



YHDP Round 8 New Project Application

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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
 - 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
- Project Priority Listing



Overview of Application Deadlines

Deadline	Action
May 15, 2025 for UFAs	Final date to submit applications to ensure July 1, 2025 start date
July 1, 2025	Final date to submit applications to receive funds in FY 2023 funding cycle (which ends 9/30/25)

Questions? Email the Youth demo mailbox at youthdemo@hud.gov



Resources

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

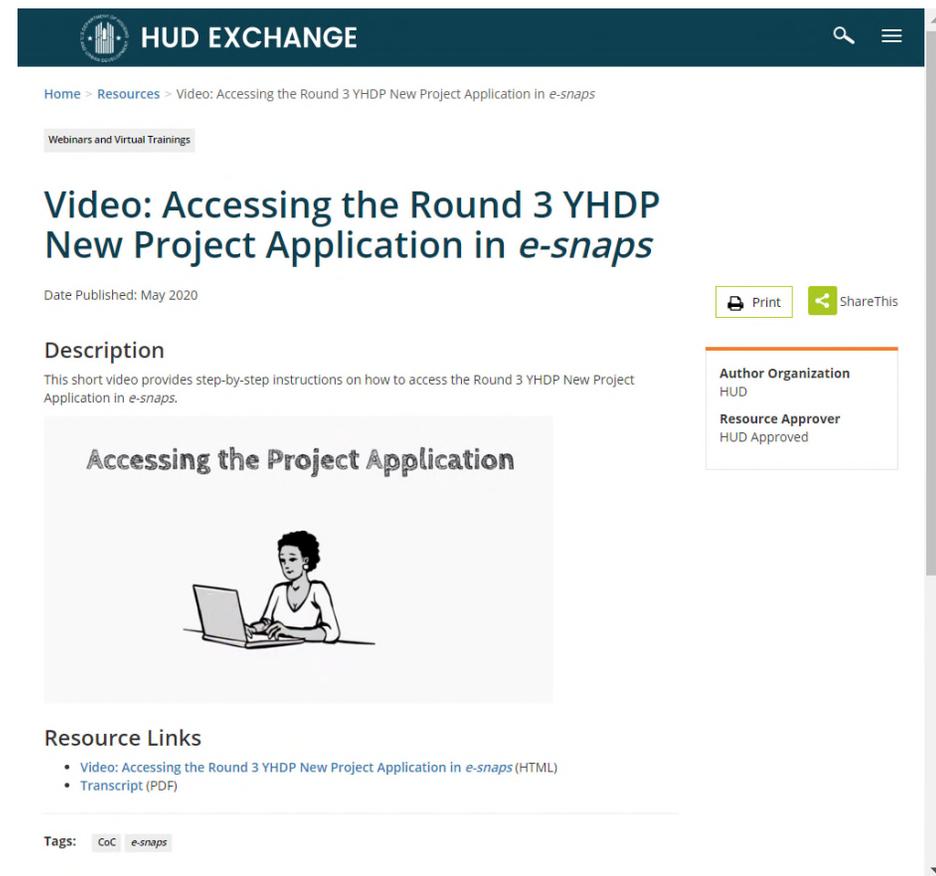


Video – Accessing the YHDP Project Application in e-snaps

- 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/>

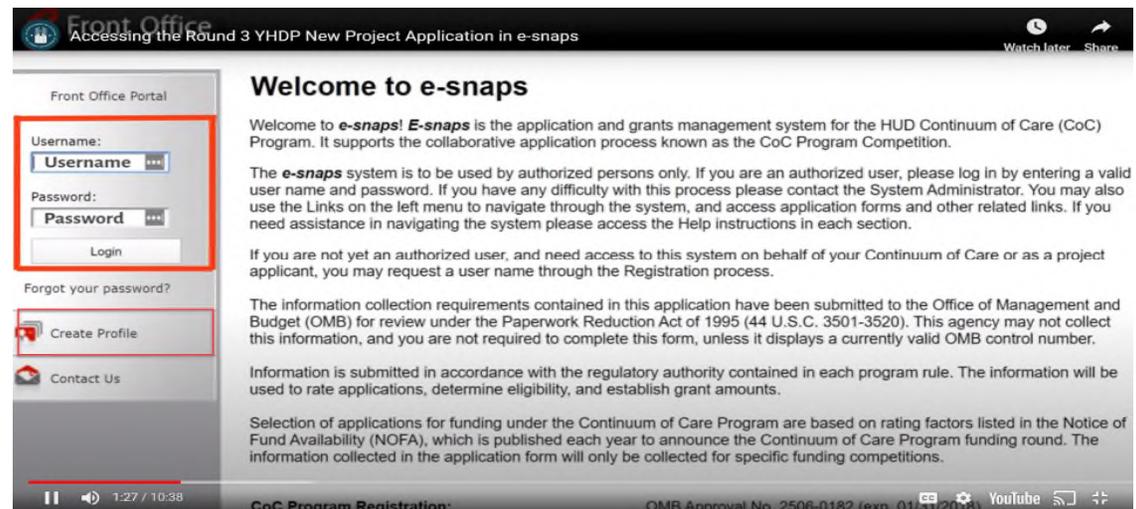
- The video is from Round 3, but the process is still the same in e-snaps. Funding Opportunity for Round 8 is “YHDP New Project Application FY 2023”



The screenshot displays the HUD Exchange website interface. At the top, the HUD EXCHANGE logo is visible. Below the header, a breadcrumb trail reads 'Home > Resources > Video: Accessing the Round 3 YHDP New Project Application in e-snaps'. A category tag 'Webinars and Virtual Trainings' is present. The main title of the video is 'Video: Accessing the Round 3 YHDP New Project Application in e-snaps', with a publication date of 'May 2020'. Action buttons for 'Print' and 'ShareThis' are located to the right. The description states: 'This short video provides step-by-step instructions on how to access the Round 3 YHDP New Project Application in e-snaps.' Below the description is a video player with the title 'Accessing the Project Application' and an illustration of a person at a laptop. To the right of the video player, a box identifies the 'Author Organization' as HUD and the 'Resource Approver' as HUD Approved. Under the 'Resource Links' section, there are two links: 'Video: Accessing the Round 3 YHDP New Project Application in e-snaps (HTML)' and 'Transcript (PDF)'. At the bottom, the 'Tags' section includes 'CoC' and 'e-snaps'.

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
- 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

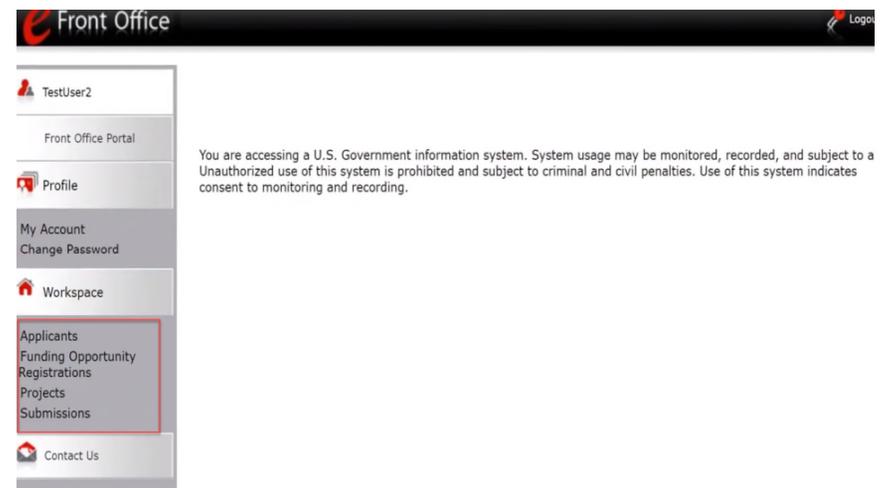
Selecting the appropriate Funding Opportunity

3

"Creating" - or establishing - the Project Application

4

Accessing and opening the Project Application on the "Submissions" screen



Front Office

TestUser2

Front Office Portal

Profile

My Account
Change Password

Workspace

Applicants
Funding Opportunity
Registrations
Projects
Submissions

Contact Us

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/FY-2023-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”

Complete	Page	Last Updated	Mandatory
✓	1. Profile Type	04/09/2019	Yes
✓	2. Organization Information	06/28/2017	Yes
--	3. Contact Information	No Input Required	No
✓	Authorized Representative	04/19/2018	Yes
✓	Alternate Contact	12/17/2018	Yes
✓	4. Additional Information	06/15/2017	Yes
--	5. Forms & Attachments	No Input Required	No
✓	HUD Form 2886	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
Edit

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 FY 2023
- (During CoC Program Competition = Renewal, New, CoC planning, UFA, YHDP Renewal, YHDP Replacement)

The screenshot displays the 'Front Office' web application interface. The top navigation bar includes the user name 'stephenadviento', 'Logout', and 'Help' links. A left-hand sidebar menu contains the following items: '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 menu set to 'City and County of San Francisco (155440829)'. Below this, the 'Funding Opportunity Details' section lists: 'Funding Opportunity Name: YHDP New Project Application FY2023', 'Start Date: 2025-02-06 00:00:00.0', and 'End Date: 2027-04-30 23:59:00.0'. The 'Funding Opportunity Registration' section displays the message: 'City and County of San Francisco (155440829) has been registered.' with a 'Back' button below it.



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

Edit	Project Name	Project Number	Funding Opportunity Name	Applicant Name	Applicant Number	Step S
	1075 Le Conte	CA1168L9T011200	New Project Application FY2012	City and County of San Francisco	155440829	In Progress
	15-yttest	136453	Renewal Project Application FY2019	City and County of San Francisco	155440829	In Progress
	187875_test	137635	Renewal Project Application FY2021	City and County of San Francisco	155440829	In Progress
	187875_test_2	137636	Renewal Project Application FY2021	City and County of San Francisco	155440829	In Progress
	2015updateSS	CA0888L9T012222	New Project Application FY2015	City and County of San Francisco	155440829	In Progress
	2017updateSS	CA0888L9T012333	New Project Application FY2017	City and County of San Francisco	155440829	In Progress
	2018hudapr	136355	Renewal Project Application FY2018	City and County of San Francisco	155440829	In Progress
	2018renhudapradjust	CA1532L9T011842	Renewal Project Application FY2018	City and County of San Francisco	155440829	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: All Projects

Funding Opportunity Name: YHDP New Project Application FY2023

Edit	Project Name	Project Number	Funding Opportunity Name	Applicant Name	Applicant Number	Step S
	2023_yhdp_new_ca501_1	138769	YHDP New Project Application FY2023	City and County of San Francisco	155440829	In Prog
	FY2023_YHDP_New_1	138774	YHDP New Project Application FY2023	City and County of San Francisco	155440829	In Prog
	FY2023_YHDP_New_15	138778	YHDP New Project Application FY2023	City and County of San Francisco	155440829	In Prog
	FY2023_YHDP_New_2	138775	YHDP New Project Application FY2023	City and County of San Francisco	155440829	In Prog
	FY2023_YHDP_PLN_4	138772	YHDP New Project Application FY2023	City and County of San Francisco	155440829	In Prog



Step 3. Create a Project Continued

Front Office Portal

Applicant: City and County of San Francisco (155440829)

Create a Project

Funding Opportunity Name: YHDP New Project Application FY2023

Applicant: City and County of San Francisco (155440829)

Applicant Project Name:

Save Save & Add Another

Save & Back Cancel

Enter the Project Name. E-snaps will assign a project number

- 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 Portal

Applicant: City and County of San Francisco (155440829)

Projects

Project Status: Open Projects

Funding Opportunity Name: YHDP New Project Application FY2023

Edit	Project Name	Project Number	Funding Opportunity Name	Applicant Name	Applicant Number	Step Status
	2023_yhdp_new_ca501_1	138769	YHDP New Project Application FY2023	City and County of San Francisco	155440829	In Progress
	FY2023_YHDP_New_1	138774	YHDP New Project Application FY2023	City and County of San Francisco	155440829	In Progress
	FY2023_YHDP_New_15	138778	YHDP New Project Application FY2023	City and County of San Francisco	155440829	In Progress
	FY2023_YHDP_New_2	138775	YHDP New Project Application FY2023	City and County of San Francisco	155440829	In Progress
	FY2023_YHDP_PLN_4	138772	YHDP New Project Application FY2023	City and County of San Francisco	155440829	In Progress
	FY2024_YHDP_New_10	138777	YHDP New Project Application FY2023	City and County of San Francisco	155440829	In Progress
	FY2024_YHDP New Version 8	138779	YHDP New Project Application FY2023	City and County of San Francisco	155440829	In Progress



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

1. Select Submissions

2. Confirm the correct applicant

3. Use the filters to find the correct project

4. Access the project application

Actions	Project Name Project Number	Funding Opportunity Name Step Name	Start Date	End Date	Associate Type	Version	Date Submitted
	FY2024_YHDP New Version 8 138779	YHDP New Project Application FY2023 YHDP New Project Application FY2023	Feb 6, 2025	Apr 30, 2027	Primary Applicant	1	

Page Generation Time: 0.274s

Grantium

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' interface for a 'YHDP New Project Application FY2023'. The left sidebar contains a navigation menu with the following items: 'YHDP New Project Application FY2023', 'Applicant Name: City and County of San Francisco', 'Applicant Number: 155440829', 'Project Name: FY2024_YHDP New Version 8', 'Project Number: 138779', 'YHDP New Project Application FY2023', '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 'Before Starting the Project Application' and contains the following text: '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 and links. At the bottom of the main content area are 'Back' and 'Next' buttons. A KBECK logo is visible in the top right corner.

eForms KBECK

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
- 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) 2023 Youth Homeless Demonstration Program (YHDP). For more information see FY 2023 YHDP NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2023 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 navigation guides, which will be shared via email from HUD SNAPS.
- Before completing the project application, all project applicants must complete and 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 2023 YHDP NOFO.

On June 20, 2024, President Biden issued a Major Disaster Declaration for areas of New Mexico affected by the New Mexico South Fork and Salt Fires. Based on the authority in section IV.B.3 of the FY2023 YHDP NOFO, HUD is extending the project application due date for applicants in these areas. Applications from organizations with primary operations in these areas must submit their YHDP new project applications in e-snaps by August 1, 2024.

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](#))
- Make sure you have an Active UEI. Cannot go to Grant Agreement without an Active UEI

eForms KBECK Logout

YHDP New Project Application FY2022

Applicant Name: Arlen Housing Services
Applicant Number: MO-500 Project Applicant
Project Name: FY2022 YHDP New Version 2
Project Number: 138434

YHDP New Project Application FY2022

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
Youth Action Board
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

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: xxxxxxxx

b. Employer/Taxpayer Identification Number (EIN/TIN): 12-1234567

c. UEI: 100009aaaaa0

d. Address

Street 1: 1234 Main St
Street 2:
City: St. Louis
County: St. Louis
State: Missouri
Country: United States
Zip / Postal Code: 80000

e. Organizational Unit (optional)

Department Name: xxxxxx
Division Name: Homeless Services

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

Prefix: Ms.
First Name: Wilma
Middle Name:
Last Name: Flagstone
Suffix: -- select --
Title: Program Manager, Homeless Services
Organizational Affiliation: xxxxxxxx
Telephone Number: (314) 555-5555
Extension:
Fax Number: (314) 555-5555
Email: jane@123.org

Back Next

Verify the data is accurate

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

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/>



YHDP New Project Application FY2022

Applicant Name: Arlen Housing Services
Applicant Number: MO-500 Project Applicant
Project Name: FY2022 YHDP New Version 2
Project Number: 138434

YHDP New Project Application FY2022

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
Youth Action Board
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
6F. Supp Svcs Budget
6G. Operating
6H. HMIS Budget

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 250-0044 (exp.02/28/2027)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: xxxxxxxx

Prefix: Mr.

First Name: Hank

Middle Name:

Last Name: Hill

Suffix: -- select --

Title: County Executive

Organizational Affiliation: Arlen Housing Services

Telephone Number: (314) 555-5555

Extension:

Email: hank@123.org

City: St. Louis

County: St. Louis

State: Missouri

Country: United States

Zip/Postal Code: 60000

2. Employer ID Number (EIN): 12-1234567

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$300,020.00

(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? (For further information, see 24 CFR Sec. 4.3). Yes

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

If you are still trying to select subrecipients during project submission, it is ok to leave this screen blank. However, selection must be made prior to Grant Agreement



2A. Subrecipient Detail

- One entry for each subrecipient

e.Forms KBECK Logout

YHDP New Project Application FY2022

Applicant Name: Arien Housing Services
Applicant Number: MO-500 Project Applicant
Project Name: FY2022 YHDP New Version 3
Project Number: 138435

YHDP New Project Application FY2022

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
Youth Action Board
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
6J. Match
6K. 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](#)

2A. Project Subrecipients Detail

a. Organization Name:

b. Organization Type: -- select --
If "Other" specify:

c. Employer or Tax Identification Number:

d. UEI:

e. Physical Address
Street 1:
Street 2:
City:
State: -- select --
Zip Code:

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

Available Items:	Selected Items:
AK-000	
AL-001	
AL-002	
AL-003	
AL-004	
AL-005	
AL-006	
AL-007	
AR-001	
AR-002	

g. Is the subrecipient a Faith-Based Organization? -- select --

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

- Organizational information

Part 3 - Project Information
3A. Project Detail
3B. Description
Youth Homeless Demonstration Projects
Youth Action Board
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
6J. Match
6K. 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](#)

g. Is the subrecipient a Faith-Based Organization? -- select --

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

i. Expected Sub-Award Amount:

j. Contact Person
Prefix: -- select --
First Name:
Middle Name:
Last Name:
Suffix: -- select --
Title:
E-mail Address:
Confirm E-mail Address:
Phone Number:
Extension:
Fax Number:

Note: All projects must have Subrecipient non-profit documentation attached to their application prior to submission.

2B. Applicant and Subrecipient Experience

- Applies to you, the applicant
 - Narrative descriptions of experience
- If subrecipients, then include subrecipient experience

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

* 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? -- select --

* 5. Does the applicant and subrecipient have access to the Line of Credit Control System (LOCCS)? -- select --

3A. Project Detail

YHDP New Project Application FY2022

Applicant Name: Arlen Housing Services
 Applicant Number: MO-500 Project Applicant
 Project Name: FY2022 YHDP New Version 2
 Project Number: 138434

YHDP New Project Application FY2022

FY2019 New Detailed Instructions

Before Starting

3A. Project Detail

* 1a. CoC Number and Name:

** 2. CoC Collaborative Applicant Name:

3. Project Name:

** 4. Project Status:

** 5. Component Type:

** 6. Does this project include Replacement Reserves?

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



3A. Project Detail –SSO subtypes

3A. Project Detail

* 1a. CoC Number and Name: AL-501 - Mobile City & County/Baldwin County CoC

* 2. CoC Collaborative Applicant Name: Housing First, Inc.

3. Project Name: FY2023 HDP New Version 3

* 4. Project Status: Standard

* 5. Component Type: SSO

* 5a. Select the type of SSO Project: -- select --

* 6. Does this project include Replacement Reserves?

Save & Back Save

Back

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

- select --
- Street Outreach
- Housing Project or Housing Structure Specific
- Coordinated Entry
- Standalone Supportive Services
- Host Homes/Kinship Care



3B. Project Description

- Information required on: project description, milestones, target population, coordinated entry participation, and housing
- Project Description broken out into 4 narrative fields
- Read the HUD Detailed Instructions!!
- HOW you answer is different depending on the project type

<https://www.hud.gov/sites/dfiles/CPD/documents/Round-7-YHDP-New-Detailed-Instructions.pdf>

e.Forms
KBECK Logout

YHDP New Project Application FY2022

Applicant Name: Arlen Housing Services
 Applicant Number: MO-500 Project Applicant
 Project Name: FY2022 YHDP New Version 2
 Project Number: 138434

YHDP New Project Application FY2022

FY2019 New Detailed Instructions

Before Starting
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Part 2 - Recipient and Subrecipient Information
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Part 4 - Housing, Services, and HMIS
 4A. Services
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 4B. Housing Type

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

Part 6 - Budget Information
 6A. Funding Request
 6F. Supp Svcs Budget
 6G. Operating
 6H. HMIS Budget

3B. Project Description

*** 1. Provide a description of the project. This MUST include the following: Entire scope, who the project will serve, activities offered and staffing (staff/client ratio).**

sf

*** 1a. Specify how this project will incorporate the principles of Positive Youth Development?**

sf

*** 1b. Specify how this project will incorporate the principles of Trauma Informed Care?**

sf

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

sf

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			
	A	B	C	D
Begin hiring staff or expending funds	<input type="text" value="25"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Begin program participant enrollment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Leased or rental assistance units or structure, and supportive services near 100% capacity	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Closing on purchase of land, structure(s), or execution of structure lease	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Start rehabilitation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Complete rehabilitation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3B. Project Description:

Question 1 – 1c: Project Description

- Regular requirement
 - Entire scope of the proposed project, who the project will serve, plan for identifying housing/service needs, coordination with other organizations. Staff/client ratios
- 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 9a-9g: SSO Projects

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.

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



Youth Homelessness Demonstration Project

e.Forms KBECK Logout

YHDP New Project Application FY2022

Applicant Name: Arlen Housing Services
 Applicant Number: MD-300 Project Applicant
 Project Name: FY2022 YHDP New Version 2
 Project Number: 138434

YHDP New Project Application FY2022

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
 Youth Action Board
 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
 6F. Supp Svcs Budget

Youth Homeless Demonstration Projects

*** 1. What services are provided to engage the family and youth? (You may select more than one)**

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

*** 2. Is this a Host Homes Project OR will this project dedicate funding under the Supportive Services budget to host homes?** Yes No

*** 2a. What experience does this applicant have in administering a host homes project?**
 sdf

*** 2b. How will this project recruit hosts?**
 sdf

*** 2c. How will this project match youth with hosts?**
 dsf

*** 2d. What services will be provided to ensure the host home is successful?**
 sdf

*** 2e. At project capacity, how many youths will be in host homes?**
 sdf

This screen has been updated with new questions related to Host Homes (#2)

*** 3. Does this project plan to use Rental Assistance?** Yes No

*** 3a. Will this project use Rental Deposits?** -- select --

*** 3b. Will this project cover first months rent?** -- select --

*** 3c. Short Term Rental Assistance:** -- select --

*** 3d. Medium Term Rental Assistance:** -- select --

*** 4. Will your project offer any specialized services for youth living with HIV/AIDS?** Yes No

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

3500 characters remaining.

Save & Back Save Save & Next

Back Next

Youth Action Board – New Questions

- New screen added to the application
- 2 required questions related to the YAB

Youth Action Board

* 1. Is there a project level Youth Action Board (YAB)?

* 1a. If Yes, how many active members are currently involved in the YAB?

3500 characters remaining.

* 1b. What is the compensation policy for YAB Members?

3500 characters remaining.

* 1c. How will the applicant ensure that the YAB will be involved in the implementation and evaluation of this project?

3500 characters remaining.

* 1d. How will the applicant plan recruitment and sustainability policies for the YAB?

3500 characters remaining.

* 2. Describe your continuous quality improvement plan and how the YAB is involved.

3500 characters remaining.

Special YHDP Activities

YHDP New Project
Application FY2022

Applicant Name:
Arlen Housing Services

Applicant Number:
MO-500 Project Applicant

Project Name:
FY2022 YHDP New
Version 3

Project Number:
138435

YHDP New Project

Special YHDP Activities

* 1. Is the YHDP New Project Applicant requesting a special YHDP activity, Exemption or Innovative Activity?

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

Default is "select" when you arrive to this screen

YHDP New Project
Application FY2022

Applicant Name:
Arlen Housing Services

Applicant Number:
MO-500 Project Applicant

Special YHDP Activities

* 1. Is the YHDP New Project Applicant requesting a special YHDP activity, Exemption or Innovative Activity?

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



Special YHDP Activities – Questions 2 & 3

Special YHDP Activities

* 1. Is the YHDP New Project Applicant requesting a special YHDP activity, Exemption or Innovative Activity?

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

Reminder, certain activities require a Supportive Services budget connection. Review the Detailed Instructions to learn more.

- 1.C.1.a(1) Leases under 12 months (minimum 1 month) - (ELIGIBLE ONLY FOR PH, TH & JOINT)
- 1.C.1.a(2) Use of leasing, Sponsored Based Rental Assistance (SRA) and Project Based Rental Assistance (PRA) in Rapid Rehousing (RRH) - (ELIGIBLE ONLY FOR PH & JOINT)
- 1.C.1.a(3) Use 10% of total YHDP funding for Planning grants - (ELIGIBLE ONLY FOR PLANNING)
- 1.C.1.a(4) YHDP planning grants and administrative funds may be used for capacity building activities for Youth Action Board members or recipient staff who are also youth with lived experience
- 1.C.1.a(5) Project admin funds used to employ youth with lived experience for project implementation, execution, and improvement - (ELIGIBLE ONLY FOR PROJECTS WITH AN ADMIN COST BLI)
- 1.C.1.a(6) Project admin funds used to attend non-HUD sponsored or approved conferences (must be relevant to youth homelessness) - (ELIGIBLE ONLY FOR PROJECTS WITH AN ADMIN COST BLI)
- 1.C.1.a(7) Employ youth receiving recipient services (document nature of work and no conflicts of interest) - (ELIGIBLE ONLY FOR PH, TH, JOINT & SSO)
- 1.C.1.a(8) Use habitability standards in 24 CFR 576.503(c) 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) - (ELIGIBLE ONLY FOR PH, TH & JOINT)
- 1.C.1.a(9) Provide moving expense more than one time to a program participant - (ELIGIBLE ONLY FOR PH, TH, JOINT & SSO)

Select Activities by clicking checkboxes.

* 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) - Eligible only to projects with a Supportive Services BLI

- I.C.1.a(12)(a) Security deposits (not to exceed 2 months of rent) - Covered under the Rental Assistance BLI if included in project, not under Supportive Services
- I.C.1.a(12)(b) Pay for damage to units (not to exceed 2 months rent) - Covered under the Rental Assistance BLI if included in project, not under Supportive Services
- I.C.1.a(12)(c) Costs to provide household cleaning supplies
- I.C.1.a(12)(d) Housing start-up expenses (not to exceed \$300 per participant)
- I.C.1.a(12)(e) Purchase cell phone and service (cost must be reasonable and housing related)
- I.C.1.a(12)(f) Cost of Internet (costs must be reasonable)
- None
- I.C.1.a(12)(g) Payment of rental arrears (up to 6 months)
- I.C.1.a(12)(h) Payment of utility arrears (up to 6 months)
- I.C.1.a(12)(i) Payment of utilities (Up to 3 months)
- I.C.1.a(12)(j) Pay gas a mileage for participant personal vehicle for trips for eligible services
- I.C.1.a(12)(k) Payment of Legal fees
- I.C.1.a(12)(l) Payment of insurance, registration and past driving fines

Eligibility Requirements highlighted in Blue

Select checkboxes by clicking on them.

Special YHDP Activities – Question #4

Appropriate box(s) for the Special YHDP Activity - Exemptions the applicant is requesting, if a special activity is requested. Applicant must provide a narrative response addressing the criteria in the special activity. (Select all that apply)

- I.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. - (ELIGIBLE ONLY FOR PH-RRH and JOINT)
- I.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. - (ELIGIBLE ONLY FOR PROJECTS WITH SUPPORTIVE SERVICES BLI)
- Continue providing supportive services to program participants for up to 24 months after program participant exits homelessness, if the services are in connection with such as the Foster Youth to Independence initiative, or if the recipient continues to provide extended supportive services ensures continuity of case workers for program participants. - (ELIGIBLE ONLY FOR PROJECTS WITH SUPPORTIVE SERVICES BLI)
- For 36 months is only for projects that are pairing supportive services with rental assistance programs
- Not be required to meet the 25% match requirement provided for in 24 CFR 578.73 if the recipient is able to identify multiple non-profit organizations in the community that assist youth experiencing homelessness and can demonstrate 1) how the resources will assist youth who are clients under the program and 2) how the recipient will facilitate connections to these resources to ensure they are aware of them and able to access the resources. - (ELIGIBLE FOR ALL PROJECTS)
- Note: specify why resources cannot be used as match for this project
- I.C. 1.b(4) Recipients will not be required to meet the 25% match requirement provided for in III.C of the YHDP NOFO and 24 CFR 578.73 if the recipient does not have other currently active CoC or YHDP grants. If permitted by future Appropriations Acts, HUD will continue the match exemption for the YHDP grant funded under this NOFO under the first and second renewal or replacement of the project under the Continuum of Care competition
- I.C. 1.b(5) 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. - (ELIGIBLE ONLY FOR PROJECTS WITH RENTAL ASSISTANCE, LEASING OR OPERATING BLI)
- I.C. 1.b(6) 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. - (ELIGIBLE ONLY FOR HOST HOMES & KINSHIP CARE)
- I.C. 1.b(7) YHDP recipients may pay for short-term (up to three months) emergency lodging in motels or shelters as the transitional housing component in a Joint transitional housing-rapid rehousing (TH-RRH) project, provided that the recipient can demonstrate that use of the hotel or motel room is accessible to supportive services
- No Exemptions Requested.

Important YHDP requirements highlighted in Red

Select checkboxes by clicking on them.

Checkboxes selected for Q4 will have an additional textbox to fill out

Enter required additional information about your YHDP Special Activity Request. Requirements for YHDP Special Activities can be found in the NOFO citation included on this screen. Please answer ALL requirements prior to submission.

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

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

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

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

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

Special YHDP Activities – New

1.C.1.a(12) Projects using grant leasing funds may pay above Fair Market Rent (FMR) for individual units as long as the amount paid is consistent with the reasonable rent standards at 24 CFR 578.51(g)



New Special Activities under Round 8

1.C.1.a(14) Recipients may use YHDP funds to pay for owner incentive and retention payments for RRH, TH, TH-RRH, and PSH projects before occupancy of the unit, or at any point thereafter, provided that the overall amount paid with program funds per unit does not exceed three times the monthly rent charged for the unit and the incentive and/or retention payment results in the unit being occupied by a program participant. Recipients that utilize this special YHDP activity must maintain documentation that the incentive and/or retention payment resulted in the unit being occupied by a program participant and that incentive and/or retention payment did not create a conflict of interest.

These payments may include signing bonuses (a payment offered to an owner as an incentive for leasing a unit to be occupied by a program participant), repairs to bring a unit that failed inspection into compliance with program requirements, or holding fees to reserve a unit for an individual or family experiencing homelessness



Special YHDP Activities – Innovative 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 or connect with your assigned TA contact.

Textboxes will appear if additional information is required

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

5. Innovative Activities I.C.1.b(8)

* a. Is the applicant requesting an Innovative Activity that is not currently allowed under 24 CFR 578 or the above YHDP Special Activities?

* 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.

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.

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

- HMIS and SSO-CE: continue to the next screen
- All others: complete the questions

4A. Supportive Services for Participants

* 1. Describe how program participants will be assisted to obtain and 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.

* 3. How will this project leverage non-HUD funded supportive services?



4A. Supportive Services for Participants

- Select the Supportive Services being provided in the project
- Does not need to match SS budget
- Provider selection: Applicant, Subrecipient, Partner, Non-Partner
- Frequency: Daily, Weekly, Bi-weekly, Monthly, Bi-Monthly, Quarterly, Semi-annually, Annually, As needed
- 16 different supportive services available to select

24 CFR 578.53 Supportive Services

4. For all supportive services available to program 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	Applicant	Daily
Assistance with Moving Costs	-- select --	Daily
Case Management	Applicant	-- select --
Child Care	Subrecipient	-- select --
Education Services	Partner	-- select --
Employment Assistance and Job Training	Non-Partner	-- select --
	-- select --	-- select --

4. For all supportive services available to program 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	Applicant	Daily
Assistance with Moving Costs	Applicant	Weekly
Case Management	-- select --	Bi-weekly
Child Care	-- select --	Monthly
Education Services	-- select --	Bi-monthly
Employment Assistance and Job Training	-- select --	Quarterly
Food	-- select --	Semi-annually
Housing Search and Counseling Services	-- select --	Annually
	-- select --	As needed
	-- select --	-- select --

4A. Supportive Services for Participants

- As a reminder, HMIS and SSO-CE will skip these questions
- All other component types must answer these questions

6C. Leased Units
6D. Leased Structures
6E. Rental Assistance
6F. Supp Svcs Budget
6G. Operating
6H. HMIS Budget
6J. Match
6K. 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. 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. 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

SSO-Non CE Outcomes Question

- New question for SSO – Non CE projects only
- Must select at least one checkbox

* 10. What outcomes will your project track to determine success?

- Positive housing exit destination
- Positive School Status
- Increased income/ employment
- Community Connections
- Increased Well-being
- Other

Save & Back

Save

Save & Next

Back

Next



4A. HMIS Standards

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

e.Forms KBECK Logout

4A. HMIS Standards

YHDP New Project Application FY2022

Applicant Name: Arlen Housing Services
Applicant Number: MO-500 Project Applicant
Project Name: FY2022 YHDP New Version 2
Project Number: 138434

YHDP New Project Application FY2022

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

1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the FY 2022 HMIS Data Standard Manual? -- select --

2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Report (APR)/CoC reporting, Consolidated Annual Performance and Evaluation Report (CAPER)/ESG reporting, Longitudinal System Analysis (LSA)/Annual Homeless Assessment Report, System Performance Measures (SPM), and Data Quality Table, etc.). -- select --

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

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

5. Describe your organizations process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures.

6. Who is responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?

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

8. What is the CoC's policy and procedures for managing a breach of Personally Identifiable Information (PII) in HMIS?

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

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: 10
Total Beds: 20
Total Dedicated CH Beds: 10

1. Select "Add"

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

Delete	View	Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
		Scattered-site apartments (...)	---	10	20	10

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"

4. Site Control Warnings

6. 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.

* 1. Housing Type: Scattered-site apartments (including efficiencies)

* a. Units: 10
* b. Beds: 20

* 4. Beds for Youth: 20

* 5. If applicable, how will this project leverage non-HUD funded housing units/beds?
dsf

* 7. 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:
000089 San Benito County
003850 Upland
000766 Clovis City
006097 Sonoma County
002822 Oxnard
003858 Vacaville
002274 Milpitas City
001145 Elk Grove
002340 Monterey Park
001740 Inglewood

Selected Items:
006025 Imperial County

Note on Site Control (CFR 578.25): PH-PSH: Yes, Only for Project-Based & Sponsor-Based Structures

Save Save & Add Another
Save & Back to List Back to List

4B. Housing Type and Location Detail

The screenshot shows the top navigation bar with the 'eForms' logo, user name 'KBECK', and a 'Logout' button. Below the navigation bar is a sidebar with project information: 'YHDP New Project Application FY2022', 'Applicant Name: Arlen Housing Services', 'Applicant Number: MO-500 Project Applicant', 'Project Name: FY2022 YHDP New Version 3', and 'Project Number: 138435'. The main form area is titled '4B. Housing Type and Location Detail' and contains a dropdown menu for '1. Housing Type' with 'None' selected. Below the dropdown are four buttons: 'Save', 'Save & Add Another', 'Save & Back to List', and 'Back to List'.

This screenshot shows a more detailed view of the '4B. Housing Type and Location Detail' form. It includes the following sections:

- 1. Housing Type:** A dropdown menu with 'Scattered-site apartments (including efficiencies)' selected.
- 2. Indicate the maximum number of units and beds available for project participants at the selected housing site.** This section contains four input fields: 'a. Units:' (10), 'b. Beds:' (20), '3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?' (10), and '4. Beds for Youth:' (20). A note below states: 'This includes both the "dedicated" and "prioritized" beds.'
- 5. If applicable, how will this project leverage non-HUD funded housing units/beds?** A text area with the value 'dist'.
- 6. Address:** A section with a detailed instruction: '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.' Below this are input fields for 'Street 1:' (dsdc), 'Street 2:', 'City:' (sdc), 'State:' (Alaska), and 'ZIP Code:' (55555).
- 7. 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 features two list boxes: 'Available Items:' containing a list of counties (060089 San Benito County, 063882 Upland, 060766 Clovis City, 060097 Sonoma County, 062822 Oxnard, 063858 Vacaville, 062274 Milpitas City, 061148 Elk Grove, 062340 Monterey Park, 061740 Inglewood) and 'Selected Items:' containing '060026 Imperial County'. Arrows and a plus sign are used to move items between the lists.

At the bottom, there are four buttons: 'Save', 'Save & Add Another', 'Save & Back to List', and 'Back to List'. A red note at the bottom reads: 'Note on Site Control (CFR 578.25): PH-PSH: Yes, Only for Project-Based & Sponsor-Based Structures'.

• Question 1

- HMIS and SSO-CE = "none"
- All housing projects: complete the questions
- SSO non-CE = "none" or complete the questions

4B. Housing Type and Location - JOINT

4B. Housing Type and Location Detail

* 1. Is this housing type and location for the TH portion or the RRH portion of the project?

* 2. Housing Type:

* 3. What is the funding source for these units and beds?
(If multiple sources, select "Mixed" from the dropdown menu)

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

* a. Units:

* b. Beds:

* 5. Beds for Youth:

4B. Housing Type and Location Detail

* 1. Is this housing type and location for the TH portion or the RRH portion of the project?

* 2. Housing Type:

* 3. What is the funding source for these units and beds?
(If multiple sources, select "Mixed" from the dropdown menu)
Please enter "Other" or "Mixed Funding" source:

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

* a. Units:

* b. Beds:

* 5. Beds for Youth:

The Housing Type and the Units/Beds is pulled from this screen to the 4B Housing Home screen.

Note on Site Control (CFR 578.25): JOINT: Yes, Only for TH portion of Project-Based & Sponsor-Based Structures



4B. Housing Type and Location

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

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

	TH	RRH	Total
Total Units:	10	20	30
Total Beds:	20	40	60

Delete	View	Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
		---	Clustered apartments	10	20	
		---	Clustered apartments	20	40	

Buttons: Save & Back, Save, Save & Next, 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.

Total Units:	10
Total Beds:	20
Total Dedicated CH Beds:	10

Delete	View	Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
		Scattered-site apartments (...)	---	10	20	10

Buttons: Back, Next



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 KBECK 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"/>

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 8 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 at Least One Adult and One Child	Adult Households without Children	Households with Only Children
Number of Households	10		
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only 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 6 Budgets

- 6A. Funding Request
- Grant agreement no later than September 30, 2025.
- 2-year term
- Funding requests
- Extended Grant Term (25-30 months)
- *CoC Program interim rule: 24 CFR part 578*

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

6A. Funding Request

* 1. Will it be feasible for the project to be under grant agreement by September 30, 2026?

* 2. What type of CoC funding is this project applying for under the Youth Homeless Demonstration Program?

* 3. Select a grant term:

4. Select the costs for which funding is requested:

Acquisition/Rehabilitation/New Construction

Leased Units

Leased Structures

Rental Assistance

Supportive Services

Operating

HMIS

VAWA

* 5. If conditionally awarded, is this project requesting an initial grant term greater than 24 months? (25 to 30 months)

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

6A. Indirect Costs Cert Form

6L. Indirect Cost Information

Indirect Cost Information Form
OWB Number: 2001-0044
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding:
* Applicant Name:

Indirect Cost Rate Information for the Applicant/Recipient:
Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

- The Applicant/Recipient will not charge indirect costs using an indirect cost rate.
- The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.
- The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.

Mark the one (and only one) checkbox that best reflects how the indirect costs of the Applicant/Recipient will be calculated and charged under the award. Do not include indirect cost information for subrecipients.

The table following the third checkbox must be completed only if that checkbox is checked. When listing a rate in the table, enter the percentage amount (for example, "15%"), the type of direct cost base to be used (for example, "MTDC"), and the type of rate ("predetermined," "final," "fixed," or "provisional").

If using the Simplified Allocation Method for indirect costs, enter the applicable indirect cost rate and type of direct cost base in the first row of the table.

If using the Multiple Allocation Base Method, enter each major function of the organization for which a rate was developed and will be used under the award, the indirect cost rate applicable to that major function, and the type of direct cost base to which the rate will be applied.

If the Applicant/Recipient is a government and more than one agency or department will carry out activities under the award, enter each agency or department that will carry out activities under the award, the indirect cost rate(s) for that agency or department, and the type of direct cost base to which each rate will be applied.

To learn more about the indirect cost requirements, see 2 CFR part 200, subpart E, and the applicable appendix that is listed under 2 CFR 200.414(e).

Agency/Department/Major Function	Indirect Cost Rate	Type of Direct Cost Base	Type of Rate
<input type="text" value="agency department"/>	<input type="text" value="22%"/>	<input type="text" value="MTDC"/>	<input type="text" value="Predetermined"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="-- select --"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="-- select --"/>

* Submission Type:
* Effective Date:

* Certification of Authorized Representative for the Applicant/Recipient:

** Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:

(1) all information provided on this form is true, complete, and accurate, and

(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and

(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this form.

**Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C. §§ 207, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.60(b)(iii)).

Authorized Representative:

Prefix:

First Name:

Middle Name:

Last Name:

Suffix:

Title:

Telephone Number:
(Format: 123-456-7890)

Fax Number:
(Format: 123-456-7890)

Email:

Signature of Authorized Representative:

Date Signed:

- Inform HUD of intent to use a federally-negotiated indirect cost rate
- Alternative: 15% de minimis
- No budget line item
- 15% de minimis costs are NOT the same as the 10% Project Administrative costs
- Alternative: neither ICR or 15% 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 – 10% of subtotal max
- 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*

7. Sub-total Costs Requested

\$375,280

8. Admin
(Up to 10%)

\$30,000

9. Total Assistance
Plus Admin Requested

\$405,280

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

1. Select "Add"

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: \$6,000
 Grant Term: 2 Years
 Total Request for Grant Term: \$12,000
 Total Structures: 1

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

Each "Detail" entry will appear in this list.

2. Complete "Detail" screen

Leased Structures Budget Detail

Structure Name: dgdf
 Street Address 1: fdgf
 Street Address 2:
 City: dfg
 State: Arizona
 Zip Code: 12344

HUD Paid Rent (per Month): \$800
 12 Months: 12
 Total Annual Assistance Requested: \$10,768
 Grant Term: 2 Years
 Total Request for Grant Term: \$21,578

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

Save Save & Add Another
 Save & Back to List Back to List

3. "Save and Back to List"

Entries on each Detail screen auto-calculated on main screen

- 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	Recipient ----- Recipient and participant = sublease or occupancy agreement	Participant ----- Recipient and landlord = subsidy agreement / housing assistance payment contract
Rent responsibility	Recipient	Participant, per lease Recipient, per landlord agreement
Tenant contribution	Optional If charged, calculate per interim rule	PSH: Required, calculate per interim rule RRH: Variable, calculate per CoC written policies

- *Recipients cannot use leasing funds for any building that they own*
- *578.49 Leasing*
- *578.51 Rental Assistance*

See the HUD Exchange for examples of lease agreements



6C. Leased Units budget

- Select FY 2024 Fair Market Rent (FMR) area
- Units, by size
- Option: HUD Paid Rent (actual rent)
- Auto-calculation
- *578.49 Leasing*

Warning on how leasing funds can be used

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"/>
0 Bedroom	<input type="text"/>	x	<input type="text"/>	<input type="text"/>	x	<input type="text" value="12"/>	=	<input type="text"/>
1 Bedroom	<input type="text"/>	x	<input type="text"/>	<input type="text"/>	x	<input type="text" value="12"/>	=	<input type="text"/>
2 Bedroom	<input type="text"/>	x	<input type="text"/>	<input type="text"/>	x	<input type="text" value="12"/>	=	<input type="text"/>
3 Bedroom	<input type="text"/>	x	<input type="text"/>	<input type="text"/>	x	<input type="text" value="12"/>	=	<input type="text"/>
4 Bedroom	<input type="text"/>	x	<input type="text"/>	<input type="text"/>	x	<input type="text" value="12"/>	=	<input type="text"/>
5 Bedroom	<input type="text"/>	x	<input type="text"/>	<input type="text"/>	x	<input type="text" value="12"/>	=	<input type="text"/>
6 Bedroom	<input type="text"/>	x	<input type="text"/>	<input type="text"/>	x	<input type="text" value="12"/>	=	<input type="text"/>
7 Bedroom	<input type="text"/>	x	<input type="text"/>	<input type="text"/>	x	<input type="text" value="12"/>	=	<input type="text"/>
8 Bedroom	<input type="text"/>	x	<input type="text"/>	<input type="text"/>	x	<input type="text" value="12"/>	=	<input type="text"/>
9 Bedroom	<input type="text"/>	x	<input type="text"/>	<input type="text"/>	x	<input type="text" value="12"/>	=	<input type="text"/>
Total units and annual assistance requested:			<input type="text"/>	<input type="text"/>				<input type="text"/>
Grant term:								<input type="text" value="2 Years"/>
Total request for grant term:								<input type="text" value="\$0"/>

Note: Leasing funds may not be used to lease units or structures owned by the recipient, subrecipient, their partner organization(s), any other related organization(s), or organizations that are members of a partnership, where the partnership owns the structure, unless HUD authorized an exception for good cause. Refer to CFR 578.49 (a) (1)

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):	<input type="text" value="\$899"/>
12 Months:	<input type="text" value="12"/>
Total Annual Assistance Requested:	<input type="text" value="\$10,788"/>
Grant Term:	<input type="text" value="2 Years"/>
Total Request for Grant Term:	<input type="text" value="\$21,576"/>

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

- *578.49 Leasing*



6E. Rental Assistance budget

- Rental assistance type
- Select FY 2024 FMR area
- Units, by size
- Auto-calculation
- Units versus households
 - Short- and medium-term RA, one unit in 12 months may house 2-4 households
- *Can add Security Deposits as a separate line*
- *578.51 Rental Assistance*

instructions: [show instructions](#)

Type of Rental Assistance: -- select --

The RRH component of a Joint TH-RRH project can only use TRA. The TH component of a Joint TH-RRH project part of the component can only use PRA and SRA or the Leased Units budget.

Metropolitan or non-metropolitan fair market rent area: AK - Bristol Bay Borough, AK (0206099999)

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	12 Months	Total Request (Applicant)
SRO	<input type="text"/>	\$577	12	\$0
0 Bedroom	<input type="text"/>	\$769	12	\$0
1 Bedroom	<input type="text"/>	\$833	12	\$0
2 Bedrooms	<input type="text" value="10"/>	\$1,097	12	\$131,640
3 Bedrooms	<input type="text"/>	\$1,559	12	\$0
4 Bedrooms	<input type="text"/>	\$1,665	12	\$0
5 Bedrooms	<input type="text"/>	\$1,915	12	\$0
6 Bedrooms	<input type="text"/>		12	\$0
7 Bedrooms	<input type="text"/>		12	\$0
8 Bedrooms	<input type="text"/>		12	\$0
9 Bedrooms	<input type="text"/>		12	\$0
Total Units and Annual Assistance Requested	10			\$131,640
Security Deposits				\$50,000
Total Units and Annual Assistance Requested + Security Deposits				\$181,640
Grant Term			2 Years	
Total Request for Grant Term				\$363,280

New Security Deposit line on the RA Budget Detail Screen

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

6G. Operating

Instructions: [Show Instructions](#)
* 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	<input type="text"/>	<input type="text"/>
2. Property Taxes and Insurance	<input type="text"/>	<input type="text"/>
3. Replacement Reserve	<input type="text"/>	<input type="text"/>
4. Building Security	<input type="text"/>	<input type="text"/>
5. Electricity, Gas, and Water	<input type="text"/>	<input type="text"/>
6. Furniture	<input type="text"/>	<input type="text"/>
7. Equipment (lease, buy)	<input type="text"/>	<input type="text"/>
Total Annual Assistance Requested		\$0
Grant Term		2 Years
Total Request for Grant Term		\$0

Click the 'Save' button to automatically calculate totals.
Total Request for Grant Term must be greater than \$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
- Budget is split between Staff costs and Activity Costs
- *578.53 Supportive Services*
- *Special YHDP Activity services (Question 2 and 3) should be budgeted here. Refer to Detailed Instructions*

6F. Supportive Services Budget

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

STAFF ONLY Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1a. Assessment of Service Needs (STAFF COSTS ONLY)	sdds	\$10
2a. Assistance with Moving Costs (STAFF COSTS ONLY)		
3a. Case Management (STAFF COSTS ONLY)		
4a. Child Care (STAFF COSTS ONLY)		
5a. Education Services (STAFF COSTS ONLY)		

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

ACTIVITY ONLY Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1b. Assessment of Service Needs (ACTIVITY COSTS ONLY)	sfs	\$50,000
2b. Assistance with Moving Costs (ACTIVITY COSTS ONLY)		
3b. Case Management (ACTIVITY COSTS ONLY)		
4b. Child Care (ACTIVITY COSTS ONLY)		
5b. Education Services (ACTIVITY COSTS ONLY)		

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: [Show Instructions](#)
⚠ 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	<input type="text" value="tgd"/>	<input type="text" value="\$78,888"/>
2. Property Taxes and Insurance	<input type="text"/>	<input type="text"/>
3. Replacement Reserve	<input type="text"/>	<input type="text"/>
4. Building Security	<input type="text"/>	<input type="text"/>
5. Electricity, Gas, and Water	<input type="text"/>	<input type="text"/>
6. Furniture	<input type="text"/>	<input type="text"/>
7. Equipment (lease, buy)	<input type="text"/>	<input type="text"/>
Total Annual Assistance Requested		<input type="text" value="\$78,888"/>
Grant Term		<input type="text" value="2 Years"/>
Total Request for Grant Term		<input type="text" value="\$157,776"/>

Click the 'Save' button to automatically calculate totals.

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: [Show Instructions](#)
* A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max: 400 characters)	Annual Assistance Requested
1. Equipment	<input type="text" value="fgdg"/>	<input type="text" value="\$78,888"/>
2. Software	<input type="text"/>	<input type="text"/>
3. Services	<input type="text"/>	<input type="text"/>
4. Personnel	<input type="text"/>	<input type="text"/>
5. Space & Operations	<input type="text"/>	<input type="text"/>

Total Annual Assistance Requested:

Grant Term:

Total Request for Grant Term:

Click the 'Save' button to automatically calculate totals.

6I. VAWA Budget

- VAWA required BLI for all projects
- Transfer costs
- Confidentiality costs

6I. VAWA Budget

VAWA Budget
 The Violence Against Women Act (VAWA) 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 Budget Line Item (BLI) in e-naps and eLOCES. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-naps and eLOCES. 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:

A. 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 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.

B. 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 methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.

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.

Eligible Costs	Annual Assistance Requested
Estimated budget amount for VAWA Emergency Transfer Facilitation:	<input type="text"/>
Estimated budget amount for VAWA Confidentiality Requirements:	<input type="text"/>
CoC VAWA BLI Total:	\$0
Grant Term	2 Years
Total Request for Grant Term	\$0

Click the 'Save' button to automatically calculate totals.

6J. 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 do not have to upload match; however, if the exemption is not approved, match documentation will be required prior to Grant Agreement.
- *578.73 Match*

e.Forms KBECK Logout

YHDP New Project Application FY2022

Applicant Name: Arlen Housing Services
 Applicant Number: MO-900 Project Applicant
 Project Name: FY2022 YHDP New Version 2
 Project Number: 138434

YHDP New Project Application FY2022

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

6J. 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?

The minimum required Total Match amount for the Grant Term is \$75,005. Though the project does not meet the required 25% match, the project may still be submitted.

If you are applying for the Match Exemption allowed under the YHDP Program, please demonstrate how the applicant has taken reasonable steps to maximize resources available for youth experiencing homelessness on the Special YHDP Activities screen.

If you are NOT applying for the match exemption, you MUST meet the required 25% match commitment prior to grant agreement.

[Show Filters](#) [Clear Filters](#)

Delete	View	Type	Source	Contributor	Amount of Commitments
No records found.					

Back Next

Sources of Match Detail

* 1. Type of Match Commitment:

* 2. Source:

* 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

6K. Summary Budget

- Budgets auto-calculate
 - 2-year grant
- Exception: Admin entered manually (10% limit)
- Match auto-calculates
- Errors? – Navigate back to the Budget forms

6K. 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			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
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. VAWA	\$0	2 Years	\$0
8. Sub-total Costs Requested			\$0
9. Admin (Up to 10%)			<input type="text"/>
10. Total Assistance Plus Admin Requested			\$0
11. Cash Match			<input type="text"/>
12. In-Kind Match			<input type="text"/>
13. Total Match			\$0
14. Total Budget			\$0

6K. Summary Budget Continued

- New this year, BLI breakdowns by percentage of Total Assistance + Admin
- Match is not included in this breakout
- Help determine how much is being spent on different BLIs

Breakout of BLI Costs

1a. Acquisition	0%
1b. Rehabilitation	0%
1c. New Construction	0%
2a. Leased Units	0%
2b. Leased Structures	0%
3. Rental Assistance	0%
4. Supportive Services	0%
5. Operating	0%
6. HMIS	0%
7. VAWA	0%
8. Admin (Up to 10%)	0%
9. Total Assistance plus Admin Requested	\$0

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

7A. Attachment(s)				
Document Type	Required?	Download	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No		--	No Attachment
2) YAB Approval Letter	No		--	No Attachment
3) Other Attachment(s)	No		--	No Attachment

This e.Form has been submitted



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."

This e.Form has been submitted

eForms

YHCP New Project Application FY2022

Applicant Name: Arlon Housing Services
 Applicant Number: NY-500 Project Applicant
 Project Name: FY2022 YHCP New
 Version 3
 Project Number: 138426

YHCP New Project Application FY2022

FY2020 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. HLD 2890

1H. HLD 50070

1I. Cert. Lobbying

1J. SF-111

1K. SF-120B

Part 2 - Receipt and Subrecipient Information

2A. Subrecipients

2B. Expenses

Part 3 - Project Information

3A. Project Detail

3B. Description

Youth Homeless Demonstration Projects

Youth Action Board

Special YHCP Activities

Part 4 - Housing Services, and HHS

4A. Services

4A. HHS Standards

4B. HHS Training

4B. Housing Type

Part 5 - Participants

5A. Households

5B. Subpopulations

Part 6 - Budget Information

6A. Funding Request

6B. Acq/Rehab/Const

6C. Leased Units

6D. Leased Structures

6E. Rental Assistance

6F. Support Services Budget

6G. Operating

6H. HHS Budget

6I. Match

6K. 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

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)	05/10/2024	Yes
✓	1E. SF-424 Compliance	05/10/2024	Yes
✓	1F. SF-424 Declaration	05/10/2024	Yes
✓	1G. HLD 2890	05/10/2024	Yes
✓	1H. HLD 50070	05/10/2024	Yes
✓	1I. Cert. Lobbying	05/10/2024	Yes
✓	1J. SF-111	05/10/2024	Yes
✓	1K. SF-120B	05/10/2024	Yes
-	2A. Subrecipients	No Input Required	No
X	2B. Expenses	Please Complete	Yes
X	3A. Project Detail	Please Complete	Yes
X	3B. Description	Please Complete	Yes
X	Youth Homeless Demonstration Projects	Please Complete	Yes
X	Youth Action Board	Please Complete	Yes
X	Special YHCP Activities	Please Complete	Yes
X	4A. Services	Please Complete	Yes
-	4A. HHS Standards	No Input Required	No
-	4B. HHS Training	No Input Required	No
X	4B. Housing Type	Please Complete	Yes
-	5A. Households	No Input Required	No
-	5B. Subpopulations	No Input Required	No
X	6A. Funding Request	Please Complete	Yes
X	6B. Acq/Rehab/Const	Please Complete	Yes
X	6C. Leased Units	Please Complete	Yes
X	6D. Leased Structures	Please Complete	Yes
X	6E. Rental Assistance	Please Complete	Yes
X	6F. Support Services Budget	Please Complete	Yes
X	6G. Operating	Please Complete	Yes
X	6H. HHS Budget	Please Complete	Yes
X	6I. Match	Please Complete	Yes
-	6K. Summary Budget	No Input Required	No
-	7A. Attachment(s)	No Input Required	No
X	7D. Certification	Please Complete	Yes

Notes:

- Enter a value greater than zero for at least one project milestone.
- If Housing Type list contains x incomplete items:
 - + 1
 - + 2

For project submission, it must be feasible for the project to be under grant agreement by September 30, 2025.

- For Acquisition request must include at least 1 family
- For Acquisition request amount must be greater than \$0
- For Acquisition request amount must be greater than \$0
- For Acquisition request amount must be greater than \$0
- For Acquisition request amount must be greater than \$0
- For Acquisition request amount must be greater than \$0
- For Acquisition request amount must be greater than \$0
- For Acquisition request amount must be greater than \$0
- For Acquisition request amount must be greater than \$0

NEW STEP-Project Priority Listing



Project Priority Listing

- Once all projects are submitted, CoC will create a PPL to list all of their projects

Front Office

Applicant: San Francisco Collaborative Applicant (CA-501)

Submissions

[Hide Filters] [Clear Filters]

Applicant Project Name: FY2024_CoCReg_2

Date Submitted: On

Project Status: All 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
	FY2024_CoCReg_2 COC_REG_2024_215027	CoC Registration and Application FY 2024 - 2025 FY2023 YHDP Project Priority Listing	Dec 11, 2023	Dec 31, 2025	Primary Applicant	1	
	FY2024_CoCReg_2 COC_REG_2024_215027	CoC Registration and Application FY 2024 - 2025 CoC Application FY2024	Dec 11, 2023	Dec 31, 2025	Primary Applicant	1	Mar 24, 2025, 2:55:57 PM
	FY2024_CoCReg_2 COC_REG_2024_215027	CoC Registration and Application FY 2024 - 2025 CoC Review	Dec 11, 2023	Dec 31, 2025	Primary Applicant	1	Dec 21, 2023, 8:54:20 AM
	FY2024_CoCReg_2 COC_REG_2024_215027	CoC Registration and Application FY 2024 - 2025 CoC Priority Listing FY2024	Dec 11, 2023	Dec 31, 2025	Primary Applicant	1	Mar 24, 2025, 2:56:43 PM
	FY2024_CoCReg_2 COC_REG_2024_215027	CoC Registration and Application FY 2024 - 2025 Registration FY2024	Dec 11, 2023	Feb 27, 2025	Primary Applicant	1	Dec 20, 2023, 8:53:04 AM
	FY2024_CoCReg_2 COC_REG_2024_215027	CoC Registration and Application FY 2024 - 2025 CoC Priority Listing FY2024	Dec 11, 2023	Dec 31, 2025	Primary Applicant	2	Mar 24, 2025, 4:11:18 PM
	FY2024_CoCReg_2 COC_REG_2024_215027	CoC Registration and Application FY 2024 - 2025 CoC Reviews HUD Final Decision	Dec 11, 2023	Dec 31, 2025	Primary Applicant	1	Jul 1, 2024, 12:06:00 PM



Project Priority Listing

Setting up the PPL

Read the Before Starting Screen

Set up Collaborative Applicant

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CoC Registration and Application FY 2024 - 2025

Applicant Name: San Francisco Collaborative Applicant
Applicant Number: CA-501
Project Name: FY2024_CoCReg_2
Project Number: COC_REG_2024_215027

FY2023 YHDP New Project Priority List

Before Starting

1A. Identification
2A. YHDP New Project Listing
2B. YHDP Planning Project Listing
Funding Summary
Submission Summary

[View Applicant Profile](#)

Export to PDF
Get PDF Viewer

[Back to Submissions List](#)

Page Generation Time: 7.065s

Before Starting the Project Listings for the CoC Priority Listing

The YHDP program requires TWO main submissions. Both this Project Priority Listing AND the Project Application(s) MUST be completed and submitted prior to the YHDP submission deadline of July 1, 2025.

The CoC Priority Listing includes:

- Project Listings:
 - New;
 - YHDP Planning;

Things to Remember:

- YHDP Project Listings – all YHDP project applications must be reviewed, approved or rejected based on the local process.
- Collaborative Applicants are responsible for ensuring all project applications accurately appear on the Project Listings and there are no project applications missing from one or more Project Listings.
- For each project application rejected by the CoC the Collaborative Applicant must select the reason for the rejection from the dropdown provided.
- If the Collaborative Applicant needs to amend a project application for any reason, the Collaborative Applicant MUST ensure the amended project is returned to the applicable Project Listing AND approved BEFORE submitting the YHDP Priority Listing to HUD in e-snaps.

Additional training resources are available online on HUD's website.
https://www.hud.gov/program_offices/comm_planning/yhdp

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

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CoC Registration and Application FY 2024 - 2025

Applicant Name: San Francisco Collaborative Applicant
Applicant Number: CA-501
Project Name: FY2024_CoCReg_2
Project Number:

1A. Continuum of Care (CoC) Identification

Instructions: [Show Instructions](#)

* Collaborative Applicant Name:

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

TY IG NT

Project Priority Listing – New and Planning

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CoC Registration and Application FY 2024 - 2025

Applicant Name: San Francisco
Collaborative Applicant CA-501
Project Name: FY2024_CoCReg_2
Project Number: COC_REG_2024_215027

FY2023 YHDP New Project Priority List

Before Starting
1A. Identification
2A. YHDP New Project Listing
2B. YHDP Planning Project Listing
Funding Summary
Submission Summary

[View Applicant Profile](#)

Export to PDF
Get PDF Viewer

[Back to Submissions List](#)

YHDP New Project Listing

Instructions: [Show Instructions](#)

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which informs HUD which projects your CoC is prioritizing.

Search all fields:

	View Submission	Amend	Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Comp Type
			2023_yhdp_new_ca5...	2025-03-29 08:39:...	2 Years	City and County o...	\$133,120	PH
			FY2024_YHDP_New_10	2025-04-07 11:38:...	2 Years	City and County o...	\$141,180	HMIS

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CoC Registration and Application FY 2024 - 2025

Applicant Name: San Francisco
Collaborative Applicant CA-501
Project Name: FY2024_CoCReg_2
Project Number: COC_REG_2024_215027

FY2023 YHDP New Project Priority List

Before Starting
1A. Identification
2A. YHDP New Project Listing
2B. YHDP Planning Project Listing
Funding Summary
Submission Summary

[View Applicant Profile](#)

Export to PDF
Get PDF Viewer

[Back to Submissions List](#)

YHDP Planning Project Listing

Instructions: [Hide Instructions](#)

Prior to starting the YHDP Planning Project Listing, review the YHDP Priority Listing Detailed Instructions and YHDP Priority Listing Navigational Guide available on HUD's website.

To upload the YHDP planning project application submitted to this Project Listing, click the "Update List" button. This process may take a few minutes while the project is located in the e-snaps system. You may update each of the Project Listings simultaneously. To review the YHDP Planning Project Listing, click on the magnifying glass next to view the project details. To view the actual project application, click on the orange folder. If you identify errors in the project application, you can send the application back to the project applicant to make necessary changes by clicking the amend icon. It is your sole responsibility for ensuring all amended projects are resubmitted, approved and ranked on this project listing BEFORE submitting the YHDP Priority Listing in e-snaps.

Only one YHDP planning project application can be submitted and only by the Collaborative Applicant designated by the CoC which must match the Collaborative Applicant information on the CoC Applicant Profile. https://www.hud.gov/program_offices/comm_planning/yhdp

WARNING: If you amend project applications back to project applicants to make changes or corrections in e-snaps, you must approve the resubmitted project applications. If you do not approve the resubmitted project applications, they will not be included on your CoC's Priority Listings, which could result in your CoC losing funding. HUD lacks the authority to fund projects unless they are included on the Priority Listings, which tell us which projects your CoC is accepting.

[\[Show Filters\]](#) [\[Clear Filters\]](#)

	View Submission	Amend	Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Comp Type
			2023_yhdp_pln_1	2025-03-24 15:53:...	1 Year	City and County o...	\$67,000	YHDP Planni Pro...
			FY2023_YHDP_PLN_3	2025-04-02 08:58:...	1 Year	City and County o...	\$348,111	YHDP Planni Pro...
			FY2023_YHDP_PLN_5	2025-04-02 09:06:...	1 Year	City and County o...	\$135,000	YHDP Planni Pro...

Project Priority Listing – Funding Ratios

Funding Summary

Instructions [Show Instructions](#)

Title	Total Amount
YHDP New	\$2,186,620
YHDP Planning	\$550,111
Acquisition/Rehab/New Construction	\$7,000
Rental Assistance	\$832,008
Leasing	\$827,688
Leased Structures	\$8,808
Supportive Services	\$24,690
Operating	\$206,690
HMIS	\$156,846
VAWA	\$11,690
Admin	\$111,200
TOTAL CoC REQUEST	\$2,736,731

Breakout of BLI Costs	Totals
Total Leased Units + Leased Structures + Rental Assistance	61%
Total Supportive Services + Operating + HMIS + VAWA + Admin	19%

The Total Leased units + Leased structures + Rental Assistance percentage is below 50%. YHDP Projects cannot go to grant agreement until the percentage is 50% or higher. Please contact your Desk Officer and TA to discuss ways to alter project budgets prior to submission.

Refresh Calculations

Questions?

- Follow up with your TA providers
- Follow up with DDOs
- Submit questions to youthdemo@hud.gov



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 8 is “YHDP New Project Application FY 2023”
- Use the resources
 - CoC Program interim rule
<https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>
 - e-snaps resources page: <https://www.hudexchange.info/programs/e-snaps/>

Thank you!

