

# CoC YHDP Replacement Project Application Detailed Instructions

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**Fiscal Year 2022 CoC Program Competition**



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

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# FY 2022 CoC Program YHDP Replacement Detailed Instructions

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## Introduction

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This document provides detailed instructions for organizations completing the Fiscal Year (FY) 2022 Continuum of Care (CoC) Program YHDP Replacement Project Applications for funding available through the Notice of Funding Opportunity (NOFO). Through this NOFO, HUD will award funding to communities to implement coordinated approaches -- grounded in Housing First and public health principles -- to reduce the prevalence of homelessness, and improve services engagement, health outcomes, and housing stability among highly vulnerable individuals and families. HUD expects applicant communities to partner with health and housing agencies to leverage mainstream housing and healthcare resources as authorized by section 231 of the Department of Housing and Urban Development Appropriations Act, 2020 (42 U.S.C. 11364a; Public Law 116-94, approved December 20, 2019).

These instructions provide information for each question within renewal project applications in the electronic grants management system called *e-snaps*. Additional CoC Program guides and resources are located on The Department of Housing and Urban Development's [\(HUD\) website](#), including technical resources such as [How to Access the Project Application](#) and an *e-snaps* technical walkthrough.

Submission of a YHDP Replacement project application indicates your organization determined it wants the ability to provide non-CoC Program eligible housing and services to eligible youth experiencing homelessness. All YHDP Replacement project applications are limited to the one-year renewal amount of the eligible YHDP renewal. Your YHDP Replacement project application cannot exceed the one-year annual renewal amount (ARA).

The following documents provide information regarding CoC Program requirements for all projects awarded in this NOFO:

- [FY 2022 CoC Program Competition NOFO \(NOFO\)\\*](#)
- [24 CFR part 578 \(the Rule\)](#);
- [The McKinney-Vento Act, as amended by the HEARTH Act \(the Act\)](#); and
- [Local CoC Program policy guidelines for submitting YHDP Replacement project applications to the CoC or its designated committee or subcommittee.](#)

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

The following items provide information that will be helpful as you complete your project applications.

**Note:** not all items will be immediately available, but keep checking HUD's website and sign up for the listserv to be notified when items are available:

- Questions regarding information in these instructions may be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@hud.gov); however, HUD cannot assist you with answering specific application questions.
- Questions related to *e-snaps* functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to [e-snaps@hud.gov](mailto:e-snaps@hud.gov).
- [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.

**HUD has modified the project application in *e-snaps* to conform to the requirements for YHDP Replacement project applications. Even with these modifications, there are certain questions within the FY2022 YHDP Replacement application for which special instructions are given within these**

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**instructions. Any special YHDP instructions are highlighted in **YELLOW** for the separate project types.**

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

- Parts 1 and 2 are the same regardless of the project type.
- The visibility of *e-snaps* screens and questions for Part 3 through Part 6 are dependent on the project types as listed below following eligible YHDP replacement project types:
  - **Permanent Supportive Housing (PH-PSH);**
  - **Rapid Re-Housing (PH-RRH);**
  - **Joint Transitional Housing and Permanent Housing-Rapid Re-Housing (Joint TH and PH-RRH);**
  - **Transitional Housing (TH);**
  - **Supportive Services Only (SSO)–including SSO Coordinated Entry (CE); and**
  - **Homeless Management Information Systems (HMIS).**
- Parts 7 and 8 are the same regardless of the project type.

### **Important Reminders**

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- 1. HUD cannot correct project application errors.** Your project application must demonstrate compliance with the Rule and NOFO and you are responsible for submitting a project under the appropriate type and funding stream according to the FY 2022 NOFO and 24 CFR part 578 (except as otherwise provided in the NOFO).
- 2. HUD Forms and Certifications:** Required forms are included in *e-snaps* project application and must be completed before you will have access to the YHDP Replacement project application: If your organization has multiple CoC Program project applications, functionality was built into the HUD-2880 in the **Project Applicant Profile** so you only need to fill out the form's questions once for the **combined total** amount for all project applications being submitted.
- 3. System for Award Management (SAM) Registration.** Your organization must have an active SAM registration at time of project application submission and conditional award. The SAM registration must be renewed annually so long as you receive CoC Program funds. HUD verifies that your organization has an active SAM registration prior to release of awarded funds, if conditionally selected for award, and will withhold processing funds if your organization's SAM registration has expired. You must also confirm your organization's Employer/Tax Identification Number (TIN) and Unique Entity Identifier (UEI/SAM) information is correct in both SAM.gov and the *e-snaps* Project Applicant Profile.
- 4. You have access to every *e-snaps* screen.** Under the YHDP funding opportunity, you can view every screen in *e-snaps* regardless of the component type chosen. This allows for flexibility in projects and budgets. Therefore, you must follow these instructions to determine which questions are required for the component type chosen for your project as not all apply to each component. For example, **HMIS** dedicated projects do not have housing units/beds, however, those projects will have access to that screen (**4B. Housing Detail**). It is critical you read the detailed instructions to determine how to proceed through your application.

## Project Applicant Profile

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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


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

## Basic Instructions to Access a Project Applicant Profile

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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).

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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

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

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

1. **Type of Submission.** No action required.
2. **Type of Application.** No action required as this selection was made when you 'registered' and created the project application in the **Funding Opportunity**. The six *e-snaps* Funding Opportunities include:
  - **Renewal Project Application**
  - **New Project Application**
  - **YHDP Renewal Project Application**
  - **YHDP Replacement Project Application**
  - **CoC Planning Project Application**
  - **UFA Costs Project Application**

If the field is incorrect, return to the *e-snaps* Funding Opportunity screen and create another project application using the correct Funding Opportunity. For instructions for 'registering' an *e-snaps* Funding Opportunity refer to the guide [How to Access the Project Application](#).

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

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

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

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

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

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

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

- 9. Type of Applicant.** No action required. Eligible CoC project applicants include nonprofits, state, local governments, instrumentalities of state or local government, Indian Tribes, and Tribally Designated Housing Entities (TDHEs), as defined in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103), and Public Housing Agencies (PHAs) as such terms are defined in 24 CFR 5.100.
- 10. Name of Federal Agency.** No action required.
- 11. Catalog of Federal Domestic Assistance (CFDA) Title.** No action required.
- 12. Funding Opportunity Number.** No action required.
  - Funding Opportunity Title.** No action required.
- 13. Competition Identification Number.** Not applicable.
  - Competition Identification Title.** Not applicable.

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

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

- 14. Area(s) affected by the project (State(s) only).** Required. Indicate the state(s) where the project will operate and serve persons experiencing homelessness as defined by 24 CFR 578.3.
- 15. Descriptive Title of Applicant’s Project.** No action required. This field populates with the name entered when you created the project from the “**Projects**” screens in *e-snaps*. To change the name, exit the application, go back to “**Projects**” on the left main menu, identify the correct project on the list of projects, open the project and edit the name. Once the application is reopened from the “**Submissions**” screen, the updated project name will appear.
- 16. Congressional District(s).** No action required. HUD uses the district(s) selected here to report required project data and award amounts to members of Congress. For help locating the correct congressional district go to: <https://www.govtrack.us/congress/members/map>.
  - 16a. Applicant.** No action required. The congressional district(s) listed here populate from the **Project Applicant Profile**.
  - 16b. Project.** Required. Select The congressional district(s) in which the proposed project is expected to operate.
- 17. Proposed project.** Required. Enter the proposed start date and end date of the project. For a project with a 1-year term, you should enter a start date in Calendar Year (CY) 2023 and an end date in CY 2024 (e.g., start date 4/1/2023 and end date 3/31/2024).
- 18. Estimate funding (\$).** No action required. The requested funding amount will be identified on the “**Summary Budget**” screen of this project application.

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### 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 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 CoC Program Competition application deadline for funding consideration.
- b. indicates your organization is located within a state(s) that has chosen not to participate in EO 12372 or this project application has not been selected for review by the state(s); therefore, this CoC project application is not applicable in your state(s).
- 20. Delinquent debt.** Required. On Screen 1E, select “Yes” or “No” to indicate whether your organization owes debt to any federal agency. Consistent with 31 U.S.C. 3720B and 28 U.S.C. 3201(e), if your organization has an outstanding federal debt, it is not eligible to receive HUD funds, unless one of the following applies:
- a negotiated repayment schedule is established, and the repayment schedule is not delinquent; or
  - other arrangements satisfactory to HUD are made prior to HUD awarding funds.

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

### Screen 1F. SF-424 Declaration

**On Screen 1F, you must click the checkbox next to the “I agree” statement.** All fields are read-only and populate from the **Authorized Representative** listed in the **Project Applicant Profile**. By checking the box, you agree to all terms and conditions associated with this funding request and certify that the data and content in the project application (including all attachments) are true and correct. Screen 1F must identify the person authorized to act for your organization and assume the obligations imposed by all federal laws, program regulations, NOFO requirements, and conditions for a conditional grant award.

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

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

The Form HUD-2880 uses federal terminology that does not clearly match terminology used for the CoC Program and project applications. For CoC Program purposes, HUD is clarifying the meaning of “**specific project or activity**” and “**this application**” in Part 1 of the HUD-2880, questions 1 and 2. The legal requirements of the HUD-2880 as related to the CoC Program mean: any single organization/applicant equals one application for all accumulated project applications; regardless of how many individual project



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applications are submitted in the 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 CoC Program Competition. For example, if organization XYZ is submitting three separate project applications at \$100,000 each for a total amount of \$300,000; then an answer of “Yes” is required in Part 1 question 2 of the HUD-2880—as organization XYZ expects to receive assistance in excess of \$200,000. Since the total amount of funds requested by your organization exceeds \$200,000 for all project applications submitted, you must complete Parts II and III of the HUD-2880.

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

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

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

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

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

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

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

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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 *e-snaps*. You must certify in both the Project Applicant Profile and the project application that the information provided is accurate and complete.

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

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The Form HUD-50070 populates information from the **Project Applicant Profile** and relevant data from the FY 2022 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 information on this form is inaccurate, see page 5 above for the **Basic Instructions to Access a Project Applicant Profile.**

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

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Per 2 CFR part 200, all federal agencies must require submission of the Certification Regarding Lobbying form, which populates information from the **Project Applicant Profile** and relevant data from the FY 2022 project application. This form clarifies which organizations must select “**Yes**” on the next screen for the SF-LLL: Disclosure of Lobbying Activities form. **You must read and certify by checking the box toward the bottom of the screen.** Confirm the “**Authorized Representative**” information is accurate. If information on this form is inaccurate, see page 5 above for the **Basic Instructions to Access a Project Applicant Profile.**

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

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The **SF-LLL** populates information from the **Project Applicant Profile** and relevant data from the FY 2022 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 page 5 for **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

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




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

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

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

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

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

You must identify the following information for each subrecipient:

- a. **Organization Name;**
- b. **Organization Type** (nonprofit documentation must be uploaded to the Attachment Screen 7A if applicable);
- c. **Employer or Tax Identification Number;**
- d. **Organization’s Physical Address;**
- e. **Organization’s Congressional District(s);**
- f. **Is the subrecipient a faith-based organization;**
- g. **Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?**
- h. **Expected Subaward Amount;** and
- i. **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.

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

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

- 1. Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.** Required. Describe your organization, subrecipient(s) if applicable, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) have successfully utilized federal funds in other projects. Provide examples that illustrate experience such as:
  - (a) working with and addressing the target population(s) identified housing and supportive service needs;
  - (b) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation;
  - (c) identifying and securing matching funds from a variety of sources; and
  - (d) managing basic organization operations including financial accounting systems.
- 2. Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.** Required. Include experience with leveraging all federal, state, local and private sector funds. If your organization has no experience leveraging other funds, include the phrase "No experience leveraging other federal, state, local, or private sector funds."
- 3. Describe your organization's (and subrecipient(s) if applicable) financial management structure.** Required. Include how your organization has a functioning accounting system that is operated in accordance with generally accepted accounting principles or has designated a fiscal agent that will maintain a functioning accounting system for your organization in accordance with generally accepted accounting principles. If your project application includes a subrecipient(s), include the subrecipient(s) fiscal control and accounting procedures to assure proper dispersal of and accounting for federal funds in accordance with the requirements of 2 CFR part 200.
- 4. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization?** Required. Select:
  - Yes**, your organization has unresolved HUD Monitoring **or** OIG Audit findings
  - No**, there are no unresolved HUD Monitoring **or** OIG Audit findings. The HUD monitoring or OIG audit findings are not limited to just CoC Program funds, but to any funds that are in use from other HUD programs, (e.g., HOPWA, ESG).**4a. Describe the unresolved monitoring or audit findings.** If "Yes" was selected for question 4, provide a detailed explanation as to why the monitoring or audit finding(s) remain unresolved and the steps that have or will be taken towards resolution (e.g., responded to the HUD letter, but no final determination received).

## All Projects Part 3: Project Information

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### All Projects Screen 3A. Project Detail

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

- 1. CoC Number and Name:** Required. Select the CoC Number and Name from the dropdown. **Selecting the correct CoC is critical.** The dropdown contains all CoCs that were registered in the FY 2022 CoC Program Registration process and are listed according to the CoC Number (e.g., NE-

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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.

2. **CoC Collaborative Applicant Name:** Required. Select the name of the Collaborative Applicant for the CoC you intend to submit the project application. The dropdown for this field is based on the CoC Number and Name selected above with the CoC’s designated Collaborative Applicant’s name that registered during the FY 2022 CoC Program Registration process.
3. **Project Name:** No action required. This field populates from the *e-snaps* “**Project**” screens and is read-only. If the project name is incorrect, exit the project application screens and open the *e-snaps* “**Project**” screens by selecting “**Projects**” from the left menu to correct the information.
4. **Project Status:** Required. This field defaults to the “**Standard**” option and should not be changed.
5. **Component Type:** Required. Select the component type for this YHDP Replacement project application:
  - **PH;**
    - 5a. **Select the type of PH project (Will only appear if PH selected as a component type):** Required. Select “**PSH**” or “**RRH**” for the type of PH project for this YHPD Replacement application.
  - **TH;**
  - **Joint TH and PH-RRH;**
  - **HMIS;** or
  - **SSO;**
    - 5a. **Select the type of SSO project (Will only appear if SSO selected as a component type):** Required. Select the type of Supportive Services Only type you are requesting from the dropdown menu for this YHPD Replacement project:
      - **Street Outreach.** Offers services necessary to reach unsheltered homeless youth 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 youth seeking housing or services, including the use of a comprehensive and standardized assessment tool. See [CPD-17-01: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System](#) (*Coordinated Entry Notice*) for full information and requirements. If your project is submitted as coordinated entry you must adhere to all requirements in the Rule and *Coordinated Entry Notice*
      - **Stand-alone Supportive Services.** Addresses the special needs of program participants (e.g. childcare, employment assistance, transportation services), has associated housing

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outcomes, and is not limited to providing services from one or more housing-related project.

- **Host Homes & Kinship Care** –. This selection should only be made if your organization will request funds for host homes/kinship care.

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

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

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

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

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

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

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

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

**JOINT TH and PH-RRH:** 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, supporting documentation must be attached on screen 7A.

**8. Is this YHDP Replacement application requesting to replace an eligible YHDP renewal project that was awarded to the same recipient? (*Attachment Requirement*)** Required. Select:

**Yes**, if your organization is submitting a YHDP Replacement project application to serve homeless youth through housing and services activities based on the exceptions to 24 CFR part 578 as stated in the NOFO.

**No**, if this YHDP Replacement project application is not requesting the ability to provide housing and services based on the exceptions to 24 CFR part 578 as stated in the NOFO.

If “**No**” is selected, you are using the wrong application to submit a YHDP project. This application is **only** for YHDP Replacement projects. YHDP Renewals have their own funding opportunity in *e-snaps* and detailed instructions. If you want to submit a new YHDP project application for your organization, you must work with your CoC if it applies for and receives funding through the next YHDP NOFO when it becomes available.

**8a. List the YHDP project being replaced:** Required. If “**Yes**” to question 8, Only one YHDP project can be entered in the table.

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Full Grant Number	YHDP Community	Operating Start Date	Expiration Date	Component Type	Project Name	Special YHDP Activity
Enter the full grant number of the YHDP project being replaced (e.g., CA0001L5F012003)	Enter the YHDP Community the Renewal project is from.	Enter the date for “ <b>POP Start</b> ” from eLOCCS	Enter the date for “ <b>POP End</b> ” from eLOCCS	Select the expiring renewal component (e.g., TH)	Enter the Project Name for this grant number.	Enter Yes or No if YHDP Renewal had a Special YHDP Activity

**IMPORTANT:** For all YHDP projects listed in the table, attach a copy of the approved project application(s) on Screen “**7A Attachments**” (e.g., if the expiring project was funded in the FY 2021 CoC Program Competition, attach a copy of the FY 2021 project application.

**8b. Provide a description that addresses the scope of the proposed YHDP Replacement during the first year of operation and why the YHDP Renewal is being replaced.** Required. If “Yes” is selected in question 8, provide the following:

- A brief description of the scope of the project and how it differs from the previous YHDP project; and
- The reason why the YHDP project is being replaced with a YHDP Replacement project.

**8c. Please describe special activities attached to the original YHDP Renewal project being replaced and if you plan to reapply for the same special activities or new special activities.** Required. If the YHDP Renewal being replaced had any special activities, please attach any relevant documentation. Additionally, if you plan to apply for the same or new special activities, please attach all relevant documentation for review.

**8d. How will this YHDP Replacement project meet the goals established in the Coordinated Community Plan (CCP) developed by the applicant’s YHDP community?** Required: Describe how the YHDP Replacement project will adhere to the goals of the CCP to assist youth who are homeless.

### All Projects Screen 3B. Description

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

**1. Provide a description that addresses the entire scope of the proposed project.** Required. The information in this description must align with information entered in other screens of the application. Provide a detailed description for this YHDP Replacement project application that includes information for following, unless otherwise noted, and how CoC Program funds will be used:

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

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- the project's role in the community response (**not applicable for SSO-CE and HMIS**);
- how your organization will incorporate positive youth development and trauma informed care (**not applicable for SSO-CE and HMIS**);
- community partnerships (**not applicable for SSO-CE and HMIS**); and
- outcomes and performance measures (**not applicable for SSO-CE and HMIS**).

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

**Note:** HUD recommends using more general data (e.g., this project will serve 10 persons over the term of the grant) rather than using specific dates (e.g., in FY 2023 this project will serve 10 persons) to reduce the need to change project descriptions for annual renewals.

**JOINT TH and PH-RRH ONLY:** Your description must also include the process used to allow program participants the choice of the housing type. Additionally, if you are not requesting CoC Program funds for both TH and PH-RRH units in this application, you must include the number of TH and PH-RRH units that will be utilized by your project from other funding source(s) and provide details of how TH and PH-RRH assistance will be provided for all program participants under this joint component. For example, if TH units are requested in this application and PH-RRH units will be funded from other sources, the description must include information as to where the funds for the PH-RRH units will come from, and if provided by a separate organization, provide organizational information and source funding for these units, including the number of units supported.

**SSO-CE ONLY:** The information in this description must align with information entered in other screens of the application. Provide a detailed description for this YHDP replacement project that includes information for the following and how the CoC Program funding will be used for:

- purpose of the project and its role in the coordinated community response;
- how this coordinated entry project will be used to implement the youth-specific component of a community's coordinated entry process;
- how the coordinated entry process will incorporate positive youth development and trauma informed care;
- community partnerships;
- coordination with other organizations (e.g., federal, state, nonprofit); and
- outcomes and performance measures.

**HMIS ONLY:** Required. The information in this description must align with information entered in other screens of the application. 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 CoC Program funds will be used for:

- implementing or expanding youth specific HMIS system components (e.g., adding youth-specific standards)
- evaluating the YHDP program or to develop YHDP specific reports;
- adding youth organizations to HMIS;



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- outcomes and performance measures; and
- coordination with other organizations (e.g., federal, state, nonprofit).

Also, HMIS projects should also use general data (e.g., this project provides “X” number of users with user training and assistance during the grant term) rather than specific dates to reduce the need to change project descriptions for annual renewal applications).

**1a. Provide a description that addresses how this project will follow Positive Youth Development.** (not applicable for SSO-CE and HMIS).

**1b. Provide a description that addresses how this project will follow Trauma Informed Care.** (not applicable for SSO-CE and HMIS).

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

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds				
Begin program participant enrollment				
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin?				
Leased or rental assistance units or structure, and supportive services near 100% capacity				

- 3. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select ALL that apply).** Required. All YHDP projects must serve “Youth Under 25;” therefore, this box is already checked and cannot be edited. Check additional box(s) as appropriate to indicate this project will focus on additional subpopulations. The boxes checked should match the information provided in the project description. If an additional subpopulation focus for your organization is not listed, check the box next to “Other” and enter the subpopulation in the text box provided.

**HMIS ONLY:** Will not be assessed on Questions 4 – 10 but will need to respond to the questions for which specific instructions included below.

- 4. Will your project participate in the CoC’s Coordinated Entry (CE) Process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD’s minimum requirements?** Required. Coordinated Entry is a process designed to coordinate program participant intake, assessment, and provision of referrals. A CE process must cover the entire CoC’s geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool and process. Participation in a CE process is a requirement for all applicants of CoC Program funds. Select:

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

**No**, if this project will not meet this criterion.

- 5. Housing First.** Housing First is a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions (such as, sobriety or a minimum income threshold). See Section III.B.2.e of the NOFO for additional information. A Housing First 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 the: [Housing First in PSH Brief](#).

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

- 5a. Will the project quickly move participants into permanent housing?** Required. If “No” is selected, 5d will be “No” for following a housing first approach. 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).

**HMIS** projects should select “Yes.”

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 the participant determines their immediate safety needs have been addressed (e.g., survivor(s) believes they are not in danger and want to move into their own permanent housing).

**No**, if the project requires additional steps prior to helping a program participant obtain permanent housing.

- 5b. Will the project enroll program participants who have the following barriers? Select all that apply.** Required. Checking the box next to each item listed confirms your project will enroll a household if they present with the perceived barrier (e.g., if they will enroll a household that has no income at time of enrollment). Committing to not screening out participants for the first four boxes supports a housing first approach. If “**none of the above**” is selected, 5d will be “No” for housing first. If your project will not enroll a household that presents with any of the barriers listed below at the time of application (e.g., if you require a minimum income, require sobriety, and will not house people with a criminal record or a history of victimization), select “**None of the above.**”

- **Having too little or little income**
- **Active or history of substance use**
- **Having a criminal record with exceptions for state-mandated restrictions**
- **History of victimization (e.g., domestic violence, sexual assault, childhood abuse)**

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- **None of the above**

**HMIS** should check all boxes except “None of the above.”

**5c. Will the project prevent program participant termination from the project for the following reasons? Select all that apply.** Required. Committing to not screening out participants for the first four boxes supports a housing first approach. If “none of the above” is selected, 5d will be “No.”

- **Failure to participate in supportive services**
- **Failure to make progress on a service plan**
- **Loss of income or failure to improve income**
- **Any other activity not covered in a lease agreement typically found for unassisted persons in the project’s geographic area**
- **None of the above**

**HMIS** should check all boxes except “None of the above.”

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

**Yes**, is populated if you selected “Yes” for question 5a **and** checked the first four boxes in questions 5b and 5c. This confirms the project will operate following a housing first approach.

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

**HMIS** projects should see “Yes” populated.

Any project application with “Yes” for question 3d commits to and must operate following Housing First during its FY 2022 grant term.

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

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

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

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

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

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

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

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

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- 7a. Describe the local market conditions that necessitate a project of this size.** Required if you answered “Yes” to question 7. In the text box provided, explain the local market conditions that require placing more than 16 persons in a single structure.
- 7b. Describe how the project will be integrated into the neighborhood.** Required if you answered “Yes” to question 7. In the text box provided, explain how your organization will successfully integrate program participants into the neighborhood.

**SSO CE.** The following set of questions are for SSO-CE projects. 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.](#)

**8. The following questions must be answered for “Coordinated Entry” projects.** This field populates based on the selection made for question 6a on screen 3A.

**8a. 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.

**8b. 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.

**8c. 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.

**8d. Does the coordinated entry process use a comprehensive, standardized assessment process?** Required for coordinated entry project applications. See Sections I.C.4 and II.B.2 of the *Coordinated Entry Notice* for additional information. Select:

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

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

**8e. 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.

**8f. 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**

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**assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and (5) persons at risk of homelessness?** Select:

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

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

**8g. This coordinated entry project will refer persons experiencing homelessness to projects that specifically coordinates and integrates mainstream health, social services, and employment programs to program participants for which they may be eligible?** Select:

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

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

**8. (PH-PSH ONLY) Is this project 100% Dedicated or DedicatedPLUS or Other?** Required.

Question is only available to PH-PSH projects. All YHDP replacement **PH-PSH** projects must select from the following:

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

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

**Other**, only select ‘Other’ if your project will not review program participant’s eligibility for 100 Percent Dedicated Chronic Homelessness or DedicatedPlus eligibility standards.

### Youth Homeless Demonstration Project Screen

All fields on this screen must be completed.

**1. Does this project carry out housing problem solving activities to divert or rapidly exit households from homelessness?** Required. Select “**Yes**” or “**No.**”

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

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

**HMIS and SSO-CE** projects will answer “**No.**”

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

**1b. What services are provided to engage the family and youth? (You may select more than one).** Required if “**Yes**” to question 1 above. Check the box(s) to identify the activities conducted by your project. If an activity(s) used in your project is not listed, check “**Other**” and enter in the activity(s) in the text box.

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2. **Is this a Host Homes project?** Required. Select “Yes” or “No” to indicate your project uses host homes for youth experiencing homelessness.  
**HMIS and SSO** projects will answer “No.”
3. **Identify the specific populations addressed in this project (Select ALL that apply)** Required. Check the box(s) to identify the subpopulation(s) served by your project. If a subpopulation(s) assisted by your organization is not listed, check “Other” and enter in the subpopulation(s) in the text box.  
**HMIS and SSO-CE** projects will check “Other” and enter “All.”
4. **Does this project plan to use Rental Assistance?** Required. Select “Yes” or “No” to indicate if your project will include a rental assistance budget.  
**HMIS and all SSO** projects will answer “No.”
  - 4a. **Will this project use Rental Deposits?** Required if “Yes” to Question #4, select “Yes” or “No.”
  - 4b. **Will this project cover first month’s rent?** Required if “Yes” to Question #4, select “Yes” or “No” to indicate if your project will cover first month’s rent.
  - 4c. **Short Term Rental Assistance.** Required if “Yes” to Question #4. Select “Yes” or “No” to indicate your project will provide short-term rental assistance (up to 3 months).
  - 4d. **Medium Term Rental Assistance.** Required if “Yes” to Question #4. Select “Yes” or “No” to indicate your project will provide medium term rental assistance (3 to 24 months).
5. **How will the community continue to involve the Youth Action Board (YAB) in the development and implementation of YHDP projects?** Required. Describe how the community will continue to involve the YAB in the development and implementation of YHDP projects.
6. **Will your project offer any specialized services for youth living with HIV/AIDS?** Required. Select “Yes” or “No” to indicate if your project will offer any specialized services for youth living with HIV/AIDS.
  - 6a. **If Yes, please provide detail of those services.** Required if “Yes” is selected for #6.

### Special YHDP Activities Screen

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1. **Is the YHDP Replacement project applicant requesting a Special YHDP Activity, Exemption or Innovative Activity?** Required. Select “Yes” or “No.”
  - Yes, this project is requesting a Special YHDP Activity, Exemption, or Innovative Activity.
  - No, this project does not carry out any of those activities.
2. **Check the appropriate box(s) for the Special YHDP Activity the applicant is requesting. (Select all that apply).** Required if “Yes” to question 1 above, select one or more of the available options. If your project does not plan to apply for these Special YHDP Activities, select “No Special YHDP Activities Requested.”
  - **V.B.4.a(5)(d)(i)(aa)** Leases under 12 months (minimum 1 month)
  - **V.B.4.a(5)(d)(i)(bb)** Use of leasing, Sponsored Based Rental Assistance (SRA) and Project Based Rental Assistance (PRA) in Rapid Rehousing (RRH)
  - **V.B.4.a(5)(d)(i)(cc)** Project admin funds used to employ youth with lived experience for project implementation, execution, and improvement

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- **V.B.4.a(5)(d)(i)(dd)** Project admin funds used to attend non-HUD sponsored or approved conferences (must be relevant to youth homelessness)
- **V.B.4.a(5)(d)(i)(ee)** Employ youth receiving recipient services (document nature of work and no conflicts of interest)
- **V.B.4.a(5)(d)(i)(ff)** Use habitability standards in 24 CFR 576.403© rather than HQS in 24 CFR 578.75 for up 24 months of housing assistance (document standards applied to units and proof of compliance)
- **1V.B.4.a(5)(d)(i)(gg)** Provide moving expense more than one time to a program participant
- **V.B.4.a(5)(d)(i)(hh)** Provide payments for families that provide housing under host homes and kinship care (up to \$500 per month)
- No Special YHDP Activities Requested.

- 3. YHDP grant funds may be used for the following if they are necessary to assist program participants to obtain and maintain housing. Recipients and subrecipients must maintain records establishing how it was determined paying the costs was necessary for the program participant to obtain and retain housing and must also conduct an annual assessment of the needs of the program participants and adjust costs accordingly. (Select all that apply).** Required if “Yes” to question 1 above, select one or more of the available options. If your project does not plan to apply for these Special YHDP Activities, select “None.”

- **V.B.4.a(5)(d)(i)(ii)(i)** Security deposits (not to exceed 2 months of rent)
- **V.B.4.a(5)(d)(i)(ii)(ii)** Pay for damage to units (not to exceed 2 months’ rent)
- **V.B.4.a(5)(d)(i)(ii)(iii)** Costs to provide household cleaning supplies
- **V.B.4.a(5)(d)(i)(ii)(iv)** Housing start-up expenses (not to exceed \$300 per participant)
- **V.B.4.a(5)(d)(i)(ii)(v)** Purchase cell phone and service (cost must be reasonable and housing related)
- **V.B.4.a(5)(d)(i)(ii)(vi)** Cost of Internet (costs must be reasonable)
- **V.B.4.a(5)(d)(i)(ii)(vii)** Payment of rental arrears (up to 6 months)
- **V.B.4.a(5)(d)(i)(ii)(viii)** Payment of utility arrears (up to 6 months)
- **V.B.4.a(5)(d)(i)(ii)(ix)** Payment of utilities (up to 3 months)
- **V.B.4.a(5)(d)(i)(ii)(x)** Pay gas a mileage for participant personal vehicle for trips for eligible services
- **V.B.4.a(5)(d)(i)(ii)(xi)** Payment of Legal fees
- **V.B.4.a(5)(d)(i)(ii)(xii)** Payment of insurance, registration and past driving fines
- None

- 4. Check the appropriate box(s) for the Special YHDP Activity Exemptions the applicant is requesting. (Select all that apply).** Required if “Yes” to question 1 above, select one or more of the available options. A required additional textbox for each selected checkbox will appear for the applicant to explain why they need to apply for this Special YHDP Activity – Exemption. If your project does not plan to apply for these Special YHDP Activities, select “No Exemptions Requested.”

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- **V.B.4.a(5)(d)(i)(ii)(aa)** A recipient may provide up to 36 months of Rapid Rehousing rental assistance to a program participant if the recipient demonstrates (1) the method it will use to determine which youth need rental assistance beyond 24 months and (2) the services and resources that will be offered to ensure youth are able to sustain their housing at the end of the 36 months of assistance.
- **V.B.4.a(5)(d)(i)(ii)(bb)** YHDP recipients may continue providing supportive services to program participants for up to 24 months after the program participant exits homelessness, transitional housing or after the end of housing assistance if the recipient demonstrates: 1) the proposed length of extended services to be provided; 2) the method it will use to determine whether services are still necessary; and 3) how those services will result in self-sufficiency and ensure stable housing for the YHDP program participant.
- **V.B.4.a(5)(d)(i)(ii)(cc)** YHDP recipients may continue providing supportive services to program participants for up to 36 months after the program participant exits homelessness, if the services are in connection with housing assistance, such as the Foster Youth to Independence initiative, or if the recipient can demonstrate that extended supportive services ensures continuity of case workers for program participants.
- **V.B.4.a(5)(d)(i)(ii)(dd)** Recipients will not be required to meet the 25% match requirement if the applicant is able to show it has taken reasonable steps to maximize resources available for youth experiencing homelessness in the community.
- **V.B.4.a(5)(d)(i)(ii)(ee)** Rental assistance may be combined with leasing or operating funds in the same building, provided that the recipient submits a project plan that includes safeguards to ensure that no part of the project would receive a double subsidy.
- **V.B.4.a(5)(d)(i)(ii)(ff)** YHDP recipients may provide payments of up to \$1000 per month for families that provide housing under a host home and kinship care model, provided that the recipient can show that the additional cost is necessary to recruit hosts to the program.
- No Exemptions Requested.

**Enter required additional information about your YHDP Special Activity Request.** Required if any of the boxes were checked in question 4. Enter a description of the specific special activity in the text box(es) that appear.

### 5. Innovative Activities **V.B.4.a(5)(d)(i)(iii)**

**5a. Is the applicant requesting an innovative activity?** Required if “Yes” to question 1 above. A required additional textbox for the Innovative Activity will appear for the applicant to explain why they need to apply for this Special YHDP Innovative Activity.

**Yes**, this project is requesting YHDP Innovative Activity(s).

**No**, this project is not requesting YHDP Innovative Activity(s).

**Provide a description of the Innovative Activity.** Required if “Yes” to Question 5a. Describe the eligible innovative activity(s) you are requesting.

**5b. Will this activity be testing or likely to achieve a positive outcome in at least one of the four core outcomes for youth experiencing homelessness (stable housing, permanent connections, education/employment, and well-being)?** Required if “Yes” to question 5a above. Select “Yes” or “No.”

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



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

**Why will this activity not achieve a positive outcome?** Required if “No” to Question #5b. Describe why your requested activities will not achieve a positive outcome.

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

**Yes**, this activity is cost-effective.

**No**, this activity is not cost-effective. Explain why in the textbox.

**Why is the activity not cost-effective?** Required if “No” to Question #5c.

**5d. Does the activity conflict with fair housing, civil rights or environmental regulations?** Required if “Yes” to question 5a above. Select “Yes” or “No.”

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

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

**Why does the activity conflict?** Required if “Yes” to question 5d above.

**5e. Is the activity approved by the YAB?** Required if “Yes” to question 5a above. Select “Yes” or “No.”

**Yes**, this activity is approved by the YAB.

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

**Why is the activity not approved?** Required if “Yes” to question 5e above.

**5f. Is the activity approved by the CoC?** Required if “Yes” to question 5a above. Select “Yes” or “No.”

**Yes**, this activity is approved by the CoC.

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

**Why is the activity not approved?** Required if “Yes” to question 5f above.

### Special YHDP Activities and Supportive Services Budget Connection

Certain Special YHDP Activities will have a Supportive Services (SS) budget connection. We recommend you add text in the Supportive Services ‘quantity and description’ field on how certain Supportive Services costs are connected to Special YHDP Activities. You may use the table below to determine what Special YHDP Activity is connected to what Supportive Services cost. If there is no Supportive Service cost connection listed below, you do not need to include anything in the Quantity and Description for that Special YHDP Activity.

Note: The Special YHDP Activities listed are the only ones that have a Supportive Services cost connection. If you do not see a Special YHDP Activity listed, that means it doesn’t have a Supportive Services cost connection. If you have questions, please contact the youth resolution team mailbox @ [yhdpresolutionteam@hud.gov](mailto:yhdpresolutionteam@hud.gov).

Special YHDP Activities	Assistance w/Moving Costs	Utility Deposit s	Life Skill s	Housing & Counseling Services	Trans portat ion	Legal Servic es	SS Operating Costs
V.B.4.a(5)(d)(i)(gg)	X						

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Provide moving expense more than one time to a program participant							
V.B.4.a(5)(d)(i)(hh) Provide payments for families that provide housing under host homes and kinship care							<b>X</b>
V.B.4.a(5)(d)(i)(ii)(i) Security deposits (not to exceed 2 months of rent)	<b>X</b>						
V.B.4.a(5)(d)(i)(ii)(ii) Pay for damage to units (not to exceed 2 months' rent)	<b>X</b>						
V.B.4.a(5)(d)(i)(ii)(iii) Costs to provide household cleaning supplies			<b>X</b>				
V.B.4.a(5)(d)(i)(ii)(iv) Housing start-up expenses (not to exceed \$300 per participant)	<b>X</b>						
V.B.4.a(5)(d)(i)(ii)(v) Purchase cell phone and service (cost must be reasonable and housing related)				<b>X</b>			
V.B.4.a(5)(d)(i)(ii)(vi) Cost of Internet (costs must be reasonable)	<b>X</b>						
V.B.4.a(5)(d)(i)(ii)(vii) Payment of rental arrears (up to 6 months)				<b>X</b>			
V.B.4.a(5)(d)(i)(ii)(viii) Payment of utility arrears (up to 6 months)		<b>X</b>					
V.B.4.a(5)(d)(i)(ii)(ix) Payment of utilities (p to 3 months)		<b>X</b>					
V.B.4.a(5)(d)(i)(ii)(x) Pay gas a mileage for participant personal vehicle for trips for eligible services					<b>X</b>		
V.B.4.a(5)(d)(i)(ii)(xi) Payment of Legal fees						<b>X</b>	
V.B.4.a(5)(d)(i)(ii)(xii) Payment of insurance, registration and past driving fines					<b>X</b>		

### All Projects Part 4: Housing and Services

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

**HMIS and SSO-CE ONLY:** Questions 1 and 2 are required but will not be assessed if this is a dedicated HMIS or SSO-CE project and you should enter "NA" in the text box. Questions 3-6 are not required and do not need to be completed for HMIS or SSO-CE projects.

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**1. Describe how program participants will be assisted to obtain and remain in permanent housing:** For projects that include housing as an activity (even if housing is not provided using CoC funds): An acceptable response will acknowledge the needs of the target population and include a plan that addresses the types of assistance that will be provided by the project applicant, or other partners, to ensure program participants served by this project will move into appropriate permanent housing as well as either remain in or move to other permanent housing once assistance is no longer needed. Additionally, if you will coordinate with other partners, include their role in meeting this criterion. The description should include:

- how you will determine the right type of housing that fit the needs of program participants (this should match the information entered on screen **4B. Housing Type**);
- if you will use rental assistance or leasing assistance, how you will work with landlords to address possible issues and challenges;
- the type of assistance and support you will provide to program participants to overcome challenges to permanent housing (e.g., case management; housing counseling, employment resources); and
- how you will work with program participants to set goals towards successful retention of permanent housing.

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

**JOINT TH and PH-RRH ONLY:** The description should include how program participants are assisted to ensure regardless of the type of housing chosen, TH or PH-RRH, there is a plan in place to ensure youth program participants are positioned to either obtain permanent housing if they chose TH or remain in permanent housing if they chose PH-RRH.

**SSO Non-CE ONLY:** describe how participants will be assisted to quickly exit homelessness by obtaining or retaining housing.

**2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.** Required. Describe how this project will help program participants obtain the benefits for which they are eligible. Additionally, if you will coordinate with other partners, include their role in meeting this criterion. The description should include:

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

## FY 2022 CoC Program YHDP Replacement Detailed Instructions

3. **How will the project allow youth the ability to choose the providers and interventions that fit their needs?** Required. Describe how participants choose providers and interventions that fit their needs.
4. **How will the project respond to the different needs for service type, intensity, and length of supports for youth?** Required. Describe how the project responds to the different needs for service type, intensity, and length of supports.
5. **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 the costs for which you are requesting from HUD in this 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:**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**HMIS projects and Projects that do not include housing activities:** HMIS or any other YHDP Replacement projects that do not include housing can select “None” as an option for question #1. If “None” is selected, no other fields or questions will appear on the screen.

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

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

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



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

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

**Beds for Youth:** Enter the number of beds designated for youth program participants.

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 &

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**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. Report the type of housing structures where program participants are housed. Each housing type must be listed individually. Select from the following housing types:
  - **Barracks:** Individuals or families sleep in a large room with multiple beds. **This type is not appropriate for the PH-PSH and PH-RRH projects and should not be selected.**
  - **Dormitory (shared or private rooms).** Individuals or families share sleeping rooms or have private rooms; share a common kitchen, common bathrooms, or both. **This type is not appropriate for the PH-RRH projects and should not be selected.**
  - **Shared housing:** Two or more unrelated people share a house or an apartment. Each unit must contain private space for each 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.
  - **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. PH-PSH ONLY: 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 will meet the **“DedicatedPLUS”** requirements in Section III.B.2.g of the NOFO.

If your project has dedicated CH beds to serve families experiencing chronic homelessness, you will enter all beds for the household as CH beds.

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If this is a TH, and SSO Non-CE project application, or you selected DedicatedPLUS or None to question #8 on Screen 3B. Project Description, enter '0'.

- 3. or 4. Beds for Youth:** Required. Enter the total number of beds for youth program participants
- 4. or 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 cannot be identified at the time of application, enter the address for your administration office. Projects serving survivors of domestic violence must use a PO Box or other anonymous address to ensure the safety of program participants.

**PH-RRH:** Since PH-RRH projects use tenant-based rental assistance (TRA) and the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors of domestic violence must use a PO Box or other anonymous address to ensure the safety of program participants.

- 5 or 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 geographic areas due to units located in more than one county or city. Hold down the "Ctrl" key to make multiple selections.

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

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

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

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




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

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

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

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

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

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

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

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

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

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

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

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

Select from the following housing types.

- **Barracks:** Individuals **or** families sleep in a large room with multiple beds.
  - Can be used for TH units and beds of this joint project.
  - Not appropriate for PH-RRH units and beds and should not be selected.
- **Dormitory: (shared or private rooms).** Individuals or families share sleeping rooms or have private rooms; persons share a common kitchen, common bathrooms, or both.
  - Can be used for the TH units and beds of this joint project.
  - Not appropriate for PH-RRH units and beds and should not be selected.
- **Shared housing:** Two or more unrelated people share a house or an apartment. Each unit must contain private space for each individual or family, plus common space for shared use by residents of the unit. Projects cannot use zero or one-bedroom units for shared housing.
- **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.



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- **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.

- **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.

5. **Beds for Youth:** Enter the number of beds designated for youth program participants.

6. **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 and cannot be identified at the time of application, enter the address for the project’s administration office. Projects serving survivors of domestic violence must use a PO Box or other anonymous address to ensure the safety of program participants.

7. **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 county or city, hold down the “**Ctrl**” key to make multiple selections.

## HMIS Part 4: Implementation of HMIS

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

### HMIS Screen 4A. HMIS Standards

Only HMIS projects should complete these screens, unless otherwise notified. All other YHDP replacement project types can skip this screen and move to Screen 4B. Housing Type.

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 2022 [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 2022 HMIS Data Standard Manual?** 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 Report (APR)/CoC reporting, Consolidated Annual Performance and Evaluation Report (CAPER)/ESG reporting, Longitudinal System Analysis (LSA)/Annual Homeless Assessment Report, System Performance Measures (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.

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**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 deduplicate client records.

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

**5. Describe your organizations process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures?** Required. In the text box provided, describe your CoC’s process for updating your HMIS Governance Charters and HMIS Policies and Procedures.

**6. Who is responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?** Required. In the text box provided, describe who is responsible for insuring the HMIS implementation meets all privacy and security standards.

**7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards?** 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. What is the CoC’s policy and procedures for managing a breach of Personally Identifiable Information (PII) in HMIS?** Required. In the text box provided, describe the CoC’s policy and procedures for managing a breach of PII.

### HMIS Screen 4B. HMIS Training

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

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

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

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

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

## All Projects Part 5: Program Participants

**Note:** While this section does not apply to HMIS and SSO-CE projects, due to *e-snaps* functionality requirements, numbers must be entered before the form can be saved and project application can be submitted. For HMIS and SSO-CE applications we recommend, entering "1" on screen 5A in any column, and then a "1" in the appropriate corresponding column in screen 5B.

### All Projects Screen 5A. Program Participants – Persons and Households

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

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

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

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

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

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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.

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

### Special Requirements:

**PH-PSH Only: 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 “**2. 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

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

**PH-PSH Only: 100 % Dedicated or DedicatedPLUS**, the head of household must have a qualifying disability and meet the definition of chronically homeless in 24 CFR 587.3 or the definition of DedicatedPLUS in Section III.B.2.g of the NOFO.

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

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

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

## All Projects Part 6: Budgets

Part 6 captures the budget information for the project application. HUD requires your project to request and use funds for eligible costs as outlined in the Rule for each budget and will verify project expenditures during field office monitoring or OIG audits. Any ineligible expenditures can result in monitoring or audit findings that could result in your organization repaying HUD for any ineligible CoC expenses.

### All Projects Screen 6A. Funding Request

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

**1. Will it be feasible for the project to be under grant agreement by September 15, 2024?** Select:

**Yes**, to indicate the project intends to have a signed grant agreement by September 15, 2024. All funds conditionally awarded in the FY 2022 CoC Program Competition must be obligated via grant agreement no later than September 15, 2024.

**No**, the project does not intend to have a signed grant agreement by September 15, 2024. By selecting this response, you will not be able to submit this project application in *e-snaps*.

**2. What type of CoC funding is this project applying for in this FY 2022 CoC Program Competition?** This question automatically defaults to “YHDP Replacement.”

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**3. Does this project propose to allocate funds according to an indirect cost rate?** Required. See Section V.B.3.j of the NOFO for additional information and select:

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

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

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

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

Cognizant Agency	Indirect Cost Rate	Direct Cost Base	Plan approved by cognizant agency or will use 10% de minimis rate
	%	\$	Dropdown: Approved Rate/ Will use 10% De Minimis rate

**4. Select a grant term:** This field populates with “1-Year” and is read-only.

**5. Select the costs for which funding is being 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).

- **Leased Units;**
- **Leased Structures;**
- **Rental Assistance;**
- **Supportive Services;**
- **Operating;** and
- **HMIS**

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




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

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

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

### All Projects 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 .

**JOINT TH and PH-RRH:** Your project application can only request these costs if related to the TH portion of the project, these costs are ineligible for the PH-RRH portion.

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

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

### All Projects Screen 6C. Leased Structures Budget

You have access to this budget if you checked “**Leased Structures**” on Screen 6A. The primary screen will aggregate the total assistance of leased structures requested on “**Leased Structures Budget Detail**” screen(s). To add leased structures, select add  to access the detail budget screens. All grey fields will calculate after you complete and save this screen. Select “**Save & Back to List**” to save the information and






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return to the primary screen or select “**Save & Add Another.**” To view and edit, select view . To delete, select .

**JOINT TH and PH-RRH: Your project application can only request these costs if related to the TH portion of the project, these costs are ineligible for the PH-RRH portion.**

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

### All Projects Screen 6D. 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. or
- 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.

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

**JOINT TH and PH-RRH: Your project application can only request these costs if related to the PH-RRH portion and the only eligible type of rental assistance is TRA.**

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

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

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

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

- **Number of units:** Required. For each unit size, enter the number of units for which funding is requested.
- **FMR:** No action required. These fields populate with the FY 2022 FMRs based on the FMR area you selected. New CoC Program project applications must request full FMR for initial funding and can choose less than FMRs upon renewal, if needed.
- **12 Months:** No action required. These fields are populated with the value 12 to calculate the annual rent request.
- **Total Request:** No action required. This column populates with the total calculated amount from each row.
- **Total Units and Annual Assistance Requested:** No action required. This column calculates based on the sum of the total requests per unit size per year.
- **Grant Term:** No action required. This field populates with a **1-year** grant term 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.

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

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

See 24 CFR 578.53(e)(17) for information regarding direct provision of services that apply to the individual budget items (e.g., if funds will be used to pay for a cell phone for the case manager, the monthly cost of the cell phone, will be included on the Case Management line; if funds will be used to pay for staff time to drive program participants to appointments, the staff pro-rated salary, benefits, etc., will be included in the Transportation line). For this reason, you must provide detailed information for quantity and description for each eligible cost requested.

The itemized budget screen includes 17 eligible Supportive Services costs:

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

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

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

- **Eligible Costs:** No action required. The categories listed are eligible supportive services costs for which funds can be requested under 24 CFR 578.53.

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- **Quantity AND Description:** Required. This field must provide a complete picture of how CoC Program funds will be used in the project to assist program participants. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title–1 FTE @ \$45,000 including fringe benefits of \$X or 50 hours @ \$25 per hour including fringe benefits of \$X). Additionally, include any direct provision costs (24 CFR 578.53(e)(17)) for each line item (e.g., monthly use of cell phone to contact program participants @ \$X per month).
- **Annual Assistance Requested:** No action required. This field calculates based on the sum for each eligible cost where you entered information.
- **Total Annual Assistance Requested:** No action required. This field calculates the total based on the sum for each eligible cost where you entered information.
- **Grant Term:** No action required. This field populates with a 1-year grant term and is read-only.
- **Total Request for Grant Term:** No action required. This field calculates the total based on the sum for each eligible cost where you entered information.

### All Projects Screen 6F. Operating Budget

You have access to this budget if you checked “**Operating**” on Screen 6A. The operating costs listed are based on the eligible operating costs described in 24 CFR 578.55. Operating costs are associated with the day-to-day operations of housing units and facilities.

**JOINT TH and PH-RRH ONLY:** Your project application can only request these costs if related to the TH portion of the project, these costs are ineligible for the PH-RRH portion.

**Note:** If this screen includes “**Replacement Reserve**” as an expected operating cost, an additional question will populate on Screen 3A (#9) that must be answered prior to submission. For further details, refer to instructions for Screen 3A (#9) in this guide.

The itemized budget screen includes 7 eligible Operating costs:

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

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

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

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- **Total Annual Assistance Requested:** No action required. This field calculates based on the sum for each eligible cost where you entered information.
- **Grant Term:** No action required. This field populates with a 1-year grant term.
- **Total Request for Grant Term:** No action required. This field calculates based on the total amount of funds you are requesting for 1-year.

### All Projects Screen 6G. HMIS Budget

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

If your project is not a dedicated HMIS request as you are not the HMIS Lead, you can request HMIS costs to contribute data to the CoC’s designated HMIS is outlined in 24 CFR 578.57(a)(1)(i)-(x). This includes projects that will provide housing and services to victims of domestic violence to contribute data to a comparable database.

The itemized budget screen includes 5 eligible HMIS costs:

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

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

- **Eligible Costs:** No action required. The categories listed are eligible HMIS costs for which funds can be requested under 24 CFR 578.57.
- **Quantity AND Description:** Required. This field must provide a complete picture of how CoC Program funds will be used to contribute data to your CoC’s HMIS. Enter the quantity (i.e., numbers) and descriptive details for each activity for which you are requesting funds:
  - dedicated HMIS (e.g., 1 FTE @ \$X including fringe benefits @ \$X or 50 hours @ \$X per hour including fringe benefits @ \$X, benefit to analyze data in HMIS; \$X for bi-weekly HMIS trainings of X number of participants including); or
  - other project type requesting costs to contribute to your HMIS (e.g., 1 FTE @ \$X including fringe benefits @ \$X or 50 hours @ \$X per hour including fringe benefits @ \$X, benefit to enter data into HMIS).
- **Annual Assistance Requested:** No action required. This field calculates the total based on the sum for each eligible cost where you entered information.
- **Total Annual Assistance Requested:** No action required. This field calculates based on the sum for each eligible cost where you entered information.
- **Grant Term:** No action required. This field populates with “**1 Year**” and is read-only.
- **Total Request for Grant Term:** No action required. This field calculates based on the total amount of funds you are requesting for 1-year.

### All Projects Screen 6H. 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.

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

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

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

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

**1a. Briefly describe the source of the program income.** Required if you selected “Yes” to question




1. Provide the source of program income with a brief description.

**1b. Estimate the amount of program income that will be used as Match for this project.**

Required if you selected “Yes” to question 1. Enter estimated amount.

**Sources of Match Detail Screen(s):** Enter match information on this screen based on the current commitments at the time of project application submission that will apply to the grant term if selected for conditional award, not based on projections. Match contributions can be cash, in-kind, or a combination of both. Match must be no less than 25 percent of the total request, including Administration costs, but excluding Leasing costs (i.e., Leased Units and Leased Structures). If your match amount exceeds 25 percent, HUD will expect you to produce the higher amount included in the project application if selected for conditional award.

**Example:** If the “**Total Assistance Requested**” for a 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.

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### All Projects Screen 6I. Summary Budget

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

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

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

### All Projects – Part 7: Attachments and Certification

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Part 7 is available in all project applications to upload attachments and complete the certification.

#### 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 you should attach if your project application includes one or more of the following:

- **Letters from both the YHDP Lead and the Youth Action Board.**
- **Additional documentation needed to explain YHDP project innovations.**
- **Subrecipients.** Attach nonprofit documentation for each nonprofit organization identified on Screen “**2A. Subrecipients**.” Nonprofit status is documented by submitting either: (1) a copy of the Internal Revenue Service (IRS) final determination letter providing tax-exempt status under Section 501(c)(3) of the IRS Code (preferred); or (2) a certification from a licensed CPA that the organization meets each component of the definition of a private nonprofit organization as defined by 24 CFR 578.3.
- **Third-Part In-Kind Match.** If your project application includes a 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 Reserves.** If your project application will utilize replacement reserve as part of the CoC Program operating budget, you must attach supporting documentation that includes:

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- total amount of funds that will be placed in reserve during the grant term;
  - system(s) to be replaced that includes the useful life of the system(s); and
  - repayment schedule that includes the payment amount.
- **Federally Approved Indirect Cost Rate.** If your organization has a Federally approved indirect cost rate agreement as entered on the **6A Funding Request** screen, the approved agreement must be attached to this project application.

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

### Screen 7B. Certification

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

## All Projects – Part 8: Submission Summary

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Part 8 includes Screen “**8B Submission Summary**”, which is available for all project applications.

### Screen 8B. Submission Summary

Screen 8B provides a summary of all project application screens and the “**Submit**” button. The “**Last Updated**” column provides the status of each screen listed, and the date the screen was completed. The “**Mandatory**” column indicates whether a screen must be fully completed to submit the project application to the Collaborative Applicant in *e-snaps*. After the **Project Applicant Profile** is confirmed accurate, all required project application screens are completed, and all appropriate attachments are uploaded, the project application can be submitted in *e-snaps*. All submitted project applications are sent to the CoC identified on Screen 3A.

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

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

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

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

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- 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.

**For more information concerning the FY 2022 CoC Program Competition, visit [HUD’s website](#).**