

# CoC New Project Application Detailed Instructions:

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**Fiscal Year 2019 CoC Program Competition**



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

**July 2019**

**Version 2**

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## FY 2019 CoC Program New Projects Detailed Instructions

### Introduction

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This document provides detailed instructions for organizations completing the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program New Project Applications for funding available through the Notice of Funding Availability (NOFA) for the FY 2019 CoC Program Competition. These instructions provide information for each question within the new project applications in the electronic grants management system called *e-snaps*. Additional guides and resources are located on the HUD Exchange website at [e-snaps: CoC Program Applications and Grants Management System](#). Important resources include: [How to Access the Project Application](#) and an *e-snaps* technical walkthrough, [CoC New Project Application Navigational Guide](#).

**Before reading these instructions**, review and have ready access to the following documents to ensure that projects are consistent with the FY 2019 CoC Program Competition:

- [FY 2019 CoC Program Competition NOFA](#);
- [24 CFR part 578](#);
- [The McKinney-Vento Act, as amended by the HEARTH Act](#); and
- Local CoC Program policy guidelines for submitting new project applications to the CoC, **or** its designated committee **or** subcommittee.

These instructions mirror the eight parts of the new project application in *e-snaps* as listed below and in Table 1 on page 5.

- Parts 1 and 2 of the project applications are the same regardless of the project type;
- The visibility of *e-snaps* screens and questions for Parts 3 through 6 are dependent on the project type selected and are separated for each of the five eligible new project types:
  - Permanent Housing-Permanent Supportive Housing (PH-PSH);
  - Permanent Housing-Rapid Rehousing (PH-RRH);
  - Joint Transitional Housing and Permanent Housing-Rapid Rehousing (Joint TH and PH-RRH);
  - Supportive Services Only for Coordinated Entry (SSO-CE); and
  - Homeless Management Information Systems (HMIS).
- Parts 7 and 8 are the same regardless of the project type.

For questions regarding project applications, and how they are affected by HUD statute, regulations, and policy, first contact your CoC **or** the CoC's Collaborative Applicant for clarification. Project applicants can find additional information regarding the CoC Program requirements on the [HUD Exchange](#). If you still have questions, submit a question to the HUD Exchange at: [e-snaps Ask a Question \(AAQ\)](#). **Be sure to select e-snaps in response to the field "My question is related to."** If applicants select the wrong category (e.g., CoC Program), the questions will need to be rerouted to *e-snaps* AAQ, which will delay HUD's response.

### What's New for CoC Program New Project Applications in FY 2019

- 1. Funding Limitations:** For FY 2019, new projects are eligible through "**Reallocation**," funds "**CoC Bonus**" funds, a combination of "**Reallocation + CoC Bonus**," funds or "**DV Bonus**" funds. Within each CoC, the total available amount for new "**CoC Bonus**" projects are limited to 5 percent of the CoC's Final Pro-Rata Need (FPRN). In addition, "**DV Bonus**" funds are limited to 10 percent of the CoC's Preliminary Pro Rata Need (PPRN), or a minimum of \$50,000, whichever is greater, or a maximum of \$5 million, whichever is less of the CoC's Final Pro-Rata Need (FPRN). For confirmation

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of HUD's posted amounts, refer to the following document at:

<https://files.hudexchange.info/resources/documents/FY-2019-CoC-Program-Estimated-ARD.pdf>

**Note:** A CoC can only submit one new DV Bonus project application for an SSO-CE project. However; a CoC may apply for any number of new DV Bonus PH-RRH and Joint TH and PH-RRH projects provided that each application is for at least \$25,000.

- 2. Submission Requirements for Expansion Projects. Submission Requirements for Expansion Projects.** The following guidance only pertains to new expansion projects that intend to expand and combine with a current eligible CoC Program renewal project. If a project applicant intends to expand a project, but not combine grants, or if a project applicant intends to expand a project that is currently funded with other resources (e.g., other federal funds, local funds, or private funds) the applicant will submit a new project application only.

New in FY 2019, the process to apply for a new project that will expand an existing eligible CoC Program renewal project/grant, requires three project applications:

1. **Renewal** project application that mirrors the current project eligible for FY 2019 renewal;
2. **New** project application(s) with the expanded activities; and
3. **Renewal** project application that mirrors the current project eligible for FY 2019 renewal, **plus** the expanded activities of the new project.

The basic process is: **Step 1: "Stand-alone Renewal" + Step 2: "Stand-alone New" = Step 3: "Combined Renewal Expansion."**

For the combined renewal expansion project application to be considered for conditional award, all three project applications must individually pass eligibility and quality threshold review. For the new expansion project to be selected for conditional award the renewal project application must also be selected for conditional award.

For **Step 2** guidance, refer to Screen 3C in this guide for the specific project type to which you are applying.

For **Step 1** and **Step 3** guidance, refer to "**All Project – Renewal Expansion**" screen instructions on pages 17-20 of the **CoC Renewal Project Application Detailed Instructions**. In addition, review Section III.C.2.j. and Section V.B.3.a.(5) of the FY 2019 CoC Program NOFA.

- 3. Expanding a Non-CoC Funded Project Dedicated to Serving Persons Experiencing Homelessness.** The identification of expanding an existing non-CoC Program funded project is no longer a requirement for new project applications. Instead, all requests for CoC Program funds to expand an organizations' existing non-CoC funded projects will complete a new project application that only identifies the newly added CoC Program funded portion of the project. However, the prohibition regarding the use of CoC Program funds to replace state or local funds previously used or designated to assist persons experiencing homelessness remains a required confirmation for all new project applications.
- 4. Request up to 18-Months for Initial New Project Startup.** HUD will allow new projects requesting 1-year of funding a longer initial grant term not to exceed 18 months. HUD has determined that most new projects requesting 1-year of funding normally take approximately 3 to 6 months to begin fully operating the new project (e.g., hiring staff, developing partnerships with landowners if leasing or renting). Therefore, a new project requesting 1-year of funding may request a grant term of 12 months to 18 months that will allow for the additional startup process. Any new projects requesting capital costs (i.e., new construction, acquisition, or rehabilitation) are not eligible for 1-year requests. If 1-year of funding is requested for new projects with capital costs, HUD will increase the grant term to 3-years and the new project will be required to spend the funds requested over a 3-year period, assuming the project is conditionally selected for award (Section V.B.2.e.(1)). A request for a 13-month to 18-month initial grant

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term/performance period can be made for any new project application on screen “**6A Funding Request**,” question 6 for the for the specific project type to which you are applying.

5. **Operating Budget and Replacement Reserve Costs.** All new project applications with amounts entered for “**Replacement Reserve**” on Screen “**6G Operating Budget**” are required to answer an additional “**Replacement Reserve**” (Yes/No) question that will populate on Screen 3A question #8 and must be answered prior to submission. In addition, if any applicant utilizes CoC Program Operating funds for replacement reserve, the applicant must submit documentation on Screen “**7A Attachments**.” For further details, refer to instructions for Screen 3A (#8) in this guide.
6. **Removal of e-snaps Screen “5C. Outreach for Participants.”** HUD is no longer collecting data in project applications for proposed outreach locations and outreach narrative due to the CoC Program requirements for all CoCs to establish and use a Coordinated Entry process.
7. **Project Applicants Must Certify “Active” System for Award Management (SAM) Status.** Screen “**7D Certification**” has a new certification requirement that states:

“I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.”

## Important Reminders

1. **Domestic Violence (DV) Bonus:** In the FY 2019 CoC Program Competition, up to \$50 million is available for project(s) that are dedicated to survivors of domestic violence, dating violence, sexual assault, or stalking that meet the eligibility criteria established in paragraph (4) of the definition of homeless at 24 CFR 578.3. Note: Persons who are being trafficked may meet the definition at 24 CFR 578.3 and can also be served. Refer to Section III.C.2.h of the FY 2019 CoC Program Competition NOFA for more information. Except as provided in Section II.B.1.a of CoC Program NOFA, a CoC may apply for up to 10 percent of its Preliminary Pro Rata Need (PPRN), or a minimum of \$50,000, whichever is greater, or a maximum of \$5 million, whichever is less, to create DV Bonus projects. A CoC may apply for the following types of projects:
  - a. Rapid Re-housing (PH-RRH) projects that demonstrate trauma-informed, victim-centered approaches.
  - b. Joint TH and PH-RRH component projects as defined in Section III.C.2.n of this NOFA that demonstrate trauma-informed, victim-centered approaches.
  - c. SSO Projects for Coordinated Entry (SSO-CE) to implement policies, procedures, and practices that equip the CoC’s coordinated entry to better meet the needs of people experience homelessness who are survivors of domestic violence, dating violence, or stalking (e.g., to implement policies and procedures that are trauma-informed, client-centered or to better coordinate referrals between the CoC’s coordinated entry and the victim service providers coordinated entry system where they are different).

The maximum grant term for any DV Bonus project is 1-year, regardless of project type.

A CoC can only submit one new DV Bonus project application for an SSO-CE project. However; a CoC may apply for any number of new DV Bonus PH-RRH and Joint TH and PH-RRH projects provided that each application is for at least \$25,000. HUD will select projects for the DV Bonus based on the CoC score, the project applicant’s ability to demonstrate the need for the project, and the project applicant’s capacity to implement a DV Bonus project to serve survivors of domestic violence, dating violence, sexual assault, or stalking, survivors of human trafficking, and their ability to house survivors and meet safety outcomes. Project applicants should carefully fill out the project application and ensure that information is clear and concise.

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To ensure the project is categorized as a DV Bonus project, on screen “**3B. Project Description,**” question #4, select the “**Domestic Violence**” checkbox. Then on screen “**6A. Funding Request,**” question #2, select the “**DV Bonus**” checkbox. Project applicants that fail to complete these steps will risk not being considered for DV Bonus available funds as originally intended.

2. **Combination of Reallocated funds and CoC Bonus funds in the same new project:** CoCs and project applicants may use both Reallocated **and** CoC Bonus (non DV Bonus funds) in a single new project. DV Bonus funds are **not** eligible to be combined with Reallocated **or** CoC Bonus funds.
3. **Transition Grant:** The FY 2019 HUD Appropriations Act permits CoCs to use reallocation to transition eligible renewal project(s) from their original component(s) to another eligible component for new project applications in the FY 2019 CoC Program Competition. To utilize the transition grant process the CoC **must fully reallocate** the renewal project’s funds and then the same project applicant must submit a new project application in *e-snaps*. Eligible components for new projects in the transition process are: PH-PSH, PH-RRH, Joint TH and PH-RRH, SSO-CE, and HMIS. Refer to Section III.C.2.u. of the FY 2019 CoC Program Competition NOFA for the criteria that applicants must follow for transition grants. The following requirements must be met to transition existing eligible renewal grant(s) through a new project application:
  - a. the recipient of the renewal project(s) being eliminated through reallocation must be the same organization as the project applicant for the new project;
  - b. the maximum grant term is 1 year for the transition grant regardless of component type;
  - c. no more than 50 percent of the new grant awarded may be used within the 1-year term for costs of eligible activities of the originally funded renewal component(s);
  - d. transition grants are eligible for renewal after the 1-year term under the new component in subsequent fiscal years only for eligible activities of the new component; and
  - e. the renewal project applicant that intends to use this transition grant process must have the consent of its Continuum of Care and meet the reallocation standards outlined in Section III.C.2.s. of the FY 2019 CoC Program Competition NOFA. CoC consent is determined if the new transition project is ranked and submitted through the New Project Listing.

Project applicants that intend to use the transition grant process **must** attach a copy of the most recently awarded project application(s) for all expiring projects (if multiple) listed on screen 3A question 6a. (e.g., if the expiring project was last funded in the FY 2018 CoC Program Competition, attach a PDF copy of the FY 2018 project application, or as amended). The attachment(s) should be included on Screen “**7A Attachments.**”

**Note: Transition grants are prohibited** from utilizing the FY 2019 CoC Program processes for expansion of a renewal and grant consolidations because the renewal grant(s) that are transitioning must be fully reallocated by the CoC into the new project application.

4. **DedicatedPLUS Project:** Project applicants applying for new PH-PSH projects will be required to select “**DedicatedPLUS,**” or “**100% Dedicated.**” For further information regarding the differences between DedicatedPLUS and 100 percent Beds Dedicated to Chronically Homeless Individuals and Families, refer to pages 22-23 in this guide and Sections III.C.2.b and III.C.2.g. of the FY 2019 CoC Program Competition NOFA.

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### Project Application Screens for New Projects in *e-snaps*

In the table below, all white cells marked with an “X” indicate the corresponding screen can be accessed based on the responses provided in the project application. The grey cells indicate the corresponding screens cannot be accessed by project applicants requesting funding for the associated project type.

**Table 1: Screens in *e-snaps* for New Project Applications**

| Screen Title                                    | New    |        |                   |        |      |
|---|--------|--------|-------------------|--------|------|
|   | PH-PSH | PH-RRH | Joint TH & PH-RRH | SSO-CE | HMIS |
| Before Starting                                 | X      | X      | X                 | X      | X    |
| <b>Part 1 – Forms and Certification</b>         |        |        |                   |        |      |
| 1A. SF-424 Application Type                     | X      | X      | X                 | X      | X    |
| 1B. SF-424 Legal Applicant                      | X      | X      | X                 | X      | X    |
| 1C. SF-424 Application Details                  | X      | X      | X                 | X      | X    |
| 1D. SF-424 Congressional District(s)            | X      | X      | X                 | X      | X    |
| 1E. SF-424 Compliance                           | X      | X      | X                 | X      | X    |
| 1F. SF-424 Declaration                          | X      | X      | X                 | X      | X    |
| 1G. HUD-2880                                    | X      | X      | X                 | X      | X    |
| 1H. HUD-50070                                   | X      | X      | X                 | X      | X    |
| 1I. Certification Regarding Lobbying            | X      | X      | X                 | X      | X    |
| 1J. SF-LLL                                      | X      | X      | X                 | X      | X    |
| <b>Part 2 – Subrecipient Information</b>        |        |        |                   |        |      |
| 2A. Subrecipients                               | X      | X      | X                 | X      | X    |
| 2B. Experience                                  | X      | X      | X                 | X      | X    |
| <b>Part 3 – Project Information</b>             |        |        |                   |        |      |
| 3A. Project Detail                              | X      | X      | X                 | X      | X    |
| 3B. Description                                 | X      | X      | X                 | X      | X    |
| 3C. Expansion Grants                            | X      | X      | X                 | X      | X    |
| <b>Part 4 – Housing Services and HMIS</b>       |        |        |                   |        |      |
| 4A. Supportive Services for Participants        | X      | X      | X                 |        |      |
| 4A. HMIS Standards                              |        |        |                   |        | X    |
| 4B. Housing Type and Location                   | X      | X      | X                 |        |      |
| <b>Part 5 – Participants</b>                    |        |        |                   |        |      |
| 5A. Households                                  | X      | X      | X                 |        |      |
| 5B. Subpopulations                              | X      | X      | X                 |        |      |
| <b>Part 6 – Budget Information</b>              |        |        |                   |        |      |
| 6A. Funding Request                             | X      | X      | X                 | X      | X    |
| 6B. Acquisition/Rehabilitation/New Construction | X      |        |                   |        |      |
| 6C. Leased Units                                | X      |        | X                 |        |      |
| 6D. Leased Structures                           | X      |        | X                 |        |      |
| 6E. Rental Assistance                           | X      | X      | X                 |        |      |
| 6F. Supportive Services                         | X      | X      | X                 | X      |      |
| 6G. Operating                                   | X      |        | X                 |        |      |
| 6H. HMIS  | X      | X      | X                 |        | X    |
| 6I. Sources of Match                            | X      | X      | X                 | X      | X    |
| 6J. Summary Budget                              | X      | X      | X                 | X      | X    |
| <b>Part 7 – Attachments and Certification</b>   |        |        |                   |        |      |
| 7A. Attachments                                 | X      | X      | X                 | X      | X    |
| CoC Rejection Letter                            | X      | X      | X                 | X      | X    |
| Consolidated Plan Cert                          | X      | X      | X                 | X      | X    |
| 7B. Certification                               | X      | X      | X                 | X      | X    |

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| Screen Title                       | New    |        |                   |        |      |
|------------------------------------|--------|--------|-------------------|--------|------|
|                                    | PH-PSH | PH-RRH | Joint TH & PH-RRH | SSO-CE | HMIS |
| <b>Part 8 – Submission Summary</b> |        |        |                   |        |      |
| 8A. Notice of Intent to Appeal     | X      | X      | X                 | X      | X    |
| 8B. Summary                        | X      | X      | X                 | X      | X    |

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

The CoC Program Competition requires project applicants to submit several forms in Part 1 of an *e-snaps* project application. All other Parts of an *e-snaps* project application will remain hidden until all the required Part 1 information is completed and saved, including all checkboxes certifying signed forms. The “**Submission Summary**” screen will highlight any incomplete Part 1 screens that need further attention.

Part 1 of the project application includes the following forms:

- **SF-424: Application for Federal Assistance;** Screens 1A-1F;
- **HUD-2880: Applicant/Recipient Disclosure/Update Report;** Screen 1G. Project applicants will enter data for this form in the **Project Applicant Profile** for the **combined total** amount of all their organizations annual CoC Program project applications. Once a HUD-2880 is completed in the **Project Applicant Profile**, the information will populate with the required information in all the project applications the applicant submits in *e-snaps*;
- **HUD-50070: Certification for a Drug Free Workplace;** Screen 1H;
- **Certification Regarding Lobbying;** Screen 1I; and
- **SF-LLL: Disclosure of Lobbying Activities;** Screen 1J.

**Prior to beginning Part 1 of the project application, project applicants must update their [Project Applicant Profile](#), including the HUD-2880.** Most of the information in Part 1 automatically populates from the profile. All other fields, including those in white or shaded in gray, are read-only, and either populate with information from the profile or other *e-snaps* data. It is the project applicant’s responsibility to review all information and ensure accuracy. To make changes to information populated from the profile, refer to the **Basic Instructions to Access a Project Applicant Profile** below, or if you need instruction on how to complete the HUD 2880, refer to the additional instructions available on the HUD Exchange at:

[Project Applicant Profile Navigational Guide and How to Complete the HUD Form 2880 in e-snaps](#)

### Basic Instructions to Access a Project Applicant Profile

1. Log into *e-snaps* at <https://esnaps.hud.gov/grantium/frontOffice.jsf> and select "**Applicants**" in the left menu of the main screen. Important: If working on the project application select “**Save**” and then select “**Back to Submissions List**” to exit the project application and go back to the main menu. Then select "**Applicants**" from the left menu to access the Project Applicant Profile using the following steps. (Note: The “**View Applicant Profile**” link in the left menu leads to a read-only version of the profile and does not allow editing.)
2. After selecting "**Applicants**," then select the folder  under “**Open**.” The list of project applicant profile screens will appear in the left menu
3. Begin by opening the profile for editing by selecting “**6. Submission Summary**” from the left menu and then select the "**Edit**" button toward the bottom of the screen. Once in edit mode, the entire profile can be updated.
4. After project applicants have completed all updates and screens have been “**Saved**,” return to “**6. Submission Summary**” and select the "**Complete**" button toward the bottom of the screen.

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

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

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

1. **Type of Submission.** No action required.
2. **Type of Application.** No action required if this field indicates "**New.**" Applicants made this selection when "**registering**" an *e-snaps* **Funding Opportunity** before opening the application. The different *e-snaps* **Funding Opportunities** include: Renewal, New, CoC Planning, UFA Costs or YHDP Renewal. **If** the field is not correct, return to the *e-snaps* **Funding Opportunity** screen and create a project application using the funding opportunity for "**New**" project. For instructions for "**registering**" an *e-snaps* **Funding Opportunity** refer to the guide [How to Access the Project Application](#).
3. **Date Received.** No action required. This field automatically populates with the date when the project applicant selects "**Submit**" on the "**Submission Summary**" screen.
4. **Applicant Identifier.** No action required; leave this field blank.
- 5a. **Federal Entity Identifier.** No action required; leave this field blank.
- 5b. **Federal Award Identifier.** No action required; leave this field blank.
6. **Date Received by State.** No action required; leave this field blank.
7. **State Application Identifier.** No action required; leave this field blank.

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

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

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

**Note:** HUD will contact the person listed in field "**f**" for any curable deficiencies **or** other matters concerning the project application using the information in the "**Alternate Contact**" located in the Project Applicant Profile. It is a best practice that the alternate contact person is the person most knowledgeable about the project application. HUD recommends organizations provide a second contact person so, that multiple contacts are available.

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

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

9. **Type of Applicant.** No action required. Eligible project applicants are: nonprofits, state, and local governments, instrumentalities of state or local government, and public housing agencies (defined in 24 CFR 5.100).
10. **Name of Federal Agency.** No action required.
11. **Catalog of Federal Domestic Assistance (CFDA) Title.** No action required.
12. **Funding Opportunity Number.** No action required.
  - **Funding Opportunity Title.** No action required.

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

- **Competition Identification Title.** Not applicable.

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

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

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

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

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

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

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

**17. Proposed project.** Required. Provide the expected operating start and end dates for the proposed project using the calendar fields provided. If a project application is conditionally awarded, the official operating dates will be recorded in HUD's electronic Line of Credit Control System (*e*LOCCS) and will be set to the first day of the month according to the month of the first project expense.

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

### Screen 1E. SF-424 Compliance

Project applicants must complete all the fields on Screen 1E.

**19. Executive Order 12372.** Required. Project applications submitted in the CoC Program Competition are subject to the provisions of Executive Order (EO)12372, “Intergovernmental Review of Federal Programs.” This EO allows each State to designate an entity to perform this function. A list of states that have chosen to review applications, along with State Points of Contact (SPOC) are available at: [SPOC-February-2019](#).

States not listed under the resource link above have chosen not to participate in the intergovernmental review process, and therefore do not have a SPOC. If your organization is located within a state that does not have a SPOC, it may send application materials directly to a federal awarding agency. For projects proposing to serve persons in more than one state, the project applicant should contact the SPOC of each affected state as early as possible to alert them to the application and receive any necessary instructions on the state process used under this EO. Project applicants should allow time for the state's review process to occur prior to submitting their funding application. In cases where the SPOC has not reviewed an application prior to the application submission deadline, project applicants should submit the application to meet the FY 2019 CoC Program Competition application deadline.

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

- Select option “a,” and indicate the date on which the application was made available to the state(s).
- Select option “b” if your organization is located within a state(s) that has chosen not to participate in EO 12372 or this project application has not been selected for review by the state(s); therefore, this CoC project application is not applicable in your state(s).

**20. Delinquent debt.** Required. On Screen 1E, select “Yes” or “No” to indicate whether the project applicant owes debt to any federal agency. It is HUD’s policy, consistent with 31 U.S.C. 3720B and 28 U.S.C. 3201(e), that project applicants with an outstanding federal debt will not be eligible to receive HUD funds, unless:

- a. a negotiated repayment schedule is established, and the repayment schedule is not delinquent; or
- b. other arrangements satisfactory to HUD are made prior to HUD awarding funds.

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

### Screen 1F. SF-424 Declaration

**On Screen 1F, project applicants must select the checkbox next to the “I agree” statement.** All fields are read-only and populate from the **Authorized Representative** listed in the **Project Applicant Profile**. By checking the box, the project applicant agrees to be bound by all terms and conditions associated with this funding request and certifies that data and content in the project application (including all attachments) are true and correct. Screen 1F **must** identify the person authorized to act for the project applicant’s organization and assume the obligations imposed by the all federal laws, program regulations, NOFA requirements, and conditions for a conditional grant award. All fields are read-only and populate from the **Authorized Representative** listed in the **Project Applicant Profile** and should be updated, if needed.

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

Before opening project applications, project applicants must update the HUD-2880 form in *e-snaps* for their [Project Applicant Profile](#). For additional Profile and HUD-2880 guidance go to: [Updating the Project Applicant Profile](#). Once the HUD-2880 form is updated, completed, and submitted in the Project Applicant Profile, Screen 1G of the project application will populate the necessary information for this screen. To correct inaccurate information appearing on Screen 1G, project applicants must return to the [Project Applicant Profile](#) to make updates.

**Note:** The HUD-2880 uses standard agency terminology that does not clearly match terminology used for the CoC Program and the CoC project applications. For CoC Program purposes; HUD is clarifying the meaning of “**specific project or activity**” and “**this application**” in Part 1 of the HUD-2880, questions 1 and 2. The legal requirements of the HUD-2880 as related to the CoC Program mean: any single organization/applicant equals one application for all accumulated CoC Program project applications; regardless of how many individual CoC project applications are submitted in a CoC Program Competition. Therefore, information in an *e-snaps* HUD-2880 includes the accumulated total amount of all the CoC Program project applications applying for funds in the FY2019 CoC Program Competition. For example, if organization XYZ is applying for three separate CoC Program project applications for an accumulated total amount of \$300,000; then an answer of “Yes” is required in Part 1 question 2 of the HUD-2880—as

## FY 2019 CoC Program New Projects Detailed Instructions

organization XYZ expects to receive assistance in excess of \$200,000. Therefore, the requirements to complete Part II and Part III of the HUD-2880 are required.

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

- 1. Applicant/Recipient Name, Address, and Phone.** No action required. This information populates from the “**Authorized Representative**” screen of the **Project Applicant Profile**.
- 2. Employer ID Number (EIN).** No action required. This information populates from the “**Authorized Representative**” screen of the **Project Applicant Profile**.
- 3. HUD Program.** No action required. This information populates with “**Continuum of Care Program.**”
- 4. Amount of HUD Assistance Requested/Received.** No action required. This field remains blank at the **Project Applicant Profile** level. Upon submission, all separate project applications, the HUD-2880 data in the profile will represent a single form submitted to HUD. The amount in this field will be the total funds requested for this project application from the “**Summary Budget**” screen and the accumulated total will represent the total HUD-2880 form. Once the summary budget total is accurate upon submission, this amount will also be accurate.
- 5. State the name and location (street address, City and State) of the project or activity.** No action required. This field populates with the following message; “**Refer to project name, addresses and grant number entered into the attached project application.**” The information this message refers to is located on the project application screen 1B. SF-424 Legal Applicant, 3A. Project Detail, and 4B. Housing Type and Location.

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

- 1. Are you applying for assistance for a specific project or activity?** No action required. This field populates with “**Yes.**”
- 2. Have you received, or do you expect to receive, assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9.** The answer to this question must be provided in the Project Applicant Profile for all an organization’s accumulated total of FY 2019 CoC project applications. If updates are needed to this question return to the **Project Applicant Profile**.

If the answer is “**No**” and Part II and Part III of this form will not appear and can be submitted after the “**I agree**” checkbox is selected. If “**Yes**” is selected, Part II and Part III of the form will appear and must be completed. For instructions for completing Parts II and III of the HUD-2880 refer to pages 2-3 of this form available at: <https://www.hud.gov/sites/documents/2880.PDF>.

**Required HUD-2880 Certification:** The “**I agree**” certification will appear at the bottom of the screen in the **Project Applicant Profile** and at the bottom of the copies of this form in all project applications your organization submits in a CoC Program Competition. Project applicants must certify in both the Project Applicant Profile and the individual project applications that the information provided is accurate and complete.

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

The HUD-50070 populates information from the **Project Applicant Profile** and relevant data from the FY 2019 project application. **Project applicants must read and certify by checking the box toward the bottom of the screen.** Check to ensure that the Authorized Representative information is accurate. If any

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information on this form is not accurate, see “**Basic Instructions to Access a Project Applicant Profile**” above. For further clarification or questions concerning the HUD-50070 review the full form instructions at <https://portal.hud.gov/hudportal/documents/huddoc?id=50070.pdf>.

### Certification Regarding Lobbying; Screen 1I

Per 2 CFR part 200, all federal agencies must require project applicants to submit the Certification Regarding Lobbying form, which populates information from the **Project Applicant Profile** and relevant data from the FY 2019 project application. This form helps to clarify which organizations must select “**Yes**” on the next screen for the SF-LLL: Disclosure of Lobbying Activities form. **Project applicants must read and certify by checking the box toward the bottom of the screen.** Check to ensure that the “**Authorized Representative**” information is accurate. If any information on screen 1I is not accurate, see “**Basic Instructions to Access a Project Applicant Profile**” above.

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

The SF-LLL populates information from the **Project Applicant Profile** and relevant data from the FY 2019 project application. The requirement related to lobbying as explained in the SF-LLL instructions states:

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

For further clarification or questions on the SF-LLL, see the full form instructions at:

[www.hudexchange.info/resource/308/hud-form-sflll/](http://www.hudexchange.info/resource/308/hud-form-sflll/).

**Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?** Select “**No**” if your organization and subrecipient(s) are **not engaged** in lobbying associated with the CoC Program. Select “**Yes**” if your organization or subrecipient(s) **is engaged** in lobbying and answer the questions as they appear on the screen. Project applicants must read, certify, and sign by checking the box toward the bottom of the screen (the check box will not appear until project applicants answer the question above). Check to ensure the “**Authorized Representative**” information is accurate. If any information on this form is not accurate, see “**Basic Instructions to Access a Project Applicant Profile**” above.

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

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### Screen 2A. Subrecipient(s)

Screen 2A allows project applicants to list the subrecipient(s) they propose to carry out certain project functions and must be completed for each subrecipient the project applicant proposes using. Project applicants that do not intend to use subrecipients to carry out any project functions are not required to complete this screen.

For more information on the use of subrecipients and the difference between a subrecipient and a contractor, review the definition at 24 CFR 578.3, recipient responsibilities at 24 CFR 578.23(c)(4)(11), and the following document at: [www.hudexchange.info/resources/documents/SNAPS-Shots-Using-Contractors-in-ESG-and-CoC-Programs.pdf](http://www.hudexchange.info/resources/documents/SNAPS-Shots-Using-Contractors-in-ESG-and-CoC-Programs.pdf).

Select add  to enter subrecipient information on the 2A Subrecipient Detailed screen(s). The primary “**Subrecipient**” screen will compile a list of all subrecipients entered in the detailed screens. All grey fields will calculate after project applicants complete and save this screen. Select “**Save & Back to List**” to save

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the information and return to the primary screen. Select “**Save & Add Another**” to add information for another subrecipient. To view and edit, select view . To delete, select .

Project applicants must identify the following information for each subrecipient:

- a. Organization’s name;
- b. Organization’s type (Note: Project applicants must attach nonprofit documentation on Screen 7A for all private nonprofit organizations);
- c. Employer or Tax Identification Number;
- d. Organization’s DUNS number;
- e. Organization’s Physical address;
- f. Organization’s congressional district(s);
- g. If the organization is a faith-based organization;
- h. Whether the organization has ever received a federal grant;
- i. Expected subaward amount; and
- j. The name and contact information of the person with the organization who has the authority to act on the organization’s behalf as it relates to carrying out the actions contracted by the project applicant.

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

Project applicants must describe their capacity and experience, including that of their subrecipients, developers, and contractors, on Screen 2B.

1. **Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.** Describe why the project applicant, subrecipients, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) are the appropriate entities to receive funding. Provide examples that illustrate their experience and expertise in the following: (1) working with and addressing the target population(s) identified housing and supportive service needs; (2) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation; (3) identifying and securing matching funds from a variety of sources; and (4) managing basic organization operations including financial accounting systems.
2. **Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local and private sector funds.** Include experience with leveraging all federal, state, local and private sector funds. If the project applicant and subrecipient have no experience leveraging other funds, include the phrase “**No experience leveraging other federal, state, local, or private sector funds.**”
3. **Describe the basic organization and management structure of the applicant and subrecipients (if any).** For both the project applicant and any subrecipients, include evidence of internal and external coordination and an adequate financial accounting system. Include the organization and management structure of the project applicant and all subrecipients; be sure to include a description of internal and external coordination and the financial accounting system that will be used to administer the grant.
- 4a. **Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)?** Select “**Yes**” if there are any unresolved HUD Monitoring or OIG Audit findings, regardless of the funding year of the project for which they were originally identified. Select “**No**” if there are no unresolved HUD Monitoring or

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OIG Audit findings. The HUD monitoring or OIG audit findings are not limited to just CoC Program funds, but to any funds that are in use from other HUD programs, (e.g., HOPWA, ESG).

- 4b. Describe the unresolved monitoring or audit findings.** If “Yes” for 4a. above, provide an explanation as to why the monitoring or audit finding(s) remain unresolved and the steps that have or will be taken towards resolution (e.g., responded to the HUD letter, but no final determination received).

### All Projects – Part 3 through Part 6

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The detailed instructions for Parts 3 through 6 are separated by eligible new project types (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, SSO-CE and HMIS) and presented individually in this guide. HUD expects project applicants to demonstrate compliance in the project application with the requirements for the project type identified. Project applicants will be responsible for submitting a project under the appropriate type and funding stream according to the FY 2019 CoC Program Competition NOFA and 24 CFR part 578.

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

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Part 7 is available in all project applications to upload attachments and complete the certification. In addition, if project applicants select “**Appeal**” or “**No CoC**” on Screen 3A, two additional attachment screens will appear.

#### Screen 7A. Attachments

Screen 7A includes three links that allow project applicants to upload and attach supplementary information to the project application. *E-snaps* will allow project applicants to submit project applications without attaching supplementary documentation; however, some project applicants must attach documentation based on their unique project requests. The following provides information on common attachments, including:

- If a **Transition Grant** request is part of this project application, attach *e-snaps* exported PDF copies of the associated project applications as explained in this guide.
- Attach nonprofit documentation for each nonprofit organization identified on Screen 2A “**Subrecipients**,” with organization types of “**M. Nonprofit with 501(c)(3)**” or “**N. Nonprofit without 501(c)(3)**.” Nonprofit status is documented by submitting either: (1) a copy of the Internal Revenue Service (IRS) final determination letter providing tax-exempt status under Section 501(c)(3) of the IRS Code (preferred); or (2) a certification from a licensed CPA that the organization meets each component of the definition of a private nonprofit organization as defined by 24 CFR 578.3.
- Project applications that include third-party in-kind match commitment on the “**Sources of Match**” screen have a separate “**7A Attachments**” screen that should be used to attach Memorandum of Understand (MOU) or Memorandum of Agreement (MOA) documentation between the applicant’s organization and the organization providing the in-kind match.
- Project applicants that utilize replacement reserve as part of a CoC Program operating budget must attach supporting documentation. For further details, refer to instructions for Screen 3A (#8) in this guide.
- If project applicants request to utilize a Federally approved indirect rate on the “**6A Funding Request**” screen, the approved agreement must be attached to this project application.

#### CoC Rejection Letter Attachment Screen

This attachment screen is only visible and required for Solo Applicants who select “**Appeal**” for question 4 on Screen 3A. For additional information on the Solo Applicant appeal process see instructions below for

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Screen 8A. Notice of Intent to Appeal, Section X.C of the FY 2019 CoC Program Competition NOFA and 24 CFR 578.35.

### “No CoC” Consolidated Plan Certification Attachment Screen

This attachment screen is only visible and required for project applicants who select “**No CoC**” for question 2a on Screen 3A. This attachment screen allows project applicants with “**No CoC**” to upload a completed, dated, and signed Certification of Consistency with the Consolidated Plan (HUD-2991) obtained from the state or local official with entitlement jurisdiction representing the geographical area in which the proposed project will be located. For HUD-2991 requirements see Section III.C.2.d. of the FY 2019 CoC Program Competition NOFA. The HUD-2991 form is available at: <https://www.hud.gov/sites/documents/2991.PDF>.

### Screen 7B. Certification

Screen 7B is populated with the name and information of the project applicant’s Authorized Representative from the **Project Applicant Profile**. Project applicants must select a date to complete the certification. If the project applicant is a Public Housing Authority (PHA), the PHA number must also be provided here. Project applicants must read, certify, and sign by checking the box toward the bottom of the screen. By completing the certification, the Authorized Representative agrees to the terms and conditions provided on the screen, on behalf of the project applicant’s organization. Project applicants must complete the certification to submit the project application. To make changes to information populated from the profile, refer to the **Basic Instructions to Access a Project Applicant Profile** above.

**New in FY 2019**, a project applicant must certify “**Active**” System for Award Management (SAM) status by checking the box following the statement below.

“I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.”

## All Projects – Part 8: Submission Summary

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

### Screen 8A. Notice of Intent to Appeal

Screen 8A is only visible to project applicants who select “**Appeal**” for question 4 on Screen 3A; meaning, the project applicant believes they were denied the opportunity to participate in the local CoC planning process in a reasonable manner and, as a result, the CoC rejected or reallocated their project application. Solo Applicants may appeal directly to HUD by submitting a “**Notice of Intent to Appeal**” and a project application—prior to the application deadline of **September 30, 2019 by 8:00 p.m. eastern time**. Attach a copy of the CoC’s rejection letter, or if the project applicant did not receive a rejection letter from the CoC, the project applicant must attach a letter affirming that the CoC did not provide rejection notification. Any project applicant that intends to submit as a Solo Applicant must adhere to the Solo Applicant submission information outlined in Section X.C of the FY 2019 CoC Program Competition NOFA.

All Solo Applicants must complete a project application in *e-snaps*. If a Solo Applicant is appealing a project application **that was originally submitted by the applicant to the CoC in *e-snaps***, the Solo Applicant must recreate the project application in *e-snaps* (and select “**Appeal**” on Screen 3A) to see the “**Notice of Intent to Appeal**” questions below that HUD will consider upon submission.

1. **Check the following box to certify this form as your Notice of Intent to Appeal:** Required only if appealing. By checking this box, the project applicant is affirming this screen serves as their formal Notice of Intent to submit a Solo Applicant Appeal to HUD. (**Note:** This does not satisfy the requirement to notify the CoC of the intent to appeal.)

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2. **Was this project application first rejected by the CoC and then submitted OR submitted completely independently of the CoC's process?** Required only if appealing. Select “**Rejected**” if the CoC rejected your application submitted to them in *e-snaps*—question 4b will appear. Select “**Independent**” if the CoC rejected your application outside of the *e-snaps* process and this is your first submission in *e-snaps*—question 4b will appear. HUD encourages all project applicants to first submit applications to the CoC in *e-snaps*.
3. **Was the project application submitted within the CoC's established submission deadline?** Required only if appealing. Select “**Yes**” to indicate the project application was submitted to the CoC following the CoC’s process before the CoC’s local submission deadline or “**No**” to indicate a submission after the local submission deadline.
- 4a. **Describe the reason(s) provided by the CoC explaining their rejection of the project:** Required only if appealing. Project applicants appealing a rejected project in the local CoC competition must use this text box to describe the reason provided by the CoC for the rejection of the project application.
- 4b. **Describe the reason(s) why the application was not submitted in *e-snaps* with the CoC's consolidated application:** Required only if appealing. A Solo Applicant must use this text box to explain why the project application was submitted as an appeal in *e-snaps* without first submitting it as a standard submission to the CoC through *e-snaps*; (e.g., the project application was originally submitted outside of *e-snaps* due to the local CoC competition occurring prior to the release of the FY 2019 CoC Program Competition NOFA).
5. **Describe how the CoC has not permitted reasonable participation in its process:** Required only if appealing. Use this text box to describe how the Solo Applicant attempted to participate in the CoC planning process and the reasons the applicant believes they were denied the right to participate in a reasonable manner. Include examples and timelines where possible.

Once completed, this screen will serve as the HUD recognized Notice of Intent to Appeal required by 24 CFR part 578. Refer to Section X.C of the FY 2019 CoC Program Competition NOFA for Solo Applicant attachment requirements and requirements that need to occur outside of the *e-snaps* project application process.

### Screen 8B. Submission Summary

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

- **Any date (MM/DD/YYYY).** If a date is available under the “**Last Updated**” column, the screen identified on the same row in the “**Page**” column indicates the date the project applicant completed or revised the screen.
- **No Input Requested.** If “**No Input Requested**” is available under the “**Last Updated**” column, there are no mandatory fields on the screen identified in the same row in the “**Page**” column.
- **Please Complete.** If “**Please Complete**” is listed in the “**Last Updated**” column, the screen identified in the same row in the “**Page**” column has not been completed and there are remaining requirements or errors that must be addressed. Navigate back to that screen and complete the necessary fields. Any field with an asterisk (\*) must be completed before the project application can

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be submitted. Look for notes and warning messages at the bottom of the “**Submission Summary**” screen for details about relevant fields needing updates.

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

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

- [\*\*PH-PSH: Permanent Supportive Housing\*\*](#)
- [\*\*PH-RRH: Rapid Rehousing\*\*](#)
- [\*\*Joint TH and PH-RRH: Rapid Rehousing\*\*](#)
- [\*\*SSO-CE: Coordinated Entry\*\*](#)
- [\*\*HMIS: Homeless Management Information Systems\*\*](#)

For additional resources, including FAQs, go to: [FY 2019 Continuum of Care \(CoC\) Program Competition: Funding Availability](#) and [CoC Program Competition: e-snaps Resources](#).

## Permanent Housing (PH) – Permanent Supportive Housing (PSH) New Project Applications

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[\[RETURN to “All Projects Part 2 through Part 8”\]](#)

The following instructions apply to **Permanent Housing (PH)–Permanent Supportive Housing (PSH)** projects in accordance with **PH-PSH** requirements at 24 CFR 578.37. Before completing this part of the application, carefully review the specific requirements for **PH-PSH** projects in the FY 2019 CoC Program Competition NOFA. New **PH-PSH** project applications can request funds through the Reallocation process, CoC Bonus, or a combination of Reallocation and CoC Bonus. **Note:** DV Bonus is not eligible for new **PH-PSH**.

### PH-PSH Part 3: Project Information

#### PH-PSH Screen 3A. Project Detail

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

- 1a. CoC Number and Name:** Required. Select the CoC number and name from the dropdown menu to which the project applicant intends to submit this project application. **Selecting the correct CoC is critical.** The dropdown menu contains all CoCs that were registered in the FY 2019 CoC Program Registration process and is listed according to the CoC Number (e.g., NE-502) and CoC Name (e.g., Lincoln County CoC). Based on the selection made in this field, when “**Submit**” is selected on Screen 8B, *e-snaps* will send this project application to the CoC selected.  
  
**Note:** Project applicants should only use the “**No CoC**” option in instances where a project is located in a geographic area not claimed by any CoC. If project applicants select “**No CoC**,” their project applications will not be connected to a CoC Consolidated Application for this competition, which could affect HUD’s ability to award funds for the project application.
- 1b. CoC Collaborative Applicant Name:** Required. Select the name of the Collaborative Applicant for the CoC to which the project applicant intends to submit the project application. The dropdown menu for this field is based on the CoC Number and Name selected above with the CoC’s designated Collaborative Applicant’s name that registered during the FY 2019 CoC Program Registration process.
- 2. Project Name:** No action required. This field populates from the *e-snaps* “**Project**” screens and is read-only. If the project name is incorrect, exit the project application screens and open the *e-snaps* “**Project**” screens by selecting “**Projects**” from the left menu to correct the information.
- 3. Project Status:** Required. This field defaults to the “**Standard**” option and should only be changed to “**Appeal**” if the project applicant believes they were denied the opportunity to participate in the local CoC planning process in a reasonable manner and, as a result, the CoC rejected or reallocated their project application. All other project applicants should leave the field with the option “**Standard.**” If the project applicant selects “**Appeal**,” Screen 8A “**Notice of Intent to Appeal**” will appear on the left menu and additional attachments will be required. For further information about the Solo Applicant appeal process, see instructions for Screen 8A above.
- 4. Component Type:** Required. For **PH-PSH** projects, select “**PH**” click “**Save**” and the next question will appear.
  - 4a. Will the PH project provide PSH or RRH?** Required. For **PH-PSH** projects select “**PSH.**”
- 5. Title V:** Required. Title V of the McKinney-Vento Act allows homeless service providers to use unutilized, underutilized, excess, or surplus federal properties to assist persons experiencing

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homelessness. Select “Yes” or “No” to indicate whether the project includes one or more properties conveyed through the Title V process.

**6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section III.C.2.u. and Section III.C.2.s. of the FY 2019 NOFA).** Required. Select “Yes” or “No.” In FY 2019, an existing eligible renewal project can change its current project component (e.g., TH, PH-PSH, etc.) to an eligible new project component (e.g., PH-RRH, SSO-CE, etc.). However, to facilitate this component change, the project applicant must work with the CoC to use the reallocation process to fully eliminate the renewal project and transition the grant funds (ARA) to the new project application. The new project can be any eligible new project type available in the FY 2019 CoC Program Competition. For additional information, refer to page 4 in this guide and the FY 2019 CoC Program Competition NOFA. If “Yes” is selected the following table and question will appear.

**6a. List all expiring project(s) involved in the transition:** Required if “Yes” is selected in question 6 above. The expiring project(s) are the fully eliminated project(s) through the reallocation process and can remain in operation until the current expiration date(s). At least one eliminated grant must be entered in the table, and no more than four grants. For each expiring grant enter the full grant number; then select from the calendar icons the confirmed eLOCCS Operating Start Date(s) and Expiration Date(s); then select the expiring grant Component Type from the dropdown menu.

**Note:** Multiple expiring grant component types can be included in the transition.

| Grant Number | Operating Start Date | Expiration Date | Component Type |
|--------------|----------------------|-----------------|----------------|
|              |                      |                 |                |

**IMPORTANT:** For all expiring projects listed above, be sure to attach a copy of the most recently approved project application(s) on Screen “7A Attachments.” (e.g., if the expiring project was last funded in the FY 2018 CoC Program Competition, attach a copy of the FY 2018 project application).

**6b. Provide a brief description that addresses the scope of the proposed transition from the expiring component to the new component during the first year of operation; including how no more than 50 percent of each transition grant will be used for costs of eligible activities of the program component originally funded.** Required if “Yes” is selected in question 6 above. Provide a detailed description of how the project will be transitioned from the renewal project to the new project. The description must include:

- A detailed description of how the project applicant will reduce activities in the project(s) that is/are transitioning, including the plan for ensuring existing program participants do not become homeless, while increasing activities in the new component;
- The amount of funds that will be used to wind down the project that is transitioning if the project is selected for conditional award as a transition grant (note: recipients may not use more than 50 percent of grant funds to pay for the costs in the project that is transitioning); and
- The estimated timeline, within the 1-year grant period, that the project will be fully operating as the newly awarded component.

For example, if the project applicant has eliminated a TH project to create a new RRH project, the project applicant must describe, at a minimum, how the project will strategically wind down the transitional housing project, including identifying how current program participants will be assisted in obtaining permanent housing, and build up the RRH project over the course of the grant term, so that the project will be fully operating as a RRH project at the end of the grant term. Further, the

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project applicant must describe how much of the grant they will expend on TH activities to wind down the TH project, and by what point during the grant term the project will be operating fully as an RRH project.

**Note:** Other than the questions above, the new project application for a transition grant must be filled out only as related to the new project being requested. For example; questions and charts such as, DedicatedPLUS, Unit/Household counts, and budget charts, etc., should only be related to how the new project will be operating when it is operating fully as its new component. Only the new portion of the project will be reviewed according to the new project threshold questions. If the new project application is selected for conditional award, the recipient will have the opportunity in the Post Award process to adjust up to 50 percent of the new project's budgets for the eligible costs of the eliminated project(s).

7. **Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?** Select the checkbox to confirm. This application will not be allowed to submit unless this box is checked.
8. **Does this project include Replacement Reserves?** This question populates only if an amount is entered in the “**Replacement Reserve**” category of the “**6G Operating Budget.**” If not applicable, select “**No**” and remove the replacement reserve data from the “**6G Operating Budget.**” Select “**Yes**” if this project will include replacement reserve as an expected CoC Program Operating cost. If “**Yes,**” the applicant must attach the following to their application to be able to move to grant agreement:
  - total amount to be placed in reserve over the grant term;
  - system(s) to be replaced and useful life/lives of the system(s); and
  - repayment schedule and scheduled payment amount.

### PH-PSH Screen 3B. Description

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

1. **Provide a description that addresses the entire scope of the proposed project.** Required. Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and the reason CoC Program funding is required. Additionally, if the project will implement any service participation requirements or requirements that go beyond what is typically included in a lease agreement, describe what those requirements are and how they will be implemented. The information project applicants provide in this narrative must not conflict with information provided in other parts of the project application.

**Note:** HUD recommends using more general data (e.g., this project will serve 10 persons over the term of the grant) rather than using specific dates (e.g., in FY 2020 this project will serve 10 persons) to reduce the need to change project descriptions for annual renewals.

2. **For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.** Required. PH-PSH project applicants should be able to estimate the number of days from grant execution for the top four questions or as applicable for the

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requested new project application. Multiple office locations or structures shown in columns B, C, and D, are not likely applicable. Nonapplicable fields can remain blank or project applicants can enter “0” or “NA.”

**Note:** To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is PH-PSH projects with sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

| Project Milestones   | Days from Execution of Grant Agreement |
|--|--|--|--|--|
|  | A                                      | B                                      | C                                      | D                                      |
| New project staff hired, or other project expenses begin?  |  |  |  |  |
| Participant enrollment in project begins?  |  |  |  |  |
| Participants begin to occupy leased or rental assistance units or structure(s), and supportive services begin? |  |  |  |  |
| Leased or rental assistance units or structure, and supportive services near 100% capacity?                    |  |  |  |  |
| Closing on purchase of land, structure(s), or execution of structure lease?                                    |  |  |  |  |
| Rehabilitation started?  |  |  |  |  |
| Rehabilitation completed?  |  |  |  |  |
| New construction started?  |  |  |  |  |
| New construction completed?  |  |  |  |  |

3. **Will your project participate in a CoC Coordinated Entry Process?** Required. Select “Yes” or “No.” Participation in a CoC Coordinated Entry (CE) process is a requirement for all recipients of CoC Program funds. CE is a process designed to coordinate program participant intake, assessment, and provision of referrals. A CE process covers the CoC’s geographic area, is easily accessed by individuals and families seeking housing **or** services, is well advertised, and includes a comprehensive and standardized assessment tool and process. New project applicants should select “Yes” if the project will participate in a CoC CE process as soon as the project begins operations. If the CoC’s CE process is not yet coordinated by the CoC across all providers in the community, select “No.” If the CoC does not yet have a CE process, or if the project chooses not to participate (i.e., Applicant is a victim service provider, as defined in 24 CFR 578.3 and has an alternate CE process that meets HUD’s minimum requirements), select “No.”
- 3a. **If “No;” Please explain why your project does not participate in a CoC Coordinated Entry Process.** Provide an explanation for why the project will not participate in a community’s coordinated entry process during the requested grant term.
4. **Will your project have a specific population focus?** Required. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach, or methodologies for a specific

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subpopulation(s). This does not mean that your project exclusively serves that subpopulation(s), but rather that your project is uniquely equipped to serve them.

- 4a. Please identify the specific population focus? (Select ALL that apply).** Required if “Yes” to question 2 above, select one or more of the available subpopulations. If a subpopulation focus for your organization is not listed, check the box next to “Other” and enter in the subpopulation in the text box provided.
- 5. Housing First.** Housing First is a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions (such as, sobriety or a minimum income threshold). This approach quickly connects individuals and families experiencing homelessness to permanent housing:
- no barriers to entry (e.g., sobriety, treatment, or service participation requirements);
  - no preconditions (e.g., sobriety, income); and
  - does not terminate program participants from the project for lack of participation in the program (e.g., supportive service participation requirements or rules beyond normal tenancy rules).

Supportive services are voluntary but are offered to maximize housing stability and prevent returns to homelessness. For further information refer to Sections II.A.6. of the FY 2019 CoC Program Competition NOFA and go to the: [Housing First in PSH Brief](#).

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

- 5a. Does the project quickly move participants into permanent housing?** Required. Select “Yes” to this question if your project will move program participants into permanent housing as quickly as possible, and will not require additional steps (e.g., a required stay in transitional housing or a certain number of days of sobriety) when program participants determine that they want assistance moving into permanent housing. If this is a domestic violence (DV) project application including survivors of human trafficking, sexual assault, stalking, and dating violence, project applicants should select “Yes” if the project will move program participants as quickly as possible into permanent housing after the program participant believes their immediate safety needs have been addressed (e.g., survivor(s) believe they are still in danger from violent situations and choose to wait until the dangerous situations are addressed before moving into permanent housing, but must be assisted with quickly moving to permanent housing as soon as they believe it is safe). Select “No” if the project does not work to remove all barriers to move program participants quickly into permanent housing or requires additional steps prior to helping a program participant obtain permanent housing.
- 5b. Does the project ensure that participants are not screened out based on the following items? (Select ALL that apply).** Required. Checking the box next to each item listed confirms that your project does not have the following barriers to entering the project at the time of completing this application: (1) having too little or little income; (2) active or history of substance use; (3) having a criminal record with exceptions for state-mandated restrictions; and 4) history of victimization (e.g., domestic violence, sexual assault, childhood abuse). If these barriers still exist at the time of completing this application, select “None of the above.”
- 5c. Does the project ensure that participants are not terminated from the program for the following reasons?** Required. Checking the box next to each item listed confirms that your project does not terminate participants for the following reasons at the time of completing this project application: (1) failure to participate in supportive services—not including case management that is for the purposes of engagement only; (2) failure to make progress on a service plan; (3) loss of income or

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failure to improve income; and (4) any other activity not covered in a lease agreement typically found in the project's geographic area. If a program participant can be terminated from the project for any of these reasons at the time of application, select "**None of the above.**"

- 5d. Does the project follow a Housing First approach?** No action required. *E-snaps* automatically populates this read-only field, which will only indicate "**Yes**" if the project applicant selected "**Yes**" for 3a **and** checked all of the boxes for 3b and 3c, to confirm a Housing First approach. Otherwise, this field will indicate "**No**" to confirm that the project will not follow a Housing First approach. Any project application submitted as using a Housing First approach must continue operating as such during its FY 2019 grant term.
- 6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property?** Required only if a new PH-PSH project is requesting capital costs (acquisition, new construction, or rehabilitation). **If** this question is not applicable; place **N/A** in the textbox. **If** this question is applicable, provide a narrative that specifically describes the activities related to the development and operation of the property. Project applicants are not required to repeat the schedule described in question 2.
- 7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?** Required. Select "**Yes**" or "**No**" to indicate whether program participants will be required to live in a specific place determined by the project applicant at any point. Select "**Yes**" if any portion of a project will be site-based or require program participants to live in a specific locality, or city, or within a specific area of the city. **Note:** If the **PH-PSH** project will be requesting tenant-based rental assistance (TRA), recipients may only require program participants to live in a specific area and in a specific structure (for the first year of their participation) **only** where it is necessary to facilitate the coordination of supportive services.
- 7a. If yes, explain how and why the project will implement this requirement.** Describe why the project applicant has chosen to implement this program design for your project program participants. For example, if a project applicant owns a building to provide PSH for program participants or program participants will be required to meet with a case manager at least monthly in their first year of the project and the case managers offices are in the identified locality. For project applicants requesting TRA, it is particularly important to explain why implementing this requirement is necessary for facilitating the provision of supportive services.
- 8. Will more than 16 persons live in one structure?** Required. Select "**Yes**" or "**No**" to indicate whether more than 16 persons will reside in any one of the structures assisted with funds requested through this application. **If "Yes,"** two additional questions will appear.
- 8a. Describe the local market conditions that necessitate a project of this size. If there are more than 16 people, use the text box to explain how local market conditions necessitate this size.**
- 8b. Describe how the project will be integrated into the neighborhood. If there are more than 16 people, use the text box to explain how neighborhood integration can be achieved for program participants.**
- 9. Indicate whether the project is "100% Dedicated," or "DedicatedPLUS," according to the information provided.** Required. Select if the project will dedicate 100 percent of beds to individuals and families experiencing chronic homelessness or who meet the criteria of DedicatedPLUS. Even if DedicatedPLUS is selected, the project applicant can still dedicate beds to individuals and families experiencing chronic homelessness on Screen 4B, and those CH dedicated beds must operate in accordance with Section III.C.2.b. of the FY 2019 CoC Program Competition NOFA. All new **PH-PSH** projects must select from the following:

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- Select “**DedicatedPLUS**” to serve those individuals and families meeting the criteria listed in the DedicatedPLUS definition in the FY 2019 NOFA Section III.C.2.g. Projects that select “**DedicatedPLUS**” will be required to fill all vacancies with persons meeting these criteria.
- Select “**100% Dedicated**” to serve only those individuals and families meeting criteria listed in the beds dedicated to individuals and families experiencing chronic homelessness described in the FY 2019 NOFA Section III.C.2.b. Projects that select “**100% Dedicated**” will be required to fill all vacancies with persons meeting the definition of Beds Dedicated to Chronically Homeless Individuals and Families.

### Definitions:

“**100% Dedicated**” is a project defined in the FY 2019 NOFA Section III.C.2.b. as:

***Beds Dedicated to Chronically Homeless Individuals and Families.*** A permanent supportive housing (PH-PSH) bed that is dedicated specifically for use by chronically homeless individuals and families within a CoC’s geographic area, as reported in the CoC’s Housing Inventory Count (HIC) and the FY 2019 permanent housing project applications. When a program participant exits the project, the bed must be filled by another chronically homeless participant unless there are no chronically homeless persons located within the CoC’s geographic area. This concept only applies to permanent supportive housing projects.

**DedicatedPLUS project.** A permanent supportive housing project where 100 percent of the beds serve individuals and families, including unaccompanied youth, that meet one of the following criteria at intake. Refer to Section III.C.2.g of the FY 2019 CoC Program Competition NOFA:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven, but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year, and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a Joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last 3 years, but has not done so on four separate occasions and the individual or head of household meet the definition of ‘homeless individual with a disability’; or
- (6) receiving assistance through a Department of Veterans Affairs (VA) - funded homeless assistance program and met one of the above criteria at initial intake to the VA’s homeless assistance system.

### PH-PSH Screen 3C. Project Expansion Information

New in FY 2019, the process to apply for a new project that will expand an existing eligible CoC Program renewal project requires three project applications. The following guidance only pertains to new expansion projects that intend to expand and combine with a current eligible CoC Program renewal project. If a project applicant intends to expand a project, but not combine grants, or if a project applicant intends to expand a

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project that is currently funded with other resources (e.g., other federal funds, local funds, or private funds) the applicant will submit a new project application only

For additional instructions, project applicants should review the “**All Project – Renewal Expansion**” screen instructions on pages 17-20 of the **CoC Renewal Project Application Detailed Instructions**. In addition, refer to the FY 2019 CoC Program NOFA Section III.C.2.j. and Section V.B.3.a.(5).

The instructions below are for the **Step 2: “Stand-alone New”** project application that contains the expanded activities for only the part of the project that is being added in the **Step 3: “Combined Renewal Expansion”** project application.

**Screen 3C** must be complete as instructed below.

All applicants must complete the first question on Screen 3C; except, applicants that selected Transition grant on Screen 3A will not have access to this screen. Transition grants are not permitted to expand a renewal project.

- 1. Is this New project application requesting a “Project Expansion” of an eligible renewal project of the same component type?** Required. Select “No” if this new project application is not requesting to be part of the renewal expansion process; select “Save and Next” to proceed to the next screen. If “Yes” is selected the following questions will be visible and must be completed for this **Step 2: “Stand-alone New”** project application.

**Enter the PIN number (first 6 characters of the grant number) and Project Name for the renewal project application applying for renewal in this year’s CoC Program Competition.**

- 1a. Eligible Renewal Grant PIN Number.** Enter the same PIN that was entered in the Step 1 and Step 3 renewal project applications.
- 1b. Eligible Renewal Grant Project Name.** Enter the Project Name that was entered in the Step 1 renewal project application.

Answer the following questions to inform HUD of one or multiple item(s) that will be expanding. At least one selection must be a “Yes.”

- 2. Will this expansion project increase the number of homeless persons served?** Required. Select “No” if this expansion project application is not requesting to serve an increased number of persons experiencing homeless. If “Yes” is selected, the following questions will appear:

- 2a. Indicate how the project is proposing to “increase the number of homeless persons served.”**

**Current level of effort? (from the Step 1: “Stand-alone Renewal” project application)**

# of persons served (approved # from Screen 5A)

# of units? (approved # from Screen 4B)

# of beds? (approved # from Screen 4B)

**New effort? (Proposed increase requested in this Step 2 project application)**

# of additional persons served that this project will provide

# of additional units this project will provide

# of additional beds this project will provide

- 3. Will this expansion project provide additional supportive services to homeless persons?** Required. Select “No” if this expansion project is not adding additional supportive services to person experiencing homelessness. If “Yes” is selected, the following question will appear:

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- 3a. Indicate how the project is proposing to "provide additional supportive services to the homeless persons served." Check one or both boxes to indicate the expanded supportive services.
- Increase number of and/or expand variety of supportive services provided
  - Increase frequency and or intensity of supportive services
4. Will this expansion project bring existing facilities up to government health and safety standards? Required. Select "No" if this expansion project is not requesting CoC Program funds to bring existing facilities up to state/local government health and safety standards. If "Yes" is selected, the following question will appear and must be completed.
- 4a. Describe how the project is proposing to "bring the existing facility(ies) up to state/local government health safety standards."

## PH-PSH Part 4: Housing and Services

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

All fields on Screen 4A are required and provide HUD with details of the supportive services provided to program participants. All project applicants must review and acknowledge the statement at the top of Screen 4A pertaining to housing or services provided to children and youth.

1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. **Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.**

**Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.** Required. Check the box that you acknowledge your organization will be required to meet the above requirements if your organization serves any qualifying participants.

2. **Describe how participants will be assisted to obtain and remain in permanent housing:** Describe how the project applicant plans to help program participants move into permanent housing, and how the plan ensures program participants stabilize and remain in permanent housing. An acceptable response will acknowledge the needs of the target population, and include plans to address those needs through current, and proposed case management activities, and the availability and accessibility of supportive services such as—housing search, primary health services, mental health services, educational services, employment services, life skills, child care services, etc. **Example:** A project that targets its housing and services to serving young parents might provide a specific service array of supportive services including parenting classes, education programing, and childcare services.

If program participants will be housed in units not owned or operated by the project applicant, the narrative should also describe: (1) how the project will identify appropriate units; (2) the project's established arrangements with homeless service providers; and (3) how the project will engage landlords.

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- 3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?** Describe: (1) how the project will help program participants obtain income (e.g., access to employment programs and educational opportunities); (2) how the supportive services provided will lead directly to program participants gaining employment, accessing SSI, SSDI, or other mainstream income streams; and (3) how the requested CoC Program funds will contribute to program participants becoming more independent (e.g. accessing Medicare, Medicaid, early childhood education).
- 4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.** Required. This list identifies **all** supportive services provided to program participants in the project by the project applicant, subrecipient, partner organization, or non-partner organization. The project applicant should complete each row of the dropdown menus for all supportive services the project will provide to program participants, regardless of funding source. Do not limit this selection to just supportive services for which CoC Program funding may be requested in your project application—also include supportive services other organizations or grants will provide. If more than one **“Provider”** or **“Frequency”** is relevant for a single service, select the provider and frequency that is used most. If more than one provider offers the service equally as often, choose the provider according to the following order: (1) Applicant, (2) Subrecipient, (3) Partner, and (4) Non-Partner.
- **Provider:** For each applicable supportive service select one of the following:
    - **“Applicant”** to indicate that the project applicant will provide the supportive service;
    - **“Subrecipient”** as indicated on Screen 2A, that will provide the service;
    - **“Partner”** to indicate that an organization that is not a subrecipient of CoC Program funds, but with whom a formal agreement or (MOU) was signed to provide the service; or
    - **“Non-Partner”** to indicate that a specific organization with whom no formal agreement was established regularly provides the service to program participants.
  - **Frequency:** Required if “Provider” is selected. Select how often the service is provided to program participants. If two frequencies are equally common, select the interval that is most frequent, (e.g., both weekly and monthly are equally common—select weekly).
- 5. Please identify whether the project includes the following activities:**
- 5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** Required. Select **“Yes”** if the project provides regular, or as needed transportation assistance to mainstream and community resources, including appointments, employment training, educational programs, and jobs. Transportation assistance may include bus passes, rail/subway transit-cards, vehicle owned by the organization, etc. Select **“No”** if transportation will not be regularly provided or cannot be provided consistently as requested.
- 5b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?** Required. Select **“Yes”** if the project follows-up with program participants at least annually to ensure they have applied for, are receiving their mainstream benefits, and renew benefits when required. Select **“No”** if the project does not follow-up with program participants at least annually concerning mainstream benefits.
- 6. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?** Required. Select **“Yes”** if program participants have access to SSI/SSDI technical assistance. The assistance can be provided by the project applicant, a

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subrecipient, or a partner agency—through a formal or informal relationship. Select “No” if there is no or significantly limited access to SSI/SSDI technical assistance.

- 6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months?** Required if “Yes” is selected above. Select “Yes” to indicate that the staff person who will be providing the SSI/SSDI technical assistance has completed SOAR training, online or in person, in the past 24 months. If more than one person will provide technical assistance, select “Yes” only if all persons have completed the training. Otherwise, select “No.”

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

Use Screen 4B to report the number of Units, Beds, and Dedicated CH Beds for each housing type and location. The numbers reported must reflect the units and beds at full capacity on a single night directly supported by CoC Program funds or eligible match funds. This includes units supported only by CoC Program supportive services funds without CoC Program leasing, operating, or rental assistance funds. The reported number of units and beds should generally match the number of households (units), and persons (beds) as listed on Screens 5A and 5B, although there are understandable exceptions (e.g., a two-parent household where the parents share a bed).

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

- **Total Units.** Includes all **units** in the project, regardless of size.
- **Total Beds.** Includes all **beds** in the project, regardless of unit configuration.
- **Total Dedicated CH Beds.** Includes all CH beds **dedicated** for individuals and families experiencing chronic homelessness.

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

- 1. Housing type:** Required. Report the type of housing structures where program participants under this project are housed. Each housing type must be listed individually. Select from the following housing types:
  - **Barracks:** Individuals or families sleep in a large room with multiple beds. **This type is not appropriate for the PH-PSH projects and should not be selected.**
  - **Dormitory-shared or private rooms:** Individuals or families share sleeping rooms or have private rooms; share a common kitchen, common bathrooms, or both.
  - **Shared housing:** Two or more unrelated people share a house or an apartment. Each unit must contain private space for each assisted family, plus common space for shared use by the residents of the unit. Projects cannot use zero or one-bedroom units for shared housing.
  - **Single Room Occupancy (SRO) units:** Each individual has private sleeping or living room which may contain a private kitchen and bath, or shared, dormitory style facilities.
  - **Clustered apartments:** Each individual or family has a self-contained housing unit located within a building or complex that houses both persons with special needs (e.g., persons formerly experiencing homelessness, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV) and persons without special needs.

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- **Scattered-site apartments (including efficiencies):** Each individual or family has a self-contained apartment. Apartments are scattered throughout the community.
  - **Single family homes/townhouses/duplexes:** Each individual or family has a self-contained, single-family home, townhouse, or duplex that is located throughout the community.
2. **Indicate the maximum number of Units and Beds available for program participants at the selected housing site:** Required. For this type of housing, enter the total number of units and beds.
- **Units:** Enter the total number of units available at full capacity on a single night in the selected housing type and location.
  - **Beds:** Enter the total number of beds available at full capacity on a single night in the selected housing type and location.

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

3. **How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?** Required. A dedicated bed is a bed that must be filled by persons with CH designation who qualifies for the project unless there are no persons with CH designation located within the geographic area who qualify. These beds are also reported as “**CH Beds**” on the CoC’s Housing Inventory Count (HIC). If a project has dedicated CH beds to serve families experiencing chronic homelessness, all beds serving the household should be included in this number. If your project serves persons experiencing chronic homelessness, review the [HUD Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing](#). The notice provides detailed information concerning beds that must serve persons with CH designation as defined in 24 CFR 578.3, in accordance with 24 CFR 578.103.

Include beds in this calculation that serve persons with CH designation and those that do not serve but will be dedicated serve persons with CH designation as soon as the beds turnover. In general, HUD requires that all beds included in this field will continue to serve persons with CH designation. HUD expects that the number of beds in question 3 on this screen in a project that selected “**100% Dedicated**” on Screen 3C to match the number of beds indicated in question 2a. DedicatedPLUS projects should also use this screen to indicate how many beds will be dedicated to persons experiencing chronic homelessness.

4. **Address:** Required. 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 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, 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 survivors of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of program participants.
5. **Select the geographic area associated with this address:** Required. Report the geographic area in which the housing type, units, and beds are actually located. The list of geographic areas is limited by the state(s) selected on Screen 1D of the application. Multiple areas can be selected if units are located in more than one county or city. Hold down the “**Ctrl**” key to make multiple selections.

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### PH-PSH Part 5: Participants

#### PH-PSH Screen 5A. Project Participants - Households

Enter the numbers on Screen 5A in the respective columns and rows as defined below for the number of households and number of persons proposed to be served on a single night when the project is at full operational capacity.

- **Households with at least One Adult and One Child:** For the proposed numbers under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.
- **Adult Households without Children:** For the proposed numbers under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.
- **Households with Only Children:** For the proposed numbers under this column and household type, only include persons under the age of 18, do not include in this number any person at or above the age of 18.

The first column on the far left is read-only and populated with four standard reporting categories determined by HUD as listed below.

- **Adults over age 24:** A subset of the category of “**Adults**” to disaggregate “**Youth**” from over age 24 adults.
- **Persons ages 18-24:** A category implemented to account for transition age youth. Youth previously captured under the category “**Adult**” should now be captured under the category “**Persons between the ages of 18 and 24.**”
- **Accompanied Children under age 18:** Includes all children and youth who are under the age of 18. “**Accompanied**” is defined as “**in the company of parent or legal guardian regardless of the age of the parent or legal guardian.**”
- **Unaccompanied Children under age 18:** Includes all children and youth who are under the age of 18. “**Unaccompanied**” is defined as “**without a parent or legal guardian,**” and can include persons under 18 who themselves have dependents, siblings, or other household members.

The tables are populated with white, dark grey, and light grey fields. In each white field, list the number of households or type of persons served for the given household type. The dark grey cells are not applicable to the given type of persons, and the light grey cells, will automatically total once the screen is saved. The screen is designed to prevent project applicants from entering more households than persons for any given column, and at least one person must be entered for every column that has one or more households. The number and characteristics of persons that the project is expected to serve is recorded on this screen and should match the total number of units and beds requested on Screen 4B.

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

Enter the numbers on Screen 5B in the respective columns and rows as defined below for the subpopulation breakdown of the proposed number of persons to be served on a single night when the project is at full operational capacity.

Screen 5B is separated into three tables corresponding to the three household types on Screen 5A. Refer to 5A above for a description of the three household types. There are nine editable columns for all three tables. One additional is for persons who are not represented by the priority subpopulations. This screen will prevent submission until applicants account for all persons identified on Screen 5A.

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PH-PSH project applicants that selected “**100% Dedicated**” must include 100 percent of program participants under the appropriate “**Chronically Homeless**” columns. In addition, the total number of persons with CH designation must equal the number of beds dedicated in question “**2b. Beds**” on Screen 4B. **Note:** The screen has a built-in control for PH-PSH projects that selected “**100% Dedicated**” on Screen 3C, requiring that at least one person per household listed on Screen 5A is counted in one of the two CH columns (Chronically Homeless Non-Veterans and Chronically Homeless Veterans) on Screen 5B. If the number of persons counted in these two columns does not equal at least the number of households on Screen 5A, *e-snaps* will report an error and prevent application submission when the screen is saved.

**Note:** Households served in PH-PSH projects must have at least one household member with a qualifying disability as defined by 42 U.S.C 423(d) and 42 U.S.C. 11382(2). However, for a household to be served that is a 100% Dedicated CH unit or a DedicatedPlus unit, the head of household must have a qualifying disability and meet all the criteria required as defined in 24 CFR 578.3

**Table 5. Subpopulation Columns**

|  |
|--|
| <b>Mutually Exclusive</b>  |
| <ul style="list-style-type: none"> <li>• <b>Chronically Homeless Non-Veterans:</b> To fall under this column, proposed persons <b>must</b> have CH designation per 24 CFR 578.3, <b>but not</b> veterans*.</li> <li>• <b>Chronically Homeless Veterans:</b> To fall under this column, proposed persons <b>must</b> have CH designation per 24 CFR 578.3, <b>and</b> veterans*.</li> <li>• <b>Non-Chronically Homeless Veterans:</b> To fall under this column, proposed persons <b>must not</b> have CH designation, <b>but must be</b> veterans*.<br/>* “Veterans” include all persons who served in the military, regardless of discharge status.</li> </ul>  |
| <b>May Contain Duplicate Entries</b>   |
| <ul style="list-style-type: none"> <li>• <b>Chronic Substance Abuse:</b> Proposed persons identified as chronic substance abusers.</li> <li>• <b>Persons with HIV/AIDS:</b> Proposed persons identified as living with HIV/AIDS.</li> <li>• <b>Severely Mentally Ill:</b> Proposed persons identified as diagnosed as severely mentally ill (SMI).</li> <li>• <b>Survivors of Domestic Violence</b> including survivors of human trafficking, sexual assault, stalking, and dating violence: Proposed persons identified as meeting the criteria of paragraph 4 of the homeless definition.</li> <li>• <b>Developmental Disability:</b> Proposed persons identified as diagnosed with a developmental disability.</li> <li>• <b>Physical Disability:</b> Proposed persons identified as diagnosed with a physical disability.</li> </ul> |
| <b>Mutually Exclusive to All Other Columns</b>   |
| <ul style="list-style-type: none"> <li>• <b>Persons not represented by an identified subpopulation:</b> Proposed persons not expecting to fall under any of the listed subpopulations. For example: In a family of five, only one person may have a physical disability and four do not fall into any of the listed subpopulations; then 4 would be entered in this column.</li> </ul>   |

These columns are populated with white, dark grey, and light grey fields, and are dependent on the selections made on Screen 5A. If households and persons are added to a household type column on Screen 5A, then the corresponding table will be available for data entry on Screen 5B. However, if no households and persons are added to a particular household type column on Screen 5A, then the corresponding table will not be available on Screen 5B. **Example:** If 3 households are entered into the “**Adults Only**” column on Screen 5A, but no households are entered into the “**Adults with Children**” or “**with Children Only**” columns on Screen 5A, then only the “**Adults Only**” table will be available for edit on Screen 5B.

In each white field of the available household tables, enter the number of persons served for the given subpopulation column. Ignore the dark grey cells, which are not applicable to the given subpopulation, and ignore the light grey cells, which will total automatically after the screen is saved. If any number greater than

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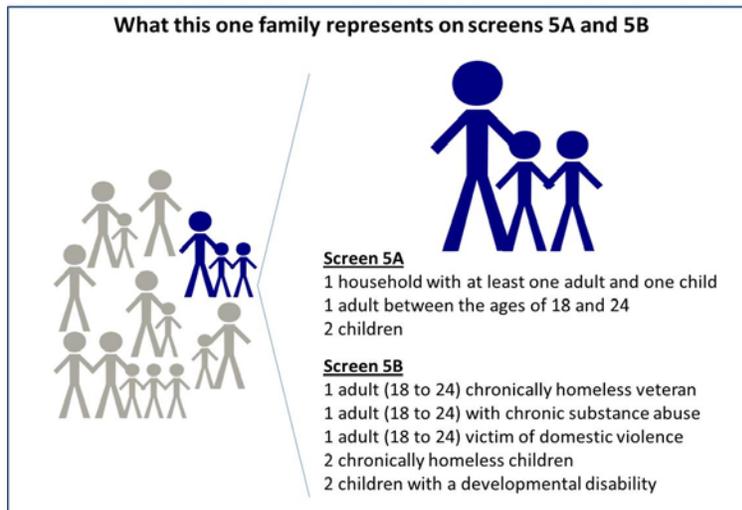
“0” is entered into the column “**Persons not represented by an identified subpopulation,**” a mandatory textbox will appear at the bottom of the screen when the screen is saved. The project applicant must enter a description of the population being served that does not fall under any of the priority subpopulation columns.

The screen has additional controls that ensure that Screens 5A and 5B match. In Table 5 above, three columns are internally **mutually exclusive**, and a single person can only identify with one of the first three columns for each table (e.g., a single person cannot be a veteran while at the same time being a non-veteran). Columns 4 through 9, under “**May Contain Duplicate Entries;**” however, are not **mutually exclusive**, and a single person can identify with more than one column (e.g., a single person could be a veteran, suffering from a physical disability, and a victim of domestic violence). Column 10, “**Persons not represented by an identified subpopulation,**” is mutually exclusive to all other columns; if a single person falls under column 10 the person does not identify with any of the other subpopulations.

There are several other important controls to understand. The “**Total Persons**” for each column, for example, cannot be larger than the total persons for that household category on Screen 5A. Likewise, no cell in each row can contain a number greater than the total number of persons in the corresponding age group as reported on Screen 5A. At the same time, the screen requires an entry for each person served, so at a minimum, the total number from the tables must equal the total number of persons in each corresponding household column from Screen 5A.

The **Characteristics** column (the first column) is populated with the same characteristics used on Screen 5A, which have been applied to each table based on their relevance to the tables housing type.

Total fields will calculate automatically when at least one household field and one-person field is entered, and the screen is saved.



## PH-PSH Part 6: Budgets

Part 6 of the application requests project information related to budget requests, and information about required grant matching funds.

### PH-PSH Screen 6A. Funding Request

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

- 1. Will it be feasible for the project to be under grant agreement by September 30, 2021?** Select “**Yes**” to indicate the project will begin operating by September 30, 2020. Unobligated funds will not be available after September 30, 2021. If “**No**” is selected, project applicants will not be able to submit this project application in *e-snaps*.

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**2. What type of CoC funding is this project applying for in the 2019 CoC Competition?** New **PH-PSH** project applications are eligible through "**Reallocation**," funds "**CoC Bonus**" funds or a combination of "**Reallocation + CoC Bonus**" funds. New **PH-PSH** projects are not eligible through "**DV Bonus**" funds. From the dropdown menu, select "**Reallocation**" if the project is being fully funded using the reallocation process as indicated on the Reallocation forms submitted by the Collaborative Applicant through the CoC Priority Listing. Select "**CoC Bonus**" if the project is being fully funded through the "**CoC Bonus**." If the CoC has chosen to combine both reallocation and CoC bonus funds in a single new project application, select "**Reallocation + CoC Bonus**." Do not select "**DV Bonus**."

**3. Does this project propose to allocate funds according to an indirect cost rate?** Required. Select "**Yes**" or "**No**" to indicate whether the project has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, refer to Section V.B.2.h. of the FY 2019 CoC Program Competition NOFA and contact your local HUD CPD field office. If "**Yes**," project applicants must respond to the following questions:

**3a. Please complete the indirect cost rate schedule below.** Complete at least one row using information from either your approved plan **or** your proposal.

| Administering Department/Agency | Indirect Cost Rate | Direct Cost Base |
|---------------------------------|--------------------|------------------|
|                                 | %                  |                  |

**3b. Has this rate been approved by your cognizant agency?** Select "**Yes**" if the indirect cost rate has already been approved by your cognizant agency. Select "**No**" if it has either not been submitted to **or** has been submitted but has not yet been approved by your cognizant agency.

**3c. Do you plan to use the 10% de minimis rate?** Select "**Yes**" only if you plan to use the 10 percent *de minimis* rate as described in 2 CFR 200.414(f).

**4. Select a grant term:** Required. Indicate the number of years for which funding is being requested. The maximum grant term is dependent upon the costs requested in the budget; therefore, carefully review Section V.B.2.e. of the FY 2019 CoC Program Competition NOFA for eligible grant terms. The selection made here will automatically calculate the total amount of funding requested on the budget screens. For example, **if** 1-year is selected, the budget line items selected will calculate 1-year amounts. **If** 2-years is selected, the budget line items selected will calculate 2-year amounts. The one exception is if a PH-PSH project requests a 15-year grant term, which is only eligible for project-based rental assistance, sponsor-based rental assistance or operating costs. However, the maximum amount of funding project applicants can request for a 15-year new project application is for 5-years and the minimum is for 1-year. Funding for the remainder of the 15-year term is subject to availability. Applicants must apply for additional funds as a renewal project for 1-year of funding.

**5. Select the costs for which funding are being requested:** Required. Check the box next to the eligible costs for which funding is being requested (be sure to review 24 CFR part 578, Subpart D; Program Components and Eligible Costs and Section 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds). Each checked box unlocks the corresponding Budget Line Item (BLI) screens available for this project type:

- **Acquisition/Rehabilitation/New Construction:** Refer to note above on grant term selection;
- **Leased Units;**
- **Leased Structures;**
- **Rental Assistance;**

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- **Supportive Service;**
- **Operating;** and
- **HMIS**

**6. If awarded, will this project require an initial grant term greater than 12 months?** Required. Select “Yes” or “No” to indicate whether this new project application will be requesting more than a 12-month grant term/performance period (up to 18-months) to expend 1-year of CoC Program funds because of the time it takes to get the grant fully operational. Applicants should only answer “Yes” if they are requesting additional time to expend their first year of funds. This will not increase the amount of funds conditionally awarded, and it will impact the expiration date of the grant, which can affect what year the project is eligible for renewal. **If “No,”** proceed to the next question. **If “Yes,”** the following “6a” selection will be visible and must be completed.

**6a. Select the number of months required for the initial grant term (dropdown of 13-18 months).** Required if “Yes” was selected above. Select from the dropdown menu from 13 months to 18 months for the initial grant term/performance period.

### PH-PSH Screen 6B. Acquisition/Rehabilitation/New Construction Budget

Screen 6B is available if the Acquisition/Rehabilitation/New Construction budget cost is selected on Screen 6A. Complete this screen to request funds for all development activities. Refer to 24 CFR 578.43-47 for information on how the three development costs may be used together.

The primary screen on Screen 6B will aggregate the acquisition, rehabilitation, and new construction costs requested for each proposed project site to calculate the total for all costs requested. To add a site, select add  to access the detail budget screens. The primary 6B screen will populate and update when new detail screens are added to the list. To view and edit select view . To delete, select .

Project applicants must enter a specific location for each site requesting capital costs. Create a name for each site that you will recognize, which will populate the list on the primary screen. Then fill out Street Address, City, State, and Zip Code. The address must be the actual site of the proposed development activities and not the administrative office of the project applicant **or** subrecipient. Projects serving victims of domestic violence, including human trafficking, must use a PO Box **or** other anonymous address to ensure the safety of program participants.

Project applicants must then enter the amount requested for eligible acquisition, rehabilitation, and new construction costs at the structure site. A field is available for each cost type.

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

Screen 6C is available if the “Leased Units” Budget Line Item (BLI) is selected on Screen 6A. The primary screen will aggregate the total assistance requested and total units requested for each FMR area listed on the “Leased Units Detail” screens. To add units for a new FMR, select add  to access a “Leased Units Detail” screen. All grey fields will calculate after project applicants complete and save this screen. Select “Save & Back to List” to save the information and return to the primary screen or select “Save & Add Another.” To view and edit, select view . To delete, select .

- **Size of units:** No action required. These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.
- **Number of units:** Required. For each unit size, enter the number of units for which funding is being requested.

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- **Total Units and Annual Assistance Requested:** Required. Enter in the total requested leased units amount.
- **Grant Term:** No action required. This field populates based on the grant term selected on the “Funding Request” screen.
- **Total Request for Grant Term:** No action required. This field will equal the total leasing amount entered above.

### PH-PSH Screen 6D. Leased Structures Budget

Screen 6D is available if the Leased Structures Budget is selected on Screen 6A. The primary screen will aggregate the total assistance leased structures requested on “Leased Structures Budget Detail” screens. To add leased structures, select add  to access a new “Leased Structures Budget Detail” screen. All grey fields will calculate after project applicants complete and save this screen. Select “Save & Back to List” to save the information and return to the primary screen or select “Save & Add Another.” To view and edit, select view . To delete, select .

The leased structures budget detail screens require a structure name and address and the monthly HUD paid rent (Actuals). This rent amount will be automatically multiplied by 12 months and then by the grant term selected on screen 6A to determine the total structure funding request.

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

Screen 6E is available if the Rental Assistance budget is selected on Screen 6A. The primary screen will aggregate the total assistance requested and total units requested for each FMR area or rental assistance type listed on “Rental Assistance Detail” screens.

To add units for a new FMR or rental assistance type, select add  to access a new “Rental Assistance Detail” screen. All grey fields will calculate after project applicants complete and save this screen. Select “Save & Back to List” to save the information and return to the primary screen or select “Save & Add Another.” To view and edit, select view . To delete, select .

**Type of Rental Assistance:** Required. Select the type of rental assistance (i.e., PRA, SRA, or TRA) from the dropdown menu on the top of the screen. If HUD approves more than one rental assistance type for the project, the project applicant must create a separate detail budget screen for each type, even if they are in the same FMR area. For example, if the project consists of 10 PRA units and 10 TRA units in County A, the project applicant must submit two “Rental Assistance Detail” budget screens for County A—one for the 10 PRA units and one for the 10 TRA units.

**Metropolitan or non-metropolitan fair market rent area:** Required. Select the appropriate FMR area where the units are located. The list is sorted by state abbreviation, and most areas calculated by county or metropolitan area. The selected FMR area will be used to populate the rents in the FMR Area column in the chart on this screen. For projects that provide rental assistance in more than one geographic location, the project applicant must create a separate “Rental Assistance Detail” budget screen for each FMR area.

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

- **Size of units:** No action required. These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.
- **Number of units:** Required. For each unit size, enter the number of units for which funding is being requested.

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- **FMR:** No action required. These fields are populated with the FY 2018 FMRs based on the FMR area selected by the project applicant. FMRs are available at: <http://www.huduser.gov/portal/datasets/fmr.html#>.
- **12 Months:** No action required. These fields are populated with the value 12 to calculate the annual rent request.
- **Total Request:** No action required. This column populates with the total calculated amount from each row.
- **Total Units and Annual Assistance Requested:** No action required. This column is automatically calculated based on the sum of the total requests per unit size per year.
- **Grant Term:** No action required. This field populates based on the grant term selected on the “Funding Request” screen. Note: For new PH-PSH projects that requested a 15-year grant term, the maximum “years of funding” is set at 5 years.
- **Total Request for Grant Term:** No action required. This field calculates based on the number of units, multiplied by the FMR per unit size, multiplied by 12 months, multiplied by the grant term.

### PH-PSH Screen 6F. Supportive Services Budget

Screen 6F is available if the “**Supportive Services**” budget line item is selected on Screen 6A. The supportive services listed are exhaustive based on the eligible supportive services in 24 CFR 578.53.

**Note:** The only cost category from 24 CFR 578.53(e) not on this screen is “**Direct provision of services.**” As 24 CFR 578.53(e)(17) explains, if the service is being directly delivered by the recipient **or** subrecipient, eligible costs under the specific supportive service for which funding is being requested also includes: the cost of labor **or** supplies, and materials incurred by the recipient **or** subrecipient in directly providing supportive services to program participants; and the salary and benefit packages of the recipient and subrecipient staff who directly deliver the services. Additionally, per 24 CFR 578.59(a), staff overhead costs directly related to carrying out operating activities are eligible as part of those activities listed on the supportive services budget.

The itemized budget screen includes 17 eligible costs:

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

\*Project applicants may only include “**17. Operating Costs**” (maintenance, repair, building security, furniture, utilities, and equipment) in the Supportive Services budget, if the costs are for a facility that is used to provide supportive services for program participants.

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

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- **Eligible Costs:** No action required. *e-snaps* populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53. (Refer to 24 CFR 578.53 for details on eligible supportive services costs.)
- **Quantity AND Description:** Required. Enter the quantity (i.e., numbers) and description details for each activity for which funds are being requested. **Quantity and description details should be thorough** (e.g., for staffing: position title–1 FTE @ \$45,000 including benefits or 50 hours @ \$25 per hour including benefits). Simply stating 1 FTE is **NOT** providing quantity and description details, and limits HUD’s understanding of costs being requested. Failure to enter adequate quantity and description details will result in HUD placing conditions on the conditional award and will delay funding.
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program activities.
- **Total Annual Assistance Requested:** No action required. This field automatically calculates based on the sum of the annual assistance requests entered for each activity.
- **Grant Term:** No action required. This field populates based on the grant term selected on the “**Funding Request**” screen.
- **Total Request for Grant Term:** No action required. This field automatically calculates based on the total amount in the “total annual assistance requested” multiplied by the grant term.

### PH-PSH Screen 6G. Operating Budget

Screen 6G is available if the Operating budget is selected on Screen 6A. The operating costs listed are all inclusive and determined by the eligible operating costs described in 24 CFR 578.55. Operating costs are associated with the day to day operations of the housing units/facilities.

**Note:** If Screen “6G Operating Budget” includes “**Replacement Reserve**” as an expected operating cost category, an additional question will populate on Screen 3A (#8) that must be answered prior to submission. For further details, refer to instructions for Screen 3A (#8) in this guide.

The itemized budget screen includes 7 eligible costs:

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

Enter the quantity, detail, and total budget request for each operating cost.

- **Eligible Costs:** No action required. *e-snaps* populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55. Refer to 24 CFR 578.55 for details on eligible operating costs.
- **Quantity AND Description:** Required. Enter the quantity (i.e., numbers) and description details for each activity for which funds are being requested. **Quantity and description details should be thorough** (e.g., for staffing: position title–1 FTE @ \$45,000 including benefits or 50 hours @ \$25 per hour including benefits). Simply stating 1 FTE is **NOT** providing quantity and description details, and limits HUD’s understanding of costs being requested. Failure to enter adequate quantity and description details will result in HUD placing conditions on the conditional award and will delay funding.
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program activity.

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- **Total Annual Assistance Requested:** No action required. This field calculates based on the sum of the annual assistance requests entered for each activity.
- **Grant Term:** No action required. This field populates based on the grant term selected on the “Funding Request” screen.
- **Total Request for Grant Term:** No action required. This field calculates based on the total “annual assistance requested” amount for each eligible cost multiplied by the grant term.

### PH-PSH Screen 6H. HMIS Budget

Screen 6H is available if the HMIS budget line item is selected on Screen 6A. The HMIS costs listed are all inclusive and determined by the eligible HMIS costs described at 24 CFR 578.57. Complete the HMIS budget screen to request funds for eligible HMIS costs.

**Note:** Per CFR 578.59(a), staff and overhead costs directly related to carrying out HMIS activities are eligible as part of those activities listed on the HMIS budget. The itemized budget screen organizes all eligible HMIS costs from 24 CFR 578.57 into the following 5 categories:

1. **Equipment**—central server(s), personal computers and printers, networking, and security;
2. **Software**—software/user licensing, software installation, support and maintenance, and supporting software tools;
3. **Service**—training by third parties, hosting/technical services, programming (customization, system interface, data conversion), security assessment setup, internet access, facilitation, and disaster recovery;
4. **Personnel**—project management/coordination, data analysis, programming, technical assistance and training, and administrative support staff; and
5. **Space & Operations**—space costs and operational costs associated with that space.

If the recipient **or** subrecipient is a victim services provider, **or** a legal services provider, it may use CoC Program funds to establish and operate a comparable database that complies with HUD’s HMIS requirements, listing costs under the comparable category on Screen 6H.

Enter the quantity, detail, and total budget request for each HMIS cost.

- **Eligible Costs:** No action required. *e-snaps* populates a list of eligible HMIS costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53. (Refer to 24 CFR 578.53 for details on eligible supportive services costs.)
- **Quantity AND Description:** Required. Enter the quantity (i.e., numbers) and description details for each activity for which funds are being requested. **Quantity and description details should be thorough** (e.g., for staffing: position title–1 FTE @ \$45,000 including benefits or 50 hours @ \$25 per hour including benefits). Simply stating 1 FTE is **NOT** providing quantity and description details, and limits HUD’s understanding of costs being requested. Failure to enter adequate quantity and description details will result in HUD placing conditions on the conditional award and will delay funding.
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program activities.
- **Total Annual Assistance Requested:** No action required. This field calculates based on the sum of the annual assistance requests entered for each activity.
- **Grant Term:** No action required. This field populates based on the grant term selected on the “Funding Request” screen.

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

The “**Sources of Match**” screen is applicable to all project applications. For detailed information that describes CoC Program match requirements see 24 CFR 578.73.

**Note:** Program income generated through CoC Program funds may be used as match.

- 1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?** Required. Select “**Yes**” or “**No.**” If “**Yes,**” the following questions will appear. If “**No,**” no further response is required.
  - 1a. Briefly describe the source of the program income.** Required if project applicant selected “**Yes**” above. Enter a description of the source of program income.
  - 1b. Estimate the amount of program income that will be used as Match for this project.** Required if project applicant selected “**Yes**” above. Enter estimated amount in the field provided.

The match information entered in *e-snaps* should be based on the **current commitments at the time of project application, covering the requested grant operating period (i.e., grant term), and NOT based on projections.** HUD expects the amount(s) listed on this screen to be accurate, with a commitment letter(s) in place that includes at least the same amount(s) as those listed in this screen. Match contributions can be cash, in-kind, or a combination of both. Match must be equal to or greater than 25 percent of the total grant request, including Administration costs, but excluding Leasing costs (i.e., Leased Units and Leased Structures). **Example:** If the “**Total Assistance Requested**” for a PH-PSH project is \$100,000 without leasing costs, then the project applicant must match funds equal to or greater than \$25,000.

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

Project applicants will be required to identify the following information for each match commitment.

- **This Commitment will be used as Match.** No action required, “**Yes**” is the default.
- **Type of Commitment:** Required. Select “**Cash**” or “**In-Kind**” (non-cash) to indicate the type of contribution that describes this match commitment. If applications include third-party in-kind match, project applicants should attach MOU(s) documentation that confirms the in-kind match commitment.
- **Type of Source:** Required. Select “**Private**” or “**Government**” to indicate the source of the contribution. Funds from HUD-VASH (VA Supportive Housing program) and other federal programs are eligible sources of match, so long as they do not prohibit their funds to be used as match for another federal program and are considered Government sources.
- **Name the Source of the Commitment:** Required. Enter the name of the organization providing the contribution. Be specific and include the office or grant program as applicable.
- **Date of Written Commitment:** Required. Enter the date of the written contribution.
- **Value of Written Commitment:** Required. Enter the total dollar value of the contribution.

After the project applicant saves the primary “**Sources of Match**” screen, the total match will automatically populate the “**Summary Budget**” screen where the 25 percent match requirement will be calculated and applied. If the amounts on the “**Summary Budget**” screen are too low, additional match funds must be added in the “**Sources of Match Detail**” screens.

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### PH-PSH Screen 6J. Summary Budget

Screen 6J summarizes the funding request for the total term of the project as entered in the budget Screens 6B through 6I. Use this screen to verify the information recorded on each budget detail screen. If updates are needed, return to relevant budget detail screen to adjust. This screen includes only one field that can be adjusted. Project administrative costs can be recorded as “**Admin**” on this screen. The total amounts are calculated by *e-snaps* when applicants select “**Save**.”

- **Admin (Up to 10%):** Required. Enter the amount of requested administration funds. *E-snaps* will not allow project applicants to request more than 10 percent of the request listed in the field “**6. Sub-Total Costs Requested**.” If an ineligible amount is entered, *e-snaps* will report an error when the screen is saved.

The summary budget will include a summary of Cash, In-Kind, and Total Match entered on Screen 6I. If total match amount is less than 25 percent of the total budget, including admin costs, but excluding leasing costs, *e-snaps* will report an error and prevent application submission when the screen is saved. To adjust, return to Screen 6I.

For additional resources, including FAQs, go to: [FY 2019 Continuum of Care \(CoC\) Program Competition: Funding Availability](#) and [CoC Program Competition: e-snaps Resources](#).

## Permanent Housing (PH) – Rapid Re-housing (RRH) New Project Applications

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[\[RETURN to “All Projects Part 2 through Part 8”\]](#)

The following instructions apply to **Permanent Housing (PH)–Rapid Rehousing (RRH)** projects in accordance with **PH-RRH** requirements at 24 CFR 578.37. Before completing this part of the application, carefully review the specific requirements for **PH-RRH** projects in the FY 2019 CoC Program Competition NOFA. New **PH-RRH** project applications can request funds through the Reallocation process, CoC Bonus, combination of Reallocation and CoC Bonus, or DV Bonus.

### PH-RRH Part 3: Project Information

#### PH-RRH Screen 3A. Project Detail

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

- 1a. CoC Number and Name:** Required. Select the CoC number and name from the dropdown menu to which the project applicant intends to submit this project application. **Selecting the correct CoC is critical.** The dropdown menu contains all CoCs that were registered in the FY 2019 CoC Program Registration process and is listed according to the CoC Number (e.g., NE-502) and CoC Name (e.g., Lincoln County CoC). Based on the selection made in this field, when “**Submit**” is selected on Screen 8B, *e-snaps* will send this project application to the CoC selected.  
  
**Note:** Project applicants should only use the “**No CoC**” option in instances where a project is located in a geographic area not claimed by any CoC. If project applicants select “**No CoC**,” their project applications will not be connected to a CoC Consolidated Application for this competition, which could affect HUD’s ability to award funds for the project application.
- 1b. CoC Collaborative Applicant Name:** Required. Select the name of the Collaborative Applicant for the CoC to which the project applicant intends to submit the project application. The dropdown menu for this field is based on the CoC Number and Name selected above with the CoC’s designated Collaborative Applicant’s name that registered during the FY 2019 CoC Program Registration process.
- 2. Project Name:** No action required. This field populates from the *e-snaps* “**Project**” screens and is read-only. If the project name is incorrect, exit the project application screens and open the *e-snaps* “**Project**” screens by selecting “**Projects**” from the left menu to correct the information.
- 3. Project Status:** Required. This field defaults to the “**Standard**” option and should only be changed to “**Appeal**” if the project applicant believes they were denied the opportunity to participate in the local CoC planning process in a reasonable manner and, as a result, the CoC rejected or reallocated their project application. All other project applicants should leave the field with the option “**Standard**.” If the project applicant selects “**Appeal**,” Screen 8A “**Notice of Intent to Appeal**” will appear on the left menu and additional attachments will be required. For further information about the Solo Applicant appeal process, see instructions for Screen 8A above.
- 4. Component Type:** Required. For **PH-RRH** projects, select “**PH**” click “**Save**” and the next question will appear.
- 4a. Will the PH project provide PSH or RRH?** Required. For **PH-RRH** projects select “**RRH**.”  
**Note:** Project applicants will select the *type* of rental assistance on the detailed budgets and **PH-RRH** projects can *only* select tenant-based rental assistance (**TRA**).

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- 5. Title V:** Required. Title V of the McKinney-Vento Act allows homeless service providers to use unutilized, underutilized, excess, or surplus federal properties to assist persons experiencing homelessness. Select “Yes” or “No” to indicate whether the project includes one or more properties conveyed through the Title V process.
- 6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section III.C.2.u. and Section III.C.2.s. of the FY 2019 NOFA).** Required. Select “Yes” or “No.” In FY 2019, an existing eligible renewal project can change its current project component (e.g., TH, PH-PSH, etc.) to an eligible new project component (e.g., PH-RRH, SSO-CE, etc.). However, to facilitate this component change, the project applicant must work with the CoC to use the reallocation process to fully eliminate the renewal project and transition the grant funds (ARA) to the new project application. The new project can be any eligible new project type available in the FY 2019 CoC Program Competition. For additional information, refer to page 4 in this guide and the FY 2019 CoC Program Competition NOFA. If “Yes” is selected the following table and question will appear.
- 6a. List all expiring project(s) involved in the transition:** Required if “Yes” is selected in question 6 above. The expiring project(s) are the fully eliminated project(s) through the reallocation process and can remain in operation until the current expiration date(s). At least one eliminated grant must be entered in the table, and no more than four grants. For each expiring grant enter the full grant number; then select from the calendar icons the confirmed eLOCCS Operating Start Date(s) and Expiration Date(s); then select the expiring grant Component Type from the dropdown menu.

**Note:** Multiple expiring grant component types can be included in the transition.

| Grant Number | Operating Start Date | Expiration Date | Component Type |
|--------------|----------------------|-----------------|----------------|
|              |                      |                 |                |

**IMPORTANT:** For all expiring projects listed above, be sure to attach a copy of the most recently approved project application(s) on Screen “7A Attachments.” (e.g., if the expiring project was last funded in the FY 2018 CoC Program Competition, attach a copy of the FY 2018 project application).

- 6b. Provide a brief description that addresses the scope of the proposed transition from the expiring component to the new component during the first year of operation; including how no more than 50 percent of each transition grant will be used for costs of eligible activities of the program component originally funded.** Required if “Yes” is selected in question 6 above. Provide a detailed description of how the project will be transitioned from the renewal project to the new project. The description must include:
- a.** A detailed description of how the project applicant will reduce activities in the project(s) that is/are transitioning, including the plan for ensuring existing program participants do not become homeless, while increasing activities in the new component;
  - b.** The amount of funds that will be used to wind down the project that is transitioning if the project is selected for conditional award as a transition grant (note: recipients may not use more than 50 percent of grant funds to pay for the costs in the project that is transitioning); and
  - c.** The estimated timeline, within the 1-year grant period, that the project will be fully operating as the newly awarded component.

For example, if the project applicant has eliminated a TH project to create a new RRH project, the project applicant must describe, at a minimum, how the project will strategically wind down the transitional housing project, including identifying how current program participants will be assisted

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in obtaining permanent housing, and build up the RRH project over the course of the grant term, so that the project will be fully operating as a RRH project at the end of the grant term. Further, the project applicant must describe how much of the grant they will expend on TH activities to wind down the TH project, and by what point during the grant term the project will be operating fully as an RRH project.

**Note:** Other than the questions above, the new project application for a transition grant must be filled out only as related to the new project being requested. For example: questions and charts such as, DedicatedPLUS, Unit/Household counts, and budget charts, etc., should only be related to how the new project will be operating when it is operating fully as its new component. Only the new portion of the project will be reviewed according to the new project threshold questions. If the new project application is selected for conditional award, the recipient will have the opportunity in the Post Award process to adjust up to 50 percent of the new project’s budgets for the eligible costs of the eliminated project(s).

7. **Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?** Select the checkbox to confirm. This application will not be allowed to submit unless this box is checked.

### PH-RRH Screen 3B. Description

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

1. **Provide a description that addresses the entire scope of the proposed project.** Required. Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and the reason CoC Program funding is required. Additionally, if the project will implement any service participation requirements or requirements that go beyond what is typically included in a lease agreement, describe what those requirements are and how they will be implemented. The information project applicants provide in this narrative must not conflict with information provided in other parts of the project application.

**Note:** HUD recommends using more general data (e.g., this project will serve 10 persons over the term of the grant) rather than using specific dates (e.g., in FY 2020 this project will serve 10 persons) to reduce the need to change project descriptions for annual renewals.

2. **For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.** Required. PH-RRH project applicants should be able to estimate the number of days from grant execution for the top four questions. Multiple office locations for columns B, C, and D are not likely applicable. Nonapplicable fields can remain blank or project applicants can enter “0” or “NA.”

| Project Milestones | Days from Execution of Grant Agreement |
|--------------------|--|--|--|--|
|                    | A                                      | B                                      | C                                      | D                                      |
|                    |  |  |  |  |

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|   |  |  |  |  |
|---|--|--|--|--|
| <b>New project staff hired, or other project expenses begin?</b>  |  |  |  |  |
| <b>Participant enrollment in project begins?</b>  |  |  |  |  |
| <b>Participants begin to occupy leased or rental assistance units or structure(s), and supportive services begin?</b> |  |  |  |  |
| <b>Leased or rental assistance units or structure, and supportive services near 100% capacity?</b>                    |  |  |  |  |

3. **Will your project participate in a CoC Coordinated Entry Process?** Required. Select “Yes” or “No.” Participation in a CoC Coordinated Entry (CE) process is a requirement for all recipients of CoC Program funds. CE is a process designed to coordinate program participant intake, assessment, and provision of referrals. A CE process covers the CoC’s geographic area, is easily accessed by individuals and families seeking housing **or** services, is well advertised, and includes a comprehensive and standardized assessment tool and process. New project applicants should select “Yes” if the project will participate in a CoC CE process as soon as the project begins operations. If the CoC’s CE process is not yet coordinated by the CoC across all providers in the community, select “No.” If the CoC does not yet have a CE process, or if the project chooses not to participate (i.e., Applicant is a victim service provider, as defined in 24 CFR 578.3 and has an alternate CE process that meets HUD’s minimum requirements), select “No.”
  - 3a. **If “No;” Please explain why your project does not participate in a CoC Coordinated Entry Process.** Provide an explanation for why the project will not participate in a community’s coordinated entry process during the requested grant term.
4. **Will your project have a specific population focus?** Required. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach, or methodologies for a specific subpopulation(s). This does not mean that your project exclusively serves that subpopulation(s), but rather that your project is uniquely equipped to serve them.
  - 4a. **Please identify the specific population focus? (Select ALL that apply).** Required if “Yes” to question 2 above, select one or more of the available subpopulations. If a subpopulation focus for your organization is not listed, check the box next to “Other” and enter in the subpopulation in the text box provided.
5. **Housing First.** Housing First is a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions (such as, sobriety or a minimum income threshold). This approach quickly connects individuals and families experiencing homelessness to permanent housing:
  - no barriers to entry (e.g., sobriety, treatment, or service participation requirements);
  - no preconditions (e.g., sobriety, income); and
  - does not terminate program participants from the project for lack of participation in the program (e.g., supportive service participation requirements or rules beyond normal tenancy rules).

Supportive services are voluntary but are offered to maximize housing stability and prevent returns to homelessness. For further information refer to Sections II.A.6. of the FY 2019 CoC Program Competition NOFA and go to the: [Housing First in PSH Brief](#).

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

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- 5a. Does the project quickly move participants into permanent housing?** Required. Select “**Yes**” to this question if your project will move program participants into permanent housing as quickly as possible, and will not require additional steps (e.g., a required stay in transitional housing or a certain number of days of sobriety) when program participants determine that they want assistance moving into permanent housing. If this is a domestic violence (DV) project application including survivors of human trafficking, sexual assault, stalking, and dating violence, project applicants should select “**Yes**” if the project will move program participants as quickly as possible into permanent housing after the program participant believes their immediate safety needs have been addressed (e.g., survivor(s) believe they are still in danger from violent situations and choose to wait until the dangerous situations are addressed before moving into permanent housing, but must be assisted with quickly moving to permanent housing as soon as they believe it is safe). Select “**No**” if the project does not work to remove all barriers to move program participants quickly into permanent housing or requires additional steps prior to helping a program participant obtain permanent housing.
- 5b. Does the project ensure that participants are not screened out based on the following items? (Select ALL that apply).** Required. Checking the box next to each item listed confirms that your project does not have the following barriers to entering the project at the time of completing this application: (1) having too little or little income; (2) active or history of substance use; (3) having a criminal record with exceptions for state-mandated restrictions; and 4) history of victimization (e.g., domestic violence, sexual assault, childhood abuse). If these barriers still exist at the time of completing this application, select “**None of the above.**”
- 5c. Does the project ensure that participants are not terminated from the program for the following reasons?** Required. Checking the box next to each item listed confirms that your project does not terminate participants for the following reasons at the time of completing this project application: (1) failure to participate in supportive services—not including case management that is for the purposes of engagement only; (2) failure to make progress on a service plan; (3) loss of income or failure to improve income; and (4) any other activity not covered in a lease agreement typically found in the project’s geographic area. If a program participant can be terminated from the project for any of these reasons at the time of application, select “**None of the above.**”
- 5d. Does the project follow a Housing First approach?** No action required. *E-snaps* automatically populates this read-only field, which will only indicate “**Yes**” if the project applicant selected “**Yes**” for 3a **and** checked all of the boxes for 3b and 3c, to confirm a Housing First approach. Otherwise, this field will indicate “**No**” to confirm that the project will not follow a Housing First approach. Any project application submitted as using a Housing First approach must continue operating as such during its FY 2019 grant term.
- 6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property?** For **PH-RRH** projects; place **N/A** in the textbox. Property development capital costs (acquisition, new construction, and **or** rehabilitation) are not eligible costs for **PH-RRH** projects.
- 7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?** Select “**Yes**” or “**No**” to indicate whether program participants will be required to live in a specific place determined by the project applicant at any point. Select “**Yes**” if any portion of their project will be site-based. **Note:** Since PH-RRH projects are tenant-based rental assistance (TRA), recipients may only require program participants to live in a specific area and in a specific structure only where it is necessary to facilitate the coordination of supportive services. However, requiring program participants to reside in a certain structure **or** area is not consistent with the RRH model. Therefore, HUD encourages all applicants awarded RRH grants to

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provide as much client choice as possible in the selection of their permanent unit, keeping in mind that program participants will remain in these units after the RRH assistance ends.

- 7a. If yes, explain how and why the project will implement this requirement.** Describe why the project applicant has chosen to implement this program design for their project program participants. For project applicants that are implementing this requirement for the project, it is particularly important to explain why it is necessary for facilitating the provision of supportive services, and why you are choosing to implement this requirement for RRH program participants.
- 8. Will more than 16 persons live in one structure?** Select “Yes” or “No” to indicate whether more than 16 persons will reside in any one of the structures assisted with funds requested through this application. **If Yes**, two additional questions will appear.
- 8a. Describe the local market conditions that necessitate a project of this size.** If there are more than 16 people, use the text box to explain how local market conditions necessitate this size.
- 8b. Describe how the project will be integrated into the neighborhood.** If there are more than 16 people, use the text box to explain how neighborhood integration can be achieved for program participants.

### PH-RRH Screen 3C. Project Expansion Information

New in FY 2019, the process to apply for a new project that will expand an existing eligible CoC Program renewal project requires three project applications. The following guidance only pertains to new expansion projects that intend to expand and combine with a current eligible CoC Program renewal project. If a project applicant intends to expand a project, but not combine grants, or if a project applicant intends to expand a project that is currently funded with other resources (e.g., other federal funds, local funds, or private funds) the applicant will submit a new project application only

For additional instructions, project applicants should review the “**All Project – Renewal Expansion**” screen instructions on pages 17-20 of the [CoC Renewal Project Application Detailed Instructions](#). In addition, refer to the FY 2019 CoC Program NOFA Section III.C.2.j. and Section V.B.3.a.(5).

The instructions below are for the **Step 2: “Stand-alone New”** project application that contains the expanded activities for only the part of the project that is being added in the **Step 3: “Combined Renewal Expansion”** project application.

Screen 3C must be complete as instructed below.

All applicants must complete the first question on Screen 3C; except, applicants that selected Transition grant on Screen 3A will not have access to this screen. Transition grants are not permitted to expand a renewal project.

- 1. Is this New project application requesting a “Project Expansion” of an eligible renewal project of the same component type?** Required. Select “No” if this new project application is not requesting to be part of the renewal expansion process; select “**Save and Next**” to proceed to the next screen. If “Yes” is selected the following questions will be visible and must be completed for this **Step 2: “Stand-alone New”** project application.

**Enter the PIN number (first 6 characters of the grant number) and Project Name for the renewal project application applying for renewal in this year’s CoC Program Competition.**

- 1a. Eligible Renewal Grant PIN Number.** Enter the same PIN that was entered in the Step 1 and Step 3 renewal project applications.
- 1b. Eligible Renewal Grant Project Name.** Enter the Project Name that was entered in the Step 1 renewal project application.

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Answer the following questions to inform HUD of one or multiple item(s) that will be expanding. At least one selection must be a “Yes.”

2. **Will this expansion project increase the number of homeless persons served?** Required. Select “No” if this expansion project application is not requesting to serve an increased number of persons experiencing homeless. If “Yes” is selected, the following questions will appear:

- 2a. **Indicate how the project is proposing to “increase the number of homeless persons served.”**

**Current level of effort? (from the Step 1: “Stand-alone Renewal” project application)**

# of persons served (approved # from Screen 5A)

# of units? (approved # from Screen 4B)

# of beds? (approved # from Screen 4B)

**New effort? (Proposed increase requested in this Step 2 project application)**

# of additional persons served that this project will provide

# of additional units this project will provide

# of additional beds this project will provide

3. **Will this expansion project provide additional supportive services to homeless persons?** Required. Select “No” if this expansion project is not adding additional supportive services to person experiencing homelessness. If “Yes” is selected, the following question will appear:

- 3a. **Indicate how the project is proposing to "provide additional supportive services to the homeless persons served."** Check one or both boxes to indicate the expanded supportive services.

- **Increase number of and/or expand variety of supportive services provided**
- **Increase frequency and or intensity of supportive services**

4. **Will this expansion project bring existing facilities up to government health and safety standards?** Required. Select “No” if this expansion project is not requesting CoC Program funds to bring existing facilities up to state/local government health and safety standards. If “Yes” is selected, the following question will appear and must be completed.

- 4a. **Describe how the project is proposing to “bring the existing facility(ies) up to state/local government health safety standards.”**

## PH-RRH Part 4: Housing and Services

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

All fields on Screen 4A are required and provide HUD with details of the supportive services provided to program participants. All project applicants must review and acknowledge the statement at the top of Screen 4A pertaining to housing or services provided to children and youth.

1. **Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to**

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**comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.**

**Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.** Required. Check the box that you acknowledge your organization will be required to meet the above requirements if your organization serves any qualifying participants.

2. **Describe how participants will be assisted to obtain and remain in permanent housing:** Describe how the project applicant plans to help program participants move into permanent housing, and how the plan ensures program participants stabilize, and remain in permanent housing. An acceptable response will acknowledge the needs of the target population, and include plans to address those needs through current and proposed case management activities, and the availability and accessibility of supportive services such as—housing search, primary health services, mental health services, educational services, employment services, life skills, child care services, etc. **Example:** A project that targets its housing and services to serving young parents might provide a specific service array of supportive services including parenting classes, education programing, and childcare services.

If program participants will be housed in units not owned or operated by the project applicant, the narrative should also describe: (1) how the project will identify appropriate units; (2) the project's established arrangements with homeless service providers; and (3) how the project will engage landlords.

New projects applying for DV Bonus funds must tailor the description that includes how survivors of domestic violence, dating violence, sexual assault, those being trafficked, or stalking as defined in paragraph 4 at 24 CFR 578.3 will be assisted to obtain and remain in permanent housing that addresses their particular needs and includes trauma-informed, victim-centered approaches.

- *Trauma-informed:* Approaches delivered with an understanding of the vulnerabilities and experiences in trauma survivors, including the prevalence and physical, social, and emotional impact of trauma. A trauma-informed approach recognizes signs of trauma in staff, clients, and others and responds by integrating knowledge about trauma into policies, procedures, practices, and settings. Trauma-informed approaches place priority on re-ensuring the survivor's feelings of safety, choice, and control. Programs, services, organizations, and communities can be trauma-informed.
  - *Victim-centered:* Placing the crime victim's priorities, needs, and interests at the center of the work with the victim; providing nonjudgmental assistance, with an emphasis on client self-determination, where appropriate, and assisting victims in making informed choices; ensuring that restoring victims' feelings of safety and security are a priority and safeguarding against policies and practices that may inadvertently re-traumatize victims; ensuring that victims' rights, voices, and perspectives are incorporated when developing and implementing system- and community-based efforts that impact crime victims.
3. **What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?** Describe: (1) how the project will help program participants obtain income (e.g., access to employment programs and educational opportunities); (2) how the supportive services provided will lead directly to program participants gaining employment, accessing SSI, SSDI, or other mainstream income streams; and (3) how the requested CoC Program funds will contribute to program participants becoming more independent (e.g. accessing Medicare, Medicaid, early childhood education).

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- 4. For all supportive services available to participants, indicate who will provide them and how often they will be provided:** Required. This list identifies **all** supportive services provided to program participants in the project by the project applicant, subrecipient, partner organization, or non-partner organization. The project applicant should complete each row of the dropdown menus for all supportive services the project will provide to program participants, regardless of funding source. Do not limit this selection to just supportive services for which CoC Program funding may be requested in your project application—also include supportive services other organizations or grants will provide. If more than one **“Provider”** or **“Frequency”** is relevant for a single service, select the provider and frequency that is used most. If more than one provider offers the service equally as often, choose the provider according to the following order: (1) Applicant, (2) Subrecipient, (3) Partner, and (4) Non-Partner.
- **Provider:** For each applicable supportive service select one of the following:
    - **“Applicant”** to indicate that the project applicant will provide the supportive service;
    - **“Subrecipient”** as indicated on Screen 2A, that will provide the service;
    - **“Partner”** to indicate that an organization that is not a subrecipient of CoC Program funds, but with whom a formal agreement or (MOU) was signed to provide the service; or
    - **“Non-Partner”** to indicate that a specific organization with whom no formal agreement was established regularly provides the service to program participants.
  - **Frequency:** Required if “Provider” is selected. Select how often the service is provided to program participants. If two frequencies are equally common, select the interval that is most frequent, (e.g., both weekly and monthly are equally common—select weekly).
- 5. Please identify whether the project includes the following activities:**
- 5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** Required. Select **“Yes”** if the project provides regular or as needed transportation assistance to mainstream and community resources, including appointments, employment training, educational programs, and jobs. Transportation assistance may include bus passes, rail/subway transit-cards, vehicle owned by the organization, etc. Select **“No”** if transportation will not be regularly provided or cannot be provided consistently as requested.
- 5b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?** Required. Select **“Yes”** if the project follows-up with program participants at least annually to ensure they have applied for, are receiving their mainstream benefits, and renew benefits when required. Select **“No”** if the project does not follow-up with program participants at least annually concerning mainstream benefits.
- 6. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?** Required. Select **“Yes”** if program participants have access to SSI/SSDI technical assistance. The assistance can be provided by the project applicant, a subrecipient, or a partner agency—through a formal or informal relationship. Select **“No”** if there is no or significantly limited access to SSI/SSDI technical assistance.
- 6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months?** Required if **“Yes”** is selected above. Select **“Yes”** to indicate that the staff person who will be providing the SSI/SSDI technical assistance has completed SOAR training, online or in person, in the past 24 months. If more than one person will provide technical assistance, select **“Yes”** only if all persons have completed the training. Otherwise, select **“No.”**

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

Use Screen 4B to report the number of Units and Beds for each housing type and location. The numbers reported must reflect the units and beds at full capacity on a single night directly supported by CoC Program funds or eligible match funds. This includes units supported only by CoC Program supportive services funds without CoC Program rental assistance funds. The reported number of units and beds should generally match the number of households (units) and persons (beds) as listed on Screens 5A and 5B, although there are understandable exceptions (e.g., a two-parent household where the parents share a bed).

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

- **Total Units.** Includes all the units in the project, regardless of size.
- **Total Beds.** Includes all the beds in the project, regardless of unit configuration.

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

1. **Housing type:** Required. Report the type of housing structures where program participants under this project are housed. Each housing type must be listed individually. Select from the following housing types:
  - **Barracks:** Individuals or families sleep in a large room with multiple beds. **This type is not appropriate for the PH-RRH projects and should not be selected.**
  - **Dormitory-shared or private rooms:** Individuals or families share sleeping rooms or have private rooms; share a common kitchen, common bathrooms, or both. **This type is not appropriate for the PH-RRH projects and should not be selected.**
  - **Shared housing:** Two or more unrelated people share a house or an apartment. Each unit must contain private space for each assisted family, plus common space for shared use by the residents of the unit. Projects cannot use zero or one-bedroom units for shared housing.
  - **Single Room Occupancy (SRO) units:** Each individual has private sleeping or living room which may contain a private kitchen and bath, or shared, dormitory style facilities.
  - **Clustered apartments:** Each individual or family has a self-contained housing unit located within a building or complex that houses both persons with special needs (e.g., persons formerly experiencing homelessness, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV) and persons without special needs.
  - **Scattered-site apartments (including efficiencies):** Each individual or family has a self-contained apartment. Apartments are scattered throughout the community.
  - **Single family homes/townhouses/duplexes:** Each individual or family has a self-contained, single-family home, townhouse, or duplex that is located throughout the community.
2. **Indicate the maximum number of Units and Beds available for program participants at the selected housing site:** For this type of housing, enter the total number of units and beds.
  - **Units:** Required. Enter the total number of units available at full capacity on a single night in the selected housing type and location.

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

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

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

**Important Note:** For projects serving survivors of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of program participants.

4. **Select the geographic area associated with this address:** Required. Report the geographic area in which the housing type, units, and beds are actually located. The list of geographic areas is limited by the State(s) selected on Screen 1D of the application. Multiple areas can be selected if units are located in more than one county or city. Hold down the “**Ctrl**” key to make multiple selections.

## PH-RRH Part 5: Participants

### PH-RRH Screen 5A. Project Participants - Households

Enter the numbers on Screen 5A in the respective columns and rows as defined below for the number of households and number of persons proposed to be served on a single night when the project is at full operational capacity.

- **Households with at least One Adult and One Child:** For the proposed numbers under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.
- **Adult Households without Children:** For the proposed numbers under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.
- **Households with Only Children:** For the proposed numbers under this column and household type, only include persons under the age of 18, do not include in this number any person at or above the age of 18.

The first column on the far left is read-only and populated with four standard reporting categories determined by HUD as listed below.

- **Adults over age 24:** A subset of the category of “**Adults**” to disaggregate “**Youth**” from over age 24 adults.
- **Persons ages 18-24:** A category implemented to account for transition age youth. Youth previously captured under the category “**Adult**” should now be captured under the category “**Persons between the ages of 18 and 24.**”
- **Accompanied Children under age 18:** Includes all children and youth who are under the age of 18. “**Accompanied**” is defined as “**in the company of parent or legal guardian regardless of the age of the parent or legal guardian.**”
- **Unaccompanied Children under age 18:** Includes all children and youth who are under the age of 18. “**Unaccompanied**” is defined as “**without a parent or legal guardian,**” and can include persons under 18 who themselves have dependents, siblings, or other household members.

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The tables are populated with white, dark grey, and light grey fields. In each white field, list the number of households or type of persons served for the given household type. The dark grey cells are not applicable to the given type of persons, and the light grey cells will automatically total once the screen is saved. The screen is designed to prevent project applicants from entering more households than persons for any given column, and at least one person must be entered for every column that has one or more households. The number and characteristics of persons that the project is expected to serve is recorded on this screen and should match the total number of units and beds requested on Screen 4B.

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

Enter the numbers on Screen 5B in the respective columns and rows as defined below for the subpopulation breakdown of the proposed number of persons to be served on a single night when the project is at full operational capacity.

Screen 5B is separated into three tables corresponding to the three household types on Screen 5A. Refer to 5A above for a description of the three household types. There are nine editable columns for all three tables. One additional column is for persons who are not represented by the priority subpopulations. This screen will prevent submission until applicants account for all persons identified on Screen 5A.

**Table 5. Subpopulation Columns**

|  |
|--|
| <b>Mutually Exclusive</b>  |
| <ul style="list-style-type: none"> <li>• <b>Chronically Homeless Non-Veterans:</b> To fall under this column, proposed persons <b>must</b> have CH designation per 24 CFR 578.3, <b>but not</b> veterans*.</li> <li>• <b>Chronically Homeless Veterans:</b> To fall under this column, proposed persons <b>must</b> have CH designation per 24 CFR 578.3, <b>and</b> veterans*.</li> <li>• <b>Non-Chronically Homeless Veterans:</b> To fall under this column, proposed persons <b>must not</b> have CH designation, <b>but must be</b> veterans*.<br/>* “Veterans” include all persons who served in the military, regardless of discharge status.</li> </ul>  |
| <b>May Contain Duplicate Entries</b>   |
| <ul style="list-style-type: none"> <li>• <b>Chronic Substance Abuse:</b> Proposed persons identified as chronic substance abusers.</li> <li>• <b>Persons with HIV/AIDS:</b> Proposed persons identified as living with HIV/AIDS.</li> <li>• <b>Severely Mentally Ill:</b> Proposed persons identified as diagnosed as severely mentally ill (SMI).</li> <li>• <b>Survivors of Domestic Violence</b> including survivors of human trafficking, sexual assault, stalking, and dating violence: Proposed persons identified as meeting the criteria of paragraph 4 of the homeless definition.</li> <li>• <b>Developmental Disability:</b> Proposed persons identified as diagnosed with a developmental disability.</li> <li>• <b>Physical Disability:</b> Proposed persons identified as diagnosed with a physical disability.</li> </ul> |
| <b>Mutually Exclusive to All Other Columns</b>   |
| <ul style="list-style-type: none"> <li>• <b>Persons not represented by an identified subpopulation:</b> Proposed persons not expecting to fall under any of the listed subpopulations. For example: In a family of five, only one person may have a physical disability and four do not fall into any of the listed subpopulations; then 4 would be entered in this column.</li> </ul>   |

These columns are populated with white, dark grey, and light grey fields, and are dependent on the selections made on Screen 5A. If households and persons are added to a household type column on Screen 5A, then the corresponding table will be available for data entry on Screen 5B. However, if no households and persons are added to a particular household type column on Screen 5A, then the corresponding table will not be available on Screen 5B. **Example:** If 3 households are entered into the “**Adults Only**” column on Screen 5A,

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but no households are entered into the “**Adults with Children**” or “**with Children Only**” columns on Screen 5A, then only the “**Adults Only**” table will be available for edit on Screen 5B.

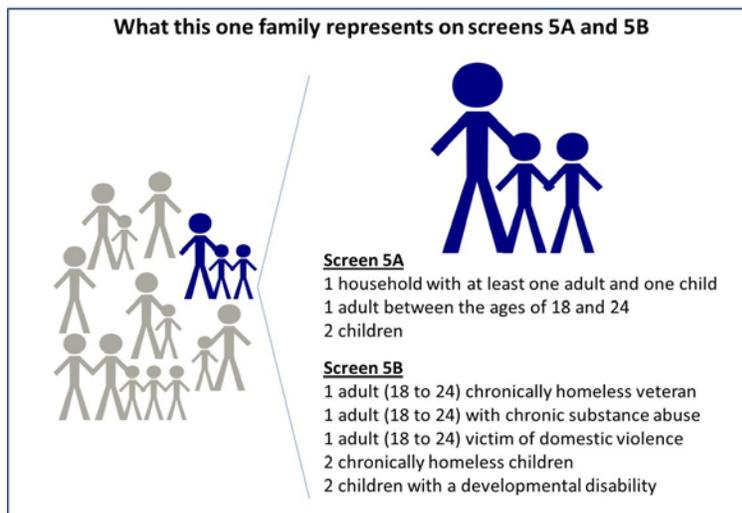
In each white field of the available household tables, enter the number of persons served for the given subpopulation column. Ignore the dark grey cells, which are not applicable to the given subpopulation, and ignore the light grey cells, which will total automatically after the screen is saved. If any number greater than “0” is entered into the column “**Persons not represented by an identified subpopulation,**” a mandatory textbox will appear at the bottom of the screen when the screen is saved. The project applicant must enter a description of the population being served that does not fall under any of the priority subpopulation columns.

The screen has additional controls that ensure that Screens 5A and 5B match. In Table 5 above, three columns are internally **mutually exclusive**, and a single person can only identify with one of the first three columns for each table (e.g., a single person cannot be a veteran while at the same time being a non-veteran). Columns 4 through 9, under “**May Contain Duplicate Entries;**” however, are not **mutually exclusive**, and a single person can identify with more than one column (e.g., a single person could be a veteran, suffering from a physical disability, and a victim of domestic violence). Column 10, “**Persons not represented by an identified subpopulation,**” is mutually exclusive to all other columns; if a single person falls under column 10 the person does not identify with any of the other subpopulations.

There are several other important controls to understand. The “**Total Persons**” for each column, for example, cannot be larger than the total persons for that household category on Screen 5A. Likewise, no cell in each row can contain a number greater than the total number of persons in the corresponding age group as reported on Screen 5A. At the same time, the screen requires an entry for each person served, so at a minimum, the total number from the tables must equal the total number of persons in each corresponding household column from Screen 5A.

The **Characteristics** column (the first column) is populated with the same characteristics used on Screen 5A, which have been applied to each table based on their relevance to the tables housing type.

Total fields will calculate automatically when at least one household field and one-person field is entered, and the screen is saved.



## PH-RRH Part 6: Budgets

Part 6 of the application requests project information related to budget requests, and information about required grant matching funds.

## PH-RRH Screen 6A. Funding Request

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

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1. **Will it be feasible for the project to be under grant agreement by September 30, 2021?** Select “Yes” to indicate the project will begin operating by September 30, 2021. Unobligated funds will not be available after September 30, 2021. If “No” is selected, project applicants will not be able to submit this project application in *e-snaps*.
2. **What type of CoC funding is this project applying for in the 2019 CoC Competition?** New PH-RRH project applications are eligible through “Reallocation,” funds “CoC Bonus” funds, a combination of “Reallocation + CoC Bonus,” funds or “DV Bonus” funds. From the dropdown menu, select “Reallocation” if the project is being fully funded using the reallocation process as indicated on the Reallocation forms submitted by the Collaborative Applicant through the CoC Priority Listing. Select “CoC Bonus” if the project is being fully funded through the CoC Bonus. If the CoC has chosen to combine both reallocation and CoC bonus funds in a single new project application, select “Reallocation + CoC Bonus.” Select “DV Bonus” if the project is being fully funded through the DV Bonus. **Note:** DV Bonus funds are not eligible to be combined with Reallocated **or** CoC Bonus funds.
3. **Does this project propose to allocate funds according to an indirect cost rate?** Required. Select “Yes” or “No” to indicate whether the project has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, refer to Section V.B.2.h. of the FY 2019 CoC Program Competition NOFA and contact your local HUD CPD field office. If “Yes,” project applicants must respond to the following questions:

- 3a. **Please complete the indirect cost rate schedule below.** Complete at least one row using information from either your approved plan **or** your proposal.

| Administering Department/Agency | Indirect Cost Rate | Direct Cost Base |
|---------------------------------|--------------------|------------------|
|                                 | %                  |                  |

- 3b. **Has this rate been approved by your cognizant agency?** Select “Yes” if the indirect cost rate has already been approved by your cognizant agency. Select “No” if it has either not been submitted to **or** has been submitted but has not yet been approved by your cognizant agency.
- 3c. **Do you plan to use the 10% de minimis rate?** Select “Yes” only if you plan to use the 10 percent *de minimis* rate as described in 2 CFR 200.414(f).
3. **Select a grant term:** Indicate the number of years for which funding is being requested (carefully review Section V.B.2.e. of the FY 2019 CoC Program Competition NOFA). The selection made here will automatically calculate the total amount of funding requested on the budget screens. For example: **If** 1-year is selected, the budget line item(s) selected will calculate 1-year amount. **If** 2 years is selected, the budget line item(s) selected will calculate 2-year amounts.
4. **Select the costs for which funding is being requested:** Required. Check the box next to the eligible costs for which funding is being requested (be sure to review 24 CFR part 578, Subpart D; Program Components and Eligible Costs and Section 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds). Each checked box unlocks the corresponding Budget Line Item (BLI) screens available for this project type:
  - **Rental Assistance;**
  - **Supportive Services;** and
  - **HMIS.:**
6. **If awarded, will this project require an initial grant term greater than 12 months?** Required. Select “Yes” or “No” to indicate whether this new project application will be requesting more than a

## FY 2019 CoC Program New Projects Detailed Instructions

12-month grant term/performance period (up to 18-months) to expend 1-year of CoC Program funds because of the time it takes to get the grant fully operational. Applicants should only answer “Yes” if they are requesting additional time to expend their first year of funds. This will not increase the amount of funds conditionally awarded, and it will impact the expiration date of the grant, which can affect what year the project is eligible for renewal. If “No,” proceed to the next question. If “Yes,” the following “6a” selection will be visible and must be completed.

- 6a. Select the number of months required for the initial grant term (dropdown of 13-18 months).**  
Required if “Yes” was selected above. Select from the dropdown menu from 13 months to 18 months for the initial grant term/performance period.

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

Screen 6C is available if the Rental Assistance budget is selected on Screen 6A. The primary screen will aggregate the total assistance requested and total units requested for each FMR area **or** rental assistance type listed on “**Rental Assistance Detail**” screens.

To add units for a new FMR or rental assistance type, select add  to access a new “**Rental Assistance Detail**” screen. All grey fields will calculate after project applicants complete and save this screen. Select “**Save & Back to List**” to save the information and return to the primary screen or select “**Save & Add Another.**” To view and edit, select view . To delete, select .

**Type of Rental Assistance:** Required. While *e-snaps* allows for the selection of any type of rental assistance, project applicants applying for PH-RRH projects **must** select “**TRA.**” Select “**TRA**” from the dropdown menu on the top of each Rental Assistance Detail Budget Screen.

**Metropolitan or non-metropolitan fair market rent area:** Required. Select the appropriate FMR area where the units are located. The list is sorted by state abbreviation, and most areas calculated by county or metropolitan area. The selected FMR area will be used to populate the rents in the FMR Area column in the chart on this screen. For projects that provide rental assistance in more than one geographic location, the project applicant must create a separate “Rental Assistance Detail” budget screen for each FMR area.

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

- **Size of units:** No action required. These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.
- **Number of units:** Required. For each unit size, enter the number of units for which funding is being requested.
- **FMR:** No action required. These fields are populated with the FY 2018 FMRs based on the FMR area selected by the project applicant. FMRs are available at: [www.huduser.gov/portal/datasets/fmr.html#2018](http://www.huduser.gov/portal/datasets/fmr.html#2018).
- **12 Months:** No action required. These fields are populated with the value 12 to calculate the annual rent request.
- **Total Request:** No action required. This column populates with the total calculated amount from each row.
- **Total Units and Annual Assistance Requested:** No action required. This column is automatically calculated based on the sum of the total requests per unit size per year.

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- **Grant Term:** No action required. This field populates based on the grant term selected on the “**Funding Request**” screen.
- **Total Request for Grant Term:** No action required. This field calculates based on the number of units, multiplied by the FMR per unit size, multiplied by 12 months, multiplied by the grant term.

### PH-RRH Screen 6F. Supportive Services Budget

Screen 6F is available if the “**Supportive Services**” budget line item is selected on Screen 6A. The supportive services listed are exhaustive based on the eligible supportive services in 24 CFR 578.53.

**Note:** The only cost category from 24 CFR 578.53(e) not on this screen is “**Direct provision of services.**” As 24 CFR 578.53(e)(17) explains, if the service is being directly delivered by the recipient **or** subrecipient, eligible costs under the specific supportive service for which funding is being requested also includes: the cost of labor **or** supplies, and materials incurred by the recipient **or** subrecipient in directly providing supportive services to program participants; and the salary and benefit packages of the recipient and subrecipient staff who directly deliver the services. Additionally, per 24 CFR 578.59(a), staff overhead costs directly related to carrying out operating activities are eligible as part of those activities listed on the supportive services budget.

The itemized budget screen includes 17 eligible costs:

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

\*Project applicants may only include “**17. Operating Costs**” (maintenance, repair, building security, furniture, utilities, and equipment) in the Supportive Services budget, if the costs are for a facility that is used to provide supportive services for program participants.

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

**Eligible Costs:** No action required. *e-snaps* populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53. (Refer to 24 CFR 578.53 for details on eligible supportive services costs.)

- **Quantity AND Description:** Required. Enter the quantity (i.e., numbers) and description details for each activity for which funds are being requested. **Quantity and description details should be thorough** (e.g., for staffing: position title–1 FTE @ \$45,000 including benefits or 50 hours @ \$25 per hour including benefits). Simply stating 1 FTE is **NOT** providing quantity and description details, and limits HUD’s understanding of costs being requested. Failure to enter adequate quantity and description details will result in HUD placing conditions on the conditional award and will delay funding.
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program activities.
- **Total Annual Assistance Requested:** No action required. This field calculates based on the sum of the annual assistance requests entered for each activity.

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- **Grant Term:** No action required. This field populates based on the grant term selected on the “Funding Request” screen.
- **Total Request for Grant Term:** No action required. This field automatically calculates based on the total amount in the “total annual assistance requested” multiplied by the grant term.

### PH-RRH Screen 6H. HMIS Budget

Screen 6H is available if the HMIS budget line item is selected on Screen 6A. The HMIS costs listed are all inclusive and determined by the eligible HMIS costs described at 24 CFR 578.57. Complete the HMIS budget screen to request funds for eligible HMIS costs.

**Note:** Per CFR 578.59(a), staff and overhead costs directly related to carrying out HMIS activities are eligible as part of those activities listed on the HMIS budget. The itemized budget screen organizes all eligible HMIS costs from 24 CFR 578.57 into the following 5 categories:

1. **Equipment**—central server(s), personal computers and printers, networking, and security;
2. **Software**—software/user licensing, software installation, support and maintenance, and supporting software tools;
3. **Service**—training by third parties, hosting/technical services, programming (customization, system interface, data conversion), security assessment setup, internet access, facilitation, and disaster recovery;
4. **Personnel**—project management/coordination, data analysis, programming, technical assistance and training, and administrative support staff; and
5. **Space & Operations**—space costs and operational costs associated with that space.

If the recipient **or** subrecipient is a victim services provider, **or** a legal services provider, it may use CoC Program funds to establish and operate a comparable database that complies with HUD’s HMIS requirements, listing costs under the comparable category on Screen 6H.

Enter the quantity, detail, and total budget request for each HMIS cost.

- **Eligible Costs:** No action required. *e-snaps* populates a list of eligible HMIS costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53. (Refer to 24 CFR 578.53 for details on eligible supportive services costs.)
- **Quantity AND Description:** Required. Enter the quantity (i.e., numbers) and description details for each activity for which funds are being requested. **Quantity and description details should be thorough** (e.g., for staffing: position title—1 FTE @ \$45,000 including benefits or 50 hours @ \$25 per hour including benefits). Simply stating 1 FTE is **NOT** providing quantity and description details, and limits HUD’s understanding of costs being requested. Failure to enter adequate quantity and description details will result in HUD placing conditions on the conditional award and will delay funding.
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program activities.
- **Total Annual Assistance Requested:** No action required. This field calculates based on the sum of the annual assistance requests entered for each activity.
- **Grant Term:** No action required. This field populates based on the grant term selected on the “Funding Request” screen.

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

The “**Sources of Match**” screen is applicable to all project applications. For detailed information that describes CoC Program match requirements see 24 CFR 578.73.

**Note:** Program income generated through CoC Program funds may be used as match.

- 1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?** Required. Select “Yes” or “No.” If “Yes,” the following questions will appear. If “No,” no further response is required.
  - 1a. Briefly describe the source of the program income.** Required if project applicant selected “Yes” above. Enter a description of the source of program income.
  - 1b. Estimate the amount of program income that will be used as Match for this project.** Required if project applicant selected “Yes” above. Enter estimated amount in the field provided.

The match information entered in *e-snaps* should be based on the **current commitments at the time of project application, covering the requested grant operating period (i.e., grant term), and NOT based on projections**. HUD expects the amount(s) listed on this screen to be accurate, with a commitment letter(s) in place that includes at least the same amount(s) as those listed in this screen. Match contributions can be cash, in-kind, or a combination of both. Match must be equal to or greater than 25 percent of the total grant request, including Administration costs. **Example:** If the “total assistance requested” for a PH-RRH project is \$100,000, then the project applicant must match funds equal to or greater than \$25,000.

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

Project applicants will be required to identify the following information for each match commitment.

- **This Commitment will be used as Match.** No action required, “Yes” is the default.
- **Type of Commitment:** Required. Select “Cash” or “In-Kind” (non-cash) to indicate the type of contribution that describes this match commitment. If applications include third-party in-kind match, project applicants should attach MOU(s) documentation that confirms the in-kind match commitment.
- **Type of Source:** Required. Select “Private” or “Government” to indicate the source of the contribution. Funds from HUD-VASH (VA Supportive Housing program) and other federal programs are eligible sources of match, so long as they do not prohibit their funds to be used as match for another federal program and are considered Government sources.
- **Name the Source of the Commitment:** Required. Enter the name of the organization providing the contribution. Be specific and include the office or grant program as applicable.
- **Date of Written Commitment:** Required. Enter the date of the written contribution.
- **Value of Written Commitment:** Required. Enter the total dollar value of the contribution.

After the project applicant saves the primary “**Sources of Match**” screen, the total match will automatically populate the “**Summary Budget**” screen where the 25 percent match requirement will be calculated and applied. If the amounts on the “**Summary Budget**” screen are too low, additional match funds must be added in the “**Sources of Match Detail**” screens.

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### PH-RRH Screen 6J. Summary Budget

Screen 6J summarizes the funding request for the total term of the project as entered in the budget Screens 6B through 6I. Use this screen to verify the information recorded on each budget detail screen. If updates are needed, return to relevant budget detail screen to adjust. This screen includes only one field that can be adjusted. Project administrative costs can be recorded as “**Admin**” on this screen. The total amounts are calculated by *e-snaps* when applicants select “**Save**.”

- **Admin (Up to 10%):** Required. Enter the amount of requested administration funds. *E-snaps* will not allow project applicants to request more than 10 percent of the request listed in the field “**6. Sub-Total Costs Requested**.” If an ineligible amount is entered, *e-snaps* will report an error when the screen is saved.

The summary budget will include a summary of Cash, In-Kind, and Total Match entered on Screen 6I. If total match amount is less than 25 percent of the total budget, including admin costs, but excluding leasing costs, *e-snaps* will report an error and prevent application submission when the screen is saved. To adjust, return to Screen 6I.

For additional resources, including FAQs, go to: [FY 2019 Continuum of Care \(CoC\) Program Competition: Funding Availability](#) and [CoC Program Competition: e-snaps Resources](#).

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

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[\[RETURN to “All Projects Part 3 through Part 6: Component Types”\]](#)

The following instructions apply to **Permanent Housing (PH)–Rapid Rehousing (RRH)** component projects in accordance with **Joint TH and PH-RRH** requirements at 24 CFR 578.37. Before completing this part of the application, carefully review the specific requirements for **Joint TH and PH-RRH** component projects in the FY 2019 CoC Program Competition NOFA. New Joint TH and PH-RRH project applications can request funds through the Reallocation process, CoC Bonus, a combination of Reallocation and CoC Bonus, or DV Bonus.

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

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

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

- 1a. CoC Number and Name:** Required. Select the CoC number and name from the dropdown menu to which the project applicant intends to submit this project application. **Selecting the correct CoC is critical.** The dropdown menu contains all CoCs that were registered in the FY 2019 CoC Program Registration process and is listed according to the CoC Number (e.g., NE-502) and CoC Name (e.g., Lincoln County CoC). Based on the selection made in this field, when “**Submit**” is selected on Screen 8B, *e-snaps* will send this project application to the CoC selected.

**Note:** Project applicants should only use the “**No CoC**” option in instances where a project is located in a geographic area not claimed by any CoC. If project applicants select “**No CoC**,” their project applications will not be connected to a CoC Consolidated Application for this competition, which could affect HUD’s ability to award funds for the project application.

- 1b. CoC Collaborative Applicant Name:** Required. Select the name of the Collaborative Applicant for the CoC to which the project applicant intends to submit the project application. The dropdown menu for this field is based on the CoC Number and Name selected above with the CoC’s designated Collaborative Applicant’s name that registered during the FY 2019 CoC Program Registration process.
- 2. Project Name:** No action required. This field populates from the *e-snaps* “**Project**” screens and is read-only. If the project name is incorrect, exit the project application screens and open the *e-snaps* “**Project**” screens by selecting “**Projects**” from the left menu to correct the information.
- 3. Project Status:** Required. This field defaults to the “**Standard**” option and should only be changed to “**Appeal**” if the project applicant believes they were denied the opportunity to participate in the local CoC planning process in a reasonable manner and, as a result, the CoC rejected or reallocated their project application. All other project applicants should leave the field with the option “**Standard.**” If the project applicant selects “**Appeal**,” Screen 8A “**Notice of Intent to Appeal**” will appear on the left menu and additional attachments will be required. For further information about the Solo Applicant appeal process, see instructions for Screen 8A above.
- 4. Component Type:** Required. For **Joint TH and PH-RRH** component projects, select “**Joint TH and PH-RRH.**”
- 5. Title V:** Required. Title V of the McKinney-Vento Act allows homeless service providers to use unutilized, underutilized, excess, or surplus federal properties to assist persons experiencing homelessness. Select “**Yes**” or “**No**” to indicate whether the project includes one or more properties conveyed through the Title V process.

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**6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section III.C.2.u. and Section III.C.2.s. of the FY 2019 NOFA).** Required. Select “Yes” or “No.” In FY 2019, an existing eligible renewal project can change its current project component (e.g., TH, PH-PSH, etc.) to an eligible new project component (e.g., PH-RRH, SSO-CE, etc.). However, to facilitate this component change, the project applicant must work with the CoC to use the reallocation process to fully eliminate the renewal project and transition the grant funds (ARA) to the new project application. The new project can be any eligible new project type available in the FY 2019 CoC Program Competition. For additional information, refer to page 4 in this guide and the FY 2019 CoC Program Competition NOFA. If “Yes” is selected the following table and question will appear.

**6a. List all expiring project(s) involved in the transition:** Required if “Yes” is selected in question 6 above. The expiring project(s) are the fully eliminated project(s) through the reallocation process and can remain in operation until the current expiration date(s). At least one eliminated grant must be entered in the table, and no more than four grants. For each expiring grant enter the full grant number; then select from the calendar icons the confirmed eLOCCS Operating Start Date(s) and Expiration Date(s); then select the expiring grant Component Type from the dropdown menu.

**Note:** Multiple expiring grant component types can be included in the transition.

| Grant Number | Operating Start Date | Expiration Date | Component Type |
|--------------|----------------------|-----------------|----------------|
|              |                      |                 |                |

**IMPORTANT:** For all expiring projects listed above, be sure to attach a copy of the most recently approved project application(s) on Screen “7A Attachments.” (e.g., if the expiring project was last funded in the FY 2018 CoC Program Competition, attach a copy of the FY 2018 project application).

**6b. Provide a brief description that addresses the scope of the proposed transition from the expiring component to the new component during the first year of operation; including how no more than 50 percent of each transition grant will be used for costs of eligible activities of the program component originally funded.** Required if “Yes” is selected in question 6 above. Provide a detailed description of how the project will be transitioned from the renewal project to the new project. The description must include:

- a.** A detailed description of how the project applicant will reduce activities in the project(s) that is/are transitioning, including the plan for ensuring existing program participants do not become homeless, while increasing activities in the new component;
- b.** The amount of funds that will be used to wind down the project that is transitioning if the project is selected for conditional award as a transition grant (note: recipients may not use more than 50 percent of grant funds to pay for the costs in the project that is transitioning); and
- c.** The estimated timeline, within the 1-year grant period, that the project will be fully operating as the newly awarded component.

For example, if the project applicant has eliminated a TH project to create a new RRH project, the project applicant must describe, at a minimum, how the project will strategically wind down the transitional housing project, including identifying how current program participants will be assisted in obtaining permanent housing, and build up the RRH project over the course of the grant term, so that the project will be fully operating as a RRH project at the end of the grant term. Further, the project applicant must describe how much of the grant they will expend on TH activities to wind

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down the TH project, and by what point during the grant term the project will be operating fully as an RRH project.

**Note:** Other than the questions above, the new project application for a transition grant must be filled out only as related to the new project being requested. For example; questions and charts such as, DedicatedPLUS, Unit/Household counts, and budget charts, etc., should only be related to how the new project will be operating when it is operating fully as its new component. Only the new portion of the project will be reviewed according to the new project threshold questions. If the new project application is selected for conditional award, the recipient will have the opportunity in the Post Award process to adjust up to 50 percent of the new project's budgets for the eligible costs of the eliminated project(s).

7. **Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?** Select the checkbox to confirm. This application will not be allowed to submit unless this box is checked.
8. **Does this project include Replacement Reserves?** This question populates only if an amount is entered in the “**Replacement Reserve**” category of the “**6G Operating Budget.**” If not applicable, select “**No**” and remove the replacement reserve data from the “**6G Operating Budget.**” Select “**Yes**” if this project will include replacement reserve as an expected CoC Program Operating cost. If “**Yes,**” the applicant must attach the following to their application to be able to move to grant agreement:
  - total amount to be placed in reserve over the grant term;
  - system(s) to be replaced and useful life/lives of the system(s); and
  - repayment schedule and scheduled payment amount.

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

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

1. **Provide a description that addresses the entire scope of the proposed project.** Required. Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and the reason CoC Program funding is required. Additionally, if the project will implement any service participation requirements or requirements that go beyond what is typically included in a lease agreement, describe what those requirements are and how they will be implemented. The information project applicants provide in this narrative must not conflict with information provided in other parts of the project application.

**Note:** HUD recommends using more general data (e.g., this project will serve 10 persons over the term of the grant) rather than using specific dates (e.g., in FY 2020 this project will serve 10 persons) to reduce the need to change project descriptions for annual renewals.

If CoC Program funds will not be requested for both TH and PH-RRH units in this application, the description must describe the number of TH and PH-RRH units that will be utilized by the project from another funding source(s), and provide details of how TH and PH-RRH assistance will be provided for all participants under this joint component. For example, if TH units are requested in this application and PH-RRH units will not be funded with CoC Program funds (i.e. ESG etc.), the description must include information as to where the funds for the PH-RRH units will come from,

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and if provided by a separate organization, provide organizational information and source funding for these units and the number of units supported.

2. **For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.** Required. Joint TH and PH-RRH project applicants should be able to estimate the number of days from grant execution for the top four questions. Multiple office locations or structures for columns B, C, and D, are not likely applicable. Nonapplicable fields can remain blank or project applicants can enter “0” or “NA.”

| Project Milestones   | Days from Execution of Grant Agreement |
|--|--|--|--|--|
|  | A                                      | B                                      | C                                      | D                                      |
| New project staff hired, or other project expenses begin?  |  |  |  |  |
| Participant enrollment in project begins?  |  |  |  |  |
| Participants begin to occupy leased or rental assistance units or structure(s), and supportive services begin? |  |  |  |  |
| Leased or rental assistance units or structure, and supportive services near 100% capacity?                    |  |  |  |  |

3. **Will your project participate in a CoC Coordinated Entry Process?** Required. Select “Yes” or “No.” Participation in a CoC Coordinated Entry (CE) process is a requirement for all recipients of CoC Program funds. CE is a process designed to coordinate program participant intake, assessment, and provision of referrals. A CE process covers the CoC’s geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool and process. New project applicants should select “Yes” if the project will participate in a CoC CE process as soon as the project begins operations. If the CoC’s CE process is not yet coordinated by the CoC across all providers in the community, select “No.” If the CoC does not yet have a CE process, or if the project chooses not to participate (i.e., Applicant is a victim service provider, as defined in 24 CFR 578.3 and has an alternate CE process that meets HUD’s minimum requirements), select “No.”
- 3a. **If “No;” Please explain why your project does not participate in a CoC Coordinated Entry Process.** Provide an explanation for why the project will not participate in a community’s coordinated entry process during the requested grant term.
4. **Will your project have a specific population focus?** Required. Select “Yes” if your project has special capacity in its facilities, program designs, tools, outreach, or methodologies for a specific subpopulation(s). This does not mean that your project exclusively serves that subpopulation(s), but rather that your project is uniquely equipped to serve them.
- 4a. **Please identify the specific population focus? (Select ALL that apply).** Required if “Yes” to question 2 above, select one or more of the available subpopulations. If a subpopulation focus for

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your organization is not listed, check the box next to “**Other**” and enter in the subpopulation in the text box provided.

- 5. Housing First.** Housing First is a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions (such as, sobriety or a minimum income threshold). This approach quickly connects individuals and families experiencing homelessness to permanent housing:
- no barriers to entry (e.g., sobriety, treatment, or service participation requirements);
  - no preconditions (e.g., sobriety, income); and
  - does not terminate program participants from the project for lack of participation in the program (e.g., supportive service participation requirements or rules beyond normal tenancy rules).

Supportive services are voluntary but are offered to maximize housing stability and prevent returns to homelessness. For further information refer to Sections II.A.6. of the FY 2019 CoC Program Competition NOFA and go to the: [Housing First in PSH Brief](#).

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

- 5a. Does the project quickly move participants into permanent housing?** Required. Select “**Yes**” to this question if your project will move program participants into permanent housing as quickly as possible, and will not require additional steps (e.g., a required stay in transitional housing or a certain number of days of sobriety) when program participants determine that they want assistance moving into permanent housing. If this is a domestic violence (DV) project application including survivors of human trafficking, sexual assault, stalking, and dating violence, project applicants should select “**Yes**” if the project will move program participants as quickly as possible into permanent housing after the program participant believes their immediate safety needs have been addressed (e.g., survivor(s) believe they are still in danger from violent situations and choose to wait until the dangerous situations are addressed before moving into permanent housing, but must be assisted with quickly moving to permanent housing as soon as they believe it is safe). Select “**No**” if the project does not work to remove all barriers to move program participants quickly into permanent housing or requires additional steps prior to helping a program participant obtain permanent housing.
- 5b. Does the project ensure that participants are not screened out based on the following items? (Select ALL that apply):** Required. Checking the box next to each item listed confirms that your project does not have the following barriers to entering the project at the time of completing this application: (1) having too little or little income; (2) active or history of substance use; (3) having a criminal record with exceptions for state-mandated restrictions; and 4) history of victimization (e.g., domestic violence, sexual assault, childhood abuse). If these barriers still exist at the time of completing this application, select “**None of the above.**”
- 5c. Does the project ensure that participants are not terminated from the program for the following reasons?** Required. Checking the box next to each item listed confirms that your project does not terminate participants for the following reasons at the time of completing this project application: (1) failure to participate in supportive services—not including case management that is for the purposes of engagement only; (2) failure to make progress on a service plan; (3) loss of income or failure to improve income; and (4) any other activity not covered in a lease agreement typically found in the project’s geographic area. If a program participant can be terminated from the project for any of these reasons at the time of application, select “**None of the above.**”

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- 5d. Does the project follow a Housing First approach?** No action required. *e-snaps* automatically populates this read-only field, which will only indicate “Yes” if the project applicant selected “Yes” for 3a **and** checked all of the boxes for 3b and 3c, to confirm a Housing First approach. Otherwise, this field will indicate “No” to confirm that the project will not follow a Housing First approach. Any project application submitted as using a Housing First approach must continue operating as such during its FY 2019 grant term.
- 6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property?** For **Joint TH and PH-RRH** projects; place N/A in the textbox. Property development capital costs (acquisition, new construction, and **or** rehabilitation) are not eligible costs for **Joint TH and PH-RRH** projects.
- 7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?** Select “Yes” or “No” to indicate whether program participants will be required to live in a specific place determined by the project applicant at any point. Select “Yes” if any portion of their project will be site-based, including either the TH portion **or** the PH-RRH portion. **Note:** Since the PH-RRH portion of the project is tenant-based rental assistance (TRA), recipients may only require program participants to live in a specific area and in a specific structure only where it is necessary to facilitate the coordination of supportive services. However, requiring program participants to reside in a certain structure **or** area is not consistent with the RRH model. Therefore, HUD encourages all applicants awarded RRH grants to provide as much client choice as possible in the selection of their permanent unit, keeping in mind that program participants will remain in these units after the RRH assistance ends.
- 7a. If yes, explain how and why the project will implement this requirement.** Describe why the project applicant has chosen to implement this program design for their project program participants. For example, if a project applicant owns a building that it will be using to provide TH for program participants. **If** requiring for the RRH portion, it is particularly important to explain why it is necessary for facilitating the provision of supportive services, and why you are choosing to implement this requirement for RRH program participants.
- 8. Will more than 16 persons live in one structure?** Select “Yes” or “No” to indicate whether more than 16 persons will reside in any one of the TH structures assisted with funds requested through this application. **If** Yes, two additional questions will appear.
- 8a. Describe the local market conditions that necessitate a project of this size. If there are more than 16 people, use the text box to explain how local market conditions necessitate this size.**
- 8b. Describe how the project will be integrated into the neighborhood. If there are more than 16 people, use the text box to explain how neighborhood integration can be achieved for program participants.**

### Joint TH and PH-RRH Screen 3C. Project Expansion Information

New in FY 2019, the process to apply for a new project that will expand an existing eligible CoC Program renewal project requires three project applications. The following guidance only pertains to new expansion projects that intend to expand and combine with a current eligible CoC Program renewal project. If a project applicant intends to expand a project, but not combine grants, or if a project applicant intends to expand a project that is currently funded with other resources (e.g., other federal funds, local funds, or private funds) the applicant will submit a new project application only

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For additional instructions, project applicants should review the “**All Project – Renewal Expansion**” screen instructions on pages 17-20 of the **CoC Renewal Project Application Detailed Instructions**. In addition, refer to the FY 2019 CoC Program NOFA Section III.C.2.j. and Section V.B.3.a.(5).

The instructions below are for the **Step 2: “Stand-alone New”** project application that contains the expanded activities for only the part of the project that is being added in the **Step 3: “Combined Renewal Expansion”** project application.

**Screen 3C must be complete as instructed below.**

All applicants must complete the first question on Screen 3C; except, applicants that selected Transition grant on Screen 3A will not have access to this screen. Transition grants are not permitted to expand a renewal project.

- 1. Is this New project application requesting a “Project Expansion” of an eligible renewal project of the same component type?** Required. Select “No” if this new project application is not requesting to be part of the renewal expansion process; select “**Save and Next**” to proceed to the next screen. If “Yes” is selected the following questions will be visible and must be completed for this **Step 2: “Stand-alone New”** project application.

**Enter the PIN number (first 6 characters of the grant number) and Project Name for the renewal project application applying for renewal in this year’s CoC Program Competition.**

- 1a. Eligible Renewal Grant PIN Number.** Enter the same PIN that was entered in the Step 1 and Step 3 renewal project applications.
- 1b. Eligible Renewal Grant Project Name.** Enter the Project Name that was entered in the Step 1 renewal project application.

Answer the following questions to inform HUD of one or multiple item(s) that will be expanding. At least one selection must be a “Yes.”

- 2. Will this expansion project increase the number of homeless persons served?** Required. Select “No” if this expansion project application is not requesting to serve an increased number of persons experiencing homeless. If “Yes” is selected, the following questions will appear:

- 2a. Indicate how the project is proposing to “increase the number of homeless persons served.”**

**Current level of effort? (from the Step 1: “Stand-alone Renewal” project application)**

# of persons served (approved # from Screen 5A)

# of units? (approved # from Screen 4B)

# of beds? (approved # from Screen 4B)

**New effort? (Proposed increase requested in this Step 2 project application)**

# of additional persons served that this project will provide

# of additional units this project will provide

# of additional beds this project will provide

- 3. Will this expansion project provide additional supportive services to homeless persons?** Required. Select “No” if this expansion project is not adding additional supportive services to person experiencing homelessness. If “Yes” is selected, the following question will appear:
  - 3a. Indicate how the project is proposing to “provide additional supportive services to the homeless persons served.”** Check one or both boxes to indicate the expanded supportive services.

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- **Increase number of and/or expand variety of supportive services provided**
  - **Increase frequency and or intensity of supportive services**
- 4. Will this expansion project bring existing facilities up to government health and safety standards?** Required. Select “No” if this expansion project is not requesting CoC Program funds to bring existing facilities up to state/local government health and safety standards. If “Yes” is selected, the following question will appear and must be completed.
- 4a. Describe how the project is proposing to “bring the existing facility(ies) up to state/local government health safety standards.”**

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

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

All fields on Screen 4A are required and provide HUD with detailed understanding of the supportive services provided to program participants. All project applicants must review and acknowledge the statement at the top of Screen 4A pertaining to housing or services provided to children and youth.

- 1. Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition.**

**Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.** Required. Check the box that you acknowledge your organization will be required to meet the above requirements if your organization serves any qualifying participants.

- 2. Describe how participants will be assisted to obtain and remain in permanent housing:** Describe plans to move program participants quickly into permanent housing **and** plans to ensure that program participants stabilize in permanent housing. The description should account for the special nature of the Joint component with both TH and RRH, including the types of supports that are offered to program participants in both portions of the project—the TH and the RRH portions—and how the program participants will be assisted to quickly move from the TH portion into the RRH portion. An acceptable response will acknowledge the needs of the target population, and include plans to address those needs through current and proposed case management activities, and the availability and accessibility of supportive services such as—housing search, primary health services, mental health services, educational services, employment services, life skills, child care services, etc. Good strategies should be specifically tailored—as related to this application—for individuals, older adults, youth, families, etc. **Example:** A project specializing in serving young parents might provide a specific service array including parenting classes, education programming and other childcare services.

If program participants will be housed in units not owned or operated by the project applicant, the narrative should also describe: (1) how the project will identify appropriate units; (2) the project’s established arrangements with homeless service providers; and (3) how the project will engage landlords.

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New projects applying for DV Bonus funds must tailor the description that includes how survivors of domestic violence, dating violence, sexual assault, or stalking as defined in paragraph 4 at 24 CFR 578.3 will be assisted to obtain and remain in permanent housing that addresses their particular needs and includes trauma-informed, victim-centered approaches.

- *Trauma-informed*: Approaches delivered with an understanding of the vulnerabilities and experiences in trauma survivors, including the prevalence and physical, social, and emotional impact of trauma. A trauma-informed approach recognizes signs of trauma in staff, clients, and others and responds by integrating knowledge about trauma into policies, procedures, practices, and settings. Trauma-informed approaches place priority on re-ensuring the survivor's feelings of safety, choice, and control. Programs, services, organizations, and communities can be trauma-informed.
  - *Victim-centered*: Placing the crime victim's priorities, needs, and interests at the center of the work with the victim; providing nonjudgmental assistance, with an emphasis on client self-determination, where appropriate, and assisting victims in making informed choices; ensuring that restoring victims' feelings of safety and security are a priority and safeguarding against policies and practices that may inadvertently re-traumatize victims; ensuring that victims' rights, voices, and perspectives are incorporated when developing and implementing system- and community-based efforts that impact crime victims.
3. **What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?** Describe: (1) how the project will help program participants obtain income (e.g., access to employment programs and educational opportunities); (2) how the supportive services provided will lead directly to program participants gaining employment, accessing SSI, SSDI, or other mainstream income streams; and (3) how the requested CoC Program funds will contribute to program participants becoming more independent (e.g. accessing Medicare, Medicaid, early childhood education).
4. **For all supportive services available to participants, indicate who will provide them and how often they will be provided.** Required. This list identifies **all** supportive services provided to program participants in the project by the project applicant, subrecipient, partner organization, or non-partner organization. The project applicant should complete each row of the dropdown menus for all supportive services the project will provide to program participants, regardless of funding source. Do not limit this selection to just supportive services for which CoC Program funding may be requested in your project application—also include supportive services other organizations or grants will provide. If more than one **“Provider”** or **“Frequency”** is relevant for a single service, select the provider and frequency that is used most. If more than one provider offers the service equally as often, choose the provider according to the following order: (1) Applicant, (2) Subrecipient, (3) Partner, and (4) Non-Partner.
- **Provider:** For each applicable supportive service select one of the following:
    - **“Applicant”** to indicate that the project applicant will provide the supportive service;
    - **“Subrecipient”** as indicated on Screen 2A, that will provide the service;
    - **“Partner”** to indicate that an organization that is not a subrecipient of CoC Program funds, but with whom a formal agreement or (MOU) was signed to provide the service; or
    - **“Non-Partner”** to indicate that a specific organization with whom no formal agreement was established regularly provides the service to program participants.

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- **Frequency:** Required if “Provider” is selected. Select how often the service is provided to program participants. If two frequencies are equally common, select the interval that is most frequent, (e.g., both weekly and monthly are equally common—select weekly).

**5. Please identify whether the project includes the following activities:**

**5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** Required. Select “Yes” if the project provides regular or as needed transportation assistance to mainstream and community resources, including appointments, employment training, educational programs, and jobs. Transportation assistance may include bus passes, rail/subway transit-cards, vehicle owned by the organization, etc. Select “No” if transportation will not be regularly provided or cannot be provided consistently as requested.

**5b. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?** Required. Select “Yes” if the project follows-up with program participants at least annually to ensure they have applied for, are receiving their mainstream benefits, and renew benefits when required. Select “No” if the project does not follow-up with program participants at least annually concerning mainstream benefits.

**6. Do project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?** Required. Select “Yes” if program participants have access to SSI/SSDI technical assistance. The assistance can be provided by the project applicant, a subrecipient, or a partner agency—through a formal or informal relationship. Select “No” if there is no or significantly limited access to SSI/SSDI technical assistance.

**6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months?** Required if “Yes” is selected above. Select “Yes” to indicate that the staff person who will be providing the SSI/SSDI technical assistance has completed SOAR training, online or in person, in the past 24 months. If more than one person will provide technical assistance, select “Yes” only if all persons have completed the training. Otherwise, select “No.”

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

Use Screen 4B to report the number of Units and Beds for each housing type and location supported, regardless of funding source. If either of the TH portion or the PH-RRH portion are supported through other funding source(s) be sure to enter these units, beds, and funding source(s) on the “**Housing Type and Location and Detail**” screens. The number of units and beds in each of the TH portions and the PH-RRH portions must be greater than ‘0.’ The total numbers reported must reflect the total units and total beds at full capacity on a single night for both the TH and RRH portions of the project. This includes units supported only by CoC Program supportive services funds without CoC Program leasing, operating, or rental assistance funds. Generally, the reported number of beds should match the number of persons served and households, as listed on Screens 5A and 5B although there are understandable exceptions (e.g., a two-parent household where the parents share a bed).

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

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

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

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1. **Is this housing type for the TH portion or RRH portion of the project?** Select “TH” or “RRH.” If “TH” is selected an additional question will appear.
- 1a. **Does this TH portion of the project have private rooms per household?** Select “Yes” if the units in the TH portion of the project have private rooms per household. Select “No” if households do not have private rooms and must share sleeping spaces with other households.
2. **Housing type:** Report the type of housing structures in which program participants under this project will be housed for **both the TH portion and the PH-RRH portions of the project whether funds are requested through this CoC Program project application or funds from another source(s).** Each housing type must be listed individually according to the following options:
  - **Barracks:** Individuals **or** families sleep in a large room with multiple beds. **This type is not appropriate for the PH-RRH portion of the project and should only be selected if it is being used for the TH portion of the project.**
  - **Dormitory; shared or private rooms:** Individuals **or** families share sleeping rooms **or** have private rooms; persons share a common kitchen, common bathrooms, **or** both. **This type is not appropriate for the PH-RRH portion of the project and should only be selected if it is being used for the TH portion of the project.**
  - **Shared housing:** Two **or** more unrelated people share a house **or** an apartment. Each unit must contain private space for each assisted family, plus common space for shared use by the residents of the unit. Projects cannot use zero or one-bedroom units for shared housing.
  - **Single Room Occupancy (SRO) units:** Each individual has private sleeping **or** living room which may contain a private kitchen and/or bath, **or** shared, dormitory style facilities
  - **Clustered apartments:** Each individual or family has a self-contained housing unit located within a building or complex that houses both persons with special needs (e.g., persons formerly experiencing homelessness, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV) and persons without special needs.
  - **Scattered-site apartments (including efficiencies):** Each individual **or** family has a self-contained apartment. Apartments are scattered throughout the community.
  - **Single family homes/townhouses/duplexes:** Each individual **or** family has a self-contained, single family home, townhouse, **or** duplex that is dispersed throughout the community.
3. **What is the funding source for these units and beds?** From the dropdown menu, select either CoC, ESG, Section 8 or HUDVASH, Other, or Mixed. If multiple housing funding sources are used for this housing type and location, select “Mixed.” When Other or Mixed are selected, enter details in the textbox that will appear.
4. **Indicate the maximum number of Units and Beds available for project participants at the selected housing site:** For this type of housing, enter the total number of units and beds.
  - **Units:** Enter the total number of units available at full capacity on a single night in the selected housing type and location.
  - **Beds:** Enter the total number of beds available at full capacity on a single night in the selected housing type and location.

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

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- 5. Address:** Required. 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 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, 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 survivors of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of program participants.
- 6. Select the geographic area associated with this address:** Report the geographic area in which the housing type, units, and beds will be located. The list of geographic areas is limited by the state(s) selected on Screen 1D of the application. Multiple areas can be selected if units are located in more than one county or city. Hold down the "Ctrl" key to make multiple selections.

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

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

Enter the numbers on Screen 5A in the respective columns and rows as defined below for the number of households and number of persons proposed to be served on a single night when the project is at full operational capacity for both the TH and RRH portions of the project.

- Households with at least One Adult and One Child:** For the proposed numbers under this column and household type, there must be at least one person at or above the age of 18, and at least one person under the age of 18.
- Adult Households without Children:** For the proposed numbers under this column and household type, there must be at least one person at or above the age of 18, and no persons under the age of 18.
- Households with Only Children:** For the proposed numbers under this column and household type, only include persons under the age of 18, do not include in this number any person at or above the age of 18.

The first column on the far left is read-only and populated with four standard reporting categories determined by HUD as listed below.

- Adults over age 24:** A subset of the category of "Adults" to disaggregate "Youth" from over age 24 adults.
- Persons ages 18-24:** A category implemented to account for transition age youth. Youth previously captured under the category "Adult" should now be captured under the category "Persons between the ages of 18 and 24."
- Accompanied Children under age 18:** Includes all children and youth who are under the age of 18. "Accompanied" is defined as "in the company of parent or legal guardian regardless of the age of the parent or legal guardian."
- Unaccompanied Children under age 18:** Includes all children and youth who are under the age of 18. "Unaccompanied" is defined as "without a parent or legal guardian," and can include persons under 18 who themselves have dependents, siblings, or other household members.

The tables are populated with white, dark grey, and light grey fields. In each white field, list the number of households or type of persons served for the given household type. The dark grey cells are not applicable to the given type of persons, and the light grey cells, will automatically total once the screen is saved. The screen is designed to prevent project applicants from entering more households than persons for any given

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column, and at least one person must be entered for every column that has one or more households. The number and characteristics of persons that the project is expected to serve is recorded on this screen and should match the total number of units and beds requested on Screen 4B.

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

Enter the numbers on Screen 5B in the respective columns and rows as defined below for the subpopulation breakdown of the proposed number of persons to be served on a single night when the project is at full operational capacity for both the TH and RRH portions of the project.

Screen 5B is separated into three tables corresponding to the three household types on Screen 5A. Refer to 5A above for a description of the three household types. There are nine editable columns for all three tables. One additional column is for persons who are not represented by the priority subpopulations. This screen will prevent submission until applicants account for all persons identified on Screen 5A.

**Table 5. Subpopulation Columns**

|  |
|--|
| <b>Mutually Exclusive</b>  |
| <ul style="list-style-type: none"> <li>• <b>Chronically Homeless Non-Veterans:</b> To fall under this column, proposed persons <b>must</b> have CH designation per 24 CFR 578.3, <b>but not</b> veterans*.</li> <li>• <b>Chronically Homeless Veterans:</b> To fall under this column, proposed persons <b>must</b> have CH designation per 24 CFR 578.3, <b>and</b> veterans*.</li> <li>• <b>Non-Chronically Homeless Veterans:</b> To fall under this column, proposed persons <b>must not</b> have CH designation, <b>but must be</b> veterans*.<br/>* “Veterans” include all persons who served in the military, regardless of discharge status.</li> </ul>  |
| <b>May Contain Duplicate Entries</b>   |
| <ul style="list-style-type: none"> <li>• <b>Chronic Substance Abuse:</b> Proposed persons identified as chronic substance abusers.</li> <li>• <b>Persons with HIV/AIDS:</b> Proposed persons identified as living with HIV/AIDS.</li> <li>• <b>Severely Mentally Ill:</b> Proposed persons identified as diagnosed as severely mentally ill (SMI).</li> <li>• <b>Survivors of Domestic Violence</b> including survivors of human trafficking, sexual assault, stalking, and dating violence: Proposed persons identified as meeting the criteria of paragraph 4 of the homeless definition.</li> <li>• <b>Developmental Disability:</b> Proposed persons identified as diagnosed with a developmental disability.</li> <li>• <b>Physical Disability:</b> Proposed persons identified as diagnosed with a physical disability.</li> </ul> |
| <b>Mutually Exclusive to All Other Columns</b>   |
| <ul style="list-style-type: none"> <li>• <b>Persons not represented by an identified subpopulation:</b> Proposed persons not expecting to fall under any of the listed subpopulations. For example: In a family of five, only one person may have a physical disability and four do not fall into any of the listed subpopulations; then 4 would be entered in this column.</li> </ul>   |

These columns are populated with white, dark grey, and light grey fields, and are dependent on the selections made on Screen 5A. If households and persons are added to a household type column on Screen 5A, then the corresponding table will be available for data entry on Screen 5B. However, if no households and persons are added to a particular household type column on Screen 5A, then the corresponding table will not be available on Screen 5B. **Example:** If 3 households are entered into the “**Adults Only**” column on Screen 5A, but no households are entered into the “**Adults with Children**” or “**with Children Only**” columns on Screen 5A, then only the “**Adults Only**” table will be available for edit on Screen 5B.

In each white field of the available household tables, enter the number of persons served for the given subpopulation column. Ignore the dark grey cells, which are not applicable to the given subpopulation, and

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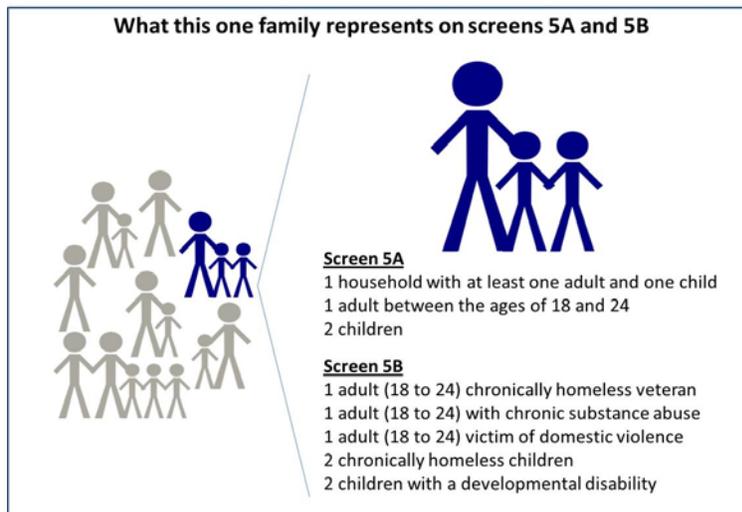
ignore the light grey cells, which will total automatically after the screen is saved. If any number greater than “0” is entered into the column “**Persons not represented by an identified subpopulation,**” a mandatory textbox will appear at the bottom of the screen when the screen is saved. The project applicant must enter a description of the population being served that does not fall under any of the priority subpopulation columns.

The screen has additional controls that ensure that Screens 5A and 5B match. In Table 5 above, three columns are internally **mutually exclusive**, and a single person can only identify with one of the first three columns for each table (e.g., a single person cannot be a veteran while at the same time being a non-veteran). Columns 4 through 9, under “**May Contain Duplicate Entries;**” however, are not **mutually exclusive**, and a single person can identify with more than one column (e.g., a single person could be a veteran, suffering from a physical disability, and a victim of domestic violence). Column 10, “**Persons not represented by an identified subpopulation,**” is mutually exclusive to all other columns; if a single person falls under column 10 the person does not identify with any of the other subpopulations.

There are several other important controls to understand. The “**Total Persons**” for each column, for example, cannot be larger than the total persons for that household category on Screen 5A. Likewise, no cell in each row can contain a number greater than the total number of persons in the corresponding age group as reported on Screen 5A. At the same time, the screen requires an entry for each person served, so at a minimum, the total number from the tables must equal the total number of persons in each corresponding household column from Screen 5A.

The **Characteristics** column (the first column) is populated with the same characteristics used on Screen 5A, which have been applied to each table based on their relevance to the tables housing type.

Total fields will calculate automatically when at least one household field and one-person field is entered, and the screen is saved.



## Joint TH and PH-RRH Part 6: Budgets

Part 6 of the application requests project information related to budget requests, and information about required grant matching funds.

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

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

1. **Will it be feasible for the project to be under grant agreement by September 30, 2021?** Select “**Yes**” to indicate the project will begin operating by September 30, 2021. Unobligated funds will not be available after September 30, 2021. If “**No**” is selected, project applicants will not be able to submit this project application in *e-snaps*.

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- 2. What type of CoC funding is this project applying for in the 2019 CoC Competition?** New **Joint TH and PH-RRH** project applications are eligible through "**Reallocation**," funds "**CoC Bonus**" funds, a combination of "**Reallocation + CoC Bonus**," funds, or "**DV Bonus**" funds. From the dropdown menu, select "**Reallocation**" if the project is being fully funded using the reallocation process as indicated on the Reallocation forms submitted by the Collaborative Applicant through the CoC Priority Listing. Select "**CoC Bonus**" if the project is being fully funded through the "**CoC Bonus**." If the CoC has chosen to combine both reallocation and CoC bonus funds in a single new project application, select "**Reallocation + CoC Bonus**." Select "**DV Bonus**" if the project is being fully funded through the "**DV Bonus**." **Note:** DV Bonus funds are not eligible to be combined with Reallocated or CoC Bonus funds.
- 3. Does this project propose to allocate funds according to an indirect cost rate?** Required. Select "**Yes**" or "**No**" to indicate whether the project has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, refer to Section V.B.2.h. of the FY 2019 CoC Program Competition NOFA and contact your local HUD CPD field office. If "**Yes**," project applicants must respond to the following questions:

- 3a. Please complete the indirect cost rate schedule below.** Complete at least one row using information from either your approved plan or your proposal.

| Administering Department/Agency | Indirect Cost Rate | Direct Cost Base |
|---------------------------------|--------------------|------------------|
|                                 | %                  |                  |

- 3b. Has this rate been approved by your cognizant agency?** Select "**Yes**" if the indirect cost rate has already been approved by your cognizant agency. Select "**No**" if it has either not been submitted to or has been submitted but has not yet been approved by your cognizant agency.
- 3c. Do you plan to use the 10% de minimis rate?** Select "**Yes**" only if you plan to use the 10 percent *de minimis* rate as described in 2 CFR 200.414(f).
- 4. Select a grant term:** Indicate the number of years for which funding is being requested (carefully review Section V.B.2.e. of the FY 2019 CoC Program Competition NOFA). The selection made here will automatically calculate the total amount of funding requested on the budget screens. **For example:** If 1-year is selected, the budget line item(s) selected will calculate 1-year amounts. **If 2 years is selected, the budget line item(s) selected will calculate 2-year amounts.** The one exception is if a project is eligible for a 15-year grant term, the funding will be for 5 years.
- 5. Select the costs for which funding is being requested:** Required. Check the box next to the eligible costs for which funding is being requested (be sure to review 24 CFR part 578, Subpart D; Program Components and Eligible Costs and Section 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds). Each checked box unlocks the corresponding Budget Line Item (BLI) screens available for this project type.
- **Leased Units:** May only be requested for the TH portion of the project.
  - **Leased Structures:** May only be requested for the TH portion of the project.
  - **Rental Assistance:** Only eligible for the RRH portion of the project and can only be for Tenant-Based Rental Assistance (TRA).
  - **Supportive Services:** May be requested for both the TH and the PH-RRH portions of the project.
  - **Operating:** May only be requested for the TH portion of the project.

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- **HMIS:** May be requested for both the TH and the PH-RRH portions of the project.
6. **If awarded, will this project require an initial grant term greater than 12 months?** Required. Select “Yes” or “No” to indicate whether this new project application will be requesting more than a 12-month grant term/performance period (up to 18-months) to expend 1-year of CoC Program funds because of the time it takes to get the grant fully operational. Applicants should only answer “Yes” if they are requesting additional time to expend their first year of funds. This will not increase the amount of funds conditionally awarded, and it will impact the expiration date of the grant, which can affect what year the project is eligible for renewal. **If “No,”** proceed to the next question. **If “Yes,”** the following “6a” selection will be visible and must be completed.
- 6a. **Select the number of months required for the initial grant term (dropdown of 13-18 months).** Required if “Yes” was selected above. Select from the dropdown menu from 13 months to 18 months for the initial grant term/performance period.

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

Screen 6C is available if the “Leased Units” Budget Line Item (BLI) is selected on Screen 6A for the TH portion of the Joint project. The primary screen will aggregate the total assistance requested and total units requested for each FMR area listed on the “Leased Units Detail” screens. To add units for a new FMR, select add  to access a “Leased Units Detail” screen. All grey fields will calculate after project applicants complete and save this screen. Select “Save & Back to List” to save the information and return to the primary screen or select “Save & Add Another.” To view and edit, select view . To delete, select .

- **Size of units:** No action required. These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.
- **Number of units:** Required. For each unit size, enter the number of units for which funding is being requested.
- **Total Units and Annual Assistance Requested:** Required. Enter in the total requested leased units amount.
- **Grant Term:** No action required. This field populates based on the grant term selected on the “Funding Request” screen.
- **Total Request for Grant Term:** No action required. This field will equal the total leasing amount entered above.

### Joint TH and PH-RRH Screen 6D. Leased Structures Budget

Screen 6D is available if the Leased Structures budget line item is selected on Screen 6A for the TH portion of the Joint project. Screen 6D will aggregate the total assistance requested. To add leased structures, select add  to access the detail budget screens. The primary 6D screen will populate and update automatically when new detail screens are added to the list. To view and edit select view . To delete, select .

The leased structures budget detail screens require a structure name and address and the monthly HUD paid rent (Actual). This rent amount will be automatically multiplied by 12 months and then by the grant term selected on screen 6A to determine the total structure funding request.

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

Screen 6C is available if the Rental Assistance budget is selected on Screen 6A. The primary screen will aggregate the total assistance requested and total units requested for each FMR area **or** rental assistance type listed on “Rental Assistance Detail” screens.

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To add units for a new FMR or rental assistance type, select add  to access a new “**Rental Assistance Detail**” screen. All grey fields will calculate after project applicants complete and save this screen. Select “**Save & Back to List**” to save the information and return to the primary screen or select “**Save & Add Another.**” To view and edit, select view . To delete, select .

**Type of Rental Assistance:** Required. Select the type of rental assistance (i.e., PRA, SRA, or TRA) from the dropdown menu on the top of the screen. The RRH portion of the project must select TRA. If there is more than one rental assistance type for the project that the TH portion of the project will use, as approved by HUD, the project applicant must create a separate detail budget screen for each type, even if they are in the same FMR area. For example, if the project consists of 10 PRA units and 10 TRA units in County A, the project applicant must submit two “Rental Assistance Detail” budget screens for County A – one for the 10 PRA units and one for the 10 TRA units.

**Metropolitan or non-metropolitan fair market rent area:** Required. Select the appropriate FMR area where the units are located. The list is sorted by state abbreviation, and most areas calculated by county or metropolitan area. The selected FMR area will be used to populate the rents in the FMR Area column in the chart on this screen. For projects that provide rental assistance in more than one geographic location, the project applicant must create a separate “Rental Assistance Detail” budget screen for each FMR area.

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

- **Size of units:** No action required. These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.
- **Number of units:** Required. For each unit size, enter the number of units for which funding is being requested.
- **FMR:** No action required. These fields are populated with the FY 2018 FMRs based on the FMR area selected by the project applicant. FMRs are available at: [www.huduser.gov/portal/datasets/fmr.html#2018](http://www.huduser.gov/portal/datasets/fmr.html#2018).
- **12 Months:** No action required. These fields are populated with the value 12 to calculate the annual rent request.
- **Total Request:** No action required. This column populates with the total calculated amount from each row.
- **Total Units and Annual Assistance Requested:** No action required. This column is automatically calculated based on the sum of the total requests per unit size per year.
- **Grant Term:** No action required. This field populates based on the grant term selected on the “**Funding Request**” screen.
- **Total Request for Grant Term:** No action required. This field calculates based on the number of units, multiplied by the FMR per unit size, multiplied by 12 months, multiplied by the grant term.

### Joint TH and PH-RRH Screen 6G. Operating Budget

Screen 6G is available if the Operating budget cost is selected on Screen 6A. The operating costs listed are all inclusive and determined by the eligible operating costs described in 24 CFR 578.55. For the Joint TH and PH-RRH component the Operating costs can only be associated with the operations of the TH portion of the project.

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**Note:** If Screen “6G Operating Budget” includes “Replacement Reserve” as an expected operating cost category, an additional question will populate on Screen 3A (#8) that must be answered prior to submission. For further details, refer to instructions for Screen 3A (#8) in this guide.

**Note:** Per 24 CFR 578.59(a), staff overhead costs directly related to carrying out operating activities are eligible as part of those activities listed on the operating budget.

The itemized budget screen includes 7 eligible costs:

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

Enter the quantity, detail, and total budget request for each operating cost.

- **Eligible Costs:** No action required. *e-snaps* populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55. Refer to 24 CFR 578.55 for details on eligible operating costs.
- **Quantity AND Description:** Required. Enter the quantity (i.e., numbers) and description details for each activity for which funds are being requested. **Quantity and description details should be thorough** (e.g., for staffing: position title–1 FTE @ \$45,000 including benefits or 50 hours @ \$25 per hour including benefits). Simply stating 1 FTE is **NOT** providing quantity and description details, and limits HUD’s understanding of costs being requested. Failure to enter adequate quantity and description details will result in HUD placing conditions on the conditional award and will delay funding.
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program activities.
- **Total Annual Assistance Requested:** No action required. This field calculates based on the sum of the annual assistance requests entered for each activity.
- **Grant Term:** No action required. This field populates based on the grant term selected on the “Funding Request” screen.
- **Total Request for Grant Term:** No action required. This field calculates based on the total “annual assistance requested” amount for each eligible cost multiplied by the grant term.

### Joint TH and PH-RRH Screen 6F. Supportive Services Budget

Screen 6F is available if the “Supportive Services” budget line item is selected on Screen 6A. The supportive services listed are exhaustive based on the eligible supportive services in 24 CFR 578.53.

**Note:** The only cost category from 24 CFR 578.53(e) not on this screen is “Direct provision of services.” As 24 CFR 578.53(e)(17) explains, if the service is being directly delivered by the recipient **or** subrecipient, eligible costs under the specific supportive service for which funding is being requested also includes: the cost of labor **or** supplies, and materials incurred by the recipient **or** subrecipient in directly providing supportive services to program participants; and the salary and benefit packages of the recipient and subrecipient staff who directly deliver the services. Additionally, per 24 CFR 578.59(a), staff overhead costs directly related to carrying out operating activities are eligible as part of those activities listed on the supportive services budget.

The itemized budget screen includes 17 eligible costs:

1. Assessment of Service Needs
2. Assistance with Moving Costs
3. Case Management
4. Child Care

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- |                                |  |
|--------------------------------|--|
| 5. Education Services          | 12. Outpatient Health Services         |
| 6. Employment Assistance       | 13. Outreach Services                  |
| 7. Food                        | 14. Substance Abuse Treatment Services |
| 8. Housing/Counseling Services | 15. Transportation                     |
| 9. Legal Services              | 16. Utility Deposits                   |
| 10. Life Skills                | 17. Operating Cost*                    |
| 11. Mental Health Services     |  |

\*Project applicants may only include “**17. Operating Costs**” (maintenance, repair, building security, furniture, utilities, and equipment) in the Supportive Services budget, if the costs are for a facility that is used to provide supportive services for program participants.

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

- **Eligible Costs:** No action required. *e-snaps* populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53. (Refer to 24 CFR 578.53 for details on eligible supportive services costs.)
- **Quantity AND Description:** Required. Enter the quantity (i.e., numbers) and description details for each activity for which funds are being requested. **Quantity and description details should be thorough** (e.g., for staffing: position title–1 FTE @ \$45,000 including benefits or 50 hours @ \$25 per hour including benefits). Simply stating 1 FTE is **NOT** providing quantity and description details, and limits HUD’s understanding of costs being requested. Failure to enter adequate quantity and description details will result in HUD placing conditions on the conditional award and will delay funding.
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program activities.
- **Total Annual Assistance Requested:** No action required. This field calculates based on the sum of the annual assistance requests entered for each activity.
- **Grant Term:** No action required. This field populates based on the grant term selected on the “**Funding Request**” screen.
- **Total Request for Grant Term:** No action required. This field automatically calculates based on the total amount in the “total annual assistance requested” multiplied by the grant term.

### Joint TH and PH-RRH Screen 6I. Sources of Match

The “**Sources of Match**” screen is applicable to all project applications. For detailed information that describes CoC Program match requirements see 24 CFR 578.73.

**Note:** Program income generated through CoC Program funds may be used as match.

1. **Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?** Required. Select “**Yes**” or “**No.**” If “**Yes,**” the following questions will appear. If “**No,**” no further response is required.
  - 1a. **Briefly describe the source of the program income.** Required if project applicant selected “**Yes**” above. Enter a description of the source of program income.
  - 1b. **Estimate the amount of program income that will be used as Match for this project.** Required if project applicant selected “**Yes**” above. Enter estimated amount in the field provided.

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The match information entered in *e-snaps* should be based on the **current commitments at the time of project application, covering the requested grant operating period (i.e., grant term), and NOT based on projections**. HUD expects the amount(s) listed on this screen to be accurate, with a commitment letter(s) in place that includes at least the same amount(s) as those listed in this screen. Match contributions can be cash, in-kind, or a combination of both. Match must be equal to or greater than 25 percent of the total grant request, including Administration costs, but excluding Leasing costs (i.e., Leased Units and Leased Structures). **Example:** If the “total assistance requested” for a Joint TH and PH-RRH project is \$100,000 without leasing costs, then the project applicant must match funds equal to or greater than \$25,000.

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

Project applicants will be required to identify the following information for each match commitment.

- **This Commitment will be used as Match.** No action required, “**Yes**” is the default.
- **Type of Commitment:** Required. Select “**Cash**” or “**In-Kind**” (non-cash) to indicate the type of contribution that describes this match commitment. If applications include third-party in-kind match, project applicants should attach MOU(s) documentation that confirms the in-kind match commitment.
- **Type of Source:** Required. Select “**Private**” or “**Government**” to indicate the source of the contribution. Funds from HUD-VASH (VA Supportive Housing program) and other federal programs are eligible sources of match, so long as they do not prohibit their funds to be used as match for another federal program and are considered Government sources.
- **Name the Source of the Commitment:** Required. Enter the name of the organization providing the contribution. Be specific and include the office or grant program as applicable.
- **Date of Written Commitment:** Required. Enter the date of the written contribution.
- **Value of Written Commitment:** Required. Enter the total dollar value of the contribution.

After the project applicant saves the primary “**Sources of Match**” screen, the total match will automatically populate the “**Summary Budget**” screen where the 25 percent match requirement will be calculated and applied. If the amounts on the “**Summary Budget**” screen are too low, additional match funds must be added in the “**Sources of Match Detail**” screens.

### Joint TH and PH-RRH Screen 6J. Summary Budget

Screen 6J summarizes the funding request for the total term of the project as entered in the budget Screens 6B through 6I. Use this screen to verify the information recorded on each budget detail screen. If updates are needed, return to relevant budget detail screen to adjust. This screen includes only one field that can be adjusted. Project administrative costs can be recorded as “**Admin**” on this screen. The total amounts are calculated by *e-snaps* when applicants select “**Save.**”

- **Admin (Up to 10%):** Required. Enter the amount of requested administration funds. *E-snaps* will not allow project applicants to request more than 10 percent of the request listed in the field “**6. Sub-Total Costs Requested.**” If an ineligible amount is entered, *e-snaps* will report an error when the screen is saved.

The summary budget will include a summary of Cash, In-Kind, and Total Match entered on Screen 6I. If total match amount is less than 25 percent of the total budget, including admin costs, but excluding leasing

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costs, *e-snaps* will report an error and prevent application submission when the screen is saved. To adjust, return to Screen 6I.

For additional resources, including FAQs, go to: [FY 2019 Continuum of Care \(CoC\) Program Competition: Funding Availability](#) and [CoC Program Competition: e-snaps Resources](#).

## Supportive Services (SSO) – Coordinated Entry (CE) New Project Applications

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[\[RETURN to “All Projects Part 2 through Part 8”\]](#)

The following instructions apply to Supportive Services Only (SSO)–Coordinated Entry (CE) projects in accordance with SSO requirements at 24 CFR 578.37. Before completing this part of the application, carefully review the specific requirements for **SSO-CE** projects in the FY 2019 CoC Program Competition NOFA. New SSO-CE project applications can request funds through the Reallocation process, CoC Bonus, a combination of Reallocation and CoC Bonus, or DV Bonus. **Note:** SSO-CE is the only type of eligible new SSO project in the FY 2019 CoC Program Competition. No other types of new SSO projects are eligible for funding.

### SSO-CE Part 3: Project Information

#### SSO-CE Screen 3A. Project Detail

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

- 1a. CoC Number and Name:** Required. Select the CoC number and name from the dropdown menu to which the project applicant intends to submit this project application. **Selecting the correct CoC is critical.** The dropdown menu contains all CoCs that were registered in the FY 2019 CoC Program Registration process and is listed according to the CoC Number (e.g., NE-502) and CoC Name (e.g., Lincoln County CoC). Based on the selection made in this field, when “**Submit**” is selected on Screen 8B, *e-snaps* will send this project application to the CoC selected.  
**Note:** Project applicants should only use the “**No CoC**” option in instances where a project is located in a geographic area not claimed by any CoC. If project applicants select “**No CoC**,” their project applications will not be connected to a CoC Consolidated Application for this competition, which could affect HUD’s ability to award funds for the project application.
- 1b. CoC Collaborative Applicant Name:** Required. Select the name of the Collaborative Applicant for the CoC to which the project applicant intends to submit the project application. The dropdown menu for this field is based on the CoC Number and Name selected above with the CoC’s designated Collaborative Applicant’s name that registered during the FY 2019 CoC Program Registration process.
- 2. Project Name:** No action required. This field populates from the *e-snaps* “**Project**” screens and is read-only. If the project name is incorrect, exit the project application screens and open the *e-snaps* “**Project**” screens by selecting “**Projects**” from the left menu to correct the information.
- 3. Project Status:** Required. This field defaults to the “**Standard**” option and should only be changed to “**Appeal**” if the project applicant believes they were denied the opportunity to participate in the local CoC planning process in a reasonable manner and, as a result, the CoC rejected or reallocated their project application. All other project applicants should leave the field with the option “**Standard**.” If the project applicant selects “**Appeal**,” Screen 8A “**Notice of Intent to Appeal**” will appear on the left menu and additional attachments will be required. For further information about the Solo Applicant appeal process, see instructions for Screen 8A above
- 4. Component Type:** Required. For **SSO-CE** projects, project applicants must select “**SSO**.”
- 5. Title V:** Required. Title V of the McKinney-Vento Act allows homeless service providers to use unutilized, underutilized, excess, or surplus federal properties to assist persons experiencing homelessness. Select “**Yes**” or “**No**” to indicate whether the project includes one or more properties conveyed through the Title V process.

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**6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section III.C.2.u. and Section III.C.2.s. of the FY 2019 NOFA).** Required. Select “Yes” or “No.” In FY 2019, an existing eligible renewal project can change its current project component (e.g., TH, PH-PSH, etc.) to an eligible new project component (e.g., PH-RRH, SSO-CE, etc.). However, to facilitate this component change, the project applicant must work with the CoC to use the reallocation process to fully eliminate the renewal project and transition the grant funds (ARA) to the new project application. The new project can be any eligible new project type available in the FY 2019 CoC Program Competition. For additional information, refer to page 4 in this guide and the FY 2019 CoC Program Competition NOFA. If “Yes” is selected the following table and question will appear.

**6a. List all expiring project(s) involved in the transition:** Required if “Yes” is selected in question 6 above. The expiring project(s) are the fully eliminated project(s) through the reallocation process and can remain in operation until the current expiration date(s). At least one eliminated grant must be entered in the table, and no more than four grants. For each expiring grant enter the full grant number; then select from the calendar icons the confirmed eLOCCS Operating Start Date(s) and Expiration Date(s); then select the expiring grant Component Type from the dropdown menu.

**Note:** Multiple expiring grant component types can be included in the transition.

| Grant Number | Operating Start Date | Expiration Date | Component Type |
|--------------|----------------------|-----------------|----------------|
|              |                      |                 |                |

**IMPORTANT:** For all expiring projects listed above, be sure to attach a copy of the most recently approved project application(s) on Screen “7A Attachments.” (e.g., if the expiring project was last funded in the FY 2018 CoC Program Competition, attach a copy of the FY 2018 project application).

**6b. Provide a brief description that addresses the scope of the proposed transition from the expiring component to the new component during the first year of operation; including how no more than 50 percent of each transition grant will be used for costs of eligible activities of the program component originally funded.** Required if “Yes” is selected in question 6 above. Provide a detailed description of how the project will be transitioned from the renewal project to the new project. The description must include:

- a.** A detailed description of how the project applicant will reduce activities in the project(s) that is/are transitioning, including the plan for ensuring existing program participants do not become homeless, while increasing activities in the new component;
- b.** The amount of funds that will be used to wind down the project that is transitioning if the project is selected for conditional award as a transition grant (note: recipients may not use more than 50 percent of grant funds to pay for the costs in the project that is transitioning); and
- c.** The estimated timeline, within the 1-year grant period, that the project will be fully operating as the newly awarded component.

For example, if the project applicant has eliminated a TH project to create a new RRH project, the project applicant must describe, at a minimum, how the project will strategically wind down the transitional housing project, including identifying how current program participants will be assisted in obtaining permanent housing, and build up the RRH project over the course of the grant term, so that the project will be fully operating as a RRH project at the end of the grant term. Further, the project applicant must describe how much of the grant they will expend on TH activities to wind

## FY 2019 CoC Program New Projects Detailed Instructions

down the TH project, and by what point during the grant term the project will be operating fully as an RRH project.

**Note:** Other than the questions above, the new project application for a transition grant must be filled out only as related to the new project being requested. For example; questions and charts such as, DedicatedPLUS, Unit/Household counts, and budget charts, etc., should only be related to how the new project will be operating when it is operating fully as its new component. Only the new portion of the project will be reviewed according to the new project threshold questions. If the new project application is selected for conditional award, the recipient will have the opportunity in the Post Award process to adjust up to 50 percent of the new project's budgets for the eligible costs of the eliminated project(s).

- 7. Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?** Select the checkbox to confirm. This application will not be allowed to submit unless this box is checked.

### SSO-CE Screen 3B. Description

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

- 1. Provide a description that addresses the entire scope of the proposed project.** Required. Provide a detailed description of the scope of the project including the project plan for addressing coordinated entry needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and the reason CoC Program funding is required. The information project applicants provide in this narrative must not conflict with information provided in other parts of the project application.

**Note:** HUD recommends using more general data (e.g., this project will serve 10 persons over the term of the grant) rather than using specific dates (e.g., in FY 2020 this project will serve 10 persons) to reduce the need to change project descriptions for annual renewals.

**Note:** New projects applying for DV Bonus funds must tailor the description that includes how survivors of domestic violence, dating violence, sexual assault, those being trafficked, or stalking as defined in paragraph 4 at 24 CFR 578.3 will be assisted to obtain and remain in permanent housing that addresses their particular needs and includes trauma-informed, victim-centered approaches.

- *Trauma-informed:* Approaches delivered with an understanding of the vulnerabilities and experiences in trauma survivors, including the prevalence and physical, social, and emotional impact of trauma. A trauma-informed approach recognizes signs of trauma in staff, clients, and others and responds by integrating knowledge about trauma into policies, procedures, practices, and settings. Trauma-informed approaches place priority on re-ensuring the survivor's feelings of safety, choice, and control. Programs, services, organizations, and communities can be trauma-informed.
  - *Victim-centered:* Placing the crime victim's priorities, needs, and interests at the center of the work with the victim; providing nonjudgmental assistance, with an emphasis on client self-determination, where appropriate, and assisting victims in making informed choices; ensuring that restoring victims' feelings of safety and security are a priority and safeguarding against policies and practices that may inadvertently re-traumatize victims; ensuring that victims' rights, voices, and perspectives are incorporated when developing and implementing system- and community-based efforts that impact crime victims.
- 2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur**

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as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure. Required. SSO-CE project applicants must estimate the number of days from grant execution for the first question. Multiple office locations for columns B, C, and D are not likely applicable. Nonapplicable fields can remain blank or project applicants can enter “0” or “NA.”

| Project Milestones  | Days from Execution of Grant Agreement |
|---|--|--|--|--|
|   | A                                      | B                                      | C                                      | D                                      |
| New project staff hired, or other project expenses begin? |  |  |  |  |

3. **Will your project have a specific population focus?** Required. Select “Yes” if your SSO-CE project has special capacity or methodologies for a specific subpopulation(s). This does not mean that your project exclusively serves that subpopulation(s), but rather that your project is uniquely equipped to serve them.
  - 3a. **Please identify the specific population focus? (Select ALL that apply).** Required if “Yes” to question 2 above, select one or more of the available subpopulations. If a subpopulation focus for your organization is not listed, check the box next to “Other” and enter in the subpopulation in the text box provided.
4. **Select the type of Supportive Services Only project for which you are requesting funding:** Select “Coordinated Entry” from the dropdown menu, the only available selection.
  - 4a. **Will the coordinated entry process funded in part by this grant cover the CoC’s entire geographic area?** Select “Yes” only if coordinated entry will cover the entire geographic area by the end of the expected grant term.
  - 4b. **Will the coordinated entry process funded in part by this grant be easily accessible?** Select “Yes” only if coordinated entry will be easily accessible to individuals and families with the highest barriers to access and includes affirmative fair housing strategies (see 24 CFR 578.93(c)).
  - 4c. **Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.** Use the textbox provided to detail the advertisement strategy that will ensure that coordinated entry is accessible to individuals and families with the highest barriers to accessing assistance including persons with disabilities, and persons with limited English proficiency (see 24 CFR 578.93(c)). Using bullets instead of full paragraphs is appropriate.
  - 4d. **Does the coordinated entry process use a comprehensive, standardized assessment process?** Select “Yes” if the standardized assessment process that will be included in coordinated entry by the end of the expected grant term is comprehensive according to the housing and services available in the community and standardized in structure, delivery, and evaluation across all assessments conducted using coordinated entry. Exceptions to standardization can be made for the following four populations only: (1) Individuals (2) Households with Children (3) Youth and (4) Persons Fleeing Domestic Violence. If your coordinated entry will be standardized within each of the subgroups and does not include variations for other subpopulations not included above, Select “Yes.”

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- 4e. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing, mainstream health, social services and employment programs for which program participants may be eligible (e.g., Medicare, Medicaid, SSI, Food Stamps, local Workforce office, early childhood education)?** Use the textbox provided to briefly describe how the referral process for homelessness resources is coordinated across, at a minimum, all CoC and ESG providers. The narrative should be aligned with your community’s written CE standards. The CE process should include a list of all available resources, uniform decision making, program participant choice, and a process to reconcile unsuccessful or rejected placements. Using bullets instead of full paragraphs is appropriate.
- 4f. If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following five groups: Chronically Homeless, Individuals, Families, Youth, and Persons at Risk of Homelessness?** Select “Yes” if the CoC limits differences to the five groups only. Select “No” if the CoC includes differences for any other population.
- 4g. This Coordinated Entry project will refer persons experiencing homelessness to projects that specifically coordinates and integrates mainstream health, social services, and employment programs to project participants for which they may be eligible?** Select the checkbox to confirm this SSO-CE project will refer participants to projects that coordinate and integrate referrals to mainstream health, social services, and employment programs. This application will not be allowed to submit unless this box is checked.

### SSO-CE Screen 3C. Project Expansion Information

New in FY 2019, the process to apply for a new project that will expand an existing eligible CoC Program renewal project requires three project applications. The following guidance only pertains to new expansion projects that intend to expand and combine with a current eligible CoC Program renewal project. If a project applicant intends to expand a project, but not combine grants, or if a project applicant intends to expand a project that is currently funded with other resources (e.g., other federal funds, local funds, or private funds) the applicant will submit a new project application only

For additional instructions, project applicants should review the “**All Project – Renewal Expansion**” screen instructions on pages 17-20 of the **CoC Renewal Project Application Detailed Instructions**. In addition, refer to the FY 2019 CoC Program NOFA Section III.C.2.j. and Section V.B.3.a.(5).

The instructions below are for the **Step 2: “Stand-alone New”** project application that contains the expanded activities for only the part of the project that is being added in the **Step 3: “Combined Renewal Expansion”** project application.

**Screen 3C** must be complete as instructed below.

All applicants must complete the first question on Screen 3C; except, applicants that selected Transition grant on Screen 3A will not have access to this screen. Transition grants are not permitted to expand a renewal project.

- 1. Is this New project application requesting a “Project Expansion” of an eligible renewal project of the same component type?** Required. Select “No” if this new project application is not requesting to be part of the renewal expansion process; select “Save and Next” to proceed to the next screen. If “Yes” is selected the following questions will be visible and must be completed for this **Step 2: “Stand-alone New”** project application.

**Enter the PIN number (first 6 numbers of the grant number) and Project Name for the renewal project application applying for renewal in this year’s CoC Program Competition.**

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- 1a. **Eligible Renewal Grant PIN Number:** Enter the same PIN that was entered in the Step 1 and Step 3 renewal project applications.
- 1b. **Eligible Renewal Grant Project Name:** Enter the Project Name that was entered in the Step 1 renewal project application.
2. **Will this expansion project expand on the CoC’s existing Coordinated Entry process?** To complete this expansion request, select “Yes” from the dropdown menu and select “Save and Next” to proceed to the next screen.

### SSO-CE Part 6: Budgets

Part 6 of the application requests project information related to budget requests, and information about required grant matching funds.

### SSO-CE Screen 6A. Funding Request

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

1. **Will it be feasible for the project to be under grant agreement by September 30, 2021?** Select “Yes” to indicate the project will begin operating by September 30, 2021. Unobligated funds will not be available after September 30, 2021. If “No” is selected, project applicants will not be able to submit this project application in *e-snaps*.
2. **What type of CoC funding is this project applying for in the 2019 CoC Competition?** New SSO-CE project applications are eligible through “**Reallocation**,” funds “**CoC Bonus**” funds, a combination of “**Reallocation + CoC Bonus**,” funds, or “**DV Bonus**” funds. From the dropdown menu, select “**Reallocation**” if the project is being fully funded using the reallocation process as indicated on the Reallocation forms submitted by the Collaborative Applicant through the CoC Priority Listing. Select “**CoC Bonus**” if the project is being fully funded through the “**CoC Bonus**.” If the CoC has chosen to combine both reallocation and CoC bonus funds in a single new project application, select “**Reallocation + CoC Bonus**.” Select “**DV Bonus**” if the project is being fully funded through the “**DV Bonus**.” **Note:** DV Bonus funds are not eligible to be combined with Reallocated **or** CoC Bonus funds.
3. **Does this project propose to allocate funds according to an indirect cost rate?** Required. Select “Yes” or “No” to indicate whether the project has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, refer to Section V.B.2.h. of the FY 2019 CoC Program Competition NOFA and contact your local HUD CPD field office. If “Yes,” project applicants must respond to the following questions:
  - 3a. **Please complete the indirect cost rate schedule below.** Complete at least one row using information from either your approved plan **or** your proposal.

| Administering Department/Agency | Indirect Cost Rate | Direct Cost Base |
|---------------------------------|--------------------|------------------|
|                                 | %                  |                  |

- 3b. **Has this rate been approved by your cognizant agency?** Select “Yes” if the indirect cost rate has already been approved by your cognizant agency. Select “No” if it has either not been submitted to **or** has been submitted but has not yet been approved by your cognizant agency.
- 3c. **Do you plan to use the 10% de minimis rate?** Select “Yes” only if you plan to use the 10 percent *de minimis* rate as described in 2 CFR 200.414(f).
4. **Select a grant term:** Project applicants must select a one-year grant term from the dropdown menu.

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5. **Select the costs for which funding is being requested:** Required. Check the box next to the eligible costs for which funding is being requested (be sure to review 24 CFR part 578, Subpart D; Program Components and Eligible Costs and Section 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds). SSO-CE projects **only** have the option of selecting the Supportive Services BLI.
6. **If awarded, will this project require an initial grant term greater than 12 months?** Required. Select “Yes” or “No” to indicate whether this new project application will be requesting more than a 12-month grant term/performance period (up to 18-months) to expend 1-year of CoC Program funds, because of the time it takes to get the grant fully operational. Applicants should only answer “Yes” if they are requesting additional time to expend their first year of funds. This will not increase the amount of funds conditionally awarded, and it will impact the expiration date of the grant, which can affect what year the project is eligible for renewal. **If “No,”** proceed to the next question. **If “Yes,”** the following “6a” selection will be visible and must be completed.
- 6a. **Select the number of months required for the initial grant term (dropdown of 13-18 months).** Required if “Yes” was selected above. Select from the dropdown menu from 13 months to 18 months for the initial grant term/performance period.

### SSO-CE Screen 6F. Supportive Services Budget

Screen 6F is available after the Supportive Services budget line item is selected on Screen 6A. The supportive services listed are exhaustive based on the eligible supportive services in 24 CFR 578.53; however, project applicants for SSO-CE projects should only request funds in eligible cost categories that are directly related to carrying out the CoC’s coordinated entry process (e.g., Assessment of Service Needs). Costs that are not directly related to carrying out the CoC’s coordinated entry process will be reduced by HUD. Also note that the only cost category not included on this screen is “Direct provision of services.” The project applicant should include those costs under one of the other applicable eligible costs when specifically, relevant for coordinated entry.

**Note:** The only cost category from 24 CFR 578.53(e) not on this screen is “**Direct provision of services.**” As 24 CFR 578.53(e)(17) explains, if the service is being directly delivered by the recipient **or** subrecipient, eligible costs under the specific supportive service for which funding is being requested also includes: the cost of labor **or** supplies, and materials incurred by the recipient **or** subrecipient in directly providing supportive services to program participants; and the salary and benefit packages of the recipient and subrecipient staff who directly deliver the services. Additionally, per 24 CFR 578.59(a), staff overhead costs directly related to carrying out operating activities are eligible as part of those activities listed on the supportive services budget.

The itemized budget screen includes 17 eligible costs:

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

\*Project applicants may only include “**17. Operating Costs**” (maintenance, repair, building security, furniture, utilities, and equipment) in the Supportive Services budget, if the costs are for a facility that is used to provide supportive services for program participants.

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

- **Eligible Costs:** No action required. *e-snaps* populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53. (Refer to 24 CFR 578.53 for details on eligible supportive services costs.)
- **Quantity AND Description:** Required. Enter the quantity (i.e., numbers) and description details for each activity for which funds are being requested. **Quantity and description details should be thorough** (e.g., for staffing: position title–1 FTE @ \$45,000 including benefits or 50 hours @ \$25 per hour including benefits). Simply stating 1 FTE is **NOT** providing quantity and description details, and limits HUD’s understanding of costs being requested. Failure to enter adequate quantity and description details will result in HUD placing conditions on the conditional award and will delay funding.
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program activities.
- **Total Annual Assistance Requested:** No action required. This field calculates based on the sum of the annual assistance requests entered for each activity.
- **Grant Term:** No action required. This field populates based on the grant term selected on the “**Funding Request**” screen.
- **Total Request for Grant Term:** No action required. This field automatically calculates based on the total amount in the “total annual assistance requested” multiplied by the grant term.

### SSO-CE Screen 6I. Sources of Match

The “**Sources of Match**” screen is applicable to all project applications. For detailed information that describes CoC Program match requirements see 24 CFR 578.73.

**Note:** Program income generated through CoC Program funds may be used as match.

1. **Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?** Required. Select “**Yes**” or “**No.**” If “**Yes,**” the following questions will appear. If “**No,**” no further response is required.
  - 1a. **Briefly describe the source of the program income.** Required if project applicant selected “**Yes**” above. Enter a description of the source of program income.
  - 1b. **Estimate the amount of program income that will be used as Match for this project.** Required if project applicant selected “**Yes**” above. Enter estimated amount in the field provided.

The match information entered in *e-snaps* should be based on the **current commitments at the time of project application, covering the requested grant operating period (i.e., grant term), and NOT based on projections.** HUD expects the amount(s) listed on this screen to be accurate, with a commitment letter(s) in place that includes at least the same amount(s) as those listed in this screen. Match contributions can be cash, in-kind, or a combination of both. Match must be equal to or greater than 25 percent of the total grant request, including Administration costs. **Example:** If the “total assistance requested” for an SSO-CE project is \$100,000, then the project applicant must match funds equal to or greater than \$25,000.

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

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Project applicants will be required to identify the following information for each match commitment.

- **This Commitment will be used as Match.** No action required, “**Yes**” is the default.
- **Type of Commitment:** Required. Select “**Cash**” or “**In-Kind**” (non-cash) to indicate the type of contribution that describes this match commitment. If applications include third-party in-kind match, project applicants should attach MOU(s) documentation that confirms the in-kind match commitment.
- **Type of Source:** Required. Select “**Private**” or “**Government**” to indicate the source of the contribution. Funds from HUD-VASH (VA Supportive Housing program) and other federal programs are eligible sources of match, so long as they do not prohibit their funds to be used as match for another federal program and are considered Government sources.
- **Name the Source of the Commitment:** Required. Enter the name of the organization providing the contribution. Be specific and include the office or grant program as applicable.
- **Date of Written Commitment:** Required. Enter the date of the written contribution.
- **Value of Written Commitment:** Required. Enter the total dollar value of the contribution.

After the project applicant saves the primary “**Sources of Match**” screen, the total match will automatically populate the “**Summary Budget**” screen where the 25 percent match requirement will be calculated and applied. If the amounts on the “**Summary Budget**” screen are too low, additional match funds must be added in the “**Sources of Match Detail**” screens.

### SSO-CE Screen 6J. Summary Budget

Screen 6J summarizes the funding request for the total term of the project as entered in the budget Screens 6B through 6I. Use this screen to verify the information recorded on each budget detail screen. If updates are needed, return to relevant budget detail screen to adjust. This screen includes only one field that can be adjusted. Project administrative costs can be recorded as “**Admin**” on this screen. The total amounts are calculated by *e-snaps* when applicants select “**Save**.”

- **Admin (Up to 10%):** Required. Enter the amount of requested administration funds. *E-snaps* will not allow project applicants to request more than 10 percent of the request listed in the field “**6. Sub-Total Costs Requested**.” If an ineligible amount is entered, *e-snaps* will report an error when the screen is saved.

The summary budget will include a summary of Cash, In-Kind, and Total Match entered on Screen 6I. If total match amount is less than 25 percent of the total budget, including admin costs, but excluding leasing costs, *e-snaps* will report an error and prevent application submission when the screen is saved. To adjust, return to Screen 6I.

For additional resources, including FAQs, go to: [FY 2019 Continuum of Care \(CoC\) Program Competition: Funding Availability](#) and [CoC Program Competition: e-snaps Resources](#).

## Dedicated Homeless Management Information Systems (HMIS) New Project Applications

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[\[RETURN to “All Projects Part 2 through Part 8”\]](#)

The following instructions apply to dedicated **Homeless Management Information Systems (HMIS)** projects in accordance with **HMIS** requirements at 24 CFR 578.37. Any organization can submit a new dedicated HMIS project application if designated by the CoC to do so; however, only the CoC’s designated HMIS Lead, which is the project applicant or subrecipient listed as the HMIS Lead on the CoC Application Profile can carry out the costs related to managing and operating the CoC’s HMIS as outlined in 24 CFR 578.57(a)(2). New dedicated HMIS funds are available through the Reallocation process, CoC Bonus, or a combination of Reallocation and CoC Bonus. DV Bonus funds are not eligible for new HMIS projects.

### HMIS Part 3: Project Information

#### HMIS Screen 3A. Project Detail

All fields on this screen are required and must be completed in order to submit the HMIS project application.

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

**1a. CoC Number and Name:** Required. Select the CoC number and name from the dropdown menu to which the project applicant intends to submit this project application. **Selecting the correct CoC is critical.** The dropdown menu contains all CoCs that were registered in the FY 2019 CoC Program Registration process and is listed according to the CoC Number (e.g., NE-502) and CoC Name (e.g., Lincoln County CoC). Based on the selection made in this field, when “**Submit**” is selected on Screen 8B, *e-snaps* will send this project application to the CoC selected.

**Note:** Project applicants should only use the “**No CoC**” option in instances where a project is located in a geographic area not claimed by any CoC. If project applicants select “**No CoC**,” their project applications will not be connected to a CoC Consolidated Application for this competition, which could affect HUD’s ability to award funds for the project application.

**1b. CoC Collaborative Applicant Name:** Required. Select the name of the Collaborative Applicant for the CoC to which the project applicant intends to submit the project application. The dropdown menu for this field is based on the CoC Number and Name selected above with the CoC’s designated Collaborative Applicant’s name that registered during the FY 2019 CoC Program Registration process.

**2. Project Name:** No action required. This field populates from the *e-snaps* “**Project**” screens and is read-only. If the project name is incorrect, exit the project application screens and open the *e-snaps* “**Project**” screens by selecting “**Projects**” from the left menu to correct the information.

**3. Project Status:** Required. This field defaults to the “**Standard**” option and should only be changed to “**Appeal**” if the project applicant believes they were denied the opportunity to participate in the local CoC planning process in a reasonable manner and, as a result, the CoC rejected or reallocated their project application. All other project applicants should leave the field with the option “**Standard.**” If the project applicant selects “**Appeal**,” Screen 8A “**Notice of Intent to Appeal**” will appear on the left menu and additional attachments will be required. For further information about the Solo Applicant appeal process, see instructions for Screen 8A above

**4. Component Type:** Required. For **HMIS** projects, project applicants must select “**HMIS.**”

**5. Title V:** Required. Title V of the McKinney-Vento Act allows homeless service providers to use unutilized, underutilized, excess, or surplus federal properties to assist persons experiencing

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homelessness. Select “Yes” or “No” to indicate whether the project includes one or more properties conveyed through the Title V process.

**6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section III.C.2.u. and Section III.C.2.s. of the FY 2019 NOFA).** Required. Select “Yes” or “No.” In FY 2019, an existing eligible renewal project can change its current project component (e.g., TH, PH-PSH, etc.) to an eligible new project component (e.g., PH-RRH, SSO-CE, etc.). However, to facilitate this component change, the project applicant must work with the CoC to use the reallocation process to fully eliminate the renewal project and transition the grant funds (ARA) to the new project application. The new project can be any eligible new project type available in the FY 2019 CoC Program Competition. For additional information, refer to page 4 in this guide and the FY 2019 CoC Program Competition NOFA. If “Yes” is selected the following table and question will appear.

**6a. List all expiring project(s) involved in the transition:** Required if “Yes” is selected in question 6 above. The expiring project(s) are the fully eliminated project(s) through the reallocation process and can remain in operation until the current expiration date(s). At least one eliminated grant must be entered in the table, and no more than four grants. For each expiring grant enter the full grant number; then select from the calendar icons the confirmed eLOCCS Operating Start Date(s) and Expiration Date(s); then select the expiring grant Component Type from the dropdown menu.

**Note:** Multiple expiring grant component types can be included in the transition.

| Grant Number | Operating Start Date | Expiration Date | Component Type |
|--------------|----------------------|-----------------|----------------|
|              |                      |                 |                |

**IMPORTANT:** For all expiring projects listed above, be sure to attach a copy of the most recently approved project application(s) on Screen “7A Attachments.” (e.g., if the expiring project was last funded in the FY 2018 CoC Program Competition, attach a copy of the FY 2018 project application).

**6b. Provide a brief description that addresses the scope of the proposed transition from the expiring component to the new component during the first year of operation; including how no more than 50 percent of each transition grant will be used for costs of eligible activities of the program component originally funded.** Required if “Yes” is selected in question 6 above. Provide a detailed description of how the project will be transitioned from the renewal project to the new project. The description must include:

- a.** A detailed description of how the project applicant will reduce activities in the project(s) that is/are transitioning, including the plan for ensuring existing program participants do not become homeless, while increasing activities in the new component;
- b.** The amount of funds that will be used to wind down the project that is transitioning if the project is selected for conditional award as a transition grant (note: recipients may not use more than 50 percent of grant funds to pay for the costs in the project that is transitioning); and
- c.** The estimated timeline, within the 1-year grant period, that the project will be fully operating as the newly awarded component.

For example, if the project applicant has eliminated a TH project to create a new RRH project, the project applicant must describe, at a minimum, how the project will strategically wind down the transitional housing project, including identifying how current program participants will be assisted in obtaining permanent housing, and build up the RRH project over the course of the grant term, so that the project will be fully operating as a RRH project at the end of the grant term. Further, the project applicant must describe how much of the grant they will expend on TH activities to wind

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down the TH project, and by what point during the grant term the project will be operating fully as an RRH project.

**Note:** Other than the questions above, the new project application for a transition grant must be filled out only as related to the new project being requested. For example; questions and charts such as, DedicatedPLUS, Unit/Household counts, and budget charts, etc., should only be related to how the new project will be operating when it is operating fully as its new component. Only the new portion of the project will be reviewed according to the new project threshold questions. If the new project application is selected for conditional award, the recipient will have the opportunity in the Post Award process to adjust up to 50 percent of the new project’s budgets for the eligible costs of the eliminated project(s).

7. **Under CoC Interim Rules, new grant funding cannot replace state or local funds. Can you confirm that this project application for new CoC Program funding will not replace state or local funds?** Select the checkbox to confirm. This application will not be allowed to submit unless this box is checked.

### HMIS Screen 3B. Description

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

1. **Provide a description that addresses the entire scope of the proposed project.** Required. Provide a detailed description of the scope of the project including the community needs, the design and implementation of the HMIS system, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and the reason CoC Program funding is required. The information project applicants provide in this narrative must not conflict with information provided in other parts of the project application.

**Note:** HUD recommends using more general data (e.g., this project will serve 10 persons over the term of the grant) rather than using specific dates (e.g., in FY 2020 this project will serve 10 persons) to reduce the need to change project descriptions for annual renewals.

2. **For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.** Required. HMIS project applicants must estimate the number of days from grant execution for the first question. Multiple locations in columns B, C, and D are not likely applicable. Nonapplicable fields can remain blank or project applicants can enter “0” or “NA.”

| Project Milestones  | <u>Days from Execution of Grant Agreement</u> |
|---|---|
|   | A   |
| New project staff hired, or other project expenses begin? |   |

3. **Will your project participate in a CoC Coordinated Entry Process?** Select “Yes” if the local HMIS will be, or is already, used in the implementation of a CoC Coordinated Entry (CE) process (known as centralized or coordinated assessment system in 24 CFR part 578 and the FY 2019 CoC Program Competition NOFA). If the CoC does not yet have a CE process, or if the HMIS is not or will not be used to implement coordinated entry, select “No.” Unless the HMIS is used in the implementation of a process that is coordinated by the CoC across all providers in the community, Select “No.”

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- 3a. If “No;” Please explain why your project does not participate in a CoC Coordinated Entry Process** Provide an explanation for why the project will not participate in a community’s coordinated entry process during the requested grant term.

### HMIS Screen 3C. Project Expansion Information

New in FY 2019, the process to apply for a new project that will expand an existing eligible CoC Program renewal project requires three project applications. The following guidance only pertains to new expansion projects that intend to expand and combine with a current eligible CoC Program renewal project. If a project applicant intends to expand a project, but not combine grants, or if a project applicant intends to expand a project that is currently funded with other resources (e.g., other federal funds, local funds, or private funds) the applicant will submit a new project application only

For additional instructions, project applicants should review the “**All Project – Renewal Expansion**” screen instructions on pages 17-20 of the **CoC Renewal Project Application Detailed Instructions**. In addition, refer to the FY 2019 CoC Program NOFA Section III.C.2.j. and Section V.B.3.a.(5).

The instructions below are for the **Step 2: “Stand-alone New”** project application that contains the expanded activities for only the part of the project that is being added in the **Step 3: “Combined Renewal Expansion”** project application.

**Screen 3C must be complete as instructed below.**

All applicants must complete the first question on Screen 3C; except, applicants that selected Transition grant on Screen 3A will not have access to this screen. Transition grants are not permitted to expand a renewal project.

- 1. Is this New project application requesting a “Project Expansion” of an eligible renewal project of the same component type?** Required. Select “No” if this new project application is not requesting to be part of the renewal expansion process; select “Save and Next” to proceed to the next screen. If “Yes” is selected the following questions will be visible and must be completed for this **Step 2: “Stand-alone New”** project application.

**Enter the PIN number (first 6 numbers of the grant number) and Project Name for the renewal project application applying for renewal in this year’s CoC Program Competition.**

- 1a. Eligible Renewal Grant PIN Number:** Enter the same PIN that was entered in the **Step 1 and Step 3** renewal project applications.
- 1b. Eligible Renewal Grant Project Name:** Enter the Project Name that was entered in the **Step 1** renewal project application.

Select “Yes” or “No” to questions 2-4 below. To be an eligible HMIS Expansion, at least one question must be selected “Yes.”

- 2. Will this expansion project increase HMIS functionality?** If “Yes” the following 2a. text box must be completed.
  - 2a. Describe the increased functionality.**
- 3. Will this expansion project increase geographic coverage of HMIS?** If “Yes” the following 3a. geographic code table must be completed.
  - 3a. Identify the geographic codes that were added to the HMIS coverage.**
- 4. Will this expansion project increase number of HMIS participating agencies and/or programs?** If “Yes” the following 4a. table must be completed.
  - 4a. Identify the number of additional participants in each of the following agencies and/or programs that will be added.** Add the number to the onscreen list for:

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- HUD–Continuum of Care Program (CoC);
- HUD–Emergency Solutions Grant (ESG);
- HUD–Housing Opportunities for Persons with AIDS (HOPWA);
- HHS–Projects for Assistance in Transition from Homelessness (PATH);
- HHS–Runaway and Homeless Youth Programs (RHY);
- VA; **or**
- Other.

## HMIS Part 4: Implementation of HMIS

### HMIS Screen 4A. HMIS Standards

All fields on Screen 4A are required and should be answered based on the current configuration of the dedicated HMIS project. For more information on 2017 HMIS Data Standards applicable for all dedicated HMIS projects, go to [www.hudexchange.info/hmis/hmis-data-and-technical-standards/](http://www.hudexchange.info/hmis/hmis-data-and-technical-standards/).

#### Universal HMIS Data Standards

|                           |                        |                                       |
|---------------------------|------------------------|---------------------------------------|
| 1. Name                   | 6. Gender              | 11. Destination                       |
| 2. Social Security Number | 7. Veteran Status      | 12. Relationship to Head of Household |
| 3. Date of Birth          | 8. Disabling Condition | 13. Client Location                   |
| 4. Race                   | 9. Project Start Date  | 14. Housing Move-in Date              |
| 5. Ethnicity              | 10. Project Exit Date  | 15. Living Situation                  |

- 1a. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the HMIS Data Standard Notice?** Select “Yes” if the HMIS is currently programmed to collect all of the HUD required UDEs, as required by the FY 2017 Data Standards **If** the HMIS is not programmed to capture all of the UDEs, Select “No.”
- 1b. If no, explain why and the planned steps for compliance:** If the HMIS does not capture all UDEs use the space provided to explain which UDEs are not captured by HMIS, why the UDEs are not captured, and provide the specific steps the HMIS Lead will take to comply with the HMIS Data Standard Notice.
- 2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting (i.e., Annual Performance Reports, reports for System Performance Measures, data for CAPER/ESG reporting)?** Select “Yes” if the HMIS can produce all HUD-required reports and provide data as needed for HUD reporting.
- 2b. If no, explain why and the planned steps for compliance:** If the HMIS does not have the capacity to produce all HUD-required reports **or** provide data for HUD reporting, use the space provided to identify the HUD-required reports that are not **or** cannot be produced, the reason why and provide the specific steps the HMIS Lead will take to comply with the HMIS reporting requirements.
- 3a. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS?** Select “Yes” if the HMIS can produce all reports required by all Federal partners.
- 3b. If No, explain why and the planned steps for compliance.** If the HMIS does not have the capacity to produce all **reports required by all federal partners**, use the space provided to identify the reports that are not **or** cannot be produced, the reason why and provide the specific steps the HMIS Lead will take to comply with the reporting requirements federal partners.

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4. **Can the HMIS currently provide the CoC with an unduplicated count of clients receiving services in the CoC?** Select “Yes” if the HMIS can unduplicate client records. Select “No” if the HMIS cannot unduplicate client records, **or** if the HMIS will soon include this capacity, but does not have the capacity as of the time of application submission.
5. **Does your HMIS implementation have a staff person responsible for ensuring the implementation meets all security standards as required by HUD and the federal partners?** Select “Yes” if the HMIS Lead has a staff person responsible for security standards. Select “No” if the HMIS Lead does not have a staff person responsible for security standards, **or** if the HMIS Lead plans on hiring/appointing a person but does not have one on staff as of the time of application submission.
6. **Does your organization conduct a background check on all employees who access HMIS or view HMIS data?** Select “Yes” if the HMIS Lead conducts background checks on all employees who access the HMIS, both the HMIS Lead personnel **and** administrators and staff at all recipients and subrecipients. Select “No” if the HMIS Lead does not conduct background checks.
7. **Does the HMIS Lead conduct Security Training and follow up on security standards on a regular basis?** Select “Yes” if the HMIS Lead conducts security training and follows-up with recipient and subrecipient organizations. Select “No” if the HMIS Lead does not conduct security training **or** follow-up with recipients **or** subrecipients.
8. **Do you have a process in place to remove community members who no longer need access to HMIS (e.g., leave their job, fired, etc.)?** Select “Yes” if there is a process in place to remove community members who no longer need access to HMIS and answer the next question that will appear. Select “No” if there is not a process in place to remove community members who no longer need access to HMIS.
- 8a. **How long does it take to remove access rights to former HMIS users?** HMIS must have the capacity to remove user access rights. Select the appropriate time frame from the options of “**Within 24 hours,**” “**Within 1 week,**” “**Within 2 weeks,**” “**Within 1 month,**” and “**Longer than 1 month.**” Select “**Longer than 1 month**” if the HMIS does not have this capacity.

### HMIS Screen 4B. HMIS Training

Screen 4B is designed to assess whether the HMIS has the capacity to train HMIS users to adequately use the systems supported by these CoC Program funds. Enter the date of the last, **or** next proposed, training date for each of the following categories:

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

Enter dates in the prescribed format (mm/yyyy). **If** there has been no training, enter 00/0000. Project applicants can also specify up to 3 additional HMIS trainings that apply to the implementation of the proposed project.

### HMIS Part 6: Budgets

Part 6 of the application requests project information related to budget requests, and information about required grant matching funds.

### HMIS Screen 6A. Funding Request

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

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1. **Will it be feasible for the project to be under grant agreement by September 30, 2021?** Select “Yes” to indicate the project will begin operating by September 30, 2021. Unobligated funds will not be available after September 30, 2021. If “No” is selected, project applicants will not be able to submit this project application in *e-snaps*.
2. **What type of CoC funding is this project applying for in the 2019 CoC Competition?** New HMIS project applications are eligible through “Reallocation,” funds “CoC Bonus” funds or a combination of “Reallocation + CoC Bonus” funds. New HMIS projects are not eligible through “DV Bonus” funds. From the dropdown menu, select “Reallocation” if the project is being fully funded using the reallocation process as indicated on the Reallocation forms submitted by the Collaborative Applicant through the CoC Priority Listing. Select “CoC Bonus” if the project is being fully funded through the “CoC Bonus.” If the CoC has chosen to combine both reallocation and CoC bonus funds in a single new project application, select “Reallocation + CoC Bonus.” Do not select “DV Bonus.”
3. **Does this project propose to allocate funds according to an indirect cost rate?** Required. Select “Yes” or “No” to indicate whether the project has an approved indirect cost plan in place or will propose an indirect cost plan by the time of conditional award. For more information concerning indirect costs plans, refer to Section V.B.2.h. of the FY 2019 CoC Program Competition NOFA and contact your local HUD CPD field office. If “Yes,” project applicants must respond to the following questions:

- 3a. **Please complete the indirect cost rate schedule below.** Complete at least one row using information from either your approved plan **or** your proposal.

| Administering Department/Agency | Indirect Cost Rate | Direct Cost Base |
|---------------------------------|--------------------|------------------|
|                                 | %                  |                  |

- 3b. **Has this rate been approved by your cognizant agency?** Select “Yes” if the indirect cost rate has already been approved by your cognizant agency. Select “No” if it has either not been submitted to **or** has been submitted but has not yet been approved by your cognizant agency.
- 3c. **Do you plan to use the 10% de minimis rate?** Select “Yes” only if you plan to use the 10 percent *de minimis* rate as described in 2 CFR 200.414(f).
4. **Select a grant term:** Project applicants must select a 1-year grant term from the dropdown menu.
5. **Select the costs for which funding are being requested:** Required. Check the box next to the eligible costs for which funding is being requested (be sure to review 24 CFR part 578, Subpart D; Program Components and Eligible Costs and Section 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds). HMIS projects **only** have the option of selecting the HMIS BLI
6. **If awarded, will this project require an initial grant term greater than 12 months?** Required. Select “Yes” or “No” to indicate whether this new project application will be requesting more than a 12-month grant term/performance period (up to 18-months) to expend 1-year of CoC Program funds because of the time it takes to get the grant fully operational. Applicants should only answer “Yes” if they are requesting additional time to expend their first year of funds. This will not increase the amount of funds conditionally awarded, and it will impact the expiration date of the grant, which can affect what year the project is eligible for renewal. **If “No,”** proceed to the next question. **If “Yes,”** the following “6a” selection will be visible and must be completed.
- 6a. **Select the number of months required for the initial grant term (dropdown of 13-18 months).** Required if “Yes” was selected above. Select from the dropdown menu from 13 months to 18 months for the initial grant term/performance period.

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### HMIS Screen 6H. HMIS Budget

Screen 6H is available if the HMIS budget line item is selected on Screen 6A. The HMIS costs listed are all inclusive and determined by the eligible HMIS costs described at 24 CFR 578.57. Complete the HMIS budget screen to request funds for eligible HMIS costs.

**Note:** Per CFR 578.59(a), staff and overhead costs directly related to carrying out HMIS activities are eligible as part of those activities listed on the HMIS budget. The itemized budget screen organizes all eligible HMIS costs from 24 CFR 578.57 into the following 5 categories:

1. **Equipment**—central server(s), personal computers and printers, networking, and security;
2. **Software**—software/user licensing, software installation, support and maintenance, and supporting software tools;
3. **Service**—training by third parties, hosting/technical services, programming (customization, system interface, data conversion), security assessment setup, internet access, facilitation, and disaster recovery;
4. **Personnel**—project management/coordination, data analysis, programming, technical assistance and training, and administrative support staff; and
5. **Space & Operations**—space costs and operational costs associated with that space.

If the recipient **or** subrecipient is a victim services provider, **or** a legal services provider, it may use CoC Program funds to establish and operate a comparable database that complies with HUD's HMIS requirements, listing costs under the comparable category on Screen 6H.

Enter the quantity, detail, and total budget request for each HMIS cost.

- **Eligible Costs:** No action required. *e-snaps* populates a list of eligible HMIS costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53. (Refer to 24 CFR 578.53 for details on eligible supportive services costs.)
- **Quantity AND Description:** Required. Enter the quantity (i.e., numbers) and description details for each activity for which funds are being requested. **Quantity and description details should be thorough** (e.g., for staffing: position title—1 FTE @ \$45,000 including benefits or 50 hours @ \$25 per hour including benefits). Simply stating 1 FTE is **NOT** providing quantity and description details, and limits HUD's understanding of costs being requested. Failure to enter adequate quantity and description details will result in HUD placing conditions on the conditional award and will delay funding.
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program activities.
- **Total Annual Assistance Requested:** No action required. This field calculates based on the sum of the annual assistance requests entered for each activity.
- **Grant Term:** No action required. This field populates based on the grant term selected on the “Funding Request” screen.

### HMIS Screen 6I. Sources of Match

The “Sources of Match” screen is applicable to all project applications. For detailed information that describes CoC Program match requirements see 24 CFR 578.73.

**Note:** Program income generated through CoC Program funds may be used as match.

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**1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?** Required. Select “Yes” or “No.” If “Yes,” the following questions will appear. If “No,” no further response is required.

**1a. Briefly describe the source of the program income.** Required if project applicant selected “Yes” above. Enter a description of the source of program income.

**1b. Estimate the amount of program income that will be used as Match for this project.** Required if project applicant selected “Yes” above. Enter estimated amount in the field provided.

The match information entered in *e-snaps* should be based on the **current commitments at the time of project application, covering the requested grant operating period (i.e., grant term), and NOT based on projections.** HUD expects the amount(s) listed on this screen to be accurate, with a commitment letter(s) in place that includes at least the same amount(s) as those listed in this screen. Match contributions can be cash, in-kind, or a combination of both. Match must be equal to or greater than 25 percent of the total grant request, including Administration costs. **Example:** If the “total assistance requested” for a HMIS project is \$100,000, then the project applicant must match funds equal to or greater than \$25,000.

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

Project applicants will be required to identify the following information for each match commitment.

- **This Commitment will be used as Match.** No action required, “Yes” is the default.
- **Type of Commitment:** Required. Select “Cash” or “In-Kind” (non-cash) to indicate the type of contribution that describes this match commitment. If applications include third-party in-kind match, project applicants should attach MOU(s) documentation that confirms the in-kind match commitment.
- **Type of Source:** Required. Select “Private” or “Government” to indicate the source of the contribution. Funds from HUD-VASH (VA Supportive Housing program) and other federal programs are eligible sources of match, so long as they do not prohibit their funds to be used as match for another federal program and are considered Government sources.
- **Name the Source of the Commitment:** Required. Enter the name of the organization providing the contribution. Be specific and include the office or grant program as applicable.
- **Date of Written Commitment:** Required. Enter the date of the written contribution.
- **Value of Written Commitment:** Required. Enter the total dollar value of the contribution.

After the project applicant saves the primary “**Sources of Match**” screen, the total match will automatically populate the “**Summary Budget**” screen where the 25 percent match requirement will be calculated and applied. If the amounts on the “**Summary Budget**” screen are too low, additional match funds must be added in the “**Sources of Match Detail**” screens.

### HMIS Screen 6J. Summary Budget

Screen 6J summarizes the funding request for the total term of the project as entered in the budget Screens 6B through 6I. Use this screen to verify the information recorded on each budget detail screen. If updates are needed, return to relevant budget detail screen to adjust. This screen includes only one field that can be adjusted. Project administrative costs can be recorded as “Admin” on this screen. The total amounts are calculated by *e-snaps* when applicants select “Save.”

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- **Admin (Up to 10%):** Required. Enter the amount of requested administration funds. *E-snaps* will not allow project applicants to request more than 10 percent of the request listed in the field “**6. Sub-Total Costs Requested.**” If an ineligible amount is entered, *e-snaps* will report an error when the screen is saved.

The summary budget will include a summary of Cash, In-Kind, and Total Match entered on Screen 6I. If total match amount is less than 25 percent of the total budget, including admin costs, but excluding leasing costs, *e-snaps* will report an error and prevent application submission when the screen is saved. To adjust, return to Screen 6I.

For additional resources, including FAQs, go to: [FY 2019 Continuum of Care \(CoC\) Program Competition: Funding Availability](#) and [CoC Program Competition: e-snaps Resources](#)..