



# **YHDP Round 4 & 5**

## **New Project Application**

### **May 5, 2022**

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# Introduction

- Learning Objectives:
  - Navigate to the project application in *e-snaps*
  - Complete the application formlets (i.e., screens)
  - Submit the project application
- Communication during Zoom
  - Use the chat box
- Questions
  - Chat box
  - TA providers
  - [youthdemo@hud.gov](mailto:youthdemo@hud.gov)
  - HUD Exchange AAQ – application questions, select “*e-snaps*”  
<https://www.hudexchange.info/program-support/my-question/>



# Agenda

- Overview of application deadlines
- Resources
- Accessing the Project Application in *e-snaps*
- Application requirements
- Application submission



# Overview of Application Deadlines

Deadline	Action
May 15, 2022 for UFAs	Final date to submit applications to ensure July 1, 2022 start date
July 1, 2022	Final date to submit applications to receive funds in FY 2022 funding cycle (which ends 9/30/22)

Questions? Email the Youth demo mailbox at  
[youthdemo@hud.gov](mailto:youthdemo@hud.gov)



# Resources

- CoC Program interim rule  
<https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>
- YHDP Application Resources page:  
[https://www.hud.gov/program\\_offices/comm\\_planning/yhdp](https://www.hud.gov/program_offices/comm_planning/yhdp)
- FY 2019/20 YHDP NOFA
  - YHDP R4 & R5 – New Project Application – HUD Detailed Instructions
  - YHDP R4 & R5 – New Project Application – Navigational Guide
- e-snaps resources page: <https://www.hudexchange.info/programs/e-snaps/>
- Your TA Provider
- HUD Exchange AAQ – *e-snaps*  
<https://www.hudexchange.info/program-support/my-question/>




# Video – Accessing the YHDP Project Application in e-snaps

- Navigate the process from creating a user login and password to accessing the project application screens
- Access from the FY 2018 YHDP Application Resources page

<https://www.hudexchange.info/programs/yhdp/fy-2018-yhdp-application-resources/>

- The video is from Round 3, but the process is still the same in e-snaps. Funding Opportunity for Round 4 &5 is “YHDP New Project Application FY 2020”



 HUD EXCHANGE

Home > Resources > Video: Accessing the Round 3 YHDP New Project Application in e-snaps

Webinars and Virtual Trainings

## Video: Accessing the Round 3 YHDP New Project Application in e-snaps


Date Published: May 2020

 Print  ShareThis

**Description**

This short video provides step-by-step instructions on how to access the Round 3 YHDP New Project Application in e-snaps.

### Accessing the Project Application



**Resource Links**

- [Video: Accessing the Round 3 YHDP New Project Application in e-snaps \(HTML\)](#)
- [Transcript \(PDF\)](#)

Tags: CoC e-snaps

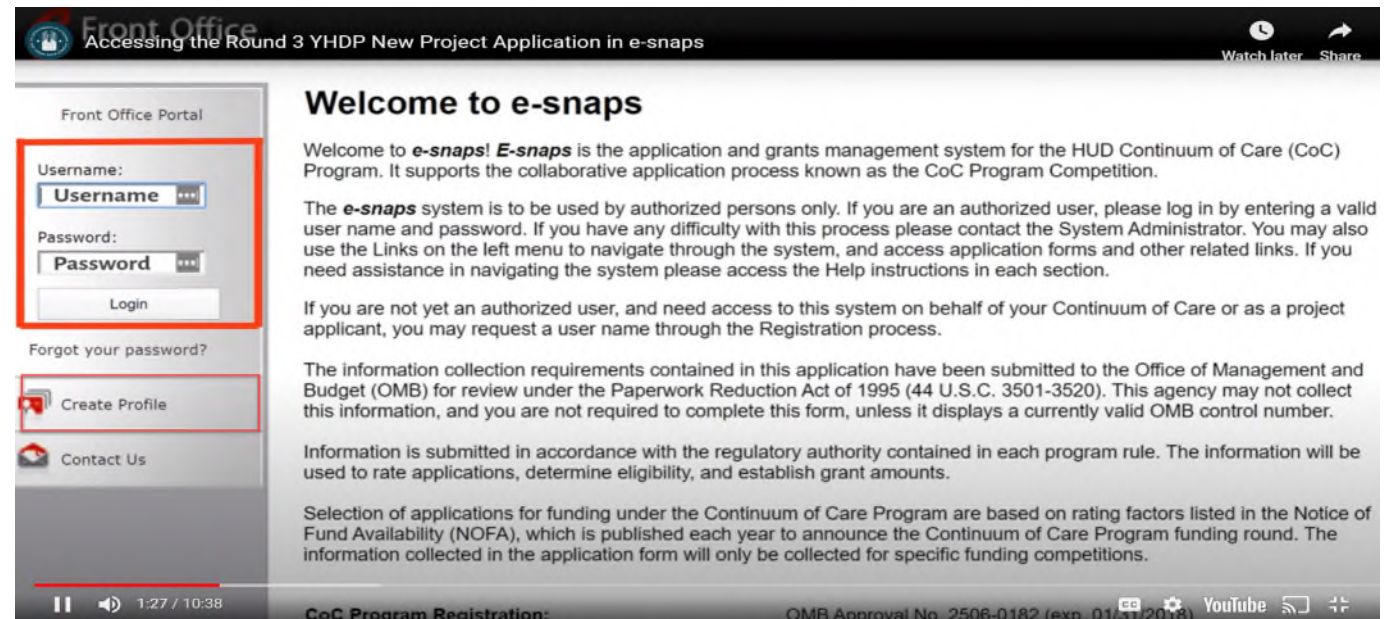
**Author Organization**  
HUD

**Resource Approver**  
HUD Approved



# Create a User Profile and Log In to *e-snaps*

- *e-snaps* login page: <https://esnaps.hud.gov/grantium/frontOffice.jsf>
- User profile = Username and Password
- Create a Profile if you are a first-time user



The screenshot shows the 'Front Office Portal' for e-snaps. On the left, there is a sidebar with a 'Create Profile' button highlighted by a red box. The main area has a 'Welcome to e-snaps' heading and a login form. The login form has fields for 'Username' and 'Password', both highlighted by red boxes, and a 'Login' button below them. The page also contains several paragraphs of text explaining the system and its use.

- Access organization's *e-snaps* account  
(Add/Delete Registrants)

<https://www.hudexchange.info/resource/2903/adding-deleting-registrants-in-esnaps/>

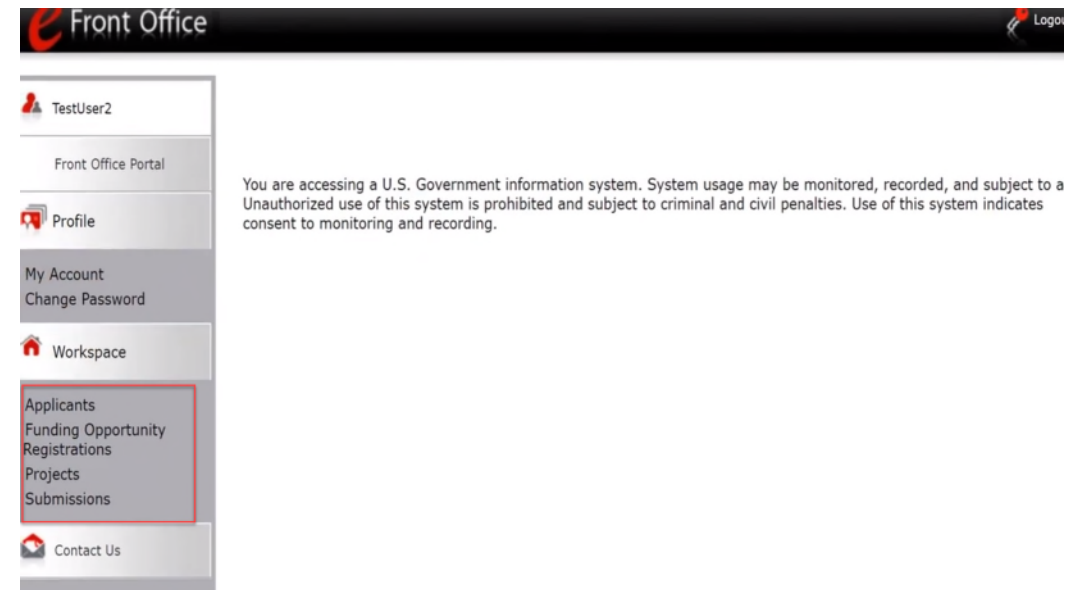


# Navigate Within *e-snaps*

## Accessing the Project Application



- 1** Ensuring the Project Applicant Profile is in "Complete" status
- 2** Selecting the appropriate Funding Opportunity
- 3** "Creating" - or establishing - the Project Application
- 4** Accessing and opening the Project Application on the "Submissions" screen



The screenshot shows the 'Front Office' portal. At the top, there's a black header with the 'e' logo and 'Front Office' text. Below this, a sidebar on the left contains a user profile for 'TestUser2' and a menu with options: 'Front Office Portal', 'Profile', 'My Account' (with a sub-option 'Change Password'), 'Workspace', a red-bordered box containing 'Applicants', 'Funding Opportunity', 'Registrations', 'Projects', and 'Submissions', and 'Contact Us'. The main content area on the right displays a disclaimer: 'You are accessing a U.S. Government information system. System usage may be monitored, recorded, and subject to a Unauthorized use of this system is prohibited and subject to criminal and civil penalties. Use of this system indicates consent to monitoring and recording.'





# Step 1. Complete the Applicant Profile

- Applicant Profile = the organization = Project Applicant (not an individual)
  - Existing = has applied for funds via *e-snaps* before, has a Profile
  - New = has NEVER applied via *e-snaps* before, creates a Profile
- [https://www.hud.gov/sites/dfiles/CPD/documents/FY2019\\_FY2020\\_YHDP\\_New\\_Project\\_Application\\_Navigational\\_Guide.pdf](https://www.hud.gov/sites/dfiles/CPD/documents/FY2019_FY2020_YHDP_New_Project_Application_Navigational_Guide.pdf)
- Registered user = *e-snaps* recognizes that your user profile is connected to an organizational Applicant Profiles
- Submission Summary screen = “This e.Form has been marked as complete”

**eForms**

TestUser2

**Applicant Profile**

- 1. Profile Type
- 2. Organization Information
- 3. Contact Information
  - Authorized Representative
  - Alternate Contact
- 4. Additional Information
- 5. Forms & Attachments
  - HUD Form 2880
  - Code of Conduct
  - Nonprofit Document
  - Survey on EEO
  - Other Attachment
- 6. Submission Summary**
- Export to PDF
- Get PDF Viewer
- Back to Applicants List

**6. Submission Summary**

Complete	Page	Last Updated	Mandatory
✓	1. Profile Type	04/09/2019	Yes
✓	2. Organization Information	06/29/2017	Yes
—	3. Contact Information	No Input Required	No
✓	Authorized Representative	06/19/2018	Yes
✓	Alternate Contact	12/17/2018	Yes
✓	4. Additional Information	06/15/2017	Yes
—	5. Forms & Attachments	No Input Required	No
✓	HUD Form 2880	09/07/2017	Yes
—	Code of Conduct	No Input Required	No
—	Nonprofit Document	No Input Required	No
—	Survey on EEO	No Input Required	No
—	Other Attachment	No Input Required	No

Back Next

Export to PDF

Get PDF Viewer

PDF

This e.Form has been marked as complete

# Step 2. Register for the Funding Opportunity

- Funding Opportunity Registration = intent to apply
- One for each type of funds = YHDP New Project Application FY2020 (This covers both FY 2019 and FY 2020 YHDP Funding)

(During CoC Program Competition = Renewal, New, CoC planning, UFA,

YHDP Renewal, YHDP Replacement)

The screenshot displays the 'Front Office' web application interface. On the left is a sidebar menu with the user 'KBECK' and options: 'Front Office Portal', 'Profile', 'My Account Change Password', 'Workspace', 'Applicants', 'Funding Opportunity Registrations', 'Projects', 'Submissions', and 'Contact Us'. The main content area shows the 'Applicant' dropdown set to 'The Salvation Army--Midland Division (43-0653584)'. Below this is the 'Funding Opportunity Details' section with the following information:

Funding Opportunity Details	
<b>Funding Opportunity Name:</b>	YHDP New Project Application FY2020
<b>Start Date:</b>	Feb 1, 2022
<b>End Date:</b>	Jan 1, 2026

Below the details is the 'Funding Opportunity Registration' section, which contains a confirmation prompt: 'Are you sure you wish to register The Salvation Army--Midland Division (43-0653584)?'. At the bottom of this section are two buttons: 'Yes' and 'Cancel'.

# Step 3. Create a Project

Front Office

Applicant: City and County of San Francisco (155440829)

Project Status: Open Projects

Funding Opportunity Name: All Funding Opportunities

Select "YHDP New Project Application FY 2020"

Project Name	Project Number	Funding Opportunity	Applicant Number	Step Status
1375 uc Corse	CA110819T011200	New Project Application FY2012	05440829	In Progress
15-yitest	118453	New Project Application FY2012	05440829	In Progress
		Renewal Project Application FY2013	05440829	In Progress
		Renewal Project Application FY2014	05440829	In Progress
		Renewal Project Application FY2015	05440829	In Progress
		Renewal Project Application FY2016	05440829	In Progress
		Renewal Project Application FY2017	05440829	In Progress
		Renewal Project Application FY2018	05440829	In Progress
		Renewal Project Application FY2019	05440829	In Progress

- Create a project = establish a project application
- Use the project's name
- Access the actual application on a different screen = the Submissions screen

Front Office

Applicant: City and County of San Francisco (155440829)

Project Status: Open Projects

Funding Opportunity Name: YHDP New Project Application FY2020

"Add" icon appears after selection in dropdown menu

Funding Opportunity Name	Applicant Name	Applicant Number	Step Status
New Project Application FY2021	City and County of San Francisco	155440829	In Progress
New Project Application FY2021	City and County of San Francisco	155440829	In Progress
New Project Application FY2021	City and County of San Francisco	155440829	In Progress
FY2021_New_Assess_7	City and County of San Francisco	137107	In Progress

Front Office

Applicant: The Salvation Army--Midland Division (43-0653584)

Create a Project

Funding Opportunity Name: YHDP New Project Application FY2020

\* Applicant: The Salvation Army--Midland Division (43-0653584)

\* Applicant Project Name:

Save Save & Add Another

Save & Back Cancel

# Step 4. Access the Project Application formlets

- On the Submissions screen on the left menu bar, access the project application that you created on the Projects screen in Step 3
- Screens = formlets

**Front Office**

Applicant: Saint Louis County Project Applicant (MO-500 Project Applicant)

**Submissions**

[Hide Filters] [Clear Filters]

Applicant Project Name: YHDP New Project Application FY 2020 V.1


Date Submitted: On

Project Status: Open Projects

Submission Version: All Versions

Associate Type: All

Filter

Actions	Project Name Project Number	Funding Opportunity Name Step Name	Start Date	End Date	Associate Type	Version	Date Submitted
	YHDP New Project Application FY 2020 V.1 137630	YHDP New Project Application FY2020 YHDP New Project Application FY2020	Feb 1, 2022	Dec 31, 2022	Primary Applicant	1	

1



# Part 1: SF-424

- HUD form SF-424
  - Complete in its entirety prior to seeing the remainder of the application

The screenshot shows the 'eForms' application interface. The top navigation bar includes the 'eForms' logo and a 'Logout' link. The left sidebar contains a user profile for 'KBECK' and a list of application steps: 'YHDP New Project Application FY2020', 'YHDP New Project Application FY2020', 'FY2019 New Detailed Instructions', 'Before Starting', 'Part 1 - Forms', '1A. SF-424 Application Type', '1B. SF-424 Legal Applicant', '1C. SF-424 Application Details', '1D. SF-424 Congressional District(s)', '1E. SF-424 Compliance', '1F. SF-424 Declaration', '1G. HUD 2880', '1H. HUD 50070', '1I. Cert. Lobbying', '1J. SF-LLL', '1K. SF-424B', and 'BB. Summary'. The main content area is titled 'Before Starting the Project Application' and contains a warning: 'To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.' Below this is a 'Things to Remember' section with a bulleted list of instructions. At the bottom of the main content area are 'Back' and 'Next' buttons.

**eForms** Logout

KBECK

YHDP New Project Application FY2020

Applicant Name: Saint Louis County Project Applicant  
Applicant Number: MO-500 Project Applicant  
Project Name: YHDP New Project Application FY 2020 V.1  
Project Number: 137630

YHDP New Project Application FY2020

FY2019 New Detailed Instructions

**Before Starting**

Part 1 - Forms

1A. SF-424 Application Type

1B. SF-424 Legal Applicant

1C. SF-424 Application Details

1D. SF-424 Congressional District(s)

1E. SF-424 Compliance

1F. SF-424 Declaration

1G. HUD 2880

1H. HUD 50070

1I. Cert. Lobbying

1J. SF-LLL

1K. SF-424B

BB. Summary

View Applicant Profile

Export to PDF  
Get PDF Viewer

Back to Submissions List

**Before Starting the Project Application**

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

**Things to Remember:**

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> and <https://www.hudexchange.info/programs/yhdp/>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the Youth Demo Mailbox; [YouthDemo@hud.gov](mailto:YouthDemo@hud.gov).
- Project applicants are required to have a Universal Entity Identifier (UEI) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Years (FY) 2019 & 2020 Youth Homeless Demonstration Program (YHDP). For more information see FY 2019/2020 YHDP NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019/2020 YHDP NOFO and the Appendices.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which will be shared via email from HUD SNAPS.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any YHDP project that fails to adhere to (24 CFR part 578) and application requirements set forth in FY 2019/2020 YHDP NOFO.

Back Next



# Part 1: SF-424

- Pre-populated data from the Applicant Profile
  - Correct Errors in the Applicant Profile (e-snaps resource: [Putting the Applicant Profile in Edit-Mode](#))

**eForms** Logout

**1B. SF-424 Legal Applicant**

**8. Applicant**

**a. Legal Name:** Saint Louis yahoo

**b. Employer/Taxpayer Identification Number (EIN/TIN):** 43-6003242

**c. UEI:** 123456789acc

**d. Address**

**Street 1:** 9666 Olive Blvd.

**Street 2:** Suite 510

**City:** St. Louis

**County:** St. Louis

**State:** Missouri

**Country:** United States

**Zip / Postal Code:** 63132

**e. Organizational Unit (optional)**

**Department Name:** Human Services

**Division Name:** Homeless Services

**f. Name and contact information of person to be contacted on matters involving this application**

**Prefix:** Ms.

**First Name:** Andrea

**Middle Name:**

**Last Name:** Holak

**Suffix:** -- select --

**Title:** Program Manager, Homeless Services

**Organizational Affiliation:** Saint Louis yahoo

**Telephone Number:** (314) 615-4413

**Extension:**

**Fax Number:** (314) 615-7619

**Email:** aholak@stlouisco.com

Verify the data is accurate

NOTE: This section populates the **Alternate Contact** from the Applicant Profile.

Back Next

# HUD Form 2880

- Project Application Part 1, and Project Applicant Profile
- How to Complete the 2880 in e-snaps

<https://www.hudexchange.info/resource/5595/how-to-complete-the-hud-form-2880-in-e-snaps/>

**eForms** Logout

KBECK

YHDP New Project Application FY2020

Applicant Name: Saint Louis County Project Applicant  
Applicant Number: MO-500 Project Applicant  
Project Name: YHDP New Project Application FY 2020 V.1  
Project Number: 137630

YHDP New Project Application FY2020

FY2019 New Detailed Instructions

Before Starting  
Part 1 - Forms  
1A. SF-424 Application Type  
1B. SF-424 Legal Applicant  
1C. SF-424 Application Details  
1D. SF-424 Congressional District(s)  
1E. SF-424 Compliance  
1F. SF-424 Declaration  
**1G. HUD 2880**  
1H. HUD 50070  
1I. Cert. Lobbying  
1J. SF-LLL  
1K. SF-424B  
BB. Summary

View Applicant Profile

Export to PDF  
Get PDF Viewer

Back to Submissions List

**1G. HUD 2880**

**Applicant/Recipient Disclosure/Update Report - form HUD-2880**  
U.S. Department of Housing and Urban Development  
OMB Approval No. 2506-0214 (exp.02/28/2022)

**Applicant/Recipient Information**

**1. Applicant/Recipient Name, Address, and Phone**

Agency Legal Name: Saint Louis yahoo  
Prefix: Mr.  
First Name: Bill  
Middle Name: John  
Last Name: Smith  
Suffix: -- select --  
Title: County Executive  
Organizational Affiliation: Saint Louis yahoo  
Telephone Number: (314) 615-7016  
Extension:  
Email: sstenger@stlouisco.com  
City: St. Louis  
County: St. Louis  
State: Missouri  
Country: United States  
Zip/Postal Code: 63132

**2. Employer ID Number (EIN):** 43-6003242

**3. HUD Program:** Continuum of Care Program

**4. Amount of HUD Assistance Requested/Received:** \$0.00  
(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, City and State) of the project or activity.**  
Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

**Part I Threshold Determinations**

**1. Are you applying for assistance for a specific project or activity?** Yes  
(For further information, see 24 CFR Sec. 4.3).

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

# Subrecipients

- Recipient
  - ✓ Grant agreement
  - ✓ Applicant Profile – ONLY ONE
- Subrecipient
  - X Does **NOT** have Grant agreement with HUD
  - ✓ Subrecipient agreement with the recipient
  - X Does **NOT** have an Applicant Profile
  - ✓ Recipient can give access to staff to assist with application



# 2A. Subrecipient Detail

- One entry for each subrecipient
- Organizational information

**eForms** Logout

**KBECK**

YHDP New Project Application FY2020

Applicant Name: Saint Louis County Project Applicant  
Applicant Number: MO-500 Project Applicant  
Project Name: YHDP New Project Application FY 2020 V.1  
Project Number: 137630

YHDP New Project Application FY2020

FY2019 New Detailed Instructions

Before Starting

Part 1 - Forms

1A. SF-424 Application Type

1B. SF-424 Legal Applicant

1C. SF-424 Application Details

1D. SF-424 Congressional District(s)

1E. SF-424 Compliance

1F. SF-424 Declaration

1G. HUD 2880

1H. HUD 50070

1I. Cert. Lobbying

1J. SF-LLL

1K. SF-424B

Part 2 - Recipient and Subrecipient Information

**2A. Subrecipients**

2B. Experience

Part 3 - Project Information

3A. Project Detail

3B. Description

Youth Homeless Demonstration Projects

Special YHDP Activities

Part 4 - Housing, Services, and HMIS

4A. Services

4A. HMIS Standards

4B. HMIS Training

4B. Housing Type

Part 5 - Participants

5A. Households

5B. Subpopulations

Part 6 - Budget Information

6A. Funding Request

6I. Match

6J. Summary Budget

Part 7 - Attachment(s) & Certification

7A. Attachment(s)

### 2A. Project Subrecipients Detail

a. Organization Name:

b. Organization Type:   
If "Other" specify:

c. Employer or Tax Identification Number:

d. UEI:

e. Physical Address

Street 1:

Street 2:

City:

State:

Zip Code:

f. Congressional District(s):  
(for multiple selections hold CTRL key)

Available Items:   
AL-001  
AL-002  
AL-003  
AL-004  
AL-005

Selected Items:

g. Is the subrecipient a Faith-Based Organization?

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

i. Expected Sub-Award Amount:

j. Contact Person

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

Title:

E-mail Address:

Confirm E-mail Address:

Phone Number:

Extension:

Fax Number:

Save Save & Add Another

Save & Back to List Back to List

Check Spelling



# 2B. Applicant and Subrecipient Experience

- Applies to you, the applicant
  - Narrative descriptions of experience
- If subrecipients, then include subrecipient experience
- Question #5 is a new question in the application

The screenshot shows the 'eForms' application interface. On the left is a sidebar menu with the following items: KBECK, YHDP New Project Application FY2020, Applicant Name: Saint Louis County Project Applicant, Applicant Number: MO-500 Project Applicant, Project Name: YHDP New Project Application FY 2020 V.1, Project Number: 137630, YHDP New Project Application FY2020, FY2019 New Detailed Instructions, Before Starting, Part 1 - Forms, 1A. SF-424 Application Type, 1B. SF-424 Legal Applicant, 1C. SF-424 Application Details, 1D. SF-424 Congressional District(s), 1E. SF-424 Compliance, 1F. SF-424 Declaration, 1G. HUD 2880, 1H. HUD 50070, 1I. Cert. Lobbying, 1J. SF-LLL, 1K. SF-424B, Part 2 - Recipient and Subrecipient Information, 2A. Subrecipients, 2B. Experience (highlighted), Part 3 - Project Information, 3A. Project Detail, 3B. Description Youth Homeless.

The main content area is titled '2B. Experience of Applicant, Subrecipient(s), and Other Partners'. It contains five numbered questions, each with a text input area:

- \* 1. Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.
- \* 2. Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.
- \* 3. Describe your organization's (and subrecipient(s) if applicable) financial management structure.
- \* 4. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization? (with a dropdown menu set to '-- select --')
- \* 5. Describe the experience of the applicant and potential subrecipients (if any) in providing housing and services to Black, Indigenous, People of Color (BIPOC) experiencing homelessness.

At the bottom of the form are buttons for 'Save & Back', 'Save', 'Save & Next', 'Back', 'Next', and 'Check Spelling'. A note at the very bottom states: 'Note: This formlet contains mandatory fields for which no value has been saved.'



# 3A. Project Detail

**eForms** Logout

**KBECK**

YHDP New Project Application FY2020

Applicant Name: Saint Louis County Project Applicant  
 Applicant Number: MO-500 Project Applicant  
 Project Name: YHDP New Project Application FY 2020 V.1  
 Project Number: 137630

YHDP New Project Application FY2020

FY2019 New Detailed Instructions

Before Starting  
 Part 1 - Forms  
 1A. SF-424 Application Type  
 1B. SF-424 Legal

### 3A. Project Detail

\* 1a. CoC Number and Name: AK-501 - Alaska Balance of State CoC

\* 2. CoC Collaborative Applicant Name: Alaska Balance of State

3. Project Name: YHDP New Project Application FY 2020 V.1

\* 4. Project Status: Standard

\* 5. Component Type: PH

\* 5a. Select the type of PH project: PSH

\* 6. Does this project include Replacement Reserves? No

Save & Back Save Save & Next

Back Next

Check Spelling

Component (6)	Acronym
Permanent Housing	PH
Transitional Housing	TH
Joint Transitional Housing and Permanent Housing-Rapid Rehousing	Joint TH and PH: RRH
Safe Havens	SH
Homeless Management Information Systems	HMIS
Supportive Services Only	SSO

Permanent Supportive Housing	PSH
Rapid Rehousing	RRH

SSO Coordinated Entry	SSO-CE
SSO non-Coordinated Entry	SSO non-CE



# 3B. Project Description

- Information required on: project description, milestones, target population, coordinated entry participation, and housing
- Project Description broken out into 5 narrative fields
- Read the HUD Detailed Instructions!!
- HOW you answer is different depending on the project type

<https://files.hudexchange.info/resources/documents/YHDP-Round-3-New-Project-Application-Detailed-Instructions.pdf>

**eForms** Logout

**KBECK**

YHDP New Project Application FY2020

Applicant Name: Saint Louis County Project Applicant

Applicant Number: MO-500 Project Applicant

Project Name: YHDP New Project Application FY 2020 V.1

Project Number: 137630

YHDP New Project Application FY2020

FY2019 New Detailed Instructions

Before Starting

Part 1 - Forms

1A. SF-424 Application Type

1B. SF-424 Legal Applicant

1C. SF-424 Application Details

1D. SF-424 Congressional District(s)

1E. SF-424 Compliance

1F. SF-424 Declaration

1G. HUD 2880

1H. HUD 50070

1I. Cert. Lobbying

1J. SF-LLL

1K. SF-424B

Part 2 - Recipient and Subrecipient Information

2A. Subrecipients

2B. Experience

Part 3 - Project Information

3A. Project Detail

**3B. Description**

Youth Homeless Demonstration Projects

Special YHDP Activities

Part 4 - Housing, Services, and HMIS

4A. Services

4A. HMIS Standards

4B. HMIS Training

4B. Housing Type

Part 5 - Participants

### 3B. Project Description

**\* 1. Provide a description that addresses the entire scope of the proposed project.**

**\* 1a. Provide a description that addresses how this project will follow Positive Youth Development.**

**\* 1b. Provide a description that addresses how this project will follow Trauma Informed Care.**

**\* 1c. How does this project help the community meet the shared vision, goals and objectives of the coordinated community plan?**

**\* 1d. Describe how race will not be a factor in determining outcomes in this project.**

**2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.**

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	
	A	B	
Begin hiring staff or expending funds			
Begin program participant enrollment			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin			
Leased or rental assistance units or structure, and supportive services near 100% capacity			
Closing on purchase of land, structure(s), or execution of structure lease			
Start rehabilitation			
Complete rehabilitation			
Start new construction			
Complete new construction			

# 3B. Project Description:

## Question 1 – 1d: Project Description

- Regular requirement
  - Entire scope of the proposed project, target population, plan for identifying housing/service needs, coordination with other organizations
- PSH, RRH, TH, JOINT and SSO non-CE
  - Incorporate positive youth development (PYD) and trauma informed care (TIC) into the project; community partnerships; measures and outcomes
- Joint:
  - YHDP for both TH and RRH; if not both, detailed information if non-HUD funding will support one component (TH or RRH)
- SSO-CE
  - Role in the coordinated community response; implementation of the youth-specific component of CE process; incorporate PYD and TIC
- HMIS
  - Implement or expand youth specific HMIS system components (e.g., adding youth-specific data standards); develop YHDP specific reports); add youth organizations to the HMIS

# 3B. Project Description:

## Question 5: Housing First

**5. Housing First**

\* a. Will the project quickly move participants into permanent housing?

\* b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

Having too little or little income	<input type="checkbox"/>
Active or history of substance use	<input type="checkbox"/>
Having a criminal record with exceptions for state-mandated restrictions	<input type="checkbox"/>
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	<input type="checkbox"/>
None of the above	<input type="checkbox"/>

\* c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input type="checkbox"/>
Failure to make progress on a service plan	<input type="checkbox"/>
Loss of income or failure to improve income	<input type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input type="checkbox"/>
None of the above	<input type="checkbox"/>

\* d. Will the project follow a "Housing First" approach?

(Click 'Save' to update)

- Question 5. Housing First
- Answer 5a, 5b, and 5c
- 5d will auto-populate based on responses





# 3B. Project Description:

## Question 9: SSO Projects

- SSO: question 9 is about SSO-CE ONLY. These questions will only appear for SSO-CE.

9. As a SSO-Coordinated Entry project answer the following questions:

\* 9a. Will the coordinated entry process cover the CoC's entire geographic area?

\* 9b. Will the coordinated entry process be affirmatively marketed and easily accessible by program participants seeking assistance?

\* 9c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

\* 9d. Will the coordinated entry process use a comprehensive, standardized assessment process?

\* 9e. Describe the standardized assessment and referral process that directs individuals and families to appropriate housing and services.

\* 9f. If the coordinated entry process includes differences in access, entry, assessment, or referral for certain subpopulations, are those differences limited only to the following five groups: (1) adults without children;  
(2) adults accompanied by children;  
(3) unaccompanied youth;  
(4) households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and  
(5) persons at risk of homelessness?

\* 9g. Will coordinated entry project refer program participants to projects that specifically coordinates and integrates mainstream health, social services, and employment programs for which they may be eligible?

Note: This formlet contains mandatory fields for which no value has been saved.





# 3B. Project Description: Question 10: PSH Projects

## Dedicated and 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 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

\* 9. Indicate whether the project is "100% Dedicated," or "DedicatedPLUS,"  according to the information provided above.

- PSH: question 10 is about DedicatedPlus
- YHDP projects do not need to be DedicatedPLUS



# Youth Homelessness Demonstration Project

eForms

Logout

KBECK

YHDP New Project  
Application FY2020

Applicant Name:  
Saint Louis County Project  
Applicant  
Applicant Number:  
MO-500 Project Applicant  
Project Name:  
YHDP New Project  
Application FY 2020 V.1  
Project Number:  
137630

YHDP New Project  
Application FY2020

FY2019 New Detailed  
Instructions

Before Starting

Part 1 - Forms

1A. SF-424 Application  
Type

1B. SF-424 Legal  
Applicant

1C. SF-424 Application  
Details

1D. SF-424  
Congressional District(s)

1E. SF-424  
Compliance

1F. SF-424 Declaration

1G. HUD 2880

1H. HUD 50070

1I. Cert. Lobbying

1J. SF-LLL

1K. SF-424B

Part 2 - Recipient and  
Subrecipient Information

2A. Subrecipients

2B. Experience

Part 3 - Project  
Information

3A. Project Detail

3B. Description

**Youth Homeless  
Demonstration  
Projects**

Special YHDP Activities

Part 4 - Housing,  
Services, and HMIS

4A. HMIS Standards

4B. HMIS Training

4B. Housing Type

## Youth Homeless Demonstration Projects

\* 1. Does this project carry out housing problem solving activities to divert or rapidly exit households from homelessness?

\* 1a. Describe the intervention strategy to engage families and how community partnerships such as child welfare agencies, schools, youth providers, and other community service and homeless providers are incorporated into the intervention strategy?

\* 1b. What services are provided to engage the family and youth?

- |   |                          |
|---|--------------------------|
| Family counseling   | <input type="checkbox"/> |
| Conflict Resolution   | <input type="checkbox"/> |
| Parenting Supports  | <input type="checkbox"/> |
| Relative or kinship caregiver resources                                 | <input type="checkbox"/> |
| Targeted substance abuse and mental health treatment                    | <input type="checkbox"/> |
| Housing Search Assistance   | <input type="checkbox"/> |
| Landlord-Tenant mediation   | <input type="checkbox"/> |
| Legal Services  | <input type="checkbox"/> |
| Utility or Security Deposits  | <input type="checkbox"/> |
| One time moving assistance  | <input type="checkbox"/> |
| Rental Application fees   | <input type="checkbox"/> |
| Utility or Rental Arrears   | <input type="checkbox"/> |
| Other (if other selected, use textbox to explain the potential service) | <input type="checkbox"/> |

\* 2. Is this a Host Homes Project?

\* 3. Please identify the specific populations addressed in this project

- |                                    |                          |
|------------------------------------|--------------------------|
| Pregnant/Parenting                 | <input type="checkbox"/> |
| Minors                             | <input type="checkbox"/> |
| Foster care/justice involved youth | <input type="checkbox"/> |
| LGBTQ+                             | <input type="checkbox"/> |
| Gender Non-Conforming              | <input type="checkbox"/> |
| Victims of Sexual Trafficking      | <input type="checkbox"/> |
| Other                              | <input type="checkbox"/> |

\* 4. Does this project plan to use Rental Assistance?

\* 4a. Will this project use Rental Deposits?

\* 4b. Will this project cover first months rent?

\* 4c. Short Term Rental Assistance:

\* 4d. Medium Term Rental Assistance:

4A. HMIS Standards

4B. HMIS Training

4B. Housing Type

Part 5 - Participants

5A. Households

5B. Subpopulations

Part 6 - Budget

Information

6A. Funding Request

6G. Operating

6I. Match

6J. Summary Budget

Part 7 - Attachment(s) &

Certification

7A. Attachment(s)

7D. Certification

Part 8 - Submission

Summary

8B. Summary

This screen has been updated with new questions (#1, 3, 5 & 6)

\* 5. How will the community continue to involve the Youth Action Board (YAB) in the development and implementation of YHDP projects?

\* 6. Will your project offer any specialized services for youth living with HIV/AIDS?

\* 6a. If Yes, please provide detail of those services.

Save & Back

Save

Save & Next

Back

Next

Check Spelling

# Special YHDP Activities

The screenshot shows the 'Special YHDP Activities' form in the eForms system. On the left sidebar, the user is logged in as KBECK, and the application is for 'YHDP New Project, Application FY2020'. The applicant information includes: Applicant Name: The Salvation Army--Midland Division, Applicant Number: 43-0653584, Project Name: YHDP New Test Project, and Project Number: (blank). The main form area has a title bar 'Special YHDP Activities'. Below it, a mandatory question is displayed: '\* 1. Is the YHDP Replacement project applicant requesting a Special YHDP Activity, Exemption or Innovative Activity?'. The dropdown menu for this question is currently set to '-- select --'. Below the question are five buttons: 'Save & Back', 'Save', 'Save & Next', 'Back', and 'Next'. A red note at the bottom states: 'Note: This formlet contains mandatory fields for which no value has been saved.'

Default is "select" when you arrive to this screen

This screenshot shows the same 'Special YHDP Activities' form, but the dropdown menu for the first question is now set to 'Yes'. The sidebar information remains the same. The main form area shows the question '\* 1. Is the YHDP Replacement project applicant requesting a Special YHDP Activity, Exemption or Innovative Activity?' with 'Yes' selected in the dropdown. Below this, the start of the second question is visible: '\* 2. Check the appropriate box(es) for the Special YHDP Activity the applicant is requesting. (Select all that

If "Yes" selected, the full list of Special YHDP Activities will populate





# Special YHDP Activities

**YHDP New Project Application FY2020**

Applicant Name: The Salvation Army--Midland Division

Applicant Number: 43-0653584

Project Name: YHDP New Test Project

Project Number: 137627

YHDP New Project Application FY2020

FY2019 New Detailed Instructions

Before Starting

Part 1 - Forms

1A. SF-424 Application Type

1B. SF-424 Legal Applicant

1C. SF-424 Application Details

1D. SF-424 Congressional District(s)

1E. SF-424 Compliance

1F. SF-424 Declaration

1G. HUD 2880

1H. HUD 50070

1I. Cert. Lobbying

1J. SF-LLL

1K. SF-424B

Part 2 - Recipient and Subrecipient Information

2A. Subrecipients

2B. Experience

Part 3 - Project Information

3A. Project Detail

3B. Description

Youth Homeless Demonstration Projects

**Special YHDP Activities**

Part 4 - Housing, Services, and HMIS

4A. Services

4A. HMIS Standards

4B. HMIS Training

4B. Housing Type

### Special YHDP Activities

\* 1. Is the YHDP Replacement project applicant requesting a Special YHDP Activity, Exemption or Innovative Activity? Yes

\* 2. Check the appropriate box(s) for the Special YHDP Activity the applicant is requesting. (Select all that apply)

1.C.1.a(1) Leases under 12 months (minimum 1 month)	<input type="checkbox"/>
1.C.1.a(2) Use of leasing, Sponsored Based Rental Assistance (SRA) and Project Based Rental Assistance (PRA) in Rapid Rehousing (RRH)	<input type="checkbox"/>
1.C.1.a(3) Use 10% of total YHDP funding for Planning grants	<input type="checkbox"/>
1.C.1.a(4) Project admin funds used to employ youth with lived experience for project implementation, execution, and improvement	<input type="checkbox"/>
1.C.1.a(5) Project admin funds used to attend non-HUD sponsored or approved conferences (must be relevant to youth homelessness)	<input type="checkbox"/>
1.C.1.a(6) Employ youth receiving recipient services (document nature of work and no conflicts of interest)	<input type="checkbox"/>
1.C.1.a(7) Use habitability standards in 24 CFR 576.403@ rather than HQS in 24 CFR 578.75 for up to 24 months of housing assistance (document standards applied to units and proof of compliance)	<input type="checkbox"/>
1.C.1.a(8) Provide moving expense more than one time to a program participant	<input type="checkbox"/>
1.C.1.a(9) Provide payments for families that provide housing under host homes and kinship care (up to \$500 per month)	<input type="checkbox"/>
No Special YHDP Activities Requested	<input type="checkbox"/>

\* 3. YHDP grant funds may be used for the following if they are necessary to assist program participants to obtain and maintain housing. Recipients and subrecipients must maintain records establishing how it was determined paying the costs was necessary for the program participant to obtain and retain housing and must also conduct an annual assessment of the needs of the program participants and adjust costs accordingly. (Select all that apply)

1.C.1.a(10)(a) Security deposits (not to exceed 2 months of rent)	<input type="checkbox"/>	1.C.1.a(10)(g) Payment of rental arrears (up to 6 months)	<input type="checkbox"/>
1.C.1.a(10)(b) Pay for damage to units (not to exceed 2 months rent)	<input type="checkbox"/>	1.C.1.a(10)(h) Payment of utility arrears (up to 6 months)	<input type="checkbox"/>
1.C.1.a(10)(c) Costs to provide household cleaning supplies	<input type="checkbox"/>	1.C.1.a(10)(i) Payment of utilities (Up to 3 months)	<input type="checkbox"/>
1.C.1.a(10)(d) Housing start-up expenses (not to exceed \$300 per participant)	<input type="checkbox"/>	1.C.1.a(10)(j) Pay gas a mileage for participant personal vehicle for trips for eligible services	<input type="checkbox"/>
1.C.1.a(10)(e) Purchase cell phone and service (cost must be reasonable and housing related)	<input type="checkbox"/>	1.C.1.a(10)(k) Payment of Legal fees	<input type="checkbox"/>
1.C.1.a(10)(f) Cost of Internet (costs must be reasonable)	<input type="checkbox"/>	1.C.1.a(10)(l) Payment of insurance, registration and past driving fines	<input type="checkbox"/>

Part 5 - Budget Information

5A. Funding Request

6I. Match

6J. Summary Budget

Part 7 - Attachment(s) & Certification

7A. Attachment(s)

7D. Certification

Part 8 - Submission Summary

8B. Summary

View Applicant Profile

Export to PDF

Get PDF Viewer

Back to Submissions List

\* 4. Check the appropriate box(s) for the Special YHDP Activity - Exemptions the applicant is requesting. (Select all that apply)

1.C.1.b(1) A recipient may provide up to 36 months of Rapid Rehousing rental assistance to a program participant if the recipient demonstrates (1) the method it will use to determine which youth need rental assistance beyond 24 months and (2) the services and resources that will be offered to ensure youth are able to sustain their housing at the end of the 36 months of assistance ☐

1.C.1.b(2) YHDP recipients may continue providing supportive services to program participants for up to 24 months after the program participant exits homelessness, transitional housing or after the end of housing assistance if the recipient demonstrates: 1) the proposed length of extended services to be provided; 2) the method it will use to determine whether services are still necessary; and 3) how those services will result in self-sufficiency and ensure stable housing for the YHDP program participant. ☐

YHDP recipients may continue providing supportive services to program participants for up to 36 months after the program participant exits homelessness, if the services are in connection with housing assistance, such as the Foster Youth to Independence initiative, or if the recipient can demonstrate that extended supportive services ensures continuity of case workers for program participants.

1.C.1.b(3) Recipients will not be required to meet the 25% match requirement if the applicant is able to show it has taken reasonable steps to maximize resources available for youth experiencing homelessness in the community ☐

1.C.1.b(4) Rental assistance may be combined with leasing or operating funds in the same building, provided that the recipient submits a project plan that includes safeguards to ensure that no part of the project would receive a double subsidy. ☐

1.C.1.b(5) YHDP recipients may provide payments of up to \$1000 per month for families that provide housing under a host home and kinship care model, provided that the recipient can show that the additional cost is necessary to recruit hosts to the program. ☐

No Exemptions Requested. ☐

**Enter required additional information about your YHDP Special Activity Request**

\* 1.C.1.b(1):

\* 1.C.1.b(2):

\* 1.C.1.b(3):

\* 1.C.1.b(4):

\* 1.C.1.b(5):

# Special YHDP Activities

If you have questions on ANY portion of the Special YHDP Activities, please send your questions to the youth demo mailbox at [youthdemo@hud.gov](mailto:youthdemo@hud.gov) or connect with your assigned TA contact.

Textboxes will appear if additional information is required

**5. Innovative Activities I.C.1.b(6)**

... a. Is the applicant requesting an innovative activity?

\* Please give a detailed description of your innovative activity.

... b. Will this activity be testing or likely to achieve a positive outcome in at least one of the four core outcomes for youth experiencing homelessness (stable housing, permanent connections, education/employment, and well-being)?

\* If no, explain why.

... c. Is the activity cost-effective?

\* If no, explain why.

... d. Does the activity conflict with fair housing, civil rights or environmental regulations?

\* If yes, explain why.

... e. Is the activity approved by the YAB?

\* If no, explain why.

... f. Is the activity approved by the CoC?

\* If no, explain why.

If "Yes", questions 5b-5f will appear.



# Part 4

4A. Supportive Services for Participants (all)

4A. HMIS Standards (HMIS projects only)

4B. Housing Type and Location (all)

4B. HMIS Training (HMIS projects only)



# 4A. Supportive Services for Participants

- Question 1a is a new question
- HMIS and SSO-CE: continue to the next screen
- All others: complete the questions

The screenshot shows the 'eForms' interface. On the left is a sidebar with a user profile for 'KBECK' and a list of application links: 'YHDP New Project Application FY2020', 'Applicant Name: Saint Louis County Project Applicant', 'Applicant Number: MO-500 Project Applicant', 'Project Name: YHDP New Project Application FY 2020 V.1', 'Project Number: 137630', 'YHDP New Project Application FY2020', and 'FY2019 New Detailed Instructions'. The main content area is titled '4A. Supportive Services for Participants'. It contains three text input fields with the following prompts: 1. 'Describe how program participants will be assisted to obtain and remain in permanent housing.' 1a. 'Describe specific efforts to ensure BIPOC, LGBTQ and people with disabilities experiencing homelessness will be connected to housing of their choice and supported in housing after the assistance has expired.' 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.'



# 4A. Supportive Services for Participants

- This chart on 4A must match up with the SS budget chart

4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.  
Click 'Save' to update.

Supportive Services	Provider	Frequency
Assessment of Service Needs	-- select --	-- select --
Assistance with Moving Costs	-- select --	-- select --
Case Management	-- select --	-- select --
Child Care	-- select --	-- select --
Education Services	-- select --	-- select --
Employment Assistance and Job Training	-- select --	-- select --
Food	-- select --	-- select --
Housing Search and Counseling Services	-- select --	-- select --
Legal Services	-- select --	-- select --
Life Skills Training	-- select --	-- select --
Mental Health Services	-- select --	-- select --
Outpatient Health Services	-- select --	-- select --
Outreach Services	-- select --	-- select --
Substance Abuse Treatment Services	-- select --	-- select --
Transportation	-- select --	-- select --
Utility Deposits	-- select --	-- select --

Funding requests on screen 6F. Supportive Services must have a corresponding entry on this screen 4A.

## 6F. Supportive Services Budget

\* A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$0
Grant Term		2 Years
Total Request for Grant Term		\$0

# 4A. Supportive Services for Participants

- Questions 4, 5, and 6a are new to the application.

Special YHDP Activities
Part 4 - Housing, Services, and HMIS
4A. Services
4A. HMIS Standards
4B. HMIS Training
4B. Housing Type
Part 5 - Participants
5A. Households
5B. Subpopulations
Part 6 - Budget Information
6A. Funding Request
6G. Operating
6I. Match
6J. Summary Budget
Part 7 - Attachment(s) & Certification
7A. Attachment(s)
7D. Certification
Part 8 - Submission Summary
8B. Summary
<a href="#">View Applicant Profile</a>
<a href="#">Export to PDF</a>
<a href="#">Get PDF Viewer</a>
<a href="#">Back to Submissions List</a>

\* 4. How will the project allow youth the ability to choose the providers and interventions that fit their needs?

\* 5. How will the project respond to the different needs for service type, intensity, and length of supports for youth?

Identify whether the project will include the following activities:

\* 6. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?

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

\* 7. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed?

\* 8. Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency?

\* 8a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.

[Save & Back](#)

[Save](#)

[Save & Next](#)

[Back](#)

[Next](#)

[Check Spelling](#)



# 4A. HMIS Standards

- HMIS dedicated projects will complete
- All else – go to 4B. Housing Type and Location

The screenshot displays the eForms application interface. On the left is a sidebar menu with the following items: KBECK, YHDP New Project Application FY2020, Applicant Name: Saint Louis County Project Applicant, Applicant Number: MO-500 Project Applicant, Project Name: YHDP New Project Application FY 2020 V.1, Project Number: 137630, YHDP New Project Application FY2020, FY2019 New Detailed Instructions, Before Starting, Part 1 - Forms, 1A. SF-424 Application Type, 1B. SF-424 Legal Applicant, 1C. SF-424 Application Details, 1D. SF-424 Congressional District(s), 1E. SF-424 Compliance, 1F. SF-424 Declaration, 1G. HUD 2880, 1H. HUD 50070, 1I. Cert. Lobbying, 1J. SF-LLL, and 1K. SF-424B. The main content area is titled '4A. HMIS Standards' and contains eight numbered questions, each with a dropdown menu for the answer. The questions are: 1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the 2020 HMIS Data Standard Notice? 2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells (Logitudinal System Analysis), data for CAPER/ESG reporting, SPM and Data Quality Table, etc). 3. Is your HMIS capable of generating all reports required by Federal partners including HUD, VA, and HHS? 4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC? 5. Is there a staff person responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners? 6. Does your organization conduct a background check for all employees who access and view HMIS data? 7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards? 8. Do you have a process in place to remove licenses for former users who no longer need access to HMIS (e.g. leave their job, fired)? At the bottom of the form are five buttons: 'Save & Back', 'Save', 'Save & Next', 'Back', and 'Next'.

**eForms** Logout

**4A. HMIS Standards**

1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the 2020 HMIS Data Standard Notice? -- select -- v

2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells (Logitudinal System Analysis), data for CAPER/ESG reporting, SPM and Data Quality Table, etc). -- select -- v

3. Is your HMIS capable of generating all reports required by Federal partners including HUD, VA, and HHS? -- select -- v

4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC? -- select -- v

5. Is there a staff person responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners? -- select -- v

6. Does your organization conduct a background check for all employees who access and view HMIS data? -- select -- v

7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards? -- select -- v

8. Do you have a process in place to remove licenses for former users who no longer need access to HMIS (e.g. leave their job, fired)? -- select -- v

Save & Back Save Save & Next Back Next

# e-snaps Functionality: “Add” icon and “Detail” screen for Housing Info

1. Select "Add"

Auto-calculates the totals based on entries on each Detail screen

Each "Detail" entry will appear in this list.

2. Complete "Detail" screen

Entries on each Detail screen auto-calculated on main screen

3. "Save and Back to List"

# 4B. Housing Type and Location

- Different versions of 4B
  - RRH, TH, SSO (prior screen)
  - PSH (to the right)
  - Joint TH and PH-RRH (below)

**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 icon.

Total Units:

Total Beds:

Total Dedicated CH Beds:

Delete	View	Housing Type	Housing Type (JOINT)	Units	Beds
This list contains no items					

Back Next

**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 icon.

\* List all CoC-funded and Non CoC-funded units and beds for this project

TH	RRH	Total
Total Units: <input type="text"/>	<input type="text"/>	0
Total Beds: <input type="text"/>	<input type="text"/>	0

Delete	View	Housing Type	Housing Type (JOINT)	Units	Beds
This list contains no items					

Save & Back Save Save & Next Back Next



# 4B. Housing Type and Location Detail

- Question 1
  - HMIS and SSO-CE = “none”
  - All housing projects: complete the questions
  - SSO non-CE = “none” or complete the questions

The screenshot shows the 'eForms' application interface. On the left is a sidebar with a user profile for 'janabalicki' and a navigation menu. The main content area is titled '4B. Housing Type and Location Detail'. It contains several sections: 1. Housing Type (a dropdown menu), 2. Indicate the maximum number of units and beds available for project participants at the selected housing site. (fields for Units, Beds, and Beds for Youth), 4. Address (fields for Street 1, Street 2, City, State, and ZIP Code), and 5. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key). This section includes a list of available items (120234 Boca Raton, 120264 Boynton Beach, 120270 Bradenton, 120402 Cape Coral, 120492 Clearwater, 120516 Cocoa) and a 'Selected Items' box. At the bottom are buttons for 'Save', 'Save & Add Another', 'Save & Back to List', and 'Back to List'.

**eForms**

janabalicki

YHDP New Project Application FY2019

Applicant Name: Agency for Community Treatment Services, Inc. (ACTS)

Applicant Number: 591860626

Project Name: FY2019\_YHDP\_New\_Application\_Test6

Project Number: 136758

YHDP New Project Application FY2019

FY2019 New Detailed Instructions

Before Starting

Part 1 - Forms

1A. SF-424 Application Type

1B. SF-424 Legal Applicant

1C. SF-424 Application Details

1D. SF-424 Congressional District(s)

1E. SF-424 Compliance

1F. SF-424 Declaration

1G. HUD 2880

1H. HUD 50070

1I. Cert. Lobbying

1J. SF-LLL

Part 2 - Recipient and Subrecipient Information

2A. Subrecipients

2B. Experience

Part 3 - Project Information

**4B. Housing Type and Location Detail**

\* 1. Housing Type: -- select --

2. Indicate the maximum number of units and beds available for project participants at the selected housing site.

\* a. Units:

\* b. Beds:

\* 3. Beds for Youth:

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 address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)

\* Available Items:

- 120234 Boca Raton
- 120264 Boynton Beach
- 120270 Bradenton
- 120402 Cape Coral
- 120492 Clearwater
- 120516 Cocoa

Selected Items:

Please select at least one area.

Save Save & Add Another

Save & Back to List Back to List



# 4B. HMIS Training

- HMIS dedicated projects complete this screen
  - \* e-snaps won't flag an error if you accidentally skip this screen
- All else can leave the fields blank and proceed to Part 5

**e.Forms** Janabalicki Logout

**4B. HMIS 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)
Basic Computer Training	<input type="text"/>
HMIS Software Training for Sys Admin	<input type="text"/>
HMIS Software Training	<input type="text"/>
Data Quality Training	<input type="text"/>
Security Training	<input type="text"/>
Privacy/Ethics Training	<input type="text"/>
HMIS PIT Count Training	<input type="text"/>
Other (must specify)	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**YHDP New Project Application FY2019**

Applicant Name: Agency for Community Treatment Services, Inc. (ACTS)  
Applicant Number: S91860626  
Project Name: FY2019\_YHDP\_New\_Application\_Test6  
Project Number: 136758

**YHDP New Project Application FY2019**

**FY2019 New Detailed Instructions**

Before Starting  
Part 1 - Forms  
1A. SF-424 Application Type  
1B. SF-424 Legal Applicant  
1C. SF-424 Application Details  
1D. SF-424 Congressional District(s)



# Part 5: Participant Screens

- Who the project will serve
  - New projects = prospective data
  - Maximum capacity in a single night
- Two parts
  - 5A. Households
  - 5B. Subpopulations
- Everyone must enter data because it is a \*required screen
- Applies to
  - PH (PSH and RRH), TH, Joint TH and PH-RRH, SSO non-CE
- Does not apply to
  - SSO-CE, HMIS
  - Must enter a digit on each screen (e.g. 0)

## Key Resources:

YHDP Round 4/5 New Project Application

- *Detailed Instructions*
- *Navigational Guide*



# 5A. Households

- 3 Household Types (composition of adults and children)
  - HH with at least 1 adult and 1 child
  - Adult HH without children
  - HH with Only children
- Characteristics (age and accompaniment)
  - Under 18, 18-24, over 24
  - Under 18 – accompanied or not

5A. Project Participants - Households				
	Households with <u>at Least</u> One Adult and One Child	Adult Households <u>without</u> Children	Households with <u>Only</u> Children	
Number of Households	10			
Characteristics	Persons in Households with <u>at Least</u> One Adult and One Child	Adult Persons in Households <u>without</u> Children	Persons in Households with <u>Only</u> Children	
Adults over age 24	0			
Persons ages 18-24	16			
Accompanied Children under age 18	12			
Unaccompanied Children under age 18				
Total Persons	28	0	0	

# 5B. Subpopulations

- 3 Data tables = corresponds to each HH type
- By age categories

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

- Mutually exclusive classifications
  - CH veteran, CH non-veteran, veteran not CH, other
- Subpopulation categories
  - (e.g., physical disability, developmental disability, domestic violence)





# Part 5 – Special Considerations

- Permanent Supportive Housing
  - If serving 100% chronically homeless, must ensure the number of CH individuals in Part 5 matches the number of CH beds in Part 4 (4B. Housing Type and Location)
- Host Homes
  - Only project participants should be included in the totals under 5b, even if funds are provided to support the increased costs to the household



# Part 6 Budgets

- 6A. Funding Request
- Grant agreement no later than September 30, 2022.
- 2-year term
- Indirect costs
- Funding requests
- *CoC Program interim rule: 24 CFR part 578*

The screenshot shows the 'eForms' interface for a 'YHDP New Project Application FY2020'. The left sidebar contains a navigation menu with items like 'YHDP New Project Application FY2020', 'Applicant Name: Saint Louis County Project Applicant', 'Applicant Number: MO-500 Project Applicant', 'Project Name: YHDP New Project Application FY 2020 V.1', 'Project Number: 137630', 'FY2019 New Detailed Instructions', 'Before Starting', 'Part 1 - Forms', '1A. SF-424 Application Type', and '1B. SF-424 Legal Applicant'. The main content area is titled '6A. Funding Request' and contains the following questions and options:

- \* 1. Will it be feasible for the project to be under grant agreement by September 30, 2022?
- \* 2. What type of CoC funding is this project applying for under the Youth Homeless Demonstration Program?
- \* 3. Does this project propose to allocate funds according to an indirect cost rate?
- \* 4. Select a grant term:
- 5. Select the costs for which funding is requested:
  - ☐ Leased Units
  - ☐ Leased Structures
  - ☐ Rental Assistance
  - ☐ Supportive Services
  - ☐ Operating
  - ☐ HMIS

At the bottom, there are buttons for 'Save & Back', 'Save', 'Save & Next', 'Back', and 'Next'.

<https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>



## 6A. Indirect Costs

- Inform HUD of intent to use a federally-negotiated indirect cost rate
- Alternative: 10% de minimis
- No budget line item
- 10% de minimis costs are NOT the same as the 10% Project Administrative costs
- Alternative: neither ICR or 10% de minimis
- Staff and overhead costs eligible when implementing activities  
24 CFR 578.43 – 578.57



# Project Administrative Costs

- No separate budget screen
- Only a dollar amount in the summary budget
- Eligible costs
  - Salaries, wages
  - Administrative services third-party contracts or agreements
  - Goods and services (e.g., equipment, insurance, utilities)
- Eligible activities
  - Preparing program budgets
  - Developing compliance systems and monitoring
  - Developing agreements (e.g., with subrecipients)
  - Preparing reports
  - Evaluating program results
  - Management, supervision
- *578.59 Project Administrative Costs*





# e-snaps Functionality: “Add” icon and “Detail” screen for Budget Info

**6D. Leased Structures Budget**

The following list summarizes the funds being requested for one or more structures leased for operating the projects. Information to the list, select the icon. To view or update information already listed, select the icon.

**1. Select "Add"**

**Total Annual Assistance Requested:**   
**Grant Term:**   
**Total Request for Grant Term:**   
**Total Structures:**   
**Total Assistance Requested Amount has to be greater than \$0.**

**Auto-calculates the totals based on entries on each Detail screen**

**Each "Detail" entry will appear in this list.**

**2. Complete "Detail" screen**

**Structure Name:**   
**Street Address 1:**   
**Street Address 2:**   
**City:**   
**State:**   
**Zip Code:**

**HUD Paid Rent (per Month):**   
**12 Months:**   
**Total Annual Assistance Requested:**   
**Grant Term:**   
**Total Request for Grant Term:**   
**button to automatically calculate the Total Assistance Requested.**

**HUD Paid Rent (per Month) amount has to be greater than \$0**

**3. "Save and Back to List"**

**Entries on each Detail screen auto-calculated on main screen**

**Save** **Save & Add Another**  
**Save & Back to List** **Back to List**  
**Check Spelling**

- Budget screen calculates the total for all entries on budget detail screens



# Leasing and Rental Assistance: fundamental differences

	Leasing	Rental Assistance
Lease with the landlord	<p>Recipient</p> <p>-----</p> <p>Recipient and participant= sublease or occupancy agreement</p>	<p>Participant</p> <p>-----</p> <p>Recipeint and landlord=subsidy agreement/housing assistance payment contract</p>
Rent responsibility	Recipient	<p>Participant, per lease</p> <p>Recipient, per landlord agreement</p>
Tenant contribution	<p>Optional</p> <p>If charged, calculate per interim rule</p>	<p>PSH: Required, calculate per interim rule</p> <p>RRH: Variable, calculate per CoC written policies</p>

- *578.49 Leasing*      See the HUD Exchange for examples of lease agreements
- *578.51 Rental Assistance*



# 6C. Leased Units budget

- Select FY 2022 Fair Market Rent (FMR) area
- Units, by size
- Option: HUD Paid Rent (actual rent)
- Auto-calculation

• *578.49 Leasing*

Leased Units Budget Detail

Instructions: [Show Instructions](#)

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

\* Metropolitan or non-metropolitan fair market rent area:

Leased Units Annual Budget

Size of Units	Number of units (Applicant)		FMR (Applicant)		HUD Paid Rent (Applicant)		12 months		Total request (Applicant)
SRO	<input type="text"/>	x	<input type="text"/>		<input type="text"/>	x	<input type="text" value="12"/>	=	<input type="text" value="\$0"/>
0 Bedroom	<input type="text"/>	x	<input type="text"/>		<input type="text"/>	x	<input type="text" value="12"/>	=	<input type="text" value="\$0"/>
1 Bedroom	<input type="text"/>	x	<input type="text"/>		<input type="text"/>	x	<input type="text" value="12"/>	=	<input type="text" value="\$0"/>
2 Bedroom	<input type="text"/>	x	<input type="text"/>		<input type="text"/>	x	<input type="text" value="12"/>	=	<input type="text" value="\$0"/>
3 Bedroom	<input type="text"/>	x	<input type="text"/>		<input type="text"/>	x	<input type="text" value="12"/>	=	<input type="text" value="\$0"/>
4 Bedroom	<input type="text"/>	x	<input type="text"/>		<input type="text"/>	x	<input type="text" value="12"/>	=	<input type="text" value="\$0"/>
5 Bedroom	<input type="text"/>	x	<input type="text"/>		<input type="text"/>	x	<input type="text" value="12"/>	=	<input type="text" value="\$0"/>
6 Bedroom	<input type="text"/>	x	<input type="text"/>		<input type="text"/>	x	<input type="text" value="12"/>	=	<input type="text" value="\$0"/>
7 Bedroom	<input type="text"/>	x	<input type="text"/>		<input type="text"/>	x	<input type="text" value="12"/>	=	<input type="text" value="\$0"/>
8 Bedroom	<input type="text"/>	x	<input type="text"/>		<input type="text"/>	x	<input type="text" value="12"/>	=	<input type="text" value="\$0"/>
9 Bedroom	<input type="text"/>	x	<input type="text"/>		<input type="text"/>	x	<input type="text" value="12"/>	=	<input type="text" value="\$0"/>
Total units and annual assistance requested:			<input type="text" value="0"/>						<input type="text" value="\$0"/>
Grant term:									<input type="text" value="2 Years"/>
Total request for grant term:									<input type="text" value="\$0"/>

# 6D. Leased Structures budget

- Recipient – landlord lease is for all or portion of a building
- Budget detail screen for each structure
- HUD Paid Rent (actual rent)

Leased Structures Budget Detail

\* Structure Name:

\* Street Address 1:

Street Address 2:

\* City:

\* State:

\* Zip Code:

HUD Paid Rent (per Month):

12 Months:	12
Total Annual Assistance Requested:	\$0
Grant Term:	2 Years
Total Request for Grant Term:	\$0

Click the 'Save' button to automatically calculate the Total Assistance Requested.

HUD Paid Rent (per Month) amount has to be greater than \$0

Save Save & Add Another

Save & Back to List Back to List

Check Spelling

- *578.49 Leasing*





# 6E. Rental Assistance budget

- Rental assistance type
- Select FY 2022 FMR area
- Units, by size
- Auto-calculation
- Units versus households
  - Short- and medium-term RA, one unit in 12 months may house 4 households
- *578.51 Rental Assistance*

Rental Assistance Budget Detail

Instructions: [Show Instructions](#)

\* Type of Rental Assistance:

\* Metropolitan or non-metropolitan fair market rent area:

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO	<input type="text"/>	x	<input type="text"/>	x	<input type="text" value="12"/>	=	<input type="text" value="\$0"/>
0 Bedroom	<input type="text"/>	x	<input type="text"/>	x	<input type="text" value="12"/>	=	<input type="text" value="\$0"/>
1 Bedroom	<input type="text"/>	x	<input type="text"/>	x	<input type="text" value="12"/>	=	<input type="text" value="\$0"/>
2 Bedrooms	<input type="text"/>	x	<input type="text"/>	x	<input type="text" value="12"/>	=	<input type="text" value="\$0"/>
3 Bedrooms	<input type="text"/>	x	<input type="text"/>	x	<input type="text" value="12"/>	=	<input type="text" value="\$0"/>
4 Bedrooms	<input type="text"/>	x	<input type="text"/>	x	<input type="text" value="12"/>	=	<input type="text" value="\$0"/>
5 Bedrooms	<input type="text"/>	x	<input type="text"/>	x	<input type="text" value="12"/>	=	<input type="text" value="\$0"/>
6 Bedrooms	<input type="text"/>	x	<input type="text"/>	x	<input type="text" value="12"/>	=	<input type="text" value="\$0"/>
7 Bedrooms	<input type="text"/>	x	<input type="text"/>	x	<input type="text" value="12"/>	=	<input type="text" value="\$0"/>
8 Bedrooms	<input type="text"/>	x	<input type="text"/>	x	<input type="text" value="12"/>	=	<input type="text" value="\$0"/>
9 Bedrooms	<input type="text"/>	x	<input type="text"/>	x	<input type="text" value="12"/>	=	<input type="text" value="\$0"/>
Total Units and Annual Assistance Requested	<input type="text" value="0"/>						<input type="text" value="\$0"/>
Grant Term							<input type="text" value="2 Years"/>
Total Request for Grant Term							<input type="text" value="\$0"/>

# Leasing and Rental Assistance: other considerations

- Eligible costs:\*
  - Rent, security deposits
  - Leasing/rental assistance administration
    - Staff time for tenant income and rent calculations, determining rent reasonableness, inspecting units, processing payments to landlords)
- Unit configuration over the course of the grant
- Grant savings

*\*not an exhaustive list – see the CoC Program interim rule, 24 CFR*

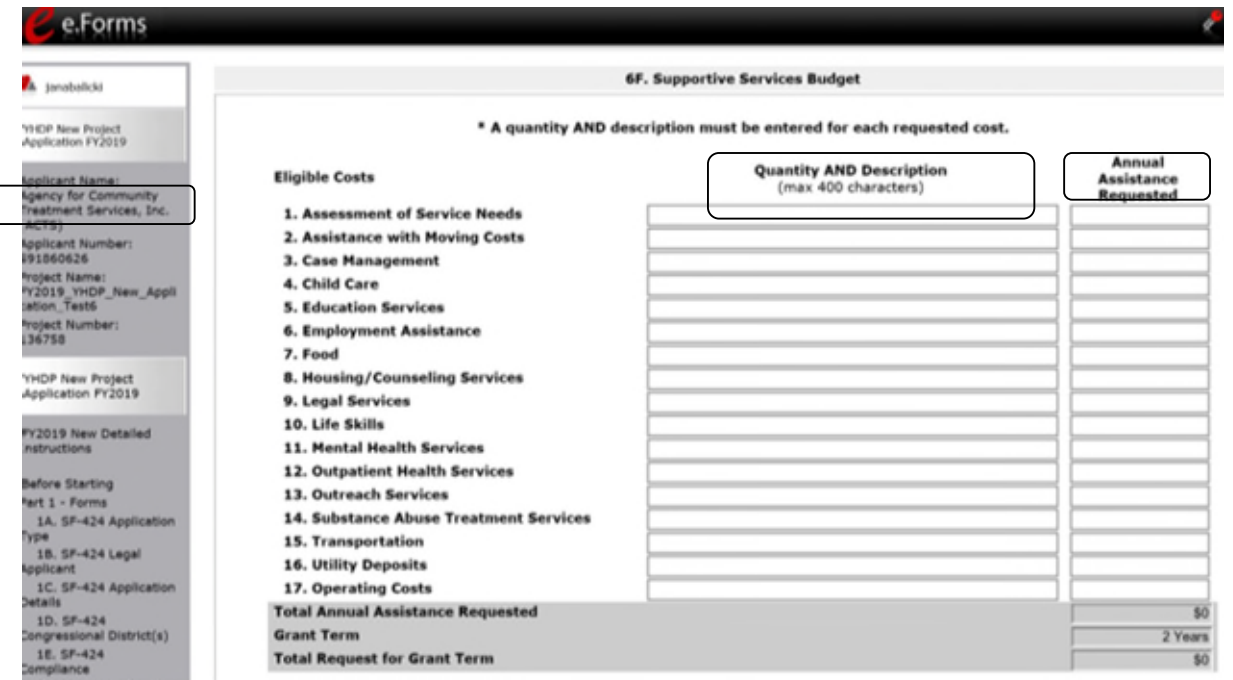
*578.49 Leasing*

*578.51 Rental Assistance*



# e-snaps Functionality: “Quantity and Description” and “Amount” for Budgets

- Quantity and Description
- Annual Assistance Requested



**eForms**

janabicki

YHDP New Project Application FY2019

Applicant Name:  
Agency for Community Treatment Services, Inc. (ACTS)

Applicant Number:  
091860626

Project Name:  
FY2019\_YHDP\_New\_Application\_Test6

Project Number:  
136758

YHDP New Project Application FY2019

FY2019 New Detailed Instructions

Before Starting  
Part 1 - Forms

1A. SF-424 Application Type

1B. SF-424 Legal Applicant

1C. SF-424 Application Details

1D. SF-424 Congressional District(s)

1E. SF-424 Compliance

**6F. Supportive Services Budget**

\* A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
<b>Total Annual Assistance Requested</b>		\$0
<b>Grant Term</b>		2 Years
<b>Total Request for Grant Term</b>		\$0

- Budget screen calculates the total budget for all cost categories.



# 6F. Supportive Services budget

- Cost categories line up with 578.53 eligible costs
  - 1-16 all projects
  - 17 only for SSO projects
- 6F services costs must match 4A project services
- *578.53 Supportive Services*
- *Special YHDP Activity services should be budgeted here. Refer to Detailed Instructions*

6F. Supportive Services Budget

\* A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$0
Grant Term		2 Years
Total Request for Grant Term		\$0

Any data entered on this screen must have a corresponding entry on screen 4A. Services, question 4.¶



# 6G. Operations budget

- Cost categories line up with 578.55 eligible costs
- Eligible program costs when own, operate a structure
- Restriction: cannot combine with RA in same unit/structure
- Ineligible: participant costs
- Replacement reserves

- *578.55 Operations*

6G. Operating		
Instructions: <a href="#">Show Instructions</a>		
* A quantity AND description must be entered for each requested cost.		
Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair		
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water		
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		00
Grant Term		2 Years
Total Request for Grant Term		00

# 6H. HMIS budget

- HMIS dedicated project AND HMIS budget line item in another project type
- 5 categories based on 578.57 eligible activities

- *578.57 HMIS*

6H. HMIS Budget		
Instructions: <a href="#">Show Instructions</a>		
* A quantity AND description must be entered for each requested cost.		
Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software		
3. Services		
4. Personnel		
5. Space & Operations		
Total Annual Assistance Requested:		\$0
Grant Term:		2 Years
Total Request for Grant Term:		\$0

# 6I. Match

- **Key to determining eligibility as match is to determine whether it would be eligible if you paid for it using program funds**
- 25% budget (calculated on total budget, except leasing)
- Application: identify match by source and type
  - 3 types: cash, in-kind goods, in-kind services
  - Does not need to correspond to a grant budget line item
- Documentation
  - Application: In-kind services documentation required (“7A In-Kind MOU Attachments” screen)
  - Grant agreement: all documentation required
- If applying for the 25% match exemption under the Special YHDP Activity Screen, you must still certify that you will have the match in case the exemption is not approved. This means filling out the Sources of Match Detail screen. No documentation required unless In-Kind
- *578.73 Match*

**eForms** KBECK

YHDP New Project Application FY2020

Applicant Name: Saint Louis County Project Applicant  
Applicant Number: MO-500 Project Applicant  
Project Name: YHDP New Project Application FY 2020 V.1  
Project Number: 137630

YHDP New Project Application FY2020

FY2019 New Detailed Instructions

Before Starting  
Part 1 - Forms  
1A. SF-424 Application Type  
1B. SF-424 Legal Applicant  
1C. SF-424 Application Details  
1D. SF-424 Congressional District(s)  
1E. SF-424 Compliance  
1F. SF-424 Declaration  
1G. HUD 2880  
1H. HUD 50070  
1I. Cert. Lobbying

### 6I. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

**Summary for Match**

Total Amount of Cash Commitments:	
Total Amount of In-Kind Commitments:	
Total Amount of All Commitments:	

\* 1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? ☒ Yes

\* 1a. Briefly describe the source of the program income: (limit 1000 characters)

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

**The minimum required Total Match amount for the Grant Term is \$6,173.**

[Show Filters] [Clear Filters]

Delete	View	Type	Source	Contributor	Amount of Commitments
This list contains no items					

Save & Back Save Save & Next

Back Next

Check Spelling

### Sources of Match Detail

\* 1. Type of Match Commitment: -- select --

\* 2. Source: -- select --

\* 3. Name of Source: (Be as specific as possible and include the office or grant program as applicable)

\* 4. Amount of Written Commitment:

Save Save & Add Another

Save & Back to List Back to List

Check Spelling

Note: This formlet contains mandatory fields for which no value has been saved.

# 6J. Summary Budget

- Budgets auto-calculate
  - 2-year grant
- Exception:  
Admin entered manually
- Match auto-calculates
- Errors? – Navigate back to the Budget forms

**eForms**

janabalicki

YHDP New Project Application FY2019

Applicant Name: Agency for Community Treatment Services, Inc. (ACTS)  
Applicant Number: 591860626  
Project Name: FY2019\_YHDP\_New\_Application\_Test6  
Project Number: 136758

YHDP New Project Application FY2019

FY2019 New Detailed Instructions

Before Starting  
Part 1 - Forms  
1A. SF-424 Application Type  
1B. SF-424 Legal Applicant  
1C. SF-424 Application Details  
1D. SF-424 Congressional District(s)  
1E. SF-424 Compliance  
1F. SF-424 Declaration  
1G. HUD 2880  
1H. HUD 50070  
1I. Cert. Lobbying  
1J. SF-LLL  
Part 2 - Recipient and Subrecipient Information

### 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	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			
1b. Rehabilitation			
1c. New Construction			
2a. Leased Units	\$0	2 Years	\$0
2b. Leased Structures	\$0	2 Years	\$0
3. Rental Assistance	\$0	2 Years	\$0
4. Supportive Services	\$0	2 Years	\$0
5. Operating	\$0	2 Years	\$0
6. HMIS	\$0	2 Years	\$0
7. Sub-total Costs Requested			\$0
8. Admin (Up to 10%)			
9. Total Assistance Plus Admin Requested			\$0
10. Cash Match			
11. In-Kind Match			
12. Total Match			\$0
13. Total Budget			\$0

Click the 'Save' button to automatically calculate totals.

Save & Back Save Save & Next

Back Next

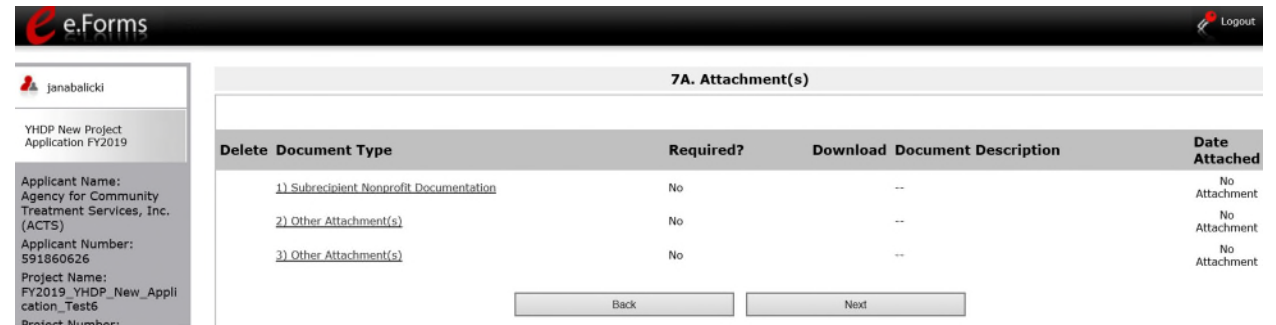


# 7. Attachments

- What “Required? No” means

Potential required documents:

- Subrecipient nonprofit
- Replacement reserves
- YHDP Lead and the Youth Action Board letters
- Federally approved indirect rate doc



The screenshot shows the 'eForms' application interface. On the left sidebar, the user 'Janabelicki' is logged in, and the application is 'YHDP New Project Application FY2019'. The main content area is titled '7A. Attachment(s)' and contains a table with the following columns: 'Delete', 'Document Type', 'Required?', 'Download', 'Document Description', and 'Date Attached'.

Delete	Document Type	Required?	Download	Document Description	Date Attached
	<a href="#">1) Subrecipient Nonprofit Documentation</a>	No	--		No Attachment
	<a href="#">2) Other Attachment(s)</a>	No	--		No Attachment
	<a href="#">3) Other Attachment(s)</a>	No	--		No Attachment

At the bottom of the table, there are 'Back' and 'Next' buttons.



# 7D. Certification

## Authorized Representative certification

- The proposed program will comply with the various laws as outlined in the NOFO.
- The organization has an active SAM registration that is renewed annually. (System for Award Management)



# Submission Summary

- Required
  - Green check mark = DONE
  - Red "X" = incomplete
- "No input required" for e-snaps, but may be required for project
  - Review Detailed Instructions
- "This e.Form has been submitted."

[Back](#)
[Next](#)

[Export to PDF](#)  
[Get PDF Viewer](#)

[Submit](#)

This e.Form has been submitted

**KBECK**

YHDP New Project Application FY2020

Applicant Name: Saint Louis County Project Applicant  
 Applicant Number: MC-500 Project Applicant  
 Project Name: YHDP New Project Application FY 2020 V.1  
 Project Number: 137630

YHDP New Project Application FY2020

FY2019 New Detailed Instructions

Before Starting  
 Part 1 - Forms  
 1A. SF-424 Application Type  
 1B. SF-424 Legal Applicant  
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 1E. SF-424 Compliance  
 1F. SF-424 Declaration  
 1G. HUD 2880  
 1H. HUD 50070  
 1I. Cert. Lobbying  
 1J. SF-LLL  
 1K. SF-424B

Part 2 - Recipient and Subrecipient Information  
 2A. Subrecipients  
 2B. Experience

Part 3 - Project Information  
 3A. Project Detail  
 3B. Description  
 Youth Homeless Demonstration Projects  
 Special YHDP Activities

Part 4 - Housing, Services, and HMIS  
 4A. Services  
 4B. HMIS Standards  
 4C. HMIS Training  
 4D. Housing Type

Part 5 - Participants  
 5A. Households  
 5B. Subpopulations

Part 6 - Budget Information  
 6A. Funding Request  
 6B. Leased Units  
 6C. Leased Structures  
 6D. Rental Assistance  
 6E. Supp Svcs Budget  
 6F. Operating  
 6G. HMIS Budget  
 6H. Match  
 6I. Summary Budget

Part 7 - Attachment(s) & Certification  
 7A. Attachment(s)  
 7D. Certification

Part 8 - Submission Summary

**8B. Summary**

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**8B. Submission Summary**

Applicant must click the submit button once all forms have a status of Complete.

Complete	Page	Last Updated	Mandatory
--	1A. SF-424 Application Type	No Input Required	No
--	1B. SF-424 Legal Applicant	No Input Required	No
--	1C. SF-424 Application Details	No Input Required	No
✓	1D. SF-424 Congressional District(s)	04/19/2022	Yes
✓	1E. SF-424 Compliance	04/19/2022	Yes
✓	1F. SF-424 Declaration	04/19/2022	Yes
✓	1G. HUD 2880	04/19/2022	Yes
✓	1H. HUD 50070	04/19/2022	Yes
✓	1I. Cert. Lobbying	04/19/2022	Yes
✓	1J. SF-LLL	04/19/2022	Yes
✓	1K. SF-424B	04/19/2022	Yes
--	2A. Subrecipients	No Input Required	No
✗	2B. Experience	Please Complete	Yes
✓	3A. Project Detail	04/19/2022	Yes
✗	3B. Description	Please Complete	Yes
✗	Youth Homeless Demonstration Projects	Please Complete	Yes
✗	Special YHDP Activities	Please Complete	Yes
✗	4A. Services	Please Complete	Yes
--	4B. HMIS Standards	No Input Required	No
--	4C. HMIS Training	No Input Required	No
✗	4D. Housing Type	Please Complete	Yes
--	5A. Households	No Input Required	No
--	5B. Subpopulations	No Input Required	No
✗	6A. Funding Request	Please Complete	Yes
✗	6B. Leased Units	Please Complete	Yes
✗	6C. Leased Structures	Please Complete	Yes
✗	6D. Rental Assistance	Please Complete	Yes
✗	6E. Supp Svcs Budget	Please Complete	Yes
✓	6F. Operating	04/19/2022	Yes
✗	6G. HMIS Budget	Please Complete	Yes
✗	6H. Match	Please Complete	Yes
--	6I. Summary Budget	No Input Required	No
--	7A. Attachment(s)	No Input Required	No
✗	7D. Certification	Please Complete	Yes

Notes:

- Enter a value greater than zero for at least one project milestone.
- 4B. Housing Type list must include at least 1 item(s).
- For project submission, it must be feasible for the project to be under grant agreement by September 30, 2022.
- 6C. Leased Units list must include at least 1 item(s).
- Total Assistance Requested Amount has to be greater than \$0.
- 6D. Leased Structures list must include at least 1 item(s).
- Total Assistance Requested Amount has to be greater than \$0.
- 6E. Rental Assistance list must include at least 1 item(s).
- Total Assistance Requested Amount has to be greater than \$0.
- Total Assistance Requested Amount has to be greater than \$0.
- Total Assistance Requested Amount has to be greater than \$0.
- Total Match amount does not meet the minimum requirements

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# Questions?

- Follow up with your TA providers
- Submit questions to [youthdemo@hud.gov](mailto:youthdemo@hud.gov)
- Submit Round 4 & 5 new application technical questions to the AAQ: <https://www.hudexchange.info/program-support/my-question/>
  - Select *e-snaps* in step 2 under the Reporting Systems





# Next Steps

- Watch the video  
*Accessing the Round 3 YHDP Project Application in e-snaps*  
<https://www.hudexchange.info/resource/6031/video-how-to-access-the-project-application-in-e-snaps/>
  - The video is from Round 3, but the process is still the same in e-snaps. Funding Opportunity for Round 4 & 5 is “YHDP New Project Application FY 2020”
- Use the resources
  - CoC Program interim rule  
<https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>
  - YHDP Application Resources page:  
[https://www.hud.gov/program\\_offices/comm\\_planning/yhdp](https://www.hud.gov/program_offices/comm_planning/yhdp)
  - e-snaps resources page: <https://www.hudexchange.info/programs/e-snaps/>

Thank you!

