# CoC Renewal Project Application Detailed Instructions

**Fiscal Year 2021 CoC Program Competition**



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

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# Introduction

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

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

- **FY 2021 CoC Program Competition (NOFO)\*;**

- **24 CFR part 578 (the Rule);**

- **The McKinney-Vento Act, as amended by the HEARTH Act (the Act);** and

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

\*All renewal project applications must comply with the current grant agreement, or grant agreement as amended and the requirements in the Rule.

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

- **FY 2021 Grant Inventory Worksheet (GIW)** on the HUD website for each CoC that includes Budget Line Items (BLIs) for each renewal project.

- Questions regarding information in these instructions may be submitted to **CoCNOFO@hud.gov**, however, HUD cannot assist a project applicant with completing its application.

- FY 2021 **CoC Project Application Navigational Guides** provide step-by-step instructions for navigating through *e-snaps*.

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

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

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

- The visibility of *e-snaps* screens and questions for Parts 3 through 6 are dependent on the project type selected and are separated for each of the following eligible renewal project types:

  - **PH-PSH: Permanent Supportive Housing**

  - **PH-RRH: Rapid Re-Housing**

  - **Joint Transitional Housing (TH) and Permanent Housing (PH) –Rapid Re-Housing (RRH)**

  - **TH: Transitional Housing**

  - **SH: Safe Haven**

  - **SSO: Supportive Services Only**

- o **HMIS: Homeless Management Information Systems**
- Parts 7 and 8 are the same regardless of the project type.

Finally, the renewal project application cannot used to make changes to your renewal project. All substantive changes for the project such as population served, number of units and beds, shifts in Budget Line Items (BLIs) of 10 percent or more, etc. must be submitted, reviewed, and approved by your local HUD field office representative.

# What's New for CoC Program Renewal Project Applications in FY 2021

**Consolidation and Expansion Processes.** The FY 2021 CoC Competition will continue to allow you to request consolidations and expansions through the project application process; however, **the ability to consolidate and expand is not permitted.** Additionally, the consolidation and expansion processes have changed as noted below:

- If you want your renewal project applications considered for consolidation as outlined in Section II.B.6 of the NOFO, you will only submit the individual renewal project applications. The additional submission of a fully consolidated project application is eliminated.

- If you want to expand an existing renewal project application as outlined in Section III.B.2.j and Section V.B.4.a.(6) of the NOFO by submitting a new project application, you will only submit the individual renewal project application and create and submit a separate new project application. The additional submission of a combined renewal project application is eliminated.

# Important Reminders

1. **HUD cannot correct project application errors**. Your project application must demonstrate compliance with the Rule and NOFO and you are responsible for submitting a project under the appropriate type and funding stream according to the FY 2021 NOFO and 24 CFR part 578 (except as otherwise provided in the NOFO.

2. **Transition Grant.** In the FY 2021 CoC Program Competition you can request to transition eligible renewal project(s) from their original component(s) to another eligible component type. To utilize the transition grant process, you <u>must fully reallocate</u> the renewal project(s) funds that will transition to the new component and you must submit a new project application in *e-snaps*. Eligible components for new projects in the transition process are: PH-PSH, PH-RRH, Joint TH and PH-RRH, SSO-CE, and HMIS. See Sections III.B.2.w (reallocation) and Section III.B.2.z. (transition grant) of the NOFO for additional information and requirements, including notification to the CoC of your organizations' intent to us the transition grant process.

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

4. **Youth Homeless Demonstration Program (YHDP) Renewals.** See the YHDP Renewal Detailed Instructions and YHDP Navigational Guide for instructions to complete and submit YHDP renewal project applications. **<u>Do not use these renewal project application instructions</u>**.

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

# Renewal Project Application Screens in e-snaps

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

## Table 1: Screens in *e-snaps* for Renewal Project Application

| Screen Title | Renewal Projects Types | | | | | | |
|---|---|---|---|---|---|---|---|
| | PH-PSH | PH-RRH | Joint TH-and PH:RRH | TH | SSO | HMIS | SH |
| Before Starting | X | X | X | X | X | X | X |
| Part 1 - Forms and Certification | | | | | | | |
| 1A. SF-424 Application Type | X | X | X | X | X | X | X |
| 1B. SF-424 Legal Applicant | X | X | X | X | X | X | X |
| 1C. SF-424 Application Details | X | X | X | X | X | X | X |
| 1D. SF-424 Congressional District(s) | X | X | X | X | X | X | X |
| 1E. SF-424 Compliance | X | X | X | X | X | X | X |
| 1F. SF-424 Declaration | X | X | X | X | X | X | X |
| 1G. HUD-2880 | X | X | X | X | X | X | X |
| 1H. HUD-50070 | X | X | X | X | X | X | X |
| 1I. Certification Regarding Lobbying | X | X | X | X | X | X | X |
| 1J. SF-LLL | X | X | X | X | X | X | X |
| 1K. SF-424B: Non-Construction | X | X | X | X | X | X | X |
| Submit without Changes | X | X | X | X | X | X | X |
| Recipient Performance | X | X | X | X | X | X | X |
| Grant Consolidation or Expansion Grant | X | X | X | X | X | X | X |
| Part 2 - Subrecipient Information | | | | | | | |
| 2A. Subrecipients | X | X | X | X | X | X | X |
| Part 3 - Project Information | | | | | | | |
| 3A. Project Detail | X | X | X | X | X | X | X |
| 3B. Description | X | X | X | X | X | X | X |
| 3C. DedicatedPLUS | X | | | | | | |
| Part 4 – Housing, Services, and HMIS | | | | | | | |
| 4A. Supportive Services for Participants | X | X | X | X | X | | X |
| 4A. HMIS Standards | | | | | | X | |
| 4B. Housing Type and Location | X | X | X | X | | | X |
| Part 5 - Participants | | | | | | | |
| 5A. Households | X | X | X | X | X | | X |
| 5B. Subpopulations | X | X | X | X | X | | X |
| Part 6 - Budget Information | | | | | | | |
| 6A. Funding Request | X | X | X | X | X | X | X |
| 6B. Leased Units | X | | X | X | | | X |
| 6C. Rental Assistance | X | X | X | X | | | |
| 6D. Sources of Match | X | X | X | X | X | X | X |
| 6E. Summary Budget | X | X | X | X | X | X | X |
| Part 7 - Attachments and Certification | | | | | | | |
| 7A. Attachments | X | X | X | X | X | X | X |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **CoC Rejection Letter** | X | X | X | X | X | X | X |
| **Con Plan Cert** | X | X | X | X | X | X | X |
| **7B. Certification** | 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 |

## Project Applicant Profile

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

- Authorized Representative must be the person in the organization authorized to sign legal documents and legally obligate funds for the applicant's organization.

- Secondary Contact, the person who can address matters in the absence of the authorized contact and who has knowledge of the project application.

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

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

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

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

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

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

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

> **SF-424: Application for Federal Assistance;** Screens 1A-1F.
>
> **HUD-2880: Applicant/Recipient Disclosure/Update Report;** Screen 1G.
>
> **HUD-50070: Certification for a Drug Free Workplace;** Screen 1H.
>
> **Certification Regarding Lobbying;** Screen 1I.
>
> **SF-LLL: Disclosure of Lobbying Activities;** Screen 1J.
>
> **SF-424B: Assurances for Non-Construction Programs**; Screen 1K.

## Basic Instructions to Access a Project Applicant Profile

1. Log into *e-snaps* at **https://esnaps.hud.gov/grantium/frontOffice.jsf** and select "**Applicants**" in the left menu of the main screen. Important; if working on the project application select "**Save**" and then select "**Back to Submissions List**" to exit the project application and go back to the main menu. Select "**Applicants**" from the left menu to access the Project Applicant Profile using the following steps. **Note**: The "**View Applicant Profile**" link in the left menu leads to a read-only version of the profile and does not allow editing).

2. After selecting "**Applicants**," select the folder 📁 under "**Open**". The list of project applicant profile screens will appear in the left menu.

3. Begin by opening the profile for editing by selecting "**6. Submission Summary**" from the left menu and then select the "**Edit**" button at the bottom of the screen. Once in edit mode, the entire profile can be updated.

4. After you have completed all updates and screens have been "**Saved**," return to "**6. Submission Summary**" and select the "**Complete**" button at the bottom of the screen.

5. Finally, select "**Back to Applicants List**" in the left menu, then select "**Submissions**" in the left menu of the *e-snaps* main screen to open a project application. The updated profile information should now appear in all Part 1 screens. If information is not showing as updated, most likely one of the steps above was not completed correctly.

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

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

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

1. **Type of Submission.** No action required.

2. **Type of Application**. No action required as this selection was made when you registered and created the project application in the **Funding Opportunity.** The different *e-snaps* **Funding Opportunities** include: YHDP Renewal, YHDP Replacement, Renewal, New, CoC Planning, or UFA Costs. If the field is incorrect, return to the *e-snaps* **Funding Opportunity** screen and create a project application using the funding opportunity for "**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 automatically populates with the date when you "**Submit**" the project application on the **"Submission Summary"** screen to send to the CoC for inclusion in the CoC Consolidated Application.

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. This is the first 6 characters of your project's grant number referred to as the Project Identifier Number (PIN). For example, if your grant number is AA0001Y5F001902, the identifier is AA0001.

If you imported *e-snaps* data from the FY 2019* project application, this field populates the PIN that was entered in FY 2019. For most imported project applications, there is no need to change the PIN. To confirm the PIN of your grant number, refer to ** FY 2020 current grant agreement.

If you did not import *e-snaps* data from FY 2019, this field remains blank and must be completed by entering the 6-character PIN from your grant agreement for the project applying for renewal. *As

there was not a Competition in FY 2020, renewal funds were awarded non-competitively, you will need to import your FY 2019 project application.

\*\*FY 2020 non-competitive process included funding for first-time renewals; you will need to refer to your FY 2020 grant agreement.

6. **Date Received by State**. No action required; leave this field blank.

7. **State Application Identifier**. No action required; leave this field blank.

## Screen 1B. SF-424 Legal Applicant

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

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

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

## Screen 1C. SF-424 Application Details

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

9. **Type of Applicant**. No action required. Eligible project applicants: nonprofits, state, local governments, instrumentalities of state or local government, Indian Tribes and Tribally Designated Housing Entities (TDHEs), as defined in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103), and Public Housing Agencies (PHAs) as such terms are defined in 24 CFR 5.100.

10. **Name of Federal Agency**. No action required.

11. **Catalog of Federal Domestic Assistance (CFDA) Title**. No action required

12. **Funding Opportunity Number**. No action required.

    • **Funding Opportunity Title**. No action required.

13. **Competition Identification Number**. Not applicable.

    • **Competition Identification Title**. Not applicable.

## Screen 1D. SF-424 Congressional Districts

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

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

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

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

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

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

17. **Proposed project**. Required. Enter the start date and end date of the renewing project. You must enter an end date for the project expiring in calendar year 2022 of your project's current grant agreement, or grant agreement as amended (e.g., 4/1/2021 start date and 3/31/2022 end date). To ensure the correct operating start and end dates are entered, use the "**POP Start**" and "**POP End**" from HUD's electronic Line of Credit Control System (*e*LOCCS).

18. **Estimate funding ($).** No action required. The requested funding amount will be identified on the "**Summary Budget**" screen this project application.

## Screen 1E. SF-424 Compliance

You must complete all questions on Screen 1E.

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

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

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

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

20. **Delinquent debt**. Required. On Screen 1E, select "**Yes**" or "**No**" to indicate whether your organization owes debt to any federal agency. Consistent with 31 U.S.C. 3720B and 28 U.S.C. 3201(e), if your project has an outstanding federal debt it is ineligible to receive HUD funds, unless one of the following applies:

- a negotiated repayment schedule is established, and the repayment schedule is not delinquent; or

- other arrangements satisfactory to HUD are made prior to HUD awarding funds.

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

## Screen 1F. SF-424 Declaration

On Screen 1F, you must click the checkbox next to the **"I agree"** statement. All fields are read-only and populate from the **Authorized Representative** listed in the **Project Applicant Profile**. By checking the box, you agree to all terms and conditions associated with this funding request and certify that the data and content in the project application (including all attachments) are true and correct. Screen 1F must identify

the person authorized to act for your organization and assumes the obligations imposed by all federal laws, program regulations, NOFO requirements, and conditions for a conditional grant award.

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

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

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

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

1. **Applicant/Recipient Name, Address, and Phone**. No action required. This information populates from the "**Authorized Representative**" screen of the **Project Applicant Profile**.

2. **Employer ID Number (EIN)**. No action required. This information populates from the "**Organization Information**" screen of the **Project Applicant Profile**. You should confirm the EIN populating is correct as an incorrect EIN will delay your organization's ability to sign the grant agreement if selected for conditional award. EINs are confirmed by HUD prior to releasing funds to the electronic Line of Credit Control System (eLOCCS) and will be withheld from processing if the EIN in incorrect.

3. **HUD Program**. No action required. This field populates with "**Continuum of Care Program**".

4. **Amount of HUD Assistance Requested/Received.** No action required. This field remains blank at the **Project Applicant Profile**. The amount in this field will populate based on the total funds requested for this project application from the "**Summary Budget**" screen.

5. **State the name and location (street address, City and State) of the project or activity**. No action required. This field populates with the following message: "**Refer to project name, addresses and grant number entered into the attached project application**." The information this message references to is located on the project application screen 1B. SF-424 Legal Applicant, 3A. Project Detail, and 4B. Housing Type and Location.

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

1. **Are you applying for assistance for a specific project or activity?** No action required. This information populates with "**Yes**".

2. **Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)?  For further information, see 24 CFR Sec. 4.9.** The

answer to this question must be provided in the Project Applicant Profile for all an organization's accumulated total of FY 2020 project applications. If updates are needed to this question return to the **Project Applicant Profile.**

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

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

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

**No,** review the information, check the box "**I agree**".

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

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

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

## Certification Regarding Lobbying: Screen 1I

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

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

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

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

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

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

**Yes**, if your organization, or subrecipient(s) if applicable, is engaged in lobbying and answer the questions as they appear on the screen. You must read, certify, and sign by checking the box toward

the bottom of the screen (the check box will not appear until you answer the question above). Confirm the "Authorized Representative" information is accurate. If any information on this form is not accurate, see **Basic Instructions to Access a Project Applicant Profile**.

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

## SF-424B: Assurances for Non-Construction; Screen 1K

Applicants and recipients are required to submit assurances of compliance with federal civil rights requirements. *(e.g.,* Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments Act of 1972, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 197; *see also* 24 CFR § 1.5; 3.115; 8.50; and 146.25). HUD accepts these assurances in the form of the SF-424B (Assurances of Non construction Programs), which also require compliance with all general federal nondiscrimination requirements in the administration of the grant.

## All Projects – Submit Without Changes Screen

Your renewal project information must match the FY 2019 renewal project application unless changes were required by HUD before grant agreement execution or your organization requested a grant agreement amendment. If your project does not have changes from the FY 2019 submission you can submit your FY 2021 renewal project application with no changes; other than those required annually. If this is a first-time renewal project you must complete the entire renewal project application.

**STOP and Review:** If any of the following apply, you cannot use the submit without changes process:

- HUD placed a condition on your FY 2019 application requiring your organization to adjust information (e.g., units, unit configuration, BLIs); or

- You executed a grant agreement amendment resulting in changes needed to the renewal project application (e.g., units, unit configuration, population served, BLIs).

> You must ensure your FY 2021 renewal project application mirrors the final HUD approved information in either the grant agreement or grant agreement amendment.

> However, if your organization executed an FY 2018 and/or FY 2019 grant agreement amendment to move funds among BLIs to address COVID-19 and those changes were intended to be temporary (i.e., for the duration of the FY 2018 and/or FY 2019 grant term) you may submit without changes.

Data can be imported into an FY 2021 renewal project application from a FY 2019 new or renewal project application. For a project application that did not import last year's FY 2019 information, *e-snaps* will automatically be set to "**Make Changes**" and all questions on each screen must be updated.

You must navigate to the **Submit Without Changes Screen** in *e-snaps*.

1. **Are the requested renewal funds reduced from the previous award due to reallocation?** Select:

   > **Yes,** if this renewal project will submit with a reduced budget from the previous award due to a partial reallocation.

   > **No,** if the budget information is the same from the previous Competition year.

2. **Do you wish to submit this application without making changes?** Required. Select

   - "**Submit without Changes**" no changes are needed from the previous year's application submission reviewed and approved by HUD. This will leave Parts 2 through 6 of the application in read-only mode and indicates to HUD that you have not made changes and are requesting to renew your project application per the project details as imported from your prior year's new or renewal project application into the FY 2021 project application.

- "**Make Changes**" if:
  - you did not import last year's application data; this question will automatically be set and cannot be edited;
  - you need to make changes due to a condition(s) placed on last year's application that impacts the renewal information (e.g., BLIs, 100 percent dedicated beds, population); or
  - executed grant agreement amendment affecting the renewal project information.

3. **Specify which screens require changes by clicking the checkbox next to the name and then click the "Save" button:** This screen has a list that includes all the screens available to your project in Parts 2 through 6. Select the checkboxes for each screen where you will make changes. Once "**Save**" is selected, the check marked screen(s) will be available for edit. As needed, the following description of changes is required. If you checked a box in error, and did not actually make any changes, explain this in the text box.

   **You have selected "Make Changes" to Question 2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate)**. Enter a description of the changes being made to this renewal application and include the reason (e.g., result of a condition placed by HUD on last year's project, due to an executed grant agreement amendment).

   The following *e-snaps* screens can be edited for required annual updates and do not affect your ability to select "**Submit without Changes**":

   - **Submission Without Changes**
     - Question 1
     - Question 2
   - **Recipient Performance** – review and update all questions
   - **Renewal Grant Consolidation or Renewal Grant Expansion**
     - Question 1
   - **3A. Project Detail**
     - Question 2b
   - **6D. Sources of Match**
     - Update match if needed
   - **7A. Attachments**
     - See checklist to determine if you need to include an attachment(s)
   - **7B. Certification**
     - Review information on the screen and certify

All other screens in Part 2 through Part 6 are "**Read-Only**" and should be reviewed for accuracy, including any updates that were made to the FY 2019 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits are needed to any screens other than the mandatory screens and questions noted above, you should select "**Submit Without Changes**" in **Part 8**. If you imported data and need to make updates to the information on one or more screens, navigate to **Part 8:** "**Submission Without Changes**" Screen, select "**Make Changes**", and check the box next to the screen title(s) to unlock the screen(s) for editing. After you select the screen(s) you want to edit, click "**Save**" and the screen(s) will be available for edit. Once you check a box and click **"Save,"** you cannot uncheck the box.

# All Projects – Recipient Performance Screen

The following questions are designed to inform HUD of your project's performance related to statutory and regulatory requirements and provides an opportunity to explain the reason these requirements were not met. HUD Headquarters verifies the information provided on this screen with the HUD CPD field offices.

1. **Did you submit your previous year's Annual Performance Report (APR) on time?** Required. APRs are due within 90 days after the grant term expires. Select:

    **Yes,** if you submitted the APR for this project within 90 days after the grant term expiration date to the SAGE website.

    **No**, if you did <u>not</u> submit the APR for this project within 90 days after the grant term expiration date to the SAGE website. You must provide an explanation below.

    **1a. If you did not submit your APR on time to the SAGE website, provide an explanation.** Required if you selected "**No**" to question 1.

2. **Do you have any unresolved HUD Monitoring and/or OIG Audit finding(s) concerning any previous grant term related to this renewal project request?** Required. This question is not limited to the most recent grant period and is applicable to any HUD-funded grant (e.g., CoC Program, ESG, HOPWA) for your organization. Required. Select:

    **Yes**, this renewal project has unresolved HUD Monitoring or OIG Audit finding(s).

    **No**, there are no unresolved HUD Monitoring or OIG Audit finding(s).

    **2a. If yes was selected, provide the date HUD or OIG issued the oldest unresolved finding(s):** Required if you selected "**Yes**" to question 2, use the calendar icon to select the date that HUD issued the oldest unresolved finding.

    **2b. Explain why the finding(s) remains unresolved:** Required if you selected "**Yes**" to question 2 and provide a detailed explanation as to why the monitoring or audit finding(s) remain unresolved and the steps that have or will be taken towards resolution (e.g., responded to the HUD letter, but no final determination received).

3. **Do you draw funds quarterly for your current renewal project?** Required. The CoC Program requires that funds be drawn quarterly. Select:

    **Yes,** to indicate your organization draws CoC Program funds quarterly, at a minimum, for your current grant.

    **No,** to indicate your organization does not draw CoC Program funds quarterly for your current grant.

    **3a. If no was selected, explain why CoC Program funds are not drawn quarterly.** Required if you selected "**No**" to question 3 and provide an explanation as to why your organization does not draw CoC Program funds quarterly.

4. **Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request?** Required. Select:

    **Yes,** if funds have been recaptured by HUD due to a balance remaining after the grant term expired.

    **No,** if your organization expended 100 percent of all grant funds, or if this project is in its first year of a 1-year grant term and has not yet expired.

    **4a. If HUD recaptured funds provide an explanation.** Required if you selected **Yes** to question 4, provide an explanation as to why the total awarded funds were not expended during the previous completed grant term.

# All Projects – Renewal Grant Consolidation <u>or</u> Renewal Grant Expansion Screen

You can request a grant consolidation through the renewal project application process <u>**or**</u> request adding funds from a new expansion project application to your renewal project application; however, you cannot do both. The following information provides the process entering information for a consolidation or expansion request.

## Grant Consolidation Process and Questions

The Consolidation process allows you to request **two to ten** eligible renewal projects of the same component and type (e.g., PH-PSH) to consolidate into a single project. For additional information see Section II.B.6, Section III.B.2.f., Section V.B.3.c.(1), and Section V.B.4.a.(7).of the NOFO. If each renewal project application submitted is approved and selected for conditional award, HUD will combine the information from the individual project applications into a single consolidated renewal project which will be the renewal project with the earliest start date. Consolidation requests for an organization that includes different components or types (e.g., TH and PH-RRH) will be denied.

**Defining surviving and terminating PINs:**

> **Surviving PIN** is associated with the renewal project application that has the earlier start date.

> **Terminating PIN** is associated with the renewal project(s) where the operating start date is later than that of the surviving PIN.

> **Important Note:** If the individual projects that are part of the consolidation have the same operating start dates (e.g., all projects operating start dates are April 1st), enter the oldest PIN as the terminating grant. For example: AK0001 and AK0005 are both PH-PSH projects that are requesting consolidation approval and both projects have the same operating start date of April 1st.

> - AK0001 will be identified as the surviving PIN (lowest and oldest PIN); and
> - AK0005 will be identified as the terminating PIN (highest and newer PIN).

1. **Is this renewal project application requesting to consolidate or expand?** Select the appropriate response:

   > **Yes**, you will complete information as noted below.

   > **No,** click **"Next"** or **"Save & Next"** to access the next screen.

2. **Is this renewal project application the surviving or terminating grant?** Required. HUD will use the information provided, based on the selection of Survivor or Terminating, to ensure the projects identified are consolidated correctly.  You must ensure the information is accurate prior to submission. Select:

   - **Survivor**, if this project will survive the consolidation and include the projects identified as terminating as completed in the table. You will need to complete the information in the table that appears with this selection.

   - **Terminating,** if this project will terminate into the survivor project if the consolidation is approved and complete:

   2a. **Eligible SURVIVING PIN.** Enter the PIN number of the project application identified as surviving.  HUD will consolidate the units and BLIs of this project into the surviving project.

   2b. **Eligible SURVIVING Project Name.** Enter the project name of the surviving project. The name entered should exactly match the name of the surviving project application. If the surviving

project application is Our Housing PSH, enter this name, <u>not</u> Housing PSH, Our Housing, or PH PSH.

To make sure you are entering the PINs correctly, refer to your current grant agreement or access your **CoC's Grant Inventory Worksheet (GIW)** on HUD.gov.

You must enter the PIN information correctly as this is how HUD will match the individual renewal project applications that are part of the consolidation request. Failure to do this will negate the consolidation request and HUD will award the projects individually if selected for funding.

Only the first two columns of the first row populate if you selected Survivor to question 2., you must complete the third, fourth, and fifth columns. For each project that will be part of the consolidation, if approved, enter the information for each project on each row, completing all columns.  For example, if you request four projects consolidate into one, the first row is the information about the surviving project and rows two through three will each include information for the terminating projects.  One row equals one project

Consolidation Table

| Row | Surviving or Terminating | PIN | Total ARA of Renewal Project | Operating Start Date ("PoP Start" in eLOCCS) | Expiration Date ("PoP End" in eLOCCS) |
|---|---|---|---|---|---|
| 1 | Read-only | Read-only | Enter the total ARA for the <u>single</u> surviving project. **DO NOT** enter the anticipated ARA of the combined amounts. | Use the calendar icon or enter the operating start date as MM/DD/YYYY. | Use the calendar icon or enter the operating end date as MM/DD/YYYY. |
| 2 - 10 | Enter the PIN of the terminating project. | Enter the PIN of the terminating project. | Enter the total ARA for the terminating project. | Use the calendar icon or enter the operating start date as MM/DD/YYYY. | Use the calendar icon or enter the operating end date as MM/DD/YYYY. |

3. **Renewal Consolidation Summary:**

    **Total Number of Grants in the Consolidation:** indicates the number of projects that are included in this consolidation request.

    **Total Requested Amount in the Consolidation:** indicates the total amount of funds requested in the consolidation request.

You should confirm the PIN, ARA, and operating start and end dates for each project included in the consolidation request before submitting this stand-alone consolidation project. The information included in this screen is used by HUD to match the consolidation request for each project listed.

## Renewal Expansion Process and Questions

This process allows you to indicate your organization wants to expand an existing renewal project by submitting a new project application that if selected for conditional award will have the new funds added to this renewal project, if also selected for conditional award. To submit a request to add new expansion funds to your existing eligible renewal project, you must complete and submit your renewal project application and create and submit a new project application (see the New Project Application Detailed Instructions for creating a new project application). If both this renewal project application and the new project application are approved (passing all eligibility and quality threshold requirements) and selected for conditional award by HUD, the information from the new project will be added to the renewal project before it is available for field office review. See Section III.B.2.j and Section V.B.4.a.(6) of the NOFO for additional information and criteria.

# FY 2021 CoC Renewal Project Application Detailed Instructions

The renewal and new projects must be the same project type and the new project must have a 1-year grant term and funding request. The only types of eligible renewal projects that can use the expansion process are:

- PH-PSH;
- PH-RRH*;
- JOINT TH & PH-RRH*:
- SSO-CE only*; and
- Dedicated HMIS.

*Indicates the only eligible project types that can be expanded using DV Bonus funds.

Requests for capital costs (i.e., new constructions, rehabilitation, or acquisition) are ineligible and will be rejected in the expansion process; however, will be considered as a stand-alone new project.

You cannot use the expansion process to provide existing program participants with the **same** housing and services funded through the CoC Program; therefore, an expansion project must:

a. serve new program participants;

b. provide existing program participants with an expanded level of services;

c. provide existing program participants with facilities that meet health and safety standards;

d. provide the same activities that are CoC Program-eligible but were previously paid for by a different eligible non-renewable source. Applicants are prohibited from using CoC Program funds to replace state or local funds previously used, or designated for use, to assist persons experiencing homelessness; for more information refer to 24 CFR 578.87(a);

e. provide expanded coordinated entry services to new and existing program participants, only eligible for SSO-CE; or

f. provide expanded HMIS activities, only eligible for HMIS Leads.

Follow the steps below for the expansion process:

**Stand-alone Renewal:** Submit your eligible renewal project application that includes the activities and budgets from the current grant agreement, or grant agreement as amended. The project name of the stand-alone renewal project application should match the project name on the FY 2021 GIW (e.g., Liberty House).

**Stand-alone New:** Create and submit your new project application that includes the activities and budgets for the new expanded portion of the project that you want added to this renewal project if approved and selected for conditional award. The name for the stand-alone new project application should have the same name as this stand-alone renewal project with the addition of "**Expansion**" at the end (e.g., Liberty House → Liberty House Expansion).

For "**Stand-alone Renewal**" use the below instructions.

For "**Stand-alone New**" use the **CoC New Project Application Detailed Instructions** for Screen 3C for the specific component type to which you are applying.

1. **Is this renewal project application requesting to consolidate or expand?** Select the appropriate response:

   **Yes**, complete information as noted below.

   **No**, click **"Next" or "Save & Next"** to access the next screen.

2. **If you answered yes to question 1, complete each row for the following headings as indicted in the table**:

3. **Expansion Table**

| Row | Stand-Alone Renewal or Stand-Alone New | Project Name | Total Amount Requested* | PIN |
|---|---|---|---|---|
| 1 | Read-only, populated based on selection of "**Yes**" to question 1 | Enter the name of this renewal project (e.g., Liberty House) | Read-only, populated from the Summary Budget | Read-only, populated from screen 1A. SF-424 Application Type, question 5a or 5b |
| 2 | Select "**Stand-alone New**" | Enter the name of the new project, preferably, the same name of this renewal project with "**Expansion**" added (e.g., Liberty House–Expansion) | Enter the amount from the new project application's Summary Budget | No action, the field will populate with NA when you select "**Save**" or "**Save & Next**" |
| 3 | Only complete if you will submit another new project application to expand this renewal; otherwise, leave this row blank | Enter the name of the new project, preferably, the same name of this renewal project with "**Expansion**" added (e.g., Liberty House–Expansion) | Enter the amount from the new project application's Summary Budget | No action, the field will populate with NA when you select "**Save**" or "**Save & Next**" |

4. **Renewal Expansion Summary:**

> **Total Number of Grants in the Expansion:** indicates the number of project applications that are included in this expansion:
>
> - 2 = stand-alone renewal and one stand-alone new; or
> - 3 = stand-alone renewal and two stand-alone new.
>
> **Total Requested Amount in the Expansion:** indicates the total amount of funds requested in the stand-alone renewal project application and stand-alone new project application(s).

*You must confirm the amounts for each individual project before submitting this stand-alone expansion project. The information included in this screen is used by HUD to match the expansion request applications: stand-alone renewal and stand-alone new.

# All Projects – Part 2: Subrecipient Information

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

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

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

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

subrecipient. To view and edit, select view 🔍. To delete, select ⊗.

You must identify the following information for each subrecipient:

    a. **Organization Name**;

    b. **Organization Type** (nonprofit documentation must be uploaded to the Attachment Screen 7A if applicable);

    c. **Employer or Tax Identification Number**;

    d. **Organization's DUNS**;

    e. **Organization's Physical Address**;

    f. **Organization's Congressional District**(s);

    g. **Is the subrecipient a faith-based organization**;

    h. **Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?**

    i. **Expected Subaward Amount**; and

    j. **Contact Person.** The name and contact information of the person within the subrecipient organization who has the authority to act on the organization's behalf as it relates to carrying out the actions contracted by your organization.

## All Projects – Part 3 through Part 6

The detailed instructions for Parts 3- 6 are separated by eligible renewal project types:

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

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

### Screen 7A. Attachments

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

- **Subrecipients.** Attach nonprofit documentation for each nonprofit organization identified on Screen "**2A. Subrecipients**". Nonprofit status is documented by submitting either: (1) a copy of the Internal Revenue Service (IRS) final determination letter providing tax-exempt status under Section 501(c)(3) of the IRS Code (preferred); or (2) a certification from a licensed CPA that the organization meets each component of the definition of a private nonprofit organization as defined by 24 CFR 578.3.

- **Third-Party In-Kind Match.** If your project application includes third-party in-kind match commitment on the "**Sources of Match**" screen you have a separate "**7A Attachments**" screen that should be used to attach the required Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) between your organization and the organization providing the in-kind match. Documentation is required prior to issuance of the grant agreement if your renewal project is selected for conditional award.

- **Replacement Reserve.** If your project application will utilize replacement reserve as part of the CoC Program operating budget, you must attach supporting documentation that includes:
    - total amount of funds that will be placed in reserve during the grant term;
    - system(s) to be replaced that includes the useful life of the system(s); and
    - repayment schedule that includes the payment amount.

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

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

## CoC Rejection Letter Attachment Screen

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

## "No CoC" Consolidated Plan Certification Attachment Screen

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

## Screen 7B. Certification

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

# All Projects – Part 8: Solo Appeal and Submission Summary

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

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

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

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

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

1. **Was this project application submitted via *e-snaps* or independently?** Required. CoCs may require project application submission via *e-snaps* while other CoCs require project application submission via other methods (e.g., standard fillable Word forms, Excel spreadsheets). Select the appropriate response based on project application submission in the local CoC competition process:

   *e-snaps* – if you submitted this project application to the CoC for the local competition through *e-snaps*.

   **Independently** – if you submitted this project application to the CoC for the local competition through a different method.

2. **Was the project application submitted by the CoC's local submission deadline**? Required. Select "**Yes**" or **"No"** from the dropdown.

3. **Provide the reason(s) cited by the CoC for rejecting this project application.** Required. Use the text box to enter the reason provided by the CoC for the rejection of the project application. You will also need to attach a copy of the CoC's rejection letter to the **CoC Rejection Letter Attachment Screen.**

4. **Describe how the CoC did not permit reasonable participation in its process.** Required. Use the text box to describe how your organization attempted to participate in the local CoC planning process and the reason you believe your organization was denied the ability to participate in a reasonable manner. Include examples and timelines where possible.

5. **Select the CoC Number and Name where this project resides:** Required. Select the CoC where the project resides. This identifies the CoC that rejected the project.

6. **Select the CoC Collaborative Applicant Name:** Required. Select the Collaborative Applicant name using the dropdown.

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

## Screen 8B. Submission Summary

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

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

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

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

- All green √ or **--** in the **Complete** column; and

- Date (MM/DD/YYYY) in the **Last Updated** column.

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

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

- **PH-PSH: Permanent Supportive Housing**

- **PH-RRH: Rapid Re-Housing**

- **Joint Transitional Housing (TH) and Permanent Housing (PH) –Rapid Re-Housing (RRH)**

- **TH: Transitional Housing**

- **SSO: Supportive Services Only**

- **SH: Safe Haven**

- **HMIS: Homeless Management Information Systems**

# Permanent Housing – Permanent Supportive Housing (PSH) Renewal Project Applications

The following instructions apply to **Permanent Housing (PH)–Permanent Supportive Housing (PSH)** project applications in accordance with PH-PSH requirements in 24 CFR 578.37(a)(1)(i).

# PH-PSH Part 3: Project Information

## PH-PSH Screen 3A. Project Detail

All questions 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 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.

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

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

3. **CoC Collaborative Applicant Name:** Required. Select the name of the Collaborative Applicant for the CoC you intend to submit the project application. The dropdown for this field is based on the CoC Number and Name selected above with the CoC's designated Collaborative Applicant's name that registered during the FY 2021 CoC Program Registration process.

4. **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.

5. **Project Status:** Required. This field defaults to the "**Standard**" option and should only be changed to "**Appeal**" if your organization will submit a Solo Appeal. If you select "**Appeal**," Screen 8A "**Notice of Intent to Appeal**" will appear on the left menu and you will need to complete additional information and include the attachment noted in the Solo Appeal process, see instructions for Screen 8A above.

6. **Component Type:** Required. Select "**PH**". This selection must match the previously approved information for this project that is under grant agreement, or grant agreement as amended.

   **6a. Select the type of PH project?** Required. Select "**PSH**" from the dropdown menu.

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

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

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

   **No,** if your organization, or subrecipient, is <u>not</u> a victim service provider.

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

> **Yes**, if this project application includes an Operating budget and your organization intends to use some or all the CoC Program operating funds towards replacement reserves. Attach supporting documentation on Screen 7A that includes:
>
> - total amount of funds that will be placed in reserve during the grant term;
>
> - system(s) to be replaced that includes the useful like of the system(s); and
>
> - repayment schedule that includes the payment amount.
>
> **No**, if your organization does not intend to include an Operating budget or if an Operating budget is included, does not intend to use operating funds for replacement reserves.

## PH-PSH Screen 3B. Description

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

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

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

    **Note:** HUD recommends using more general data (e.g., this project will serve 10 persons over the term of the grant) rather than using specific dates (e.g., in CY 2022 this project will serve 10 persons) to reduce the need to change project descriptions for annual renewals.

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

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). See Section III.B.2.o of the NOFO for additional information. Any project application submitted as using a Housing First approach must continue operating as such during its FY 2021 grant term. This approach quickly connects individuals and families experiencing homelessness to permanent housing:

    - no barriers to entry (e.g., sobriety, treatment, or service participation requirements);

    - no preconditions (e.g., sobriety, income); and

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

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

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

**3a. Does the project quickly move participants into permanent housing?** Required. Select:

> **Yes,** if your project will rapidly move program participants into permanent housing and will not require additional steps (e.g., a required stay in transitional housing or a certain number of days of sobriety).
>
> If this is a domestic violence (DV) project application including survivors of human trafficking, sexual assault, stalking, and dating violence, select "**Yes**" if the project will rapidly move program participants into permanent housing after their immediate safety needs have been addressed (e.g., survivor(s) believe they are still in danger and not ready to move into their own permanent housing).

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

**3b. Does the project enroll program participants who have the following barriers? Select all that apply.** Required. Checking the box next to each item listed confirms your project does not have the listed barriers for entering the project at the time of completing this application. If these barriers exist at the time of application, select "**None of the above**".

**3c. Does the project prevent program participant termination for the following reasons? Select all that apply**. Required. Checking the box next to each item listed confirms your project does not terminate program participants for the reasons listed at the time of completing this project application. If a program participant can be terminated from the project for any of these reasons at the time of application, select "**None of the above**".

**3d. Does the project follow a Housing First approach?** No action required. This question automatically populates based on the responses to questions 3a, 3b, and 3c.

> **Yes**, is populated if you selected "**Yes**" for question 3a **and** checked all boxes or checked "**None of the above**" for questions 3b and 3c. This confirms the project will operate following a Housing First approach.

> **No,** is populated if you selected "**No**" to question 3a **or** did not check all boxes or checked "**None of the above**" for questions 3b or 3c. This confirms the project will <u>not</u> operate following a Housing First approach.

Any project application with "**Yes**" for question 3d commits to and must operate following Housing First during its FY 2021 grant term.

## PH-PSH Screen 3C. DedicatedPLUS

This screen has a single required question to indicate if the project will dedicate 100 percent of beds to individuals and families experiencing chronic homelessness or who meet the criteria of DedicatedPLUS. If DedicatedPLUS is selected, your project can still dedicate beds to individuals and families experiencing chronic homelessness on Screen 4B, and those CH dedicated beds must operate in accordance with Section III.B.2.b of the FY 2021 CoC Program Competition NOFO.

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 2021 project application. If you select 100 percent dedicated or DedicatedPLUS, the project must adhere to the FY 2021 NOFO for whichever type is selected. Renewal projects that previously selected DedicatedPLUS or 100 percent dedicated should not select "**N/A**" in the FY 2021 project application.

1. **Is this project "100% Dedicated", "DedicatedPLUS", or "N/A"? (Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of "non-dedicated permanent supportive housing beds" in the NOFO Section III.B.2.r)**. Required. All renewal PSH projects <u>must</u> select one of the following:

   **100% Dedicated** (see Section III.B.2.b of the NOFO) indicates the project is serving only those individuals and families who meet the definition of chronically homeless in 24 CFR 578.3. If you select "**100% Dedicated**" all vacancies must be filled with program participants who meet the definition of chronically homeless.

   **DedicatedPLUS** (see Section III.B.2.g of the NOFO) indicates the project is serving only those individuals and families who meet the DedicatedPLUS definition.

   **N/A** if this renewal project was originally submitted and awarded as a grant that did not have requirements to only serve persons experiencing chronic homeless. See Section III.B.2.r of the NOFO for the definition of "non-dedicated permanent supportive housing beds".

   **Note:** Renewal PH-PSH projects originally awarded as 100 percent dedicated cannot change to "**N/A**" and must select **"100% Dedicated"** or "**DedicatedPLUS**".

# PH-PSH Part 4: Housing and Services

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

The supportive services on this screen should match the previously approved services for this project that is under grant agreement, or grant agreement as amended.

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

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

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

   - **"Applicant"** indicates your organization will provide the supportive service;

   - **"Subrecipient"** indicates the subrecipient(s) listed on Screen 2A. Project Subrecipients will provide the service;

   - **"Partner"** indicates an organization other than a subrecipient of CoC Program funds, but with whom a formal agreement or (MOU) was signed to provide the service; or

   - **"Non-Partner"** indicates a specific organization with whom no formal agreement was established regularly provides the service to program participants.

**Frequency:** Required. For each supportive service selected, use the dropdown to indicate how often the service is provided to program participants. If two frequencies are equally common, select the interval that is most frequent, (e.g., both weekly and monthly are equally common–select weekly).

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

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

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

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

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

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

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

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

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

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

    4a. **Has the staff person providing the technical assistance completed SOAR training in the past 24 months?** Required if "**Yes**" is selected for question 4. Select:

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

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

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

This screen captures the number of Units, Beds, and Dedicated CH Beds for each housing type and location and should match the previously approved information for this project that is under grant agreement or grant agreement as amended. If this is a renewal project that is being reduced due to reallocation, you can reduce the information on this screen due to the lower budget amount.

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

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

**Total Units,** all **units** in the project, regardless of size.

**Total Beds,** all **beds** in the project, regardless of unit configuration (e.g., a 2-bedroom unit serving a family of 2 children may have 3 beds – one for adult(s) and two for each child or may only have 2 beds if the 2 children will share a bed).

**Total Dedicated CH Beds,** all CH beds **dedicated** for individuals and families experiencing chronic homelessness.

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

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

   - **Barracks:** Individuals or families sleep in a large room with multiple beds. **This type should not be selected as it is not appropriate for PH-PSH projects.**

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

   - **Shared housing**: Two or more unrelated people share a house or an apartment. Each unit must contain private space for each assisted family, plus common space for shared use by the residents of the unit. Projects cannot use zero or one-bedroom units for shared housing.

   - **Single Room Occupancy (SRO) units**: Individuals have private sleeping or living room which may contain a private kitchen and bath, or shared, dormitory style facilities.

   - **Clustered apartments**: Individuals or families have a self-contained housing unit located within a building or complex that houses both persons with special needs (e.g., persons formerly experiencing homelessness, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV) and persons without special needs.

   - **Scattered-site apartments (including efficiencies)**: Individuals or families have a self-contained apartment. Apartments are scattered throughout the community.

   - **Single family homes/townhouses/duplexes**: Individuals or families have a self-contained, single-family home, townhouse, or duplex that is located throughout the community.

2. **Indicate the maximum number of Units and Beds available for program participants at the selected housing site.** Required. For this type of housing, enter the total number of units and beds.

   2a. **Units:** Enter the total number of units available at full capacity on a single night in the selected housing type and location.

   2b. **Beds:** Enter the total number of beds available at full capacity on a single night in the selected housing type and location.

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

number and characteristics of persons that the project is expected to serve as recorded on Screens 5A and 5B.

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

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

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

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

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

# PH-PSH Part 5: Program Participants

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

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

The numbers entered for this table on Screen 5A. should match the previously approved information for this project that is under grant agreement or grant agreement as amended. If your renewal project is being reduced due to reallocation, you can reduce the numbers proportionally to match the lower budget amount.

| Households | Households with at Least One Adult & One Child* | Adult Households without Children | Households with Only Children | Total |
|---|---|---|---|---|
| **Total Number of Households** | Total number of households that include at least one adult who is 18 or older and one child who is under the age of 18 | Total number of households where everyone is 18 or older | Total number of households where everyone is under the age of 18 | This field automatically populates the total number of households entered on this row |
| **Characteristics** | | | | |
| **Persons over age 24*** | Number of all adults who are 24 years old and older for this household type | Number of all adults who are 24 years old and older for this household type | Does not apply for the household type | Total based on the numbers entered on this row |

| | | | | |
|---|---|---|---|---|
| **Persons ages 18-24*** | Number of all youth who are between the ages of 18 and 24 for this household type | Number of all youth who are between the ages of 18 and 24 for this household type | Does not apply for this household type | Total based on the numbers entered on this row |
| **Accompanied Children under age 18** | Number of all children who are under the age of 18 for this household type | Does not apply for this household type | Number of all children who are under the age of 18 for this household type (children who are accompanied by a parent or legal guardian who is also under the age of 18) | Total based on the numbers entered on this row |
| **Unaccompanied Children under age 18** | Does not apply for this household type | Does not apply for this household type | Numerical entry of all children not accompanied by an adult under the age of 18 | Total based on the numbers entered on this row |
| **Total Persons** | This field automatically populates the total number for this household type | This field automatically populates the total number for this household type | This field automatically populates the total number for this household type | This field automatically populates the total persons |

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

## PH-PSH Screen 5B. Program Participants - Subpopulations

The following table appears on this screen to capture the subpopulation information for the households entered on Screen 5A and are based on a single point in time. Referring to Screen 5A, for each household where numbers were entered, enter those numbers in the appropriate column for that section. You will only enter numbers in the categories where you entered numbers on Screen 5A and the numbers in this table must match the numbers from the table on Screen 5A.

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

**PH-PSH Special Requirements:**

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

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

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

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

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

- The numbers entered for the following columns *__cannot be duplicated__* within these three subpopulations:

- o **CH (Not Veterans)**–number of chronically homeless non-veterans which must match the number of beds entered for question "**2b. Beds**" on Screen 4B. Do not include chronically homeless veterans; or

- o **CH Veterans** –number of chronically homeless veterans, regardless of discharge reason; or

- o **Veterans (Not CH)**– number of veterans who do not meet the chronically homeless definition.

- The numbers entered for the following columns *can be duplicated* and should reflect the estimated subpopulations program participants fall under:

  - o **Chronic Substance Abuse;**

  - o **HIV/AIDS;**

  - o **Mentally Ill;**

  - o **Domestic Violence (DV),** includes survivors of human trafficking, sexual assault, stalking, and dating violence;

  - o **Physical Disability;**

  - o **Developmental Disability; and**

  - o **Persons Not Represented by a Listed Subpopulation.** For this last item, you will be required to enter a description of program participants who fall into this category that will appear at the bottom of the table on this screen.

**Persons in Households with at Least One Adult and One Child**

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Mentally Ill | DV | Physical Disability | Develop-mental Disability | Persons Not Represented by a Listed Subpopulation |
|---|---|---|---|---|---|---|---|---|---|---|
| Persons over age 24 | | | | | | | | | | |
| Persons ages 18-24 | | | | | | | | | | |
| Children under age 18 | | N/A | N/A | | | | | | | |
| Total Persons | | | | | | | | | | |

**Persons in Households without Children**

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Mentally Ill | DV | Physical Disability | Develop-mental Disability | Persons Not Represented by a Listed Subpopulation |
|---|---|---|---|---|---|---|---|---|---|---|
| Persons over age 24 | | | | | | | | | | |
| Persons ages 18-24 | | | | | | | | | | |
| Total Persons | | | | | | | | | | |

**Persons in Households with Only Children**

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Mentally Ill | DV | Physical Disability | Develop-mental Disability | Persons Not Represented by a Listed Subpopulation |
|---|---|---|---|---|---|---|---|---|---|---|
| Accompanied Children under age 18 | | N/A | N/A | | | | | | | |
| Unaccompanied Children under age 18 | | N/A | N/A | | | | | | | |
| Total Persons | | | | | | | | | | |

# PH-PSH Part 6: Budgets

This section captures the budget information for the renewal project application. Funding requests must match the current grant agreement, grant agreement as amended, or budget reductions if the CoC is reducing funds through reallocation.

PH-PSH renewal project applications only have two BLIs that accept updates on individual budget screens.

- Leased Units (24 CFR 578.49); and

- Rental Assistance Units (24 CFR 578.51).

If changes are needed to the following BLIs, you can update the total BLI amounts on the **Summary Budget** table for the following:

- Leased Structures (24 CFR 578.49);

- Supportive Services (24 CFR 578.53);

- Operating (24 CFR 578.55);

- HMIS (24 CFR 578.57); and

- Administrative Costs (24 CFR 578.59).

**Budget Rules:** HUD requires your project to request and use funds for eligible costs as outlined in 24 CFR part 578 for each budget and will verify project expenditures during field office monitoring or OIG audits. Ineligible expenditures can result in monitoring or audit findings that could result in your project repaying HUD for those ineligible costs.

- You **cannot** make the following changes to your project application BLI(s) unless you have an executed grant agreement amendment, which will be used as a reference during the project application review process:

  o increase BLIs above the amount in your current grant agreement, or grant agreement as amended.

  o shift funds of 10 percent or more among BLIs (this includes moving funds to Administrative Costs; or

  o change the number or configuration of units on the Rental Assistance BLI.

- You **can** reduce BLI(s) as needed if your renewal project was reduced by the CoC through the reallocation process.

Finally, if your renewal project application is submitted with a reduced total budget, either through the reallocation process or due to an error, the project's total budget amount is permanently reduced and will be required to operate at the reduced amount.

## PH-PSH Screen 6A. Funding Request

This screen requests information if your renewal project intends to use indirect costs and the BLI(s) requesting renewal funds.

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:** A new project awarded construction, acquisition, or rehabilitation funds under the SHP Program (pre-FY 2012) has a 20-year use requirement while the CoC Program (FY 2012 and beyond) has a 15-year use requirement.

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. See Section V.B.3.j of the NOFO for additional information and select:

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

   > **No**, your project will <u>not</u> use an indirect cost rate.

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

   - **Cognizant Agency** – if you have an approved indirect cost agreement, enter the name of the Cognizant Agency with whom you have the agreement (e.g., HUD, HHS), or if using the 10 percent de minimis enter "**NA**".

   - **Indirect Cost Rate** – enter one of the following if you:

     o have an approved indirect cost agreement, enter the rate percentage (e.g., 15 %) or

     o will use the 10 percent de minimis rate, enter 10 %.

   - **Direct Cost Base** – enter the amount of your direct cost base for this application.

   - **Date agreement approved or enter "NA" for use of 10 % de minimis rate** – if you have an approved indirect cost agreement, enter the date it was executed or if you are using the 10 percent de minimis rate enter "**NA**".

   | Cognizant Agency | Indirect Cost Rate | Direct Cost Base | Date approved or enter "NA" if using 10 % de minimis rate |
   |---|---|---|---|
   | | % | $ | |

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

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

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

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

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

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

4. **Renewal Grant Term**: No action required. This field populates with "**1-Year**" and is read-only.

5. **Select the costs for which funding is requested:** Required. Check the box(s) for the Budget Line Items (BLIs) your project requests funds (see 24 CFR 578, Subpart D; Program Components and Eligible Costs and 24 CFR 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds). <u>Selection must match your current grant agreement, or grant agreement as amended.</u>

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

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

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

- **Size of units**: No action required. These options are system generated. The size of units are in line with the **FMR tables**; however, for clarification, the "**0-bedroom**" unit listed in *e-snaps* is the "**efficiency**" unit size on the FMR table and the FMR table does not include SRO units for which the per unit rent is calculated at 75 percent of the efficiency rate.

- **Number of units**: Required. For each unit size, enter the number of units for which you are requesting funds.

- **FMR:** No action required. These fields populate with the FY 2021 FMRs based on the FMR area you selected.

- **HUD Paid Rent**: For each unit size, enter the rent to be paid with CoC Program funds. The amount entered cannot exceed the FMR amount under "**FMR Area**".

- **12 Months:** No action required. These fields are populated with the value 12 to calculate the annual rent request.

- **Total Request**: No action required. This column populates with the total calculated amount from each row.

- **Total Units and Annual Assistance Requested**: No action required. This column calculates based on the sum of the total requests per unit size per year.

- **Grant Term**: No action required. This field populates with "**1-Year**" and is read-only.

- **Total Request for Grant Term**: No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

## PH-PSH Screen 6C. Rental Assistance Budget

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

**Type of Rental Assistance:** Required. Select the type of rental assistance from the dropdown:
- PRA – project-based rental assistance where program participants must reside in housing provided through a contract with the owner of an existing structure whereby the owner agrees to lease subsidized units to program participants. Program participants may not retain their rental assistance if they relocate to a unit outside the project.

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

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

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

**Does the project applicant request rental assistance funding for less than the areas per unit size Fair Market Rents?** Required. Renewing rental assistance projects may request rental assistance at an amount less than FMR*. See Section III.J of the NOFO for information regarding FMR adjustments for project applications that request FMR rental assistance versus project applications that request less than FMR. Select:

> **Yes,** if you are requesting rental assistance funds less than FMR.

> **No,** if you are requesting rental assistance funds at FMR.

*You must ensure the amount of rental assistance requested below the published FMR is sufficient to cover all rental assistance costs as HUD cannot provide funds beyond what is awarded through the CoC Program Competition. Therefore, you should only use this option if your project consistently has remaining grant funds at the end of the operating year for several years. Because tenant contributions are not always consistent, you should carefully consider requesting a lower amount based solely on assumptions made around tenant contribution.*

*Once you request less than the FMR (actual rent) you will be permitted to request up to the FMR in a future CoC Program Competition. However, should you wish to request up to the FMR in a future Competition, you will be required to demonstrate that the actual rental costs have gone up and the increased request back to the FMR is justified. If you moved the difference in funds from FMR to actual to create or increase other BLIs (e.g., Supportive Services), including Administrative Costs if your original grant was under 10 percent, you will be required to move the funds from other BLIs created or increased back to rental assistance.*

The **Rental Assistance Annual Budget** table accounts for the size of units, number of units being requested, FMR for each unit size, and HUD Paid Rent that is multiplied by 12 months to account for annual rent and summarized by row in the **Total Request** column. The number of units for each unit size on this table must match your current grant agreement, or grant agreement as amended. You cannot change the size and number of units through the project application (e.g., you cannot change from 3, 1-bedroom units to 2, 2-bedroom units or vice versa).

- **Size of units**: No action required. These options are system generated. The size of units are in line with the **FMR tables**; however, for clarification, the "**0-bedroom**" unit listed in *e-snaps* is the "**efficiency**" unit size on the FMR table and the FMR table does not include SRO units for which the per unit rent is calculated at 75 percent of the efficiency rate.

- **Number of units**: Required. For each unit size, enter the number of units for which funding is requested. This information must match the previously approved information for this project that is under grant agreement, or grant agreement as amended.

- **FMR**: No action required. These fields populate with the FY 2021 FMRs based on the FMR area you selected.

- **HUD Paid Rent**: Required if you selected "**Yes**" to the question above to indicate you are requesting rental assistance at an amount less than the FMR. For each unit size, enter the rent to be paid by CoC Program funds. The amount entered cannot exceed the FMR amount under "**FMR Area**".

- **12 Months**: No action required. These fields populate with the value 12 to calculate the annual rent request.

- **Total Request**: No action required. This column populates with the total calculated amount from each row.

- **Total Units and Annual Assistance Requested**: No action required. This column calculates based on the sum of the total requests per unit size per year.

- **Grant Term**: No action required. This field populates with "**1-Year**" and is read-only.

- **Total Request for Grant Term**: No action required. The total rental assistance request is based on the information entered on this screen.

## PH-PSH Screen 6D. Sources of Match

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

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

1. **Will this project generate program income described in 24 CFR 578.97 to use as Match for this project?** Required. Select:

   **Yes,** if your project plans to use program income as match, complete the next two questions.

   **No,** if your project will not use program income as match.

   1a. **Briefly describe the source of the program income.** Required if you selected "**Yes**" to question 1. Provide the source of program income with a brief description.

   1b. **Estimate the amount of program income that will be used as Match for this project.** Required if you selected "**Yes**" to question 1. Enter estimated amount.

**Sources of Match Detail Screen(s)** Enter match information on this screen based on the current commitments at the time of project application submission that will apply to the grant term if selected for conditional award, not based on projections. Match contributions can be cash, in-kind, or a combination of both. Match must be no less than 25 percent of the total request, including Administration costs, but excluding Leasing costs (i.e., Leased Units and Leased Structures). If your match amount exceeds 25 percent, HUD expects you to produce the higher amount included in the project application if selected for conditional award. **Example:** If the "**Total Assistance Requested**" for a PH-PSH project is $100,000 without leasing costs, then you must match funds of no less than $25,000.

The summary table on the primary "**Sources of Match**" screen aggregates the multiple cash and in-kind commitments entered in the "**Sources of Match Detail**" screens. To add a detail screen, select add 🔖 and

complete the mandatory fields. Select "**Save & Back to List**" to save the information and return to the primary screen. Select "**Save & Add Another**" to add another detail screen. To view and edit, select view 🔍. To delete, select ⊗ .

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

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

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

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

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

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

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

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

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

## PH-PSH Screen 6E. Summary Budget

This screen summarizes the total funding request for the 1-year renewal project. All requested amounts must match the current grant agreement, or grant agreement as amended. The exception is if this renewal project was reduced through the reallocation process and will have a lower total budget. The total amounts are calculated by *e-snaps* when you select "**Save**".

The following fields can be updated:

- **Leased Structures;**
- **Supportive Services;**
- **Operating;**
- **HMIS; and**
- **Admin**; Enter the amount of requested administrative funds. You can only request up to 10 percent of the amount 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 Administrative Costs exceed 10 percent of the Sub-Total Costs Requested**". The error message will inform you of the maximum amount of administrative costs you can request, and you will need to update the **Admin.** amount.

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

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

RETURN to All Projects Part 2 through Part 8

The following instructions apply to **Permanent Housing (PH)–Rapid Re-Housing (RRH)** projects in accordance with **PH-RRH** requirements in 24 CFR 578.37(a)(1)(ii).

# PH-RRH Part 3: Project Information

## PH-RRH Screen 3A. Project Detail

All questions 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 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.

2. **CoC Number and Name:** Required. Select the CoC Number and Name from the dropdown. **Selecting the correct CoC is critical**. The dropdown contains all CoCs that were registered in the FY 2021 CoC Program Registration process and 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:** You should only use the "**No CoC**" option in instances where a project is in a geographic area not claimed by any CoC or you are submitting a Solo Appeal.

3. **CoC Collaborative Applicant Name:** Required. Select the name of the Collaborative Applicant for the CoC you intend to submit the project application. The dropdown for this field is based on the CoC Number and Name selected above with the CoC's designated Collaborative Applicant's name that registered during the FY 2021 CoC Program Registration process.

4. **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.

5. **Project Status:** Required. This field defaults to the "**Standard**" option and should only be changed to "**Appeal**" if your organization will submit a Solo Appeal. If you select "**Appeal**," Screen 8A "**Notice of Intent to Appeal**" will appear on the left menu and you will need to complete additional information and include the attachment noted in the Solo Appeal process, see instructions for Screen 8A above.

6. **Component Type:** Required. Select "**PH**". This selection must match the previously approved information for this project that is under grant agreement, or grant agreement as amended.

   **6a. Select the type of PH project?** Required. Select "**RRH**" from the dropdown menu.

   **Note:** The only type of rental assistance permitted for a PH-RRH project is TRA, tenant-based rental assistance.

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

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

   **24 CFR 578.3**: *Victim service provider* means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence,

sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

**No,** if your organization, or subrecipient, is <u>not</u> a victim service provider.

## PH-RRH Screen 3B. Description

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

1.  **Provide a description that addresses the entire scope of the proposed project.** Required. Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used. The information in this description must align with the information entered in other screens of the application. Additionally, if the project will implement service participation requirements that are beyond what is typically included in a lease agreement, describe those requirements and how they will be implemented.

    **Note:** <u>HUD recommends using more general data (e.g., this project will serve 10 persons over the term of the grant) rather than using specific dates (e.g., in CY 2022 this project will serve 10 persons) to reduce the need to change project descriptions for annual renewals.</u>

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

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). See Section III.B.2.o of the NOFO for additional information. Any project application submitted as using a Housing First approach must continue operating as such during its FY 2021 grant term. This approach quickly connects individuals and families experiencing homelessness to permanent housing:

    -   no barriers to entry (e.g., sobriety, treatment, or service participation requirements);

    -   no preconditions (e.g., sobriety, income); and

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

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

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

    **3a. Does the project quickly move participants into permanent housing?** Required. Select:

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

    If this is a domestic violence (DV) project application including survivors of human trafficking, sexual assault, stalking, and dating violence, select "**Yes**" if the project will

rapidly move program participants into permanent housing after their immediate safety needs have been addressed (e.g., survivor(s) believe they are still in danger and not ready to move into their own permanent housing).

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

**3b. Does the project enroll program participants who have the following barriers? Select all that apply.** Required. Checking the box next to each item listed confirms your project does not have the listed barriers for entering the project at the time of completing this application. If these barriers exist at the time of application, select "**None of the above**".

**3c. Does the project prevent program participant termination for the following reasons? Select all that apply**. Required. Checking the box next to each item listed confirms your project does not terminate program participants for the reasons listed at the time of completing this project application. If a program participant can be terminated from the project for any of these reasons at the time of application, select "**None of the above**".

**3d. Does the project follow a Housing First approach?** No action required. This question automatically populates based on the responses to questions 3a, 3b, and 3c.

**Yes**, is populated if you selected "**Yes**" for question 3a **and** checked all boxes or checked "**None of the above**" for questions 3b and 3c. This confirms the project will operate following a Housing First approach.

**No,** is populated if you selected "**No**" to question 3a **or** did not check all boxes or checked "**None of the above**" for questions 3b or 3c. This confirms the project will <u>not</u> operate following a Housing First approach.

Any project application with "**Yes**" for question 3d commits to and must operate following Housing First during its FY 2021 grant term.

## PH-RRH Part 4: Housing and Services

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

The supportive services on this screen should match the previously approved services for this project that is under grant agreement, or grant agreement as amended.

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

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

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

   - **"Applicant"** indicates your organization will provide the supportive service;

   - **"Subrecipient"** indicates the subrecipient(s) listed on Screen 2A. Project Subrecipients will provide the service;

- **"Partner"** indicates an organization other than a subrecipient of CoC Program funds, but with whom a formal agreement or (MOU) was signed to provide the service; or

- **"Non-Partner"** indicates a specific organization with whom no formal agreement was established regularly provides the service to program participants.

**Frequency:** Required. For each supportive service selected, use the dropdown to indicate how often the service is provided to program participants. If two frequencies are equally common, select the interval that is most frequent, (e.g., both weekly and monthly are equally common–select weekly).

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

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

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

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

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

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

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

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

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

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

4a. **Has the staff person providing the technical assistance completed SOAR training in the past 24 months?** Required if "**Yes**" is selected for question 4. Select:

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

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

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

This screen captures the number of Units and Beds for each housing type and location and should match the previously approved information for this project that is under grant agreement or grant agreement as amended. If this is a renewal project that is being reduced due to reallocation, you can reduce the information on this screen due to the lower budget amount.

The numbers reported must reflect the units and beds at full capacity on a single night directly supported by CoC Program funds or eligible match funds. This includes units supported only by CoC Program supportive service funds without CoC Program leasing, operating, or rental assistance funds. The reported number of

units and beds should generally match the number of households (units), and persons (beds) as listed on Screens 5A and 5B, although there are understandable exceptions (e.g., a two-parent household where the parents share a bed).

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

- **Total Units,** all **units** in the project, regardless of size.

- **Total Beds,** all **beds** in the project, regardless of unit configuration (e.g., a 2-bedroom unit serving a family of 2 children may have 3 beds – one for adult(s) and two for each child or may only have 2 beds if the 2 children will share a bed).

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

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

    - **Barracks:** Individuals or families sleep in a large room with multiple beds. **This type is not appropriate for the PH-RRH projects and should not be selected.**

    - **Dormitory: (shared or private rooms)**. Individuals or families share sleeping rooms or have private rooms; share a common kitchen, common bathrooms, or both. **This type is not appropriate for the PH-RRH projects and should not be selected.**

    - **Shared housing**: Two or more unrelated people share a house or an apartment. Each unit must contain private space for each individual or family, plus common space for shared use by residents of the unit. Projects cannot use zero or one-bedroom units for shared housing.

    - **Single Room Occupancy (SRO) units**: Individuals have private sleeping or living room which may contain a private kitchen and bath, or shared, dormitory style facilities.

    - **Clustered apartments**: Individuals or families have a self-contained housing unit located within a building or complex that houses both persons with special needs (e.g., persons formerly experiencing homelessness, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV) and persons without special needs.

    - **Scattered-site apartments (including efficiencies)**: Individuals or families have a self-contained apartment. Apartments are scattered throughout the community.

    - **Single family homes/townhouses/duplexes**: Individuals or families have a self-contained, single-family home, townhouse, or duplex that is located throughout the community.

2. **Indicate the maximum number of Units and Beds available for program participants at the selected housing site.** Required. For this type of housing, enter the total number of units and beds.

    2a. **Units:** Enter the total number of units available at full capacity on a single night in the selected housing type and location.

    2b. **Beds:** Enter the total number of beds available at full capacity on a single night in the selected housing type and location.

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

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

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

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

## PH-RRH Part 5: Program Participants

### PH-RRH Screen 5A. Program Participants - Persons and Households

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

The numbers entered for this table on Screen 5A. should match the previously approved information for this project that is under grant agreement or grant agreement as amended. If your renewal project is being reduced due to reallocation, you can reduce the numbers proportionally to match the lower budget amount.

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

| | | | accompanied by an adult under the age of 18 | |
|---|---|---|---|---|
| **Total Persons** | This field automatically populates the total number for this household type | This field automatically populates the total number for this household type | This field automatically populates the total number for this household type | This field automatically populates the total persons |

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

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

The following table appears on this screen to capture the subpopulation information for the households entered on Screen 5A and are based on a single point in time. Referring to Screen 5A, for each household where numbers were entered, enter those numbers in the appropriate column for that section. You will only enter numbers in the categories where you entered numbers on Screen 5A and the numbers in this table <u>must</u> match the numbers from the table on Screen 5A.

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

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

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

**Persons in Households with at Least One Adult and One Child**

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|---|---|---|---|---|---|---|---|---|---|---|
| Persons over age 24 | | | | | | | | | | |
| Persons ages 18-24 | | | | | | | | | | |
| Children under age 18 | | N/A | N/A | | | | | | | |
| Total Persons | | | | | | | | | | |

**Persons in Households without Children**

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|---|---|---|---|---|---|---|---|---|---|---|
| Persons over age 24 | | | | | | | | | | |
| Persons ages 18-24 | | | | | | | | | | |
| Total Persons | | | | | | | | | | |

**Persons in Households with Only Children**

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|---|---|---|---|---|---|---|---|---|---|---|
| Accompanied Children under age 18 | | N/A | N/A | | | | | | | |
| Unaccompanied Children under age 18 | | N/A | N/A | | | | | | | |
| Total Persons | | | | | | | | | | |

## PH-RRH Part 6: Budgets

This section captures the budget information for the renewal project application. Funding requests must match the current grant agreement, grant agreement as amended, or budget reductions if the CoC is reducing funds through reallocation.

PH-RRH renewal project applications only have one BLI that accepts updates on individual budget screens.

- Rental Assistance Units (24 CFR 578.51).

If changes are needed to the following BLIs, you can update the total BLI amounts on the **Summary Budget** table for the following:

- Supportive Services (24 CFR 578.53);

- HMIS (24 CFR 578.57); and

- Administrative Costs (24 CFR 578.59).

**Budget Rules:** HUD requires your project to request and use funds for eligible costs as outlined in 24 CFR part 578 for each budget and will verify project expenditures during field office monitoring or OIG audits. Ineligible expenditures can result in monitoring or audit findings that could result in your project repaying HUD for those ineligible costs.

- You **cannot** make the following changes to your project application BLI(s) unless you have an executed grant agreement amendment, which will be used as a reference during the project application review process:

  o increase BLIs above the amount in your current grant agreement, or grant agreement as amended.

  o shift funds of 10 percent or more among BLIs (this includes moving funds to Administrative Costs; or

  o change the number or configuration of units on the Rental Assistance BLI.

- You **can** reduce BLI(s) as needed if your renewal project was reduced by the CoC through the reallocation process.

Finally, if your renewal project application is submitted with a reduced total budget, either through the reallocation process or due to an error, the project's total budget amount is permanently reduced and will be required to operate at the reduced amount.

## PH-RRH Screen 6A. Funding Request

This screen requests information if your renewal project intends to use indirect costs and the BLI(s) requesting renewal funds.

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:** A new project awarded construction, acquisition, or rehabilitation funds under the SHP Program (pre-FY 2012) has a 20-year use requirement while the CoC Program (FY 2012 and beyond) has a 15-year use requirement.

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. See Section V.B.3.j of the NOFO for additional information and select:

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

   **No**, your project will <u>not</u> use an indirect cost rate.

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

   - **Cognizant Agency** – if you have an approved indirect cost agreement, enter the name of the Cognizant Agency with whom you have the agreement (e.g., HUD, HHS), or if using the 10 percent de minimis enter "**NA**".

   - **Indirect Cost Rate** – enter one of the following if you:

     o have an approved indirect cost agreement, enter the rate percentage (e.g., 15 %) or

     o will use the 10 percent de minimis rate, enter 10 %.

   - **Direct Cost Base** – enter the amount of your direct cost base for this application.

- **Date agreement approved or enter "NA" for use of 10 % de minimis rate** – if you have an approved indirect cost agreement, enter the date it was executed or if you are using the 10 percent de minimis rate enter "**NA**".

| Cognizant Agency | Indirect Cost Rate | Direct Cost Base | Date approved or enter "NA" if using 10 % de minimis rate |
|---|---|---|---|
| | % | $ | |

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

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

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

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

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

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

4. **Renewal Grant Term**: No action required. This field populates with "**1-Year**" and is read-only.

5. **Select the costs for which funding is requested:** Required. Check the box(s) for the Budget Line Items (BLIs) your project requests funds (see 24 CFR 578, Subpart D; Program Components and Eligible Costs and 24 CFR 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds). <u>Selection must match your current grant agreement, or grant agreement as amended</u>.

## PH-RRH Screen 6C. Rental Assistance Budget

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

To view and edit, select view  . To delete, select  .

**Type of Rental Assistance:** Required. For PH-RRH projects, tenant-based rental assistance (TRA) is the required default:

- TRA – tenant-based rental assistance where program participants select any appropriately sized unit within the CoC's geographic area, although recipients or subrecipients may restrict the location under certain circumstances to ensure the availability of the appropriate supportive services. Except for victims of domestic violence, program participants may not retain their rental assistance if they relocate to a unit outside the CoC's geographic area.

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

**Does the project applicant request rental assistance funding for less than the areas per unit size Fair Market Rents?** Required. Renewing rental assistance projects may request rental assistance at an amount less than FMR\*. See Section III.J of the NOFO for information regarding FMR adjustments for project applications that request FMR rental assistance versus project applications that request less than FMR. Select:

**Yes,** if you are requesting rental assistance funds less than FMR.

**No,** if you are requesting rental assistance funds at FMR.

*\*You must ensure the amount of rental assistance requested below the published FMR is sufficient to cover all rental assistance costs as HUD cannot provide funds beyond what is awarded through the CoC Program Competition. Therefore, you should only use this option if your project consistently has remaining grant funds at the end of the operating year for several years. Because tenant contributions are not always consistent, you should carefully consider requesting a lower amount based solely on assumptions made around tenant contribution.*

*Once you request less than the FMR (actual rent) you will be permitted to request up to the FMR in a future CoC Program Competition. However, should you wish to request up to the FMR in a future Competition, you will be required to demonstrate that the actual rental costs have gone up and the increased request back to the FMR is justified. If you moved the difference in funds from FMR to actual to create or increase other BLIs (e.g., Supportive Services), including Administrative Costs if your original grant was under 10 percent, you will be required to move the funds from other BLIs created or increased back to rental assistance.*

The **Rental Assistance Annual Budget** table accounts for the size of units, number of units being requested, FMR for each unit size, and HUD Paid Rent that is multiplied by 12 months to account for annual rent and summarized by row in the **Total Request** column. The number of units for each unit size on this table must match your current grant agreement, or grant agreement as amended. You cannot change the size and number of units through the project application (e.g., you cannot change from 3, 1-bedroom units to 2, 2-bedroom units or vice versa).

- **Size of units**: No action required. These options are system generated. The size of units are in line with the **FMR tables**; however, for clarification, the "**0-bedroom**" unit listed in *e-snaps* is the "**efficiency**" unit size on the FMR table and the FMR table does not include SRO units for which the per unit rent is calculated at 75 percent of the efficiency rate.

- **Number of units**: Required. For each unit size, enter the number of units for which funding is requested. This information must match the previously approved information for this project that is under grant agreement, or grant agreement as amended.

- **FMR**: No action required. These fields populate with the FY 2021 FMRs based on the FMR area you selected.

- **HUD Paid Rent**: Required if you selected "**Yes**" to the question above to indicate you are requesting rental assistance at an amount less than the FMR. For each unit size, enter the rent to be paid by CoC Program funds. The amount entered cannot exceed the FMR amount under "**FMR Area**".

- **12 Months**: No action required. These fields populate with the value 12 to calculate the annual rent request.

- **Total Request**: No action required. This column populates with the total calculated amount from each row.

- **Total Units and Annual Assistance Requested**: No action required. This column calculates based on the sum of the total requests per unit size per year.

- **Grant Term**: No action required. This field populates with "**1-Year**" and is read-only.

- **Total Request for Grant Term**: No action required. The total rental assistance request is based on the information entered on this screen.

## PH-RRH Screen 6D. Sources of Match

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

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

1. **Will this project generate program income described in 24 CFR 578.97 to use as Match for this project?** Required. Select:

   **Yes,** if your project plans to use program income as match, complete the next two questions.

   **No,** if your project will not use program income as match.

   1a. **Briefly describe the source of the program income.** Required if you selected "**Yes**" to question 1. Provide the source of program income with a brief description.

   1b. **Estimate the amount of program income that will be used as Match for this project.** Required if you selected "**Yes**" to question 1. Enter estimated amount.

Enter match information on this screen based on the current commitments at the time of project application submission that will apply to the grant term if selected for conditional award, not based on projections. Match contributions can be cash, in-kind, or a combination of both. Match must be no less than 25 percent of the total request, including Administrative costs. If your match amount exceeds 25 percent, HUD expects you to produce the higher amount in the project application if selected for conditional award.

**Example:** If the **"Total Assistance Requested"** for a PH-RRH project is $100,000, then you must match funds no less than $25,000.

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

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

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

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

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

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

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

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

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

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

## PH-RRH Screen 6E. Summary Budget

This screen summarizes the total funding request for the 1-year renewal project. All requested amounts must match the current grant agreement, or grant agreement as amended. The exception is if this renewal project was reduced through the reallocation process and will have a lower total budget. The total amounts are calculated by *e-snaps* when you select "**Save**".

The following fields can be updated:

- **Supportive Services;**

- **HMIS; and**

- **Admin**: Enter the amount of requested administrative funds. You can only request up to 10 percent of the amount 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 Administrative Costs exceed 10 percent of the Sub-Total Costs Requested**". The error message will inform you of the maximum amount of administrative costs you can request, and you will need to update the **Admin.** amount.

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

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

**RETURN to All Projects Part 2 through Part 8**

The following instructions apply to **Joint Transitional Housing (TH) and Permanent Housing (PH) – Rapid Re-Housing (RRH)** projects in accordance with TH and PH-RRH requirements in 24 CFR 578.37(a)(1)(ii) and (2) and the NOFO.

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

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

All questions 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 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.

2. **CoC Number and Name:** Required. Select the CoC Number and Name from the dropdown. **Selecting the correct CoC is critical**. The dropdown contains all CoCs that were registered in the FY 2021 CoC Program Registration process and 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:** You should only use the "**No CoC**" option in instances where a project is in a geographic area not claimed by any CoC or you are submitting a Solo Appeal.

3. **CoC Collaborative Applicant Name:** Required. Select the name of the Collaborative Applicant for the CoC you intend to submit the project application. The dropdown for this field is based on the CoC Number and Name selected above with the CoC's designated Collaborative Applicant's name that registered during the FY 2021 CoC Program Registration process.

4. **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.

5. **Project Status:** Required. This field defaults to the "**Standard**" option and should only be changed to "**Appeal**" if your organization will submit a Solo Appeal. If you select "**Appeal**," Screen 8A "**Notice of Intent to Appeal**" will appear on the left menu and you will need to complete additional information and include the attachment noted in the Solo Appeal process, see instructions for Screen 8A above.

6. **Component Type:** Required. Select "**JOINT TH and PH-RRH**". This selection must match the previously approved information for this project that is under grant agreement, or grant agreement as amended.

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

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

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

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

8. **Does this project include Replacement Reserves in the Operating budget?** (*Attachment Requirement*) Select:

> **Yes**, if your project application for the TH portion of the project has an Operating BLI and your organization intends to use some or all the operating funds towards replacement reserves and attach supporting documentation on screen 7A that includes:

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

> **No**, if your organization does not intend to use operating funds for replacement reserves.

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

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

1. **Provide a description that addresses the entire scope of the proposed project.** Required. Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used. The information in this description must align with the information entered in other screens of the application. Additionally, if the project will implement service participation requirements that are beyond what is typically included in a lease agreement, describe those requirements and how they will be implemented. Your description must also include the process used so program participants can chose the type of housing they want as they can choose either TH or PH-RRH.

   **Note:** HUD recommends using more general data (e.g., this project will serve 10 persons over the term of the grant) rather than using specific dates (e.g., in CY 2022 this project will serve 10 persons) to reduce the need to change project descriptions for annual renewals.

   If CoC Program funds are not requested for both TH and PH-RRH units in this project application, the description must include the number of TH or PH-RRH units that will be utilized by the project from other funding source(s) and include details of how TH and PH-RRH assistance will be provided for all program participants under this Joint component. For example, if TH units are requested in this application and PH-RRH units will not be funded with CoC Program funds (i.e., ESG), 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.

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

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). See Section III.B.2.o of the NOFO for additional information. Any project application submitted as using a Housing First approach must continue operating as such during its FY 2021 grant term. This approach quickly connects individuals and families experiencing homelessness to permanent housing:

- no barriers to entry (e.g., sobriety, treatment, or service participation requirements);

- no preconditions (e.g., sobriety, income); and

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

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

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

**3a. Does the project quickly move participants into permanent housing?** Required. Select:

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

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

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

**3b. Does the project enroll program participants who have the following barriers? Select all that apply.** Required. Checking the box next to each item listed confirms your project does not have the listed barriers for entering the project at the time of completing this application. If these barriers exist at the time of application, select "**None of the above**".

**3c. Does the project prevent program participant termination for the following reasons? Select all that apply**. Required. Checking the box next to each item listed confirms your project does not terminate program participants for the reasons listed at the time of completing this project application. If a program participant can be terminated from the project for any of these reasons at the time of application, select "**None of the above**".

**3d. Does the project follow a Housing First approach?** No action required. This question automatically populates based on the responses to questions 3a, 3b, and 3c.

**Yes**, is populated if you selected "**Yes**" for question 3a **and** checked all boxes or checked "**None of the above**" for questions 3b and 3c. This confirms the project will operate following a Housing First approach.

**No,** is populated if you selected "**No**" to question 3a **or** did not check all boxes or checked "**None of the above**" for questions 3b or 3c. This confirms the project will not operate following a Housing First approach.

Any project application with "**Yes**" for question 3d commits to and must operate following Housing First during its FY 2021 grant term.

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

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

The supportive services on this screen should match the previously approved services for this project that is under grant agreement, or grant agreement as amended.

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

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

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

    - **"Applicant"** indicates your organization will provide the supportive service;

    - **"Subrecipient"** indicates the subrecipient(s) listed on Screen 2A. Project Subrecipients will provide the service;

    - **"Partner"** indicates an organization other than a subrecipient of CoC Program funds, but with whom a formal agreement or (MOU) was signed to provide the service; or

    - **"Non-Partner"** indicates a specific organization with whom no formal agreement was established regularly provides the service to program participants.

    **Frequency:** Required. For each supportive service selected, use the dropdown to indicate how often the service is provided to program participants. If two frequencies are equally common, select the interval that is most frequent, (e.g., both weekly and monthly are equally common– select weekly).

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

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

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

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

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

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

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

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

> **Yes,** if program participants have access to SSI/SSDI technical assistance. The assistance can be provided by your organization, a subrecipient, or a partner agency–through a formal or informal relationship.

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

4a. **Has the staff person providing the technical assistance completed SOAR training in the past 24 months?** Required if "**Yes**" is selected for question 4. Select:

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

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

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

This screen captures the number of units and beds for both the TH and PH-RRH portions of this project and should match the previously approved information for this project that is under grant agreement, or grant agreement as amended. If this is a renewal project being reduced due to reallocation you can reduce the information on this screen due to the lower budget amount.

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

**The CoC Program required rule is PH-RRH units must be twice the amount of those provided through the TH**. The total numbers reported must reflect the total units and total beds at full capacity on a single night for both the TH and PH-RRH portions of the project. This includes units supported only by CoC Program supportive services funds without CoC Program leasing, operating, or rental assistance funds. Generally, the reported number of units and beds should match the number of households (units), and persons (beds) listed on Screens 5A and 5B although there are understandable exceptions (e.g., a two-parent household where the parents share a bed).

The primary 4B screen provides a summary of the units and beds included in the project according to the following categories for which all cells must have a number greater than '**0**':

|  | TH | PH-RRH | Total |
|---|---|---|---|
| **Total Units:** |  |  |  |
| **Total Beds:** |  |  |  |

- **Total Units,** all **units** in the project, regardless of size.

- **Total Beds**, all **beds** in the project, regardless of unit configuration (e.g., a 2-bedroom unit serving a family of 2 children may have 3 beds – one for adult(s) and two for each child or may only have 2 beds if the 2 children will share a bed).

The summary table on the primary 4B screen aggregates the individual "**Housing Type and Location Detail**" screens. To add a detail screen, select add  and complete the mandatory fields. Select "**Save &**

**Back to List**" to save the information and return to the primary screen. Select "**Save & Add Another**" to add another detail screen. To view and edit, select view 🔍. To delete, select ⊗ .

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

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

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

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

    **1a. Does this TH portion of the project have private rooms per household?** Select:

    **Yes,** if the units in the TH portion of the project have private rooms per household.

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

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

    Select from the following housing types.

    - **Barracks:** Individuals **or** families sleep in a large room with multiple beds.
        - Can be used for TH units and beds of this joint project.
        - Not appropriate for PH-RRH units and beds and should not be selected.

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

    - **Shared housing**: Two or more unrelated people share a house or an apartment. Each unit must contain private space for each individual or family, plus common space for shared use by residents of the unit. Projects cannot use zero or one-bedroom units for shared housing.

    - **Single Room Occupancy (SRO) units**: Individuals have private sleeping or living room which may contain a private kitchen and bath, or shared, dormitory style facilities.

    - **Clustered apartments**: Individuals or families have a self-contained housing unit located within a building or complex that houses both persons with special needs (e.g., persons formerly experiencing homelessness, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV) and persons without special needs.

    - **Scattered-site apartments (including efficiencies)**: Individuals or families have a self-contained apartment. Apartments are scattered throughout the community.

    - **Single family homes/townhouses/duplexes**: Individuals or families have a self-contained, single-family home, townhouse, or duplex that is located throughout the community.

3. **What is the funding source for these units and beds?** Using the dropdown, select the appropriate type of funding:

- CoC;
- ESG;
- Section 8;
- HUD-VASH;
- Mixed Funding; or
- Other.

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

4. **Indicate the maximum number of Units and Beds available for program participants at the selected housing site:** Required. For this type of housing, enter the total number of units and beds.

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

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

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

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

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

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

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

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

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

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

The numbers entered for this table on Screen 5A. should match the previously approved information for this project that is under grant agreement or grant agreement as amended. If your renewal project is being reduced due to reallocation, you can reduce the numbers proportionally to match the lower budget amount.

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

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

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

The following table appears on this screen to capture the subpopulation information for the households entered on Screen 5A and are based on a single point in time. Referring to Screen 5A, for each household where numbers were entered, enter those numbers in the appropriate column for that section. You will only enter numbers in the categories where you entered numbers on Screen 5A and the numbers in this table must match the numbers from the table on Screen 5A.

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

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

- The numbers entered for the following columns ***cannot be duplicated*** within these three subpopulations:

- o **CH (Not Veterans)**–number of chronically homeless non-veterans which must match the number of beds entered for question "**2b. Beds**" on Screen 4B. Do not include chronically homeless veterans; or

- o **CH Veterans** –number of chronically homeless veterans, regardless of discharge reason; or

- o **Veterans (Not CH)**– number of veterans who do not meet the chronically homeless definition.

- The numbers entered for the following columns *can be duplicated* and should reflect the estimated subpopulations program participants fall under:

  - o **Chronic Substance Abuse;**

  - o **HIV/AIDS;**

  - o **Mentally Ill;**

  - o **Domestic Violence (DV),** includes survivors of human trafficking, sexual assault, stalking, and dating violence;

  - o **Physical Disability;**

  - o **Developmental Disability; and**

  - o **Persons Not Represented by a Listed Subpopulation.** For this last item, you will be required to enter a description of program participants who fall into this category that will appear at the bottom of the table on this screen.

**Persons in Households with at Least One Adult and One Child**

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/ AIDS | Mentally Ill | DV | Physical Disability | Develop-mental Disability | Persons Not Represented by a Listed Subpopulation |
|---|---|---|---|---|---|---|---|---|---|---|
| Persons over age 24 | | | | | | | | | | |
| Persons ages 18-24 | | | | | | | | | | |
| Children under age 18 | | N/A | N/A | | | | | | | |
| Total Persons | | | | | | | | | | |

**Persons in Households without Children**

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/ AIDS | Mentally Ill | DV | Physical Disability | Develop-mental Disability | Persons Not Represented by a Listed Subpopulation |
|---|---|---|---|---|---|---|---|---|---|---|
| Persons over age 24 | | | | | | | | | | |
| Persons ages 18-24 | | | | | | | | | | |
| Total Persons | | | | | | | | | | |

**Persons in Households with Only Children**

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/ AIDS | Mentally Ill | DV | Physical Disability | Develop-mental Disability | Persons Not Represented by a Listed Subpopulation |
|---|---|---|---|---|---|---|---|---|---|---|
| Accompanied Children under age 18 | | N/A | N/A | | | | | | | |
| Unaccompanied Children under age 18 | | N/A | N/A | | | | | | | |
| Total Persons | | | | | | | | | | |

# Joint TH and PH-RRH Part 6: Budgets

This section captures the budget information for the renewal project application. Funding requests must match the current grant agreement, grant agreement as amended, or budget reductions if the CoC is reducing funds through reallocation.

Joint TH and PH-RRH renewal project applications only have two BLIs that accept updates on individual budget screens.

- Leased Units (24 CFR 578.49); and

- Rental Assistance Units (24 CFR 578.51).

If changes are needed to the following BLIs, you can update the total BLI amounts on the **Summary Budget** table for the following:

- Leased Structures (24 CFR 578.49);

- Supportive Services (24 CFR 578.53);

- Operating (24 CFR 578.55);

- HMIS (24 CFR 578.57); and

- Administrative Costs (24 CFR 578.59).

**Budget Rules:** HUD requires your project to request and use funds for eligible costs as outlined in 24 CFR part 578 for each budget and will verify project expenditures during field office monitoring or OIG audits. Ineligible expenditures can result in monitoring or audit findings that could result in your project repaying HUD for those ineligible costs.

- You **cannot** make the following changes to your project application BLI(s) unless you have an executed grant agreement amendment, which will be used as a reference during the project application review process:

    o increase BLIs above the amount in your current grant agreement, or grant agreement as amended.

    o shift funds of 10 percent or more among BLIs (this includes moving funds to Administrative Costs; or

    o change the number or configuration of units on the Rental Assistance BLI.

- You **can** reduce BLI(s) as needed if your renewal project was reduced by the CoC through the reallocation process.

Finally, if your renewal project application is submitted with a reduced total budget, either through the reallocation process or due to an error, the project's total budget amount is permanently reduced and will be required to operate at the reduced amount.

## Joint TH and PH-RRH Screen 6A. Funding Request

This screen requests information if your renewal project intends to use indirect costs and the BLI(s) requesting renewal funds.

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:** A new project awarded construction, acquisition, or rehabilitation funds under the SHP Program (pre-FY 2012) has a 20-year use requirement while the CoC Program (FY 2012 and beyond) has a 15-year use requirement.

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. See Section V.B.3.j of the NOFO for additional information and select:

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

> **No**, your project will <u>not</u> use an indirect cost rate.

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

- **Cognizant Agency** – if you have an approved indirect cost agreement, enter the name of the Cognizant Agency with whom you have the agreement (e.g., HUD, HHS), or if using the 10 percent de minimis enter "**NA**".

- **Indirect Cost Rate** – enter one of the following if you:

  - have an approved indirect cost agreement, enter the rate percentage (e.g., 15 %) or

  - will use the 10 percent de minimis rate, enter 10 %.

- **Direct Cost Base** – enter the amount of your direct cost base for this application.

- **Date agreement approved or enter "NA" for use of 10 % de minimis rate** – if you have an approved indirect cost agreement, enter the date it was executed or if you are using the 10 percent de minimis rate enter "**NA**".

| Cognizant Agency | Indirect Cost Rate | Direct Cost Base | Date approved or enter "NA" if using 10 % de minimis rate |
|---|---|---|---|
|  | % | $ |  |

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

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

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

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

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

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

4. **Renewal Grant Term**: No action required. This field populates with "**1-Year**" and is read-only.

5. **Select the costs for which funding is requested:** Required. Check the box(s) for the Budget Line Items (BLIs) your project requests funds (see 24 CFR 578, Subpart D; Program Components and Eligible Costs and 24 CFR 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds). <u>Selection must match your current grant agreement, or grant agreement as amended.</u>

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

You have access to this budget if you checked "**Leased Units**" on Screen 6A. **You can only request leased units for the TH portion of this Joint project**. The primary screen will aggregate the total assistance requested and total units requested for each FMR area listed on a "**Leased Units Budget Detail**" screen. To add another "**Leased Units Budget Detail**" screen, select add ![icon]. All grey fields will calculate after you complete and save this screen. Select "**Save & Back to List**" to save the information and return to the primary screen or select "**Save & Add Another**". To view and edit, select view ![icon]. To delete, select ![icon].

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

- **Size of units**: No action required. These options are system generated. The size of units are in line with the **FMR tables**; however, for clarification, the "**0-bedroom**" unit listed in *e-snaps* is the "**efficiency**" unit size on the FMR table and the FMR table does not include SRO units for which the per unit rent is calculated at 75 percent of the efficiency rate.

- **Number of units**: Required. For each unit size, enter the number of units for which you are requesting funds.

- **FMR:** No action required. These fields populate with the FY 2021 FMRs based on the FMR area you selected.

- **HUD Paid Rent**: For each unit size, enter the rent to be paid with CoC Program funds. The amount entered cannot exceed the FMR amount under "**FMR Area**".

- **12 Months:** No action required. These fields are populated with the value 12 to calculate the annual rent request.

- **Total Request**: No action required. This column populates with the total calculated amount from each row.

- **Total Units and Annual Assistance Requested**: No action required. This column calculates based on the sum of the total requests per unit size per year.

- **Grant Term**: No action required. This field populates with "**1-Year**" and is read-only.

- **Total Request for Grant Term**: No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

## Joint TH and PH-RRH Screen 6C. Rental Assistance Budget

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

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

- PRA – project-based rental assistance where program participants must reside in housing provided through a contract with the owner of an existing structure whereby the owner agrees to lease subsidized units to program participants. Program participants may not retain their rental assistance if they relocate to a unit outside the project.

- SRA – sponsor-based rental assistance where program participants must reside in housing owned or leased by a sponsor organization and arranged through a contract between the recipient and the sponsor organization.

- TRA – tenant-based rental assistance where program participants select any appropriately sized unit within the CoC's geographic area, although recipients or subrecipients may restrict the location under certain circumstances to ensure the availability of the appropriate supportive services. Except for victims of domestic violence, program participants may not retain their rental assistance if they relocate to a unit outside the CoC's geographic area.

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

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

**Does the project applicant request rental assistance funding for less than the areas per unit size Fair Market Rents?** Required. Renewing rental assistance projects may request rental assistance at an amount less than FMR\*. See Section III.J of the NOFO for information regarding FMR adjustments for project applications that request FMR rental assistance versus project applications that request less than FMR. Select:

> **Yes,** if you are requesting rental assistance funds less than FMR.

> **No,** if you are requesting rental assistance funds at FMR.

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*\*You must ensure the amount of rental assistance requested below the published FMR is sufficient to cover all rental assistance costs as HUD cannot provide funds beyond what is awarded through the CoC Program Competition. Therefore, you should only use this option if your project consistently has remaining grant funds at the end of the operating year for several years. Because tenant contributions are not always consistent, you should carefully consider requesting a lower amount based solely on assumptions made around tenant contribution.*

*Once you request less than the FMR (actual rent) you will be permitted to request up to the FMR in a future CoC Program Competition. However, should you wish to request up to the FMR in a future Competition, you will be required to demonstrate that the actual rental costs have gone up and the increased request back to the FMR is justified. If you moved the difference in funds from FMR to actual to create or increase other BLIs (e.g., Supportive Services), including Administrative Costs if your original grant was under 10 percent, you will be required to move the funds from other BLIs created or increased back to rental assistance.*

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The **Rental Assistance Annual Budget** table accounts for the size of units, number of units being requested, FMR for each unit size, and HUD Paid Rent that is multiplied by 12 months to account for annual rent and summarized by row in the **Total Request** column. The number of units for each unit size on this table must match your current grant agreement, or grant agreement as amended. You cannot change the size and number of units through the project application (e.g., you cannot change from 3, 1-bedroom units to 2, 2-bedroom units or vice versa).

- **Size of units**: No action required. These options are system generated. The size of units are in line with the **FMR tables**; however, for clarification, the "**0-bedroom**" unit listed in *e-snaps* is the "**efficiency**" unit size on the FMR table and the FMR table does not include SRO units for which the per unit rent is calculated at 75 percent of the efficiency rate.

- **Number of units**: Required. For each unit size, enter the number of units for which funding is requested. This information must match the previously approved information for this project that is under grant agreement, or grant agreement as amended.

- **FMR**: No action required. These fields populate with the FY 2021 FMRs based on the FMR area you selected.

- **HUD Paid Rent**: Required if you selected "**Yes**" to the question above to indicate you are requesting rental assistance at an amount less than the FMR. For each unit size, enter the rent to be paid by CoC Program funds. The amount entered cannot exceed the FMR amount under "**FMR Area**".

- **12 Months**: No action required. These fields populate with the value 12 to calculate the annual rent request.

- **Total Request**: No action required. This column populates with the total calculated amount from each row.

- **Total Units and Annual Assistance Requested**: No action required. This column calculates based on the sum of the total requests per unit size per year.

- **Grant Term**: No action required. This field populates with "**1-Year**" and is read-only.

- **Total Request for Grant Term**: No action required. The total rental assistance request is based on the information entered on this screen.

## Joint TH and PH-RRH Screen 6D. Sources of Match

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

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

1. **Will this project generate program income described in 24 CFR 578.97 to use as Match for this project?** Required. Select:

   **Yes,** if your project plans to use program income as match and complete the next two questions.

   **No,** if your project will <u>not</u> use program income as match.

   1a. **Briefly describe the source of the program income.** Required if you selected "**Yes**" to question 1. Provide the source of program income with a brief description.

   1b. **Estimate the amount of program income that will be used as Match for this project.** Required if you selected "**Yes**" to question 1. Enter estimated amount.

Enter match information on this screen based on the current commitments at the time of project application submission that will apply to the grant term if selected for conditional award, not based on projections. Match contributions can be cash, in-kind, or a combination of both. Match must be no less than 25 percent of the total request, including Administration costs, but excluding Leasing costs (i.e., Leased Units and Leased Structures). If your match amount exceeds 25 percent, HUD expects you to produce the higher amount included in the project application if selected for conditional award.

**Example:** If the "**Total Assistance Requested**" for a Joint TH and PH-RRH project is $100,000 without leasing costs, then you must match funds of no less than $25,000.

The summary table on the primary "**Sources of Match**" screen aggregates the multiple cash and in-kind commitments entered in the "**Sources of Match Detail**" screens. To add a detail screen, select add 📑 and

complete the mandatory fields. Select "**Save & Back to List**" to save the information and return to the primary screen. Select "**Save & Add Another**" to add another detail screen. To view and edit, select view 🔍. To delete, select ⊗ .

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

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

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

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

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

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

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

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

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

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

This screen summarizes the total funding request for the 1-year renewal project. All requested amounts must match the current grant agreement, or grant agreement as amended. The exception is if this renewal project was reduced through the reallocation process and will have a lower total budget. The total amounts are calculated by *e-snaps* when you select "**Save**".

The following fields can be updated:

- **Leased Structures;**
- **Supportive Services;**
- **Operating;**
- **HMIS; and**
- **Admin**; Enter the amount of requested administrative funds. You can only request up to 10 percent of the amount 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 Administrative Costs exceed 10 percent of the Sub-Total Costs Requested**". The error message will inform you of the maximum amount of administrative costs you can request, and you will need to update the **Admin.** amount.

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

# Transitional Housing (TH) Renewal Project Applications

The following instructions apply to **Transitional Housing (TH)** projects in accordance with **TH** requirements in 24 CFR 578.37(a)(2).

# TH Part 3: Project Information

## TH Screen 3A. Project Detail

All questions 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 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.

2. **CoC Number and Name:** Required. Select the CoC Number and Name from the dropdown. **Selecting the correct CoC is critical**. The dropdown contains all CoCs that were registered in the FY 2021 CoC Program Registration process and 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:** You should only use the "**No CoC**" option in instances where a project is in a geographic area not claimed by any CoC or you are submitting a Solo Appeal.

3. **CoC Collaborative Applicant Name:** Required. Select the name of the Collaborative Applicant for the CoC you intend to submit the project application. The dropdown for this field is based on the CoC Number and Name selected above with the CoC's designated Collaborative Applicant's name that registered during the FY 2021 CoC Program Registration process.

4. **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.

5. **Project Status:** Required. This field defaults to the "**Standard**" option and should only be changed to "**Appeal**" if your organization will submit a Solo Appeal. If you select "**Appeal**," Screen 8A "**Notice of Intent to Appeal**" will appear on the left menu and you will need to complete additional information and include the attachment noted in the Solo Appeal process, see instructions for Screen 8A above.

6. **Component Type:** Required. Select "**TH**". This selection must match the previously approved information for this project that is under grant agreement, or grant agreement as amended.

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

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

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

   **No,** if your organization, or subrecipient, is <u>not</u> a victim service provider.

8. **Will this project include replacement reserves in the Operating budget?** (*Attachment Requirement*)**?** Select:

**Yes**, if your project application has an Operating BLI and your organization intends to use some or all the operating funds towards replacement reserves and attach supporting documentation on screen 7A that includes:

- total amount of funds that will be placed in reserve during the grant term;

- system(s) to be replaced that includes the useful life of the system(s); and

- repayment schedule that includes the payment amount.

**No**, if your organization does not intend to use operating funds for replacement reserves.

## TH Screen 3B. Description

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

1. **Provide a description that addresses the entire scope of the proposed project.** Required. Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used. The information in this description must align with the information entered in other screens of the application. Additionally, if the project will implement service participation requirements that are beyond what is typically included in a lease agreement, describe those requirements and how they will be implemented.

   **Note:** HUD recommends using more general data (e.g., this project will serve 10 persons over the term of the grant) rather than using specific dates (e.g., in CY 2022 this project will serve 10 persons) to reduce the need to change project descriptions for annual renewals.

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

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). See Section III.B.2.o. of the NOFO for additional information. Any project application submitted as using a Housing First approach must continue operating as such during its FY 2021 grant term. This approach quickly connects individuals and families experiencing homelessness to permanent housing:

   - no barriers to entry (e.g., sobriety, treatment, or service participation requirements);

   - no preconditions (e.g., sobriety, income); and

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

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

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

   **3a. Does the project quickly move participants into permanent housing?** Required. Select:

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

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

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

**3b. Does the project enroll program participants who have the following barriers? Select all that apply.** Required. Checking the box next to each item listed confirms your project does not have the listed barriers for entering the project at the time of completing this application. If these barriers exist at the time of application, select "**None of the above**".

**3c. Does the project prevent program participant termination for the following reasons? Select all that apply**. Required. Checking the box next to each item listed confirms your project does not terminate program participants for the reasons listed at the time of completing this project application. If a program participant can be terminated from the project for any of these reasons at the time of application, select "**None of the above**".

**3d. Does the project follow a Housing First approach?** No action required. This question automatically populates based on the responses to questions 3a, 3b, and 3c.

**Yes**, is populated if you selected "**Yes**" for question 3a **and** checked all boxes or checked "**None of the above**" for questions 3b and 3c. This confirms the project will operate following a Housing First approach.

**No,** is populated if you selected "**No**" to question 3a **or** did not check all boxes or checked "**None of the above**" for questions 3b or 3c. This confirms the project will not operate following a Housing First approach.

Any project application with "**Yes**" for question 3d commits to and must operate following Housing First during its FY 2021 grant term.

# TH Part 4: Housing and Services

## TH Screen 4A. Supportive Services for Program Participants

The supportive services on this screen should match the previously approved services for this project that is under grant agreement, or grant agreement as amended.

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

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

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

- **"Applicant"** indicates your organization will provide the supportive service;

- **"Subrecipient"** indicates the subrecipient(s) listed on Screen 2A. Project Subrecipients will provide the service;

- **"Partner"** indicates an organization other than a subrecipient of CoC Program funds, but with whom a formal agreement or (MOU) was signed to provide the service; or

- **"Non-Partner"** indicates a specific organization with whom no formal agreement was established regularly provides the service to program participants.

**Frequency:** Required. For each supportive service selected, use the dropdown to indicate how often the service is provided to program participants. If two frequencies are equally common, select the interval that is most frequent, (e.g., both weekly and monthly are equally common– select weekly).

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

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

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

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

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

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

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

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

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

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

4a. **Has the staff person providing the technical assistance completed SOAR training in the past 24 months?** Required if "**Yes**" is selected for question 4. Select:

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

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

## TH Screen 4B. Housing Type and Location

This screen captures the number of Units and Beds for each housing type and location and should match the previously approved information for this project that is under grant agreement or grant agreement as

amended. If this is a renewal project that is being reduced due to reallocation, you can reduce the information on this screen due to the lower budget amount.

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

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

> **Total Units,** all **units** in the project, regardless of size.

> **Total Beds,** all **beds** in the project, regardless of unit configuration (e.g., a 2-bedroom unit serving a family of 2 children may have 3 beds – one for adult(s) and two for each child or may only have 2 beds if the 2 children will share a bed).

The summary table on the primary 4B screen aggregates the individual "**Housing Type and Location detail**" screens. To add a detail screen, select add ![add icon] 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 ![view icon]. To delete, select ![delete icon] .

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

   - **Barracks:** Individuals or families sleep in a large room with multiple beds.

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

   - **Shared housing**: Two or more unrelated people share a house or an apartment. Each unit must contain private space for each assisted family, plus common space for shared use by the residents of the unit. Projects cannot use zero or one-bedroom units for shared housing.

   - **Single Room Occupancy (SRO) units**: Individuals have private sleeping or living room which may contain a private kitchen and bath, or shared, dormitory style facilities.

   - **Clustered apartments**: Individuals or families have a self-contained housing unit located within a building or complex that houses both persons with special needs (e.g., persons formerly experiencing homelessness, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV) and persons without special needs.

   - **Scattered-site apartments (including efficiencies)**: Individuals or families have a self-contained apartment. Apartments are scattered throughout the community.

   - **Single family homes/townhouses/duplexes**: Individuals or families have a self-contained, single-family home, townhouse, or duplex that is located throughout the community.

2. **Indicate the maximum number of Units and Beds available for program participants at the selected housing site.** Required. For this type of housing, enter the total number of units and beds.

   - **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 requested in the budget, Part 6 in this guide, and the number of beds **should correlate** to the number and characteristics of persons that the project is expected to serve as recorded on Screens 5A and 5B.

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

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

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

# TH Part 5: Program Participants

## TH Screen 5A. Program participants - Persons and Households

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

The numbers entered for this table on Screen 5A. should match the previously approved information for this project that is under grant agreement or grant agreement as amended. If your renewal project is being reduced due to reallocation, you can reduce the numbers proportionally to match the lower budget amount.

| Households | Households with at Least One Adult & One Child* | Adult Households without Children | Households with Only Children | Total |
|---|---|---|---|---|
| **Total Number of Households** | Total number of households that include at least one adult who is 18 or older and one child who is under the age of 18 | Total number of households where everyone is 18 or older | Total number of households where everyone is under the age of 18 | This field automatically populates the total number of households entered on this row |
| **Characteristics** | | | | |
| **Persons over age 24*** | Number of all adults who are 24 years old and older for this household type | Number of all adults who are 24 years old and older for this household type | Does not apply for the household type | Total based on the numbers entered on this row |
| **Persons ages 18-24*** | Number of all youth who are between the ages of 18 and 24 for this household type | Number of all youth who are between the ages of 18 and 24 for this household type | Does not apply for this household type | Total based on the numbers entered on this row |
| **Accompanied Children under age 18** | Number of all children who are under the age of 18 for this household type | Does not apply for this household type | Number of all children who are under the age of 18 for this household type (children who are | Total based on the numbers entered on this row |

| | | | accompanied by a parent or legal guardian who is also under the age of 18) | |
|---|---|---|---|---|
| **Unaccompanied Children under age 18** | Does not apply for this household type | Does not apply for this household type | Numerical entry of all children not accompanied by an adult under the age of 18 | Total based on the numbers entered on this row |
| **Total Persons** | This field automatically populates the total number for this household type | This field automatically populates the total number for this household type | This field automatically populates the total number for this household type | This field automatically populates the total persons |

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

## TH Screen 5B. Program Participants - Subpopulations

The following table appears on this screen to capture the subpopulation information for the households entered on Screen 5A and are based on a single point in time. Referring to Screen 5A, for each household where numbers were entered, enter those numbers in the appropriate column for that section. You will only enter numbers in the categories where you entered numbers on Screen 5A and the numbers in this table must match the numbers from the table on Screen 5A.

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

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

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

**Persons in Households with at Least One Adult and One Child**

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/ AIDS | Mentally Ill | DV | Physical Disability | Develop-mental Disability | Persons Not Represented by a Listed Subpopulation |
|---|---|---|---|---|---|---|---|---|---|---|
| Persons over age 24 | | | | | | | | | | |
| Persons ages 18-24 | | | | | | | | | | |
| Children under age 18 | N/A | N/A | | | | | | | | |
| Total Persons | | | | | | | | | | |

**Persons in Households without Children**

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/ AIDS | Mentally Ill | DV | Physical Disability | Develop-mental Disability | Persons Not Represented by a Listed Subpopulation |
|---|---|---|---|---|---|---|---|---|---|---|
| Persons over age 24 | | | | | | | | | | |
| Persons ages 18-24 | | | | | | | | | | |
| Total Persons | | | | | | | | | | |

**Persons in Households with Only Children**

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/ AIDS | Mentally Ill | DV | Physical Disability | Develop-mental Disability | Persons Not Represented by a Listed Subpopulation |
|---|---|---|---|---|---|---|---|---|---|---|
| Accompanied Children under age 18 | N/A | N/A | | | | | | | | |
| Unaccompanied Children under age 18 | N/A | N/A | | | | | | | | |
| Total Persons | | | | | | | | | | |

## TH Part 6: Budgets

This section captures the budget information for the renewal project application. Funding requests must match the current grant agreement, grant agreement as amended, or budget reductions if the CoC is reducing funds through reallocation.

TH renewal project applications only have two BLIs that accept updates on individual budget screens.

- Leased Units (24 CFR 578.49); and

- Rental Assistance Units (24 CFR 578.51).

If changes are needed to the following BLIs, you can update the total BLI amounts on the **Summary Budget** table for the following:

- Leased Structures (24 CFR 578.49);

- Supportive Services (24 CFR 578.53);

- Operating (24 CFR 578.55);

- HMIS (24 CFR 578.57); and

- Administrative Costs (24 CFR 578.59).

**Budget Rules:** HUD requires your project to request and use funds for eligible costs as outlined in 24 CFR part 578 for each budget and will verify project expenditures during field office monitoring or OIG audits. Ineligible expenditures can result in monitoring or audit findings that could result in your project repaying HUD for those ineligible costs.

- You **cannot** make the following changes to your project application BLI(s) unless you have an executed grant agreement amendment, which will be used as a reference during the project application review process:

  o increase BLIs above the amount in your current grant agreement, or grant agreement as amended.

  o shift funds of 10 percent or more among BLIs (this includes moving funds to Administrative Costs; or

  o change the number or configuration of units on the Rental Assistance BLI.

- You **can** reduce BLI(s) as needed if your renewal project was reduced by the CoC through the reallocation process.

Finally, if your renewal project application is submitted with a reduced total budget, either through the reallocation process or due to an error, the project's total budget amount is permanently reduced and will be required to operate at the reduced amount.

## TH Screen 6A. Funding Request

This screen requests information if your renewal project intends to use indirect costs and the BLI(s) requesting renewal funds.

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:** A new project awarded construction, acquisition, or rehabilitation funds under the SHP Program (pre-FY 2012) has a 20-year use requirement while the CoC Program (FY 2012 and beyond) has a 15-year use requirement.

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. See Section V.B.3.j of the NOFO for additional information and select:

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

   **No**, your project will <u>not</u> use an indirect cost rate.

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

   - **Cognizant Agency** – if you have an approved indirect cost agreement, enter the name of the Cognizant Agency with whom you have the agreement (e.g., HUD, HHS), or if using the 10 percent de minimis enter "**NA**".

   - **Indirect Cost Rate** – enter one of the following if you:

     o have an approved indirect cost agreement, enter the rate percentage (e.g., 15 %) or

- o will use the 10 percent de minimis rate, enter 10 %.

- **Direct Cost Base** – enter the amount of your direct cost base for this application.

- **Date agreement approved or enter "NA" for use of 10 % de minimis rate** – if you have an approved indirect cost agreement, enter the date it was executed or if you are using the 10 percent de minimis rate enter "**NA**".

| Cognizant Agency | Indirect Cost Rate | Direct Cost Base | Date approved or enter "NA" if using 10 % de minimis rate |
|---|---|---|---|
| | % | $ | |

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

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

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

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

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

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

4. **Renewal Grant Term**: No action required. This field populates with "**1-Year**" and is read-only.

5. **Select the costs for which funding is requested:** Required. Check the box(s) for the Budget Line Items (BLIs) your project requests funds (see 24 CFR 578, Subpart D; Program Components and Eligible Costs and 24 CFR 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds). Selection must match your current grant agreement, or grant agreement as amended.

## TH Screen 6B. Leased Units Budget

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

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

- **Size of units**: No action required. These options are system generated. The size of units are in line with the **FMR tables**; however, for clarification, the "**0-bedroom**" unit listed in *e-snaps* is the "**efficiency**" unit size on the FMR table and the FMR table does not include SRO units for which the per unit rent is calculated at 75 percent of the efficiency rate.

- **Number of units**: Required. For each unit size, enter the number of units for which you are requesting funds.

- **FMR:** No action required. These fields populate with the FY 2021 FMRs based on the FMR area you selected.

- **HUD Paid Rent**: For each unit size, enter the rent to be paid with CoC Program funds. The amount entered cannot exceed the FMR amount under "**FMR Area**".

- **12 Months:** No action required. These fields are populated with the value 12 to calculate the annual rent request.

- **Total Request**: No action required. This column populates with the total calculated amount from each row.

- **Total Units and Annual Assistance Requested**: No action required. This column calculates based on the sum of the total requests per unit size per year.

- **Grant Term**: No action required. This field populates with "**1-Year**" and is read-only.

- **Total Request for Grant Term**: No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

## TH Screen 6C. Rental Assistance Budget

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

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

- PRA – project-based rental assistance where program participants must reside in housing provided through a contract with the owner of an existing structure whereby the owner agrees to lease subsidized units to program participants. Program participants may not retain their rental assistance if they relocate to a unit outside the project.

- SRA – sponsor-based rental assistance where program participants must reside in housing owned or leased by a sponsor organization and arranged through a contract between the recipient and the sponsor organization.

- TRA – tenant-based rental assistance where program participants select any appropriately sized unit within the CoC's geographic area, although recipients or subrecipients may restrict the location under certain circumstances to ensure the availability of the appropriate supportive services. Except for victims of domestic violence, program participants may not retain their rental assistance if they relocate to a unit outside the CoC's geographic area.

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

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

**Does the project applicant request rental assistance funding for less than the areas per unit size Fair Market Rents?** Required. Renewing rental assistance projects may request rental assistance at an amount less than FMR*. See Section III.J of the NOFO for information regarding FMR adjustments for project

applications that request FMR rental assistance versus project applications that request less than FMR. Select:

> **Yes,** if you are requesting rental assistance funds less than FMR.

> **No,** if you are requesting rental assistance funds at FMR.

> *\*You must ensure the amount of rental assistance requested below the published FMR is sufficient to cover all rental assistance costs as HUD cannot provide funds beyond what is awarded through the CoC Program Competition. Therefore, you should only use this option if your project consistently has remaining grant funds at the end of the operating year for several years. Because tenant contributions are not always consistent, you should carefully consider requesting a lower amount based solely on assumptions made around tenant contribution.*
>
> *Once you request less than the FMR (actual rent) you will be permitted to request up to the FMR in a future CoC Program Competition. However, should you wish to request up to the FMR in a future Competition, you will be required to demonstrate that the actual rental costs have gone up and the increased request back to the FMR is justified. If you moved the difference in funds from FMR to actual to create or increase other BLIs (e.g., Supportive Services), including Administrative Costs if your original grant was under 10 percent, you will be required to move the funds from other BLIs created or increased back to rental assistance.*

The **Rental Assistance Annual Budget** table accounts for the size of units, number of units being requested, FMR for each unit size, and HUD Paid Rent that is multiplied by 12 months to account for annual rent and summarized by row in the **Total Request** column. The number of units for each unit size on this table must match your current grant agreement, or grant agreement as amended. You cannot change the size and number of units through the project application (e.g., you cannot change from 3, 1-bedroom units to 2, 2-bedroom units or vice versa).

- **Size of units**: No action required. These options are system generated. The size of units are in line with the **FMR tables**; however, for clarification, the "**0-bedroom**" unit listed in *e-snaps* is the "**efficiency**" unit size on the FMR table and the FMR table does not include SRO units for which the per unit rent is calculated at 75 percent of the efficiency rate.

- **Number of units**: Required. For each unit size, enter the number of units for which funding is requested. This information must match the previously approved information for this project that is under grant agreement, or grant agreement as amended.

- **FMR**: No action required. These fields populate with the FY 2021 FMRs based on the FMR area you selected.

- **HUD Paid Rent**: Required if you selected "**Yes**" to the question above to indicate you are requesting rental assistance at an amount less than the FMR. For each unit size, enter the rent to be paid by CoC Program funds. The amount entered cannot exceed the FMR amount under "**FMR Area**".

- **12 Months**: No action required. These fields populate with the value 12 to calculate the annual rent request.

- **Total Request**: No action required. This column populates with the total calculated amount from each row.

- **Total Units and Annual Assistance Requested**: No action required. This column calculates based on the sum of the total requests per unit size per year.

- **Grant Term**: No action required. This field populates with "**1-Year**" and is read-only.

- **Total Request for Grant Term**: No action required. The total rental assistance request is based on the information entered on this screen.

## TH Screen 6D. Sources of Match

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

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

1. **Will this project generate program income described in 24 CFR 578.97 to use as Match for this project?** Required. Select:

   > **Yes,** if your project plans to use program income as match and complete the next two questions.

   > **No,** if your project will not use program income as match.

   **1a. Briefly describe the source of the program income.** Required if you selected "**Yes**" to question 1. Provide the source of program income with a brief description.

   **1b. Estimate the amount of program income that will be used as Match for this project.** Required if you selected "**Yes**" to question 1. Enter estimated amount.

Enter match information on this screen based on the current commitments at the time of project application submission that will apply to the grant term if selected for conditional award, not based on projections. Match contributions can be cash, in-kind, or a combination of both. Match must be no less than 25 percent of the total request, including Administration costs, but excluding Leasing costs (i.e., Leased Units and Leased Structures). If your match amount exceeds 25 percent, HUD expects you to produce the higher amount included in the project application if selected for conditional award.

**Example:** If the "**Total Assistance Requested**" for a TH project is $100,000 without leasing costs, then you must match funds of no less than $25,000.

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

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

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

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

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

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

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

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

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

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

## TH Screen 6E. Summary Budget

This screen summarizes the total funding request for the 1-year renewal project. All requested amounts must match the current grant agreement, or grant agreement as amended. The exception is if this renewal project was reduced through the reallocation process and will have a lower total budget. The total amounts are calculated by *e-snaps* when you select "**Save**".

The following fields can be updated:

- **Leased Structures;**

- **Supportive Services;**

- **Operating;**

- **HMIS; and**

- **Admin**; Enter the amount of requested administrative funds. You can only request up to 10 percent of the amount 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 Administrative Costs exceed 10 percent of the Sub-Total Costs Requested**". The error message will inform you of the maximum amount of administrative costs you can request, and you will need to update the **Admin.** amount.

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

# Safe Haven (SH) Renewal Project Applications

**RETURN to All Projects Part 2 through Part 8**

The following instructions apply to **Safe Haven (SH)** projects as stated in Section V.B.3.c of the FY 2021 CoC Program Competition (NOFO), so long as this project continues to operate this type of housing as identified in your most recently amended grant agreement signed before August 31, 2012.

## SH Part 3: Project Information

### SH Screen 3A. Project Detail

All questions 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 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.

2. **CoC Number and Name:** Required. Select the CoC Number and Name from the dropdown. **Selecting the correct CoC is critical**. The dropdown contains all CoCs that were registered in the FY 2021 CoC Program Registration process and 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:** You should only use the "**No CoC**" option in instances where a project is in a geographic area not claimed by any CoC or you are submitting a Solo Appeal.

3. **CoC Collaborative Applicant Name:** Required. Select the name of the Collaborative Applicant for the CoC you intend to submit the project application. The dropdown for this field is based on the CoC Number and Name selected above with the CoC's designated Collaborative Applicant's name that registered during the FY 2021 CoC Program Registration process.

4. **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.

5. **Project Status:** Required. This field defaults to the "**Standard**" option and should only be changed to "**Appeal**" if your organization will submit a Solo Appeal. If you select "**Appeal**," Screen 8A "**Notice of Intent to Appeal**" will appear on the left menu and you will need to complete additional information and include the attachment noted in the Solo Appeal process, see instructions for Screen 8A above.

6. **Component Type:** Required. Select "**SH**". See the **Safe Haven Fact Sheet** on the HUD Exchange the requirements of this component. This selection must match the previously approved information for this project that is under grant agreement, or grant agreement as amended.

7. **Will this project include replacement reserves in the Operating budget?** (*Attachment Requirement*) Select:

   **Yes**, if your project application has an Operating BLI and your organization intends to use some or all the operating funds towards replacement reserves and attach supporting documentation on screen 7A that includes:

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

**No**, if your organization does not intend to use operating funds as for replacement reserves.

## SH Screen 3B. Description

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

1.  **Provide a description that addresses the entire scope of the proposed project.** Required. Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used. The information in this description must align with the information entered in other screens of the application. Additionally, if the project will implement service participation requirements that are beyond what is typically included in a lease agreement, describe those requirements and how they will be implemented.

    **Note:** HUD recommends using more general data (e.g., this project will serve 10 persons over the term of the grant) rather than using specific dates (e.g., in CY 2022 this project will serve 10 persons) to reduce the need to change project descriptions for annual renewals.

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

    **Note**: SH projects <u>must</u> **s**elect the subpopulation focus of "**Mental Illness**" as this type of project can only serve hard-to-reach persons experiencing homelessness with severe mental illness who come primarily from the streets and have been unable or unwilling to participate in housing or supportive services.

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). See Section III.B.2.o of the NOFO for additional information. Any project application submitted as using a Housing First approach must continue operating as such during its FY 2021 grant term. This approach quickly connects individuals and families experiencing homelessness to permanent housing:

    - no barriers to entry (e.g., sobriety, treatment, or service participation requirements);

    - no preconditions (e.g., sobriety, income); and

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

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

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

    **3a. Does the project quickly move participants into permanent housing?** Required. Select:

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

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

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

**3b. Does the project enroll program participants who have the following barriers? Select all that apply.** Required. Checking the box next to each item listed confirms your project does not have the listed barriers for entering the project at the time of completing this application. If these barriers exist at the time of application, select "**None of the above**".

**3c. Does the project prevent program participant termination for the following reasons? Select all that apply**. Required. Checking the box next to each item listed confirms your project does not terminate program participants for the reasons listed at the time of completing this project application. If a program participant can be terminated from the project for any of these reasons at the time of application, select "**None of the above**".

**3d. Does the project follow a Housing First approach?** No action required. This question automatically populates based on the responses to questions 3a, 3b, and 3c.

**Yes**, is populated if you selected "**Yes**" for question 3a **and** checked all boxes or checked "**None of the above**" for questions 3b and 3c. This confirms the project will operate following a Housing First approach.

**No,** is populated if you selected "**No**" to question 3a **or** did not check all boxes or checked "**None of the above**" for questions 3b or 3c. This confirms the project will <u>not</u> operate following a Housing First approach.

Any project application with "**Yes**" for question 3d commits to and must operate following Housing First during its FY 2021 grant term.

# SH Part 4: Housing and Services

## SH Screen 4A. Supportive Services for Program Participants

The supportive services on this screen should match the previously approved services for this project that is under grant agreement, or grant agreement as amended.

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

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

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

- **"Applicant"** indicates your organization will provide the supportive service;

- **"Subrecipient"** indicates the subrecipient(s) listed on Screen 2A. Project Subrecipients will provide the service;

- **"Partner"** indicates an organization other than a subrecipient of CoC Program funds, but with whom a formal agreement or (MOU) was signed to provide the service; or

- **"Non-Partner"** indicates a specific organization with whom no formal agreement was established regularly provides the service to program participants.

**Frequency:** Required. For each supportive service selected, use the dropdown to indicate how often the service is provided to program participants. If two frequencies are equally common, select the interval that is most frequent, (e.g., both weekly and monthly are equally common– select weekly).

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

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

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

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

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

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

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

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

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

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

   **4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months?** Required if "**Yes**" is selected for question 4. Select:

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

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

## SH Screen 4B. Housing Type and Location

This screen captures the number of Units and Beds for each housing type and location and should match the previously approved information for this project that is under grant agreement or grant agreement as amended. If this is a renewal project that is being reduced due to reallocation, you can reduce the information on this screen due to the lower budget amount.

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

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

> **Total Units,** all **units** in the project, regardless of size.

> **Total Beds,** all **beds** in the project, regardless of unit configuration (e.g., a 2-bedroom unit serving a family of 2 children may have 3 beds – one for adult(s) and two for each child or may only have 2 beds if the 2 children will share a bed).

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

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

   - **Barracks:** Individuals or families sleep in a large room with multiple beds.

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

   - **Shared housing**: Two or more unrelated people share a house or an apartment. Each unit must contain private space for each assisted family, plus common space for shared use by the residents of the unit. Projects cannot use zero or one-bedroom units for shared housing.

   - **Single Room Occupancy (SRO) units**: Individuals have private sleeping or living room which may contain a private kitchen and bath, or shared, dormitory style facilities.

   - **Clustered apartments**: Individuals or families have a self-contained housing unit located within a building or complex that houses both persons with special needs (e.g., persons formerly experiencing homelessness, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV) and persons without special needs.

   - **Scattered-site apartments (including efficiencies)**: Individuals or families have a self-contained apartment. Apartments are scattered throughout the community.

   - **Single family homes/townhouses/duplexes**: Individuals or families have a self-contained, single-family home, townhouse, or duplex that is located throughout the community.

2. **Indicate the maximum number of Units and Beds available for program participants at the selected housing site.** Required. For this type of housing, enter the total number of units and beds.

   - **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 requested in the budget, Part 6 in this guide, and the number of beds **should correlate** to the number and characteristics of persons that the project is expected to serve as recorded on Screens 5A and 5B.

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

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

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

## SH Part 5: Program Participants

### SH Screen 5A. Program participants - Persons and Households

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

The numbers entered for this table on Screen 5A. should match the previously approved information for this project that is under grant agreement or grant agreement as amended. If your renewal project is being reduced due to reallocation, you can reduce the numbers proportionally to match the lower budget amount.

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

| Unaccompanied Children under age 18 | Does not apply for this household type | Does not apply for this household type | Numerical entry of all children not accompanied by an adult under the age of 18 | Total based on the numbers entered on this row |
|---|---|---|---|---|
| Total Persons | This field automatically populates the total number for this household type | This field automatically populates the total number for this household type | This field automatically populates the total number for this household type | This field automatically populates the total persons |

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

## SH Screen 5B. Program Participants - Subpopulations

The following table appears on this screen to capture the subpopulation information for the households entered on Screen 5A and are based on a single point in time. Referring to Screen 5A, for each household where numbers were entered, enter those numbers in the appropriate column for that section. You will only enter numbers in the categories where you entered numbers on Screen 5A and the numbers in this table <u>must</u> match the numbers from the table on Screen 5A.

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

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

- The numbers entered for the following columns ***cannot be duplicated*** within these three subpopulations:

  o **CH (Not Veterans)**–number of chronically homeless non-veterans which must match the number of beds entered for question "**2b. Beds**" on Screen 4B. Do not include chronically homeless veterans; or

  o **CH Veterans** –number of chronically homeless veterans, regardless of discharge reason; or

  o **Veterans (Not CH)**– number of veterans who do not meet the chronically homeless definition.

- The numbers entered for the following columns ***can be duplicated*** and should reflect the estimated subpopulations program participants fall under:

  o **Chronic Substance Abuse;**

  o **HIV/AIDS;**

  o **Mentally Ill;**

  o **Domestic Violence (DV),** includes survivors of human trafficking, sexual assault, stalking, and dating violence;

  o **Physical Disability;**

  o **Developmental Disability; and**

  o **Persons Not Represented by a Listed Subpopulation.** For this last item, you will be required to enter a description of program participants who fall into this category that will appear at the bottom of the table on this screen.

**Persons in Households with at Least One Adult and One Child**

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/ AIDS | Mentally Ill | DV | Physical Disability | Develop-mental Disability | Persons Not Represented by a Listed Subpopulation |
|---|---|---|---|---|---|---|---|---|---|---|
| Persons over age 24 | | | | | | | | | | |
| Persons ages 18-24 | | | | | | | | | | |
| Children under age 18 | | N/A | N/A | | | | | | | |
| Total Persons | | | | | | | | | | |

**Persons in Households without Children**

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/ AIDS | Mentally Ill | DV | Physical Disability | Develop-mental Disability | Persons Not Represented by a Listed Subpopulation |
|---|---|---|---|---|---|---|---|---|---|---|
| Persons over age 24 | | | | | | | | | | |
| Persons ages 18-24 | | | | | | | | | | |
| Total Persons | | | | | | | | | | |

**Persons in Households with Only Children**

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/ AIDS | Mentally Ill | DV | Physical Disability | Develop-mental Disability | Persons Not Represented by a Listed Subpopulation |
|---|---|---|---|---|---|---|---|---|---|---|
| Accompanied Children under age 18 | | N/A | N/A | | | | | | | |
| Unaccompanied Children under age 18 | | N/A | N/A | | | | | | | |
| Total Persons | | | | | | | | | | |

# SH Part 6: Budgets

This section captures the budget information for the renewal project application. Funding requests must match the current grant agreement, grant agreement as amended, or budget reductions if the CoC is reducing funds through reallocation.

SH renewal project applications only have two BLIs that accept updates on individual budget screens.

- Leased Units (24 CFR 578.49); and
- Rental Assistance Units (24 CFR 578.51).

If changes are needed to the following BLIs, you can update the total BLI amounts on the **Summary Budget** table for the following:

- Leased Structures (24 CFR 578.49);
- Supportive Services (24 CFR 578.53);
- Operating (24 CFR 578.55);
- HMIS (24 CFR 578.57); and
- Administrative Costs (24 CFR 578.59).

**Budget Rules:** HUD requires your project to request and use funds for eligible costs as outlined in 24 CFR part 578 for each budget and will verify project expenditures during field office monitoring or OIG audits. Ineligible expenditures can result in monitoring or audit findings that could result in your project repaying HUD for those ineligible costs.

- You **cannot** make the following changes to your project application BLI(s) unless you have an executed grant agreement amendment, which will be used as a reference during the project application review process:

  o increase BLIs above the amount in your current grant agreement, or grant agreement as amended.

  o shift funds of 10 percent or more among BLIs (this includes moving funds to Administrative Costs; or

  o change the number or configuration of units on the Rental Assistance BLI.

- You **can** reduce BLI(s) as needed if your renewal project was reduced by the CoC through the reallocation process.

Finally, if your renewal project application is submitted with a reduced total budget, either through the reallocation process or due to an error, the project's total budget amount is permanently reduced and will be required to operate at the reduced amount.

## SH Screen 6A. Funding Request

This screen requests information if your renewal project intends to use indirect costs and the BLI(s) requesting renewal funds.

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:** A new project awarded construction, acquisition, or rehabilitation funds under the SHP Program (pre-FY 2012) has a 20-year use requirement while the CoC Program (FY 2012 and beyond) has a 15-year use requirement.

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. See Section V.B.3.j of the NOFO for additional information and select:

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

   **No**, your project will <u>not</u> use an indirect cost rate.

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

   - **Cognizant Agency** – if you have an approved indirect cost agreement, enter the name of the Cognizant Agency with whom you have the agreement (e.g., HUD, HHS), or if using the 10 percent de minimis enter "**NA**".

   - **Indirect Cost Rate** – enter one of the following if you:

     o have an approved indirect cost agreement, enter the rate percentage (e.g., 15 %) or

  - o   will use the 10 percent de minimis rate, enter 10 %.

- **Direct Cost Base** – enter the amount of your direct cost base for this application.

- **Date agreement approved or enter "NA" for use of 10 % de minimis rate** – if you have an approved indirect cost agreement, enter the date it was executed or if you are using the 10 percent de minimis rate enter "**NA**".

| Cognizant Agency | Indirect Cost Rate | Direct Cost Base | Date approved or enter "NA" if using 10 % de minimis rate |
|---|---|---|---|
|  | % | $ |  |

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

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

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

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

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

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

4. **Renewal Grant Term**: No action required. This field populates with "**1-Year**" and is read-only.

5. **Select the costs for which funding is requested:** Required. Check the box(s) for the Budget Line Items (BLIs) your project requests funds (see 24 CFR 578, Subpart D; Program Components and Eligible Costs and 24 CFR 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds). Selection must match your current grant agreement, or grant agreement as amended.

## SH Screen 6B. Leased Units Budget

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

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

- **Size of units**: No action required. These options are system generated. The size of units are in line with the **FMR tables**; however, for clarification, the "**0-bedroom**" unit listed in *e-snaps* is the "**efficiency**" unit size on the FMR table and the FMR table does not include SRO units for which the per unit rent is calculated at 75 percent of the efficiency rate.

- **Number of units**: Required. For each unit size, enter the number of units for which you are requesting funds.

- **FMR:** No action required. These fields populate with the FY 2021 FMRs based on the FMR area you selected.

- **HUD Paid Rent**: For each unit size, enter the rent to be paid with CoC Program funds. The amount entered cannot exceed the FMR amount under "**FMR Area**".

- **12 Months:** No action required. These fields are populated with the value 12 to calculate the annual rent request.

- **Total Request**: No action required. This column populates with the total calculated amount from each row.

- **Total Units and Annual Assistance Requested**: No action required. This column calculates based on the sum of the total requests per unit size per year.

- **Grant Term**: No action required. This field populates with "**1-Year**" and is read-only.

- **Total Request for Grant Term**: No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

## SH Screen 6D. Sources of Match

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

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

1. **Will this project generate program income described in 24 CFR 578.97 to use as Match for this project?** Required. Select:

   **Yes,** if your project plans to use program income as match, complete the next two questions.

   **No,** if your project will not use program income as match.

   1a. **Briefly describe the source of the program income.** Required if you selected "**Yes**" to question 1. Provide the source of program income with a brief description.

   1b. **Estimate the amount of program income that will be used as Match for this project.** Required if you selected "**Yes**" to question 1. Enter estimated amount.

Enter match information on this screen based on the current commitments at the time of project application submission that will apply to the grant term if selected for conditional award, not based on projections. Match contributions can be cash, in-kind, or a combination of both. Match must be no less than 25 percent of the total request, including Administration costs, but excluding Leasing costs (i.e., Leased Units and Leased Structures). If your match amount exceeds 25 percent, HUD expects you to produce the higher amount included in the project application if selected for conditional award.

**Example:** If the "**Total Assistance Requested**" for an SH project is $100,000 without leasing costs, then you must match funds of no less than $25,000.

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

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

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

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

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

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

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

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

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

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

## SH Screen 6E. Summary Budget

This screen summarizes the total funding request for the 1-year renewal project. All requested amounts must match the current grant agreement, or grant agreement as amended. The exception is if this renewal project was reduced through the reallocation process and will have a lower total budget. The total amounts are calculated by *e-snaps* when you select "**Save**".

The following fields can be updated:

- **Leased Structures;**

- **Supportive Services;**

- **Operating;**

- **HMIS; and**

- **Admin**; Enter the amount of requested administrative funds. You can only request up to 10 percent of the amount 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 Administrative Costs exceed 10 percent of the Sub-Total Costs Requested**". The error message will inform you of the maximum amount of administrative costs you can request, and you will need to update the **Admin.** amount.

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

# Supportive Services (SSO) Renewal Project Applications

**RETURN to All Projects Part 2 through Part 8**

The following instructions apply to Supportive Services Only (SSO) projects in accordance with SSO requirements in 24 CFR 578.37(3).

# SSO Part 3: Project Information

## SSO Screen 3A. Project Detail

All questions 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 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.

2. **CoC Number and Name:** Required. Select the CoC Number and Name from the dropdown. **Selecting the correct CoC is critical**. The dropdown contains all CoCs that were registered in the FY 2021 CoC Program Registration process and 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:** You should only use the "**No CoC**" option in instances where a project is in a geographic area not claimed by any CoC or you are submitting a Solo Appeal.

3. **CoC Collaborative Applicant Name:** Required. Select the name of the Collaborative Applicant for the CoC you intend to submit the project application. The dropdown for this field is based on the CoC Number and Name selected above with the CoC's designated Collaborative Applicant's name that registered during the FY 2021 CoC Program Registration process.

4. **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.

5. **Project Status:** Required. This field defaults to the "**Standard**" option and should only be changed to "**Appeal**" if your organization will submit a Solo Appeal. If you select "**Appeal**," Screen 8A "**Notice of Intent to Appeal**" will appear on the left menu and you will need to complete additional information and include the attachment noted in the Solo Appeal process, see instructions for Screen 8A above.

6. **Component Type:** Required. Select "**SSO**". This selection must match the previously approved information for this project that is under grant agreement, or grant agreement as amended.

   6a. **Select the type of SSO project:** Required. Select the type of SSO project for this renewal project from the dropdown menu. As with component changes, you cannot change the type of supportive services (e.g., change from street outreach to coordinated entry) through the project application process.

   - **Street Outreach.** Offers services necessary to reach unsheltered homeless individuals and families to connect them with emergency shelter, housing, or critical services and provide urgent non-facility-based care to those who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.

   - **Housing Project or Housing Structure Specific.** Services provided in a structure, or structures, at one central site, or in multiple buildings at scattered sites where services are

delivered. The services provided are associated with housing outcomes and is not limited to serving program participants of one or more specific residential projects.

- **Coordinated Entry (CE).** Administers the CoC's centralized or coordinated entry process to coordinate assessment and referral of individuals and families seeking housing or services, including the use of a comprehensive and standardized assessment tool. See **CPD-17-01:** *Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System* (*Coordinated Entry Notice*) for full information and requirements. If your project is submitted as coordinated entry you must adhere to all requirements in the Rule and the *Coordinated Entry Notice*.

- **Stand-alone Supportive Services.** Addresses the special needs of program participants (e.g., childcare, employment assistance, transportation services) and has associated housing outcomes and is not limited to providing services from one or more housing-related projects.

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

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

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

   **No,** if your organization, or subrecipient, is <u>not</u> a victim service provider.

## SSO Screen 3B. Description

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

1. **Provide a description that addresses the entire scope of the proposed project.** Required. Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used. The information in this description must align with the information entered in other screens of the application.

   **Note:** <u>HUD recommends using more general data (e.g., this project will serve 10 persons over the term of the grant) rather than using specific dates (e.g., in CY 2022 this project will serve 10 persons) to reduce the need to change project descriptions for annual renewals.</u>

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

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). See Section III.B.2.o of the NOFO for additional information. Any project application submitted as using a Housing First approach must continue operating as such during its FY 2021 grant term. This approach quickly connects individuals and families experiencing homelessness to permanent housing:

   - no barriers to entry (e.g., sobriety, treatment, or service participation requirements);

- no preconditions (e.g., sobriety, income); and

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

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

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

**3a. Does the project quickly move participants into permanent housing?** Required. Select:

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

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

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

**3b. Does the project enroll program participants who have the following barriers? Select all that apply.** Required. Checking the box next to each item listed confirms your project does not have the listed barriers for entering the project at the time of completing this application. If these barriers exist at the time of application, select "**None of the above**".

**3c. Does the project prevent program participant termination for the following reasons? Select all that apply**. Required. Checking the box next to each item listed confirms your project does not terminate program participants for the reasons listed at the time of completing this project application. If a program participant can be terminated from the project for any of these reasons at the time of application, select "**None of the above**".

**3d. Does the project follow a Housing First approach?** No action required. This question automatically populates based on the responses to questions 3a, 3b, and 3c.

**Yes**, is populated if you selected "**Yes**" for question 3a **and** checked all boxes or checked "**None of the above**" for questions 3b and 3c. This confirms the project will operate following a Housing First approach.

**No,** is populated if you selected "**No**" to question 3a **or** did not check all boxes or checked "**None of the above**" for questions 3b or 3c. This confirms the project will not operate following a Housing First approach.

Any project application with "**Yes**" for question 3d commits to and must operate following Housing First during its FY 2021 grant term.

**The following set of questions will only be visible and must be completed if you selected Coordinated Entry to question 6a. on screen 3A.**

4. **As a renewal SSO-Coordinated Entry project update the following questions**. For requirements associated with these questions, refer to **Notice CPD-17-01:** *Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System.*

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

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

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

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

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

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

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

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

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

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

**No,** if the standardized assessment does <u>not</u> meet the criteria.

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

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

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

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

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

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

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

# SSO Part 4: Services

## SSO Screen 4A. Supportive Services for Program Participants

The supportive services on this screen should match the previously approved services for this project that is under grant agreement, or grant agreement as amended.

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

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

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

    - **"Applicant"** indicates your organization will provide the supportive service;

    - **"Subrecipient"** indicates the subrecipient(s) listed on Screen 2A. Project Subrecipients will provide the service;

    - **"Partner"** indicates an organization other than a subrecipient of CoC Program funds, but with whom a formal agreement or (MOU) was signed to provide the service; or

    - **"Non-Partner"** indicates a specific organization with whom no formal agreement was established regularly provides the service to program participants.

    **Frequency:** Required. For each supportive service selected, use the dropdown to indicate how often the service is provided to program participants. If two frequencies are equally common, select the interval that is most frequent, (e.g., both weekly and monthly are equally common– select weekly).

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

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

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

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

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

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

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

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

> **Yes,** if program participants have access to SSI/SSDI technical assistance. The assistance can be provided by your organization, a subrecipient, or a partner agency–through a formal or informal relationship.

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

4a. **Has the staff person providing the technical assistance completed SOAR training in the past 24 months?** Required if "**Yes**" is selected for question 4. Select:

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

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

## SSO Part 5: Program Participants

In Part 5 of the SSO application, HUD expects you to provide details regarding the program participants who will be served, including basic household and subpopulation data, as well as outreach data.

**Note:** If "**Coordinated Entry**" is selected, you are not required to complete this section and it will not appear.

## SSO Screen 5A. Program Participants - Persons and Households

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

The numbers entered for this table on Screen 5A. should match the previously approved information for this project that is under grant agreement or grant agreement as amended. If your renewal project is being reduced due to reallocation, you can reduce the numbers proportionally to match the lower budget amount.

| Households | Households with at Least One Adult & One Child* | Adult Households without Children | Households with Only Children | Total |
|---|---|---|---|---|
| **Total Number of Households** | Total number of households that include at least one adult who is 18 or older and one child who is under the age of 18 | Total number of households where everyone is 18 or older | Total number of households where everyone is under the age of 18 | This field automatically populates the total number of households entered on this row |
| **Characteristics** | | | | |
| **Persons over age 24*** | Number of all adults who are 24 years old and older for this household type | Number of all adults who are 24 years old and older for this household type | Does not apply for the household type | Total based on the numbers entered on this row |
| **Persons ages 18-24*** | Number of all youth who are between the ages of 18 and 24 for this household type | Number of all youth who are between the ages of 18 and 24 for this household type | Does not apply for this household type | Total based on the numbers entered on this row |
| **Accompanied Children under age 18** | Number of all children who are under the age of 18 for this household type | Does not apply for this household type | Number of all children who are under the age of 18 for this household type (children who are | Total based on the numbers entered on this row |

| | | | accompanied by a parent or legal guardian who is also under the age of 18) | |
|---|---|---|---|---|
| **Unaccompanied Children under age 18** | Does not apply for this household type | Does not apply for this household type | Numerical entry of all children not accompanied by an adult under the age of 18 | Total based on the numbers entered on this row |
| **Total Persons** | This field automatically populates the total number for this household type | This field automatically populates the total number for this household type | This field automatically populates the total number for this household type | This field automatically populates the total persons |

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

## SSO Screen 5B. Program Participants - Subpopulations

The following table appears on this screen to capture the subpopulation information for the households entered on Screen 5A and are based on a single point in time. Referring to Screen 5A, for each household where numbers were entered, enter those numbers in the appropriate column for that section. You will only enter numbers in the categories where you entered numbers on Screen 5A and the numbers in this table must match the numbers from the table on Screen 5A.

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

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

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

**Persons in Households with at Least One Adult and One Child**

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Mentally Ill | DV | Physical Disability | Develop-mental Disability | Persons Not Represented by a Listed Subpopulation |
|---|---|---|---|---|---|---|---|---|---|---|
| Persons over age 24 | | | | | | | | | | |
| Persons ages 18-24 | | | | | | | | | | |
| Children under age 18 | | N/A | N/A | | | | | | | |
| Total Persons | | | | | | | | | | |

**Persons in Households without Children**

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Mentally Ill | DV | Physical Disability | Develop-mental Disability | Persons Not Represented by a Listed Subpopulation |
|---|---|---|---|---|---|---|---|---|---|---|
| Persons over age 24 | | | | | | | | | | |
| Persons ages 18-24 | | | | | | | | | | |
| Total Persons | | | | | | | | | | |

**Persons in Households with Only Children**

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | HIV/AIDS | Mentally Ill | DV | Physical Disability | Develop-mental Disability | Persons Not Represented by a Listed Subpopulation |
|---|---|---|---|---|---|---|---|---|---|---|
| Accompanied Children under age 18 | | N/A | N/A | | | | | | | |
| Unaccompanied Children under age 18 | | N/A | N/A | | | | | | | |
| Total Persons | | | | | | | | | | |

## SSO Part 6: Budgets

This section captures the budget information for the renewal project application. Funding requests must match the current grant agreement, grant agreement as amended, or budget reductions if the CoC is reducing funds through reallocation.

SSO renewal project applications are not required to update individual detailed budget screens. If changes are needed to the following BLIs, you can update the total BLI amounts on the **Summary Budget** table for the following:

- Leased Structures (24 CFR 578.49);

- Supportive Services (24 CFR 578.53);

- HMIS (24 CFR 578.57); and

- Administrative Costs (24 CFR 578.59).

**Budget Rules**: HUD requires your project to request and use funds for eligible costs as outlined in 24 CFR part 578 for each budget and will verify project expenditures during field office monitoring or OIG audits. Ineligible expenditures can result in monitoring or audit findings that could result in your project repaying HUD for those ineligible costs.

- You **cannot** make the following changes to your project application BLI(s) unless you have an executed grant agreement amendment, which will be used as a reference during the project application review process:

  o increase BLIs above the amount in your current grant agreement, or grant agreement as amended.

  o shift funds of 10 percent or more among BLIs (this includes moving funds to Administrative Costs; or

  o change the number or configuration of units on the Rental Assistance BLI.

- You **can** reduce BLI(s) as needed if your renewal project was reduced by the CoC through the reallocation process.

Finally, if your renewal project application is submitted with a reduced total budget, either through the reallocation process or due to an error, the project's total budget amount is permanently reduced and will be required to operate at the reduced amount.

## SSO Screen 6A. Funding Request

This screen requests information if your renewal project intends to use indirect costs and the BLI(s) requesting renewal funds.

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:** A new project awarded construction, acquisition, or rehabilitation funds under the SHP Program (pre-FY 2012) has a 20-year use requirement while the CoC Program (FY 2012 and beyond) has a 15-year use requirement.

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. See Section V.B.3.j of the NOFO for additional information and select:

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

   **No**, your project will <u>not</u> use an indirect cost rate.

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

   - **Cognizant Agency** – if you have an approved indirect cost agreement, enter the name of the Cognizant Agency with whom you have the agreement (e.g., HUD, HHS), or if using the 10 percent de minimis enter "**NA**".

   - **Indirect Cost Rate** – enter one of the following if you:

     o have an approved indirect cost agreement, enter the rate percentage (e.g., 15 %) or

     o will use the 10 percent de minimis rate, enter 10 %.

   - **Direct Cost Base** – enter the amount of your direct cost base for this application.

- **Date agreement approved or enter "NA" for use of 10 % de minimis rate** – if you have an approved indirect cost agreement, enter the date it was executed or if you are using the 10 percent de minimis rate enter "**NA**".

| Cognizant Agency | Indirect Cost Rate | Direct Cost Base | Date approved or enter "NA" if using 10 % de minimis rate |
|---|---|---|---|
| | % | $ | |

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

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

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

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

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

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

4. **Renewal Grant Term**: No action required. This field populates with "**1-Year**" and is read-only.

5. **Select the costs for which funding is requested:** Required. Check the box(s) for the Budget Line Items (BLIs) your project requests funds (see 24 CFR 578, Subpart D; Program Components and Eligible Costs and 24 CFR 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds). Selection must match your current grant agreement, or grant agreement as amended.

## SSO Screen 6D. Sources of Match

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

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

1. **Will this project generate program income described in 24 CFR 578.97 to use as Match for this project?** Required. Select:

**Yes,** if your project plans to use program income as match and complete the next two questions.

**No,** if your project will not use program income as match.

**1a. Briefly describe the source of the program income.** Required if you selected "**Yes**" to question 1. Provide the source of program income with a brief description.

**1b. Estimate the amount of program income that will be used as Match for this project.** Required if you selected "**Yes**" to question 1. Enter estimated amount.

Enter match information on this screen based on the current commitments at the time of project application submission that will apply to the grant term if selected for conditional award, not based on projections. Match contributions can be cash, in-kind, or a combination of both. Match must be no less than 25 percent of the total request, including Administrative costs. If your match amount exceeds 25 percent, HUD expects you to produce the higher amount in the project application if selected for conditional award.

**Example:** If the **"Total Assistance Requested"** for a SSO project is $100,000, then you must match funds no less than $25,000.

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

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

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

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

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

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

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

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

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

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

## SSO Screen 6E. Summary Budget

This screen summarizes the total funding request for the 1-year renewal project. All requested amounts must match the current grant agreement, or grant agreement as amended. The exception is if this renewal project was reduced through the reallocation process and will have a lower total budget. The total amounts are calculated by *e-snaps* when you select "**Save**".

The following fields can be updated:

- **Supportive Services;**

- **HMIS; and**

- **Admin**; Enter the amount of requested administrative funds. You can only request up to 10 percent of the amount 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 Administrative Costs exceed 10 percent of the Sub-Total Costs Requested**". The error message will inform you of the maximum amount of administrative costs you can request, and you will need to update the **Admin.** amount.

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

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

The following instructions apply to dedicated **Homeless Management Information Systems (HMIS)** projects in accordance with **HMIS** requirements in 24 CFR 578.37(4). Dedicated HMIS projects can only be carried out by the HMIS Lead, which is the recipient or subrecipient of an HMIS grant, and that is listed on the HMIS Lead form in the CoC Applicant Profile in *e-snaps*.

## HMIS Part 3: Project Information

### HMIS Screen 3A. Project Detail

All questions 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 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.

2. **CoC Number and Name:** Required. Select the CoC Number and Name from the dropdown. **Selecting the correct CoC is critical**. The dropdown contains all CoCs that were registered in the FY 2021 CoC Program Registration process and 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:** You should only use the "**No CoC**" option in instances where a project is in a geographic area not claimed by any CoC or you are submitting a Solo Appeal.

3. **CoC Collaborative Applicant Name:** Required. Select the name of the Collaborative Applicant for the CoC you intend to submit the project application. The dropdown for this field is based on the CoC Number and Name selected above with the CoC's designated Collaborative Applicant's name that registered during the FY 2021 CoC Program Registration process.

4. **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.

5. **Project Status:** Required. This field defaults to the "**Standard**" option and should only be changed to "**Appeal**" if your organization will submit a Solo Appeal. If you select "**Appeal**," Screen 8A "**Notice of Intent to Appeal**" will appear on the left menu and you will need to complete additional information and include the attachment noted in the Solo Appeal process, see instructions for Screen 8A above.

6. **Component Type:** Required. Select "**HMIS**". This selection must match the previously approved information for this project that is under grant agreement, or grant agreement as amended.

### HMIS Screen 3B. Description

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

1. **Provide a description that addresses the entire scope of the proposed project.** Required. Provide a detailed description of the scope of the project including the community needs, the design and implementation of the HMIS system, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used. The information you provide in this narrative must align with the information entered in other screens of the application.

**Note:** HUD recommends using more general data (e.g., this project provides "X" number of users with user training and assistance during the grant term), rather than using specific dates (e.g., in CY 2022 this project provides "X" number of users with user training and assistance) to reduce the need to change project descriptions for annual renewals.

# HMIS Part 4: Implementation of HMIS

## HMIS Screen 4A. HMIS Standards

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

**HMIS Universal Data Elements**

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

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

   **Yes,** if the HMIS collects all required UDEs.

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

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

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

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

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

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

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

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

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

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

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

   **Yes,** the HMIS can unduplicate client records.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# HMIS Part 6: Budgets

This section captures the budget information for the renewal project application. Funding requests must match the current grant agreement, grant agreement as amended, or budget reductions if the CoC is reducing funds through reallocation.

HMIS renewal project applications are not required to update individual detailed budget screens. If changes are needed to the following BLIs, you can update the total BLI amounts on the **Summary Budget** table for the following:

- HMIS (24 CFR 578.57); and

- Administrative Costs (24 CFR 578.59).

**Budget Rules:** HUD requires your project to request and use funds for eligible costs as outlined in 24 CFR part 578 for each budget and will verify project expenditures during field office monitoring or OIG audits. Ineligible expenditures can result in monitoring or audit findings that could result in your project repaying HUD for those ineligible costs.

- You **cannot** make the following changes to your project application BLI(s) unless you have an executed grant agreement amendment, which will be used as a reference during the project application review process:

  o increase BLIs above the amount in your current grant agreement, or grant agreement as amended. or

  o shift funds of 10 percent or more among BLIs (this includes moving funds to Administrative Costs;

- You **can** reduce BLI(s) as needed if your renewal project was reduced by the CoC through the reallocation process.

Finally, if your renewal project application is submitted with a reduced total budget, either through the reallocation process or due to an error, the project's total budget amount is permanently reduced and will be required to operate at the reduced amount.

## HMIS Screen 6A. Funding Request

This screen requests information if your renewal project intends to use indirect costs and the BLI(s) requesting renewal funds.

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. See Section V.B.3.j of the NOFO for additional information and select:

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

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

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

- **Cognizant Agency** – if you have an approved indirect cost agreement, enter the name of the Cognizant Agency with whom you have the agreement (e.g., HUD, HHS), or if using the 10 percent de minimis enter "**NA**".

- **Indirect Cost Rate** – enter one of the following if you:

    o have an approved indirect cost agreement, enter the rate percentage (e.g., 15 %) or

    o will use the 10 percent de minimis rate, enter 10 %.

- **Direct Cost Base** – enter the amount of your direct cost base for this application.

- **Date agreement approved or enter "NA" for use of 10 % de minimis rate** – if you have an approved indirect cost agreement, enter the date it was executed or if you are using the 10 percent de minimis rate enter "**NA**".

| Cognizant Agency | Indirect Cost Rate | Direct Cost Base | Date approved or enter "NA" if using 10 % de minimis rate |
|---|---|---|---|
|  | % | $ |  |

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

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

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

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

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

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

4. **Renewal Grant Term**: No action required. This field populates with "**1-Year**" and is read-only.

5. **Select the costs for which funding is requested:** Required. Check the box(s) for the Budget Line Items (BLIs) your project requests funds (see 24 CFR 578, Subpart D; Program Components and Eligible Costs and 24 CFR 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds). <u>Selection must match your current grant agreement, or grant agreement as amended</u>.

## HMIS Screen 6D. Sources of Match

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

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

1. **Will this project generate program income described in 24 CFR 578.97 to use as Match for this project?** Required. Select:

    **Yes,** if your project plans to use program income as match and complete the next two questions.

    **No,** if your project will <u>not</u> use program income as match.

    **1a. Briefly describe the source of the program income.** Required if you selected "**Yes**" to question 1. Provide the source of program income with a brief description.

**1b. Estimate the amount of program income that will be used as Match for this project.**
Required if you selected "**Yes**" to question 1. Enter estimated amount.

Enter match information on this screen based on the current commitments at the time of project application submission that will apply to the grant term if selected for conditional award, not based on projections. Match contributions can be cash, in-kind, or a combination of both. Match must be no less than 25 percent of the total request, including Administrative costs. If your match amount exceeds 25 percent, HUD expects you to produce the higher amount in the project application if selected for conditional award.

**Example:** If the **"Total Assistance Requested"** for a HMIS project is $100,000, then you must match funds no less than $25,000.

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

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

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

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

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

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

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

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

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

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

## HMIS Screen 6E. Summary Budget

This screen summarizes the total funding request for the 1-year renewal project. All requested amounts must match the current grant agreement, or grant agreement as amended. The exception is if this renewal project was reduced through the reallocation process and will have a lower total budget. The total amounts are calculated by *e-snaps* when you select "**Save**".

The following fields can be updated:

- **HMIS; and**
- **Admin.** Enter the amount of requested administrative funds. You can only request up to 10 percent of the amount 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 Administrative Costs exceed 10**

**percent of the Sub-Total Costs Requested**". The error message will inform you of the maximum amount of administrative costs you can request, and you will need to update the **Admin.** amount.

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