

FY 2024 Continuum of Care Program NOFO New Project Application

e-snaps Navigational Guide Version 1

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Introduction

Welcome to the New Project Application Navigational Guide. This navigational guide covers important information about accessing and completing the Project Application for new projects.

The organization submitting the Project Application for funding is the Project Applicant. Project Applications are submitted to the Continuum of Care (CoC) Collaborative Applicant, which submits the entire funding application to the United States Department of Housing and Urban Development (HUD) on or before the CoC Program Competition deadline.

Prior to using this navigational guide, Project Applicants **must** have completed the Project Applicant Profile. In order to meet that requirement, the Project Applicant Profile's "Complete" button must be selected during the competition period. A separate Project Applicant Profile Navigational Guide is available at:

<u>https://files.hudexchange.info/resources/documents/Project-Applicant-Profile-Navigational-Guide.pdf</u>.

All Project Applicants are strongly encouraged to read the FY 2024 – FY 2025 CoC Program Competition Notice of Funding Opportunity (NOFO) at:

• https://www.hud.gov/program_offices/comm_planning/coc/competition.

This navigational guide supplements the New Project Application Resources for the CoC Program provided at:

<u>https://www.hudexchange.info/resource/2909/coc-project-application-instructions-for-new-projects/</u>.

Objectives

By the end of this module, you will be able to do the following:

- Access e-snaps.
- Register for the FY 2024 New Project Application funding opportunity.
- Create a New Project Application under the funding opportunity.
- Enter a New Project Application from the "Submissions" screen.
- Complete and submit a New Project Application to the Collaborative Applicant.
- Only if needed, coordinate with the Collaborative Applicant prior to the submission deadline to make changes to a Project Application in *e-snaps*.

Posted Resources

HUD has determined that some CoC- and *e-snaps*-related resources need to be posted to HUD.gov, HUD's official website, rather than to the HUD Exchange, which focuses on technical resources for communities and grant recipients. FY 2024 NOFO information (e.g., detailed instructions), including the FY 2024 *e-snaps* navigational guides, will be published and updated on HUD.gov. Many of the other CoC- and *e-snaps*-related technical resources will remain on the HUD Exchange.

Have a question?

The *e-snaps* Ask A Question desk on HUD Exchange is no longer active. Questions about *e-snaps* and the CoC Program NOFO must be submitted to the appropriate HUD.gov email address, as follows:

- <u>CoCNOFO@hud.gov</u> for questions about the NOFO, competition, and applications.
- <u>e-snaps@hud.gov</u> for questions about *e-snaps* technical issues such as creating an individual user profile, lockouts/password resets, requesting access to a CoC's or Project Applicant's *e-snaps* account, navigating *e-snaps*, updating the Applicant Profile, identifying the funding opportunity, creating a project, and accessing the application on the "Submissions" screen.

In your email, please provide:

- The specific details regarding the issue you are encountering.
- The steps you have taken up to the point the issue occurs.
- Any error messages.

You may also want to provide a screenshot.

Overview of the Project Application Process

FY 2024 Project Applicants must complete a Project Applicant Profile and Project Application using *esnaps*, a web-based portal accessible at:

• https://esnaps.hud.gov/.

Each Project Applicant must complete a Project Applicant Profile and submit its Project Application(s) to the applicable CoC in *e-snaps* by the local submission deadline established by the CoC.

The CoCs will do the following:

- 1. Review and either rank or reject properly submitted Project Applications received.
- 2. Submit the Priority Listing with all approved and ranked or rejected Project Applications as part of the CoC Consolidated Application to HUD.

Overview of This Navigational Guide

The organization of material in this navigational guide corresponds with the different parts of the Project Application process, and the navigational steps follow the progression of screens in *e-snaps*.

Accessing *e-snaps*. All *e-snaps* users need usernames and passwords to log in to *e-snaps*. In order to see an organization's Project Applicant Profile and Project Applications, the *e-snaps* user needs to be associated as a "registrant" with the organization's *e-snaps* account. This section identifies the steps required to create user profiles and add/delete registrants.

Project Applicant Profile. Project Applicants must review the Project Applicant Profile, update the information as needed, and select the "Complete" button to proceed with the Project Application process.

- The Project Applicant Profile section of this guide briefly highlights key information for Project Applicants that are getting ready to complete their Project Applications.
- For instructions on completing the Project Applicant Profile, go to the Project Applicant Profile navigational guide at:
 - <u>https://files.hudexchange.info/resources/documents/Project-Applicant-Profile-</u> <u>Navigational-Guide.pdf</u>

Establishing and accessing the Project Application. After the Project Applicant Profile is complete, Project Applicants need to follow a series of steps to access the Project Application screens. The steps discussed in this section include registering the Project Applicant for the FY 2024 New Project Application funding opportunity, creating an FY 2024 project, and accessing the Project Application screens.

Project Application. After accessing the FY 2024 New Project Application, Project Applicants will complete a series of screens asking for information about the project for which they are applying for funding. This section provides instructions on how to complete each screen. After providing all of the required information, the Project Applicant will submit the Project Application to the Collaborative Applicant via *e-snaps*.

Submitting the Project Application. This section discusses what occurs after the Project Applicant submits the New Project Application in *e-snaps* to the Collaborative Applicant. The Collaborative Applicant will review and either approve and rank or reject the Project Application.

Amending the Project Application. If changes need to be made to the Project Application, the Collaborative Applicant will amend the project back to the Project Applicant. Notification for amending a project back to the applicant occurs outside of *e-snaps*. Once the Collaborative Applicant has finalized the CoC Project Priority Listing, it will submit the CoC Consolidated Application to HUD.

Amending an Application If the CoC amends the Project Application back to the Project Applicant for revision or correction, it is the Project Applicant's and Collaborative Applicant's responsibility to ensure the Project Application is resubmitted in e-snaps to the CoC and either approved and ranked (or re-ranked) or rejected before the CoC Priority Listing is submitted to HUD.

If a Project Application does not appear on the CoC Priority Listing, it will not be reviewed or considered for conditional award.

Highlights in e-snaps for the FY 2024 CoC Program Funding Process

This section highlights several items in *e-snaps* this year.

Two-year NOFO. The Consolidated Appropriations Act, 2024 authorizes HUD to issue a single 2-year NOFO for fiscal years 2024 and 2025. New CoC projects, domestic violence (DV) reallocation projects, and Youth Homelessness Demonstration Program (YHDP) Replacement and Reallocation Projects will submit their projects to the Collaborative Applicant for consideration, much like in prior-year competitions. Projects that are conditionally awarded FY 2024 funds and execute a grant agreement with a period of performance that expires in Calendar Year 2026 (January 1, 2026 and ending December 31, 2026) may be eligible for an award of FY 2025 funds using their FY 2024 application submission and are not required to apply for renewal for FY 2025 funds.

Reallocation of funding originally awarded to serve specific populations. If a new project is being created with reallocated funds that were originally awarded to a YHDP or DV Bonus project, the new project must continue to serve the same population as the project being reallocated. See Section I.A.3.d. of the NOFO for more information. Applicants should be aware of the following specific restrictions on using funding reallocated from DV Renewal projects (projects originally awarded with, or subsequently expanded with, DV Bonus funding):

- DV Renewal projects that have a Supportive Services Only—Coordinated Entry (SSO-CE) component cannot be reallocated.
- Reallocated DV Renewal funding cannot be used to expand a CoC Renewal grant.
- DV Renewal projects cannot consolidate with CoC Renewal projects.

New eligible CoC activities. Beginning in the FY 2023 CoC Program NOFO competition, the following budget line items (BLIs) were built into the CoC Program Competition Application process. Project Applicants wishing to utilize these BLIs can request a budget modification during the competition to add funds to these line items from an existing line item. Project Applicants may also request to expand existing renewal grants to add new funding to these BLIs.

- Violence Against Women Act (VAWA) Costs BLI. With consideration of the Violence Against Women Reauthorization Act of 2022 (VAWA 2022), the VAWA Costs activity category is not subject to the CoC program's spending caps on administrative costs under section 423(a)(10), (11), and (12) of the McKinney-Vento Homeless Assistance Act. This activity may be included in new project applications. It may also be added to eligible renewal projects through expansion or added to eligible renewal projects by shifting funds from one or more eligible BLI(s) to the VAWA costs line item. Requests to shift funds in FY 2024 renewal applications may not exceed 10 percent of each BLI the funds are shifted from. See section III.B.4.b(2) of the FY 2024 – FY 2025 CoC Program NOFO for more information on eligible VAWA costs.
- Rural Costs BLI. In the FY 2024 FY 2025 CoC Program NOFO, new projects in rural areas can use the Rural Cost BLI for the following activities (only in eligible rural geocodes):
 - Short-term emergency lodging to include housing in motels or shelters, either by providing direct funding or through vouchers.
 - **Repairs to housing units** in where individuals and families experiencing homelessness will be housed, including housing units currently not fit for human habitation.
 - Staff training to include professional development, skill development, and staff retention activities.

The Rural Cost activity category may be included in new project applications or added to eligible renewal projects through expansion. See section III.B.4.b.(3) of the FY 2024 – FY 2025 CoC Program NOFO for more information on eligible Rural costs and section I.B.2.b.(26) of the FY 2024 – FY 2025 CoC Program NOFO for more information on defined rural areas. HUD will publish a list of CoCs located in rural areas.

Funding for specific subpopulations. For FY 2024 funds, HUD requires funding reallocated from projects previously funded with **YHDP or DV Bonus** funding to be used for projects serving the same subpopulation.

Cost of Living Adjustments for Conditionally Selected Grants. The Consolidated Appropriations Act, 2024 authorizes HUD to make reasonable cost of living adjustments to renewal amounts to help afford the increasing cost of operations due to inflation

"Expansion Project" screen. If a Project Applicant intends to submit a new Expansion Project Application (up to two new Project Applications are allowed) to a corresponding Renewal Project Application, the Renewal Project Application and new Expansion Project Application must be submitted as outlined in the FY 2024 – FY 2025 CoC Program NOFO.

Renewal Projects that are part of an expansion must expire in Calendar Year 2024, as confirmed on the FY 2024 Grant Inventory Worksheet (GIW) or the electronic Line of Credit Control System (eLOCCS), must be to the same recipient, and must be for the same eligible component and project type: Permanent Housing—Permanent Supportive Housing (PH-PSH), Permanent Housing—Rapid Re-Housing (PH-RRH), Joint Transitional Housing (TH) and PH-RRH (Joint TH/PH-RRH), TH, SSO, SSO-CE or Homeless Management Information System (HMIS).

Both the New and Renewal Project Applications must be ranked on the CoC Priority Listing.

Funding sources and limitations. For FY 2024, new projects are eligible through "Reallocation" funds, "CoC Bonus" funds, a combination of "Reallocation + Bonus" funds, or "Domestic Violence (DV) Bonus" funds. Review the NOFO for more information at: https://www.hud.gov/program_offices/comm_planning/coc/competition.

Transition grant. Project Applicants can change the component of an existing Renewal Project Application through the transition grant process by transitioning the project to an eligible new component. The CoC must fully reallocate the Renewal Project's funds, and then the same Project Applicant must submit a new Project Application in *e-snaps*. Eligible components for new projects in the transition process are: PH-PSH, PH-RRH, Joint TH and PH-RRH, SSO-CE, and HMIS. Refer to Section II.B.2. of the FY 2024 – FY 2025 CoC Program Competition NOFO for the criteria that applicants must follow for transition grants.

Helpful Reminders from Prior Years

This section highlights several items that are not new but are included as useful reminders.

- HUD 2880 (Applicant/Recipient Disclosure/Initial Report). As with prior years, the HUD Form 2880 is no longer uploaded as an attachment. This form is related to the Project Applicant Profile and the fields are not editable in the forms in the Project Applications. For instructions on completing the HUD Form 2880 in both the Project Applicant Profile and the Project Applications (New, Renewal, YHDP, CoC Planning, and Unified Funding Agency [UFA] Costs), refer to the following resource:
 - <u>https://files.hudexchange.info/resources/documents/How-to-Complete-the-HUD-Form-</u> <u>2880-in-e-snaps.pdf</u>.
- **Pre-populating data from the Project Applicant Profile.** Some data will automatically populate fields on several screens from the information entered into your Project Applicant Profile. If this information is incorrect, changes can be made by exiting the application and returning to the Project Applicant Profile.
- The "Project Application" and "CoC Priority Listing."
 - The Project Application includes the information submitted by Renewal and New Project Applicants for funding consideration.
 - The CoC Priority Listing includes the New Project Listing, Renewal Project Listing, CoC Planning Project Listing, and, if designated by HUD as a UFA, a UFA Project Listing.
- **Applicant field and dropdown menu.** When *e-snaps* users log in to the system, they will see an "Applicant" field at the top of the screen. This field identifies the organization's account in which the user is working.

Users with *e-snaps* access to more than one organization's account will see a dropdown menu listing two or more organizations. This group of *e-snaps* users includes staff persons who work on multiple applications (e.g., a staff person at an agency that serves as the Collaborative Applicant as well as a Project Applicant submitting one or more Project Applications).

This feature appears when working on the "Applicants," "Funding Opportunity," "Projects," and "Submissions" screens. Only the items (e.g., projects) pertaining to the applicant listed in the field appear on the screen. Users must ensure they are working in the correct applicant account.

• **Collaborative Applicant.** During the CoC Program Competition, Project Applicants will see references to the "Collaborative Applicant." The Collaborative Applicant is the entity designated by the CoC to submit the CoC Program Registration and CoC Consolidated Application in the CoC Program Competition on behalf of the CoC.

Accessing *e-snaps*

The Project Application is submitted electronically in *e-snaps* during the FY 2024 CoC Program funding process.

C Front Office		
Front Office Portal Username: Kholimstrom Password: Login Forgot your password?	Coc Py The e- If you and process. The information collection requirements contained (44 U.S.C. 3501-3520). This agency may not colle	and grants management system for the HUD Continuum of Care (CoC) Program. It supports the collaborative application process known as the persons only. If you are an authorized user, please log in by entering a valid user name and password. If you have any difficulty with this process raiso use the Links on the left menu to navigate through the system, and access application forms and other related links. If you need is the Help instructions in each section. cess to this system on behalf of your Continuum of Care or as a project applicant, you may request a user name through the Registration i in this application have been submitted to the Office of Management and Budget (OMB) for review under the Paperwork Reduction Act of 1995 ct this information, and you are not required to complete this form, unless it displays a currently valid OME control number. gulatory authority contained in each program rule. The information will be used to rate applications, determine eligibility, and establish grant.
Create Profile	Lif new to <i>e-snaps</i> , create a user profile here	Isom of Care Program are based on rating factors listed in the Notice of Fund Availability (NOFA), which is published each year to announce formation collected in the application form will only be collected for specific funding competitions. OMB Approval No. 2508-0182 (exp. 11/30/2024) o average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the ion of information.
		OMB Approval No. 2508-0112 (exp. 12/31/2024) ation is estimated to average 190 hours per response. Including the time for reviewing instructions, searching existing data sources, gathering and eviewing the collection of information. The reporting burden for Continuums of Care is estimated to average 204 hours and the reporting burden for OMB Approval No. 2508-0183 (11/30/2018)

NOTE: Each e-snaps user must have his or her unique log-in credentials.

Preferably, each organization will have at least two people with access to esnaps—the Authorized Representative and one or more additional staff.

Existing Users

Steps

- 1. Direct your internet browser to https://esnaps.hud.gov/.
- 2. On the left menu bar, enter your username and password. You will then enter the e-snaps system and arrive at the "Welcome" screen.
- 3. If you forgot your password, send a password reset request to <u>e-snaps@hud.gov</u>.

New e-snaps Users

Steps

- 1. Create an *e-snaps* username and password by selecting the "Create Profile" link.
- 2. Log in as instructed under *Existing Users* above.



For a refresher on how to continue through the e-snaps system, visit the HUD Exchange e-snaps webpage at:

<u>https://www.hudexchange.info/programs/e-snaps/</u>

Give Staff Access to Your Organization's e-snaps Account

Having a user profile enables a person to access *e-snaps*. However, only individuals who have been associated with the organization as a registrant (also referred to as registered users) have the ability to enter information in the Project Applicant Profile and Project Applications associated with the organization.



For information on how to add and delete users, refer to the "Give Staff Access to Your Organization's e-snaps Account" resource at:

<u>https://files.hudexchange.info/resources/documents/Give-Staff-Access-to-Your-Organizations-e-snaps-Account.pdf</u>

Project Applicant Profile

Project Applicants must complete the Project Applicant Profile before moving forward in the Project Application process. To complete the Project Applicant Profile, the Project Applicant needs to ensure the data entered in the profile screens is accurate and must select the "Complete" button on the "Submission Summary" screen.

This section in the New Project Application Navigational Guide highlights key information needed to successfully complete this step. It does NOT provide detailed instructions.



For detailed instructions, see the Project Applicant Profile e-snaps Navigational Guide at:

- <u>https://files.hudexchange.info/resources/documents/Project-Applicant-Profile-Navigational-Guide.pdf</u>
- Access the Project Applicant Profile. To access the Project Applicant Profile, log in to *e-snaps*, select "Applicants" on the left menu bar, ensure that the correct Project Applicant name in the "Applicants" field at the top left side of the screen is selected, and select the orange folder to the left of the Project Applicant name on the screen.
- Organizations that are Collaborative Applicants and Project Applicants. If the organization applying for funding as a Project Applicant is also serving as the Collaborative Applicant, the organization will have two Applicant Profiles: one for the Project Applicant and one for the Collaborative Applicant.

The "Applicant" field dropdown menu at the top left side of the screen contains the list of applicants that a user can access. If you have issues with finding the correct Project Applicant, please contact the HUD *e-snaps* Help Desk at <u>e-snaps@hud.gov</u>. The HUD Exchange Ask A Question desk is no longer active.

- **First-time applicant.** If an organization is new to *e-snaps* (i.e., submitting a Project Application for the first time), the organization must establish itself as a Project Applicant in *e-snaps*. Review the Project Applicant Profile *e-snaps* Navigational Guide at:
 - <u>https://files.hudexchange.info/resources/documents/Project-Applicant-Profile-</u> <u>Navigational-Guide.pdf</u>

An organization will establish itself as a Project Applicant in *e-snaps* one time only.



If you are a Collaborative Applicant and a Project Applicant applying for Renewal, New, CoC Planning, or UFA Costs project funds, you must have **two separate Applicant Profiles:** a Collaborative Applicant Profile and a Project Applicant Profile.

Contact the HUD e-snaps Help Desk if you need assistance at:

• <u>e-snaps@hud.gov</u>.

Establish the Project Application

After the Project Applicant Profile is completed, Project Applicants can move to the next steps required to establish and access the Project Application screens. This section covers the following:

- Funding opportunity registration
- Creating projects
- Accessing Project Applications from the "Submissions" screen

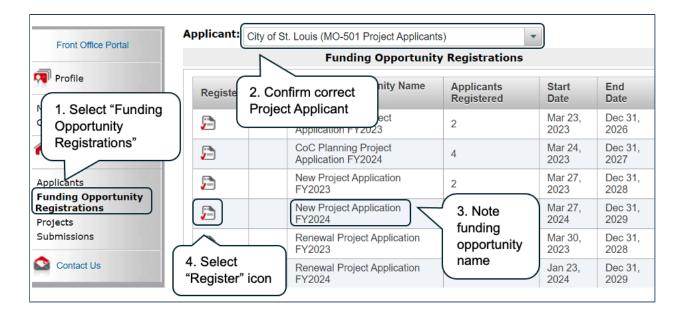
Funding Opportunity Registration

All Project Applicants must register the organization for the FY 2024 New Project Application funding opportunity. Registering for the funding opportunity enables Project Applicants to apply for funds during the FY 2024 CoC Program funding process.

Terminology "Registering" in this context means indicating your intent to apply.

"Funding opportunity" refers to the type of grant. There are options when you select this screen. They include CoC Planning, New, Renewal, and UFA Costs.

On this screen, you are indicating your intent to apply for a specific type of grant.



- 1. Select "Funding Opportunity Registrations" on the left menu bar. The "Funding Opportunity Registrations" screen will appear.
- 2. Confirm the Project Applicant.
- 3. Note the funding opportunity name. Ensure you are choosing the correct funding opportunity for this project application; you must choose "<u>New Project Application FY2024.</u>"
- 4. Select the "Register" icon D next to "New Project Application FY2024."
- 5. The "Funding Opportunity Details" screen will appear.



Steps

- 1. When the question appears asking if you want to register the Project Applicant for the funding opportunity, select "Yes" to confirm that you want to register your organization.
- 2. The screen will then indicate that the Project Applicant has been registered.
- 3. Select the "Back" button to return to the "Funding Opportunity Registrations" screen.



Remember, the "Applicant" field with the dropdown menu located at the top left side of the screen identifies the Applicant Profile under which you are working.

Please ensure you are working under the correct one.

The following image shows the screen that appears when the organization has successfully registered for the **New Project Application FY2024** funding opportunity.

6	
Applicant:	City of St. Louis (MO-501 Project Applicants)
	Funding Opportunity Details
	Funding Opportunity Name: New Project Application FY2024
	Start Date: 2024-03-27 00:00:00.0
	End Date: 2029-12-31 23:59:00.0
	Successful registration
	Funding Opportunity Registration
	City of St. Louis (MO-501 Project Applicants) has been registered.

Creating the Project Application Project

Project Applicants must create a project for the New Project Application in *e-snaps* on the "Projects" screen. Creating a project is an intermediate step. Organizations do NOT enter the application from the "Projects" screen to complete the application screens; instead, they access the application from the "Submissions" screen.

Once the Project Applicant "creates" the project, it will appear on this screen and the term "New Project Application" will appear under the "Funding Opportunity Name" column.

Terminology "Creating a Project" means giving the Project Application a name.

Applicant: Places for People	(23-7433924)	•	
	Proj	jects	
1. Select "Projects" from the left menu bar	Project Status:	Copen Projects	
	Funding Opportunity Name:	New Project Application FY2024	
	appears after	2. Select the "New Project	Þ
	Project Funding Oppo Number Name		
	14 <4		

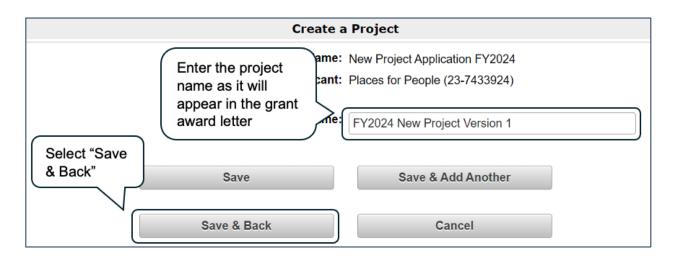
Steps

- 1. Select "Projects" on the left menu bar. The "Projects" screen will appear.
- 2. Select "New Project Application FY2024" from the "Funding Opportunity Name" dropdown.
- 3. The screen refreshes and an "Add" icon appears on the left side of the screen above the column headings.
- 4. Select the "Add" icon. 퉏
- 5. The "Create a Project" screen will appear.

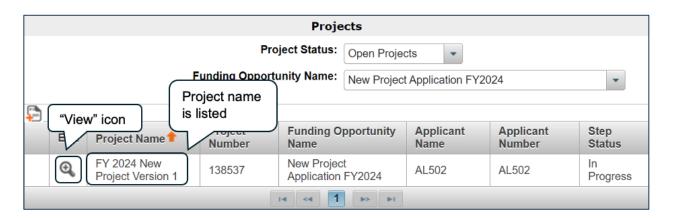


Remember, the "Applicant" field with the dropdown menu located at the top of the screen identifies the Applicant Profile under which you are working.

Please ensure you are working under the correct Project Applicant.



- 1. On the "Create a Project" screen, the Funding Opportunity and Applicant Name will be prepopulated.
- 2. In the "Applicant Project Name" field, enter the name of the project.
- 3. You should enter the name that you want to appear in the grant award letter.
- 4. Select "Save & Back" to return to the "Projects" screen.



- 5. The project name is listed in the menu.
- 6. Select the "View" icon ^Q to view project details; however, it is not necessary to enter any notes on that page.

Submissions

After completing the Project Applicant Profile, registering for the funding opportunity, and creating the New Project Application project, Project Applicants may now enter the Project Application and complete the screens. You must access the New Project Application from the "Submissions" screen.

Terminology "Submissions" refers to both submitted project applications and project applications that are in progress to be submitted.

This screen also includes applications that are created by mistake and are not intended to be submitted.

Once you have created a project on the "Projects" screen and it appears here, you cannot delete it. You can only rename it.



- 1. Select "Submissions" on the left menu bar.
- 2. The "Submissions" screen will appear.
- 3. Locate the Project Application project you established.
 - Option: Use the submissions filters. Select the project name in the "Project Name" field. Then select the "Filter" button to single out your project(s).
 - Option: Select "Clear Filters" on the top left of the "Submissions Filters" box. Then, review the "Funding Opportunity Name / Step Name" column for "New Project Application."
- 4. Continue with the instructions in the next section for completing the New Project Application.

FY 2024 Project Application

NOTE:

This section identifies the steps for completing the New Project Application screens in *e-snaps*.

Some data may pre-populate from the Project Applicant Profile (i.e., e-snaps will bring it forward). Review the pre-populated data. If any information is incorrect, you must go back and correct it in the Project Applicant Profile.

If you are in the Project Application and you need to update the Project Applicant Profile, do not use the "View Applicant Profile" link on the left menu bar. Instead:

- Select "Back to Submissions List." Select "Applicants" on the left menu bar, and select the orange folder next to the applicant name.
- Ensure that the Applicant Profile is in "edit" mode.
- Make the appropriate corrections as needed and select "Save" at the bottom of the screen after you make each revision.
- Once you have made all of the necessary corrections to your Project Applicant Profile, continue to the "Submission Summary" screen and select "Complete."
- When you return to the Project Application, the screen will show the corrected information.

If the corrected information does not populate the Project Application, do the following:

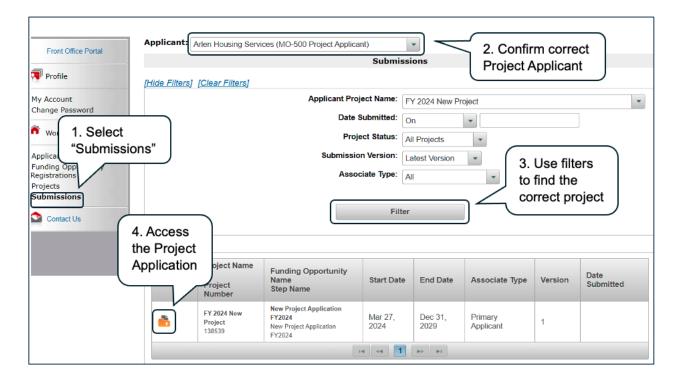
- Log out of *e-snaps*.
- Log back in and navigate to the screen in the Applicant Profile where information needs to be corrected. If the information is incorrect, correct it and save it. If the information is correct, then edit it to something that is incorrect, save it, then change it back and save it again.
- Navigate to the "Submission Summary" screen and select "Complete."
- Log out of *e-snaps*.
- Log in again. Navigate to your Project Application. The information should be updated.

Select "Save" at the bottom of the screen after you make each revision. Once you have made all of the necessary corrections to your Project Applicant Profile, proceed to the "Submission Summary" screen and select "Complete." When you return to the Project Application, the screen will show the corrected information.

Review the instructions in the <u>Submitting the Project Application</u> section in this guide.

Accessing the New Project Application

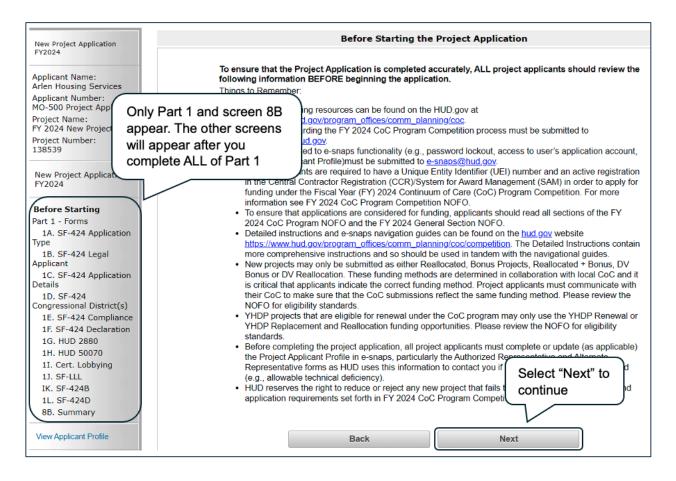
Access the New Project Application through the "Submissions" screen.



- 1. Select "Submissions" on the left menu bar. The "Submissions" screen will appear.
- 2. Confirm the correct Project Applicant.
- 3. Select the "Folder" icon icon to the left of the Project Application name you established with the funding opportunity name "New Project Application FY2024."
- 4. The "Before Starting the Project Application" screen will appear.

Before Starting the New Project Application

Before you begin the FY 2024 New Project Application, review the following information on the "Before Starting the Project Application" screen.



Step

- 1. Select "Next."
 - **NOTE:** When working in the Project Application, *e-snaps* users may return to the main screen by selecting "Back to Submissions List" at the bottom of the left menu bar. From this screen, users may access the "Applicant," "Funding Opportunity Registration," "Projects," and "Submissions" screens on the left menu bar.

1A. Application Type



Applicants must complete Part 1: SF-424 *in its entirety* before the rest of the application screens appear on the left menu bar.

The following steps provide instructions on reviewing the fields on the "Application Type" screen for **Part 1: SF-424** of the FY 2024 Project Application.

	1A. SF-424 Ap	plication Type	
Verify the data in fields 1–3 is correct	1. Type of Submission:	Application	•
	2. Type of Application:	New Project Application	
If Revision, se	lect appropriate letter(s):	select	•
	If "Other", specify:		
Leave fields 4–7 blank	3. Date Received:	08/09/2024	
	4. Applicant Identifier:		
a	Federal Entity Identifier:		
5.	Federal Award Identifier:		
6	. Date Received by State:		Select "Next" to
7. St	ate Application Identifier:		continue
	Back	Next	

- 1. Verify the information in field 1, "Type of Submission."
- 2. In field 2, confirm that you have registered for the correct funding opportunity, "New Project Application."
- 3. Fields 1, 2, and 3 are pre-populated and cannot be changed on this screen.
- 4. Leave fields 4, 5a, 5b, 6, and 7 blank.
- 5. Select "Next" to continue.

1B. Legal Applicant

The following steps provide instructions on reviewing the fields on the "Legal Applicant" screen for **Part 1: SF-424** of the FY 2024 Project Application.

	1B. SF-424 Le	gal Applicant	
	8. Applicant		
	a. Legal Name:	Arlen Housing Services	
b. Employer/Taxpayer Identifi	cation Number (EIN/TIN):	12-1234567	
<u></u> * c	. Unique Entity Identifier:	12345676	
Verify the data	d. Address		
	Street 1:	1234 Main St	
is correct	Street 2:		
	City:	St. Louis	
	County:		
	State:	Missouri	*
	Country:	United States	-
	Zip / Postal Code:	60000	
0. Oraș	nizational Unit (optional)		
e. orga	Department Name:	Human Services	
	Division Name:	Homeless Services	
(N			
contacted on matters i	ormation of person to be involving this application		
	Prefix:	1915.	
	First Name:	Wilma	
	Middle Name:		
	Last Name:	Flagstone	
	Suffix:	select 💌	
	Title:	Program Manager, Homeless	s Services
0	Organizational Affiliation:	Arlen Housing Services	
	Telephone Number:	(314) 555-5555	
	Extension:		Select "Next" to continue
	Fax Number:	(314) 555-5555	
	Email:	jane@123.org	\vee
	Back	Next	<u>í</u>

- 1. In field 8, verify that all of the information on the screen is complete and accurate. The fields are pre-populated and cannot be changed on this screen. If any of the information is incorrect, it must be corrected in the Project Applicant Profile.
- 2. Select "Next" to continue.
 - **NOTE:** If any pre-populated information is incorrect, you must correct it in the Project Applicant Profile. Review the instructions in the <u>Submitting the Project</u> <u>Application</u> section in this guide. **Do not use the "View Applicant Profile" link on the left menu bar.**

1C. Application Details

The following steps provide instructions on completing all mandatory fields marked with an asterisk (*) on the "Application Details" screen for **Part 1: SF-424** of the FY 2024 Project Application.

	1C. SF-424 App	lication Details	
Verify the data	9. Type of Applicant:	B. County Government	
is correct	10. Name of Federal Agency:	Department of Housing and Urban Development	
11. Catalog of F	Federal Domestic Assistance Title:	CoC Program	
	CFDA Number:	14.267	
	12. Funding Opportunity Number:	FR-6700-N-25	
	Title:	Continuum of Care Homeless Assistance Competitio	
13. C	Competition Identification Number:	Select "Next" to	continue
	Title:)
	Back	Next	

Steps

- 1. Verify that the information populated in fields 9, 10, 11, and 12 is correct.
 - Field 9 pre-populates from the Project Applicant Profile.
 - Fields 10, 11, and 12 pre-populate and cannot be edited.
- 2. Leave field 13 blank.
- 3. Select "Next" to continue.
 - **NOTE:** If any pre-populated information is incorrect, you must correct it in the Project Applicant Profile. Review the instructions in the <u>Submitting the Project</u> <u>Application</u> section in this guide.

Do not use the "View Applicant Profile" link on the left menu bar.

1D. Congressional Districts

The following steps provide instruction on completing all mandatory fields marked with an asterisk (*) on the "Congressional Districts" screen for **Part 1: SF-424** of the FY 2024 Project Application, as well as reviewing information populated from the "Applicant Profile" and "Projects" screens.

. 14. Area(s) affected by the project (
(for multiple selections hold CTRL key)	Istate(s) only]:	Move correct state
Available Items:		from left column
Maine	^ Mi	-
Maryland		
Massachusetts	-44	
Michigan		
Minnesota	*	
Mississippi		
Montana	H-	
Nebraska		
Nevada		
Now Hampshire	*	
15. Descriptive Title of Ap	plicant's Project: FY2023 New Pr	oject Version 1
16. Congressional District(s):		Populates from
16a. Applicant:		
	م ا	Applicant Profile
Available Items:		
AK-000	- MO-001	
AL-001	M0-002	
AL-002	-44	
AL-003		
AL-004	e-	
AL-005		
AL-005		
AL-007		Move correct
AR-001	-	congrassianal
16b. Project:		congressional
(for multiple selections hold CTRL key)		<pre>district(s) for the</pre>
		project
Available Items:		
MN-008	^ Mg 01	
MO-002	MO-003	
MC-004	-44	
MC-005		
MC-006	-	
MO-007		
MO-008	H+	
MP-000		
MS-001		
	Proposed Project	
17.		
17.		
17.	a. Start Date: 10/01/2023	
17.		
	a. Start Date: 10/01/2023	
	a. Start Date: 10/01/2023	
	a. Start Date: 10/01/2023 b. End Date: 09/30/2024 nated Funding (\$) a. Federal:	
	a. Start Date: 10/01/2023 b. End Date: 06/30/2024 nated Funding (\$)	
	a. Start Date: 10/01/2023 b. End Date: 09/30/2024 nated Funding (\$) a. Federal:	
	a. Start Date: 10/01/2023 b. End Date: 09/30/2024 a. Federal: b. Applicant:	
	* a. Start Date: 10/01/2023 * b. End Date: 09/30/2024 mated Funding (\$) a. Federal: b. Applicant: c. State: d. Local: e. Other:	
18. Estin	* a. Start Date: 10/01/2023 * b. End Date: 09/30/2024 mated Funding (\$) a. Federal: b. Applicant: c. State: d. Local: e. Other:	"Save &
18. Estin	* a. Start Date: 10/01/2023 * b. End Date: 09/30/2024 mated Funding (\$) a. Federal: b. Applicant: c. State: d. Local: e. Other: Program Income: Select	"Save &
18. Estin	a. Start Date: 10/01/2023 b. End Date: 09/30/2024 nated Funding (\$) a. Federal: b. Applicant:	
18. Estin	a. Start Date: 10/01/2023 b. End Date: 09/30/2024 nated Funding (\$) a. Federal: b. Applicant:	
18. Estin [.	a. Start Date: 10/01/2023 b. End Date: 09/30/2024 nated Funding (\$) a. Federal: b. Applicant:	to continue

Steps

- 1. In field 14, select the state(s) in which the proposed project will operate and serve persons experiencing homelessness.
 - Highlight one state or hold the CTRL key to make more than one selection. Using the single arrow key, move your selection from the left box to the right box.
- 2. Field 15 is pre-populated with the name entered on the "Projects" screen when the Project Application was initiated. To make changes to this field, return to the "Projects" screen to edit the name.

Note: To make changes to this field, return to the "Projects" screen.

- From the left menu bar, select "Back to Submissions List."
- From the left menu bar, select "Projects."
- On the "Projects" screen, locate the name of the project you wish to rename and select the View Q icon to the left of the project name.
- On the "Project Details" screen, change the name you originally entered in the "Applicant Project Name" field and select "Save" at the bottom of the screen.
- When you re-enter the New Project Application and navigate back to the "Congressional Districts" screen, the correct project name should now be displayed in the "Descriptive Title of Applicant's Project" field.
- 3. Field 16a "Congressional Districts" is pre-populated from the Project Applicant Profile.
 - Applicants cannot modify the populated data on this screen; however, Project Applicants may modify the Project Applicant Profile to correct any errors identified.
- 4. In Field 16b, select the congressional district(s) in which the project is expected to operate.
 - Highlight one district, or hold the CTRL key to make more than one selection.
 - Using the single arrow key, move your selection from the left box to the right box.
- 5. Under field 17, "Proposed Project," enter the project's estimated operating start and end dates in the appropriate fields using the calendar is icon function.
- 6. Field 18, "Estimated Funding" cannot be edited.
- 7. Select "Save & Next" to continue.
 - **NOTE:** If any pre-populated information is incorrect, you must correct it in the Project Applicant Profile. Review the instructions in the <u>Submitting the Project</u> <u>Application</u> section in this guide.

Do not use the "View Applicant Profile" link on the left menu bar.

1E. Compliance

The following steps provide instructions on completing all the mandatory fields marked with an asterisk (*) on the "Compliance" screen for **Part 1: SF-424** of the FY 2024 Project Application, as well as reviewing information populated from the "Applicant Profile."

1E. SF-424	Compliance
* 19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the S
If "YES", enter the date this application was made available to the State for review:	
[*] 20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	
	Select "Save &
	characters remaining. Next" to continue
Save & Back Sa	Save & Next
Back	Next

Steps

- 1. In field 19, the "Is the Application Subject to Review By State Executive Order 12372 Process?" field, select the correct option from the dropdown menu.
 - If the state or U.S. territory requires a review of the application, select "Yes" and enter the date on which the application was made available to the state using the calendar is icon function.
 - If the state or U.S. territory does not require a review of the Project Application, select "Program is subject to E.O. 12372 but has not been selected by the State for review."
 - If "Program is not covered by E.O. 12372" is selected, then the project is not eligible for this funding opportunity and you will not be able to access the Project Application.
- 2. In field 20, select "Yes" or "No" to indicate whether the Project Applicant is delinquent on any federal debt.
 - If "No," select "Save & Next."
 - If "Yes," an explanation must be entered in the field provided.
- 3. Select "Save & Next" to continue.

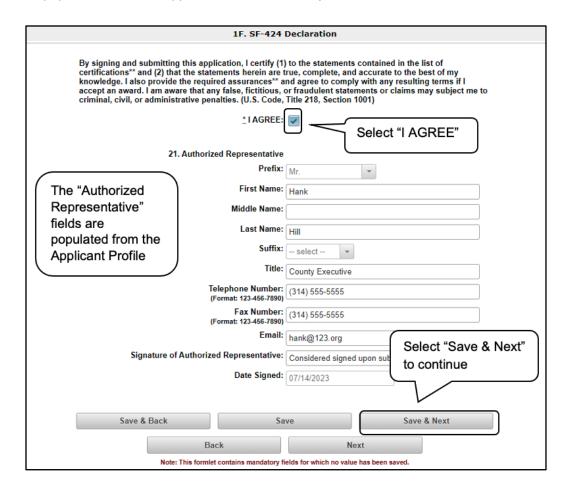


To access the lists of those states that have chosen to participate in the intergovernmental review process, visit:

https://www.whitehouse.gov/wp-content/uploads/2023/06/SPOC-list-as-of-2023.pdf.

1F. Declaration

The following steps provide instructions on completing all the mandatory fields marked with an asterisk (*) on the "Declaration" screen for **Part 1: SF-424** of the FY 2024 Project Application, as well as reviewing information populated from the "Applicant Profile" and "Projects" screens.



Steps

- 1. Select the box stating that you agree with the statement about certifying information in the SF-424 section of the FY 2024 New Project Application.
- 2. In field 21, verify that the Authorized Representative information is complete and accurate.
 - **Note:** The Authorized Representative information must be for the person who is legally able to enter into a contract for the organization. This is the person who can legally sign the grant agreement if the New Project Application is selected for conditional award.
- 3. Select "Save & Next" to continue.
 - **NOTE:** If any pre-populated information is incorrect, you must correct it in the Project Applicant Profile. Review the instructions in the <u>Submitting the Project</u> <u>Application</u> section in this guide.

Do not use the "View Applicant Profile" link on the left menu bar.

1G. HUD 2880

HUD Form 2880 (Applicant/Recipient Disclosure/Initial Report) is incorporated both into the Project Applicant Profile and the individual Project Applications (New CoC, DV and YHDP projects; Renewal CoC, DV, and YHDP projects; YHDP Replacement projects; CoC Planning projects, and UFA Costs projects). It is no longer uploaded as an attachment.

Due to the complexity of the form, a separate resource provides instructions on completing the HUD Form 2880 in both the Project Applicant Profile and the Project Applications (New, Renewal, CoC Planning, and UFA Costs).

Refer to the following resource:

<u>https://files.hudexchange.info/resources/documents/How-to-Complete-the-HUD-Form-2880-in-e-snaps.pdf</u>

HUD Form 2880 is divided into three parts; therefore, the referenced resource is organized as follows:

• HUD Form 2880 in the Project Applicant Profile

Part I

Part II

Part III

• HUD Form 2880 in the Project Applications

Part I

Part II

Part III

1H. HUD 50070

The following steps provide instructions on completing all the mandatory fields marked with an asterisk (*) on the "HUD 50070 – Drug-Free Workplace Certification" screen for Part 1: SF-424 of the FY 2024 Project Application, as well as reviewing information populated from the "Applicant Profile" screens.

* I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.	Select to certify
WARNING: Anyone who knowingly submits a false claim civil penalties, including confinement for up to 5 years, fin 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)	
Authorized Representative	
Prefix:	Mr.
First Name:	Hank
Middle Name	
Last Name:	Hill
Suffix:	select 💌
Title:	County Executive
Telephone Number: (Format: 123-456-7890)	
Fax Number: (Format: 123-456-7890)	
Email:	Hallk@123.0rg
Signature of Authorized Representative:	Considered signe
Date Signed:	107/14/2023 to continue
	\checkmark
Save & Back Sa	save & Next
Back	Next

Steps

- 1. Review parts A through G of the certification statement.
- 2. Select the box stating that you certify that the information on the HUD 50070 in the SF-424 section of the FY 2024 New Project Application is correct.
- 3. Verify that the Authorized Representative information is complete and accurate.
 - **Note:** The Authorized Representative information must be for the person who is legally able to enter into a contract for the organization. This is the person who can legally sign the grant agreement if the New Project Application is selected for conditional award.
- 4. Select "Save & Next" to continue.
 - **NOTE:** If any pre-populated information is incorrect, you must correct it in the Project Applicant Profile. Review the instructions in the <u>Submitting the Project</u> <u>Application</u> section in this guide.

Do not use the "View Applicant Profile" link on the left menu bar.

11. Certification Regarding Lobbying

The following steps provide instructions on completing the "Certification Regarding Lobbying" screen for **Part 1: SF-424** of the FY 2024 Project Application.

	GARDING LOBBYING
Certification for Contracts, Grants, Loans, and Cooper	rative Agreements
The undersigned certifies, to the best of his or her known	owledge and belief, that:
(1) No Federal appropriated funds have been paid or w person for influencing or attempting to influence an of Congress, an officer or employee of Congress, or an e with the awarding of any Federal contract, the making the entering into of any cooperative agreement, and th modification of any Federal contract, grant, loan, or co	employee of a Member of Congress in connection of any Federal grant, the making of any Federal loan, he extension, continuation, renewal, amendment, or
2) If any funds other than Federal appropriated funds linfluencing or attempting to influence an officer or em officer or employee of Congress, or an employee of a contract, grant, loan, or cooperative agreement, the up Form-LLL, "Disclosure of Lobbying Activities," in accounter of the second	ployee of any agency, a Member of Congress, an Member of Congress in connection with this Federal ndersigned shall complete and submit Standard
(3) The undersigned shall require that the language of for all subawards at all tiers (including subcontracts, s cooperative agreements) and that all subrecipients sh is a material representation of fact upon which relianc entered into. Submission of this certification is a prere imposed by section 1352, title 31, U.S. Code. Any pers subject to a civil penalty of not less than \$10,000 and a	all certify and disclose accordingly. This certification e was placed when this transaction was made or equisite for making or entering into this transaction son who fails to file the required certification shall be
Statement for Loan Guarantees and Loan Insurance	
The undersigned states, to the best of his or her know	vledge and belief, that:
If any funda have been naid ar will be naid to any	and the left see along the set of the set of the second set
If any funds have been paid or will be paid to any pers officer or employee of any agency, a Member of Congreenployee of a Member of Congress in connection with insure or guarantee a loan, the undersigned shall com Lobbying Activities," in accordance with its instruction making or entering into this transaction imposed by s to file the required statement shall be subject to a civil \$100,000 for each such failure.	ress, an officer or employee of Congress, or an h this commitment providing for the United States to iplete and submit Standard Form-LLL, "Disclosure of ns. Submission of this statement is a prerequisite for ection 1352, title 31, U.S. Code. Any person who fails
officer or employee of any agency, a Member of Cong employee of a Member of Congress in connection with insure or guarantee a loan, the undersigned shall com Lobbying Activities," in accordance with its instructio making or entering into this transaction imposed by s to file the required statement shall be subject to a civil	ress, an officer or employee of Congress, or an h this commitment providing for the United States to plete and submit Standard Form-LLL, "Disclosure of ns. Submission of this statement is a prerequisite for ection 1352, title 31, U.S. Code. Any person who fails I penalty of not less than \$10,000 and not more than Select to certify
officer or employee of any agency, a Member of Congr employee of a Member of Congress in connection with insure or guarantee a loan, the undersigned shall com Lobbying Activities," in accordance with its instruction making or entering into this transaction imposed by s to file the required statement shall be subject to a civi \$100,000 for each such failure. 1 hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true	ress, an officer or employee of Congress, or an h this commitment providing for the United States to splete and submit Standard Form-LLL, "Disclosure of ns. Submission of this statement is a prerequisite for ection 1352, title 31, U.S. Code. Any person who fails I penalty of not less than \$10,000 and not more than Select to certify ents. Conviction may result in criminal and/or civil 3802)
officer or employee of any agency, a Member of Cong employee of a Member of Congress in connection with insure or guarantee a loan, the undersigned shall com Lobbying Activities," in accordance with its instruction making or entering into this transaction imposed by s to file the required statement shall be subject to a civil \$100,000 for each such failure. "I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate: Warning: HUD will prosecute false claims and statemen penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729,	ress, an officer or employee of Congress, or an h this commitment providing for the United States to splete and submit Standard Form-LLL, "Disclosure of ns. Submission of this statement is a prerequisite for ection 1352, title 31, U.S. Code. Any person who fails I penalty of not less than \$10,000 and not more than Select to certify ents. Conviction may result in criminal and/or civil 3802) Arlen Housing Services
officer or employee of any agency, a Member of Cong employee of a Member of Congress in connection with insure or guarantee a loan, the undersigned shall com Lobbying Activities," in accordance with its instruction making or entering into this transaction imposed by s to file the required statement shall be subject to a civil \$100,000 for each such failure. "I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate: Warning: HUD will prosecute false claims and stateme penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, Applicant's Organization:	ress, an officer or employee of Congress, or an h this commitment providing for the United States to uplete and submit Standard Form-LLL, "Disclosure of ns. Submission of this statement is a prerequisite for ection 1352, title 31, U.S. Code. Any person who fails I penalty of not less than \$10,000 and not more than Select to certify ents. Conviction may result in criminal and/or civil 3802) Arlen Housing Services Hank Hill, County Executive Considered signed upon su Select "Save & Next"
officer or employee of any agency, a Member of Cong employee of a Member of Congress in connection with insure or guarantee a loan, the undersigned shall com Lobbying Activities," in accordance with its instructio making or entering into this transaction imposed by s to file the required statement shall be subject to a civil \$100,000 for each such failure. "I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate: Warning: HUD will prosecute false claims and stateme penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, Applicant's Organization: Name / Title of Authorized Official:	ress, an officer or employee of Congress, or an h this commitment providing for the United States to splete and submit Standard Form-LLL, "Disclosure of ns. Submission of this statement is a prerequisite for ection 1352, title 31, U.S. Code. Any person who fails I penalty of not less than \$10,000 and not more than Select to certify ents. Conviction may result in criminal and/or civil 3802) Arlen Housing Services Hank Hill, County Executive Considered signed upon su Select "Save & Next" to constinue
officer or employee of any agency, a Member of Congremployee of a Member of Congress in connection with insure or guarantee a loan, the undersigned shall com Lobbying Activities," in accordance with its instruction making or entering into this transaction imposed by so to file the required statement shall be subject to a civil \$100,000 for each such failure. * I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate: Warning: HUD will prosecute false claims and statemed penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, Applicant's Organization: Name / Title of Authorized Official: Signature of Authorized Official:	ress, an officer or employee of Congress, or an h this commitment providing for the United States to uplete and submit Standard Form-LLL, "Disclosure of ns. Submission of this statement is a prerequisite for ection 1352, title 31, U.S. Code. Any person who fails I penalty of not less than \$10,000 and not more than Select to certify ents. Conviction may result in criminal and/or civil 3802) Arlen Housing Services Hank Hill, County Executive Considered signed upon su 07/14/2023 Select "Save & Next" to continue
officer or employee of any agency, a Member of Congremployee of a Member of Congress in connection with insure or guarantee a loan, the undersigned shall com Lobbying Activities," in accordance with its instruction making or entering into this transaction imposed by so to file the required statement shall be subject to a civil \$100,000 for each such failure. * I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate: Warning: HUD will prosecute false claims and statemed penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, Applicant's Organization: Name / Title of Authorized Official: Signature of Authorized Official:	ress, an officer or employee of Congress, or an h this commitment providing for the United States to splete and submit Standard Form-LLL, "Disclosure of ns. Submission of this statement is a prerequisite for ection 1352, title 31, U.S. Code. Any person who fails I penalty of not less than \$10,000 and not more than Select to certify ents. Conviction may result in criminal and/or civil 3802) Arlen Housing Services Hank Hill, County Executive Considered signed upon su Select "Save & Next" to constinue

- 1. Review the information on this screen.
- 2. Select the box stating that you certify that the information is true and accurate. The other fields on this screen are not editable.
- 3. Select "Save & Next" to continue.

1J. SF-LLL

The following steps provide instructions on completing all the mandatory fields marked with an asterisk (*) on the "SF-LLL - Disclosure of Lobbying" screen for **Part 1: SF-424** of the FY 2024 Project Application, as well as reviewing information populated from the "Applicant Profile" screens.

1J. S	F-LLL		
DISCLOSURE OF LOI Complete this form to disclose lobbying Approved by O	g activities	pursu	
HUD requires a new SF-LLL submitted with each annua require		tion and	d completing this screen fulfills this
Answer "Yes" if your organization is engaged in lobby questions as they appear next on this screen. The required for instructions states: "The filing of a form is required for lobbying entity for influencing or attempting to influenc Congress, an officer or employee of Congress, or an er covered Fed	urement relate each payment ce an officer or mployee of a N	d to lob t or agre employ	bying as explained in the SF-LLL eement to make payment to any yee of any agency, a Member of
Answer "No" if your organizatio	on is NOT enga	aged in	lobbying.
", Does the recipient or subrecipient of this CoC grant participate n federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	select		
Authorized Representative Prefix:		\leq	Select "Yes" or "No" to reveal additional questions
First Name:	Hank		
Middle Name:			
Last Name:	Hill		
Suffix:	select	*	
Title:	County Executive		
Telephone Number: (Format: 123-456-7890)			
Fax Number: (Format: 123-456-7890)	(314) 555-5555		
Email:	hank@123.o	rg	
Save & Back Sa	ive		Save & Next
Back	Ne		t
Ouch			

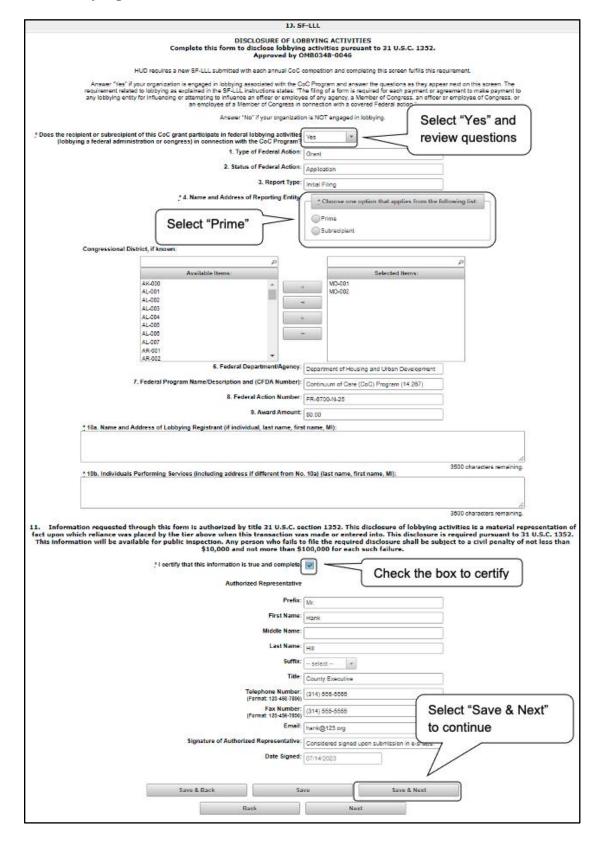
- 1. Verify that the Authorized Representative information is complete and accurate.
- 2. Select "Yes" or "No" to indicate if your organization participates in federal lobbying activities.
 - Additional questions will appear (see next pages).
 - **NOTE:** If any pre-populated information is incorrect, you must correct it in the Project Applicant Profile. Review the instructions in the <u>Submitting the Project</u> <u>Application</u> section in this guide.

If "No" Lobbying Activities

1). SF-LLL				
DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352. Approved by OMB0348-0046				
HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.				
Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. 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 tobbying 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."				
Answer "No" if your organization is NOT engaged in lobbying.				
* 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				
* Legal Name:	Arlen Housing Services			
	1234 Main St			
Street 2:				
"* City:	St. Louis			
County:				
* State:				
	United States *			
.* Zip / Postal Code:				
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. <u>*</u> I certify that this information is true and complete. Check the box to certify				
Authorized Representative				
Prefix:	Mr.			
First Name:	Hank			
Middle Name:				
Last Name:	HII			
Suffix:	select *			
Title:	County Executive			
Telephone Number: (Format: 123-456-7890)	(314) 555-5555			
Fax Number: (Format: 123-456-7890)				
Email:	hank@123.org			
Signature of Authorized Representative:	Considered signed upon submission in			
Date Signed:				
Save & Back Sa	ve Save & Next			
Back	Next			

- 1. If "No" lobbying activities, review the pre-populated data on the screen.
- 2. Under field 11, select the box stating that you certify that the information on the SF-LLL in the SF-424 section of the Project Application is correct.
- 3. Select "Save & Next" to continue.

If "Yes" Lobbying Activities



Steps

- 1. If "Yes" lobbying activities, review the pre-populated data in fields 1, 2, and 3.
- 2. In field 4, indicate that the reporting entity is the prime.
 - The options include "Prime" and "Subrecipient," but the Project Applicant should always be the prime.
- 3. Under field 4, confirm the congressional districts and edit as needed.
- 4. Review fields 6, 7, 8, and 9.
- 5. In field 10a, identify the lobbying registrant's name and address.
- 6. In field 10b, identify individuals performing services. It is a required field and requires text.
- 7. After completing the questions, select the box under field 11 stating that you certify that the information on the SF-LLL in the SF-424 section of the Project Application is correct.
- 8. Select "Save & Next" to continue.

Prime Is the Required Selection The prime is the organization that receives the award; when the organization receives an award, it is called the recipient. The recipient is required to submit the Project Application and is referred to as the Project Applicant in the navigational guides.

A subrecipient NEVER submits the Project Application.

1K. SF-424B

The following steps provide instructions on completing all the mandatory fields marked with an asterisk (*) on the "SF-424B—Assurances Non-Construction Programs" screen for **Part 1: SF-424** of the FY 2024 New Project Application, as well as reviewing information populated from the "Applicant Profile" screens.

IK. SF-424B					
(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS OMB Number: 4040-0007 Expiration Date: 02/28/2025					
NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified. As the duly authorized representative of the applicant, I certify that the applicant:					
* As the duly authorized representative of the applicant, I Select box to certify certify:					
Authorized Representative for:	wwwww				
Prefix:	Mr.				
First Name: Hank					
Middle Name:					
Last Name: Hill					
Suffix:					
Title:	County Executive				
Signature of Authorized Certifying Official:	Select "Save & Submission in e-snaps.				
Date Signed:	Next" to continue				
Save & Back Sa	ve Save & Next				
Back	Next				

Steps

- 1. Review the assurances on this screen.
- 2. Verify that the Authorized Representative information is complete and accurate.
- 3. Select the box stating that you certify these assurances.
- 4. Select "Save & Next" to continue.

1L. SF-424D

The following steps provide instructions on completing all the mandatory fields marked with an asterisk (*) on the "SF-424B—Assurances Construction Programs" screen for **Part 1: SF-424** of the FY 2024 Project Application, as well as reviewing information populated from the "Applicant Profile" screens.

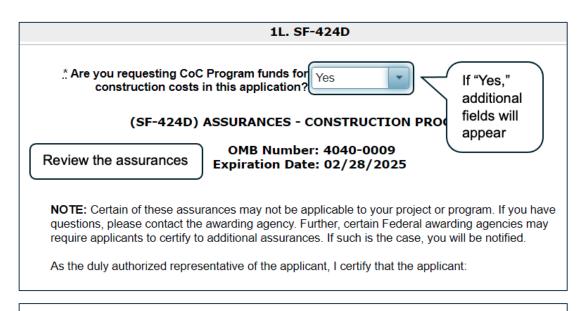
1L. SF-	424D	
* Are you requesting CoC Program funds for construction costs in this application?	select	Select "Yes" or "No"
Save & Back Sa	Yes	Save & Next
Back	Next	
Note: This formlet contains mandatory fie	lds for which no value has bee	en saved.

Steps

1. Select "Yes" or "No" from the dropdown menu regarding whether you are requesting CoC Program funds for construction costs in this application.

1L. SF-424D				
* Are you requesting CoC Program funds for construction costs in this application?				
No SF-424D is required. Select "Save and Next" to move to the next screen.				
Save & Back Save Save & Next				
Back Next				

• If "No" is selected, then no SF-424D is required. Select "Save and Next" to continue.



* As the duly authorized representative of the applicant, I certify:	Select box to certify
Authorized Representative for:	wwww
Prefix:	Mr.
First Name:	Hank
Middle Name:	
Last Name:	Hill
Suffix:	
Title:	County Executive
Signature of Authorized Certifying Official:	Select "Save & submission in e-snaps.
Date Signed:	
Save & Back Sa	ve Save & Next
Back	Next

Steps (continued)

- If "Yes" is selected, additional fields will appear.
 - o Review the information on the screen.
 - o Verify that the Authorized Representative information is complete and accurate.
 - Select the box stating that you certify these assurances.
- 2. Select "Save & Next" to continue.

2A. Subrecipients

Remember, applicants must complete Part 1: SF-424 before the rest of the application screens will appear.

This screen lists all of the project's subrecipients. The details that will populate this screen are based on what is entered in the "Project Subrecipients Detail" screen for **Part 2: Recipient and Subrecipient Information** of the FY 2024 Project Application.

If your project will not use any subrecipients, then do not complete this screen.

2A. Project Subrecipients				
This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the 환 icon. To view or update subrecipient information already listed, select the view 🏵 option.				
Select "Ac	dd" Total Expected Sub	-Awards:		
(Show Filter Clear Filter	ers]		Select "Next" when finished adding project subrecipients	
Delete View Org	ganization	Туре	Sub-Awaru Ay	
No records found.			/	
		I4 <4 >> >I		
	Back		Next	

Steps

- 1. To begin adding subrecipient organization(s) to this list, select the "Add" icon.
- 2. The "Project Subrecipients Detail" screen will appear.

2A. Subrecipients (continued)

2A. Project Subrecipients Detail				
Use the Subrecipient Organization's information to complete these fields	e: select			
* c. Employer or Tax Identification Number	r:			
* d. Unique Entity Identifie	r characters. This is your SAM.gov number.			
e. Physical Addre				
<u>*</u> Street	1:			
Street	2:			
t Cit	у:			
<u>*</u> Stat	e: select 💌			
* Zip Cod	e:			

Steps

- 1. In field a, enter the legal name of the subrecipient organization.
- 2. In field b, indicate the subrecipient's organization type by selecting the appropriate option from the dropdown menu.
 - Options include: State Government; County Government; City of Township Government; Special District Government; U.S. Territory or Possession; Public / State Controlled Institute of Higher Learning; Public Housing Authority; Nonprofit with 501c3 IRS Status; Nonprofit without 501C3 IRS Status; or Indian Tribes, and tribally designated housing entities, 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, as such term is defined in 24 CFR 5.100.

If the organization type does not appear on the list, it is not an eligible subrecipient.

The "Other" text box can be used for more information, if desired.

- Nonprofit subrecipients (those who select options M or N as an organization type) are
 required to provide proof of their nonprofit status. Documentation of nonprofit status must be
 attached in *e-snaps* using the "Attachments" link on the left menu bar. This link appears prior
 to the "Submission Summary" link.
- 3. In field c, enter the subrecipient's 9-digit Employer or Tax Identification Number.
- 4. In field d, enter the subrecipient's 12-digit Unique Entity Identifier (UEI). Note: The DUNS number has been replaced by the UEI. For more information on the UEI, please go to <u>https://www.gsa.gov/about-us/organization/federal-acquisition-service/technology-transformation-services/integrated-award-environment-iae/iae-systems-information-kit/unique-entity-id-is-here.</u>
- 5. In field e, enter the subrecipient's address, city, state, and zip code. If the mailing address is different from the street address, enter the mailing address.

2A. Subrecipients (continued)

	م	
Available Items:		Selected Items:
AK-000	A	Selected Relias.
AL-001	→	
AL-002	-+1	
AL-003		
AL-004	÷	
AL-005		
AL-006	I C	
AL-007		
AR-001		
AD 000	•	
h. Has the subrecipient ever received ctly from a federal agency or through a		- select ×
*i Expected	Sub-Award Amount:	
" I. Expected	Sub-Awara Amount.	
	j. Contact P	
	* Prefix:	- select 💌
	* First Name:	
	Middle Name:	
	* Last Name:	
	Suffix:	- select 💌
	Suffix:	- select 💌
elect "Save & Back to	<u></u> Title:	- select •
st" when finished	<u>*</u> Title:	- select 💌
	<u></u> Title:	Select "Save & A
st" when finished	<u>*</u> Title:	Select "Save & A
st" when finished		
st" when finished	" Title: E-mail Address: E-mail Address: Phone Number: Extension:	Select "Save & A Another" to add
st" when finished	E-mail Address:	Select "Save & A Another" to add
st" when finished	" Title: E-mail Address: E-mail Address: Phone Number: Extension:	Select "Save & A Another" to add
st" when finished	" Title: E-mail Address: E-mail Address: Phone Number: Extension:	Select "Save & A Another" to add

Steps (continued)

- 6. In field f, under "Congressional Districts," select the congressional district(s) in which the subrecipient is located.
 - Highlight one district or hold the CTRL key to make more than one selection.
 - Using the single arrow key, move your selection from the left box to the right box.
- 7. In field g, select "Yes" or "No" to indicate if the subrecipient is a faith-based organization.
- 8. In field h, select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.
- 9. In field i, enter the total amount of funds that the Project Applicant expects to award to this subrecipient.
 - The amount must be in whole dollars (i.e., no decimals).
 - This sum will be added to the total expected sub-award amount from all subrecipients and will be automatically calculated on the "Project Subrecipients" screen.

2A. Subrecipients (continued)

Steps (continued)

- 10. In field j, enter the information of the contact person at the subrecipient.
 - Select the appropriate prefix from the dropdown menu.
 - Enter the contact person's first, middle (optional), last name, suffix (optional), and title.
 - Enter the contact person's email address and, in the next field, re-enter the contact person's email address to verify that you entered it correctly.
 - Enter the contact person's telephone number, starting with the area code.
 - Enter the extension of the contact person's telephone number, if applicable.
 - Enter the contact person's fax number, starting with the area code (optional).
- 11. To add another subrecipient, select "Save & Add Another" and repeat steps 1–10.
 - Repeat these steps for each subrecipient you need to add.
 - When you are finished adding subrecipients, select "Save & Back to List" to return to the "2A. Project Subrecipients" screen.
- 12. After you return to the "2A. Project Subrecipients" screen, review the list.
 - To edit the information you entered, select the "View" icon at the left of the entry.
 - To delete an entry from the list, select the red "Delete" icon.
- 13. When your sponsor list is complete, select "Next" to continue.
 - **NOTE:** Someone whose contact information is entered in e-snaps on the "Project Subrecipient" screen does not automatically have access to e-snaps.

Only a registrant, also called a registered user, who is associated in e-snaps with the organization and thus the organization's application, may enter information in the Project Applicant Profile and all Project Applications associated with this Project Applicant Profile. **Under no circumstances should a subrecipient complete the Project Application on the Project Applicant's behalf.**

Refer to the Project Applicant Profile e-snaps Navigational Guide at:

 <u>https://files.hudexchange.info/resources/documents/Project-Applicant-Profile-</u> Navigational-Guide.pdf.

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

The following steps provide instructions on completing all the mandatory fields marked with an asterisk (*) on the "Experience of Applicant, Subrecipient(s), and Other Partners" screen for **Part 2: Recipient and Subrecipient Information** of the FY 2024 Project Application.

	ince of Applica	ant, Subrecipien	t(s), and Othe	r Partners
." 1. Describe your organiza federal funds and performing	tion's (and subre ng the activities	ecipient(s) if applica proposed in the ap	able) experience i plication.	n effectively utilizing
sample textsample textsa	imple text			
				/
* 2. Describe your organiza State, local and private sec	tion's (and subre tor funds.	ecipient(s) if applica	able) experience i	n leveraging Federal,
sample textsample textsa	mple text			
				2
	tion's (and subre	cipient(s) if applica	able) financial ma	nagement structure.
sample textsample textsa	imple text			
			lf "	Yes", field 4a will ap
				/////
re there any unresolved HUI dings for any HUD grants (in	ncluding ESG) un	DIG audit der your hization?		
re there any unresolved HUI dings for any HUD grants (in <u>*</u> 4a. Describe the unresolv	ncluding ESG) un orgar	der your nization?	· /	
dings for any HUD grants (in	ncluding ESG) un orgar	der your nization?		
dings for any HUD grants (in	ncluding ESG) un orgar	der your nization?		
dings for any HUD grants (in	ncluding ESG) un orgar	der your nization?		Save & Next

Steps

- 1. In field 1, describe the experience of the Project Applicant and potential subrecipients (if any) in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.
- 2. In field 2, describe the experience of the Project Applicant and potential subrecipients (if any) in leveraging other federal, state, local, and private sector funds.
- 3. In field 3, describe the basic organization and management structure of the Project Applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.
- 4. In field 4, select "Yes" or "No" from the dropdown menu regarding monitoring findings for any HUD grants (including Emergency Solutions Grants [ESG]) operated by the Project Applicant or potential subrecipient(s).
 - If "Yes" is selected, field 4a will appear.
 - In field 4a, provide an explanation in the text box.
- 5. Select "Save & Next" to continue.
 - **NOTE:** When copying and pasting text from Microsoft Word into e-snaps, additional characters may be added to your text.

To ensure additional characters are not counted by the system, e-snaps users should copy and paste into e-snaps from Notepad, which will remove any unnecessary formatting from Microsoft Word.

3A. Project Detail

The following steps provide instructions on updating fields populated with information from the "Applicant Type" and "Project" screens on the "Project Detail" screen in **Part 3: Project Information** of the FY 2024 New Project Application, as well as completing all mandatory fields marked with an asterisk (*) on the "Project Detail" screen of the application.

3A. Project Detail				
* 1. CoC Number and Name: select				
* 2. CoC Collaborative Applicant Name: select 💌				
3. Project Name: FY2024_App_New_3				
* 4. Project Status: Standard				
<u>*</u> 5. Component Type: select				
* 6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?				
* 7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement)				
* 8. Will funds requested in this new project application select replace state or local government funds (24 CFR 578.87(a))?				
* 10. Is this project applying for Rural costs on screen 6A? select +				
Save & Back Save Save & Next				
Back Next				

	3A. Project Detail
Fields 1 and 2	* 1. CoC Number and Name: MO-500 - St. Louis County CoC
determine which CoC receives the project application when submitted in e-snaps	* 2. CoC Collaborative Applicant Name: Saint Louis County
	3. Project Name: FY 2024 New Project
	* 4. Project Status: Standard

Steps

- 1. In field 1, select your "CoC Number and Name" from the dropdown menu.
- 2. In field 2, select your "CoC Collaborative Applicant Name" from the dropdown menu.

Fields 1 and 2	You must select the correct CoC in the "CoC Number and Name" field. This field identifies the CoC to which your New Project Application will be submitted. If the CoC is incorrect, your application ultimately might not be submitted to HUD.
"No CoC"	"No CoC" can only be selected if your CoC did not register for the FY 2024 CoC Competition or your project is located in a geographic area that is unclaimed.
	You should contact CoCs next to your location to determine if the geographic area in which you reside has been claimed and/or the state CoC that is there is a Balance of State.

- 3. In field 3, verify the project name populated with the project name listed on your "Project" screen.
 - If the project name is incorrect, follow the instructions in the NOTE for "Incorrect Project Name" below.

Incorrect Project Name If the project name is incorrect:

- Select the "Save" button to save responses on this screen.
- Select "Back to Submissions List" on the left menu bar.
- Select "Projects" on the left menu bar.
- Select the "View" icon ^Q to the left of your project to open the "Project Details" screen.
- In the "Project Name" field, type in the correct name of the project and select the "Save" button.
- Return to the New Project Application by navigating to the "Submissions" screen and selecting the orange folder next to the project.

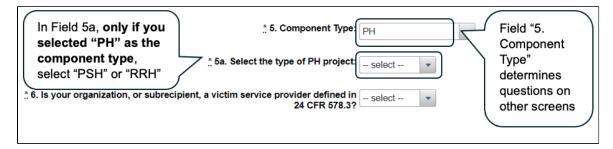
Steps (continued)

- 4. In field 4, select your "Project Status" from the dropdown menu.
 - Project Applicants typically select "Standard."
 - See the NOTE below for more information about the "Appeal" option.
- **Solo Application** If you select "Appeal," this note will appear on the screen:
 - You have selected "Appeal" and therefore are designating this application as an appeal to the CoC's decision to not fund this project. To proceed, you must fill out an additional form, Part 8A - Notice of Intent to Appeal, and attach a letter from your CoC officially informing you of its decision. If you are filling out this application for the first time or are otherwise not intending to appeal a rejection, please select "Standard."

The selection of "Appeal" should only be used by the Project Applicant **if it attempted to participate in the CoC planning process in the geographic area in which it operates and believes it was denied the right to participate in a reasonable manner.** In this case, the Project Applicant may appeal the rejection directly to HUD by selecting "Appeal" and submitting a Solo Application prior to the application deadline.

Refer to the Appeal Project Application Navigational Guide at:

<u>https://www.hud.gov/program_offices/comm_planning/coc/competition</u>



Steps (continued)

- 5. In field 5, select the "Component Type" from the dropdown menu. Eligible New Project component types during the FY 2024 CoC Program funding process include the following:
 - PH
 - o If you select PH, field 5a will appear.
 - Indicate whether the project is PSH or RRH.
 - Joint TH and PH-RRH
 - SSO (for CE projects)
 - HMIS (for dedicated HMIS projects)

Note: The component type determines what questions appear on other forms throughout the Project Application.

6. In field 6, select "Yes" or "No" to indicate whether your organization or expected subrecipient is a victim service provider defined in 24 CFR 570.3 and uses a comparable database.

	t was awarded to the sam allocation in this CoC Pro	ne recipient and fully	•	
Transition projects: If "Yes," identify expiring grant(s)	.* 7a. List all Grant PIN	expiring project(s) inv	olved in the transit	Component Type
				select • select • select •
Please enter all values for at least one item. Update: IMPORTANT: For all expiring projects listed above, be sure to attach a copy of the most recently approved e-snaps project application(s) on Screen 7A (e.g., if the project was funded in the FY 2023 CoC Program Competition, a copy of the FY 2023 CoC Program Competition project application). To. Provide a brief description that addresses the scope of the proposed transition during the first year of operation.				
3500 characters remaining.				

- 7. In field 7, select "Yes" or "No" to indicate whether this application for a new project is requesting funds to transition an expiring grant (i.e., a reallocated project) to a new project. The question asks, "Is this new project application requesting to transition from eligible Renewal Project(s) that were awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Section II.B.2. and Section III.C.3.q of the FY 2024 NOFO)."
 - If "Yes," fields 7a and 7b will appear.
 - In field 7a., identify the expiring grants (i.e., the project or projects being reallocated) by providing the grant number, operating start date, expiration date, and component type.
 - In field 7b, briefly describe the scope of the proposed transition from the expiring component to the new component during the first year of operation. The description must include:
 - How you will reduce activities in the old renewal component as it transitions to the new component, including the plan for ensuring existing program participants do not become homeless,
 - Estimated date the project will be fully operating as the newly awarded component within the one-year grant term.

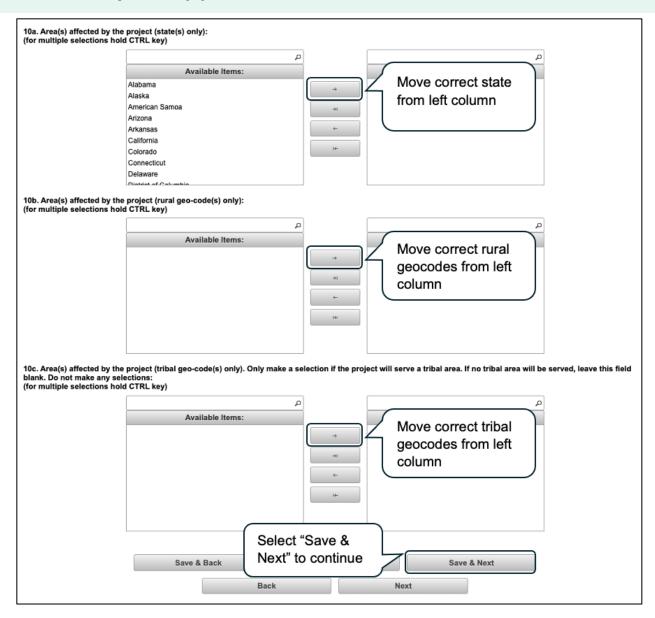
* 8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? * 9. Will this project include replacement reserves in the Operating budget?	selected in Screen 6A,
* 10. Is this project applying for Rural costs on screen 6A?	No No No Next" to continue
Save & Back Sav	e Save & Next
Back	Next

Steps (continued)

- 8. In field 8, select "Yes" or "No" to confirm that this Project Application for new CoC program funding will not replace state or local funds.
- 9. Field 9 is only for PH-PSH and Joint TH and PH-RRH projects that selected "Operating" on screen 6A. Funding Request. In field 9, select "Yes" or "No" to indicate whether this project will include replacement reserves in the operating budget.
- 10. In field 10, select "Yes" or "No" to indicate whether this project is applying for Rural costs on Screen 6A.
 - If "No," select "Save and Next" to continue.

* 8. Will funds requested in this new project application select replace state or local government funds (24 CFR 578.87(a))?	In Field 10, if "Yes," additional guestions
* 9. Will this project include replacement reserves in the Operating budget?	will appear
$\overset{*}{_{\!$	•

• If "Yes," fields 10a, 10b, and 10c will appear.



Steps (continued)

• If "Yes," questions 10a, 10b, and 10c will appear.

In field 10a, move areas affected by the project (state(s) only) from the column on the left. For multiple selections, hold the CTRL key.

In field 10b, move areas affected by the project (geocode(s) only) from the column on the left. For multiple selections, hold the CTRL key.

In field 10c, move areas affected by the project (tribal geocode(s) only) from the column on the left. For multiple selections, hold the CTRL key.

11. Select "Save & Next" to continue.

Transition
ProjectsA New Project Application that identifies as a transition project is essentially a
new project created through reallocation, but rather than cutting off the funding
for the reallocated project when the most recent executed grant agreement ends,
the recipient can receive some funding in the new award that can be used to
"wind down" the reallocated project. The remainder of the funds will be used to
"ramp up" the new project.

Note: If the new project is identified as a transition project, there is no option for it to be an Expansion Project.

Review the FY 2024 NOFO for details about which projects are eligible for reallocation and other requirements associated with transition projects and funding.

<u>https://www.hud.gov/program_offices/comm_planning/coc/competition</u>

Transition Projects Required Attachment On Screen 7A, attach a copy of the most recently approved project application; for example, if the project was awarded funds in FY 2023, attach the FY 2023 Project Application.

A copy of the Project Application can be exported to PDF.

- Navigate to the "Submissions" screen.
- Select the orange folder icon next to the FY 2023 Project Application.
- Navigate to the "Submission Summary" screen.
- Select "Export to PDF" at the bottom of the page.

3B. Project Description

The following steps provide instructions on completing mandatory fields marked with an asterisk (*) on the "Project Description" screen for **Part 3: Project Information** of the FY 2024 New Project Application.

The purpose of the project description is to describe the project at full operational capacity and to demonstrate how full capacity will be achieved over the term being requested.

Follow-up questions and dropdown menu visibility for the default question on screen 3B will vary depending on your selections. Therefore, some of the questions in the images in this section may not appear to every Project Applicant. Review the instructions that follow.



Screen 3B has different versions, depending on which component type was selected on screen "3A. Project Detail."

See the following pages for instructions:

<u>3B. PH Component</u> <u>3B. Joint TH and PH-RRH Component</u> <u>3B. SSO Component</u> 3B. HMIS Component

NOTE: When copying and pasting text from Microsoft Word into e-snaps, additional characters may be added to your text. To ensure additional characters are not counted by the system, e-snaps users should copy and paste text into e-snaps from Notepad, which will remove any unnecessary formatting from Microsoft Word.

3B. PH Component

The following instructions are for screen "3B. Project Description" when the PH component is selected on screen "3A. Project Detail." The screen is the same for PH-PSH and PH-RRH, except for question 10, which asks whether the PSH project is 100% Dedicated or Dedicated Plus.

	3	B. Project Descriptio	n	
~	description that addresses the en ample textsample text	tire scope of the propose	d project.	
	imary project location, or structur he following milestones will occur			e grant agreement
Project Milestones	Days from Execution of Grant Agreement A	Days from Execution of Grant Agreement B	Days from Execution of Grant Agreement C	Days from Execution of Grant Agreement D
Begin hiring staff or	10			
expending funds Begin program	10			
participant enrollment Program participants occupy leased are rental			L	
assistance units or structure(s), or supportive services begin	20			
Leased or rental assistance units or				
structure, and supportive services near 100% capacity	20			
Closing on purchase of land, structure(s), or execution of structure lease	50			
Start rehabilitation	100]		
Complete rehabilitation	300			
Start new construction	100			
Complete new construction	300			
activities with using CoC Pro	ng capital costs (i.e., acquisition, responsibilities of the applicant, a ogram funds. ample textsample text			
3. Ch	neck the appropriate box(s) i (f this project will hav Select ALL that apply		ition focus.
Vet	A - Project Serves All Subpopulatio erans uth (under 25)	ons	Domestic Violence Substance Abuse Mental Illness	If "Other", provide an explanation
Far	nilies		HIV/AIDS Chronic Homeless Other (Click 'Save' to update)	
		* Other:		,

Steps

- 1. In field 1, provide a description that addresses the entire scope of the project.
- 2. In field 2, complete the "Project Milestones" table by entering the number of days from the execution of the grant agreement for each milestone. Milestones include:
 - New project staff hired or other expenses begin.
 - Participant enrollment begins.
 - Participants begin to occupy leased units or structures and supportive services begin.
 - Leased or rental assistance units or structures and supportive services near 100 percent capacity.
 - Closing on purchase of land, structure(s), or execution of structure lease.
 - Rehabilitation started.
 - Rehabilitation completed.
 - New construction started.
 - New construction completed.

Each column pertains to one location or structure.

- If the project has only one location or structure, or no structures, complete only column A.
- If multiple structures, complete one column for each structure.

If a milestone is not applicable, leave the associated fields blank.

- 3. In field 2a, if the project is requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant (and subrecipients, if included) to develop and maintain the property using CoC Program funds.
- 4. In field 3, indicate the proposed project's specific population focus.
 - Select all of the boxes that apply. Multiple selections are permissible. Select "N/A" if the project serves all subpopulations.
 - If you select "Other," select "Save" and provide a description of the specific type of population in the text box provided.

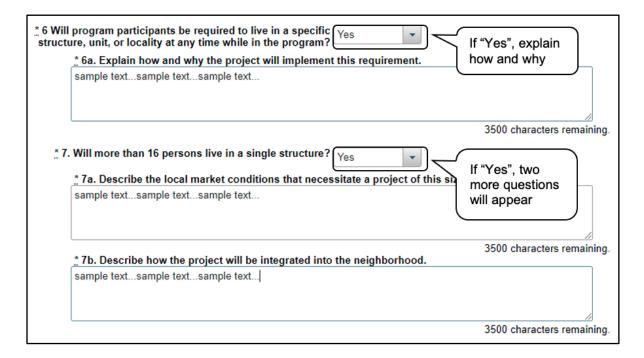
3B. PH Component (continued)

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?	No
5. Housing First	
5a. Will the project quickly move participants into permanent housing?	Yes •
* 5b. Will the project enroll program participants w	no have the following barriers? Select all that apply.
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, se	xual assault, childhood abuse) 🛛 🔽
None of the above	
* 5c. Will the project prevent program participant to app	2
Failure to participate in supportive services	The response in 5d auto-
	populates based on the
Loss of income or failure to improve income	responses in 5a, 5b, and 5c 🛛 🔽
Any other activity not covered in a lease agreement typically fo geographic area None of the above	
5d. Will the project follow a "Housing First" approach (Click 'Save' to update)	Yes *

Steps (continued)

- 5. In field 4, select "Yes" or "No" to indicate if your project will participate in a CoC CE process. Select "No" if your CoC has not yet implemented a CE process.
- 6. In field 5a, select "Yes" or "No" to indicate whether your project will quickly move participants into permanent housing.
- In field 5b, indicate whether the project ensures that participants are not screened out for certain situations. In other words, select the boxes that apply to indicate which, if any, of the barriers to accessing housing and services have been removed.
 - If you check the first four boxes, this project will be considered low-barrier.
 - If you select "None of the above," it indicates that all those conditions are present in the project to screen out participants.
- In field 5c, select the boxes that apply to indicate which reasons were removed as reasons for program termination.
 - If you select "None of the above," it indicates that all of those reasons are present in the project for terminating participants.
- 9. Based on your selections to the questions about screening and termination, in field 5d, the response to "Does the project follow a 'Housing First' approach?" will auto-populate with "Yes" or "No" to indicate if your project follows a Housing First approach. See the FY 2024 FY 2025 CoC Program NOFO regarding the requirements for projects that are designated as Housing First: https://www.hud.gov/program_offices/comm_planning/coc/competition.

3B. PH Component (continued)



Steps (continued)

- 10. In field 6, select "Yes" or "No" to indicate whether participants will be required to live in a particular structure, unit, or locality at any time while in the program.
 - If "Yes," field 6a will appear.

In field 6a, provide a description of how and why this project will implement this requirement.

- 11. In field 7, select "Yes" or "No" to indicate if there will be more than 16 persons living in a single structure.
 - If "Yes," fields 7a and 7b will appear.

In field 7a, describe the local market conditions that necessitate a project of this size.

In field 7b, describe how the project will be integrated into the neighborhood.

3B. PH Component (continued)

100% Dedicated or DedicatedPLUS
A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.
A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:
 (1) experiencing chronic homelessness as defined in 24 CFR 578.3; (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project; (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement; (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project; (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or (6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system. A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.4 molecular to operate in accordance with Section regen 4B.
to continue
Save & Back Save Save & Next
Back Next

Steps (continued)

- 12. If "PSH" was selected, the "Dedicated and DedicatedPLUS" section, field 8, will appear on the screen.
 - In field 8, indicate whether the project is "100% Dedicated" or "DedicatedPLUS," according to the information provided.
- 13. Select "Save & Next" to continue.

3B. Joint TH and PH-RRH Component

The following instructions are for screen "3B. Project Description" when the Joint TH and PH-RRH component is selected on screen "3A. Project Detail."

3B. Project Description				
* 1. Provide a description that addresses the entire scope of the proposed project.				
2. For each primary p	project location, or structure, en will occur if this project is sele	ter the number of days fro	m the execution of the gran	t agreement that each of the
following initiationea	will occur it this project is sele	*		
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	В	С	D
Segin hiring staff or expending funds	8			
Begin program articipant enrollment				
Program participants ccupy leased or rental ssistance units or tructure(s), or upportive services legin				
eased or rental ssistance units or tructure, and upportive services ear 100% capacity				
closing on purchase of and, structure(s), or xecution of structure ase				
tart rehabilitation				
complete rehabilitation		[
tart new construction				
omplete new				
3. C	heck the appropriate box(;) if this project will h (Select ALL that app		ation focus.
N// Su	A - Project Serves All bpopulations		Domestic Violence	
Ve	terans		Substance Abuse	
Yo	uth (under 25)		Mental Illness	
Fa	milies		HIV/AIDS	
If "Other an expla	r," provide		Chronic Homeless Other (Click 'Save' to update)	

Steps

- 1. In field 1, provide a description that addresses the entire scope of the project.
- 2. In field 2, complete the "Project Milestones" table by entering the number of days from the execution of the grant agreement for each milestone. Milestones include:
 - New project staff hired or other expenses begin.
 - Participant enrollment begins.

- Participants begin to occupy leased units or structures and supportive services begin.
- Leased or rental assistance units or structures and supportive services near 100 percent capacity.
- Closing on purchase of land, structure(s), or execution of structure lease.
- Rehabilitation started.
- Rehabilitation completed.
- New construction started.
- New construction completed.

Each column pertains to one location or structure.

- If the project has only one location or structure, or no structures, complete only column A.
- If multiple structures, complete one column for each structure.

If a milestone is not applicable, leave the associated fields blank.

- 3. In field 3, indicate the proposed project's specific population focus.
 - Select all of the boxes that apply. Multiple selections are permissible. Select "N/A" if the project serves all subpopulations.
 - If you select "Other," select "Save" and provide a description of the specific type of population in the text box provided.
- 4. Select "Yes" or "No" to indicate if your project will participate in a CoC CE process. Select "No" if your CoC has not yet implemented a CE process.

3B. Joint TH and PH-RRH (continued)

5. Housing First			
$\overset{*}{_{\!$	housing?		
* 5b. Will the project enroll program partic	ipants who have the following barriers? Select all that apply.		
Having too little or little income	•		
Active or history of substance use	v		
Having a criminal record with exception	ns for state-mandated restrictions		
History of victimization (e.g. domestic abuse)	violence, sexual assault, childhood		
None of the above			
5c. Will the project prevent program particip	ant termination for the following reasons? Select all that apply.		
Failure to participate in supportive services	This response in 5d auto-		
Failure to make progress on a service plan	populates based on		
Loss of income or failure to improve income	responses in 5a, 5b, and 5c		
Any other activity not covered in a lease agreement typicall area	y found for unassisted pers ne project's geographic		
None of the above			
* 5d. Will the project follow a "Housing First" approach?			

Steps (continued)

- 5. In field 5a, select "Yes" or "No" to indicate whether your project will quickly move participants into permanent housing.
- 6. In field 5b, indicate whether your project ensures that participants are not screened out for certain situations. In other words, select the boxes that apply to indicate which, if any, of the barriers to accessing housing and services have been removed.
 - If you check the first four boxes, this project will be considered low-barrier.
 - If you select "None of the above," it indicates that all of those conditions are present in the project to screen out participants.
- 7. In field 5c, select the boxes that apply to indicate which reasons were removed as reasons for program termination.
 - If you select "None of the above," it indicates that all of those reasons are present in the project for terminating participants.
- Based on your selections to the questions about screening and termination, the response to "Does the project follow a 'Housing First' approach?" in field 5d will auto-populate with "Yes" or "No" to indicate if your project follows a Housing First approach.
 - NOTE: See the FY 2024 FY 2025 CoC Program NOFO regarding the requirements for projects that are designated as Housing First: <u>https://www.hud.gov/program_offices/comm_planning/coc/competition</u>.

3B. Joint TH and PH-RRH (continued)

* 6 Will program participants be required to live in a Yes specific structure, unit, or locality at any time while in the program?	If "Yes," explain how and why.
<u>**</u> 6a. Explain how and why the project will implement this requirement.	le de la constante de la consta
* 7. Will more than 16 persons live in a single structure? Yes * 7a. Describe the local market conditions that necessitate a project of thi	If "Yes," 2 more questions will appear.
* 7b. Describe how the project will be integrated into the neighborhood.	Select "Save & Next" to continue.
Save & Back Save Save Next	Save & Next

Steps (continued)

- 9. In field 6, select "Yes" or "No" to indicate whether participants will be required to live in a particular structure, unit, or locality.
 - If "Yes," field 6a will appear.

Provide a description of how and why this project will implement this requirement.

- 10. Select "Yes" or "No" to indicate if there will be more than 16 persons living in one structure.
 - If "Yes," fields 7a and 7b will appear.

In field 7a, describe the local market conditions that necessitate a project of this size.

In field 7b, describe how the project will be integrated into the neighborhood.

11. Select "Save & Next" to continue.

3B. SSO Component

The following instructions are for screen "3B. Project Description" when the SSO component and CE for SSO project type are selected on screen "3A. Project Detail."

		3B. Project Description	1	
<u>* 1. Provide a c</u> 1	description that addresses the	entire scope of the propose	ed project.	
	mary project location, or struct t each of the following milestor			
Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	nt of Grant Agreement
	A	В	С	D
Begin hiring staff or expending funds	3			
Begin program participant enrollment				
Program participants occupy leased or rental issistance units or structure(s), or supportive services jegin			[
eased or rental assistance units or tructure, and supportive services rear 100% capacity			[
Closing on purchase of and, structure(s), or execution of structure ease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction			[
N/A - Veter	Project Serves All Subpopulati ans 1 (under 25)	(Select ALL that apply)		lation focus.
If "Other," an explana			Other (Click 'Save' to update)	

Steps

- 1. In field 1, provide a description that addresses the entire scope of the project.
- 2. In field 2, complete the "Project Milestones" table by entering the number of days from the execution of the grant agreement for each milestone. Milestones include:
 - New project staff hired or other expenses begin.
 - Participant enrollment begins.

- Participants begin to occupy leased units or structures and supportive services begin.
- Leased or rental assistance units or structures and supportive services near 100 percent capacity.
- Closing on purchase of land, structure(s), or execution of structure lease.
- Rehabilitation started.
- Rehabilitation completed.
- New construction started.
- New construction completed.

Each column pertains to one location or structure.

- If the project has only one location or structure, or no structures, complete only column A.
- If multiple structures, complete one column for each structure.

If a milestone is not applicable, leave the associated fields blank.

- 3. In field 3, indicate the proposed project's specific population focus.
 - Select all of the boxes that apply. Multiple selections are permissible. Select "N/A" if the project serves all subpopulations.
 - If you select "Other," select "Save" and provide a description of the specific type of population in the text box provided.

4. As an SSO-Coodinated Entry project answer the following questions:
* 4a. Will the coordinated entry process cover the CoC's entire geographic area? Additional questions for SSO-CE projects
* 4b. Will the coordinated entry process be affirmatively select marketed and easily accessible by program participants seeking assistance?
[*] " 4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.
4d. Will the coordinated entry process use a comprehensive, select
standardized assessment process
[*] and the standardized assessment and referral process that directs individuals and families to appropriate housing and services.
* 4f. If the coordinated entry process includes differences in
 (1) adults without children; (2) adults accompanied by children; (3) unaccompanied youth; (4) households fleeing domestic violence, dating violence, sexual assault, stalking, or other threatening conditions (including human trafficking); and (5) persons at risk of homelessness?
(5) persons at tisk of nomelessness?
Save & Back Save Save & Next
Back Next

Steps (continued)

- 4. In field 4a, select "Yes" or "No" to indicate whether the CE process funded in part by this grant covers the CoC's entire geographic area.
- 5. In field 4b, select "Yes" or "No" to indicate whether the CE process funded in part by this grant will be affirmatively marketed and easily accessible by program participants seeking assistance.
- 6. In field 4c, describe the advertisement strategy for the CE process and how it is designed to reach those with the highest barriers to accessing assistance.
- 7. In field 4d, select "Yes" or "No" to indicate whether the CE process uses a comprehensive, standardized assessment process.
- 8. In field 4e, describe the standardized assessment and referral process and how the CE process ensures that participants are directed to appropriate housing or services.
- 9. In field 4f, if the CE process includes differences in access, entry, assessment, or referral for certain populations, select "Yes" or "No" to indicate whether those differences are limited only to the following five groups: adults without children; adults accompanied by children; unaccompanied youth; households fleeing DV, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and persons at risk of homelessness.
- 10. Select "Save & Next" to continue.

3B. HMIS Component

The following instructions are for screen "3B. Project Description" when the HMIS component is selected on screen "3A. Project Detail."

3B. Project Description				
* 1. Provide a description that addresses the entire scope of the proposed project.				
			ys from the execution of the grai is selected for conditional award	
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
Begin hiring staff or expending funds	A	B	C	D
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				
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction Complete new				
construction				
process or recipient	rticipate in the CoC's Coordina torganization is a victim servic and uses an alternate CE proc HUD's minimum i	ess that meets	*	
	Save & Back	Save	Save & Next	
	Back		Next	

Steps

- 1. In field 1, provide a description that addresses the entire scope of the project.
- 2. In field 2, complete the "Project Milestones" table by entering the number of days from the execution of the grant agreement for each milestone. Milestones include:
 - New project staff hired or other expenses begin.
 - Participant enrollment begins.
 - Participants begin to occupy leased units or structures and supportive services begin.

- Leased or rental assistance units or structures and supportive services near 100 percent capacity.
- Closing on purchase of land, structure(s), or execution of structure lease.
- Rehabilitation started.
- Rehabilitation completed.
- New construction started.
- New construction completed.

Each column pertains to one location or structure.

- If the project has only one location or structure, or no structures, complete only column A.
- If multiple structures, complete one column for each structure.

If a milestone is not applicable, leave the associated fields blank.

- 3. In field 4, select "Yes" or "No" to indicate if your project will participate in a CoC CE process. Select "No" if your CoC has not yet implemented a CE process.
- 4. Select "Save & Next" to continue.

3C. Expansion

There are different versions of screen 3C, depending on which component type was selected on screen "3A. Project Detail," question 4: Component Type.

- Screen "3C. Project Expansion Information" is available when the PH-PSH, PH-RRH, Joint TH and PH-RRH, or SSO component is selected.
- Screen "3C. HMIS Expansion" is available when the HMIS component is selected.

NOTE: To apply for an Expansion Project, applicants must submit:

- A Renewal Project Application for the individual, existing Renewal Project being expanded.
- A New Project Application for the portion expanding the project.

More information on Expansion Projects is available on the Applying for Expansion Projects During the CoC Program Competition page at:

<u>https://www.hudexchange.info/resource/5853/applying-for-expansion-projects-during-the-coc-program-competition/</u>

3C. Project Expansion Information (PH-PSH, PH-RRH, Joint TH and PH-RRH, and SSO)

The following steps provide instructions on completing mandatory fields marked with an asterisk (*) on the "Project Expansion" screen for **Part 3: Project Information** of the FY 2024 New Project Application.

	3C. Project Expansion Information				
* 1. Is this a "Project Expansion" of an eligible renewal project? No			If "No", select "Save & Next" to continue		
	Save & Back	Save	Save & Next		
	Bac	ck	Next		

Steps

- 1. Indicate whether the Expansion Project is for an eligible CoC program-funded Renewal Project with the same component type.
 - If "No," select "Save & Next" to continue.
 - If "Yes," additional fields appear that you are required to complete. Continue to Step 2.

(2024 upon which this project proposes to expand.		1	
.* 1a. Eligible Renewal Grant PIN:	HF2345	Z	Enter PIN and name of
.* 1b. Eligible Renewal Grant Project Name:	FY 2024 Project		project being expanded

- 2. In field 1a, enter the PIN (first six numbers of the grant number) of the eligible CoC-funded grant that is applying for renewal in FY 2024 upon which this project proposes to expand.
- 3. In field 1b, enter the project name of the eligible CoC-funded grant that is applying for renewal in FY 2024 upon which this project proposes to expand.

3C. Project Expansion (continued)

	Apansion project increase the number of program Yes If "Yes," field participants? If "Yes," field and 2b will a *	
2a.	Currently Approved Renewal Numbers (from "Stand-alone Renewal" project application)	
	Number of persons (From renewal application Screen 5A)	3
	Number of units (From renewal application Screen 4B)	3
	Number of beds (From renewal application Screen 4B)	6
2b.	New Requested Numbers to Add (from this "Stand-alone New" project application)	
	Number of additional persons (From this new application Screen 5A)	7
	Number of additioanl units (From this new application Screen 4B)	7
	Number of additional beds (From this new application Screen 4B)	14
	Enter all values for 2a and 2b.	

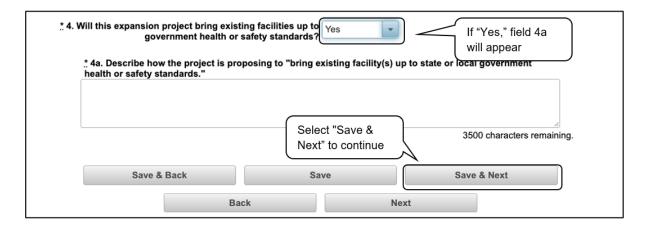
Steps (continued)

- 4. In field 2, select "Yes" or "No" to indicate whether the expansion will increase the number of homeless persons served. If "Yes," fields 2a and 2b will appear.
 - In field 2a, indicate the currently approved renewal numbers from the Stand-Alone Renewal Project Application.
 - In field 2b, indicate the new requested numbers to add from the Stand-Alone New Project Application.

 * 3. Will this expansion project provide additional Yes If "Yes," field 3a will appear * 3a. Indicate how the project will provide additional supportive services to program 				
participants. (Check one or both boxes)				
Increase number of or expand supportive services provided				
Increase frequency or intensity of supportive services				

- 5. For question 3, select "Yes" or "No" to indicate whether the expansion will bring additional supportive services to homeless persons. If "Yes," field 3a will appear.
 - In field 3a, indicate how the project will provide additional supportive services to program participants. Check one or both boxes.

3C. Project Expansion (continued)



Steps (continued)

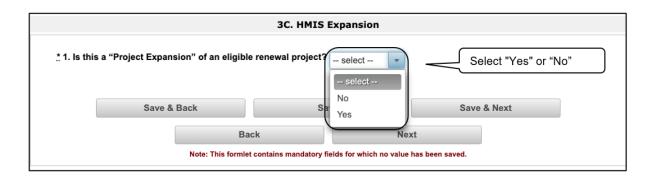
- 6. In field 4, select "Yes" or "No" to indicate whether the expansion will bring the existing facilities up to government health and safety standards. If "Yes," field 4a will appear.
 - In field 4a, describe how the project is proposing to bring existing facility(s) up to state or local government health or safety standards.
- 7. Once all of the fields are completed, select "Save & Next" to continue.

The table below identifies the new questions that appear when an activity is selected in Screen 3C.

PH Expansion Activities	Steps
Increase the number of homeless persons	In fields 2a and 2b, indicate how your project is proposing to increase the number of persons experiencing homelessness served.
served	 In field 2a, enter the "Current Level of Effort" for the following categories:
	# of persons served at a point in time
	# of units
	# of beds
	 In field 2b, enter the "new effort" your proposed project will provide for the same three categories listed in the preceding step.
Provide additional	In field 3a, identify how you will be providing additional services.
supportive services	 Increase the number and/or expand the variety of services.
to homeless persons	 Increase the frequency and/or intensity of services.
Bring existing facilities up to state/local government health and safety standards	In field 4a, describe how the project is proposing to bring the existing facility or facilities up to state/local government health and safety standards.

3C. HMIS Expansion (HMIS)

The following steps provide instructions on completing mandatory fields marked with an asterisk (*) on the "HMIS Expansion" screen for **Part 3: Project Information** of the FY 2024 New Project Application.



Steps

- 1. In field 1, select "Yes" or "No" to indicate whether the requested funds increase the capacity or function of the CoC's existing HMIS-eligible Renewal Project.
 - If "No," select "Save & Next" to continue.
 - If "Yes," additional fields appear that you are required to complete. Continue to Step 2.

Y 2024 upon which this project proposes to expand.		
.* 1a. Eligible Renewal Grant PIN:	HF2345	Enter PIN and name of
1b. Eligible Renewal Grant Project Name:	FY 2024 Project	project being expanded

- 2. In field 1a, enter the PIN (first six numbers of the grant number) of the eligible CoC-funded grant that is applying for renewal in FY 2024 upon which this project proposes to expand.
- 3. In field 1b, enter the project name of the eligible CoC-funded grant that is applying for renewal in FY 2024 upon which this project proposes to expand.

<u>*</u> 2. Will this expansion project increase HMIS functionality?	If "Yes," field 2a will appear
* 2a. Describe the increased HMIS functionality.	
	4
	3500 characters remaining.

Steps (continued)

- 4. In field 2, select "Yes" or "No" to indicate whether this Expansion Project will increase HMIS functionality.
 - If "Yes," field 2a will appear.
 In field 2a, describe the increased HMIS functionality.

* 3. Will this expansion project increase geographic coverage of)
* 4. Will this expansion project increase number of HMIS Yes If "Yes," field 4a will appear)

- 5. In field 3, select "Yes" or "No" to indicate whether this Expansion Project will increase the geographic coverage of HMIS.
- 6. In field 4, select "Yes" or "No" to indicate whether the Expansion Project will increase the number of HMIS participating agencies and/or programs.
 - If "Yes," field 4a will appear.

In field 4a, identify the number of additional HMIS users in each agency or the programs that will be added.

* 4a. Identify the number of	additional HMIS users in each agency or pr	ograms that will be added
HUD - Continuum of (Care Program (CoC)	
HUD - Emergency So	lutions Grant (ESG)	
HUD - Housing Oppo	rtunities for Persons with AIDS (HOPWA)	
HHS - Projects for As	sistance in Transition from Homelessness (PATH)	
HHS - Runaway and H	lomeless Youth Programs (RHY)	
VA		
Other	Select "Save & Next" to continue	
Total	to continue	0
Save & Back	Save	Save & Next
	Back Next	

7. Select "Save & Next" to continue.

4A. Supportive Services, HMIS

The following steps provide instructions on completing mandatory fields marked with an asterisk (*) for screen 4A in **Part 4: Housing, Services, and HMIS** of the FY 2024 Project Application.

The screens that appear under Part 4 depend on the selection of the component type on screens "3A: Project Detail" and "3B. Project Description."

- **NOTE:** The Project Applicant must complete the following screens depending upon the component type listed on screen "3A. Project Detail":
 - <u>4A. Supportive Services for Participants (PH and Joint TH and PH-RRH)</u>
 - <u>4A. HMIS Standards (HMIS Only)</u>

For new SSO projects, Project Applicants will **not** have a Part 4 screen to complete.

4A. Supportive Services for Participants (PH and Joint TH and PH-RRH)

The following screen, "4A. Supportive Services for Participants," applies to PH projects (PSH and RRH) and Joint TH and PH-RRH (the component selected on screen "3A. Project Detail").

The information entered into screen "4A. Supportive Services for Participants," the first screen of **Part 4: Housing, Services, and HMIS** of the FY 2024 Project Application, should capture the capacity of the project to efficiently provide supportive services to program participants. Please ensure that the information provided is both accurate and complete.

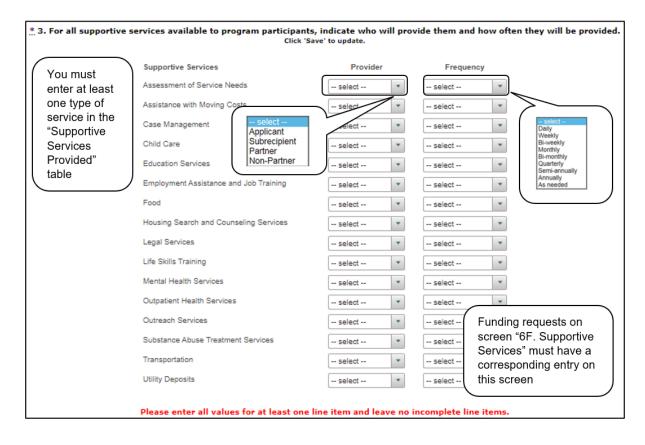
4A. Supportive Services for Participants

* **1. Describe how program participants will be assisted to obtain and remain in permanent housing.** Note: If applying for DV Bonus or DV Reallocation, you must describe how the project will include traumainformed, victim-centered approaches in their strategies to assist participants to obtain or remain in permanent housing.

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

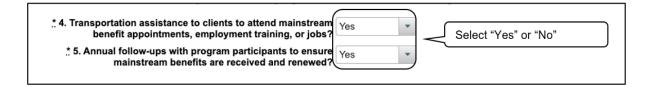
- 1. In field 1, describe the supportive services that will be provided to help project participants obtain and remain in permanent housing.
- 2. In field 2, describe the specific plans to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

4A. Supportive Services for Participants (PH and Joint TH and PH-RRH) (continued)



Steps (continued)

3. In the table provided in field 3, using the dropdown next to each service type, indicate who will provide the service and the frequency of service (daily, weekly, bi-weekly, monthly, bi-monthly, quarterly, semi-annually, annually, or as needed) that will be provided to project participants.



- 4. In field 4, select "Yes" or "No" to indicate whether the project provides transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.
- 5. In field 5, select "Yes" or "No" to indicate whether the project provides annual follow-ups with program participants to ensure mainstream benefits are received and renewed.

4A. Supportive Services for Participants (PH and Joint TH and PH-RRH) (continued)

∴ 6. Will program participants have access to SSI/S assistance provided by this project the applicant, a or pa		If "Yes," field 6a will appear
≛ 6a. Has the staff person providing the technic completed SOAR training in the pa		Select "Save & Next" to continue
Save & Back	Save	Save & Next
Back	Next	

Steps (continued)

- In field 6, select "Yes" or "No" to indicate whether program participants will have access to Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) technical assistance provided by the applicant, a subrecipient, or a partner agency.
 - If "Yes," field 6a will appear.

In field 6a, select "Yes" or "No" from the dropdown menu to indicate if the staff person providing the technical assistance has completed Supplemental Security Income/Social Security Disability Insurance Outreach, Access, and Recovery (SOAR) training in the last 24 months.

7. Select "Save & Next" to continue.

4A. HMIS Standards (HMIS Only)

The following screen, "4A. HMIS Standards," applies to HMIS projects (the component selected on screen "3A. Project Detail").

4A. HMIS Standards	
." 1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the FY 2024 HMIS Data Standard Manual?	If "No," field 1a will appear
* 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 (AHAR), System Performance Measures (SPM), and Data Quality Table, etc.).	3500 characters remaining. If "No," field 2a will appear
* 3. Is your HMIS capable of generating all reports required by Federal No partners including HUD, VA, and HHS?	3500 characters remaining. If "No," field 3a will appear
	3500 characters remaining.

- 1. In field 1, select "Yes" or "No" from the dropdown menu to indicate if the HMIS is currently programmed to collect all Universal Data Elements as set forth in the HMIS Data Standard Notice.
 - If you answered "No," field 1a will appear.
 In field 1a, you are required to explain why and discuss the planned steps for correction.
- 2. In field 2, select "Yes" or "No" from the dropdown menu to indicate if the HMIS is currently able to produce all HUD-required reports and provide data as needed for HUD reporting.
 - If you answered "No," field 2a will appear.
 In field 2a, you are required to explain why and discuss the planned steps for correction.
- 3. In field 3, select "Yes" or "No" from the dropdown menu to indicate whether the HMIS is capable of generating all reports required by federal partners, including HUD, Veterans Affairs, and the Department of Health and Human Services.
 - If you answered "No," field 3a will appear.
 In field 3a, you are required to explain why and discuss the planned steps for correction.

4A. HMIS Standards (continued)

* 5. Describe your organize Charters and HMIS Policie	ations process and stakeholder involvement for updating your HMIS Governance s and Procedures.
	6
	3500 characters remaining.
6. Who is responsible for required by HUD and othe	r insuring the HMIS implementation meets all privacy and security standards as r federal partners?
	3500 characters remaining
oes the HMIS Lead conduct P	3500 characters remaining.
loes the HMIS Lead conduct P and follow up on priva	3500 characters remaining. rivacy and Security Training select
and follow up on priva 	rivacy and Security Training select
and follow up on priva	rivacy and Security Training select
and follow up on priva 	rivacy and Security Training select
and follow up on priva 	rivacy and Security Training select
and follow up on priva 	rivacy and Security Training select
and follow up on priva 	rivacy and Security Training select

Steps (continued)

- 4. In field 4, select "Yes" or "No" from the dropdown menu to indicate if the HMIS can currently provide the CoC with an unduplicated count of clients receiving services in the CoC.
- 5. In field 5, select "Yes" or "No" from the dropdown menu to indicate if the HMIS Lead has a staff person responsible for ensuring the implementation meets all privacy and security standards as required by HUD and other federal partners.
- 6. In field 6, select "Yes" or "No" from the dropdown menu to indicate if your organization conducts a background check for all employees who access and view HMIS data.
- 7. In field 7, select "Yes" or "No" from the dropdown menu to indicate if the HMIS Lead conducts Privacy and Security Training and follows up on privacy and security standards.
- 8. In field 8, describe the CoC's policy and procedures for managing a breach of personally identifiable information in HMIS.
- 9. Select "Save & Next" to continue.

4B. Housing Type and Location, HMIS Training

The following steps provide instruction on completing mandatory fields marked with an asterisk (*) for screen 4B in **Part 4: Housing, Services, and HMIS** of the FY 2024 Project Application.

The screens that appear under Part 4 depend on the selection of the component type on screens "3A: Project Detail" and "3B. Project Description."

- **NOTE**: The Project Applicant must complete the following screens depending upon the component type listed on Screen 3A:
 - <u>4B. Housing Type and Location (PH: PSH)</u>
 - 4B. Housing Type and Location (PH: RRH)
 - 4B. Housing Type and Location (Joint TH)
 - 4B. HMIS Training (HMIS)

For new SSO projects, Project Applicants will not have a Part 4 screen to complete.

4B. Housing Type and Location (PH: PSH)

The following screen, "4B. Housing Type and Location," applies to PH: PSH (the components selected on screens "3A. Project Detail" and "3B. Project Description").

The list in the "Housing Type and Location" screen summarizes each housing site in the project. The list will be populated by the information you add about individual project sites.

	4B. Housing Typ	e and Loc	ation		
The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon. Total Units: Total Beds: Select "Add" [Show F/] [Clear Filters] (Clear Filters]					
Delete View Housing	Type Housing Type (JOINT)		Units	Beds	Dedicated CH Beds
No records found.					
	14 <4	►> ►1			
	Back		Next		

Steps

- 1. To begin adding information to this list, add a housing site by selecting the "Add" icon.
- 2. The "4B. Housing Type and Location Detail" screen will appear.

NOTE: On the "4B. Housing Type and Location" screen, review the information you entered for each housing type.

- To edit the information on the "Housing Type and Scale" screen, select the "View" icon to the left of the housing type. Make any necessary changes and select "Save & Back to List."
- To delete the information on the "Type and Scale of Housing" screen, select the red "Delete" icon 😢 to the left of the housing type.

4B. Housing Type and Location Detail (PH: PSH)

On this screen, you will enter information about an individual housing site.

4B. Housing Type a	nd Location Detail			
Select housing type from dropdown menu	select *			
2. Indicate the maximum number of units and beds	available for prog			
housin	g site. Dormitory, shared or private rooms			
" a. Units:	Shared housing			
	Single Room Occupancy (SRO) units Clustered apartments			
	Scattered-site apartments (Including efficiencies)			
* 3. How many beds in "2b. Beds" are dedicated to persons experiencing chronic homelessness?	Single family homes/townhouses/duplexes			
This includes both the "dedic	ated" and "prioritized" beds.			
4. Address: Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.				
* Street 1:				
Street 2:				
_* City:				
" State:	select 💌			
." ZIP Code:				
*5. Select the geographic area(s) associated with the a to be co (for multiple selecti	overed.			
م	٩			
Available Items:	Selected Items:			
290534 Blue Springs	Selected items.			
291152 Columbia	•			
291806 Florissant	4			
292562 Independence				
292628 Jefferson City 4	Select "Save & Add			
292652 Jonlin	Amother" to odd			
Select "Save & Back				
to List" when finished	another housing type			
~				
adding housing types	least one area.			
Save	Save & Add Another			
Save & Back to List	Back to List			

- 1. In field 1, from the "Housing Type" dropdown menu, select the type of housing that most closely resembles the type of housing the project provides.
 - Barracks.
 - Dormitory, shared, or private rooms.
 - Shared housing.
 - Single-room occupancy (SRO) units.
 - Clustered apartments.
 - Scattered-site apartments (including efficiencies).
 - Single-family homes/townhouses/duplexes.
- 2. In fields 2a and 2b, enter the maximum number of units and beds available for project participants at the selected housing site.
 - The number entered should be based on the number of units and beds that will be available at the point-in-time count and used for housing program participants in this project.
 - Select "Save."
- 3. In field 3, indicate the number of total beds in "2b. Beds" that are dedicated to persons experiencing chronic homelessness.
- 4. In field 4, enter the physical address for this proposed project.
 - For scattered-site housing or other unit configurations with multiple addresses, enter the address where the majority of beds will be located or where most beds are planned to be located as of the application submission.
 - If the project uses tenant-based rental assistance, or if the address for scattered-site or single-family home housing cannot be identified at the time of application, enter the address for the administration office.
 - Projects serving victims of DV, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.
- 5. In field 5, select the geographic area(s) in which the project will be located.
 - Highlight one geographic area, or hold the CTRL key to make more than one selection.
 - Using the single arrow, move your selection from the left box to the right box.
- 6. To add additional housing sites, select "Save & Add Another" and repeat steps 1 through 5.
- 7. When you have entered all of the types of housing for the project, select "Save & Back to List" to return to the "4B. Housing Type and Location" screen.
- 8. When your list is complete, select "Next" to continue.

NOTE: Regarding	Project Applicants must enter an address for all proposed and existing properties.
Addresses	 If the location is not yet known, enter the expected location of the housing units.

- For scattered-site and single-family home housing, or for projects that have units at multiple locations, Project Applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission.
- Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office.
- Projects serving victims of DV, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

4B. Housing Type and Location (PH: RRH)

The following screen, "4B. Housing Type and Location," applies to PH: RRH (the components selected on screens "3A. Project Detail" and "3B. Project Description").

The list in the "Housing Type and Location" screen summarizes each housing site in the project. The list will be populated by the information you add about individual project sites.

			4B. Housing Typ	e and Lo	cation		
The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed Total Units: Select "Add" Show F [Clear Filters]							
Delete Vi	iew	Housing Type	Housing Type (JOI	NT)	Units	Beds	Dedicated CH Beds
No records found.							
Back Next							

Steps

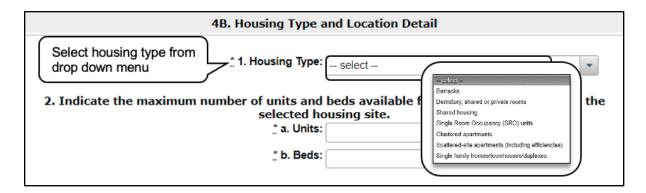
- 1. To begin adding information to this list, add a housing site by selecting the "Add" icon.
- 2. The "4B. Housing Type and Location Detail" screen will appear.

NOTE: On the "4B. Housing Type and Location" screen, review the information you entered for each housing type.

- To edit the information on the "Housing Type and Scale" screen, select the "View" icon to the left of the housing type. Make any necessary changes, and select "Save & Back to List."
- To delete the information on the "Type and Scale of Housing" screen, select the red "Delete" icon (20) to the left of the housing type.

4B. Housing Type and Location Detail (PH: RRH)

On this screen, you will enter information about an individual housing site.

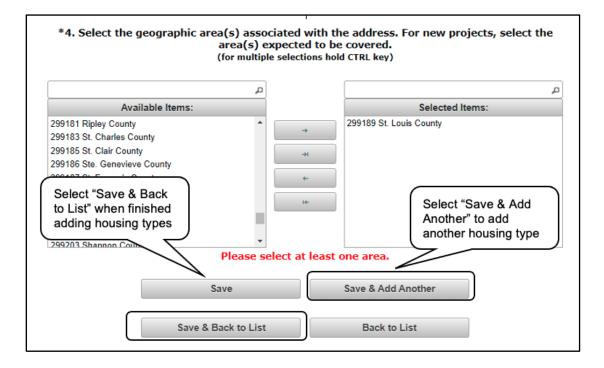


- 1. In field 1, from the "Housing Type" dropdown menu, select the type of housing that most closely resembles the type of housing the project provides.
 - Barracks.
 - Dormitory, shared, or private rooms.
 - Shared housing.
 - SRO units.
 - Clustered apartments.
 - Scattered-site apartments (including efficiencies).
 - Single-family homes/townhouses/duplexes.
- 2. In field 2, enter the maximum number of units and beds available for project participants at the selected housing site.
 - The number entered should be based on the number of units and beds that will be available at the point-in-time count and used for housing program participants in this project.
 - Select "Save."

cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.	projects s will be tenant- busing ojects	mestic violence, including human	
.* Street 1:		.* Street	
Street 2:		Street	
* City:		.* Cit	
* State: select *		.* Star	
* ZIP Code:		* ZIP Cod	

Steps (continued)

- 3. In field 3, enter the physical address for this proposed project.
 - For scattered-site housing, enter the address where the majority of beds are located, the address where most beds are located as of the date you submit the application, or an administrative address.
 - Projects serving victims of DV, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.
 - If the project uses tenant-based rental assistance, or if the address for scattered-site or single-family home housing cannot be identified at the time of application, enter the address for the administration office.



Steps (continued)

- 4. In field 4, select the geographic area(s) in which the project is located.
 - Highlight one geographic area, or hold the CTRL key to make more than one selection.
 - Using the single arrow, move your selection from the left box to the right box.
- 5. To add additional housing sites, select "Save & Add Another" and repeat steps 1 through 4.
- 6. When you have entered all of the types of housing for the project, select "Save & Back to List" to return to the "4B. Housing Type and Location" screen.
- 7. When your list is complete, select "Next" to continue.

NOTE: Regarding	Project Applicants must enter an address for all proposed and existing properties.
Addresses	 If the location is not yet known, enter the expected location of the housing units.
	• For scattered-site and single-family home housing, or for projects that have units at multiple locations, Project Applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission.
	• Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office.
	 Projects serving victims of DV, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

4B. Housing Type and Location (Joint TH)

The following screen, "4B. Housing Type and Location," applies to Joint TH (the component selected on screen "3A. Project Detail").

The list in the "Housing Type and Location" screen summarizes each housing site in the project. The list will be populated by the information you add about individual project sites.

	4B. Housing Type and Location							
The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the tist all CoC-funded and Non CoC-funded units and beds for this project.								
[Show File	Total Units: 0 0 0 "Add" Total Beds: 0 0 0							
Delete	View	Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds		
No recor	rds found.							
			14 <4	I				
	Save & Back Save Save & Next Back Next							

Steps

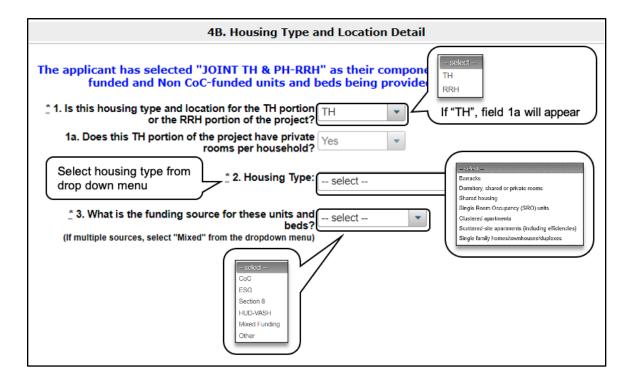
- 1. To begin adding information to this list, add a housing site by selecting the "Add" icon.
- 2. The "4B. Housing Type and Location Detail" screen will appear.

NOTE: On the "4B. Housing Type and Location" screen, review the information you entered for each housing type.

- To edit the information on the "Housing Type and Scale" screen, select the "View" icon to the left of the housing type. Make any necessary changes, and select "Save & Back to List."
- To delete the information on the "Type and Scale of Housing" screen, select the red "Delete" icon 🔕 to the left of the housing type.

4B. Housing Type and Location Detail (Joint TH)

On this screen, you will enter information about an individual housing site.



- 1. In field 1, select "TH" or "RRH" from the dropdown menu to indicate whether the housing type and location are for the TH or RRH portion of the project.
 - If "TH," is selected, field 1a will appear. Field 1a automatically pre-populates to "Yes."
- 2. In field 2, from the "Housing Type" dropdown menu, select the type of housing that most closely resembles the type of housing the project provides.
 - Barracks.
 - Dormitory, shared, or private rooms.
 - Shared housing.
 - SRO units.
 - Clustered apartments.
 - Scattered-site apartments (including efficiencies).
 - Single-family homeless/townhouses/duplexes.
- 3. In field 3, enter the funding source for the units and beds. If multiple sources, select "Mixed" from the dropdown menu.

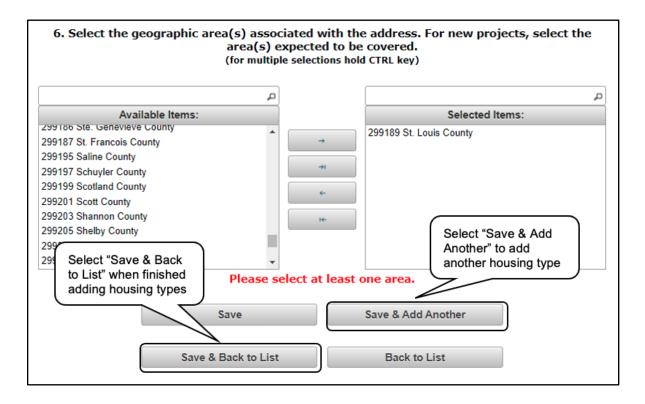
4. Indicate the maximum number of units and beds available for program participants at the selected housing site.						
<u>*</u> 2a. Units:						
<u>*</u> 2b. Beds:						

Steps (continued)

- 4. In field 4, enter the maximum number of units and beds available for project participants at the selected housing site.
 - The number entered should be based on the number of units and beds that will be available at the point-in-time count and used for housing program participants in this project.
 - Select "Save."

5. Address Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant- based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.						
<u>*</u> Street 1:						
Street 2:						
<u>*</u> City:						
<u>*</u> State:	select 🔹					
* ZIP Code:						

- 5. In field 5, enter the physical address for this proposed project.
 - For scattered-site housing, enter the address where the majority of beds are located, the address where most beds are located as of the date you submit the application, or an administrative address.
 - If the project uses tenant-based rental assistance, or if the address for scattered-site or single-family home housing cannot be identified at the time of application, enter the address for the administration office.
 - Projects serving victims of DV, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.



Steps (continued)

- 6. In field 6, select the geographic area(s) in which the project is located.
 - Highlight one geographic area, or hold the CTRL key to make more than one selection.
 - Using the single arrow, move your selection from the left box to the right box.
- 7. To add additional housing sites, select "Save & Add Another" and repeat steps 1 through 6.
- 8. When you have entered all of the types of housing for the project, select "Save & Back to List" to return to the "4B. Housing Type and Location" screen.

4B. HMIS Training

The following screen, "4B. HMIS Training," applies to HMIS projects (the component selected on screen "3A. Project Detail").

4B. HM	IS Training					
* Indicate the last training date or proposed training date for each HMIS training, as applicable.						
Activity	Enter date of last training or proposed next training (mm/yyyy)	Enter "00/0000" if there has been no training				
Basic Computer Training	00/0000					
HMIS Software Training for Sys Admin	08/2023					
HMIS Software Training	08/2023					
Data Quality Training	05/2022	Enter the date of				
Security Training	00/0000	the last or the				
Privacy/Ethics Training	00/0000	next proposed training				
HMIS PIT Count Training	12/2022					
Other (must specify)						
		Select "Save &				
		Next" to continue				
		$\overline{}$				
		\checkmark				
Save & Back	Save Save	& Next				
Back	Next					

Steps

1. For each type of activity listed, indicate the last training date or proposed training date for each HMIS training, as applicable.

Note: Enter the date in the prescribed format (mm/yyyy) of the last **or** next proposed training date. If there has been no training, enter 00/0000.

- 2. Enter up to three additional HMIS trainings that apply to the implementation of the proposed project, and enter the implementation date for each additional training.
- 3. Select "Save & Next" to continue.

Preface to Part 5: Participant Screens

The upcoming pages contain instructions for the two project participants screens—one for "Households" and the other for "Subpopulations."

NOTE: Part 5 is applicable only to PH-PSH, PH-RRH, and Joint TH and PH-RRH projects.

If you selected "HMIS" or "SSO" as the component on screen 3A, you will not see the Part 5 screens as these screens do not apply to HMIS or SSO projects.

Before continuing to the instructions, please review the following notes, which provide information regarding gathering and entering data for these two populations.

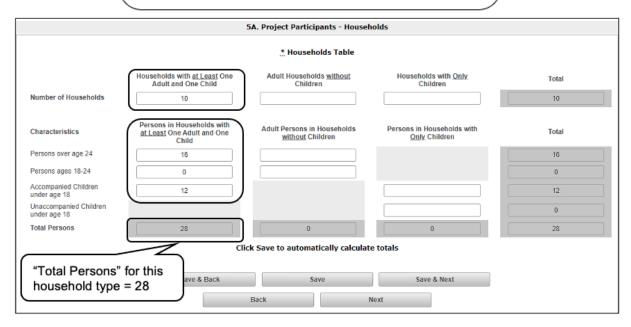
NOTE:	(1) The data gathered on these project participants screens consists of the number of participants in the program when the program is at full capacity (at a single point in time, not over the course of a year or term of the grant).
	For a new project, you will not have historical data on persons served, so you will need to use estimates at the time of application. The data describes the number of households as well as the number of persons in households.
NOTE:	(2) Dark grey cells are not applicable and light grey cells will be totaled by e- snaps automatically.
NOTE:	(3) For homeless assistance programs, chronic substance abuse, by itself, may constitute a disability.
NOTE:	See also the Additional Guidelines for "5A. Project Participants—Households" and "5B. Project Participants—Subpopulations" subsection on the next page.

Additional Guidelines for "5A. Project Participants—Households" and "5B. Project Participants—Subpopulations"

This section provides some guidelines to clarify the way in which the fields on "5A. Project Participants— Households" and "5B. Project Participants—Subpopulations" work together. The example applies to the household type: Households with at least one adult and one child, which is the first fillable column on screen 5A and the first chart at the top of screen 5B.

These guidelines also apply to the other two household types: Adult households without children and households with only children.

/			
	Example:		
	Household type: Househo	lds with at least 1 adult and 1	
	child		
	# Households =	10	
	# Adults over age 24 =	16	
	# Accompanied Children u	under age 18 = 12	

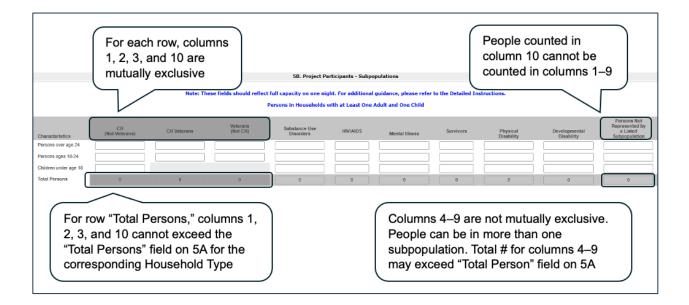


The "Total Persons" field on screen 5A will not necessarily be the sum of the 10-column totals for the corresponding household type on screen 5B (see image below).

While the first three columns on screen 5B are mutually exclusive, people might be listed in more than one subpopulation category in the final seven columns of the chart. For example, a participant can only be either a non-Chronically Homeless (CH) veteran, a CH veteran, or a CH non-veteran, but a participant may be any one of these three and dually diagnosed, fitting into more than one subpopulation. Therefore, an HIV-positive and chronic substance-abusing CH non-veteran could be included in one subpopulation from the first three columns and in both subpopulations in the final seven columns.

The total number of persons in a particular subpopulation column (e.g., non-CH veterans, chronic substance abuse, etc.) on screen 5B cannot exceed the total number entered in the "Total Persons" column on screen 5A.

Example from 5A previous page: Household Type: Households with at least 1 adult and 1 child - Adults over age 24 Columns 1, 2, 3, and 10 = 16 Columns 4–9 = 18 - Accompanied children under 18 = Columns 1 and 10 = 12 (children cannot be veterans)



5A. Project Participants—Households

The following steps provide instructions on completing the "Project Participants—Households" screen for **Part 5: Participants and Outreach Information** to indicate the total number of households and number of persons by demographic served at maximum program capacity at a single point in time by household type.

Estimations

For a new project, you will not have historical data on persons served, so you will need to use estimates at the time of application.

	5A. Project Participants - Households						
		* Households Table					
	Households with <u>at Least</u> One Adult and One Child	Adult Households <u>without</u> Children	Households with <u>Only</u> Children	Total			
Number of Households	10			10			
Characteristics	Persons in Households with <u>at Least</u> One Adult and One Child	Adult Persons in Households without Children	Persons in Households with <u>Only</u> Children	Total			
Persons over age 24	16			16			
Persons ages 18-24	0			0			
Accompanied Children under age 18	12			12			
Unaccompanied Children under age 18				0			
Total Persons	28	0	0	28			
Select "Save" to	Clic	ck Save to automatically calculate	e totals				
calculate totals	Save & Back	Save Back N	Save & Next	Select "Save & Next" to continue			

The data describes the number of households as well as the number of persons in households.

- 1. In the "Number of Households" row, enter the total number of households for each household type.
- 2. Select "Save," and the system will calculate the total for the "Total Number of Households" field.
- 3. In the "Characteristics" section, enter the number of persons by household type for each demographic row.
- 4. Select "Save," and the system will calculate the remaining four fields in the columns and the totals for each demographic based on the values you entered.
- 5. Select "Save & Next" at the bottom of the screen once all information is complete on this screen.

5B. Project Participants—Subpopulations

The following steps provide instructions on completing the "Project Participants—Subpopulations" screen for **Part 5: Participants and Outreach Information** to indicate the number of persons served at maximum program capacity at a single point in time, as well as the characteristics/disabilities, according to their respective household types.

Estimations For a new project, you will not have historical data on persons served, so you will need to use estimates at the time of application.

The data describes the number of households as well as the number of persons in households.

When filling out this table, applicants should think of it as follows:

For each row, the first three columns that are in dark gray, along with column 10, "Persons not represented by listed subpopulations," are mutually exclusive (i.e., for each row, you cannot count the same person in more than one of these columns).

Columns 4 through 9 are not mutually exclusive (i.e., in each row, you may include the same person in multiple columns if they have multiple characteristics). However, for each row, if you list a person in column 10, you cannot include the person in columns 4 through 9.

For each household type included on the previous screen (5A), applicants must fill in at least one cell on the corresponding chart on screen 5B. On the previous screen, the household types were displayed as columns; on 5B, the household types are shown in individual tables.

		5B. Proje	ct Participants - Subpo	pulations				
Enter appropriate subpopulation for		Persons in Househo	lds with at Least One a	Adult and One Child				
each househol								
Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally III		
Persons over age 24	10	2	2	4	2			
Persons ages 18-24								
Children under age 18	12							
Total Persons	22	2	2	4	2	0		
-		Click Save	to automatically calcu	late totals				
		Persons	in Households without	Children				
Characteristics	CH (Not Veterans)	CH Veterans	Veterans- (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally III		
Persons over age 24								
Persons ages 18-24								
Total Persons	0	0	0	0	0	0		
		Persons in	n Households with Only	y Children				
Characteristics	CH (Not Veterans)	CH Veterans Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally III	DV	Phys Disab	
Accompanied Children under age 18							_	
Unaccompanied Children under age 18	Select "Sa	ive" to				Select "Save &		
Total Persons	calculate t	otals		0	0	Next" to continu	le	
		\checkmark						
Save & Back Save Save & Next								
Back								

Steps

- 1. For each household type included from screen 5A, enter the appropriate subpopulation on this screen based on capacity at a single point in time, as well as the characteristics/disabilities, according to their respective household types.
- 2. Select "Save," and the system will calculate all totals based on the values you entered for each subpopulation.
- 3. Select "Save & Next" once all information is complete on this screen.

Subpopulations The CH subpopulation includes disabled adults in households with or without children.

Veterans must be adults; therefore, no entry is allowed for accompanied or unaccompanied children under age 18 for the "Chronically Homeless Veterans" column.

Preface to Part 6: Budget Information

The upcoming pages contain instructions for completing budgets for the New Project component types and activities. Before continuing to the instructions, please review the following information.

- **Reallocation.** If your New Project is being created through the reallocation process, the budget should not exceed the amount allocated by the CoC from eligible Renewal Projects that were reduced or eliminated. If the budget does exceed the amount reallocated by the CoC as provided on the reallocation forms on the CoC Priority Listing, the budget will be reduced by HUD to match the amount specified by the CoC for reallocation.
- Budget detail screens. New Project Applications have "detail" screens for each budget category: leased units, leased structures, rental assistance, supportive services, operating, and HMIS (Renewal Project Applications now omit the "detail" screens for leased structures, supportive services, operating, and HMIS).
- Rental assistance. There is only one rental assistance screen to use for short-/medium-term or long-term. The user will select which type of rental assistance is applicable to the project from the dropdown provided.
- Fair Market Rents (FMRs). Project Applicants will apply for projects in the FY 2024 CoC Program funding process using the FY 2023 FMRs. To ensure consistency between the GIW and the FY 2024 application process, GIWs will also use FY 2023 FMRs. Project Applications that are selected for a conditional award will be adjusted and awarded based on the FMRs that are in effect at the time of the FY 2024 application submission deadline.

24 CFR 578.51(f) provides the following information regarding when updates to the FMR will be made for rental assistance projects: "The amount of rental assistance in each project will be calculated by multiplying the number and size of units proposed by the FMR of each unit on the date the application is submitted to HUD, by the term of the grant."

Project Applicants will need to complete the budget screens that appear on the left menu bar after completing the following:

- "Part 1—SF-424" screen
- "Part 3—Project Information, 3A. Project Detail" screen
- "Part 6—Budget Information, 6A. Funding Request" screen

Throughout the *e-snaps* budget screens, there are gray-shaded cells in which you will not be able to enter or revise data. These cells are typically totals with amounts that are automatically calculated within *e-snaps* when you select the "Save" button. There are a handful of places where the gray-shaded cells contain other information (e.g., numbers of months), but the information is always populated by *e-snaps*. You must fill in or revise the data in the white cells, except in certain situations (e.g., you would fill in a white cell for "Other" only if it is applicable).

Part 6: Budget Information

In *e-snaps*, the budget screens that appear for **Part 6: Budget Information** in the left menu bar of the Project Application are determined by all of the following:

- Whether your project is a new, renewal, or YHDP project, as reflected on screen "1A. Application Type."
- The component type selected on screen "3A. Project Detail."
 - If you have a PH project, the budget screens you will be eligible to complete are also dependent upon how you respond to questions on screen "3B. Project Description." Specifically, Project Applicants must indicate whether they are a PSH or RRH project.
- Your selections on the "6A. Funding Request" screen. Project Applicants must carefully choose the correct funding request as you will only see the budget screen(s) chosen.

The following table shows the eligible activities for New Projects by component type.

PH (PSH)	PH (RRH)	Joint TH/PH- RRH	SSO-CE	HMIS
Acquisition/ Rehabilitation/ New Construction	Not eligible	Not eligible	Not eligible	Not eligible
Leased Units	Not eligible	Leased Units	Not eligible	Not eligible
Leased Structures	Not eligible	Leased Structures	Not eligible	Not eligible
Rental Assistance	Rental Assistance	Rental Assistance	Not eligible	Not eligible
Supportive Services	Supportive Services	Supportive Services	Supportive Services	Not eligible
Operating	Not eligible	Operating	Not eligible	Not eligible
HMIS	HMIS	HMIS	HMIS	HMIS
VAWA	VAWA	VAWA	VAWA	VAWA
Rural	Rural	Rural	Rural	Rural

New Projects: Possible Component Types and Eligible Activities

NOTE: Project Applicants may NOT have any of the following combinations in a single structure or housing unit, although some of these budgets may be combined in a single Project Application because the funding is not used in the same structure or unit, such as in a Joint TH and PH-RRH Project:

- Acquisition and/or rehabilitation with new construction.
- Leasing with acquisition, rehabilitation, or new construction.
- Rental assistance with acquisition, rehabilitation, or new construction.
- Leasing and rental assistance.
- Rental assistance and operations.

6A. Funding Request for New Projects

This screen has six questions. The navigational steps in this section go through the questions in order. The options available in Question 5 are determined by your selections on screen "3A. Project Detail." Once you select the activities in Question 5, the appropriate budget screens will populate in the left menu bar.

All Projects: Questions 1 and 2: Readiness and Funding Source

6A. Fundin	6A. Funding Request					
.* 1. Will it be feasible for the project to be under grant agreement by September 15, 2026?	Yes					
* 2. What type of CoC funding is this project applying for in this CoC Program Competition?	select					

Steps

- 1. In field 1, select "Yes" or "No" to indicate the Project Applicant's readiness to initiate the project by September 15, 2026.
 - If you select "No," you will not be able to submit the Project Application.
- 2. In field 2, select one of the following options for how the project will be funded:
 - Reallocation
 - CoC Bonus
 - Reallocation + CoC Bonus
 - DV Bonus

Note: If "Yes" was selected on screen "3A. Project Detail," field 7, which asks if the New Project Application is requesting to transition from eligible Renewal Projects that were awarded through reallocation, then "Reallocation" must be selected.

NOTE: Only PH-RRH, SSO, and JOINT component types can apply for DV Bonus funding. PH-PSH is not eligible for DV Bonus funding.

* 2. What type of CoC funding is this project applying for in this CoC Program Competition?	•
Only PH-RRH, SSO and JOINT component types can apply for DV	Bonus funding

The following table identifies the eligible types of New Projects for each type of funding source.

	PH-PSH	PH-RRH	Joint	SSO	HMIS	Transition
Reallocation	Eligible	Eligible	Eligible	Eligible	Eligible	Eligible
Bonus	Eligible	Eligible	Eligible	Eligible	Eligible	Not eligible
Reallocation and Bonus	Eligible	Eligible	Eligible	Eligible	Eligible	Not eligible
DV Bonus	Not eligible	Eligible	Eligible	Eligible	Not eligible	Not eligible

All Projects: Question 3: Indirect Costs

 * 3. Does this project propose to allocate funds according to an indirect Cost rate? Indirect cost rate proposals should be submitted as soon as the applicant is notified recipients will be asked to submit the proposal rate during the e-sr Applicants with an approved indirect cost rate must submit a copy of the approval with this application. * 3a. Complete the indirect cost rate table below 								
Cognizant Agency	Indirect Cost Rate	Direct Cost Base	Plan approved by cognizant agency or will use 10% de minimis rate					

Steps (continued)

- 3. In field 3, select "Yes" or "No" to indicate if this project proposes to allocate funds according to an indirect cost rate.
 - If "Yes," fields 3a will appear.

In field 3a, complete the indirect cost rate table, which includes: listing the name of the Cognizant Agency, the Indirect Cost Rate, the Direct Cost Base, and indicating whether the Plan is approved by the Cognizant Agency or will use the 10 percent de minimis rate.

Note: If you select "Yes," indirect cost rate proposals should be submitted as soon as HUD notifies the applicant of a conditional award and no later than three months after the award. HUD will ask conditional award recipients to submit the proposal or approved rate during the *e-snaps* post-award process. Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

All Projects: Question 4: Grant Term



Steps (continued)

- 4. In field 4, from the dropdown menu, specify the grant term by selecting either "1 Year," "2 Years,"
 "3 Years," "4 Years," "5 Years," or "15 years."
 - **NOTE:** Review the FY 2024 FY 2025 CoC Program Competition NOFO for more information on grant terms at:
 - <u>https://www.hud.gov/program_offices/comm_planning/coc/competition.</u>

Individual Project Types: Question 5

Steps (continued)

- 5. In field 5, select all the costs for which you are requesting funds for the project. After you select the "Save" button, the left menu bar will populate with a complete list of budget screens that you will need to complete.
 - NOTE:For new projects, the number of eligible costs listed in Question 5 depends on
the project component selected on screen "3A. Project Detail."NOTE:The VAWA BLI is permanently checked. This allows any project to shift funds up
to a 10 percent shift from another BLI is VAWA emergency transfer costs are
needed.

PH-PSH Projects

New PH-PSH Projects can select from the following expense categories: Leased Units, Leased Structures, Rental Assistance, Supportive Services, Operating, HMIS, VAWA, and Rural.

* 5. Select the costs for which funding is requested:					
Leased Units					
Leased Structures					
Rental Assistance					
Supportive Services					
Operating					
HMIS					
VAWA	×				
Rural					
The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.					

PH-RRH Projects

New PH-RRH Projects can select from the following expense categories: Rental Assistance, Supportive Services, HMIS, VAWA, and Rural.

* 5. Select the costs for which funding is requested:	
Rental Assistance	
Supportive Services	
HMIS	
VAWA	~
Rural	
The VAWA BLI is permanently checked. This allows an another BLI if VAWA emergency transfer costs are needed.	

Joint TH-RRH Projects

New Joint TH-RRH Projects can select from the following expense categories: Leased Units, Leased Structures, Rental Assistance, Supportive Services, Operating, HMIS, VAWA, and Rural.

* 5. Select the costs for which funding is requested:	
Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	
Operating	
HMIS	
VAWA	×
Rural	
The VAWA BLI is permanently checked. This allows an another BLI if VAWA emergency transfer costs are nee	

SSO-CE Projects

For new SSO-CE projects, the only eligible activity is CE. Therefore, the only expense categories listed in Question 5 are Supportive Services, HMIS, VAWA, and Rural.

* 5. Select the costs for which funding is requested:					
Supportive Services					
HMIS					
VAWA	~				
Rural					
The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.					

Dedicated HMIS Projects

New dedicated HMIS project costs can only be carried out by the HMIS Lead, which is the Project Applicant or subrecipient for HMIS-dedicated funds and is listed on the HMIS Lead form in the CoC Applicant Profile in *e-snaps*. The only expense categories listed in Question 5 are HMIS, VAWA, and Rural.

* 5. Select the costs for which funding is requested:	
HMIS	
VAWA	v
Rural	
The VAWA BLI is permanently checked. This allows an another BLI if VAWA emergency transfer costs are needed.	

Individual Project Types: Question 6

± 6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months) ב 6a. Select the number of months requested for the initial grant term:	Select "Save & Next" to continue
Save & Back Sa Back	Next

Steps (continued)

- 6. In field 6, select "Yes or "No" to indicate whether this project will require an initial grant term greater than 12 months.
 - If "Yes," field 6a will appear.

In field 6a, use the dropdown menu to select the number of months required for the initial grant term.

7. Select "Save & Next" to continue.

6B. Acquisition/Rehabilitation/New Construction Budget

The following steps provide instructions on completing the "Acquisition/Rehabilitation/New Construction Budget" screen for new projects with a **PH-PSH component**.

6B. Acquisition/Rehabilitation/New Construction Budget											
The following list summarizes the total request for each structure. To add a structure to the list, select the 🗟 icon. To view or update a structure already listed, select the 🍳 icon.											
		Total Acquisition:					\$0				
ſ		Sala at	Tot	Total Rehabilitation:			\$0				
		Select "Add" icon	Tot	Total New Construction:			\$0				
				Total Assistance Requested:			\$0				
Total Assistance Requested Amount has to be greater than \$0.											
Search all fields: Enter keyword											
Delete	View	Name of Structure	Street Address 1	Street Address 2	City	State	Zip Code	Total Request	Acquisition	Rehabilitation	New Construction
No recor	No records found.										
Save & Back Save Save & Next											

- 1. To add information to this list, select the "Add" icon above the word "All" on the left side of the alphabetic listing to open the "Acquisition/Rehabilitation/New Construction Detail" screen.
- 2. The "Acquisition/Rehabilitation/New Construction Budget Detail" screen will appear.

Acquisition/Rehabilitation/New Construction Budget Detail

	Acquisition/Rehabilitation/Ne	w Construction Budget Detail	
Complete the following fields related	to the funds being requested for a	cquisition, rehabilitation, and/or nev	v construction of the new project.
	* Name of Structure:	Structure 1	?
	* Street Address 1:	123 Main Street	
	Street Address 2:		
	<u>*</u> City:	Any City	
	* State:	Arkansas	
	ž Zip Code:	32002	
		Assistance Requested	
	1. Acquisition	\$100,000	
Select "Save" to	2. Rehabilitation	\$250,000	Select "Save & Add
auto-calculate totals	3. New Construction		Another" to add
	4. Total Assistance Requested	\$350,000	another location
vclick ti	he 'Save' button to automatically c	alculate the Total Assistance Request	ted.
	Save	Save & Add Another	
	Save & Back to List	Back to List	

- 1. Enter the name, street address, city, state, and zip code of the structure.
 - The name of the structure can be as simple as "Structure 1" or something that is descriptive of the project's use of the structure. It does not have to be the legal name of the structure.
- 2. Enter the amount of grant funds requested for acquisition, rehabilitation, and new construction.
 - Select "Save," and the screen will automatically calculate the Total Assistance Requested.
- 3. If you are requesting project funds for acquisition, rehabilitation, or new construction for one location only:
 - Select "Save & Back to List" to go back to the "Acquisition/Rehabilitation/New Construction Budget" screen.
- 4. If you are requesting project funds for acquisition, rehabilitation, or new construction for another location:
 - Select "Save & Add Another." Follow the directions for completing another "Acquisition/Rehabilitation/New Construction Budget Detail" screen as described above.
- After you have entered all of the "Acquisition/Rehabilitation/New Construction Budget Detail" screens that your project requires, select "Save & Back to List" to return to the "Acquisition/Rehabilitation/New Construction Budget" screen.

After completing all of the "Acquisition/Rehabilitation/New Construction Budget Detail" screens, the "Acquisition/Rehabilitation/New Construction Budget" screen will auto-populate with the budget information you entered, as shown below.

Note: Acquisition can be combined with rehabilitation. However, new construction cannot be combined with acquisition.

			61	B. Acquisition/	Rehabilita	tion/New	Constru	ction Budget			
			summarizes the total r isted, select the $\stackrel{e}{\hookrightarrow}$ in		tructure. To	add a struc	ture to the	list, select the	Ac	quisition ca	
	Total Acquisition:\$100,000Total Rehabilitation:\$250,000							mbined with	-		
								habilitation, but not th new			
Total New Construction:						\$0		nstruction.			
				Total Assistance	Requested:			\$350,000			
ء 🛱	5										
									Searc	h all fields: Enter	keyword
Delete	View	Name of Structure	Street Address 1	Street Address 2	City	State	Zip Code	Total Request	Acquisition	Rehabilitation	New Construction
8	⊕ °	Structure 1	123 Main Street		Any City	Arkansas	32002	\$350,000	\$100,000	\$250,000	
					14 <4	1 >>	H.				
			Save & Bac	k		Save		Sav	ve & Next		
				Back			Ne	ĸt			

Completion of the Acquisition/Rehabilitation/New Construction Budget Screen

After completing all of the "Acquisition/Rehabilitation/New Construction Budget Detail" screens, the "Leased Unit Budget" screen will auto-populate with the budget information you entered.

	6B. Acquisition/Rehabilitation/New Construction Budget							
The following list summarizes the total request for each structure. To add a structure to the list, select the 📮 icon. To view or update a structure already listed, select the 🚭 icon.								
Select "Add" to add another	Total Acquisit Total Rehabili Total New Co	itation: nstruction:				00 \$0		
Select "View" to view and edit Search all fields: Enter keyword				word				
Delete View Name of Address 1	Street Address 2	City	State	Zip Code	Total Request	Acquisition	Rehabilitation	New Construction
Structure 123 Main		Milwaukee	Wisconsin	50205	\$350,000	\$100,000	\$250,000	\$0
Select "Delete" to delete Select "Next" to continue						nue		
Save & Ba	ack		Save			oave & Next		
	Ba	ick			Next			

- 1. Review the following items on the "Acquisition/Rehabilitation/New Construction Budget" screen.
 - The "Acquisition/Rehabilitation/New Construction Budget" screen should have been autocalculated with your total acquisition/rehabilitation/new construction budget amount.
 - Each "Acquisition/Rehabilitation/New Construction Budget Detail" screen you entered for each location will appear as a separate entry under the "View" header.
- 2. If changes are needed, please review the following guidance.
 - If you want to view and edit any of the "Leased Units Budget Detail" screens, select the "View" icon an ext to the appropriate entry.
 - If you have created a "Leased Units Budget Detail" screen in error and want to delete it, select the "Delete" icon ⁽²⁾ next to the appropriate entry.
 - If the list seems to be missing one or more items, select the "Add" icon and complete the additional "Leased Units Budget Detail" screen(s), as discussed previously.
- 3. If the list is complete, select "Next" at the bottom of the screen. You will proceed to the next budget screen.

6C. Leased Units Budget

Project Applicants must complete the "Leased Units Budget" screen and relevant detail screens if the Project Applicant is applying for leased units funds and **the recipient has entered or is entering into leases directly with the property owner** for units to house program participants. If the lease will be between the landowner and the participant, the Project Applicant must complete the rental assistance budget, not the leased units budget.

The following steps provide instructions on completing the "Leased Units Budget" screen.

					6C. Leased U	nits		
	The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the 🖗 icon. To view or update information already listed, select the 🍳 icon.							
	Select "Add" Grant Term: 1 Year icon Total Annual Assistance Requested: \$0 Total Request for Grant Term: \$0 Total Units: 0							
							Search all fie	elds: Enter keyword
Delete	View	FMR Area	Total Units F	Requested	Total Annual As	sistance Requested	Total Bu	dget Requested
8	⊙		0	\$0			\$0	
				Back		Next		

Steps

- 1. To add information to this list, select the "Add" icon <a>Phi above the word "All" on the left side of the alphabetic listing to open the "Leased Units Budget Detail" screen.
- 2. The "Leased Units Budget Detail" screen will appear.

FMR

The "Budget Detail" screens use the FY 2023 FMRs.

To ensure consistency between the GIW and the FY 2024 application process, GIWs also used FY 2023 FMRs.

Project Applications that are selected for a conditional award will be adjusted and awarded based on the FMRs that are in effect at the time of the FY 2024 application submission deadline.

Leased Units Budget Detail

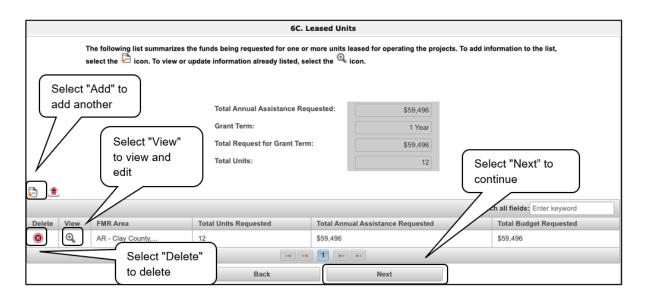
		Le	ased Units Budg	et Detail				
	ns: <u>Show Instructions</u> rt below, enter the ap	propriate values in the "N	umber of units" and	"HUD Paid Rent" fiel	ds.			
Select FMR	· · · · · · · · ·	Metropolitan or non fair mar	ket rent area:	Clay County, AR (0502				
project is lo	cated	Lea	Leased Units Annual Budget					
	Size of Units	Number of units (Applicant)	FMR (Applicant)	HUD Paid Rent (Applicant)		2 months		Total request (Applicant)
Enter number	SRO	x	\$368		×	12	= (\$0
of units	0 Bedroom	3 x	\$490	\$350	x	12	= (\$12,600
	1 Bedroom	4 ×	\$493	\$352	x	12	= [\$16,896
	2 Bedroom	5 X	\$649	\$500	x	12	= [\$30,000
	3 Bedroom	x	\$802		×	12	= [\$0
	4 Bedroom	x	\$1,061		x	12	= (\$0
	5 Bedroom	x	\$1,220		x	12	= [\$0
	6 Bedroom	x	\$1,379		x	12	= (\$0
	7 Bedroom	x	\$1,538		x	12	= [\$0
	8 Bedroom	x	\$1,698		x	12	= (\$0
	9 Bedroom	x	\$1,857		x	12	= [\$0
Total units and an	nual assistance requested:	12						\$59,496
	Grant term:							1 Year
Total request	for grant term:							\$59,496
Select "Sav to List" whe with all leas	en finished	Click the 'Save' b	outton to automa	save & Add Anothe		Anoth	er" to	e & Add add a another FMR
		Save & Back to	List	Back to List				

- 1. Select the FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the "FMR Area" column in the chart below.
- 2. Enter the number of units of each bedroom size for which the project is requesting leased units assistance.
- 3. In the "HUD Paid Rent" column, for each unit size, enter the rent to be paid by the CoC program grant. This rent can be equal to or below the FMR amount in the previous column—it cannot exceed the FMR amount. Once HUD awards funds to the project, recipients must document compliance with the rent reasonableness requirement explained in section 578.51 of the CoC program interim rule.
- 4. The 12-month column is fixed. The amount of "HUD Paid Rent" multiplied by the number of units per unit type and multiplied by 12 automatically populates in the "Total Request (Applicant)" column per unit type.

- 5. The "Grant Term" field is populated with the grant term selected on the "6A Funding Request" screen.
- 6. Once you enter figures in each column for the relevant fields, select the "Save" button at the bottom of the screen. The sum of each column will be auto-calculated.
- 7. If the project is housed in one structure, select "Save & Back to List" to go back to the "Leased Units Budget" screen.
 - If the project is housed in more than one FMR Area, select "Save & Add Another" and repeat steps 1 through 6 for each structure in the project for which you are requesting leased units funds.
 - Once you have completed all of the "Leased Units Budget Detail" screens that your project requires, select "Save & Back to List."

Completion of Leased Units Budget

After completing all of the "Leased Unit Budget Detail" screens, the "Leased Unit Budget" screen will auto-populate with the budget information you entered.



- 1. Review the following items on the "Leased Units Budget" screen.
 - The "Leased Units Budget" screen should have been populated with your total leased units budget amount.
 - The leased units budget detail information you entered for each location will appear as a separate entry under the "View" header.
- 2. After completing the "Leased Units Budget Detail" screen(s) and reviewing the "Leased Units Budget" screen, you may want to make changes.
 - If you want to view and edit any of the "Leased Units Budget Detail" screens, select the "View" icon (a) next to the appropriate entry.
 - If you have created a "Leased Units Budget Detail" screen in error and want to delete it, select the "Delete" icon ⁽²⁾ next to the appropriate entry.
 - If the list seems to be missing one or more items, select the "Add" icon and complete the additional "Leased Units Budget Detail" screen(s), as discussed previously.
- 3. If the list is complete, select "Next" at the bottom of the screen. You will proceed to the next budget screen.

6D. Leased Structures Budget

Project Applicants that plan to lease structures or portions of structures for housing or supportive services as part of a New Project must complete the "Leased Structures Budget" screen.

The following steps provide instructions to complete the "Leased Structures Budget" screen of the Project Application and are relevant for New Projects seeking funds for leased structures.

		6D	. Leased Structures Budget			
	The following list summarizes the funds being requested for one or more structures leased for operating the projects. To add information to the list, select the 🛱 icon. To view or update information already listed, select the 🍳 icon.					
-	Total Annual Assistance Requested: Grant Term: "Add" Total Request for Grant Term: Total Structures: 0 Total Assistance Requested Amount has to be greater than \$0.					
				Search all fields: Enter keyword		
Delete View	Structure Name	HUD Paid Rent	Total Annual Assistance Requested	Total Assistance Requested		
No records found.	No records found.					
		Back	Next			

Steps

- 1. To add information to this list, select the "Add" icon above the word "All" on the left side of the alphabetic listing to open the "Leased Structures Budget Detail" screen.
- 2. The "Leased Structures Budget Detail" screen will appear.

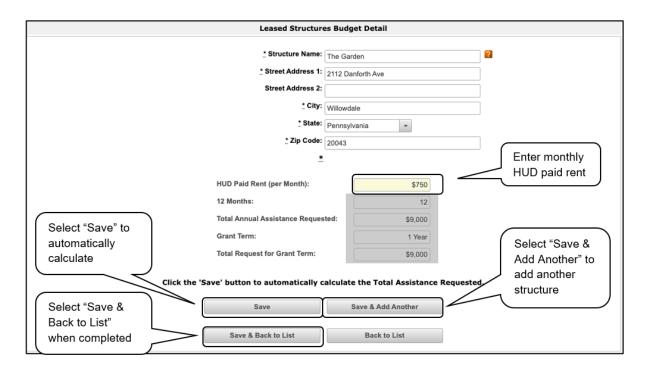
FMR

The "Budget Detail" screens use the FY 2023 FMRs.

To ensure consistency between the GIW and the FY 2024 application process, GIWs also used FY 2023 FMRs.

Project applications that are selected for a conditional award will be adjusted and awarded based on the FMRs that are in effect at the time of the FY 2024 application submission deadline.

Leased Structures Budget Detail



- 1. Enter the name, street address, city, state, and zip code of the structure. The name of the structure can be as simple as "Structure 1" or something that is descriptive of the use of the structure.
- 2. Enter the monthly leasing amount in the "HUD Paid Rent (per month)" field. The amount entered must not exceed the monthly rent for comparable structures.
- 3. Select "Save."
 - The screen will automatically calculate the HUD paid rent multiplied by 12 months to show the "Total Annual Assistance Request."
 - The screen will automatically calculate the "Total Annual Assistance Request" multiplied by the "Grant Term." The "Grant Term" field is populated from screen "6A: Funding Request."
- 4. If the project will lease one structure only, select "Save & Back to List" to go back to the "Leased Structures Budget" screen.
 - If the project will lease more than one structure, select "Save & Add Another."
 - Follow the directions for completing another "Leased Structures Budget Detail" screen as described in the preceding steps.
 - After you have entered all of the "Leased Structures Budget Detail" screens that your project requires, select "Save & Back to List" to return to the "Leased Structures Budget" screen.

Completion of Leased Structures Budget

After completing all of the "Leased Structures Budget Detail" screens, the "Leased Structures Budget" screen will auto-populate with the budget information you entered.

	60	D. Leased Structures Budget				
	The following list summarizes the funds being requested for one or more structures leased for operating the projects. To add information to the 🔁 icon.					
Select "Add" to add another Select "View" to view and edit	Total Annual Assi Grant Term: Total Request for Total Structures:					
Delete View Structure Name	HUD Paid Rent	Total Annual Assistance Requested Iotal Assistance Requested				
8 C The Garden	\$750	\$9,000				
Select "Del	ete"					
to delete	Back	Next				

- 1. Review the following items on the "Leased Structures Budget" screen.
 - The "Leased Structures Budget" screen should have been populated with your total leased structures budget amount.
 - Each "Leased Structures Budget Detail" screen you entered for each location will appear as a separate entry.
- 2. After completing the "Leased Structures Budget Detail" screen(s) and reviewing the "Leased Structures Budget" screen, you may want to make changes.
 - If you want to view and edit any of the "Leased Structures Budget Detail" screens, select the "View" icon ext to the appropriate entry.
 - If you find that you have created a "Leased Structures Budget Detail" screen in error and want to delete it, select the "Delete" icon ^(®) next to the appropriate entry.
 - If the list is missing one or more items, select the "Add" icon and complete another "Leased Structures Budget Detail" screen, as discussed above.
- 3. If the list is complete, select "Next" at the bottom of the screen. You will proceed to the next budget screen.

6E. Rental Assistance Budget

Project Applicants that plan to provide rental assistance to participants (short-/medium-term or long-term) as part of a New Project must complete the "Rental Assistance Budget" screen. If you are applying for rental assistance units, the lease agreement will be between the landowner and the participant. If the leases are between the Project Applicant and the landowner, then the Project Applicant must complete the leased units budget, not the rental assistance budget.

The following steps provide instructions on completing the "Rental Assistance Budget" screen of the New Project Application.

			6E. Rent	tal Ass	istance	Budget	
	project	. To ad	list summarizes the rental a d information to the list, sel∉ he [⊕] icon.				
(Show File)	Sele "Ado S] [Clear	d"	Total Annual Assistanc Grant Term: Total Request for Gran Total Units: Otal Assistance Request	t Term:		1 Year	\$0 .
Delete	View	Туре	of Rental Assistance	FMR	Area	Total Units Requested	Total Request
No record	No records found.						
			14		▶	Þ1	
	Back					Next	

Steps

- 1. To add information to this list, select the "Add" icon <a>[to open the "Rental Assistance Budget Detail" screen.
- 2. The "Rental Assistance Budget Detail" screen will appear.

FMR

The "Budget Detail" screens use the FY 2023 FMRs.

To ensure consistency between the GIW and the FY 2024 application process, GIWs also used FY 2023 FMRs.

Project applications that are selected for a conditional award will be adjusted and awarded based on the FMRs that are in effect at the time of the FY 2024 application submission deadline.

Rental Assistance Budget Detail

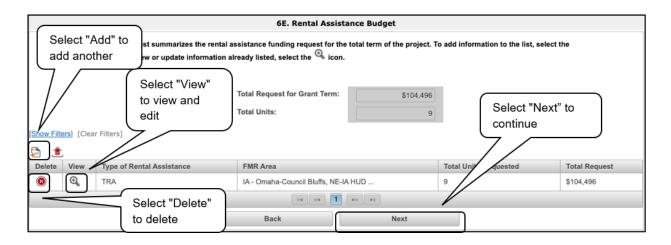
	Rental Assistance Budget Detail						
Instructions: Show Select FMR where project is located		* Type of Rental Assi etropolitan or non-metro fair market ren	politan La Ometra O	ouncil Blu	ren	lect type of tal assista MR Area (190859	nce
	Size of Units	# of Units (Applicant)	FMR Area (Applicant)		12 Months		Total Request (Applicant)
	SRO	x	\$524	x	12	=	\$0
Enter number	0 Bedroom	x	\$698	x	12	=	\$0
of units	1 Bedroom	4 ×	\$794	x	12	-	\$0
	2 Bedrooms	3 ×	\$974	x	12	=	\$0
	3 Bedrooms	2 ×	\$1,305	x	12	=	\$0
	4 Bedrooms	×	\$1,457	x	12	=	\$0
	5 Bedrooms	x	\$1,676	x	12	-	\$0
	6 Bedrooms	x	\$1,894	x	12	-	\$0
	7 Bedrooms	x	\$2,113	x	12	-	\$0
	8 Bedrooms	x	\$2,331	x	12	=	\$0
	9 Bedrooms	x	\$2,550	x	12	=	\$0
	ance Requested	0					\$0
automatically	Grant Term						1 Year
calculate	t for Grant Term						\$0
Select "Save &	· ·	lick the 'Save' buttor	n to automatically	calculat	te totals.		ct "Save &
Back to List"		Save	Save	& Add An	other		another FMR
when completed	\geq_{\square}	Save & Back to List		ack to Lis	st		

- 1. Select the "Type of Rental Assistance"—project-based rental assistance (PRA), tenant-based rental assistance (TRA), or sponsor-based rental assistance (SRA).
- Select the FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the "FMR Area" column in the chart below.
- 3. Enter the number of units of each bedroom size for which the project is requesting rental assistance.
- The 12-month column is fixed. The amount shown in the FMR column multiplied by the number of units per unit type and multiplied by 12 automatically populates in the "Total Request (Applicant)" column per unit type.
- 5. After you enter figures in the "# of Units" column for the relevant fields, select the "Save" button at the bottom. The sum of each column will be auto-calculated.
- 6. The "Grant Term" field is populated based on the grant term selected on the "Funding Request" screen and will be read-only.

- 7. The "Total Request for Grant Term" field is calculated based on the per month rent entered in the first field, multiplied by 12 months, multiplied by the grant term.
- 8. If the project is requesting rental assistance for one location, select "Save & Back to List" to go back to the "Rental Assistance Budget" screen.
 - If the project is requesting rental assistance for units in another location, select "Save & Add Another" and repeat steps 1 through 7 for each structure in the project for which you are requesting rental assistance funds.
 - Once you have completed all of the "Rental Assistance Budget Detail" screens that your project requires, select "Save & Back to List."

Completion of Rental Assistance Budget

After completing all of the "Rental Assistance Budget Detail" screens, the "Rental Assistance Budget" screen will populate with the budget information you entered.



- 1. Review the following items on the "Rental Assistance Budget" screen.
 - The "Rental Assistance Budget" screen should have been auto-calculated with your total rental assistance request for the grant term.
 - Each "Rental Assistance Detail" screen you entered will appear as a separate entry under the "View" header.
- 2. After completing the "Rental Assistance Budget Detail" screen(s) and reviewing the "Rental Assistance Budget" screen, you may want to make changes.
 - If you want to view and edit any of the "Rental Assistance Budget Detail" screens, select the "View" icon entry.
 - If you find that you have created a "Rental Assistance Budget Detail" screen in error and want to delete it, select the "Delete" icon ⁽²⁾ next to the appropriate entry.
 - If the list is missing one or more items, select the "Add" icon and complete a "Rental Assistance Budget Detail" screen, as discussed in the previous section.
- 3. If the list is complete, select "Next" at the bottom of the screen. You will proceed to the next budget screen.

6F. Supportive Services Budget

The following steps provide instructions to complete the supportive services budget for New Projects. Please note that the "Supportive Services Budget Detail" screen appears only for New Projects.

NOTE: For a description of the categories listed on this screen, please review the CoC Program interim rule at:

• <u>https://www.govinfo.gov/content/pkg/FR-2016-09-21/pdf/2016-22589.pdf.</u>

	6F. Supportive Services Budget	Enter annual
Enter brief		and internet an evented
description	ND description must be entered for each requested co	assistance requested
Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs	Initial service needs assessments	\$25,000
2. Assistance with Moving Costs	Van rental	\$5,000
3. Case Management	Weekly meetings with clients, 2.0 FTE	\$120,000
4. Child Care		
5. Education Services		
6. Employment Assistance		Any data entered on this
7. Food		screen must have a
8. Housing/Counseling Services		corresponding entry on Screen 4a. Services,
9. Legal Services		question 3.
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	Bus tokens	\$2,000
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$152,000
Grant Term	Select "Save & Nex to continue	1 Year
Total Request for Grant Term	to continue	\$152,000
Select "Save" to automatically calculate	ne 'Save' button to automatically calculate totals.	
Save & Back	Save Save &	Next
	Back Next	

- 1. There are 17 budget categories in the supportive services budget. For each applicable category, enter the following information:
 - Narrative description of up to 400 characters under the quantity column. Be brief and use abbreviations as much as possible.
 - Dollar request for each year of the grant term.
 - Note: #17, Operating Costs is for facilities providing only supportive services.
- 2. Select "Save."
- 3. The "Total Annual Assistance Requested" field is automatically calculated based on the sum of the annual assistance requests entered for each activity.
- 4. The "Grant Term" field is pre-populated from the "6A. Funding Request" screen and is a readonly field.
- 5. The "Total Request for Grant Term" field is automatically calculated based on the total annual assistance requested multiplied by the grant term.
- 6. Select "Save & Next" to continue.

6G. Operating Budget

The following steps provide instructions to complete the "Operating Budget" screen of the New Project Applications. Please note that the "Operating Budget Detail" screen appears only for New Projects.

NOTE: For a description of the categories listed on this screen, please review the CoC Program interim rule at:

• https://www.govinfo.gov/content/pkg/FR-2016-09-21/pdf/2016-22589.pdf.

	$\overline{}$	6G. Operating	
Enter brief description	w Instructions	y AND description must be entered for each requested o	cost. Enter annual assistance request
	Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
	1. Maintenance/Repair	Monthly lawn care, annual HVAC checks	\$50,000
	2. Property Taxes and Insurance	Annual property taxes and insurance	\$12,000
	3. Replacement Reserve		
	4. Building Security		
	5. Electricity, Gas, and Water		
	6. Furniture		
	7. Equipment (lease, buy)		
	Total Annual Assistance Requested		\$62,000
	Grant Term		1 Year
	Total Request for Grant Term		\$62,000
Select "Save automatically calculate		k the 'Save' button to automatically calculate totals.	Select "Save & Next " to continue

- 1. There are seven budget categories in the operating budget. For each applicable category, enter the following information:
 - Narrative description of up to 400 characters under the quantity column. Be brief and use abbreviations as much as possible.
 - Dollar amount requested for each year of the grant term.
- 2. Select "Save."
- 3. The "Total Annual Assistance Requested" field is automatically calculated based on the sum of the annual assistance requests entered for each activity.
- 4. The "Grant Term" field is populated based on the grant term selected on the "6A. Funding Request" screen and is a read-only field.
- 5. The "Total Request for Grant Term" field is automatically calculated based on the total annual assistance requested" multiplied by the grant term.
- 6. Select "Save & Next" to proceed to the next budget form.

6H. HMIS Budget

The following steps provide instructions to complete the "HMIS Budget" screen of the New Project Applications. Please note that the "HMIS Budget Detail" screen appears only for New Projects.

NOTE: For a description of the categories listed on this screen, please review the CoC Program interim rule at:

https://www.govinfo.gov/content/pkg/FR-2016-09-21/pdf/2016-22589.pdf.

	_	6H. HMIS Budget	
Enter brief description	w Instructions	ity AND description must be entered for each requested	cost. Enter annual assistance request
	Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
	1. Equipment	Five laptops @ \$1500	\$7,500
	2. Software	Software licenses	\$12,000
	3. Services		
	4. Personnel		
	5. Space & Operations		
	Total Annual Assistance Requested:		\$19,500
	Grant Term:		1 Year
	Total Request for Grant Term:		\$19,500
Select "Sav automatical calculate		Save Save Save Save Save	Select "Save & Next " to continue

- 1. For each of the five budget categories, enter the following:
 - Narrative description of up to 400 characters under the quantity column. Be brief and use abbreviations as much as possible.
 - Dollar request for each year of the grant term.
- 2. Select "Save."
- 3. The "Total Annual Assistance Requested" field is automatically calculated based on the sum of the annual assistance requests entered for each activity.
- 4. The "Grant Term" field is populated based on the grant term selected on the "Funding Request" screen and is a read-only field.
- 5. The "Total Request for Grant Term" field is automatically calculated based on the total annual assistance requested multiplied by the grant term.
- 6. Select "Save & Next" to proceed to the "VAWA Budget" screen.

VAWA Costs Budget Line Item

Beginning in the FY 2023 CoC Program Competition, the **Violence Against Women Reauthorization** (VAWA) Act of 2022 has clarified the use of CoC Program funds for VAWA-eligible cost categories. These VAWA cost categories can be added to a New Project Application to create a CoC VAWA BLI in *e*-snaps and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in *e*-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

- VAWA emergency transfer facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:
 - **Moving costs**. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
 - **Travel costs**. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
 - **Security deposits**. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
 - Utilities. Grant funds can be used to pay for the costs of establishing utility assistance in the safe unit the survivor is transferring to.
 - Housing fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
 - **Case management**. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
 - **Housing navigation**. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
 - **Technology to make an available unit safe**. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.
- 2. VAWA confidentiality requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:
 - Monitoring and evaluating compliance.
 - Developing and implementing strategies for corrective actions and remedies to ensure compliance.
 - Program evaluation of confidentiality policies, practices, and procedures.
 - Training on compliance with VAWA confidentiality requirements.
 - Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
 - Costs for establishing a methodology to protect survivor information.
 - Staff time associated with maintaining adherence to VAWA confidentiality requirements.

The following steps provide instructions to complete the "VAWA Budget" screen of the New Project Application.

Enter the estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.
Enter VAWA budget estimates
Eligible Costs Annual Assistance Requested
Estimated budget amount for VAWA Emergency Transfer Facilitation:
Estimated budget amount for VAWA Confidentiality Requirements:
CoC VAWA BLI Total: \$0
Grant Term 3 Years
Total Request for Grant Term \$0
Select "Save" Click the 'Save' button to automatically calculate totals
Save & Back Save Save & Next
Back Next

- Enter the estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI total amount can be expended for any eligible CoC VAWA cost identified above.
- 2. Select "Save."
- 3. The "Total Annual Assistance Requested" field is automatically calculated based on the sum of the annual assistance requests entered for each eligible cost.
- 4. The "Grant Term" field is populated based on the grant term selected on the "Funding Request" screen and is a read-only field.
- 5. The "Total Request for Grant Term" field is automatically calculated based on the total annual assistance requested multiplied by the grant term.
- 6. Select "Save & Next" to proceed to the "Rural Budget" screen.

Rural Costs Budget Line Item

Beginning in the FY 2023 CoC Program Competition, the CoC Program has added eligible rural cost budget categories to be added in a new CoC Rural Cost BLI. If awarded, the new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in *e-snaps* and eLOCCS. There are three CoC Program rural cost categories that can be requested for your new CoC Rural Cost BLI (for activities in eligible rural or tribal geocodes only).

	Rural Budget	
	gram has added eligible rural cost budget categories to be added in a new CoC Rural Cost Budget Line It the same as other CoC Program BLIs in <i>e-snaps</i> and eLOCCS. There are three CoC Program rural cost	
Eligible Costs		Inual Assistance Requested
Repairs to housin currently not fit for	ergency lodging to include housing in motels or shelters, either by providing direct funding or through vo sing units in where individuals and families experiencing homelessness will be housed, including housin for human habitation. o include professional development, skill development, and staff retention activities.	
Grant Term		3 Years
Total Request for		Select "Save &
	Click the 'Save' button to automatically calculate totals. Total Request for Grant Term must be greater than \$0.	Next" to continue
	Save & Back Save Save & Next	xt

- 1. Enter the estimated amount(s) you are requesting for this project's eligible costs:
 - **Short-term emergency lodging,** to include housing in motels or shelters, either by providing direct funding or through vouchers.
 - **Repairs to housing units** in which individuals and families experiencing homelessness will be housed, including housing units currently not fit for human habitation.
 - Staff Training to include professional development, skill development, and staff retention activities.
- 2. Select "Save."
- 3. The "CoC Rural BLI Total" field is automatically calculated based on the sum of the annual assistance requests entered for each eligible cost.
- The "Grant Term" field is populated based on the grant term selected on the "Funding Request" screen and is a read-only field.
- 5. The "Total Request for Grant Term" field is automatically calculated based on the total annual assistance requested multiplied by the grant term.
- 6. Select "Save & Next" to proceed to the "Sources of Match" screen.

61. Sources of Match

The following steps provide instructions on completing the "Sources of Match" screen of the New Project Applications.

See 24 CFR 578.73 regarding match requirements to ensure in-kind match reported is documented appropriately if this method of match is selected.

	6I. Sourc	s of Match
	listed, select the 🔍 icon.	t. To add a Match source to the list, select the 💭 icon. To view or update a for Match
	Total Amount of Cash Commitme Total Amount of In-Kind Commit Total Amount of All Commitment Income described in 24 CFR 578.97 to use as Match for this project the source of the program income:	If "Yes", field
	program income that will be used as Match for this project	
Note: The estimated amou		should not exceed the total value of all match commitments entered below. mount for the Grant Term is \$90,499.
Belete View Type	Source Name of Source	Amount of Commitments
Select "Add"		ve Save & Next

Steps

- 1. In field 1, select "Yes" or "No" to indicate whether the project generates program income that will be used as match.
 - If "Yes," field 1a will appear.

In field 1a, describe the source of program income.

- 2. To add information to the Match list, select the "Add" icon he "Source of Match Details" screen.
- 3. The "Sources of Match Details" screen will appear.

Sources of Match Detail



- 1. In field 1, from the dropdown menu, enter the type of commitment "Cash" or "In-Kind" to be provided for the project.
 - If "In-Kind" is selected, before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.
 - The MOU can be uploaded as an attachment with your application or submitted to HUD prior to grant execution.
- 2. In field 2, enter the type of source. Select "Private" or "Government" to denote the source of the contribution.
- 3. In field 3, enter the name of the entity providing the contribution. Be as specific as possible and include the office or grant program as applicable.
- 4. In field 4, enter the total dollar value of the written commitment.
- 5. If this is the project's only source of match, select "Save & Back to List" to go back to the "Sources of Match" screen.
- 6. If the project has another source of match, select "Save & Add Another" and repeat steps 1 through 4 for each source of match.
- 7. Once you have completed all of the "Sources of Match Details" screens that your project requires, select "Save & Back to List."

Completion of Sources of Match

After completing all of the "Sources of Match Detail" screens, the "Sources of Match" screen will autopopulate with the information you entered.

				6I. Sources	of Match			
			arizes the funds that will be used as sted, select the $\widehat{\mathbb{O}}_{\mathbb{Q}}$ icon.	Match for this project. Summary f		source to the list	Rev	iew
			Total Amoun Total Amoun	t of Cash Commitment t of In-Kind Commitme t of All Commitments:	ents:	\$0 \$525,000 \$525,000	calc	ulations
1. Wi	I this proj	ect generate program inc	come described in 24 CFR 578.97 to	use as Match for this project?	Yes 💌	J		
		* 1a. Briefly describe the (limit 1000 characters)	source of the program income:					
		Monthly fees						1
	<u>*</u> 1b. E	stimate the amount of pr	ogram income that will be used as M	latch for this project:	\$4,567			
Before	grant ex	ecution, services to		ust be documented third party that w			rstanding (MOU)	between the recipient or subrecipient
(Show Filte	rs] [Clear	Filters]			in provide the			Select "Save &
Delete	View	Туре	Source	Name of Source			Amount of Commitm	Next" to continue
8	€,	In-Kind	Government	County Government			\$525,000	7/
				14 <4 1	DD DI			
			Save & Back	Sav			e & Next	
				Back	N	ext		

- 1. Review the following items on the "Sources of Match" screen.
 - The "Sources of Match" screen should have been calculated with your total sources of match amounts.
 - Each "Match Detail" screen you entered will appear as a separate entry.
- 2. Select "Save & Next" to proceed to the next budget form.
 - **NOTE**: After completing the "Sources of Match Detail" screen(s) and reviewing the "Sources of Match" screen, you may want to make changes.
 - If you want to view and edit any of the "Sources of Match Detail" screens, select the "View" icon and edit any of the appropriate entry.

 - If the list seems to be missing one or more items, select the "Add" icon and complete a "Sources of Match Detail" screen as discussed in the navigational steps.

6J. Summary Budget

The "Summary Budget" screen summarizes the funding requested for each year of the grant term. You will see all of the possible activities for which you can request new project funding, but amounts will show only for those activities for which you completed individual budgets.

You will not enter any information in the gray-shaded fields, as these fields will be automatically populated from the information you entered into the individual budget screens; however, the appropriate amount of administrative costs must be entered in the applicable fields.

6J. Summary Budget The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below. **Eligible Costs** Applicant CoC Program Annual Assistance (Light gray fields are available for entry Grant Term Requested of the previous grant agreement, GIW, (Applicant) (Applicant) Costs Requested approved GIW Change Form, or reduced by reallocation) 1a. Acquisition (Screen 6B) \$0 **Review funding** 1b. Rehabilitation (Screen 6B) \$0 amounts 1c. New Construction (Screen 6B) \$0 2a. Leased Units (Screen 6C) \$0 1 Year \$0 2b. Leased Structures (Screen 6D) \$0 1 Year \$0 3. Rental Assistance (Screen 6E) \$75.228 1 Year \$75,228 4. Supportive Services (Screen 6F) \$145,000 1 Year \$145,000 5. Operating (Screen 6G) **S**0 1 Year **\$0** 6. HMIS (Screen 6H) **S**0 1 Year **S**0 7. VAWA \$10,000 \$10,000 1 Year 8. Rural **S**0 1 Year \$0 (Only for HUD CoC Program approved rural areas) 9. Sub-total of CoC Program Costs \$230.228 Requested 10. Admin Add Admin \$23,000 (Up to 10% of Sub-total in #9) 11. HUD funded Sub-total + Admin. \$253,228 Requested 12. Cash Match (From Screen 6I) **S**0 13. In-Kind Match (From Screen 6I) \$75,000 14. Total Match (From Screen 6I) \$75,000 15. Total Project Budget for this grant, including Match \$328,228 Select "Save & Next" to continue The minimum required Total M 3.307. Click the 'Save' button to automatically calcula als Save & Back Save & Next Save Back Next

The following screenshot is for the New Project Application "Summary Budget" screen.

- 1. Review the funding amounts in the gray-shaded fields. If they are not correct, navigate to the individual budget screens and update them. You cannot edit gray-shaded fields on the "Summary Budget" screen.
- In the "Admin" field (line 8 for new projects), enter the amount of administrative costs for which you are applying. Administrative costs may not exceed 10 percent of the line "Sub-total Costs Requested."
- 3. "Save & Next" at the bottom of the screen. You will proceed to the Part 7—"Attachment(s) & Certification" screen.
 - **NOTE**: The total value of the sum of "Cash Match" and "In-Kind Match" must equal 25 percent of the total amount requested for all activities **except for leased units and leased structures, but including administration costs.**

7A. Attachments

Depending on the applicant, the "Attachment" screen has three potential items:

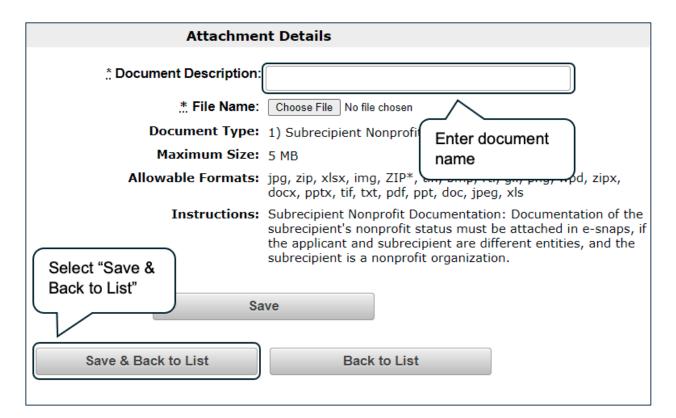
- Subrecipient nonprofit documentation. On the "Project Subrecipients" screen, if the subrecipient is a nonprofit (i.e., either "M" or "N" was selected from the "Organization Type" dropdown menu), then proof of subrecipient's nonprofit status is required.
- Other attachment(s). Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.
- Consolidated Plan certification. For Project Applicants that selected "No CoC" on Screen 3A, and are thus applying as Solo Applicants, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a state or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

	7A. Attachment(s)			
Select document type				
Document Type	Required?	Download	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No			No Attachment
2) Other Attachment(s)	No			No Attachment
3) Other Attachment(s)	No			No Attachment
Back		Next		
	1) Subrecipient Nonprofit Documentation 2) Other Attachment(s) 3) Other Attachment(s)	Document Type Required? 1) Subrecipient Nonprofit Documentation No 2) Other Attachment(s) No 3) Other Attachment(s) No	Document Type Required? Download 1) Subrecipient Nonprofit Documentation No 2) Other Attachment(s) No 3) Other Attachment(s) No Incomposition No	Document Type Required? Download Document Description 1) Subrecipient Nonprofit Documentation No 2) Other Attachment(s) No 3) Other Attachment(s) No

- 1. Select the document name under "Document Type."
- 2. The "Attachment Details" screen will appear.

7A. Attachments (continued)

The following instructions explain how to upload an attachment in *e-snaps*; the steps are the same for each attachment link on the screen.



Steps

- 1. Enter the name of the document in the "Document Description" field.
- 2. Select "Browse" to the right of the "File Name" field to upload the file from your computer.
 - The allowable formats are: zip, xls, xlsx, wpd, pdf, zipx, doc, ZIP*, docx, rtf, txt.
- 3. Select "Save & Back to List" to return to the "Attachments" screen.
- 4. On the "Attachments" screen, select "Next."

NOTE:

To delete an uploaded attachment.

- Click the "Delete" icon ¹⁰ that appears to the left of the document name.
- Confirm the deletion in the pop-up window.

7A. In-Kind MOU Attachment

Screen 7A appears when Project Applicants add a match entry for "In-Kind" match ("6I. Sources of Match Detail" screen, question 3, "Type of Source").

Subrecipient nonprofit documentation. On the "Project Subrecipients" screen, if the subrecipient is a nonprofit (i.e., either "M" or "N" was selected from the "Organization Type" dropdown menu), then proof of the subrecipient's nonprofit status is required.

	Select	link 7A. In	-Kind MOU Attach	ment	
Delete	Document Type	Required?	Download	Document Description	Date Attached
	In-Kind Match MOU	No			No Attachment
		Back		Next	

- 1. Select the document name under "Document Type."
- 2. The "Attachment Details" screen will appear. Follow the instructions for uploading attachments under 7A. Attachments.

7D. Certification

The Project Applicant must certify that the proposed program will comply with the various laws as outlined in the CoC Program Competition NOFO. The Project Applicant should carefully review all of the items carefully.

The following steps provide instructions on completing all mandatory fields marked with an asterisk (*) on the "Certification" screen of the application.

Name	of Authorized Certifying Official:	Hank Hill	
Review the	Date:	08/09/2024]
certifications	Title:	County Executive	
	Applicant Organization:	vvvvvvvv	
PHA Nu	mber (For PHA Applicants Only):		
that the information pro WARNING: Anyone who or makes a false staten civil penalties, includir fines, and civil and ac	l, certify under penalty of perjury ovided above is true and correct. knowingly submits a false claim nent is subject to criminal and/or ng confinement for up to 5 years, iministrative penalties.(18 U.S.C. 12, 1014; 31 U.S.C. §3729, 3802).	Select check box to certify	
Save & Ba	ck Sa	ve	Save & Next
	Back	Next	

- 1. Review the Applicant and Recipient Assurances and Certifications.
- 2. Verify the name of the Project Applicant organization's Authorized Certifying Official.
- 3. Verify that the current date auto-populates in the "Date" field.
- 4. Verify the title of the Project Applicant organization's Authorized Certifying Official.
- 5. Verify the name of the Project Applicant Organization.
- 6. For Public Housing Agency (PHA) applicants only, enter the PHA number.
- 7. Review the certification statement and select the check box to the right of it.
- 8. Select "Save & Next" to continue.

8B. Submission Summary

Once the required information has been entered and the required attachments have been uploaded, the Project Applicant needs to select the "Submit" button on the "Submission Summary" screen.

The "Submission Summary" screen shows the Project Application screens. In the "Last Updated" column, the system will identify the following:

- A date if the screen is complete.
- "No Input Required" if there is no input required.
- "Please Complete" if more information is needed.

Users can go back to any screen by clicking on the screen name on the left menu or on the screen name in the "Submissions" list itself. Remember to select "Save" after making any changes.

Note: The "Submission Summary" screen for the HMIS Project Application looks different because it has different screens specific to HMIS.

NOTE: The "No Input Required" status on the "Submission Summary" screen indicates that additional information for that screen is not required for the Project Applicant to continue to the next step in *e-snaps*.

In the context of this navigational guide, the Project Applicant may continue to the next steps in the Project Application process.

HUD, however, may require you to address the particular item prior to entering into a grant agreement if conditionally awarded.

The "Submit" button is located at the bottom of the screen under the navigation buttons. The "Submit" button will be active if all parts of the Project Application are complete (and have a date) or state "No Input Required."

After submitting the Project Application, Project Applicants should notify the Collaborative Applicant. Notification is recommended to inform the Collaborative Applicant that the application is ready for their review and ranking.

Submitting the Project Application

The following image shows the Project Application "Submission Summary" screen with all items completed. Note that the "Submit" button is active and can be selected.

8B. Submission Summary				
Applicant must click the submit button once all forms have a status of Complete.				
Complete /	Dese	_	Last Updated	Mandatory
-	Screens are	Туре	No Input Required	No
	complete	ant	08/19/2024	Yes
	complete	Details	No Input Required	No
1	1D. SF-424 Congress District(s)		08/19/2024	Yes
✓	1E. SF-424 Complian	nce	08/19/2024	Yes
~	1F. SF-424 Declarati	on	08/19/2024	Yes
✓	1G. HUD 2880		08/19/2024	Yes
1	1H. HUD 50070		08/19/2024	Yes
1	11. Cert. Lobbying		08/19/2024	Yes
~	1J. SF-LLL		08/19/2024	Yes
1	IK. SF-424B		08/19/2024	Yes
1	1L. SF-424D		08/19/2024	Yes
	2A. Subrecipients		No Input Required	No
1	2B. Experience		08/19/2024	Yes
1	3A. Project Detail		08/19/2024	Yes
1	3B. Description		08/19/2024	Yes
✓	3C. Expansion		08/19/2024	Yes
~	4A. Services		08/19/2024	Yes
1	4B. Housing Type		08/19/2024	Yes
1	5A. Households		08/19/2024	Yes
	5B. Subpopulations		No Input Required	No
1	6A. Funding Request	t	08/19/2024	Yes
1	6H. HMIS Budget		08/19/2024	Yes
	VAWA Budget		No Input Required	No
1	Rural Budget		08/19/2024	Yes
1	6I. Match		08/19/2024	Yes
	6J. Summary Budget		No Input Required	No
-	7A. Attachment(s)		No Input Required	No
✓	7D. Certification		08/19/2024	Yes
	Back	Export to P		omit"
		Submit		

Steps

- 1. If you are not already on the "Submission Summary" screen, select it on the left menu bar.
- 2. Select the "Submit" button.
- 3. Notify the Collaborative Applicant that you have submitted your Project Application.

The following image shows the bottom of the completed Project Application "Submission Summary" screen. Note that the "Submit" button is no longer active and instead appears gray-shaded. The screen is marked "This e.Form has been submitted."

	Back	Next		
	Export to PDF			
	Get PDF Viewe	èr -	、 、	
ſ	Submit			e.Form has
	This e.Form has been	submitted		been submitte

Exporting to PDF

Project Applicants can obtain a hard copy of the Project Application using the "Export to PDF" button located at the bottom of the "Submission Summary" screen under the navigation buttons.

Back	Next
Export	to PDF
Get PDF	Select "Export to
Sub	PDF" to obtain a copy of the Project
This e.Form has	been submitte

- 1. Select the "Export to PDF" button.
- 2. On the "Configure PDF Export" screen, select the screen(s) you would like included.
- 3. Select "Export to PDF."

Troubleshooting When You Cannot Submit the Project Application

Applicants may encounter issues when trying to submit the Project Application. If the "Submit" button is gray (i.e., "grayed-out"), it is not active and you cannot select it. You will not be permitted to complete your form at this time. The "Submit" button will appear gray if information is missing on any of the required Project Application forms or in the Applicant Profile.

The following image shows the New Project Application "Submission Summary" screen with items that still need to be completed. Note that the "Submit" button is gray-shaded, and you cannot select it.

Complete	Page		Last Updated	Mandatory
-	1A. SF-424	Application Type	No Input Required	No
/	1B. SF-424	Legal Applicant	08/19/20	Yes
-	1C. SF-424	Application Details	No Review "Las	-
/	1D. SF-424	Congressional District(s)	08/ Updated" co	lumn
/	1E. SF-424	Compliance	08/19/2024	Yes
/	1F. SF-424 [Declaration	08/19/2024	Yes
/	1G. HUD 28	80	08/19/2024	Yes
1	1H. HUD 50	070	08/19/2024	Yes
/ / / /	11. Cert. Lob	bying	08/19/2024	Yes
/	1J. SF-LLL		08/19/2024	Yes
/	IK. SF-424B		08/19/2024	Yes
/	1L. SF-424D	2	08/23/2024	Yes
	2A. Subrecip	pients	No Input Required	No
/	2B. Experience		08/19/2024	Yes
/	3A. Project Detail		08/23/2024	Yes
/	3B. Description		08/23/2024	Yes
. [s.	reens are	pansion	08/23/2024	Yes
	omplete	ndards	Please Complete	Yes
	4B. HMIS Tr	aining	Please Complete	Yes
-	6A. Funding	Request	08/23/2024	Yes
/	6H. HMIS B	udget	08/19/2024	Yes
-	VAWA Budg	et	No Input Required	No
/	Rural Budge	<u>t</u>	08/19/2024	Yes
/	6I. Match		08/23/2024	Yes
-	6J. Summar	y Budget	No Input Required	No
-	7A. Attachm	ent(s)	No Input Required	No
-	7A. In-Kind	MOU Attachment	No Input Required	No
/	7D. Certifica	tion	08/19/2024	Yes

Steps

- Review your "Submission Summary" screen to determine which Project Application form needs to be completed. For the item(s) that state "Please Complete," either select the link under the "Page" column or select the item on the left menu bar.
- 2. Complete the screen, saving the information on each screen.
- 3. Return to the "Submission Summary" screen and select the "Submit" button.

What the "Last Updated" column tells you. A date identifies a form with complete information for all required fields. It is the most recent date on which the completed form was saved.

- "Please Complete" identifies a form with information missing in one or more required fields.
- "No Input Required" identifies the forms that are not required for completion by all projects. You are strongly encouraged to double-check these forms to ensure that all appropriate project information is completed.

What the "Notes" section at the bottom of the screen tells you. Notes are not a standard section on the "Submission Summary" screen, so you will not see this section all the time.

- If notes appear on the screen, they are located under the two-column list and above the navigational buttons.
- The notes provide information on the errors in the Project Application. Some notes include a link to the applicable form and error(s).
- **NOTE**: If you are still unable to submit the New Project Application after following these instructions, please submit a question to the HUD e-snaps Help Desk at: <u>e-snaps@hud.gov</u>.

Please provide specific details regarding the issue you are encountering, the steps you have taken up to the point the issue occurs, and any error messages.

Please also provide a screenshot whenever possible.

Updating the Applicant Profile

If an applicant needs to edit the Project Applicant Profile in order to correct information, the Applicant must do the following:

- 1. Select "Back to Submissions List."
- 2. Select "Applicants" in the left menu bar.
- 3. Ensure your Applicant name is selected in the dropdown menu at the top of the screen.
- 4. Select the orange "Folder" icon 💼 to the left of the Applicant name.
- 5. Select "Submission Summary" on the left menu bar.
- 6. Select the "Edit" button.
- 7. Navigate to the applicable screen(s), make the edits, and select "Save."
- 8. Select "Submission Summary" on the left menu bar and select the "Complete" button.
- 9. Select "Back to Applicants List" on the left menu bar.
- 10. Select "Submissions" on the left menu bar.
- 11. Select the orange "Folder" icon icon to enter the Project Application. The change should have pulled forward.
 - **NOTE:** The "View Applicant Profile" link in the left menu bar within the Project Application is intended only to view the Project Applicant Profile and not to make any updates.

Project Application Changes

If changes need to be made to the Project Applications, the Collaborative Applicant will send the project back to the Project Applicant. Project Applicants may need to change the Project Application if they find an error or if the Collaborative Applicant requests that a change is made to one or more of the forms. The following action steps must be taken by the Collaborative Applicant and Project Applicant.

Steps—Who

- Either Collaborative Application reeds to be changed, contact must be made between the Project Applicant and the Collaborative Applicant (via email or phone) outside of *e-snaps*.
 If a Project Applicant determines that a change is necessary, the Project Applicant should contact the Collaborative Applicant and request that it
 - "send," or release, the Project Application back to the Project Applicant.
 - If the Collaborative Applicant requests a change, the Collaborative Applicant should contact the Project Applicant.
- 2. Collaborative The Collaborative Applicant will notify the Project Applicant (via email or phone) Applicant that the Project Application has been sent back for changes.
- 3. Project After the Project Application has been sent back for amendment, any person who is an authorized *e-snaps* user with the Project Applicant's organization will be able to reopen the project.

The following actions are taken by the Project Applicant once the Collaborative Applicant has released the Project Application:

- Log in to *e-snaps*.
- Select "Submissions" on the left menu bar.
- Find the Project Application that was sent back to the Project Applicant.
 - Review the list under the "Project Name" column or use the "Project Name" dropdown menu and "Filter" button.
 - The project name for the Project Application will be listed, but it will no longer have a date under the "Date Submitted" column.
- Select the "Folder" icon to the left of the project with no submission date.
- Make the required change(s), saving each form as it is revised.
- Select the "Submit" button.
- Notify the Collaborative Applicant that the Project Application has been re-submitted.
- 4. Collaborative After the Project Applicant has re-submitted the Project Application, the Collaborative Applicant must update the CoC Priority Listing for the Project Application to reappear on the appropriate project screen in the CoC Priority Listings.

Next Steps

Congratulations on submitting your New Project Application!

At this point, your Project Application has been submitted to the Collaborative Applicant, as indicated on screen "3A. Project Detail" questions 1a and 1b. Notifications are **not** provided through *e-snaps* to the Collaborative Applicant, so you should notify them that the application has been submitted.

The Collaborative Applicant will review every Project Application and approve and rank or reject the Project Applications prior to submitting them as part of the CoC Priority Listing to HUD for the FY 2024 CoC Program funding process. Please make sure you keep in contact with the organization in case any amendments need to be made.

For additional resources, go to the HUD.gov and e-snaps webpages at:

- https://www.hud.gov/program_offices/comm_planning/coc/competition
- <u>https://www.hudexchange.info/programs/e-snaps/</u>