Enter the Project Name exactly as it was entered in the renewal project application.

The following questions inform HUD how this new project will expand the eligible renewal project application. You must respond to each question and at least one question in #2, #3 or #4 must be answered “Yes”.

**2. Will this expansion project increase HMIS functionality?** Select “Yes” or “No”.

**2a. Describe the increased HMIS functionality.** Required. If “Yes” was selected for question 2, enter a description that addresses how funds from this new project will increase the functionality of the current dedicated HMIS project (e.g., adding bandwidth to the current HMIS system, need for additional licenses, additional training).

**3. Will this expansion project increase geographic coverage of HMIS?** Select “Yes” or “No”.

**3a. Identify the geographic codes that were added to the HMIS coverage.** Required if “Yes” was selected for question 3. From the tables provided, select the geographic codes that will be added to the current HMIS coverage area. To select more than one geographic code hold the “CTRL” key while selecting the codes under “Available Items” to move to “Selected Items”.

**4. Will this expansion project increase number of HMIS participating agencies or programs?** Select “Yes” or “No”.

**4a. Identify the number of additional HMIS users in each of the following agencies or programs that will be added.** Required if “Yes” was selected for question number 4. Enter a numerical value for each of the program(s) listed to indicate the additional number of users. If a program does not apply enter “0”.

- HUD–Continuum of Care Program (CoC);
- HUD–Emergency Solutions Grant (ESG);
- HUD–Housing Opportunities for Persons with AIDS (HOPWA);
- HHS–Projects for Assistance in Transition from Homelessness (PATH);
- HHS–Runaway and Homeless Youth Programs (RHY);
- VA; or
- Other.

## HMIS Part 4: Implementation of HMIS

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### 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

<b>1.</b> Name	<b>6.</b> Gender	<b>11.</b> Destination
<b>2.</b> Social Security Number	<b>7.</b> Veteran Status	<b>12.</b> Relationship to Head of Household



## FY 2021 CoC Program New Projects Detailed Instructions

<b>3.</b> Date of Birth	<b>8.</b> Disabling Condition	<b>13.</b> Client Location
<b>4.</b> Race	<b>9.</b> Project Start Date	<b>14.</b> Housing Move-in Date
<b>5.</b> Ethnicity	<b>10.</b> Project Exit Date	<b>15.</b> 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.

## FY 2021 CoC Program New Projects Detailed Instructions

**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

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

## HMIS Part 6: Budgets

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

### HMIS 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 15, 2023?** Select:

**Yes**, to indicate the project intends to have a signed grant agreement by September 15, 2023. All funds conditionally awarded in the FY 2021 CoC Program Competition must be obligated via grant agreement no later than September 15, 2023.

**No**, the project does not intend to have a signed grant agreement by September 15, 2023. By selecting this response, you will not be able to submit this project application in *e-snaps*.

**2. What type of CoC funding is this project applying for in this CoC Competition?** From the dropdown, select the type of CoC Program funding that is being requested. New **PH-PSH** project applications can request funds through:

- **Reallocation**, funds that have been reallocated from an eligible renewal project;
- **CoC Bonus**, funds available through the CoC Bonus; and
- **Reallocation + CoC Bonus**, a combination of funds available from an eligible renewal project that was reallocated and funds from the available CoC Bonus amount.

**Note:** DV Bonus funds are not eligible for new dedicated **HMIS** projects.

**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 % de minimis rate
	%	\$	

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### 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:** Required. Your new project application may request 1-year, 2-years, 3-years, 4-years, 5-years or 15-years; however, some exceptions apply (see Section V.B.3.f of the NOFO for the complete list).

**5. Select the costs for which funding is requested:** Required. The only box you can check is HMIS and includes all eligible costs available for dedicated HMIS (24 CFR 578.57). (see 24 CFR 578, Subpart D; Program Components and Eligible Costs and 24 CFR 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds).

- **HMIS** (24 CFR 578.57).

**6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months).** Required only if you requested a 1-year grant term in question 4. For additional information see Section V.B.3.f.(1) of the NOFO. Select:

**Yes**, if you are requesting up to 6 additional months to operate this project.

**No**, if you expect to operate this project with a 12-month grant term.

**6a. Select the number of months requested for the initial grant term. (dropdown of 13 to 18 months).** Required if “Yes” was selected to question 6. Using the dropdown, select the total number of months you are requesting for the initial grant term.

## HMIS 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.

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 total budget request for each activity 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).

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- **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 3-year 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.

### HMIS 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 and 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 Administrative costs. If your match amount exceeds 25 percent, HUD will expect you to produce the higher amount in the project application if selected for conditional award.

**Example:** If the “**Total Assistance Requested**” for a HMIS project is \$100,000, then you must match funds 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 will 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.

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**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.

### HMIS Screen 6J. Summary Budget

This screen summarizes the total funding request for the new 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 will 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 are only allowed to 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.