

CoC Renewal YHDP Project Application Detailed Instructions:

Fiscal Year 2019 CoC Program Competition



U.S. Department of Housing and Urban Development
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FY 2019 CoC Program Renewal YHDP Projects Detailed Instructions

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Introduction

This document provides detailed instructions for organizations completing the Fiscal Year (FY) 2019 Continuum of Care (CoC) YHDP Renewal Project Applications for funding available through the Notice of Funding Availability (NOFA) for the FY 2019 CoC Program Competition. These instructions provide information for each field within the renewal project applications to help organizations address each question in the electronic grants management system called *e-snaps*. Additional guides and resources are located on the HUD Exchange website at [e-snaps: CoC Program Applications and Grants Management System](#). Then select the heading “**Submitting Applications for Project Funding**.” Important resources include, [How to Access the Project Application](#) and an *e-snaps* technical walkthrough, [CoC Renewal YHDP Project Application Navigational Guide](#).

Before reading these detailed instructions, review and have ready access to the following documents to ensure that projects are consistent with the FY 2019 CoC Program Competition:

- [FY 2019 CoC Program Competition NOFA](#);
- [24 CFR part 578](#);
- [The McKinney-Vento Act, as amended by the HEARTH Act \(Act\)](#); and
- [FY 2019 Grant Inventory Worksheet \(GIW\)](#) for the CoC located on the HUD Exchange;

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- Local CoC Program policy guidelines for submitting a renewal project application to the CoC or its designated committee or subcommittee.

These instructions mirror the eight parts of the renewal YHDP project application in *e-snaps* as listed in Table 1 on the following page:

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

For questions regarding renewal project applications and how they are affected by HUD statute, regulations, and policy, first contact your CoC or the CoC's Collaborative Applicant for clarification. If you still have questions, submit a question to the HUD Exchange *e-snaps* Ask a Question (AAQ) located at: www.hudexchange.info/get-assistance/ and select *e-snaps* in response to the field "*My question is related to.*" **Note: If applicants select the wrong category (e.g., CoC Program) the CoC Program Competition questions will be rerouted to the *e-snaps* AAQ desk, which will delay HUD's response. Project applicants can also find additional information regarding the CoC Program requirements on the [HUD Exchange](#).**

What's New for CoC Program Renewal General Project Applications in FY 2019

1. Grant Consolidation. Renewal YHDP project applicants can consolidate renewal YHDP project applications in the FY 2019 CoC Program Competition. The FY 2019 CoC Program NOFA provides the requirements project applicants must follow in Sections II.B.5. and V.B.3.a.(7). For project applicants that choose to use the project application to consolidate projects, the following apply:

- the projects must be from the same project applicant;
- the projects must be the same project type (e.g., PH-PSH = PH-PSH etc.);
- project applicants must submit separate renewal project applications for each of the projects (renewal grants) that are proposed to be consolidated; and
- project applicants must submit a separate fully consolidated project application with the combined budgets and project information of all proposed consolidations.

For further information refer to pages 16–18 of this guide.

2. The "Other" component type: Though HUD has 7 component types that are renewable, the YHDP Demonstration Program introduced innovative project types into the CoC program. Some of these projects do not easily fit CoC program project type categories and require a more open description. The "other" component type allows this. When a user selects "Other", a textbox will appear and the applicant will be required to write a concise component type description of their project. Unless specified, the "Other" component type has access to every screen in *e-snaps*.

3. Operating Budget and Replacement Reserve Costs: All YHDP renewal project applications with an "Operating Budget" selected on Screen "6A. Funding Request" are required to answer an additional "Replacement Reserve" question that will populate on Screen 3A question #7 and

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Screen Title	Renewal							
	PH-PSH	PH-RRH	Joint TH-PH:RRH	TH	SSO	HMIS	SH	Other
1I. Certification Regarding Lobbying	X	X	X	X	X	X	X	X
1J. SF-LLL	X	X	X	X	X	X	X	X
Information About Submit without Changes	X	X	X	X	X	X	X	X
Recipient Performance	X	X	X	X	X	X	X	X
Grant Consolidation	X	X	X	X	X	X	X	X
Part 2 - Subrecipient Information								
2A. Subrecipients	X	X	X	X	X	X	X	X
Part 3 - Project Information								
3A. Project Detail	X	X	X	X	X	X	X	X
3B. Description	X	X	X	X	X	X	X	X
3C. DedicatedPLUS	X	X	X	X	X	X	X	X
Part 4 - Housing Services and HMIS								
4A. Supportive Services for Participants	X	X	X	X	X	X	X	X
4A. HMIS Standards	X	X	X	X	X	X	X	X
4B. Housing Type and Location	X	X	X	X	X	X	X	X
Part 5 - Participants and Outreach								
5A. Households	X	X	X	X	X		X	X
5B. Subpopulations	X	X	X	X	X		X	X
Part 6 - Budget Information								
6A. Funding Request	X	X	X	X	X	X	X	X
6B. Leased Units	X	X	X	X	X	X	X	X
6C. Rental Assistance	X	X	X	X	X	X	X	X
6D. Sources of Match	X	X	X	X	X	X	X	X
6E. Summary Budget	X	X	X	X	X	X	X	X
Part 7 - Attachments and Certification								
7A. Attachments	X	X	X	X	X	X	X	X
CoC Rejection Letter	X	X	X	X	X	X	X	X
Con Plan Cert	X	X	X	X	X	X	X	X
7B. Certification	X	X	X	X	X	X	X	X
Part 8 - Submission Summary								
8A. Notice of Intent to Appeal	X	X	X	X	X	X	X	
8B. Submission Summary	X	X	X	X	X	X	X	

All Projects – Part 1: HUD Forms and Certifications

HUD requires CoC Program project applicants to submit several forms in the FY 2019 CoC Program Competition Part 1 of the project application. Incomplete Part 1 screens will be highlighted on the “**8B. Submission Summary**” screen.

Parts 2 through 7 of the application will remain hidden in *e-snaps* until all the required information in Part 1 is completed and saved, including all checkboxes certifying signed forms must be selected or the project applicant will not be able to proceed with the remainder of the application.

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. Project applicants will enter data for this form in the **Project Applicant Profile** for the **combined total** amount of all their organizations annual CoC Program project applications. Once a HUD-2880 is completed

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in the **Project Applicant Profile**, the information will populate with the required information in all the project applications the applicant submits in *e-snaps*.

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


Certification Regarding Lobbying; Screen 1I; and

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

Project applicants must update their [Project Applicant Profile](#), including the HUD-2880, prior to beginning Part 1 of the project application. Most of the information in Part 1 will automatically populate from the profile. All other fields, including those in white or shaded in gray, are read-only and are either populated with information from the **Project Applicant Profile** or other *e-snaps* data. It is the project applicant's responsibility to review populated information and ensure accuracy. To make changes to information populated from the profile, refer to the **Basic Instructions to Access a Project Applicant Profile** below, or refer to the additional instructions available on the HUD Exchange at:

[Project Applicant Profile Navigational Guide and How to Complete the HUD Form 2880 in e-snaps](#)

Basic Instructions to Access a Project Applicant Profile

1. Log into *e-snaps* at <https://esnaps.hud.gov/grantium/frontOffice.jsf> and click on "**Applicants**" in the left menu of the main screen. Important: If working on the project application click "Save" and then click on "**Back to Submissions List**" to exit the project application and go back to the main menu. Then click on "**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 clicking on "**Applicants**," click on the folder  icon under "Open." The list of project applicant profile screens will appear in the left menu.
3. Begin by opening the profile for editing by clicking on "**6. Submission Summary**" from the left menu and then click on the "**Edit**" button toward the bottom of the screen. Once in edit mode, the entire profile can be updated.
4. After project applicants have completed all updates and screens have been "Saved," return to "**6. Submission Summary**" and click the "**Complete**" button toward the bottom of the screen.
5. Next, click on "**Back to Applicants List**" in the left menu, then click on "**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 fields populate from *e-snaps* or the **Project Applicant Profile**.

1. **Type of Submission.** No action required.
2. **Type of Application.** No action required if this field indicates "YHDP Renewal." Applicants made this selection when "registering" a *e-snaps* **Funding Opportunity** before opening the application. The different *e-snaps* **Funding Opportunities** include: YHDP Renewal, Renewal, New, CoC Planning, or UFA Costs. If the field is not correct, return to the *e-snaps* **Funding Opportunity** screen and create a project application using the funding opportunity for "YHDP

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Renewal” project. For instructions for “registering” an *e-snaps* **Funding Opportunity** refer to the guide [How to Access the Project Application](#).

3. **Date Received.** No action required. This field populates automatically with the date, the project applicant clicks “**Submit**” on Screen 8B.
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.** Required. Enter the **correct** expiring grnt number PIN in this field.

Project applicants must submit the first 6 characters of the grant number (project PIN) in this field. If “bringing forward” *e-snaps* data from a previous grant year, the field will automatically update with the PIN. If not “bringing forward” *e-snaps* data from a previous grant year, this field remain blank and must be completed by entering the 6-character PIN for the project applying for renewal.

The PIN remains the same for each project from year to year and must match the **first 6 characters of the grant number**. HUD will update the full grant number if selected for conditional FY 2019 award. PIN Example: CA0205L9T061811 (PIN is CA0205).

Check to confirm that the Federal Award Identifier has been updated to reflect the correct PIN. This is a critical confirmation! If project applicants have any questions about their expiring grant number or PIN, please confirm from the FY 2019 GIW posted on the HUD Exchange or contact your HUD CPD representative. Once project applicants have confirmed the PIN entered into field 5b is correct click on the checkbox.

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 fields 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. Surrogate names, abbreviations, or acronyms should not be listed.

Note: HUD will contact the person listed in field “f” regarding curable deficiencies **or** other matters concerning the project application using the information in the “**Alternate Contact**” included in the Project Applicant Profile. It is a best practice that the alternate contact person is the person most knowledgeable about the project application. HUD recommends organizations provide a second contact person so that multiple contacts are available.

Screen 1C. SF-424 Application Details

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

9. **Type of Applicant.** No action required. Eligible project applicants are: nonprofits, state and local governments, and instrumentalities of state or local government.
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.

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13. Competition Identification Number. Not applicable.

- **Competition Identification Title.** Not applicable.

Screen 1D. SF-424 Congressional Districts

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

14. Area(s) affected by the project (State(s) only). Required. Indicate the state(s) in which the proposed project will operate and serve persons experiencing homelessness as defined by 24 CFR 578.3.

15. Descriptive Title of Applicant's Project. No action required. This field populates with the name entered when the project applicant created the project from the “**Projects**” screens in *e-snaps*. To change the name, exit the application, go back to “**Projects**” on the left main menu, identify the correct project on the list of projects, open the project and edit the name. Once the application is reopened from the “**Submissions**” screen, the new project name will appear.

16. Congressional District(s). No action required. HUD uses the district(s) selected here to report certain project data and award amounts to members of Congress. For help locating the correct congressional district go to: <https://www.govtrack.us/congress/members/map>

16a. Applicant. No action required. The congressional district(s) listed here populate from the **Project Applicant Profile**.

16b. Project. Required. Select The congressional district(s) in which the proposed project is expected to operate.

17. Proposed project. Required. Provide the operating start date and expiration date for the project's upcoming operating year for the project that may be conditionally awarded in the FY 2019 CoC Program Competition. The start date must be the first day of the month in calendar year 2020 and the expiration date must be 12-months later, on the last day of the month (e.g. 7/1/2020 to 6/30/2021). As an important reminder, please confirm the accuracy of the dates entered in these fields to be sure the most recently awarded project's expiration date is in CY 2020 as listed on the FY 2019 GIW. The most accurate place to confirm the current project's start dates and expiration dates is from the most recent grant agreement or in HUD's electronic Line of Credit Control System (eLOCCS).

For new projects that are requesting a first-time renewal grant that has not yet begun operations, enter the expected operating start only if it will be in CY 2019 (first day of the month) and have an expiration date in CY 2020 (last day of the month). In addition, if a previously awarded new project does not yet have an executed grant agreement, please work closely with your HUD field office CPD Representative to be sure the grant agreement will be fully executed in time for the new project to begin operations in CY 2019. If it is agreed upon that starting operations in CY 2019 does not seem feasible, then expect to have a CY 2020 or later start date as agreed upon and DO NOT request a renewal as part of the FY 2019 CoC Program Competition because the proposed renewal project requested in this project application will not be able to go to grant agreement, even if conditionally awarded. The project can be eligible for a future CoC Program Competition.

18. Estimate funding (\$). No action required. The requested funding amount will be identified in Part 6 of this project application.

Screen 1E. SF-424 Compliance

Project applicants must complete all the fields on Screen 1E.

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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: https://www.whitehouse.gov/wp-content/uploads/2019/11/Intergovernmental_Review_SPOC_01_2019_OFFM.pdf.

States not listed under the resource link above have chosen not to participate in the intergovernmental review process, and therefore do not have a SPOC. If your organization is located within a state that does not have a SPOC, it may send application materials directly to a federal awarding agency. For projects proposing to serve persons in more than one state, the project applicant should contact the SPOC of each affected state as early as possible to alert them to the application and receive any necessary instructions on the state process used under this EO. Project applicants should allow time for the state’s review process to occur prior to submitting their funding application. In cases where the SPOC has not reviewed an application prior to the application submission deadline, project applicants should submit the application to meet the FY 2019 CoC Program Competition application deadline.

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

- Select option “**a**,” and indicate the date on which the application was made available to the state(s).
- Select option “**b**” if 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 the project applicant owes debt to any federal agency. It is HUD’s policy, consistent with 31 U.S.C. 3720B and 28 U.S.C. 3201(e), that project applicants with an outstanding federal debt will not be eligible to receive HUD funds, unless:

- a. a negotiated repayment schedule is established, and the repayment schedule is not delinquent; or
- b. 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 with a project applicant.

Screen 1F. SF-424 Declaration

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

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

Prior to beginning project applications, project applicants must update the *e-snaps* HUD-2880 form in their **Project Applicant Profile**. Once the HUD-2880 form is completed and submitted; then Screen 1G (at the project application level) will represent the necessary information from the HUD-2880 that resides in the **Project Applicant Profile**. To correct inaccurate information appearing on Screen 1G, project applicants must return to the **Project Applicant Profile** to make updates.

Note: The HUD-2880 uses standard agency terminology that does not clearly match terminology used for the CoC Program and the CoC 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 CoC Program project applications; regardless of how many individual CoC project applications are submitted in a CoC Program Competition. Therefore, information in an *e-snaps* HUD-2880 includes the accumulated total amount of all the CoC Program project applications applying for funds in the FY2019 CoC Program Competition. For example, if organization XYZ is applying for three separate CoC Program project applications for an accumulated 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. Therefore, the requirements to complete Part II and Part III of the HUD-2880 are required.

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 “**Authorized Representative**” screen of the **Project Applicant Profile**.
3. **HUD Program.** No action required. This information populates with “**Continuum of Care Program.**”
4. **Amount of HUD Assistance Requested/Received.** No action required. This field remains blank at the **Project Applicant Profile** level. Upon submission; all separate project applications, the HUD-2880 data in the profile will represent a single form submitted to HUD. The amount in this field will be the total funds requested for this project application from the “**Summary Budget**” screen and the accumulated total will represent the total HUD-2880 form. Once the summary budget total is accurate upon submission, this amount will also be accurate.
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 refers to is located on the project application screen 1B. SF-424 Legal Applicant, 3A. Project Detail, and 4B. Housing Type and Location.

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

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

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answer to this question must be provided in the Project Applicant Profile for all an organization's accumulated total of FY 2019 CoC project applications. If updates are needed to this question return to the **Project Applicant Profile**.

If the answer is “No” and Part II and Part III of this form will not appear and can be submitted after the “**I agree**” checkbox is selected. If “Yes” is selected, Part II and Part III of the form will appear and must be completed. For instructions for completing Parts II and III of the HUD-2880 refer to pages 2-3 of this form available at <https://www.hud.gov/sites/documents/2880.PDF>.

Required HUD-2880 Certification: The “**I agree**” certification will appear at the bottom of the screen and within copies of this form in all project applications your organization submits in a CoC Program Competition. Project applicants must certify in both the Project Applicant Profile and the individual project applications that the information provided is accurate and complete.

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

The HUD-50070 populates with information from the **Project Applicant Profile** and relevant data from the FY 2019 project application. **Project applicants must read and certify by checking the box toward the bottom of the screen.** Check to ensure that the Authorized Representative information is accurate. If any information on this form is not accurate, see “**Basic Instructions to Access aa Project Applicant Profile**” above. For further clarification or questions concerning the HUD-50070 review the full form instructions at <https://portal.hud.gov/hudportal/documents/huddoc?id=50070.pdf>.

Certification Regarding Lobbying: Screen 1I

Per 2 CFR part 200, all federal agencies must require project applicants to submit the Certification Regarding Lobbying form, which populates with information from the **Project Applicant Profile** and relevant data from the FY 2019 project application. This form helps to clarify which organizations must select “Yes” on the next screen for the SF-LLL: Disclosure of Lobbying Activities form. **Project applicants must read and certify by checking the box toward the bottom of the screen.** Check to ensure that the “**Authorized Representative**” information is accurate. If any information on screen 1I is not accurate, see “**Basic Instructions to Access a Project Applicant Profile**” above.

SF-LLL: Disclosure of Lobbying Activities: Screen 1J

The SF-LLL populates with information from the **Project Applicant Profile** and relevant data from the FY 2019 project application. The requirement related to lobbying as explained in the SF-LLL instructions states:

“The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.”

For further clarification or questions on the SF-LLL see the full form instructions at www.hudexchange.info/resource/308/hud-form-sflll/.

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 “No” if your organization and subrecipient(s) are **not engaged** in lobbying associated with the CoC Program. Select “Yes” if your organization or subrecipient(s) **is engaged** in lobbying and answer the questions as they appear on the screen. Project applicants must read, certify, and sign by checking the box toward the bottom of the screen (the check box will not appear until project applicants answer the question above). Check to ensure the “**Authorized Representative**” information is accurate. If any information on this form is not accurate, see “**Basic Instructions to Access a Project Applicant Profile**” above.

All Projects – Recipient Performance Screen

The following questions are designed to inform HUD of the recipient’s performance related to statutory and regulatory requirements and to provide the recipient with an opportunity to explain their inability to meet the related standards. HUD will verify the responses to these questions.

- 1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** Required. APRs are due within 90 days after the grant term expires. Select “Yes” to indicate that an APR was submitted for the grant term that has most recently expired (for some grants this will be the FY 2017 grant, for others the FY 2016). Select “No” to indicate that an APR was not submitted for the grant term that expired or if this is a first-time renewal for which the original grant term has not yet expired.
 - a. Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.** Required if project applicants selected “No” above, the project applicant must provide an explanation about why the APR was not submitted on time. For first-time renewals for which the original grant term has not yet expired, select “No” and enter into the text box, “First-time renewal and grant term has not yet expired.”
- 2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?** Required. Select “Yes” if there are any unresolved HUD Monitoring or OIG Audit findings, regardless of the funding year of the project for which they were originally identified. Select “No” if 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 Program).
 - a. Date HUD or OIG issued the oldest unresolved finding(s):** Required if project applicants selected “Yes” above, use the calendar icon to select the date that HUD issued the oldest unresolved finding.
 - b. Explain why the finding(s) remains unresolved:** Required if project applicants selected “Yes” above, the project applicant must provide an explanation about 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).
- 3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** Required. CoC Program recipients must draw funds at least quarterly. Select “Yes” to indicate that the recipient has maintained quarterly drawdowns for the most recent grant term. Select “No” to indicate that the recipient has not maintained consistent quarterly drawdowns for the most recent relevant grant term, or if this is a first-time renewal for which less than one quarter has passed.
 - a. Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.** Required if project applicants selected “No” above, the project applicant must provide an explanation about why quarterly drawdowns were not maintained. Project applicants can include delays in their explanations that they failed to maintain consistent quarterly drawdowns due to a late HUD funding announcement and receipt of renewal grant agreement.
- 4. Have any funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** Required. Select “Yes” to indicate that funds have been recaptured, meaning that not all awarded funds were expended during the previous completed grant term. Select

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“No” to indicate that no funds were recaptured or if this is a first-time renewal for which the original grant term has not yet expired.

- a. **Explain the circumstances that led HUD to recapture funds from the most recently expired grant term related to this renewal project request:** Required if project applicants selected “Yes” above, project applicants must provide an explanation about why the total awarded funds were not expended during the previous completed grant term.

All Projects – Grant Consolidation Screen

As part of the FY 2019 CoC Program project application process, project applicants may request their eligible projects to be part of a grant consolidation. This process allows a single project applicant to consolidate up to four grants into one consolidated grant—recipients are no longer required to use the grant agreement amendment process to consolidate grants. All projects that are part of a grant consolidation must expire in Calendar Year (CY) 2020 (between January 1, 2020 and December 31, 2020), as confirmed on the FY 2019 GIW, must be awarded to the same recipient, and must be for the same project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SH, SSO, SSO-CE or HMIS).

YHDP Projects can ONLY consolidate with other YHDP projects.

Grant Consolidation Procedures

First, each FY 2019 renewal project application **must be submitted individually in *e-snaps* and must be ranked individually by the CoC** with the previous project’s data just as if the project application were **not** going to be part of a grant consolidation. If HUD does not approve the grant consolidation, this will allow HUD to review and assess the project applications individually and conditionally award each, as appropriate. Each individual renewal project application must request the Budget Line Items (BLIs) amounts and total Annual Renewal Amount (ARA) that are equal to or less than the BLIs as listed on the FY 2019 GIW. Project applicants should consult with their CoC to confirm whether the CoC will reduce or reallocate any of the renewal project’s budgets. The CoC will determine the rank position of the individual renewal projects.

Second, project applicants **must also submit a single, fully consolidated project application that includes all the consolidated data and budgets (consolidated BLIs) from the individual project application(s) that are being included in the consolidation.** This project application is known as the fully consolidated project application. The CoC will determine the rank position of the single consolidated project application.

For example, if four projects are being consolidated, then the project applicant must complete and submit to the CoC’s Collaborative Applicant five total project applications in *e-snaps* (four individual project applications and one fully consolidated project application). If HUD approves the fully consolidated project application, HUD will review, and conditionally award as appropriate, the consolidated project application and remove the individual renewal project applications included in the consolidated project application from the Renewal Project Listing. If HUD does not approve the consolidated application, HUD will review, and conditionally award as appropriate, the individual project applications included in the consolidated application and remove the consolidated project application from the Renewal Project Listing. Complete details for CoCs regarding the ranking process are included in the FY 2019 [CoC Program Competition CoC Priority Listing Detailed Instructions and Navigational Guide](#), located on the HUD Exchange.

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1. **Is this project application requesting to be part of a renewal grant consolidation in the FY 2019 CoC Program Competition?** Required. If “No,” no action required-select “Next” or “Save & Next” to move to the next screen. If “Yes” is selected, additional questions will appear on the screen.
2. **Is this an individual project application or a fully consolidated project application?** Required if project applicants selected “Yes” above.

- a. Select “**Individual**” if the project is a standalone renewal application that will be part of the consolidation. CoCs will rank individual project applications with a unique rank number in the event the fully consolidated project is deemed ineligible. In that case, HUD will review the standalone renewal project applications. If the fully consolidated project application is approved, HUD will not review the individual renewal project applications.
- b. Select “**Fully Consolidated**” if this is the fully consolidated version of the project application that includes the combined information from all individual renewal project applications. If HUD does not approve the fully consolidated project application, HUD will not review the consolidated version and will instead review the individual renewal project applications.

If “**Individual**” was selected in #2 above, no further input is required on this screen. Click “**Save & Next**” to continue completing the remainder of the project application as a standalone renewal.

If “**Fully Consolidated**” was selected in #2 above, at least two renewal projects must be listed in the **Grant Consolidation Table**. The required columns in the table include:

- **Project Identification Number (PIN):** Required. Enter the PIN for each of the individual project application that will be part of the consolidation request.
- **Total Requested Amount:** Required. Enter each project’s **individual** FY 2019 GIW Annual Renewal Amount (ARA), or less if one or more of the projects is being reduced due to CoC reallocation. The sum of these amounts will be the total amount of the fully consolidated project application, which cannot exceed the combined ARA of all projects being consolidated.
- **Surviving PIN or Terminating PIN:** Required. Project applicants must mark the grant with the earliest operating start date as the “**Surviving Pin**” in this field and all other grant(s) that will be part of the consolidation must be identified as “**Terminating PIN.**” For example:
 - AA0100 has an operating start date of 4/1/2019–this will be identified as the Surviving PIN as it has the earliest operating start date;
 - AA0110 has an operating start date of 5/1/2019–this will be identified as a Terminating PIN; and
 - AA0109 has an operating start date of 8/1/2019–will be identified as a Terminating PIN.
- **Operating Start Date:** Required. Using the calendar icon select the verified eLOCCS operating start date for this project (e.g., 4/1/2019).
- **Expiration Date:** Required. Using the calendar icon select the verified eLOCCS expiration date for this project (e.g., 3/31/2020).




Finally, carefully review the data entered in the Grant Consolidation Table and check the box after the statement: “I hereby confirm that I have reviewed the accuracy and submitted all the individual renewal project applications related to this consolidation request into e-snaps.”

All Projects – Part 2: Subrecipient Information

Screen 2A. Subrecipient(s)

Screen 2A allows project applicants to list the subrecipient(s) they propose to carry out certain project functions and must be completed for each subrecipient the project applicant proposes using. For more information on the use of subrecipients and the difference between a subrecipient and a contractor, review the definition at 24 CFR 578.3, recipient responsibilities at 24 CFR 578.23(c)(4)(11), and the following document at www.hudexchange.info/resources/documents/SNAPS-Shots-Using-Contractors-in-ESG-and-CoC-Programs.pdf.

Project applicants that do not intend to use subrecipients to carry out any project functions are not required to complete this screen.

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 project applicants 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 .

Project applicants must identify the following information for each subrecipient:

- a. Organization’s name;
- b. Organization’s type (Note: Project applicants must attach nonprofit documentation on Screen 7A for all private nonprofit organizations);
- c. Employer or Tax Identification Number;
- d. Organization’s DUNS number;
- e. Organization’s Physical address;
- f. Organization’s congressional district(s);
- g. If the organization is a faith-based organization;
- h. Whether the organization has ever received a federal grant;
- i. Expected subaward amount; and
- j. The name and contact information of the person with the organization who has the authority to act on the organization’s behalf as it relates to carrying out the actions contracted by the project applicant.

All Projects – Part 3 through Part 6

The detailed instructions for Part 3 through Part 6 have combined the eligible renewal project types (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SH, SSO, SSO-CE and HMIS) into one section in this guide

HUD expects project applicants to demonstrate compliance in the project application with the requirements for the project type identified. Regardless of whether information automatically populates the application, project applicants are responsible for submitting a project application with accurate project information according to the FY 2019 GIW, most recent grant agreement, or grant agreement amendment. This means project applicants must review each section of the project application carefully even if information was brought forward from a previous year’s project application.

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All Projects Part 3: Project Information

All Projects Screen 3A. Project Detail

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

- 1. Expiring grant Project Identification Number (PIN):** No action required. This field populates with the grant PIN number from the “**Federal Award Identifier**” field on Screen 1A. This field is read-only. If it is incorrect, go back to Screen 1A to correct errors.

Note: Project applicants that enter incorrect grant PIN numbers will cause funding delays, if HUD conditionally selects those projects for funding. Refer to the FY 2019 GIW, conditional award letter or executed grant agreement of the expiring grant for the correct PIN number.

- 2a. CoC Number and Name:** Required. Select the CoC number and name from the dropdown menu to which the project applicant intends to submit this project application. **Selecting the correct CoC is critical.** The dropdown menu contains all CoCs that were registered in the FY 2019 CoC Program Registration process and is 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: Project applicants should only use the “**No CoC**” option in instances where a project is located in a geographic area not claimed by any CoC. If project applicants select “**No CoC**,” their project applications will not be connected to a CoC Consolidated Application for this Competition which could affect HUD’s ability to award funds for the project application.

- 2b. CoC Collaborative Applicant Name:** Required. Select the name of the Collaborative Applicant for the CoC to which the project applicant intends to submit the project application. The dropdown menu for this field are based on the CoC Number and Name selected above. This list is populated with the CoC’s designated Collaborative Applicant name that registered during the FY 2019 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 the project applicant believes they were denied the opportunity to participate in the local CoC planning process in a reasonable manner and, as a result, the CoC rejected or reallocated their project application. All other project applicants should leave the field with the option “**Standard**.” If the project applicant selects “**Appeal**,” Screen 8A “**Notice of Intent to Appeal**” will appear on the left menu and additional attachments will be required. For further information about the Solo Applicant appeal process see instructions for Screen 8A above.

- 5. Component Type:** Required. This must match the component type listed on the FY 2019 GIW. For **PH-PSH** or **PH-RRH** projects, select “**PH**” click “**Save**” and the next question will appear. For **Joint TH and PH-RRH** component projects select “**Joint TH and PH-RRH**.” For **TH** projects select “**TH**.” For all **SSO** component projects, select “**SSO**.” The type of SSO project will be selected on Screen 3B question 4. For **SH** projects, select “**SH**.” For **HMIS** projects, select “**HMIS**.”

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

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

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6. **Title V:** Required. Title V of the McKinney-Vento Act allows homeless services providers to use unutilized, underutilized, excess, or surplus federal properties to assist persons experiencing homelessness. Select “Yes” or “No” to indicate whether the project includes one or more properties conveyed through the Title V process.
7. **Was this project funded under the Youth Homeless Demonstration Program?** Required. Select Yes or No to indicate whether this project was awarded under the YHDP program prior to coming in for renewal under the CoC program
8. **Does this project include Replacement Reserves?** This question populates only if an operating budget is selected on Screen “6A. Funding Request.” If not applicable, select “No.” Select “Yes” only if the project will include replacement reserve as an expected CoC Program Operating cost. If “Yes,” the applicant must attach the following to their application to be able to move to grant agreement:
 - total amount to be placed in reserve over the grant term;
 - system or systems to be replaced and useful life/lives of the system(s); and
 - repayment schedule and scheduled payment amount.

All Projects Screen 3B. Description

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

1. **Provide a description that addresses the entire scope of the proposed project:** Required. Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and the reason CoC Program funding is required. The information project applicants provide in this narrative must not conflict with information provided in other parts of the project application and should not include significant changes unless the project was amended.

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

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

HMIS ONLY: Required. Provide a detailed description of the scope of the project including the community needs, the design and implementation of the HMIS system, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and the reason CoC Program funding is required. The information project applicants provide in this narrative must not conflict with information provided in other parts of the project application and should not include significant changes unless the project was amended. HUD recommends using more general dates (e.g., this project will serve 10 persons over the term of the grant) rather than using specific dates (e.g., in FY 2019 this project will serve 10 persons) to reduce the need to change project descriptions for renewal projects.

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- 2. Does your project have a specific population focus?** Required. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach, or methodologies for a specific subpopulation(s). This does not mean that your project exclusively serves that subpopulation(s), but rather that your project is uniquely equipped to serve them.

SH projects must select “Yes,” due to SH projects having special capacity in its facilities, program designs, tools, outreach, or methodologies for a specific mental illness (MI) subpopulation.

HMIS: For HMIS projects this is most likely “No;” however, select “Yes,” if your project has special capacity or methodologies for a specific subpopulation(s).

- 2a. Please identify the specific population focus? (Select ALL that apply)** Required if “Yes” to question 2 above, select one or more of the available subpopulations. If a subpopulation focus for your organization is not listed, check the box next to “Other” and enter in the subpopulation in the text box provided. SH projects must select at least “MI” and can select additional subpopulations.

HMIS: Questions 3 – 4f are required but will not be assessed if the project is strictly an HMIS project. Projects that are strictly HMIS should select for the housing first and SSO questions either “None” or “None of the Above”.

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

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

Supportive services are voluntary but are offered to maximize housing stability and prevent returns to homelessness. For further information refer to Sections II.A.6. of the FY 2019 CoC Program Competition NOFA and go to the: [Housing First in PSH Brief](#).

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

- 3a. Does the project quickly move participants into permanent housing?** Required. Select “Yes” to this question if your project will move program participants into permanent housing as quickly as possible and will not require additional steps (e.g., a required stay in transitional housing or a certain number of days of sobriety) when program participants determine that they want assistance moving into permanent housing. If this is a domestic violence (DV) project application including survivors of human trafficking, sexual assault, stalking, and dating violence, project applicants should select “Yes” if the project will move program participants as quickly as possible into permanent housing after the program participant believes their immediate safety needs have been addressed (e.g., survivors believes they are still in danger from violent situations and choose to wait until the dangerous situations are addressed before moving into permanent housing, but must be assisted in quickly moving to permanent housing as soon as they believe it is safe). Select “No” if the project does not work to 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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- 3b. Does the project ensure that participants are not screened out based on the following items? (Select ALL that apply):** Required. Checking the box next to each item listed confirms that your project does not have the following barriers to entering the project at the time of completing this application: (1) having too little or little income; (2) active or history of substance use; (3) having a criminal record with exceptions for state-mandated restrictions; and 4) history of victimization (e.g., domestic violence, sexual assault, childhood abuse). If all of these barriers still exist at the time of completing this application, select “None of the above.”
- 3c. Does the project ensure that participants are not terminated from the program for the following reasons?** Required. Checking the box next to each item listed confirms that your project does not terminate participants for the following reasons at the time of completing this project application: (1) failure to participate in supportive services—not including case management that is for the purposes of engagement only; (2) failure to make progress on a service plan; (3) loss of income or failure to improve income; and (4) any other activity not covered in a lease agreement typically found in the project’s geographic area. 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.”
- 3d. Does the project follow a Housing First approach?** No action required. *e-snaps* automatically populates this read-only field, which will only indicate “Yes” if the project applicant selected “Yes” for 3a **and** checked all of the boxes for 3b and 3c, to confirm a Housing First approach. Otherwise, this field will indicate “No” to confirm that the project will not follow a Housing First approach. Any project application submitted as using a Housing First approach must continue operating as such during its FY 2019 grant term.

Note: The following questions 4a-4f only need to be answered by SSO projects.

- 4. Please select the type of SSO project:** From the dropdown menu select one of the following type of project: Street Outreach, Housing Project or Housing Structure specific service, Coordinated Entry, Standalone Supportive Services or None

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

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

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

**Review the supportive services or housing decision tool for clarification at www.hudexchange.info/resource/3875/coc-program-ss0-housing-component-decision-tool/.

Coordinated Entry (CE) projects are designed to support the development and implementation of coordinated entry processes as required by 24 CFR part 578 and [CPD-17-01: Notice](#)

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

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

None – Select this if the project has no SSO activities.

- 4a. If Coordinated Entry is selected, click on “Save” and the following questions will appear. Will the coordinated entry process funded in part by this grant cover the CoC’s entire geographic area?** Select “Yes” only if coordinated entry will cover the entire geographic area by the end of the expected grant term.
- 4b. Will the coordinated entry process funded in part by this grant be easily accessible?** Select “Yes” only if coordinated entry is easily accessible by individuals and families with the highest barriers to housing access and includes affirmative fair housing strategies (see 24 CFR 578.93(c)).
- 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:** Use the textbox provided to detail the advertisement strategy that will ensure that the availability of coordinated entry known to individuals and families with the highest barriers to 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?** Select “Yes” if the standardized assessment process that will be included in coordinated entry by the end of the expected grant term is comprehensive according to the housing and services available in the community and standardized in structure, delivery, and evaluation across all assessments conducted using coordinated entry. Exceptions to standardization can be made for the following four populations only: (1) Individuals; (2) Households with Children; (3) Youth; and (4) Persons fleeing Domestic Violence. If your coordinated entry will be standardized within each of the subgroups and does not include variations for other subpopulations not included above, select “Yes.”
- 4e. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services.** Use the textbox provided to briefly describe how the referral process for homelessness resources is coordinated across, at a minimum, all CoC and ESG providers. The process should include a list of all available resources, uniform decision making, Program participant choice, and a process to reconcile unsuccessful or rejected placements. Using bullets instead of full paragraphs is appropriate.
- 4f. If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following four**

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groups: Individuals, Families, DV, and Youth? Select “Yes” if the CoC limits differences to the four groups only. Select “No” if the CoC includes differences for any other population.

Youth Demo Projects

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

- 1. Does this project carry out housing problem solving activities to divert or rapidly exit households from homelessness? OR Does this project carry out housing problem-solving activities?** Required for YHDP projects.
 - 1a. Please identify the list of housing problem solving activities that will occur in this project (You may select more than one)** Required if “Yes” to question 1 above, select one or more of the available options. If a focus for your project is not listed, check the box next to “Other” and enter in the text box provided.
- 2. Is this a Host Homes project?** Required for YHDP Projects
- 3. Please identify the specific populations addressed in this project (Select ALL that apply)** Required. Select one or more of the available subpopulations. If a subpopulation focus for your organization is not listed, check the box next to “Other” and enter in the subpopulation in the text box provided.
- 4. Does this project plan to use Rental Assistance in the 2019 CoC Competition?** Required for YHDP projects
 - 4a. Will this project use Rental Deposits?** Required if “Yes” to Question #4
 - 4b. Will this project cover first months rent?** Required if “Yes” to Question #4
 - 4c. Short Term Rental Assistance.** Required if “Yes” to Question #4
 - 4d. Medium Term Rental Assistance.** Required if “Yes” to Question #4
- 5. Was this project awarded a waiver in the last YHDP or CoC Competition?**
 - 5a. If yes, what was the waiver? Please attach all documents related to the waiver to this application. (waiver, waiver request, etc.)?** Required if “Yes” to question 5 above
- 6. Does the project plan on applying for a waiver in the 2019 CoC Competition?**
 - 6a. If yes, what is the waiver? Please attach all documents related to the waiver to this application. (waiver, waiver request, etc.)** Required if “Yes” to question 6 above

A YHDP project that requested and received a waiver for activities related to youth must attach a new waiver request to the FY 2019 renewal application that will be reviewed by HUD in accordance with Section II.B.6 of the FY 2019 CoC Program NOFA

- 7. Select the costs for which funding is being requested:** Required. The checkmark in the box indicates the eligible cost Budget Line Items (BLIs) for which funding is being requested (see 24 CFR 578, Subpart D; Program Components and Eligible Costs). BLIs selected should match the categories included on the CoC’s FY 2019 GIW or as amended.

Every budget line item selected will open up a text box for the applicant to explain how funds will be spent for that specific BLI.

3C. DedicatedPLUS

PH-PSH Projects Only

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All YHDP Renewal projects should select “NA”

Screen 3C includes a single required question that provides HUD with information regarding whether the project will dedicate 100 percent of beds to individuals and families experiencing chronic homelessness or who meet the criteria of DedicatedPLUS. Even if DedicatedPLUS is selected, the project applicant can still dedicate beds to individuals and families experiencing chronic homelessness on Screen 4B, and those CH dedicated beds must operate in accordance with Section III.C.2.b. of the FY 2019 CoC Program NOFA.

Renewal PSH projects can change the classification of their project through the project application to be DedicatedPLUS. This includes projects where 100 percent of the beds are currently dedicated to individuals and families experiencing chronic homelessness. In addition, renewal projects that selected DedicatedPLUS in a previous year's CoC project application may change to 100 percent dedicated in the FY 2019 project application. If the applicant chooses either DedicatedPLUS or 100 percent dedicated, the project must adhere to FY 2019 NOFA for whichever type is selected. Renewal projects that previously selected DedicatedPLUS or 100 percent dedicated should not be selecting “NA” in the FY 2019 project application.

Definitions:

“**100% Dedicated**” is a project defined in the FY 2019 NOFA Section III.C.2.b. as:

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

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

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

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(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

1. Indicate whether the project is “100% Dedicated,” or “DedicatedPLUS,” according to the information provided above. Required. All renewal PSH projects must select from the following:

- Renewal PSH projects that are **not currently required to be dedicated** to serving individuals and families experiencing chronic homelessness must choose from the following:
 - Select **“DedicatedPLUS”** to convert the project to serving only those individuals and families meeting the criteria listed in the DedicatedPLUS definition. Projects that select “DedicatedPLUS” must fill all vacancies with persons meeting the criteria described above.
 - Select **“100% Dedicated”** to convert the project to serving only those individuals and families meeting the criteria listed in the chronic homelessness definition (24 CFR 578.3). Projects that select “100% Dedicated” must fill all vacancies with persons meeting the criteria described above.
 - Only select **“N/A”** if this renewal project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homeless. N/A refers to non-dedicated PSH Beds as referred to in the FY 2019 NOFA Section III.C.2.o. “N/A” allows the continuation of serving eligible participants not limited by the 100 percent Dedicated or DedicatedPLUS definitions.
 - **Note:** Renewal PSH projects which were originally awarded as 100 percent of beds dedicated to individuals and families experiencing chronic homelessness are prohibited from changing to “N/A” and must select **“100% Dedicated”** or **“DedicatedPLUS.”**

All Projects Part 4: Housing and Services

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

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

All Projects Screen 4A. Supportive Services for Participants

The supportive services described on Screen 4A should be the previously approved services for this project. The respective services should match the most recently approved project application under grant agreement or grant agreement amendment. All questions on Screen 4A are required and provide HUD with details of the supportive services provided to program participants.

- 1. For all supportive services available to participants, indicate who will provide them and how often they will be provided:** Required. This list identifies **all** supportive services provided to program participants in the project by the project applicant, subrecipient, partner organization, or non-partner organization. The project applicant should complete each row of the dropdown menus for all supportive services the project will provide to program participants, regardless of funding source. Do not limit this selection to just supportive services for which CoC Program CoC Program funding may be requested in your project application—also include supportive services other organizations or grants will provide. 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

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provider offers the service equally as often, choose the provider according to the following order: (1) Applicant, (2) Subrecipient, (3) Partner, and (4) Non-Partner.

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

2. Please identify whether the project includes the following activities:

2a. Transportation assistance to clients 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. Select **“No”** if transportation will not be regularly provided or cannot be provided consistently as requested.

2b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed? Required. Select **“Yes”** if the project follows-up with program participants at least annually to ensure they have applied for, are receiving their mainstream benefits, and renew benefits when required. Select **“No”** if the project does not follow-up with program participants at least annually concerning mainstream benefits.

3. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a 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. Select **“No”** if there is no or significantly limited access to SSI/SSDI technical assistance

3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? Required if “Yes” is selected above. Select **“Yes”** to indicate that staff person who will be providing the SSI/SSDI technical assistance has completed SOAR training, online or in person, in the past 24 months. If more than one person will provide technical assistance, select **“Yes”** only if all persons have completed the training. Otherwise, select **“No”**.

All Projects Screen 4B. Housing Type and Location




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

Enter the numbers on Screen 4B for number of units and number of beds proposed to be served on a single night when the project is at full operational capacity. The numbers should match the most recently approved project application under grant agreement or grant agreement amendment. If a renewal project

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is being reduced due to reallocation—all numbers can be reduced proportionally to match the lower budget amounts. The primary 4B screen provides a summary of the units and beds included in the project according to the following categories:

- **Total Units.** Includes all **units** in the project, regardless of size.
- **Total Beds.** Includes all **beds** in the project, regardless of unit configuration.
- **Total Dedicated CH Beds.** Includes all CH beds **dedicated** for individuals and families experiencing chronic homelessness.

The summary fields are compiled from all individual housing types and locations listed below the totals. These fields will populate and update automatically when new housing type and location details are added to the list. To add a new housing type and location detail screen, click the add  icon and complete the mandatory fields. Click “**Save & Back to List**” to save the information and return to the primary screen. Click “**Save & Add Another**” to add information for another housing type and location detail screen. To view and edit a detailed screen, click the view  icon. To delete a detail screen, click the delete  icon.

The project applicant must use Screen 4B to report each housing type and location supported using requested CoC Program funds, including the number of available Units, Beds, and Dedicated CH Beds. 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 those units supported only by supportive services costs without rental assistance, leasing, or operating costs. 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).

1. **Housing type:** Required. Report the type of housing structures where program participants under this project are housed. Each housing type must be listed individually. 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-PSH and 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 assisted family, plus common space for shared use by the residents of the unit. Projects cannot use zero or 1-bedroom units for shared housing.
 - **Single Room Occupancy (SRO) units:** Each individual has private sleeping or living room which may contain a private kitchen and bath, or shared, dormitory style facilities.
 - **Clustered apartments:** Each individual or family has a self-contained housing unit located within a building or complex that houses both persons with special needs (e.g., formerly homeless persons, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV) and persons without special needs.
 - **Scattered-site apartments (including efficiencies):** Each individual or family has a self-contained apartment. Apartments are scattered throughout the community.

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- **Single family homes/townhouses/duplexes:** Each individual or family has 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.
- **Units:** Enter the total number of units available at full capacity on a single night in the selected housing type and location.
 - **Beds:** Enter the total number of beds available at full capacity on a single night in the selected housing type and location.

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

3. **How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** Required. A dedicated bed is a bed that must be filled by persons with CH designation who qualifies for the project unless there are no persons with CH designation located within the geographic area who qualify. These beds are also reported as “**CH Beds**” on the CoC’s Housing Inventory Count (HIC). If a project has dedicated CH beds to serve families experiencing chronic homelessness, all beds serving the household should be included in this number. If your project serves persons experiencing chronic homelessness, review the [HUD Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing](#). The notice provides detailed information concerning beds that must serve persons with CH designation as defined in 24 CFR 578.3, in accordance with 24 CFR 578.103.

Include beds in this calculation that serve persons with CH designation and those that do not serve but **will** be dedicated serve persons with CH designation as soon as the beds turnover. In general, HUD requires that all beds included in this field will continue to serve persons with CH designation. HUD expects that the number of beds in question 3 on this screen in a project that selected “**100% Dedicated**” on Screen 3C to match the number of beds indicated in question 2a. DedicatedPLUS projects should also use this screen to indicate how many beds will be dedicated to persons experiencing chronic homelessness. **Visible to PH-PSH ONLY**

4. **Address:** Required. **PH-PSH:** Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For scattered-site and single-family housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located, or where the majority of beds are located as of the application submission. Where the project uses, tenant-based rental assistance, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project’s administration office. Projects serving survivors of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of program participants.

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

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Important Note: For projects serving survivors of domestic violence, including human trafficking, 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. Report the geographic area in which the housing type, units, and beds are actually located. The list of geographic areas is limited by the state(s) selected on Screen 1D of the application. Multiple areas can be selected if units are located in more than one county or city. Hold down the “Ctrl” key to make multiple selections.




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

The primary 4B screen numbers should match the most recently approved project application under grant agreement or grant agreement amendment. If a renewal project is being reduced due to reallocation—all numbers can be reduced proportionally to match the lower budget amounts.

Use Screen 4B to report the number of Units and Beds for each housing type and location supported, regardless of funding source. If either of the TH portion or the PH-RRH portion are supported through other funding source(s) be sure to enter these units, beds, and funding source(s) on the “**Housing Type and Location and Detail**” screens. The number of units and beds in each of the TH portions and the PH-RRH portions must be greater than ‘0.’ The total numbers reported must reflect the total units and total beds at full capacity on a single night for both the TH and RRH portions of the project. This includes units supported only by CoC Program supportive services funds without CoC Program leasing, operating, or rental assistance funds. Generally, the reported number of beds should match the number of persons served and households, as listed on Screens 5A and 5B although there are understandable exceptions (e.g., a two-parent household where the parents share a bed).

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

	TH	RRH	Total
Total Units:			
Total Beds:			

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

- 1. Is this housing type for the TH portion or RRH portion of the project?** Select “TH” or “RRH.” If “TH” is selected an additional question will appear.
 - 1a. Does this TH portion of the project have private rooms per household?** Select “Yes” if the units in the TH portion of the project have private rooms per household. Select “No” if households do not have private rooms and must share sleeping spaces with other households.
- 2. Housing type:** Report the type of housing structures in which program participants under this project will be housed for **both the TH portion and the PH-RRH portions of the project whether funds are requested through this CoC Program project application or funds from another source(s)**. Each housing type must be listed individually according to the following options:

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- **Barracks:** Individuals **or** families sleep in a large room with multiple beds. **This type is not appropriate for the PH-RRH portion of the project and should only be selected if it is being used for the TH portion of the project.**
 - **Dormitory; shared or private rooms:** Individuals **or** families share sleeping rooms **or** have private rooms; persons share a common kitchen, common bathrooms, **or** both. **This type is not appropriate for the PH-RRH portion of the project and should only be selected if it is being used for the TH portion of the project.**
 - **Shared housing:** Two **or** more unrelated people share a house **or** an apartment. Each unit must contain private space for each assisted family, plus common space for shared use by the residents of the unit. Common space must be appropriate for shared use by the residents and private space must contain at least one bedroom for each two persons in the family. A zero **or** one-bedroom unit may not be used for shared housing.
 - **Single Room Occupancy (SRO) units:** Each individual has private sleeping **or** living room which may contain a private kitchen and/or bath, **or** shared, dormitory style facilities. **Clustered apartments:** Each individual or family has a self-contained housing unit located within a building or complex that houses both persons with special needs (e.g., formerly homeless persons, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV) and persons without special needs.
 - **Scattered-site apartments (including efficiencies):** Each individual **or** family has a self-contained apartment. Apartments are scattered throughout the community.
 - **Single family homes/townhouses/duplexes:** Each individual **or** family has a self-contained, single family home, townhouse, **or** duplex that is dispersed throughout the community.
3. **What is the funding source for these units and beds?** From the dropdown menu, select either CoC, ESG, Section 8 or HUDVASH, Other, or Mixed. If multiple housing funding sources are used for this housing type and location, select “**Mixed.**” When Other or Mixed are selected, enter details in the textbox that will appear.
4. **Indicate the maximum number of Units and Beds available for project participants at the selected housing site:** For this type of housing, enter the total number of units and beds.
- **Units:** Enter the total number of units available at full capacity on a single night in the selected housing type and location.
 - **Beds:** Enter the total number of beds available at full capacity on a single night in the selected housing type and location.

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

5. **Address:** Project applicants must enter an address for all proposed and existing properties. **If** the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, **or** for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located **or** where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, **or** if the address for scattered-site **or** single-family homes housing cannot be identified at the time of application, enter the address for the project’s

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administration office. Projects serving survivors of domestic violence, including human trafficking, must use a PO Box **or** other anonymous address to ensure the safety of participants.

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

HMIS Part 4: Implementation of HMIS

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

HMIS Screen 4A. HMIS Standards

All fields on Screen 4A are required and should be answered based on the current configuration of the dedicated HMIS project. For more information on 2017 HMIS Data Standards applicable for all dedicated HMIS projects, go to www.hudexchange.info/hmis/hmis-data-and-technical-standards/.

Universal HMIS Data Standards

- | | | |
|---------------------------|------------------------|---------------------------------------|
| 1. Name | 6. Gender | 11. Destination |
| 2. Social Security Number | 7. Veteran Status | 12. Relationship to Head of Household |
| 3. Date of Birth | 8. Disabling Condition | 13. Client Location |
| 4. Race | 9. Project Start Date | 14. Housing Move-in Date |
| 5. Ethnicity | 10. Project Exit Date | 15. Living Situation |

- 1a. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the HMIS Data Standard Notice?** Select “Yes” if the HMIS is currently programmed to collect all of the HUD required UDEs, as required by the FY 2017 Data Standards **If** the HMIS is not programmed to capture all of the UDEs, Select “No.”
- 1b. If no, explain why and the planned steps for compliance:** If the HMIS does not capture all UDEs use the space provided to explain which UDEs are not capture by HMIS, why the UDEs are not captured, and provide the specific steps the HMIS Lead will take to comply with the HMIS Data Standard Notice.
- 2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting (i.e., Annual Performance Reports, reports for System Performance Measures, data for CAPER/ESG reporting)?** Select “Yes” if the HMIS can produce all HUD-required reports and provide data as needed for HUD reporting.
- 2b. If no, explain why and the planned steps for compliance:** If the HMIS does not have the capacity to produce all HUD-required reports **or** provide data for HUD reporting, use the space provided to identify the HUD-required reports that are not **or** cannot be produced, the reason why and provide the specific steps the HMIS Lead will take to comply with the HMIS reporting requirements.
- 3a. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS?** Select “Yes” if the HMIS can produce all reports required by all Federal partners.
- 3b. If No, explain why and the planned steps for compliance.** If the HMIS does not have the capacity to produce all **reports required by all federal partners**, use the space provided to identify the reports that are not **or** cannot be produced, the reason why and provide the specific steps the HMIS Lead will take to comply with the reporting requirements federal partners.

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4. **Can the HMIS currently provide the CoC with an unduplicated count of clients receiving services in the CoC?** Select “Yes” if the HMIS can unduplicate client records. Select “No” if the HMIS cannot unduplicate client records, **or** if the HMIS will soon include this capacity but does not have the capacity as of the time of application submission.
5. **Does your HMIS implementation have a staff person responsible for insuring the implementation meets all security standards as required by HUD and the federal partners?** Select “Yes” if the HMIS Lead has a staff person responsible for security standards. Select “No” if the HMIS Lead does not a staff person responsible for security standards, **or** if the HMIS Lead plans on hiring/appointing a person but does not have one on staff as of the time of application submission.
6. **Does your organization conduct a background check on all employees who access HMIS or view HMIS data?** Select “Yes” if the HMIS Lead conducts background checks on all employees who access the HMIS, both the HMIS Lead personnel **and** administrators and staff at all recipients and subrecipients. Select “No” if the HMIS Lead does not conduct background checks.
7. **Does the HMIS Lead conduct Security Training and follow up on security standards on a regular basis?** Select “Yes” if the HMIS Lead conducts security training and follows up with recipient and subrecipient organizations. Select “No” if the HMIS Lead does not conduct security training **or** follow-up with recipients **or** subrecipients.
8. **Do you have a process in place to remove community members who no longer need access to HMIS (e.g., leave their job, fired, etc.)?** Select “Yes” if there is a process in place to remove community members who no longer need access to HMIS and answer the next question that will appear. Select “No” if there is not a process in place to remove community members who no longer need access to HMIS.
- 8a. **How long does it take to remove access rights to former HMIS users?** HMIS must have the capacity to remove user access rights. Select the appropriate time frame from the options of “Within 24 hours,” “Within 1 week,” “Within 2 weeks,” “Within 1 month,” and “Longer than 1 month.” Select “Longer than 1 month” if the HMIS does not have this capacity.

All Projects Part 5: Participants and Outreach

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

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

All Projects Screen 5A. Program Participants - Households

Enter the numbers on Screen 5A in the respective columns and rows as defined below for the number of households and number of persons proposed to be served on a single night when the project is at full operational capacity. The numbers should match the most recently approved project application under grant agreement or grant agreement amendment. If a renewal project is being reduced due to reallocation—all numbers can be reduced proportionally to match the lower budget amounts.

- **Households with at least One Adult and One Child:** For the proposed numbers under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.
- **Adult Households without Children:** For the proposed numbers under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.

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- **Households with Only Children:** For the proposed numbers under this column and household type, only include persons under the age of 18, do not include in this number any person at or above the age of 18.

The first column on the far left is read-only and populated with four standard reporting categories determined by HUD as listed below.

- **Adult over age 24:** A subset of the category of “**Adults**” to disaggregate “**Youth**” from over age 24 adults.
- **Persons ages 18-24:** A category implemented to account for transition age youth. Youth previously captured under the category “**Adult**” should now be captured under the category “**Persons between the ages of 18 and 24.**”
- **Accompanied Children under age 18:** Includes all children and youth who are under the age of 18. “**Accompanied**” is defined as “**in the company of parent or legal guardian regardless of the age of the parent or legal guardian.**”
- **Unaccompanied Children under age 18:** Includes all children and youth who are under the age of 18. “**Unaccompanied**” is defined as “**without a parent or legal guardian,**” and can include persons under 18 who themselves have dependents, siblings, or other household members.

The tables are populated with white, dark grey and light grey fields. In each white field, list the number of households or type of persons served for the given household type. The dark grey cells are not applicable to the given type of persons, and the light grey cells, will total automatically once the screen is saved. The screen is designed to prevent project applicants from entering more households than persons for any given column, and at least one person must be entered for every column that has one or more households. The number and characteristics of persons that the project is expected to serve is recorded on this screen and should match the total number of units and beds requested on Screen 4B.

Note: Households served in PH-PSH projects must have at least one household member with a qualifying disability as defined by 42 U.S.C 423(d) and 42 U.S.C. 11382(2). However, for a household to be served that is a 100% Dedicated CH unit or DedicatedPlus unit, the head of household must have a qualifying disability and meet all the criteria required as defined in 24 CFR 578.3.

All Projects Screen 5B. Program Participants - Subpopulations

Enter the numbers on Screen 5B in the respective columns and rows as defined below for the subpopulation breakdown of the proposed number of persons to be served on a single night when the project is at full operational capacity. The respective numbers should match the most recently approved project application under grant agreement or grant agreement amendment. If the YHDP renewal project is being reduced due to reallocation—all numbers can be reduced proportionally to the lower budget amount. The screen will prevent submission until applicants account for all persons identified on Screen 5A.

Screen 5B is separated into three tables corresponding to the three household types on Screen 5A. Refer to 5A above for a description of the three household types. There are nine editable columns for all three tables. One additional column accounts for persons who are not represented by the priority subpopulations. The screen will prevent submission until applicants account for all persons identified on Screen 5A.

PH-PSH project applicants that selected “**100% Dedicated**” must include 100 percent of program participants under the appropriate “**Chronically Homeless**” columns. In addition, the total number of persons with CH designation must equal the number of beds dedicated in question “**2b. Beds**” on Screen 4B. **Note:** The screen has a built-in control for PH-PSH projects that selected “**100% Dedicated**” on Screen 3C, requiring that at least one person per household listed on Screen 5A is counted in one of the two CH columns (Chronically Homeless Non-Veterans and Chronically Homeless Veterans) on Screen

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5B. If the number of persons counted in these two columns does not equal at least the number of households on Screen 5A, *e-snaps* will report an error and prevent application submission when the screen is saved.

Note: Households served in PH-PSH projects must have at least one household member with a qualifying disability as defined by 42 U.S.C 423(d) and 42 U.S.C. 11382(2). However, for a household to be served that is a 100% Dedicated CH unit or a DedicatedPlus unit, the head of household must have a qualifying disability and meet all the criteria required as defined in 24 CFR 578.3

Table 5. Subpopulation Columns

Mutually Exclusive
<ul style="list-style-type: none"> • Chronically Homeless Non-Veterans: To fall under this column, proposed persons must have CH designation per 24 CFR 578.3, but not veterans*. • Chronically Homeless Veterans: To fall under this column, proposed persons must have CH designation per 24 CFR 578.3, and veterans*. • Non-Chronically Homeless Veterans: To fall under this column, proposed persons must not have CH designation, but must be veterans*. <p>* “Veterans” include all persons who served in the military, regardless of discharge status.</p>
May Contain Duplicate Entries
<ul style="list-style-type: none"> • Chronic Substance Abuse: Proposed persons identified as chronic substance abusers. • Persons with HIV/AIDS: Proposed persons identified as living with HIV/AIDS. • Severely Mentally Ill: Proposed persons identified as diagnosed as severely mentally ill (SMI). • Survivors of Domestic Violence including survivors of human trafficking, sexual assault, stalking, and dating violence: Proposed persons identified as meeting the criteria of paragraph 4 of the homeless definition. • Developmental Disability: Proposed persons identified as diagnosed with a developmental disability. • Physical Disability: Proposed persons identified as diagnosed with a physical disability.
Mutually Exclusive to All Other Columns
<ul style="list-style-type: none"> • Persons not represented by an identified subpopulation: Proposed persons not expecting to fall under any of the listed subpopulations. For example: In a family of five, only one person may have a physical disability and four do not fall into any of the listed subpopulations; then 4 would be entered in this column.

These columns are populated with white, dark grey, and light grey fields, and are dependent on the selections made in Screen 5A. If households and persons are added to a household type column in Screen 5A, then the corresponding table will be available for data entry in Screen 5B. However, if no households and persons are added to a particular household type column in Screen 5A, then the corresponding table will not be available in Screen 5B. **Example:** If 3 households are entered into the “**Adults Only**” column on Screen 5A, but no households are entered into the “**Adults with Children**” or “**with Children Only**” columns on Screen 5A, then only the “**Adults Only**” table will be available for edit on Screen 5B.

In each white field of the available household tables, enter the number of persons served for the given subpopulation column. Ignore the dark grey cells, which are not applicable to the given subpopulation, and ignore the light grey cells, which will total automatically after the screen is saved. If any number greater than “0” is entered into the column “**Persons not represented by an identified subpopulation,**” a mandatory textbox will appear at the bottom of the screen when the screen is saved. The project applicant must enter a description of the population being served that does not fall under any of the priority subpopulation columns.

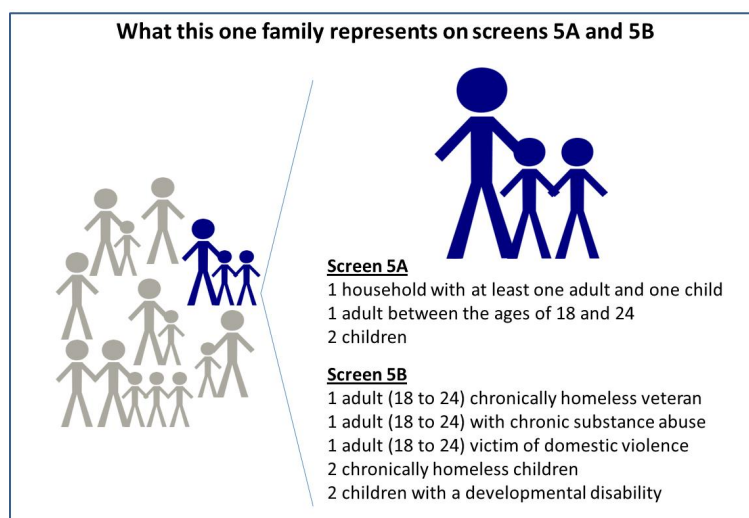
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The screen has additional controls that ensure that Screens 5A and 5B match. In Table 5 above, three columns are internally **mutually exclusive**, and a single person can only identify with one of the first three columns for each table (e.g., a single person cannot be a veteran while at the same time being a non-veteran). Columns 4 through 9, under “**May Contain Duplicate Entries;**” however, are not **mutually exclusive**, and a single person can identify with more than one column (e.g., a single person could be a veteran, suffering from a physical disability, and a victim of domestic violence). Column 10, **Persons not represented by an identified subpopulation**, is mutually exclusive to all other columns; if a single person falls under column 10 the person does not identify with any of the other subpopulations.

There are several other important controls to understand. The “**Total Persons**” for each column, for example, cannot be larger than the total persons for that household category on Screen 5A. Likewise, no cell in each row can contain a number greater than the total number of persons in the corresponding age group as reported on Screen 5A. At the same time, the screen requires an entry for each person served, so at a minimum, the total number from the tables must equal the total number of persons in each corresponding household column from Screen 5A.

The **Characteristics** column (the first column) is populated with the same characteristics used Screen 5A, which have been applied to each table based on their relevance to the tables housing type.

Total fields will calculate automatically when at least one household field and one-person field is entered, and the screen is saved.



All Projects Part 6: Budgets

Part 6 includes project information related to budget requests and information about required grant matching funds. Renewal PH-PSH and JOINT TH & PH-RRH project applications are not required to list detailed descriptions and quantities in Budget Line Items (BLI) for leased structures, supportive services, operating, or HMIS. Renewal PH-RRH project applications are not required to list detailed descriptions and quantities in Budget Line Items (BLI) supportive services or HMIS. Renewal HMIS project applications are not required to list detailed descriptions and quantities in Budget Line Items (BLI) for HMIS. HUD considers the budget details of the originally approved project application as the baseline for BLI descriptions and quantities for renewal applications. It is the responsibility of the project applicant to ensure, if conditionally awarded renewal funds, that funds will only be expended on eligible costs as outlined for each BLI in 24 CFR part 578 which HUD will verify during HUD monitoring. Ineligible expenditures for BLIs may result in a HUD finding and demand for repayment.

The budget screens in Part 6 should match the dollar values included on the CoC’s FY 2019 GIW listed on the HUD Exchange with the following limited exceptions:

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- a budget may be lower than the annual renewal amount (ARA) on the FY 2019 GIW if the CoC reduced the project’s budget through the reallocation process;
- a grant agreement amendment was processed **after** the FY 2019 GIW was finalized; or
- the project **is** an eligible renewal project that was **not** included on the FY 2019 GIW.

Project applicants should contact the CoC’s Collaborative Applicant immediately if they are unsure how their CoCs’ expect them to apply, as an error in the project application could have a negative impact on this application and other project applications that are requesting FY 2019 CoC Program Competition funds.

CAUTION: If any formal amendment was completed prior to the application submission deadline, then project applicants should apply using the amended information. Or, if any formal amendment has not been completed by the application submission deadline, but this information is reflected on the CoC’s FY 2019 GIW, contact the local HUD CPD field office because this information must be communicated to the Office of Special Needs Assistance Programs (SNAPS) prior to the project review process.

All Projects Screen 6A. Funding Request

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

1. **Do any of the properties in this project have an active restrictive covenant?** Required. Select “Yes” or “No” to indicate whether one or more of the project properties are subject to an active SHP Program or CoC Program restrictive covenant. **Note:** Any project awarded funds for new construction, acquisition, or rehabilitation under the SHP Program have a 20-year use restriction. The CoC Program (FY 2012 and beyond) has a 15-year use restriction.
2. **Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project?** Required. Indicate whether the project previously received funds under the Samaritan Housing or a Permanent Housing Bonus initiative.
3. **Does this project propose to allocate funds according to an indirect cost rate?** Required. Select “Yes” or “No” to indicate whether the project has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, refer to Section V.B.2.h. of the FY 2019 CoC Program Competition NOFA and contact your local HUD CPD field office. If “Yes,” project applicants must respond to the following questions:
 - 3a. **Please complete the indirect cost rate schedule below:** Complete at least one row using information from either your approved plan or your proposal.

Administering Department/Agency	Indirect Cost Rate	Direct Cost Base
	%	

- 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. Select “No” if it has either not been submitted to or was submitted but was not 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 200.203(c)(2).
4. **Renewal Grant Term:** No action required. This field automatically populates with a 1-year grant term.

Note: Even in cases where a PH-PSH renewal project application requests a 15-year grant term (i.e., only available for project-based rental assistance, sponsor-based rental assistance or

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operating costs), project applicants may only request 1-year of funding in the FY 2019 CoC Program Competition. Project applicants must apply for the additional funds as an annual renewal project application. CoC Program funds are not guaranteed past the 1-year of renewal funding. YHDP projects may only request 1 year terms in accordance with Section II.B.6 of the FY 2019 CoC Program NOFA.

- 5. Select the costs for which funding is being requested:** Required. The checkmark in the box indicates the eligible cost Budget Line Items (BLIs) for which funding is being requested (see 24 CFR 578, Subpart D; Program Components and Eligible Costs). BLIs selected should match the categories included on the CoC's FY 2019 GIW or as amended. BLIs should also match what is selected on the Youth Demo project screen in the application.



All Projects Screen 6B. Leased Units Budget

PH-PSH: Screen 6B appears if the “**Leased Units**” Budget Line Item (BLI) is selected on Screen 6A. The primary 6B screen will aggregate the total leasing assistance requested and total units requested for each Fair Market Rent (FMR) area in which the project applicant will be leasing a unit. For each FMR area where a unit will be leased, project applicants must enter the number of each size of unit, the cost and the total requested amount for leased units which should be based on the FY 2019 GIW, grant agreement or grant agreement as amended, or as reduced due to reallocation.


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

To add units for a new FMR area, click the add  icon to access the “**Leased Units Budget Detail**” screen. Once the detail screen is opened, project applicants must specify the appropriate FMR area where the units are located. The list is sorted by state abbreviation, and most areas calculated by county or metropolitan area.

- **Size of units:** No action required. These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.
- **Number of units:** Required. For each unit size, enter the number of units for which funding is being requested.
- **Total Units and Annual Assistance Requested:** Required. Enter in the total requested leased units amount.
- **Grant Term:** No action required. The value “**1 Year**” automatically populates this field and is read-only. Renewal projects can only request 1-year of funding.
- **Total Request for Grant Term:** No action required. This field will equal the total leasing amount entered above.

All grey fields will calculate after project applicants complete and save this screen. Click “**Save & Back to List**” to save the information and return to the primary screen. Click “**Save & Add Another**” to add information for another FMR area. To view and edit a detailed screen, click the view  icon. To delete a detail screen, click the delete  icon.

All Projects Screen 6C. Rental Assistance Budget

Screen 6C appears if the **Rental Assistance** Budget Line Item is selected on Screen 6A. The primary 6C screen will aggregate the total assistance requested and total units requested for each FMR area or rental assistance type. To add units for a new FMR, click the add  icon to access the “**Rental Assistance Detail**” budget screen.

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Type of Rental Assistance: Required. Select the type of rental assistance (i.e., PRA, SRA, or TRA) from the dropdown menu on the top of the screen. If HUD approves more than one rental assistance type for the project, the project applicant must create a separate detail budget screen for each type, even if they are in the same FMR area. For example, if the project consists of 10 PRA units and 10 TRA units in County A, the project applicant must submit two “Rental Assistance Detail” budget screens for County A—one for the 10 PRA units and one for the 10 TRA units. PH-RRH projects **must** select “**TRA**.”

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

Metropolitan or non-metropolitan fair market rent area: Required. Select the appropriate FMR area where the units are located. The list is sorted by state abbreviation, and most areas calculated by county or metropolitan area. The selected FMR area will be used to populate the rents in the FMR Area column in the chart on this screen. For projects that provide rental assistance in more than one geographic location, the project applicant must create a separate “Rental Assistance Detail” budget screen for each FMR area.

Does the project applicant request rental assistance funding for less than the areas per unit size fair market rents? Required. Choose whether to request rental assistance funding at or below the per unit size FMRs. Information entered should match the CoC’s FY 2019 GIW unless the CoC is reducing the project due to reallocation. By selecting “**No**,” the table described below will automatically calculate based on the number of units per unit size entered multiplied by the corresponding FMR. By selecting “**Yes**,” the values entered into the “**HUD Paid Rent**” (also known as **Actual Rent on GIW**) column for each corresponding unit size must be less than the FMR amount for that unit size. Project applicants that HUD awarded funds under HUD Paid Rent in any previous CoC Program Competition must request HUD Paid Rent in the FY 2019 CoC Program Application and are prohibited from requesting FMR. The exceptions to this is if HUD approved the change from actual rent to FMR on the FY 2019 GIW, the project is reduced due to reallocation, or if the FMR is now below the value of the actual rent previously requested. Project applicants switching to actual rents as part of this application process must ensure that the amount of rental assistance requested, if below the published FMR, will be sufficient to cover all rental assistance costs because HUD cannot provide funds beyond what is awarded through the CoC Program Competition.



Complete the **Rental Assistance Annual Budget** chart that accounts for the size of units, the number of units being requested, the FMR for each unit size, the HUD Paid Rent being requested for each unit size (see the explanation above—read-only if “**No**” selected above), multiplied by 12 months to account for annual rent, and then summarized by row in the **Total Request** column.

- **Size of units:** No action required. These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.
- **Number of units:** Required. For each unit size, enter the number of units for which funding is being requested. These values should match the values on the CoC’s FY 2019 GIW.
- **FMR:** No action required. These fields are populated with the FY 2019 FMRs based on the FMR area selected by the project applicant. FMRs are available at www.huduser.org/portal/datasets/fmr.html.
- **HUD Paid Rent: (Actual Rent on GIW)** Required if project applicant selected “**Yes**” above to indicate its intention to request amounts less than the FMR. For each unit size, enter the rent to be

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paid by the CoC Program grant. This rent cannot exceed the FMR amount in the previous column; however, project applicants may request less than the FMR.

- **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 automatically calculates based on the sum of the total requests per unit size per year.
- **Grant Term:** No action required. This field is populated based on the grant term of 12 months. Renewal projects can only request 1-year of funding, regardless of the “**Grant Term**” selected on Screen 6A.
- **Total Request for Grant Term:** No action required. If the project applicant selected “**No**” above to the “HUD Paid Rent” question, the automatic calculation will be based on the FMR and not the “HUD Paid Rent.” If “**Yes**” was selected above “HUD Paid Rent” question, this field is automatically calculated based on the amount entered into each field, multiplied by 12 months, multiplied by the grant term.

All grey fields will calculate after project applicants complete and save this screen. Click “**Save & Back to List**” to save the information and return to the primary screen. Click “**Save & Add Another**” to add information for another FMR area. To view and edit a detailed screen, click the view  icon. To delete a detail screen, click the delete  icon.

All Projects Screen 6D. Sources of Match




The “**Sources of Match**” screen is applicable to all project applications. For detailed information that describes CoC Program match requirements see 24 CFR 578.73. Additionally, HUD strongly encourages project applicants to review the FAQs posted at www.hudexchange.info/coc/faqs/, by searching for the keyword “**match**.”

Note: Program income generated through CoC Program funds may be used as match.

1. **Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?** Required. Select “**Yes**” or “**No**.” If “**Yes**,” the following questions will appear. If “**No**,” no further response is required.
 - 1a. **Briefly describe the source of the program income:** Required if project applicant selected “**Yes**” above. Enter a description of the source of program income.
 - 1b. **Estimate the amount of program income that will be used as Match for this project:** Required if project applicant selected “**Yes**” above. Enter estimated amount in the field provided.

The match information entered in *e-snaps* should be based on the **current commitments at the time of project application, covering the requested grant operating period (i.e., grant term), and NOT based on projections.** HUD expects the amount(s) listed on this screen to be accurate, with a commitment letter(s) in place that includes at least the same amount(s) as those listed in this screen. Match contributions can be cash, in-kind, or a combination of both. Match must be equal to or greater than 25 percent of the total grant request, including Administration costs but excluding Leasing costs (i.e., Leased Units and Leased Structures). **Example:** If the “**Total Assistance Requested**” for a PH-PSH project is \$100,000 without leasing costs, then the project applicant must match funds equal to or greater than \$25,000.

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The summary chart 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 .

Project applicants will be required to identify the following information for each match commitment:

- **This commitment will be used as Match.** No action required, “Yes” is the default.
- **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, project applicants should attach MOU(s) documentation that confirms the in-kind match commitment.
- **Type of source:** Required. Select “Private” or “Government” to indicate the source of the contribution. Funds from HUD-VASH (VA Supportive Housing program) and other federal programs are eligible sources of match so long as they do not prohibit their funds to be used as match for another federal program and are considered Government sources.
- **Name the Source of the Commitment:** Required. Enter the name of the organization providing the contribution. Be specific and include the office or grant program as applicable.
- **Date of written commitment:** Required. Enter the date of the written contribution.
- **Value of written commitment:** Required. Enter the total dollar value of the contribution.

After the project applicant saves the primary “Sources of Match” screen the total match will automatically populate the “Summary Budget” screen where the 25 percent match requirements will be calculated and applied. If the amounts on the “Summary Budget” screen are too low, additional match funds must be added in the “Sources of Match Detail” screens.

All Projects Screen 6E. Summary Budget

Screen 6E summarizes the funding request for the total term of the project. All requested amounts should match the existing grant agreement or amended grant agreement, which should match the FY 2019 GIW, unless BLIs have been reduced due to reallocation. **If the budget requested does not match the FY 2019 GIW consult with the CoC’s Collaborative Applicant prior to submitting a project application.**

This screen includes 5 fields that can be updated before submission that is visible for all components

- **Leased Structures**
- **Supportive Services**
- **Operating**
- **HMIS**
- **Admin (Up to 10%):** Required. Enter the amount of requested administration funds. *E-snaps* will not allow project applicants to request more than 10 percent of the request listed in the field “6. Sub-Total Costs Requested.” If an ineligible amount is entered, *e-snaps* will report an error when the screen is saved.

The summary budget will include a summary of Cash, In-Kind, and Total Match entered on Screen 6D. If total match amount is less than 25 percent of the total budget, including admin costs but excluding leasing costs, *e-snaps* will report an error and prevent application submission when the screen is saved. To adjust, return to Screen 6D.

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For more information concerning the FY 2019 CoC Program Competition, including additional Competition resources and FAQs, visit: [FY 2019 Continuum of Care \(CoC\) Program Competition: Funding Availability](#) and [CoC Program Competition: e-snaps Resources](#).

All Projects – Part 7: Attachments and Certification

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

Screen 7A. Attachments

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

- If a **Consolidation** request is part of this project application, attach *e-snaps* exported PDF copies of the associated project applications as explained in this guide for the relevant processes.
- Attach nonprofit documentation for each nonprofit organization identified on Screen 2A “**Subrecipients**,” with organization types of “**M. Nonprofit with 501(c)(3)**” or “**N. Nonprofit without 501(c)(3)**.” 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.
- Project applications that include third-party in-kind match commitment on the “**Sources of Match**” screen have a separate “**7A Attachment**” screen that should be used to attach Memorandum of Understand (MOU) or Memorandum of Agreement (MOA) documentation between the applicant’s organization and the organization providing the in-kind match.
- Project applicants that utilize replacement reserve as part of a CoC Program operating budget must attach supporting documentation. For further details, refer to instructions for Screen 3A (#7) in this guide.
- If project applicants request to utilize a Federally approved indirect rate on the “**6A Funding Request**” screen, the approved agreement must be attached to this project application.

CoC Rejection Letter Attachment Screen

This attachment screen is only visible and required for Solo Applicants who select “**Appeal**” for question 4 on Screen 3A. For additional information on the Solo Applicant appeal process, see instructions below for Screen 8A. Notice of Intent to Appeal, Section X.C of the FY 2019 CoC Program Competition NOFA and 24 CFR 578.35.

“No CoC” Consolidated Plan Certification Attachment Screen

This attachment screen is only visible and required for project applicants who select “**No CoC**” for question 2a on Screen 3A. This attachment screen allows project applicants with “**No CoC**” to upload a completed, dated, and signed Certification of Consistency with the Consolidated Plan (HUD-2991) obtained from the state or local official with entitlement jurisdiction representing the geographical area in which the proposed project will be located. For HUD-2991 requirements see Section III.C.2.d of the FY 2019 CoC Program Competition. The HUD-2991 form is available at <https://www.hud.gov/sites/documents/2991.PDF>.

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Screen 7B. Certification

Screen 7B is populated with the name and information of the project applicant's Authorized Representative from the **Project Applicant Profile**. Project applicants must select a date to complete the certification. If the project applicant is a Public Housing Authority (PHA), the PHA number must also be provided here. Project applicants must read, certify, and sign by checking the box toward the bottom of the screen. By completing the certification, the Authorized Representative agrees to the terms and conditions provided on the screen, on behalf of the project applicant's organization. Project applicants must complete the certification to submit the project application. To make changes to information populated from the profile, refer to the **Basic Instructions to Access a Project Applicant Profile** above.

New in FY 2019 a project applicant must certify "**Active**" System for Award Management (SAM) Status on Screen 7B by checking the box following the statement below.

"I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement

All Projects – Part 8: Submission Summary

Part 8 includes the "**8B Submission Summary**" screen for all project applications. Screen "**8A Notice of Intent to Appeal**" will appear if a Solo Applicant selected "**Appeal**" on Screen 3A.

Screen 8A. Notice of Intent to Appeal

Screen 8A is only visible to project applicants who select "**Appeal**" for question 4 on Screen 3A; meaning, the project applicant believes they were denied the opportunity to participate in the local CoC planning process in a reasonable manner and, as a result, the CoC rejected or reallocated their project application. Solo Applicants may appeal directly to HUD by submitting a "**Notice of Intent to Appeal**" and a project application—prior to the application deadline of **September 30, 2019 by 8:00 p.m. eastern time**. Attach a copy of the CoC's rejection letter, or if the project applicant did not receive a rejection letter from the CoC, the project applicant must attach a letter affirming that the CoC did not provide rejection notification. Any project applicant that intends to submit as a Solo Applicant must adhere to the Solo Applicant submission information outlined in Section X.C of the FY 2019 CoC Program Competition NOFA.

All Solo Applicants must complete a project application in *e-snaps*. If a Solo Applicant is appealing a project application **that was originally submitted by the applicant to the CoC in *e-snaps***, the Solo Applicant must recreate the project application in *e-snaps* (and select "**Appeal**" on Screen 3A) to see the "**Notice of Intent to Appeal**" questions below that HUD will consider upon submission.

- 1. Check the following box to certify this form as your Notice of Intent to Appeal:** Required only if the appealing. By checking this box, the project applicant is affirming this screen serves as their formal Notice of Intent to submit a Solo Applicant Appeal to HUD. (Note: This does not satisfy the requirement to notify the CoC of the intent to appeal.)
- 2. Was this project application first rejected by the CoC and then submitted OR submitted completely independently of the CoC's process?** Required only if appealing. Select "**Rejected**" if the CoC rejected your application submitted to them in *e-snaps*—question 4b will appear. Select "**Independent**" if the CoC rejected your application outside of the *e-snaps* process and this is your first submission in *e-snaps*—question 4b will appear. HUD encourages all project applicants to first submit applications to the CoC in *e-snaps*.
- 3. Was the project application submitted within the CoC's established submission deadline?** Required only if appealing. Select "**Yes**" to indicate the project application was submitted to the CoC

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following the CoC's process before the CoC's local submission deadline or "No" to indicate a submission after the local submission deadline.

- 4a. **Describe the reason(s) provided by the CoC explaining their rejection of the project:** Required only if appealing. Project applicants appealing a rejected project in the local CoC competition must use this text box to describe the reason provided by the CoC for the rejection of the project application.
- 4b. **Describe the reason(s) why the application was not submitted in *e-snaps* with the CoC's consolidated application:** Required only if appealing. A Solo Applicant must use this text box to explain why the project application was submitted as an appeal in *e-snaps* without first submitting it as a standard submission to the CoC through *e-snaps*; e.g., the project application was originally submitted outside of *e-snaps* due to the local CoC competition occurring prior to the release of the FY 2019 CoC Program NOFA.
5. **Describe how the CoC has not permitted reasonable participation in its process:** Required only if appealing. Use this text box to describe how the Solo Applicant attempted to participate in the CoC planning process and the reasons the applicant believes they were denied the right to participate in a reasonable manner. Include examples and timelines where possible.

Once completed, this screen will serve as the HUD recognized Notice of Intent to Appeal required by 24 CFR part 578. Refer to Section X.C of the FY 2019 CoC Program Competition NOFA for Solo Applicant attachment requirements and requirements that need to occur outside of the *e-snaps* project application process.

Screen 8B. Submission Summary

Screen 8B provides a summary of the complete and incomplete 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 into *e-snaps*, 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 will be sent directly to HUD for consideration.

- **Any date (MM/DD/YYYY).** If a date appears under the "Last Updated" column, the screen identified on the same row in the "Page" column indicates the date the project applicant completed or revised the screen.
- **No Input Requested.** If "No Input Requested" appears under the "Last Updated" column, there are no mandatory fields on the screen identified in the same row in the "Page" column.
- **Please Complete.** If "Please Complete" is listed in the "Last Updated" column, the screen identified in the same row in the "Page" column has not been completed and there are remaining requirements or errors that must be addressed. Navigate back to that screen and complete the necessary fields. Any field with an asterisk (*) must be completed before the project application can be submitted. Look for notes and warning messages at the bottom of the "Submission Summary" screen for details about relevant fields requiring updates.

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.

For more information concerning the FY 2019 CoC Program Competition, visit the links: [FY 2019 Continuum of Care \(CoC\) Program Competition: Funding Availability](#) and [CoC Program Competition: e-snaps Resources](#).