

CoC Special NOFO to Address Unsheltered and Rural Homelessness through the CoC Program

New Project Application Detailed Instructions



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

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Introduction

This document provides detailed instructions for organizations completing the Special Notice of Funding Opportunity (NOFO) to Address Unsheltered and Rural Homelessness (Special NOFO). The purpose of this Special NOFO is to target efforts to reduce unsheltered homelessness, particularly in communities with very high levels of unsheltered homelessness and homelessness in rural areas. Through this Special NOFO, HUD will award funding to communities to implement coordinated approaches -- grounded in Housing First and public health principles -- to reduce the prevalence of unsheltered homelessness, and improve services engagement, health outcomes, and housing stability among highly vulnerable unsheltered individuals and families. HUD expects applicant communities to partner with health and housing agencies to leverage mainstream housing and healthcare resources. Authorized by section 231 of the Department of Housing and Urban Development Appropriations Act, 2020 (42 U.S.C. 11364a; Public Law 116-94, approved December 20, 2019), funding for this NOFO will be awarded through the CoC Program.

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

The following provides information regarding requirements for new projects awarded in this Special NOFO:

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

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

The following items will provide information that will be helpful as you complete your project applications. Note: not all items will be immediately available, but keep checking HUD's website and sign up for the listserv to be notified when items are available:

- Questions regarding information in these instructions may be submitted to SpecialCoCNOFO@hud.gov; however, HUD cannot assist you with answering specific application questions.
- Questions related to *e-snaps* functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- **Special NOFO New Project Application Navigational Guides** provide step-by-step instructions for navigating through *e-snaps*.

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

- Part 1 and Part 2 are the same regardless of the project type.

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- The visibility of *e-snaps* screens and project application questions for Part 3 through Part 6 are dependent on the project type as listed below:
 - [PH-PSH: Permanent Supportive Housing](#)
 - [PH-RRH: Rapid Re-Housing](#)
 - [Joint TH and PH-RRH: Rapid Re-Housing](#)
 - [SSO-CE: Coordinated Entry](#)
 - [SSO-non CE: Street Outreach or SSO Other](#)
 - [HMIS: Homeless Management Information Systems](#)
- Part 7 and Part 8 are the same regardless of the project type.

Important Reminders

- 1. HUD cannot correct project application errors.** Your project application must demonstrate compliance with the Rule and NOFO and you are responsible for submitting a project under the appropriate type and funding stream according to the Special NOFO and 24 CFR part 578 (except as otherwise provided in the NOFO).
- 2. Pay special attention to setting up ('registering') the correct project application in *e-snaps*.** There are two separate funding opportunities applicants can request through under this NOFO: the Unsheltered Homelessness Set Aside and the Rural Homelessness Set Aside. See Section I.E.2 of the Special NOFO for more information. Each funding opportunity has a different *e-snaps* Funding Opportunity and separate Priority Listings for the CoC's Collaborative Applicant to submit. It is important that project applicants pay close attention when selecting their Funding Opportunity to ensure they select the correct one.
- 3. All project applications must request a 3-year grant term.** Section V.B.3.c of the Special NOFO limits applicants to requesting a 3-year grant term. Therefore, all project applications will be pre-populated with a grant term of 3-years in *e-snaps* and all budgets will calculate accordingly.
- 4. Following the Housing First approach is a requirement for all Special NOFO projects.** Section V.B.3.(b)(3) of the Special NOFO requires all projects (other than HMIS, CoC Planning, and UFA Costs) to follow a Housing first approach. More information on Housing First can be found at <https://www.hudexchange.info/programs/coc/toolkit/responsibilities-and-duties/housing-first-implementation-resources/#housing-first-implementation>.
- 5. There are New Eligible Activities for Projects Requesting Funding Through the Rural Set Aside.** This Special NOFO authorizes the use of funding awarded under the Rural Set Aside for eligible activities authorized under section 491 of the McKinney-Vento Act, as amended by the HEARTH Act. These eligible activities are detailed in Section V.B.3.(e) of the Special NOFO. Applicants considering requesting funding for these activities should review this Section of the NOFO carefully.
- 6. CoC Planning and UFA Costs Projects Must Be Ranked.** CoCs may apply for CoC Planning projects and, if designated by HUD as a UFA, UFA Cost projects under the Unsheltered Homelessness Set Aside. CoC Planning costs may not exceed 3 percent of the CoC's maximum award amount for the Unsheltered Set Aside and UFA Costs may not exceed 3 percent of the CoC's maximum award amount for the Unsheltered Set Aside. Unlike in the annual CoC Program Competition, however, CoCs must rank its CoC Planning and UFA Cost projects amidst its other Unsheltered Homelessness Set Aside projects.

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- 7. System for Award Management (SAM) Registration.** Your organization must have an active SAM registration at time of project application submission and conditional award. The SAM registration must be renewed annually so long as you receive CoC Program funds. HUD verifies that your organization has an active SAM registration prior to release of awarded funds, if conditionally selected for award, and will withhold processing funds if your organization’s SAM registration has expired. You must also confirm your organization’s Employer/Tax Identification Number (TIN) and Unique Entity Identifier (UEI/SAM) information is correct in both SAM.gov and the *e-snaps* Project Applicant Profile.
- 8. Operating Budget and Replacement Reserve Costs.** If you request CoC Program funds for “Replacement Reserve” on Screen “6G Operating Budget,” you will need to answer additional questions on **Screen 3A Project Detail**. Additionally, if you utilize CoC Program Operating funds for replacement reserve, you must attach documentation on Screen “7A Attachments.” For further details, refer to instructions for Screen 3A (#8) in this guide.

New Project Application Screens in *e-snaps*

In the table below, all white cells marked with an “X” indicate the screens that can be accessed based on the project type of your project application. Grey cells indicate the screens that are not accessible for each project type.

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

Screen Title	New Project Types					
	PH-PSH	PH-RRH	Joint TH & PH-RRH	SSO-CE	SSO-non CE	HMIS
Before Starting	X	X	X	X	X	X
Part 1 – Forms and Certification						
1A. SF-424 Application Type	X	X	X	X	X	X
1B. SF-424 Legal Applicant	X	X	X	X	X	X
1C. SF-424 Application Details	X	X	X	X	X	X
1D. SF-424 Congressional District(s)	X	X	X	X	X	X
1E. SF-424 Compliance	X	X	X	X	X	X
1F. SF-424 Declaration	X	X	X	X	X	X
1G. HUD-2880	X	X	X	X	X	X
1H. HUD-50070	X	X	X	X	X	X
1I. Certification Regarding Lobbying	X	X	X	X	X	X
1J. SF-LLL	X	X	X	X	X	X
1K. SF-424B: Assurances for Non-Construction	X	X	X	X	X	X
1L. SF-424D: Assurances for Construction	X					
Part 2 – Subrecipient Information						
2A. Subrecipients	X	X	X	X	X	X
2B. Experience	X	X	X	X	X	X
Part 3 – Project Information						
3A. Project Detail	X	X	X	X	X	X
3B. Description	X	X	X	X	X	X
Part 4 – Housing Services and HMIS						
4A. Supportive Services for Participants	X	X	X			
4A. HMIS Standards						X
4B. Housing Type and Location	X	X	X			

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Screen Title	New Project Types					
	PH-PSH	PH-RRH	Joint TH & PH-RRH	SSO-CE	SSO-non CE	HMIS
Part 5 – Participants						
5A. Households	X	X	X		X	
5B. Subpopulations	X	X	X		X	
Part 6 – Budget Information						
6A. Funding Request	X	X	X	X	X	X
6B. Acquisition/Rehab/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	X	
6G. Operating	X		X			
6H. HMIS	X	X	X		X	X
6I. Sources of Match	X	X	X	X	X	X
6J. Summary Budget	X	X	X	X	X	X
Part 7 – Attachments and Certification						
7A. Attachments	X	X	X	X	X	X
CoC Rejection Letter	X	X	X	X	X	X
Consolidated Plan Cert	X	X	X	X	X	X
7B. Certification	X	X	X	X	X	X
Part 8 – Submission Summary						
8A. Notice of Intent to Appeal	X	X	X	X	X	X
8B. Summary	X	X	X	X	X	X

Project Applicant Profile

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

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

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

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

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

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All Projects – Part 1: HUD Forms and Certifications

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

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

Part 1 of the project application includes the following forms:

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

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

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


Certification Regarding Lobbying; Screen 1I.

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

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

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

Basic Instructions to Access a Project Applicant Profile

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

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

Screen 1A. SF-424 Application Type

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

1. **Type of Submission.** No action required.

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2. **Type of Application.** No action required as this selection was made when you registered and created the project application in the **Funding Opportunity**. The four *e-snaps* Special NOFO Funding Opportunities include:
 - (1) **Unsheltered Homelessness Set Aside Project Application**
 - (2) **Rural Set Aside Project Application**
 - (3) **CoC Planning Unsheltered Homelessness Set Aside Project Application**
 - (4) **UFA Unsheltered Homelessness Set Aside Project Application**If the field is incorrect, return to the *e-snaps* Funding Opportunity screen and create another project application using the correct Funding Opportunity. For instructions for “registering” an *e-snaps* Funding Opportunity refer to the guide [How to Access the Project Application](#).
3. **Date Received.** No action required. This field automatically populates with the date when you “**Submit**” the project application on the “**Submission Summary**” screen to send to the CoC for review, rating, and ranking.
4. **Applicant Identifier.** No action required; leave this field blank.
- 5a. **Federal Entity Identifier.** No action required; leave this field blank.
- 5b. **Federal Award Identifier.** No action required; leave this field blank.
6. **Date Received by State.** No action required; leave this field blank.
7. **State Application Identifier.** No action required; leave this field blank.

Screen 1B. SF-424 Legal Applicant

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

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

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

Screen 1C. SF-424 Application Details

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

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

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Screen 1D. SF-424 Congressional Districts

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

14. **Area(s) affected by the project (State(s) only).** Required. Indicate the state(s) where the project will operate and serve persons experiencing homelessness as defined by 24 CFR 578.3.
15. **Descriptive Title of Applicant's Project.** No action required. This field populates with the name entered when you created the project from the “**Projects**” screens in *e-snaps*. To change the name, exit the application, go back to “**Projects**” on the left main menu, identify the correct project on the list of projects, open the project and edit the name. Once the application is reopened from the “**Submissions**” screen, the updated project name will appear.
16. **Congressional District(s).** No action required. HUD uses the district(s) selected here to report required project data and award amounts to members of Congress. For help locating the correct congressional district go to: <https://www.govtrack.us/congress/members/map>.
 - 16a. **Applicant.** No action required. The congressional district(s) listed here populate from the **Project Applicant Profile**.
 - 16b. **Project.** Required. Select The congressional district(s) in which the proposed project is expected to operate.
17. **Proposed project.** Required. Enter the proposed operating start date and end date of the project. For this Special NOFO all project applications must have a 3-year grant term. You should enter an operating start date in Calendar Year (CY) 2023 and an end date in CY 2026 (e.g., start date 4/1/2023 and end date 3/31/2026).
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

You must complete all questions on Screen 1E.

19. **Executive Order 12372.** Required. Project applications submitted in the Special NOFO 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-April-2020](#). If you will have projects in more than one state, you must check each state against the SPOC list as one state may require review while other states may not require review.

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

“**a.**” indicates the state requires review of the application and enter the date on which the application was made available to the state(s). In cases where the SPOC has not reviewed an application prior to the application submission deadline, you must submit the application to meet the Special NOFO Competition application deadline for funding consideration.

“**b.**” indicates your organization is located within a state(s) that has chosen not to participate in EO 12372 or this project application has not been selected for review by the state(s); therefore, this CoC project application is not applicable in your state(s).

20. **Delinquent debt.** Required. On Screen 1E, select “**Yes**” or “**No**” to indicate whether your organization owes debt to any federal agency. Consistent with 31 U.S.C. 3720B and 28 U.S.C. 3201(e), if your organization has an outstanding federal debt, it is not eligible to receive HUD funds, unless one of the following applies:

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

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

Screen 1F. SF-424 Declaration

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

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

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

The Form HUD-2880 uses federal terminology that does not clearly match terminology used for the CoC Program and project applications. For CoC Program purposes, HUD is clarifying the meaning of “**specific project or activity**” and “**this application**” in Part 1 of the HUD-2880, questions 1 and 2. The legal requirements of the HUD-2880 as related to the CoC Program mean: any single organization/applicant equals one application for all accumulated project applications; regardless of how many individual project applications are submitted in the Special NOFO Competition. Therefore, information in an *e-snaps* HUD-2880 includes the total amount of all the project applications applying for funds in the Special NOFO Competition. For example, if organization XYZ is submitting three separate project applications at \$100,000 each for a total amount of \$300,000; then an answer of “**Yes**” is required in Part 1 question 2 of the HUD-2880—as organization XYZ expects to receive assistance in excess of \$200,000. Since the total amount of funds requested by your organization exceeds \$200,000 for all project applications submitted, you must complete Parts II and III of the HUD-2880.

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

- 1. Applicant/Recipient Name, Address, and Phone.** No action required. This information populates from the “**Authorized Representative**” screen of the **Project Applicant Profile**.
- 2. Employer ID Number (EIN).** No action required. This information populates from the “**Organization Information**” screen of the **Project Applicant Profile**. You should confirm the EIN populating is correct as an incorrect EIN will delay your organization’s ability to sign the grant agreement if selected for conditional award. EINs are confirmed by HUD prior to releasing funds to the electronic Line of Credit Control System (eLOCCS) and will be withheld from processing if the EIN is incorrect.
- 3. HUD Program.** No action required. This field populates with “**Continuum of Care Program.**”
- 4. Amount of HUD Assistance Requested/Received.** No action required. This field remains blank in the **Project Applicant Profile**. The amount in this field will populate based on the total funds requested for this project application from the “**Summary Budget**” screen.

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5. **State the name and location (street address, City and State) of the project or activity.** No action required. This field populates with the following message: **“Refer to project name, addresses and grant number entered into the attached project application.”** The information this message references is located on the project application screen 1B. SF-424 Legal Applicant, 3A. Project Detail, and 4B. Housing Type and Location.

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

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

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

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

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

If you need to report more assistance than available on the screen, attach the listing to this project application on Screen **7A. Attachments**.

No, review the information, check the box **“I agree.”**

Certification: The **“I agree”** certification will appear at the bottom of the screen in the **Project Applicant Profile** and at the bottom of the copies of this form in all project applications your organization submits in *e-snaps*. You must certify in both the Project Applicant Profile and the project application that the information provided is accurate and complete.

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

The Form HUD-50070 populates information from the **Project Applicant Profile** and relevant data from the FY 2022 project application. **You must read and certify by checking the box toward the bottom of the screen.** Confirm the Authorized Representative information is accurate. If information on this form is inaccurate, see page 5 above for the **Basic Instructions to Access a Project Applicant Profile**.

Certification Regarding Lobbying; Screen 1I

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

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

The [SF-LLL](#) populates information from the **Project Applicant Profile** and relevant data from the FY 2022 project application. The requirement related to lobbying as explained in the SF-LLL instructions states:

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

For further clarification or questions on the SF-LLL, see the full form instructions on HUD’s website.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? Select:

Yes, if your organization, or subrecipient(s) if applicable, is engaged in lobbying and answer the questions as they appear on the screen. You must read, certify, and sign by checking the box toward the bottom of the screen (the check box will not appear until you answer the question above). Confirm the “**Authorized Representative**” information is accurate. If any information on this form is not accurate, see page 5 for **Basic Instructions to Access a Project Applicant Profile**.

No, if your organization, and subrecipient(s) if applicable, is not engaged in lobbying associated with the CoC Program.

SF-424B: (Assurances for Non-Construction) and SF-424D (Assurances for Construction) Projects; Screens 1K and 1L


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

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



Screen 2A. Subrecipient(s) – Attachment Requirement

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

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

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

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will calculate after you complete and save this screen. Select “**Save & Back to List**” to save the information and return to the primary screen. Select “**Save & Add Another**” to add information for another subrecipient. To view and edit, select view . To delete, select .

You must identify the following information for each subrecipient:

- a. **Organization Name;**
- b. **Organization Type** (nonprofit documentation must be uploaded to the Attachment Screen 7A if applicable);
- c. **Employer or Tax Identification Number;**
- d. **Organization’s Physical Address;**
- e. **Organization’s Congressional District(s);**
- f. **Is the subrecipient a faith-based organization;**
- g. **Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?**
- h. **Expected Subaward Amount;** and
- i. **Contact Person.** The name and contact information of the person within the subrecipient organization who has the authority to act on the organization’s behalf as it relates to carrying out the actions contracted by your organization.

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

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

1. **Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.** Required. Describe your organization, subrecipient(s) if applicable, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) have successfully utilized federal funds in other projects. Provide examples that illustrate experience such as:
 - (a) working with and addressing the target population(s) identified housing and supportive service needs;
 - (b) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation;
 - (c) identifying and securing matching funds from a variety of sources; and
 - (d) managing basic organization operations including financial accounting systems.
2. **Describe your organization’s (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.** Required. Include experience with leveraging all federal, state, local and private sector funds. If your organization has no experience leveraging other funds, include the phrase “**No experience leveraging other federal, state, local, or private sector funds.**”
3. **Describe your organization’s (and subrecipient(s) if applicable) financial management structure.** Required. Include how your organization has a functioning accounting system that is operated in accordance with generally accepted accounting principles or has designated a fiscal agent that will maintain a functioning accounting system for your organization in accordance with generally accepted accounting principles. If your project application includes a subrecipient(s),

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include the subrecipient(s) fiscal control and accounting procedures to assure proper dispersal of and accounting for federal funds in accordance with the requirements of 2 CFR part 200.

4. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization? Required. Select:

Yes, your organization has unresolved HUD Monitoring **or** OIG Audit findings

No, there are no unresolved HUD Monitoring **or** OIG Audit findings. The HUD monitoring or OIG audit findings are not limited to just CoC Program funds, but to any funds that are in use from other HUD programs, (e.g., HOPWA, ESG).

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

All Projects – Part 3 through Part 6

The detailed instructions for Parts 3 through 6 are separated by eligible Special NOFO project types:

- [PH-PSH: Permanent Supportive Housing](#)
- [PH-RRH: Rapid Re-Housing](#)
- [Joint TH and PH-RRH: Rapid Re-Housing](#)
- [SSO-CE: Coordinated Entry](#)
- [SSO-non CE: Street Outreach or SSO Other](#)
- [HMIS: Homeless Management Information Systems](#)

All Projects – Part 7: Attachments and Certification

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

Screen 7A. Attachments

This screen includes three links that allow you to upload and attach supplementary information to the project application. While *e-snaps* will allow you to submit the project application without attaching supplementary documentation, below is a list of items that you should attach if your project application includes one or more of the following.

- **Subrecipients.** Attach nonprofit documentation for each nonprofit organization identified on Screen “**2A. Subrecipients.**” Nonprofit status is documented by submitting either: (1) a copy of the Internal Revenue Service (IRS) final determination letter providing tax-exempt status under Section 501(c)(3) of the IRS Code (preferred); or (2) a certification from a licensed CPA that the organization meets each component of the definition of a private nonprofit organization as defined by 24 CFR 578.3.
- **Third-Party In-Kind Match.** If your project application includes third-party in-kind match commitment on the “**Sources of Match**” screen you have a separate “**7A Attachments**” screen that should be used to attach the required Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) between your organization and the organization providing the in-kind match. Documentation is required prior to issuance of the grant agreement if your renewal project is selected for conditional award.

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- **Replacement Reserve.** If your project application will utilize replacement reserve as part of the CoC Program operating budget, you must attach supporting documentation that includes:
 - total amount of funds that will be placed in reserve during the grant term;
 - system(s) to be replaced that includes the useful life of the system(s); and
 - repayment schedule that includes the payment amount.
- **Federally Approved Indirect Cost Rate.** If your organization has a Federally approved indirect cost rate agreement as entered on the “**6A Funding Request**” screen, the approved agreement should be attached to this project application.

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

CoC Rejection Letter Attachment Screen

This attachment screen will only be visible and required if you are submitting this project application as a Solo Appeal as outlined in the Special NOFO and 24 CFR 578.35.

“No CoC” Consolidated Plan Certification Attachment Screen

This attachment screen is only visible and required if you selected “**No CoC**” for question 2a on **Screen 3A**. This indicates that your new project application is not located within any existing CoC’s geographic area, or you are submitting a Solo Appeal, and allows you to upload a completed, signed, and dated [Certification of Consistency with the Consolidated Plan \(HUD-2991\)](#) obtain from your state or local official with entitlement jurisdiction representing the geographical area in which the proposed project will be located.

Screen 7B. Certification

Screen 7B populates with the name and information of your organization’s Authorized Representative from the **Project Applicant Profile**. You must read, certify, and sign by checking the box at the bottom of the screen to submit the project application. If your organization is a Public Housing Agency (PHA), you must also include the PHA number. By completing the certification, the Authorized Representative agrees to the terms and conditions provided on the screen, on behalf of your organization. To make changes to information populated from the profile, refer to page 4 for the **Basic Instructions to Access a Project Applicant Profile** above.

All Projects – Part 8: Solo Appeal and Submission Summary

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.

If you intend to submit a Solo Application you must recreate the project application originally submitted to the CoC; however, on screen **3A. Project Detail** you will select “**No CoC**” for question **1a. CoC Number and Name** and then select “**Appeal**” for question **3. Project Status**. This will give you access to screen **8a. Notice of Intent to Appeal** which must be completed. To complete the Solo Appeal project application, you must attach a signed and dated HUD-2991 from the CoC’s local jurisdiction. You are responsible for obtaining this form for the Solo Appeal project application from the local jurisdiction, not the CoC. If you did not submit the initial project application via *e-snaps* as the CoC conducts its local competition outside of *e-snaps*, you will create the project application for the component according to these instructions.

Note: Solo Appeal project applications must be submitted in *e-snaps* by the application submission due date in the NOFO.

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Screen 8A. Notice of Intent to Appeal – Attachment Requirement

This screen will only appear if you selected “**Appeal**” to question “**3. Project Status**” on Screen “**3A. Project Detail**.” Complete the information for each question on this screen and attach a copy of the rejection letter on the **CoC Rejection Letter Attachment Screen** your organization received from the CoC.

- 1. Was this project application submitted via *e-snaps* or independently?** Required. CoCs may require project application submission via *e-snaps* while other CoCs require project application submission via other methods (e.g., standard fillable Word forms, Excel spreadsheets). Select the appropriate response based on project application submission in the local CoC competition process:
 - e-snaps*** – if you submitted this project application to the CoC for the local competition through *e-snaps*.
 - Independently** – if you submitted this project application to the CoC for the local competition through a different method.
- 2. Was the project application submitted by the CoC's local submission deadline?** Required. Select “**Yes**” or “**No**” from the dropdown.
- 3. Provide the reason(s) cited by the CoC for rejecting this project application.** Required. Use the text box to enter the reason provided by the CoC for the rejection of the project application. You will also need to attach a copy of the CoC’s rejection letter to the **CoC Rejection Letter Attachment Screen**.
- 4. Describe how the CoC did not permit reasonable participation in its process:** Required. Use the text box to describe how your organization attempted to participate in the local CoC planning process and the reason you believe your organization was denied the right to participate in a reasonable manner. Include examples and timelines where possible.
- 5. Select the CoC Number and Name where this project resides:** Required. Select the CoC where the project resides. This identifies the CoC that rejected the project.
- 6. Select the CoC Collaborative Applicant Name:** Required. Select the Collaborative Applicant name using the dropdown.

Once completed, this project application will be submitted directly to HUD for review, bypassing the CoC. It is your responsibility to ensure all requirements are met for a Solo Appeal, including appropriate notifications as the CoC does have the opportunity to respond to Solo Appeals. All requirements outlined in the Special NOFO, and 24 CFR 578.35(b) must be followed.

Screen 8B. Submission Summary

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

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

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

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

- All green √ or -- in the **Complete** column; and
- Date (MM/DD/YYYY) in the **Last Updated** column.

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

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

- [PH-PSH: Permanent Supportive Housing](#)
- [PH-RRH: Rapid Re-Housing](#)
- [Joint TH and PH-RRH: Rapid Re-Housing](#)
- [SSO-CE: Coordinated Entry](#)
- [SSO-Street Outreach or SSO-Other](#)
- [HMIS: Homeless Management Information Systems](#)

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

[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 in 24 CFR 578.37(a)(1)(i).

PH-PSH Part 3: Project Information

PH-PSH Screen 3A. Project Detail

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

1. **CoC Number and Name:** Required. Select the CoC Number and Name from the dropdown. **Selecting the correct CoC is critical.** The dropdown contains all CoCs that were registered in the FY 2022 CoC Program Registration process and are listed according to the CoC Number (e.g., NE-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.
2. **CoC Collaborative Applicant Name:** Required. Select the name of the Collaborative Applicant for the CoC you intend to submit the project application. The dropdown for this field is based on the CoC Number and Name selected above with the CoC’s designated Collaborative Applicant’s name that registered during the FY 2022 CoC Program Registration process.
3. **Project Name:** No action required. This field populates from the *e-snaps* “**Project**” screens and is read-only. If the project name is incorrect, exit the project application screens and open the *e-snaps* “**Project**” screens by selecting “**Projects**” from the left menu to correct the information.
4. **Project Status:** Required. This field defaults to the “**Standard**” option and should only be changed to “**Appeal**” if your organization will submit a “**Solo Appeal.**” If you select “**Appeal**”, Screen 8A “**Notice of Intent to Appeal**” will appear on the left menu and you will need to complete additional information and include the attachment noted in the Solo Appeal process, see instructions for Screen 8A above.
5. **Is this project applying for the Unsheltered Homelessness Set Aside or Rural Set Aside?** This question automatically pulls forward the selected Funding Opportunity when you registered for this specific application (either Unsheltered Homelessness Set Aside or Rural Set Aside). If this is incorrect at this point, you must abandon this project application and begin again by registering the correct Funding Opportunity you are choosing for this project application.
(Rural Set Aside ONLY) Select the state(s), rural geo-code(s), and/or tribal geo-code(s), as needed for the rural geographic area(s) to be served by this project. Double click on your selection(s) or use the arrows between the tables to move “**Available Items**” to “**Selected Items.**” If you need to select multiple areas, hold down the “**Ctrl**” key to make multiple selections.
 - 5a. **Area(s) affected by the project (state(s) only):**
 - 5b. **Area(s) affected by the project (rural geo-code(s) only):**
 - 5c. **Area(s) affected by the project (tribal geo-code(s) only). Only make a selection if the project will serve a tribal area. If no tribal area will be served, leave this field blank. Do not make any selections.**
6. **Component Type:** Required. Select “**PH.**”
 - 6a. **Select the type of PH project:** Required. Select “**PSH.**”

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7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?

Required. Select:

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

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

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

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? Required. Select the appropriate response. CoC Program funds cannot be awarded if used to replace state or local government funds.

Yes, if this project is expected to replace state or local funds and not comply with this criterion.

No, if this project will not replace state or local funds and will comply with this criterion.

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

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

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

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

PH-PSH Screen 3B. Description

All questions 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 how the CoC Program funding will be used. The information in this description must align with the information entered in other screens of the 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 CY 2023 this project will serve 10 persons) to reduce the need to change project descriptions for annual renewals.

1a. Describe how the proposed project is consistent with the plan described by the CoC in response to Section VII.B.4 of this NOFO? Required. CoCs are required, as part of their application for this Special NOFO, to develop a Plan to Serve Individuals and Families Experiencing Homelessness with Severe Service Needs (see Section VII.B.4 of this NOFO). You must provide a detailed description of how the project helps the CoC implement the plan described in response to Section VII.B.4.

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

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

2a. (Rural Set Aside Only) If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds. Required to describe the proposed development activities if you are requesting capital costs (i.e., acquisition (24 CFR 578.43), rehabilitation (24 CFR 578.45), new construction (24 CFR 578.47). 24 CFR 578.25 provides the requirements for site control, including a 15-year use period (24 CFR 578.81) that will remain in place even if the project no longer receives CoC Program funding. You should review 24 CFR part 578 for all requirements related to capital costs as not all are included in these instructions.

3. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select ALL that apply) Required. Check the appropriate box(s) to indicate this project will focus on one or more specific subpopulations. The box(s) checked should match the information provided in the project description. If this project does not have a specific subpopulation focus, select “N/A - Project Serves All Subpopulations.” If a subpopulation focus for your organization is not listed, check the box next to “Other” and enter the subpopulation in the text box provided.
4. Will your project participate in the CoC’s Coordinated Entry (CE) Process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD’s minimum requirements? Required. Coordinated Entry is a process designed to coordinate program participant intake, assessment, and provision of referrals. A CE process must cover the entire CoC’s geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized

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assessment tool and process. Participation in a CE process is a requirement for all applicants of CoC Program funds. Select:

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

No, if this project will not meet these criteria.

5. Housing First. Housing First is a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions (such as, sobriety or a minimum income threshold). See Section III.B.2.e of the Special NOFO for additional information. All projects submitted in response to this Special NOFO must use a Housing First approach. 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 (e.g., supportive service participation requirements or rules beyond normal tenancy rules).

Supportive services are voluntary and offered to maximize housing stability and prevent returns to homelessness. For further information refer to the: [Housing First in PSH Brief](#).

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

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

Yes, if your project will rapidly move program participants into permanent housing and will not require additional steps (e.g., a required stay in transitional housing or a certain number of days of sobriety).

If this is a Domestic Violence (DV) project application including survivors of human trafficking, sexual assault, stalking, and dating violence, select “Yes” if the project will rapidly move program participants into permanent housing after the participant determines their immediate safety needs have been addressed (e.g., survivor(s) believes they are not in danger and want to move into their own permanent housing).

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

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

- **Having too little or little income**
- **Active or history of substance use**
- **Having a criminal record with exceptions for state-mandated restrictions**

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- **History of victimization (e.g. domestic violence, sexual assault, childhood abuse)**
- **None of the above**

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

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

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

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

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

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

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

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

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

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

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

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

No, if this will not occur.

7a. Describe the local market conditions that necessitate a project of this size. Required if you answered “**Yes**” to question 7. In the text box provided, explain the local market conditions that require placing more than 16 persons in a single structure.

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7b. Describe how the project will be integrated into the neighborhood. Required if you answered “Yes” to question 7. In the text box provided, explain how your organization will successfully integrate program participants into the neighborhood.

8. (Rural Set Aside Only) Will this project serve a structurally disadvantaged area? Structurally disadvantaged is defined as geographic areas that have high levels of homelessness, housing distress, or poverty, and are located where CoC services have until now been entirely unavailable.

8a. List area that will be served. This should match one of the rural geographies selected on Screen 3A. If it is a subset of the geography served on Screen 3A (e.g., a specific town within a county), indicate how the area listed relates to the geography selected on Screen 3A.

8b. How did you determine that the area was structurally disadvantaged? Include any available data to support the determination.

Examples of data that support the determination include:

- Information that shows poverty rates are significantly higher in the geographic area than in the rest of the CoC's geographic area,
- Information that shows rates of homelessness are significantly higher in the geographic area than in the rest of the CoC's geographic area, or
- Information that shows that housing distress, such as severe overcrowding or severely substandard housing, are higher in the geographic area than in the rest of the CoC's geographic area.

Information could come from local evaluations, public data on housing or poverty (e.g. census data), or other sources. Applicants should describe the data source used and provide any information (e.g., links to publicly available data) for the specific data that they reference in their description.

PH-PSH Part 4: Housing and Services

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

All questions on screen 4A must be completed.

1. Describe how program participants will be assisted to obtain and remain in permanent housing: Required. An acceptable response will acknowledge the needs of the target population and include a plan that addresses the types of assistance that will be provided by the project applicant, or other partners, to ensure program participants served by this project will move into appropriate permanent housing as well as either remain in or move to other permanent housing once assistance is no longer needed. Additionally, if you will coordinate with other partners, include their role in meeting this criterion. The description should include:

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

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- how you will work with program participants to set goals towards successful retention of permanent housing.

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

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

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

- 3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.** Required. From the list of supportive services provided, select the service(s) provided by your project to program participants from; your organization (Applicant), subrecipient(s), partner organization(s), or non-partner organization(s) (e.g., Workforce Board). You should select all services that will be provided to program participants to assist them in exiting homelessness, not just the costs for which you are requesting from HUD in this project application.

For all supportive services where “**Applicant**” is selected, there must also be a corresponding entry for that service in the Supportive Services budget.

If more than one “**Provider**” or “**Frequency**” is relevant for a single service, select the provider and frequency that is used most. If more than one provider offers the service equally as often, choose the provider according to the following order: (1) Applicant, (2) Subrecipient, (3) Partner, and (4) Non-Partner.

Provider: For the supportive services listed, select one of the following as applicable:

- “**Applicant**” indicates your organization will provide the supportive service;
- “**Subrecipient**” indicates the subrecipient(s) listed on Screen 2A. Project Subrecipients will provide the service;
- “**Partner**” indicates an organization other than a subrecipient of CoC Program funds, but with whom a formal agreement or (MOU) was signed to provide the service; or
- “**Non-Partner**” indicates a specific organization with whom no formal agreement was established regularly provides the service to program participants.

Frequency: For each supportive service selected, use the dropdown to indicate how often the service is provided to program participants. If two frequencies are equally common, select

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the interval that is most frequent, (e.g., both weekly and monthly are equally common—select weekly).

Identify whether the project includes the following activities:

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

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

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

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

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

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

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

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

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

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

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

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

PH-PSH Screen 4B. Housing Type and Location

This screen captures 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**, all units in the project, regardless of size.

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

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

1. **Housing type:** Required. Select the type of housing structures where program participants will be housed. If more than one housing type is used you will complete a “**Housing Type and Location Detail**” screen for each type (e.g., both SRO and Clustered Apartments you will enter the information twice, once for each housing type). Select from the following housing types:
 - **Barracks:** Individuals or families sleep in a large room with multiple beds. **This type should not be selected as it is not appropriate for PH-PSH projects.**
 - **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 individual or family, plus common space for shared use by residents of the unit. Projects cannot use zero or one-bedroom units for shared housing.
 - **Single Room Occupancy (SRO) units:** Individuals have private sleeping or living room which may contain a private kitchen and bath, or shared, dormitory style facilities.
 - **Clustered apartments:** Individuals or families have a self-contained housing unit located within a building or complex that houses both persons with special needs (e.g., persons formerly experiencing homelessness, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV) and persons without special needs.
 - **Scattered-site apartments (including efficiencies):** Individuals or families have a self-contained apartment. Apartments are scattered throughout the community.
 - **Single family homes/townhouses/duplexes:** Individuals or families have a self-contained, single-family home, townhouse, or duplex that is located throughout the community.
2. **Indicate the maximum number of Units and Beds available for program participants at the selected housing site:** Required. For this type of housing, enter the total number of units and beds.
 - 2a. **Units:** Enter the total number of units available at full capacity on a single night in the selected housing type and location.
 - 2b. **Beds:** Enter the total number of beds available at full capacity on a single night in the selected housing type and location.

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

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- 3. How many beds in "2b. Beds" are dedicated to persons experiencing chronic homelessness?** Required. Enter all beds dedicated to chronic homelessness (CH).

Note: The definition of chronically homeless can be found at 24 CFR 578.3. A bed dedicated to chronically homeless individuals and families is a 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 HIC and the PSH applications submitted in this NOFO. 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. If your project has dedicated CH beds to serve families experiencing chronic homelessness, you will enter all beds for the household as CH beds.

- 4. Address:** Required. Enter the address for all properties for which funding is requested. If the location is not yet known, enter the expected location of the housing units. For scattered-site and single-family housing, or for projects that have units at multiple locations, you should enter the address where the majority of units and beds will be located. Where the project uses tenant-based rental assistance, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for your administration office.

Important Note: Projects serving survivors of domestic violence 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. Select the geographic area(s) associated with the address entered for this project. The geographic areas listed are limited by the state(s) selected on Screen 1D of the application. If you need to select multiple areas due to units located in more than one city or county, hold down the “Ctrl” key to make multiple selections.

PH-PSH Part 5: Program Participants

PH-PSH Screen 5A. Program Participants – Persons and Households

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

Households	Households with at Least One Adult & One Child*	Adult Households without Children	Households with Only Children	Total
Total Number of Households	Total number of households that include at least one adult who is 18 or older and one child who is under the age of 18	Total number of households where everyone is 18 or older	Total number of households where everyone is under the age of 18	This field automatically populates the total number of households entered on this row
Characteristics				
Persons over age 24*	Number of all adults who are 24 years old and older for this household type	Number of all adults who are 24 years old and older for this household type	Does not apply for the household type	Total based on the numbers entered on this row
Persons ages 18-24*	Number of all youth who are between the ages of 18 and 24 for this household type	Number of all youth who are between the ages of 18 and 24 for this household type	Does not apply for this household type	Total based on the numbers entered on this row
Accompanied Children under age 18	Number of all children who are under the age of 18 for this household type	Does not apply for this household type	Number of all children who are under the age of 18 for this household type (children who are	Total based on the numbers entered on this row

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			accompanied by a parent or legal guardian who is also under the age of 18)	
Unaccompanied Children under age 18	Does not apply for this household type	Does not apply for this household type	Numerical entry of all children not accompanied by an adult under the age of 18	Total based on the numbers entered on this row
Total Persons	This field automatically populates the total number for this household type	This field automatically populates the total number for this household type	This field automatically populates the total number for this household type	This field automatically populates the total persons

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

PH-PSH Screen 5B. Program Participants - Subpopulations

The following table appears on this screen to capture the subpopulation information for the households entered on Screen 5A and are based on a single point in time. Referring to Screen 5A, for each household where numbers were entered, enter those numbers in the appropriate column for that section. You will only enter numbers in the categories where you entered numbers on Screen 5A and the numbers in this table must match the numbers from the table on Screen 5A.

If the numbers for all three sections of this table do not match and correlate to Screen 5A, you will receive an error message to correct the information entered on this screen.

PH-PSH Special Requirements:

Dedicated CH, If the project has dedicated CH beds, household numbers corresponding to the dedicated CH beds must be entered under the “**Chronically Homeless**” (CH) column and must:

- match the number of CH beds entered for question “**2b. Beds**” on Screen 4B; and
- the head of household must have a qualifying disability and meet the definition of chronically homeless in 24 CFR 578.3.

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

- The numbers entered for the following columns **cannot be duplicated** within these three subpopulations:
 - **CH (Not Veterans)**—number of chronically homeless non-veterans which must match the number of beds entered for question “**2b. Beds**” on Screen 4B. Do not include chronically homeless veterans;
 - **CH Veterans**—number of chronically homeless veterans, regardless of discharge reason; or
 - **Veterans (Not CH)**— number of veterans who do not meet the chronically homeless definition.
- The numbers entered for the following columns **can be duplicated** and should reflect the estimated subpopulations program participants fall under:
 - **Chronic Substance Abuse;**
 - **HIV/AIDS;**
 - **Mentally Ill;**

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- **Domestic Violence (DV)**, includes survivors of human trafficking, sexual assault, stalking, and dating violence;
- **Physical Disability**;
- **Developmental Disability**; and
- **Persons Not Represented by a Listed Subpopulation.** For this last item, you will be required to enter a description of program participants who fall into this category that will appear at the bottom of the table on this screen.

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

PH-PSH Part 6: Budgets

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

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 15, 2024?** Select:

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

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

2. What type of funding is the project applying for in this Special Unsheltered and Rural Homelessness CoC Program Competition? This question automatically pulls forward the selected Funding Opportunity when you registered for this specific application (either Unsheltered Homelessness Set Aside or Rural Set Aside). This question duplicates an earlier question on screen 3A #5 and is here to ensure you are not filling out the wrong application. If this is incorrect, you must abandon this project application and begin again by registering the correct Funding Opportunity you are choosing for this project application.

3. Does this project propose to allocate funds according to an indirect cost rate? Required.

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

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

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

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

Cognizant Agency	Indirect Cost Rate	Direct Cost Base	Date approved or enter “NA” if using 10 % de minimis rate
	%	\$	

3b. Has this rate been approved by your cognizant agency? Select

Yes, if the indirect cost rate was approved by your cognizant agency. A copy of the approved indirect cost rate must be attached to the project application.

No, if it has either not been submitted to or was 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).

No, if you will be using the approved rate indicated in the table above.




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4. **Select a grant term:** No action required. Your Special NOFO new project application must request a 3-year term, and this is pre-selected.
5. **Select the costs for which funding is requested:** Required. Check the box(s) for the Budget Line Items (BLIs) your project requests funds (see 24 CFR 578, Subpart D; Program Components and Eligible Costs and 24 CFR 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds).
 - **(Rural Set Aside ONLY) Acquisition/Rehabilitation/New Construction** (24 CFR 578.43 – 47);
 - **Leased Units** (24 CFR 578.49);
 - **Leased Structures** (24 CFR 578.49);
 - **Rental Assistance** (24 CFR 578.51);
 - **Supportive Services** (24 CFR 578.53);
 - **Operating** (24 CFR 578.55); and
 - **HMIS** (24 CFR 578.57).

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

(Rural Set Aside ONLY) You have access to this budget if you checked “**Acquisition/Rehabilitation/New Construction**” on Screen 6A. Complete the information on this screen to request funds for development activities. See the following sections of the Rule for additional information:




- 24 CFR 578.43, Acquisition
- 24 CFR 578.45, Rehabilitation; and
- 24 CFR 578.47, New Construction

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 budget screens. The primary 6B screen will populate and update when new budget screens are added. To view and edit select view . To delete, select .

You must enter specific location information for each site requesting capital costs. Create a name for each site that you will recognize as it will populate the list on the primary screen and enter the 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 your organization or subrecipient. Projects serving victims of domestic violence must use a PO Box **or** other anonymous address to ensure the safety of program participants.

You must enter the amount of funds requested for acquisition, rehabilitation, and new construction costs at the structure site.

PH-PSH Screen 6C. Leased Units Budget

You have access to this budget if you checked “**Leased Units**” on Screen 6A. The primary screen will aggregate the total assistance requested and total units requested for each FMR area listed on a “**Leased Units Budget Detail**” screen. To add another “**Leased Units Budget Detail**” screen, select add . All grey fields will calculate after you complete and save this screen. Select “**Save & Back to List**” to save the information and return to the primary screen or select “**Save & Add Another.**” To view and edit, select view . To delete, select .




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

- **Size of units:** No action required. These options are system generated. The size of units are in line with the [FMR tables](#); however, for clarification, the “**0-bedroom**” unit listed in *e-snaps* is the “**efficiency**” unit size on the FMR table and the FMR table does not include SRO units for which the per unit rent is calculated at 75 percent of the efficiency rate.
- **Number of units:** Required. For each unit size, enter the number of units for which you are requesting funds.
- **FMR:** No action required. These fields populate with the FY 2022 FMRs based on the FMR area you selected.
- **HUD Paid Rent:** For each unit size, enter the rent to be paid with CoC Program funds. The amount entered cannot exceed the FMR amount under “**FMR Area.**”
- **12 Months:** No action required. These fields are populated with the value 12 to calculate the annual rent request.
- **Total Request:** No action required. This column populates with the total calculated amount from each row.
- **Total Units and Annual Assistance Requested:** No action required. This column calculates based on the sum of the total requests per unit size per year.
- **Grant Term:** No action required. This field populates based on the grant term on the “**6A. Funding Request**” screen. All projects awarded under the Special NOFO Competition will have a 3-year grant term.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term.


PH-PSH Screen 6D. Leased Structures Budget

You have access to this budget if you checked “**Leased Structures**” on Screen 6A. The primary screen will aggregate the total assistance leased structures requested on “**Leased Structures Budget Detail**” screen(s).

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 .

On the “**Leased Structures Budget Detail**” enter the **Structure Name** by which you will identify the leased structure (e.g., name of the property, the street name where it is located), **Street Address, City, State, and Zip Code**. Lastly, enter the monthly amount of HUD paid rent you are requesting for each structure. The amount of leased funds will be calculated by 12 months to populate the **Total Annual Assistance Requested** which is then multiplied by the grant term (i.e., 3-years) to populate the **Total Request for Grant Term**.

PH-PSH Screen 6E. Rental Assistance Budget

You have access to this budget if you checked “**Rental Assistance**” on Screen 6A. The primary screen will aggregate the totals for each FMR area **or** rental assistance type listed on “**Rental Assistance Detail**” screens. Select add  to access a new “**Rental Assistance Detail**” screen. All grey fields will calculate

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after you complete and save this screen. Select “**Save & Back to List**” or select “**Save & Add Another.**” To view and edit, select view  . To delete, select  .

Type of Rental Assistance: Required. Select the type of rental assistance from the dropdown:

- PRA – project-based rental assistance where program participants must reside in housing provided through a contract with the owner of an existing structure whereby the owner agrees to lease subsidized units to program participants. Program participants may not retain their rental assistance if they relocate to a unit outside the project.
- SRA – sponsor-based rental assistance where program participants must reside in housing owned or leased by a sponsor organization and arranged through a contract between the recipient and the sponsor organization.

TRA – tenant-based rental assistance where program participants select any appropriately sized unit within the CoC’s geographic area, although recipients or subrecipients may restrict the location under certain circumstances to ensure the availability of the appropriate supportive services. If you have more than one rental assistance type for the project, you must create a separate detail budget screen for each rental assistance type, even if they are in the same FMR area. For example, if the project consists of 10 PRA units and 10 TRA units in County A, you must submit two “**Rental Assistance Budget Detail**” screens for County A—one for the 10 PRA units and one for the 10 TRA units.

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

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

- **Size of units:** No action required. These options are system generated. The size of units are in line with the [FMR tables](#); however, for clarification, the “**0-bedroom**” unit listed in *e-snaps* is the “**efficiency**” unit size on the FMR table and the FMR table does not include SRO units for which the per unit rent is calculated at 75 percent of the efficiency rate.
- **Number of units:** Required. For each unit size, enter the number of units for which funding is requested.
- **FMR:** No action required. These fields populate with the FY 2022 FMRs based on the FMR area you selected. New CoC Program project applications must request full FMR for initial funding and can choose less than FMRs upon renewal, if needed.
- **12 Months:** No action required. These fields are populated with the value 12 to calculate the annual rent request.
- **Total Request:** No action required. This column populates with the total calculated amount from each row.
- **Total Units and Annual Assistance Requested:** No action required. This column calculates based on the sum of the total requests per unit size per year.
- **Grant Term:** No action required. This field populates based on the grant term on the “**6A. Funding Request**” screen (i.e., 3-years).

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- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term.

PH-PSH Screen 6F. Supportive Services Budget

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

Projects applying for funding through the Rural Set Aside can request funding for eligible costs under Section 491 of the McKinney-Vento Homeless Assistance Act, as amended by the HEARTH Act (42 USC 11408) as provided in Section V.B.3.e.(2) of the Special NOFO. Requests for funding of these additional costs must be listed in row #18, (Rural Set Aside ONLY) Section 491.

(Rural Set Aside ONLY) Section 491 #18 cost requests can include the following:

- Rent or utility assistance after 2 months of nonpayment of rent or utilities to prevent eviction or loss of utility service. Funds may be used to pay rent or utility arrear payments up to 6 months on behalf of program participants residing in permanent housing.
- Short-term emergency lodging in motels or shelters, either directly or through vouchers. Eligible costs include lodging costs in motels or hotels for program participants; pro-rata share of sheltering program participants in existing shelters so long as the costs are actual costs of creating new and temporary beds in emergency shelters and not to permanently increase the capacity of the shelter. No funds may be used to shelter program participants in existing shelter beds.
- Repairs (such as insulation, window repair, door repair, roof repair) that are necessary to make housing habitable to be used for transitional or permanent housing by people experiencing homelessness. The total cost of repairs may not exceed \$10,000 per structure.
- Emergency food and clothing assistance. The cost of providing meals or groceries and clothing to program participants.
- Costs associated with making use of Federal inventory property programs to house homeless families, including the program established under title V of the Stewart B. McKinney Homeless Assistance Act and the Single Family Property Disposition Program established pursuant to section 204(g) of the National Housing Act and implemented at 24 CFR part 291 Eligible costs are: preparing and submitting applications to obtain ownership of the real property; transfer taxes; recording fees; closing costs; building permit and zoning fees; attorney’s fees; rehabilitation of buildings and structures on the property necessary to bring them into compliance with local building codes and to convert them to the intended homeless assistance use; water, sanitation, sewer and utility hook-up fees and deposits and bringing lines to the property; wells; septic systems; and improving access to the real property from public roads.

Note: Eligible “**Rural Capacity building**” activities (20% of rural activities) are included in Section V.B.3.e.(2) of the Special NOFO but will not be included on the Supportive Services budget. Instead, these costs will be included in #14 on the “Summary Budget” screen.

If you enter information into a row for eligible costs, there must also be a corresponding supportive services selection on Screen **4A. Supportive Services for Program Participants**, question #4 where “**Applicant**” is selected under the “**Provider**” column.

Additionally, see 24 CFR 578.53(e)(17) for information regarding direct provision of services that apply to the individual budget items (e.g., if funds will be used to pay for a cell phone for the case manager, the monthly cost of the cell phone, will be included on the Case Management line; if funds will be used to pay for staff time to drive program participants to appointments, the staff pro-rated salary, benefits, etc., will be

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included in the Transportation line). For this reason, you must provide detailed information for quantity and description for each eligible cost requested.

The itemized budget screen includes 18 eligible Supportive Services categories:

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	18. (Rural Set Aside ONLY)
	Section 491 Eligible Activities

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

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

- **Eligible Costs:** No action required. The categories listed are eligible supportive services costs for which funds can be requested under 24 CFR 578.53.
- **Quantity AND Description:** Required. This field must provide a complete picture of how CoC Program funds will be used in the project to assist program participants. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title–1 FTE @ \$45,000 including fringe benefits of \$X or 50 hours @ \$25 per hour including fringe benefits of \$X). Additionally, include any direct provision costs (24 CFR 578.53(e)(17)) for each line item (e.g., monthly use of cell phone to contact program participants @ \$X per month).
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program costs for a 12-month period.
- **Total Annual Assistance Requested:** No action required. This field calculates the total based on the sum for each eligible cost where you entered information.
- **Grant Term:** No action required. This field populates based on the grant term on the “**6A. Funding Request**” screen (i.e., 3-years).
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term.

PH-PSH Screen 6G. Operating Budget

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

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Note: If this screen includes “**Replacement Reserve**” as an expected operating cost, 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 Operating costs:

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

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

- **Eligible Costs:** No action required. The categories listed are eligible Operating costs for which funds can be requested under 24 CFR 578.55.
- **Quantity AND Description:** Required. This field must provide a complete picture of how CoC Program funds will be used in the project. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title—1 FTE @ \$45,000 including fringe benefits of \$X or 50 hours @ \$25 per hour including fringe benefits of \$X).
- **Annual Assistance Requested:** Required. Enter the **annual** amount requested for eligible CoC Program costs for a 12-month period.
- **Total Annual Assistance Requested:** No action required. This field calculates the total based on the sum for each eligible cost where you entered information.
- **Grant Term:** No action required. This field populates based on the grant term on the “**6A. Funding Request**” screen (i.e., 3-years).
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term.

PH-PSH Screen 6H. HMIS Budget

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

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

The itemized budget screen includes 5 eligible HMIS costs:

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

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

- **Eligible Costs:** No action required. The categories listed are eligible HMIS costs for which funds can be requested under 24 CFR 578.57.

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- **Quantity AND Description:** Required. This field must provide a complete picture of how CoC Program funds will be used in the project to assist program participants. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title–1 FTE @ \$45,000 including fringe benefits of \$X or 50 hours @ \$25 per hour including fringe benefits of \$X).
- **Annual Assistance Requested:** Required. Enter the **annual** amount requested for eligible CoC Program costs for a 12-month period.
- **Total Annual Assistance Requested:** No action required. This field calculates the total based on the sum for each eligible cost where you entered information.
- **Grant Term:** No action required. This field populates based on the grant term on the “**6A. Funding Request**” screen (i.e., 3-years).
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term.

PH-PSH Screen 6I. Sources of Match

You must complete the “**Sources of Match**” screen. See 24 CFR 578.73 for CoC Program match requirements. If you plan to use program income as match you must provide an estimate of how much program income will be used.

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

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

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

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

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

Provide the source of program income with a brief description.


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

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

Sources of Match Detail Screen(s)

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

Example: If the “**Total Assistance Requested**” for a PH-PSH project is \$100,000 without leasing costs, then you must match funds of no less than \$25,000.

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

 . To delete, select  .

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You need to complete this screen for each type of match commitment you want to include with your project application. Once completed with this “**Sources of Match Detail**” screen, return to the “**Sources of Match**” screen where you will see the total commitment amounts for Cash, In-Kind, and All, as applicable.

1. **Type of Commitment:** Required. Select “**Cash**” or “**In-Kind**” (non-cash) to indicate the type of contribution that describes this match commitment. If applications include third-party in-kind match, you need to attach MOU(s) documentation that confirms the in-kind match commitment.

Cash, if you will use cash to satisfy the match requirement.

In-Kind, if you will use the value of any real property, equipment, or services contributed to this project that are eligible costs under the CoC Program.

2. **Source:** Required. Select:

Private, the match will be provided by a non-government entity.

Government, the match will be provided by a government entity (e.g., HUD-VASH (VA Supportive Housing program)) so long as the government funds do not prohibit their use as match for another federal program.

3. **Name of Source:** Required. Enter the name of the organization providing the contribution. Be specific and include the office or grant program as applicable.

4. **Amount of Written Commitment:** Required. Enter the total dollar value of the contribution.

PH-PSH Screen 6J. Summary Budget

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

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

- **#11. Admin:** Enter the amount of requested administrative funds. You can only request up to 10 percent of the amount listed in the field “**7. Sub-Total Costs Requested**.” If an ineligible Admin amount is entered, *e-snaps* will report an error when the screen is saved; “**The Administrative Costs exceed 10 percent of the Sub-Total Costs Requested**.” The error message will inform you of the maximum amount of administrative costs you can request, and you will need to update the **Admin**. amount.
- **#14. (Rural Set Aside ONLY) Rural Set Aside Capacity Building** (up to 20% of subtotal of all BLIS + Admin). Capacity building activities are those activities that maintain or improve the skills of recipients and subrecipients. Eligible capacity building activities include employee education, job training, staff retention activities, and other professional development activities.

The summary budget also includes the amount of Cash, In-Kind, and Total Match entered on Screen 6D. To adjust match amounts, return to Screen 6D. If an ineligible match amount is entered, *e-snaps* will report an error when the screen is saved; “**The Total Match amount is less than 25 percent**.” The error message will inform you of the minimum amount of match funds you are required to have for this project, and you will need to return to a “**Sources of Match Detail**” screen to make the necessary adjustments to increase the match amount for this project application.

Special NOFO Competition New Project Detailed Instructions

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

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

The following instructions apply to **Permanent Housing (PH)–Rapid Re-Housing (RRH)** projects in accordance with **PH-RRH** requirements in 24 CFR 578.37(a)(1)(ii).

PH-RRH Part 3: Project Information

PH-RRH Screen 3A. Project Detail

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

1. **CoC Number and Name:** Required. Select the CoC Number and Name from the dropdown. **Selecting the correct CoC is critical.** The dropdown contains all CoCs that were registered in the FY 2022 CoC Program Registration process and are listed according to the CoC Number (e.g., NE-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.
2. **CoC Collaborative Applicant Name:** Required. Select the name of the Collaborative Applicant for the CoC you intend to submit the project application. The dropdown for this field is based on the CoC Number and Name selected above with the CoC’s designated Collaborative Applicant’s name that registered during the FY 2022 CoC Program Registration process.
3. **Project Name:** No action required. This field populates from the *e-snaps* “**Project**” screens and is read-only. If the project name is incorrect, exit the project application screens and open the *e-snaps* “**Project**” screens by selecting “**Projects**” from the left menu to correct the information.
4. **Project Status:** Required. This field defaults to the “**Standard**” option and should only be changed to “**Appeal**” if your organization will submit a “**Solo Appeal.**” If you select “**Appeal,**” Screen 8A “**Notice of Intent to Appeal**” will appear on the left menu and you will need to complete additional information and include the attachment noted in the Solo Appeal process, see instructions for Screen 8A above.
5. **Is this project applying for the Unsheltered Homelessness Set Aside or Rural Set Aside?** This question automatically pulls forward the selected Funding Opportunity when you registered for this specific application (either Unsheltered Homelessness Set Aside or Rural Set Aside). If this is incorrect at this point, you must abandon this project application and begin again by registering the correct Funding Opportunity you are choosing for this project application.
(Rural Set Aside ONLY) Select the state(s), rural geo-code(s), and/or tribal geo-code(s), as needed for the rural geographic area(s) to be served by this project. Double click on your selection(s) or use the arrows between the tables to move “**Available Items**” to “**Selected Items.**” If you need to select multiple areas, hold down the “**Ctrl**” key to make multiple selections.
 - 5a. **Area(s) affected by the project (state(s) only):**
 - 5b. **Area(s) affected by the project (rural geo-code(s) only):**
 - 5c. **Area(s) affected by the project (tribal geo-code(s) only). Only make a selection if the project will serve a tribal area. If no tribal area will be served, leave this field blank. Do not make any selections.**
6. **Component Type:** Required. Select **PH**.
 - 6a. **Select the type of PH project:** Required. Select “**RRH.**”

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7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?

Required. Select:

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

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

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

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? Required. Select the appropriate response. CoC Program funds cannot be awarded if used to replace state or local government funds.

Yes, if this project is expected to replace state or local funds and not comply with this criterion.

No, if this project will not replace state or local funds and will comply with this criterion.

PH-RRH Screen 3B. Description

All questions 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 how the CoC Program funding will be used. The information in this description must align with the information entered in other screens of the 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 CY 2023 this project will serve 10 persons) to reduce the need to change project descriptions for annual renewals.

- 1a. Describe how the proposed project is consistent with the plan described by the CoC in response to Section VII.B.4 of this NOFO?** Required. CoCs are required, as part of their application for this Special NOFO, to develop a Plan to Serve Individuals and Families Experiencing Homelessness with Severe Service Needs (see Section VII.B.4 of this NOFO). You must provide a detailed description of how the scope of this project is consistent with, and supports, the plan described by the CoC.

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

Project Milestones	<u>Days from Execution of Grant Agreement</u>	<u>Days from Execution of Grant Agreement</u>	<u>Days from Execution of Grant Agreement</u>	<u>Days from Execution of Grant Agreement</u>
	A	B	C	D
Begin hiring staff or expending funds				
Begin program participant enrollment				

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Program participants occupy leased or rental assistance units or structure(s), or supportive services begin				
Leased or rental assistance units or structure, and supportive services near 100% capacity				

3. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select ALL that apply) Required. Check the appropriate box(s) to indicate this project will focus on one or more specific subpopulations. The box(s) checked should match the information provided in the project description. If this project does not have a specific subpopulation focus, select “N/A - Project Serves All Subpopulations.” If a subpopulation focus for your organization is not listed, check the box next to “Other” and enter the subpopulation in the text box provided.

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

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

No, if this project will not meet these criteria.

5. Housing First. Housing First is a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions (such as, sobriety or a minimum income threshold). See Section III.B.2.e of the Special NOFO for additional information. All projects submitted in response to this Special NOFO must use a Housing First approach. 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 (e.g., supportive service participation requirements or rules beyond normal tenancy rules).

Supportive services are voluntary and offered to maximize housing stability and prevent returns to homelessness. For further information refer to the: [Housing First in PSH Brief](#).

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

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

Yes, if your project will rapidly move program participants into permanent housing and will not require additional steps (e.g., a required stay in transitional housing or a certain number of days of sobriety).

If this is a Domestic Violence (DV) project application including survivors of human trafficking, sexual assault, stalking, and dating violence, select “Yes” if the project will

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

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

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

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

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

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

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

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

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

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

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

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

Note: For PH-RRH you may require program participants to live in a specific area or structure **only** for the first year of participation when it is necessary for coordination of supportive services.

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

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

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

No, if this will not occur.

7a. Describe the local market conditions that necessitate a project of this size. Required if you answered “Yes” to question 7. In the text box provided, explain the local market conditions that require placing more than 16 persons in a single structure.

7b. Describe how the project will be integrated into the neighborhood. Required if you answered “Yes” to question 7. In the text box provided, explain how your organization will successfully integrate program participants into the neighborhood

8. (Rural Set Aside Only) Will this project serve a structurally disadvantaged area? Structurally disadvantaged is defined as geographic areas that have high levels of homelessness, housing distress, or poverty, and are located where CoC services have until now been entirely unavailable.

8a. List area that will be served. This should match one of the rural geographies selected on Screen 3A. If it is a subset of the geography served on Screen 3A (e.g., a specific town within a county), indicate how the area listed relates to the geography selected on Screen 3A.

8b. How did you determine that the area was structurally disadvantaged? Include any available data to support the determination.

Examples of data that support the determination include:

- Information that shows poverty rates are significantly higher in the geographic area than in the rest of the CoC's geographic area,
- Information that shows rates of homelessness are significantly higher in the geographic area than in the rest of the CoC's geographic area, or
- Information that shows that housing distress, such as severe overcrowding or severely substandard housing, are higher in the geographic area than in the rest of the CoC's geographic area.

Information could come from local evaluations, public data on housing or poverty (e.g. census data), or other sources. Applicants should describe the data source used and provide any information (e.g., links to publicly available data) for the specific data that they reference in their description.

PH-RRH Part 4: Housing and Services

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

All questions on screen 4A must be completed.

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1. Describe how program participants will be assisted to obtain and remain in permanent housing: Required. As Rapid Re-Housing funds are short-term (up to 3 months) or medium-term (up to 24 months) tenant-based rental assistance, describe how the project applicant will help program participants obtain permanent housing, and provide the necessary services and support to help program participants successfully remain in permanent housing once assistance ends. An acceptable response will acknowledge the needs of the target population and include a plan that addresses the types of assistance that will be provided by the project applicant, or other partners, to ensure program participants served by this project will move into appropriate permanent housing as well as either remain in or move to other permanent housing once assistance is no longer needed. The description should include how you will:

- determine the right type of housing that fits the needs of program participants (this should match the information entered on screen **4B. Housing Type**).
- work with landlords to address possible issues and challenges.
- work with program participants to set goals towards successful retention of permanent housing.

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

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

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

3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided. Required. From the list of supportive services provided, select the service(s) provided by your project to program participants from; your organization (Applicant), subrecipient(s), partner organization(s), or non-partner organization(s) (e.g., Workforce Board). You should select all services that will be provided to program participants to assist them in exiting homelessness, not just the costs for which you are requesting from HUD in this project application.

For all supportive services where “**Applicant**” is selected, there must also be a corresponding entry for that service in the Supportive Services budget.

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

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provider according to the following order: (1) Applicant, (2) Subrecipient, (3) Partner, and (4) Non-Partner.

Provider: For the supportive services listed, select one of the following as applicable:

- **“Applicant”** indicates your organization will provide the supportive service;
- **“Subrecipient”** indicates the subrecipient(s) listed on Screen 2A. Project Subrecipients will provide the service;
- **“Partner”** indicates an organization other than a subrecipient of CoC Program funds, but with whom a formal agreement or (MOU) was signed to provide the service; or
- **“Non-Partner”** indicates a specific organization with whom no formal agreement was established regularly provides the service to program participants.

Frequency: For each supportive service selected, use the dropdown to indicate how often the service is provided to program participants. If two frequencies are equally common, select the interval that is most frequent, (e.g., both weekly and monthly are equally common—select weekly).

Identify whether the project includes the following activities:

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

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

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

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

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

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

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

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

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

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

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




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

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PH-RRH Screen 4B. Housing Type and Location

This screen will capture 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 that will be supported by CoC Program funds or eligible match funds. This includes units supported only by CoC Program supportive services funds without CoC Program 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).

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

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

1. **Housing type:** Required. Select the type of housing structures where program participants will be housed. If more than one housing type is used you will complete a “**Housing Type and Location Detail**” screen for each type (e.g., both SRO and Clustered Apartments you will enter the information twice, once for each housing type). 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 individual or family, plus common space for shared use by residents of the unit. Projects cannot use zero or one-bedroom units for shared housing.
 - **Single Room Occupancy (SRO) units:** Individuals have private sleeping or living room which may contain a private kitchen and bath, or shared, dormitory style facilities.
 - **Clustered apartments:** Individuals or families have a self-contained housing unit located within a building or complex that houses both persons with special needs (e.g., persons formerly experiencing homelessness, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV) and persons without special needs.
 - **Scattered-site apartments (including efficiencies):** Individuals or families have a self-contained apartment. Apartments are scattered throughout the community.
 - **Single family homes/townhouses/duplexes:** Individuals or families have a self-contained, single-family home, townhouse, or duplex that is located throughout the community.
2. **Indicate the maximum number of Units and Beds available for program participants at the selected housing site:** Required. For this type of housing, enter the total number of units and beds.
 - 2a. **Units:** 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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2b. Beds: Enter the total number of beds available at full capacity on a single night in the selected housing type and location.

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

3. 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: Projects serving survivors of domestic violence 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. Select the geographic area(s) associated with the address entered for this project. The geographic areas listed are limited by the state(s) selected on Screen 1D of the application. If you need to select multiple areas due to units located in more than one city or county, hold down the “Ctrl” key to make multiple selections.

PH-RRH Part 5: Program Participants

PH-RRH Screen 5A. Program Participants - Households

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

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

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			accompanied by an adult under the age of 18	
Total Persons	This field automatically populates the total number for this household type	This field automatically populates the total number for this household type	This field automatically populates the total number for this household type	This field automatically populates the total persons

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

PH-RRH Screen 5B. Program Participants - Subpopulations

The following table appears on this screen to capture the subpopulation information for the households entered on Screen 5A and are based on a single point in time. Referring to Screen 5A, for each household where numbers were entered, enter those numbers in the appropriate column for that section. You will only enter numbers in the categories where you entered numbers on Screen 5A and the numbers in this table must match the numbers from the table on Screen 5A.

If the numbers for all three sections of this table do not match and correlate to Screen 5A, you will receive an error message to correct the information entered on this screen.

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

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

Persons in Households with at Least One Adult and One Child										
Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation

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

PH-RRH Part 6: Budgets

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

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 15, 2024? Select:

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

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

2. What type of funding is the project applying for in this Special Unsheltered and Rural Homelessness CoC Program Competition? This question automatically pulls forward the selected Funding Opportunity when you registered for this specific application (either Unsheltered Homelessness Set Aside or Rural Set Aside). This question duplicates an earlier question on screen 3A #5 and is here to ensure you are not filling out the wrong application. If this is incorrect, you must abandon this project application and begin again by registering the correct Funding Opportunity you are choosing for this project application.

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3. Does this project propose to allocate funds according to an indirect cost rate? Required.

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

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

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

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

Cognizant Agency	Indirect Cost Rate	Direct Cost Base	Date approved or enter “NA” if using 10 % <i>de minimis</i> rate
	%	\$	

3b. Has this rate been approved by your cognizant agency? Select

Yes, if the indirect cost rate was approved by your cognizant agency. A copy of the approved indirect cost rate must be attached to the project application.

No, if it has either not been submitted to or was 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).

No, if you will be using the approved rate indicated in the table above.


4. Select a grant term: No action required. Your Special NOFO new project application must request a 3-year term, and this is pre-selected.

5. Select the costs for which funding is requested: Required. Check the box(s) for the BLI(s) that your project request funds (see 24 CFR 578, Subpart D; Program Components and Eligible Costs and 24 CFR 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds).

- **Rental Assistance** (24 CFR 578.51);
- **Supportive Services** (24 CFR 578.53); and
- **HMIS** (24 CFR 578.57).

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PH-RRH Screen 6E. Rental Assistance Budget

You have access to this budget if you checked “**Rental Assistance**” on Screen 6A. The primary screen will aggregate the totals for each FMR area **or** rental assistance type listed on “**Rental Assistance Detail**” screens. Select add  to access a new “**Rental Assistance Detail**” screen. All grey fields will calculate after you complete and save this screen. Select “**Save & Back to List**” or select “**Save & Add Another.**”

To view and edit, select view  . To delete, select  .

Type of Rental Assistance: Required. While *e-snaps* allows for the selection of any type of rental assistance, for PH-RRH projects, you **must** select “**TRA**” (tenant-based rental assistance) from the dropdown menu.

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

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

- **Size of units:** No action required. These options are system generated. The size of units are in line with the [FMR tables](#); however, for clarification, the “**0-bedroom**” unit listed in *e-snaps* is the “**efficiency**” unit size on the FMR table and the FMR table does not include SRO units for which the per unit rent is calculated at 75 percent of the efficiency rate.
- **Number of units:** Required. For each unit size, enter the number of units for which funding is requested.
- **FMR:** No action required. These fields populate with the FY 2022 FMRs based on the FMR area you selected. New CoC Program project applications must request full FMR for initial funding and can choose less than FMRs upon renewal, if needed.
- **12 Months:** No action required. These fields are populated with the value 12 to calculate the annual rent request.
- **Total Request:** No action required. This column populates with the total calculated amount from each row.
- **Total Units and Annual Assistance Requested:** No action required. This column calculates based on the sum of the total requests per unit size per year.
- **Grant Term:** No action required. This field populates based on the grant term on the “**6A. Funding Request**” screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term.

PH-RRH Screen 6F. Supportive Services Budget

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

Projects applying for funding through the Rural Set Aside can request funding for eligible costs under Section 491 of the McKinney-Vento Homeless Assistance Act, as amended by the HEARTH Act (42 USC

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11408) as provided in Section V.B.3.e.(2) of the Special NOFO. Requests for funding of these additional costs must be listed in row #18, (Rural Set Aside ONLY) Section 491.

(Rural Set Aside ONLY) Section 491 #18 cost requests can include the following:

- Rent or utility assistance after 2 months of nonpayment of rent or utilities to prevent eviction or loss of utility service. Funds may be used to pay rent or utility arrear payments up to 6 months on behalf of program participants residing in permanent housing.
- Short-term emergency lodging in motels or shelters, either directly or through vouchers. Eligible costs include lodging costs in motels or hotels for program participants; pro-rata share of sheltering program participants in existing shelters so long as the costs are actual costs of creating new and temporary beds in emergency shelters and not to permanently increase the capacity of the shelter. No funds may be used to shelter program participants in existing shelter beds.
- Repairs (such as insulation, window repair, door repair, roof repair) that are necessary to make housing habitable to be used for transitional or permanent housing by people experiencing homelessness. The total cost of repairs may not exceed \$10,000 per structure.
- Emergency food and clothing assistance. The cost of providing meals or groceries and clothing to program participants.
- Costs associated with making use of Federal inventory property programs to house homeless families, including the program established under title V of the Stewart B. McKinney Homeless Assistance Act and the Single Family Property Disposition Program established pursuant to section 204(g) of the National Housing Act and implemented at 24 CFR part 291 Eligible costs are: preparing and submitting applications to obtain ownership of the real property; transfer taxes; recording fees; closing costs; building permit and zoning fees; attorney’s fees; rehabilitation of buildings and structures on the property necessary to bring them into compliance with local building codes and to convert them to the intended homeless assistance use; water, sanitation, sewer and utility hook-up fees and deposits and bringing lines to the property; wells; septic systems; and improving access to the real property from public roads.

Note: Eligible **“Rural Capacity building”** activities (20% of rural activities) are included in Section V.B.3.e.(2) of the Special NOFO but will not be included on the Supportive Services budget. Instead, these costs will be included in #14 on the “Summary Budget” screen.

If you enter information into a row for eligible costs, there must also be a corresponding supportive services selection on Screen **4A. Supportive Services for Program Participants**, question #4 where **“Applicant”** is selected under the **“Provider”** column.

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

The itemized budget screen includes 18 eligible Supportive Services categories:

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

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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	18. (Rural Set Aside ONLY) Section 491 Eligible Activities

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

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

- **Eligible Costs:** No action required. The categories listed are eligible supportive services for which funds can be requested under 24 CFR 578.53.
- **Quantity AND Description:** Required. This field must provide a complete picture of how CoC Program funds will be used in the project to assist program participants. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title–1 FTE @ \$45,000 including fringe benefits of \$X or 50 hours @ \$25 per hour including fringe benefits of \$X). Additionally, include any direct provision costs (24 CFR 578.53(e)(17)) for each line item (e.g., monthly use of cell phone to contact program participants @ \$X per month).
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program costs for a 12-month period.
- **Total Annual Assistance Requested:** No action required. This field calculates the total based on the sum for each eligible cost where you entered information.
- **Grant Term:** No action required. This field populates based on the grant term on the “**6A. Funding Request**” screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term.

PH-RRH Screen 6H. HMIS Budget

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

You can request HMIS costs to contribute data to the CoC’s designated HMIS as outlined in 24 CFR 578.57(a)(1)(i)-(x). This includes new projects that will provide housing and services to victims of domestic violence to contribute data to a comparable database.

The itemized budget screen includes 5 eligible HMIS costs:

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

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

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- **Eligible Costs:** No action required. The categories listed are eligible HMIS costs for which funds can be requested under 24 CFR 578.53.
- **Quantity AND Description:** Required. This field must provide a complete picture of how CoC Program funds will be used in the project to assist program participants. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title–1 FTE @ \$45,000 including fringe benefits of \$X or 50 hours @ \$25 per hour including fringe benefits of \$X).
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program costs for a 12-month period.
- **Total Annual Assistance Requested:** No action required. This field calculates the total based on the sum for each eligible cost where you entered information.
- **Grant Term:** No action required. This field populates based on the grant term on the “6A. Funding Request” screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term.

PH-RRH Screen 6I. Sources of Match

You must complete the “**Sources of Match**” screen. See 24 CFR 578.73 for CoC Program match requirements. If you plan to use program income as match you must provide an estimate of how much program income will be used.

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

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

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

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


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

- 1b. **Estimate the amount of program income that will be used as Match for this project.** Required if you selected “Yes” to question 1. Enter estimated amount.



Sources of Match Detail Screen(s)

Enter match information on this screen based on the current commitments at the time of project application submission that will apply to the grant term if selected for conditional award, not based on projections. Match contributions can be cash, in-kind, or a combination of both. Match must be no less than 25 percent of the total request, including administrative costs. If your match amount exceeds 25 percent, HUD will expect you to produce the higher amount in the project application if selected for conditional award.

Example: If the “**Total Assistance Requested**” for a PH-RRH project is \$100,000, then you must match funds no less than \$25,000.

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

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primary screen. Select “**Save & Add Another**” to add another detail screen. To view and edit, select view . To delete, select .

You will need to complete this screen for each type of match commitment you want to include with your project application. Once completed with this “**Sources of Match Detail**” screen, return to the “**Sources of Match**” screen where you will see the total commitment amounts for Cash, In-Kind, and All, as applicable.

1. **Type of Commitment:** Required. Select “**Cash**” or “**In-Kind**” (non-cash) to indicate the type of contribution that describes this match commitment. If applications include third-party in-kind match, you need to attach MOU(s) documentation that confirms the in-kind match commitment.

Cash, if you will use cash to satisfy the match requirement.

In-Kind, if you will use the value of any real property, equipment, or services contributed to this project that are eligible costs under the CoC Program.

2. **Source:** Required. Select:

Private, the match will be provided by a non-government entity.

Government, the match will be provided by a government entity (e.g., HUD-VASH (VA Supportive Housing program)) so long as the government funds do not prohibit their use as match for another federal program.

3. **Name of Source:** Required. Enter the name of the organization providing the contribution. Be specific and include the office or grant program as applicable.

4. **Amount of Written Commitment:** Required. Enter the total dollar value of the contribution.

You will need to complete this screen for each type of match commitment you want to include with your project application. Once completed with this “**Sources of Match Detail**” screen, return to the “**Sources of Match**” screen where you will see the total commitment amounts for Cash, In-Kind, and All, as applicable.

PH-RRH Screen 6J. Summary Budget

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

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

- **#11. Admin:** Enter the amount of requested administrative funds. You can only request up to 10 percent of the amount listed in the field “**7. Sub-Total Costs Requested.**” If an ineligible Admin amount is entered, *e-snaps* will report an error when the screen is saved; “**The Administrative Costs exceed 10 percent of the Sub-Total Costs Requested.**” The error message will inform you of the maximum amount of administrative costs you can request, and you will need to update the **Admin.** amount.
- **#14. (Rural Set Aside ONLY) Rural Set Aside Capacity Building** (up to 20% of subtotal of all BLIS + Admin). Capacity building activities are those activities that maintain or improve the skills of recipients and subrecipients. Eligible capacity building activities include employee education, job training, staff retention activities, and other professional development activities.

The summary budget also includes the amount of Cash, In-Kind, and Total Match entered on Screen 6D. To adjust match amounts, return to Screen 6D. If an ineligible match amount is entered, *e-snaps* will report an

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error when the screen is saved; **“The Total Match amount is less than 25 percent.”** The error message will inform you of the minimum amount of match funds you are required to have for this project, and you will need to return to a **“Sources of Match Detail”** screen to make the necessary adjustments to increase the match amount for this project application.

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

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

The following instructions apply to **Joint Transitional Housing (TH)** and **Permanent Housing (PH)–Rapid Re-Housing (RRH)** component projects in accordance with **Joint TH and PH-RRH** requirements in 24 CFR 578.37(a)(1)(ii) and (2).

Joint TH and PH-RRH Part 3: Project Information

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

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

- 1. CoC Number and Name:** Required. Select the CoC Number and Name from the dropdown. **Selecting the correct CoC is critical.** The dropdown contains all CoCs that were registered in the FY 2022 CoC Program Registration process and are listed according to the CoC Number (e.g., NE-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.
- 2. CoC Collaborative Applicant Name:** Required. Select the name of the Collaborative Applicant for the CoC you intend to submit the project application. The dropdown for this field is based on the CoC Number and Name selected above with the CoC’s designated Collaborative Applicant’s name that registered during the FY 2022 CoC Program Registration process.
- 3. Project Name:** No action required. This field populates from the *e-snaps* “**Project**” screens and is read-only. If the project name is incorrect, exit the project application screens and open the *e-snaps* “**Project**” screens by selecting “**Projects**” from the left menu to correct the information.
- 4. Project Status:** Required. This field defaults to the “**Standard**” option and should only be changed to “**Appeal**” if your organization will submit a “**Solo Appeal**.” If you select “**Appeal**”, Screen 8A “**Notice of Intent to Appeal**” will appear on the left menu and you will need to complete additional information and include the attachment noted in the Solo Appeal process, see instructions for Screen 8A above.
- 5. Is this project applying for the Unsheltered Homelessness Set Aside or Rural Set Aside?** This question automatically pulls forward the selected Funding Opportunity when you registered for this specific application (either Unsheltered Homelessness Set Aside or Rural Set Aside). If this is incorrect at this point, you must abandon this project application and begin again by registering the correct Funding Opportunity you are choosing for this project application.
(Rural Set Aside ONLY) Required. Select the state(s), rural geo-code(s), and/or tribal geo-code(s), as needed for the rural geographic area(s) to be served by this project. Double click on your selection(s) or use the arrows between the tables to move “**Available Items**” to “**Selected Items**.” If you need to select multiple areas, hold down the “**Ctrl**” key to make multiple selections.
 - 5a. Area(s) affected by the project (state(s) only):**
 - 5b. Area(s) affected by the project (rural geo-code(s) only):**
 - 5c. Area(s) affected by the project (tribal geo-code(s) only). Only make a selection if the project will serve a tribal area. If no tribal area will be served, leave this field blank. Do not make any selections.**
- 6. Component Type:** Required. Select “**Joint TH and PH-RRH**.”

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7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?

Required. Select:

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

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

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

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? Required. Select the appropriate response. CoC Program funds cannot be awarded if used to replace state or local government funds.

Yes, if this project is expected to replace state or local funds and not comply with this criterion.

No, if this project will not replace state or local funds and will comply with this criterion.

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

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

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

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

Joint TH and PH-RRH Screen 3B. Description

All questions 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 how the CoC Program funding will be used. The information in this description must align with the information entered in other screens of the application.

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

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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 CY 2023 this project will serve 10 persons) to reduce the need to change project descriptions for annual renewals.

- 1a. Describe how the proposed project is consistent with the plan described by the CoC in response to Section VII.B.4 of this NOFO?** Required. CoCs are required, as part of their application for this Special NOFO, to develop a Plan to Serve Individuals and Families Experiencing Homelessness with Severe Service Needs (see Section VII.B.4 of this NOFO). You must provide a detailed description of how the scope of this project is consistent with, and supports, the plan described by the CoC.
- 2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur.** Required. You must enter information in at least one field on the table. If your project includes multiple structures, you will complete one column for each structure. You will estimate the number of days from grant execution for the first four questions, as applicable, for the requested project application. Nonapplicable fields can remain blank, or you can enter “0” or “NA.”

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

- 3. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select ALL that apply)** Required. Check the appropriate box(s) to indicate this project will focus on one or more specific subpopulations. The box(s) checked should match the information provided in the project description. If this project does not have a specific subpopulation focus, select “N/A - Project Serves All Subpopulations.” If a subpopulation focus for your organization is not listed, check the box next to “Other” and enter the subpopulation in the text box provided.
- 4. Will your project participate in the CoC’s Coordinated Entry (CE) Process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD’s minimum requirements?** Required. Coordinated Entry is a process designed to coordinate program participant intake, assessment, and provision of referrals. A CE process must cover the entire CoC’s geographic area, is easily accessed by individuals and families seeking housing **or** services, is well advertised, and includes a comprehensive and standardized assessment tool and process. Participation in a CE process is a requirement for all applicants of CoC Program funds. Select:

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

No, if this project will not meet these criteria.

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5. Housing First. Housing First is a model of housing assistance that prioritizes rapid placement and stabilization in permanent housing that does not have service participation requirements or preconditions (such as, sobriety or a minimum income threshold). See Section III.B.2.e of the Special NOFO for additional information. All projects submitted in response to this Special NOFO must use a Housing First approach. 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 (e.g., supportive service participation requirements or rules beyond normal tenancy rules).

Supportive services are voluntary and offered to maximize housing stability and prevent returns to homelessness. For further information refer to the: [Housing First in PSH Brief](#).

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

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

Yes, if your project will rapidly move program participants into permanent housing and will not require additional steps (e.g., a required stay in transitional housing or a certain number of days of sobriety).

If this is a Domestic Violence (DV) project application including survivors of human trafficking, sexual assault, stalking, and dating violence, select “Yes” if the project will rapidly move program participants into permanent housing after the participant determines their immediate safety needs have been addressed (e.g., survivor(s) believes they are not in danger and want to move into their own permanent housing).

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

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

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

5c. Will the project prevent program participant termination from the project for the following reasons? Select all that apply. Required. Committing to not screening out

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participants for the first four boxes supports a housing first approach. If “**none of the above**” is selected, 5d will be “**No.**”

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

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

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

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

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

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

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

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

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

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

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

No, if this will not occur.

7a. Describe the local market conditions that necessitate a project of this size. Required if you answered “**Yes**” to question 7. In the text box provided, explain the local market conditions that require placing more than 16 persons in a single structure.

7b. Describe how the project will be integrated into the neighborhood. Required if you answered “**Yes**” to question 7. In the text box provided, explain how your organization will successfully integrate program participants into the neighborhood.

8. (Rural Set Aside Only) Will this project serve a structurally disadvantaged area? Structurally disadvantaged is defined as geographic areas that have high levels of homelessness, housing

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distress, or poverty, and are located where CoC services have until now been entirely unavailable.

8a. List area that will be served. This should match one of the rural geographies selected on Screen 3A. If it is a subset of the geography served on Screen 3A (e.g., a specific town within a county), indicate how the area listed relates to the geography selected on Screen 3A.

8b. How did you determine that the area was structurally disadvantaged? Include any available data to support the determination.

Examples of data that support the determination include:

- Information that shows poverty rates are significantly higher in the geographic area than in the rest of the CoC's geographic area,
- Information that shows rates of homelessness are significantly higher in the geographic area than in the rest of the CoC's geographic area, or
- Information that shows that housing distress, such as severe overcrowding or severely substandard housing, are higher in the geographic area than in the rest of the CoC's geographic area.

Information could come from local evaluations, public data on housing or poverty (e.g. census data), or other sources. Applicants should describe the data source used and provide any information (e.g., links to publicly available data) for the specific data that they reference in their description.

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

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

All questions on screen 4A must be completed.

1. Describe how program participants will be assisted to obtain and remain in permanent housing: Required. An acceptable response will acknowledge the needs of the target population and include a plan that addresses the types of assistance that will be provided by the project applicant, or other partners, to ensure program participants served by this project will move into appropriate permanent housing as well as either remain in or move to other permanent housing once assistance is no longer needed. Additionally, if you will coordinate with other partners, include their role in meeting this criterion. The description should include:

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

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

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

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

3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided. Required. From the list of supportive services provided, select the service(s) provided by your project to program participants from; your organization (Applicant), subrecipient(s), partner organization(s), or non-partner organization(s) (e.g., Workforce Board). You should select all services that will be provided to program participants to assist them in exiting homelessness, not just the costs for which you are requesting from HUD in this project application.

For all supportive services where “**Applicant**” is selected, there must also be a corresponding entry for that service in the Supportive Services budget.

If more than one “**Provider**” or “**Frequency**” is relevant for a single service, select the provider and frequency that is used most. If more than one provider offers the service equally as often, choose the provider according to the following order: (1) Applicant, (2) Subrecipient, (3) Partner, and (4) Non-Partner.

Provider: For the supportive services listed, select one of the following as applicable:

- “**Applicant**” indicates your organization will provide the supportive service;
- “**Subrecipient**” indicates the subrecipient(s) listed on Screen 2A. Project Subrecipients will provide the service;
- “**Partner**” indicates an organization other than a subrecipient of CoC Program funds, but with whom a formal agreement or (MOU) was signed to provide the service; or
- “**Non-Partner**” indicates a specific organization with whom no formal agreement was established regularly provides the service to program participants.

Frequency: For each supportive service selected, use the dropdown to indicate how often the service is provided to program participants. If two frequencies are equally common, select the interval that is most frequent, (e.g., both weekly and monthly are equally common—select weekly).

Identify whether the project includes the following activities:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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




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

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

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	TH	RRH	Total
Total Units:			
Total Beds:			

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

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

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

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

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

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

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

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

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

Select from the following housing types.

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

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- **Single Room Occupancy (SRO) units:** Individuals have private sleeping or living room which may contain a private kitchen and bath, or shared, dormitory style facilities.
 - **Clustered apartments:** Individuals or families have a self-contained housing unit located within a building or complex that houses both persons with special needs (e.g., persons formerly experiencing homelessness, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV) and persons without special needs.
 - **Scattered-site apartments (including efficiencies):** Individuals or families have a self-contained apartment. Apartments are scattered throughout the community.
 - **Single family homes/townhouses/duplexes:** Individuals or families have a self-contained, single-family home, townhouse, or duplex that is located throughout the community.
3. **What is the funding source for these units and beds?** Required. Be sure to include all funding sources used for this project, not just CoC Program funds. Using the dropdown, select the appropriate type of funding:
- **CoC;**
 - **ESG;**
 - **Section 8;**
 - **HUD-VASH;**
 - **Mixed Funding; or**
 - **Other.**

If multiple funding sources are used for this housing type and location (e.g., CoC and HUD-VASH), select “**Mixed Funding**.” If you selected “**Mixed Funding**” or “**Other**”, enter detailed information in the textbox that appears with this selection.”

4. **Indicate the maximum number of Units and Beds available for program participants at the selected housing site:** Required. For this type of housing, enter the total number of units and beds.
- 4a. **Units:** Enter the total number of units available at full capacity on a single night in the selected housing type and location.
- 4b. **Beds:** Enter the total number of beds available at full capacity on a single night in the selected housing type and location.

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

5. **Address:** Required. Enter the address for all properties for which funding is requested. If the location is not yet known, enter the expected location of the housing units. For scattered-site and single-family housing, or for projects that have units at multiple locations, you should enter the address where the majority of units and beds will be located. Where the project uses tenant-based rental assistance, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for your administration office. **Important Note:** Projects serving survivors of domestic violence 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:** Required. Select the geographic area(s) associated with the address entered for this project. The geographic areas listed are limited by the

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state(s) selected on Screen 1D of the application. If you need to select multiple areas due to units located in more than one city or county, hold down the “Ctrl” key to make multiple selections.

If you entered information for the TH units and beds first, repeat the steps above to enter information for the PH-RRH units and beds or vice versa.

Joint TH and PH-RRH Part 5: Program Participants

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

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

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

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

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

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

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where numbers were entered, enter those numbers in the appropriate column for that section. You will only enter numbers in the categories where you entered numbers on Screen 5A and the numbers in this table must match the numbers from the table on Screen 5A.

If the numbers for all three sections of this table do not match and correlate to Screen 5A, you will receive an error message to correct the information entered on this screen.

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

- The numbers entered for the following columns **cannot be duplicated** within these three subpopulations:
 - **CH (Not Veterans)**—number of chronically homeless non-veterans. Do not include chronically homeless veterans;
 - **CH Veterans**—number of chronically homeless veterans, regardless of discharge reason; or
 - **Veterans (Not CH)**— number of veterans who do not meet the chronically homeless definition.

- The numbers entered for the following columns **can be duplicated** and should reflect the estimated subpopulations program participants fall under:
 - **Chronic Substance Abuse;**
 - **HIV/AIDS;**
 - **Mentally Ill;**
 - **Domestic Violence (DV)**, includes survivors of human trafficking, sexual assault, stalking, and dating violence;
 - **Physical Disability;**
 - **Developmental Disability; and**
 - **Persons Not Represented by a Listed Subpopulation.** For this last item, you will be required to enter a description of program participants who fall into this category that will appear at the bottom of the table on this screen.

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

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Persons in Households with Only Children										
Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18		N/A	N/A							
Unaccompanied Children under age 18		N/A	N/A							
Total Persons										

Joint TH and PH-RRH Part 6: Budgets

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

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 15, 2024?** Select:
 - Yes**, to indicate the project intends to have a signed grant agreement by September 15, 2024. All funds conditionally awarded in the FY 2022 CoC Program Special NOFO Competition must be obligated via grant agreement no later than September 15, 2024.
 - No**, the project does not intend to have a signed grant agreement by September 15, 2024. By selecting this response, you will not be able to submit this project application in *e-snaps*.

 2. **What type of funding is the project applying for in this Special Unsheltered and Rural Homelessness CoC Program Competition?** This question automatically pulls forward the selected Funding Opportunity when you registered for this specific application (either Unsheltered Homelessness Set Aside or Rural Set Aside). This question duplicates an earlier question on screen 3A #5 and is here to ensure you are not filling out the wrong application. If this is incorrect, you must abandon this project application and begin again by registering the correct Funding Opportunity you are choosing for this project application.

 3. **Does this project propose to allocate funds according to an indirect cost rate?** Required.
 - Yes**, if your project will use an indirect cost rate either approved by a cognizant agency or will use the 10 percent de minimis rate.
 - No**, your project will not use an indirect cost rate.
- 3a. Complete the indirect cost rate table below:** Required if you answered “Yes” to question 1. Complete using information from your approved indirect cost agreement or enter 10 percent to use de minimis rate:
- **Cognizant Agency** – if you have an approved indirect cost agreement, enter the name of the Cognizant Agency with whom you have the agreement (e.g., HUD, HHS), or if using the 10 percent de minimis enter “NA.”
 - **Indirect Cost Rate** – enter one of the following if you:

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

Cognizant Agency	Indirect Cost Rate	Direct Cost Base	Date approved or enter “NA” if using 10 % de minimis rate
	%	\$	

3b. Has this rate been approved by your cognizant agency? Select

Yes, if the indirect cost rate was approved by your cognizant agency. A copy of the approved indirect cost rate must be attached to the project application.

No, if it has either not been submitted to or was 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).

No, if you will be using the approved rate indicated in the table above.

4. Select a grant term: No action required. Your Special NOFO new project application must request a 3-year term, and this is pre-selected.

5. Select the costs for which funding is requested: Required. Check the box(s) for the BLI(s) for which your project requests funds (see 24 CFR 578, Subpart D; Program Components and Eligible Costs and 24 CFR 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds). While the Joint TH and PH-RRH component project combines two CoC Program components (TH and PH-RRH) into one joint component, you must ensure your project uses these funds in accordance with the Rule for each component.

The following budgets can only be used for the TH portion of the project:

- **Leased Units** (24 CFR 578.49);
- **Leased Structures** (24 CFR 578.49); and
- **Operating Costs** (24 CFR 578.55).




The following budgets can be used in both portions of the project:

- **Rental Assistance** (24 CFR 578.51):
 - TH portion can select any types: SRA, PRA, and TRA
 - PH-RRH can only select TRA (tenant-based rental assistance).
- **Supportive Services** (24 CFR 578.53); and
- **HMIS** (24 CFR 578.57).

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

You have access to this budget if you checked “**Leased Units**” on Screen 6A. The primary screen will aggregate the total assistance requested and total units requested for each FMR area listed on a “**Leased**




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Units Budget Detail” screen. To add another **“Leased Units Budget Detail”** screen, select add . All grey fields will calculate after you complete and save this screen. Select **“Save & Back to List”** to save the information and return to the primary screen or select **“Save & Add Another.”** To view and edit, select view . To delete, select .

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

- **Size of units:** No action required. These options are system generated. The size of units are in line with the [FMR tables](#); however, for clarification, the **“0-bedroom”** unit listed in *e-snaps* is the **“efficiency”** unit size on the FMR table and the FMR table does not include SRO units for which the per unit rent is calculated at 75 percent of the efficiency rate.
- **Number of units:** Required. For each unit size, enter the number of units for which you are requesting funds.
- **FMR:** No action required. These fields populate with the FY 2022 FMRs based on the FMR area you selected.
- **HUD Paid Rent:** For each unit size, enter the rent to be paid with CoC Program funds. The amount entered cannot exceed the FMR amount under **“FMR Area.”**
- **12 Months:** No action required. These fields are populated with the value 12 to calculate the annual rent request.
- **Total Request:** No action required. This column populates with the total calculated amount from each row.
- **Total Units and Annual Assistance Requested:** No action required. This column calculates based on the sum of the total requests per unit size per year.
- **Grant Term:** No action required. This field populates based on the grant term on the **“6A. Funding Request”** screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term.




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

You have access to this budget if you checked **“Leased Structures”** on Screen 6A and can only be used for the TH portion of the Joint project. The primary screen will aggregate the total assistance leased structures requested on **“Leased Structures Budget Detail”** screen(s). 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 .

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

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

You have access to this budget if you checked “**Rental Assistance**” on Screen 6A. The primary screen will aggregate the totals for each FMR area **or** rental assistance type listed on “**Rental Assistance Detail**” screens. Select add  to access a new “**Rental Assistance Detail**” screen. All grey fields will calculate after you complete and save this screen. Select “**Save & Back to List**” or select “**Save & Add Another.**” To view and edit, select view . To delete, select .

Type of Rental Assistance: Required. Select the type of rental assistance from the dropdown:

- PRA – project-based rental assistance where program participants must reside in housing provided through a contract with the owner of an existing structure whereby the owner agrees to lease subsidized units to program participants. Program participants may not retain their rental assistance if they relocate to a unit outside the project. (TH portion of the project)
- SRA – sponsor-based rental assistance where program participants must reside in housing owned or leased by a sponsor organization and arranged through a contract between the recipient and the sponsor organization. (TH portion of the project)

TRA – tenant-based rental assistance where program participants select any appropriately sized unit within the CoC’s geographic area, although recipients or subrecipients may restrict the location under certain circumstances to ensure the availability of the appropriate supportive services. If you have more than one rental assistance type for the project, you must create a separate detail budget screen for each rental assistance type, even if they are in the same FMR area. For example, if the project consists of 10 PRA units and 10 TRA units in County A, you must submit two “**Rental Assistance Budget Detail**” screens for County A—one for the 10 PRA units and one for the 10 TRA units.

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

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

- **Size of units:** No action required. These options are system generated. The size of units are in line with the [FMR tables](#); however, for clarification, the “**0-bedroom**” unit listed in *e-snaps* is the “**efficiency**” unit size on the FMR table and the FMR table does not include SRO units for which the per unit rent is calculated at 75 percent of the efficiency rate.
- **Number of units:** Required. For each unit size, enter the number of units for which funding is requested.
- **FMR:** No action required. These fields populate with the FY 2022 FMRs based on the FMR area you selected. New CoC Program project applications must request full FMR for initial funding and can choose less than FMRs upon renewal, if needed.
- **12 Months:** No action required. These fields are populated with the value 12 to calculate the annual rent request.
- **Total Request:** No action required. This column populates with the total calculated amount from each row.

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- **Total Units and Annual Assistance Requested:** No action required. This column calculates based on the sum of the total requests per unit size per year.
- **Grant Term:** No action required. This field populates based on the grant term on the “**6A. Funding Request**” screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term.

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

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

Projects applying for funding through the Rural Set Aside can request funding for eligible costs under Section 491 of the McKinney-Vento Homeless Assistance Act, as amended by the HEARTH Act (42 USC 11408) as provided in Section V.B.3.e.(2) of the Special NOFO. Requests for funding of these additional costs must be listed in row #18, (Rural Set Aside ONLY) Section 491.

(Rural Set Aside ONLY) Section 491 #18 cost requests can include the following:

- Rent or utility assistance after 2 months of nonpayment of rent or utilities to prevent eviction or loss of utility service. Funds may be used to pay rent or utility arrear payments up to 6 months on behalf of program participants residing in permanent housing.
- Short-term emergency lodging in motels or shelters, either directly or through vouchers. Eligible costs include lodging costs in motels or hotels for program participants; pro-rata share of sheltering program participants in existing shelters so long as the costs are actual costs of creating new and temporary beds in emergency shelters and not to permanently increase the capacity of the shelter. No funds may be used to shelter program participants in existing shelter beds.
- Repairs (such as insulation, window repair, door repair, roof repair) that are necessary to make housing habitable to be used for transitional or permanent housing by people experiencing homelessness. The total cost of repairs may not exceed \$10,000 per structure.
- Emergency food and clothing assistance. The cost of providing meals or groceries and clothing to program participants.
- Costs associated with making use of Federal inventory property programs to house homeless families, including the program established under title V of the Stewart B. McKinney Homeless Assistance Act and the Single Family Property Disposition Program established pursuant to section 204(g) of the National Housing Act and implemented at 24 CFR part 291 Eligible costs are: preparing and submitting applications to obtain ownership of the real property; transfer taxes; recording fees; closing costs; building permit and zoning fees; attorney’s fees; rehabilitation of buildings and structures on the property necessary to bring them into compliance with local building codes and to convert them to the intended homeless assistance use; water, sanitation, sewer and utility hook-up fees and deposits and bringing lines to the property; wells; septic systems; and improving access to the real property from public roads.

Note: Eligible “**Rural Capacity building**” activities (20% of rural activities) are included in Section V.B.3.e.(2) of the Special NOFO but will not be included on the Supportive Services budget. Instead, these costs will be included in #14 on the “**Summary Budget**” screen.

If you enter information into a row for eligible costs, there must also be a corresponding supportive services selection on Screen 4A. **Supportive Services for Program Participants**, question #4 where “**Applicant**” is selected under the “**Provider**” column.

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

The itemized budget screen includes 18 eligible Supportive Services categories:

<ol style="list-style-type: none"> 1. Assessment of Service Needs 2. Assistance with Moving Costs 3. Case Management 4. Child Care 5. Education Services 6. Employment Assistance 7. Food 8. Housing/Counseling Services 9. Legal Services 	<ol style="list-style-type: none"> 10. Life Skills 11. Mental Health Services 12. Outpatient Health Services 13. Outreach Services 14. Substance Abuse Treatment Services 15. Transportation 16. Utility Deposits 17. Operating Cost* 18. (Rural Set Aside ONLY) Section 491 Eligible Activities
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

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

- **Eligible Costs:** No action required. The categories listed are eligible supportive services for which funds can be requested under 24 CFR 578.53.
- **Quantity AND Description:** Required. This field must provide a complete picture of how CoC Program funds will be used in the project to assist program participants. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title–1 FTE @ \$45,000 including fringe benefits of \$X or 50 hours @ \$25 per hour including fringe benefits of \$X). Additionally, include any direct provision costs (24 CFR 578.53(e)(17)) for each line item (e.g., monthly use of cell phone to contact program participants @ \$X per month).
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program costs for a 12-month period.
- **Total Annual Assistance Requested:** No action required. This field calculates the total based on the sum for each eligible cost where you entered information.
- **Grant Term:** No action required. This field populates based on the grant term on the “6A. Funding Request” screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term.

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

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

Note: If this screen includes “**Replacement Reserve**” as an expected operating cost, 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 Operating costs:

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

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

- **Eligible Costs:** No action required. The categories listed are eligible Operating costs for which funds can be requested under 24 CFR 578.55.
- **Quantity AND Description:** Required. This field must provide a complete picture of how CoC Program funds will be used in the project to assist program participants. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title–1 FTE @ \$45,000 including fringe benefits of \$X or 50 hours @ \$25 per hour including fringe benefits of \$X).
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program costs for a 12-month period.
- **Total Annual Assistance Requested:** No action required. This field calculates the total based on the sum for each eligible cost where you entered information.
- **Grant Term:** No action required. This field populates based on the grant term on the “**6A. Funding Request**” screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term.

Joint TH and PH-RRH Screen 6H. HMIS Budget

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

You can request HMIS costs to contribute data to the CoC’s designated HMIS as outlined in 24 CFR 578.57(a)(1)(i)-(x). This includes new projects that will provide housing and services to victims of domestic violence to contribute data to a comparable database.

The itemized budget screen includes 5 eligible HMIS costs:

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

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

- **Eligible Costs:** No action required. The categories listed are eligible HMIS costs for which funds can be requested under 24 CFR 578.57.
- **Quantity AND Description:** Required. This field must provide a complete picture of how CoC Program funds will be used in the project to assist program participants. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title–1 FTE @ \$45,000 including fringe benefits of \$X or 50 hours @ \$25 per hour including fringe benefits of \$X).
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program costs for a 12-month period.
- **Total Annual Assistance Requested:** No action required. This field calculates the total based on the sum for each eligible cost where you entered information.
- **Grant Term:** No action required. This field populates based on the grant term on the “6A. Funding Request” screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term.

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

You must complete the “Sources of Match” screen. See 24 CFR 578.73 for CoC Program match requirements. If you plan to use program income as match you must provide an estimate of how much program income will be used.

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

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

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

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

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

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




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

Sources of Match Detail Screen(s)

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

Example: If the “Total Assistance Requested” for a Joint TH and PH-RRH project is \$100,000 without leasing costs, then you must match funds of no less than \$25,000.

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

You will need to complete this screen for each type of match commitment you want to include with your project application. Once completed with this “Sources of Match Detail” screen, return to the “Sources of Match” screen where you will see the total commitment amounts for Cash, In-Kind, and All, as applicable.

1. **Type of Commitment:** Required. Select “Cash” or “In-Kind” (non-cash) to indicate the type of contribution that describes this match commitment. If applications include third-party in-kind match, you need to attach MOU(s) documentation that confirms the in-kind match commitment.

Cash, if you will use cash to satisfy the match requirement.

In-Kind, if you will use the value of any real property, equipment, or services contributed to this project that are eligible costs under the CoC Program.

2. **Source:** Required. Select:

Private, the match will be provided by a non-government entity.

Government, the match will be provided by a government entity (e.g., HUD-VASH (VA Supportive Housing program)) so long as the government funds do not prohibit their use as match for another federal program.

3. **Name of Source:** Required. Enter the name of the organization providing the contribution. Be specific and include the office or grant program as applicable.

4. **Amount of Written Commitment:** Required. Enter the total dollar value of the contribution.

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

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

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

- **#11. Admin:** Enter the amount of requested administrative funds. You can only request up to 10 percent of the amount listed in the field “7. Sub-Total Costs Requested.” If an ineligible Admin amount is entered, *e-snaps* will report an error when the screen is saved; “**The Administrative Costs exceed 10 percent of the Sub-Total Costs Requested.**” The error message will inform you of the maximum amount of administrative costs you can request, and you will need to update the **Admin.** amount.
- **#14. (Rural Set Aside ONLY) Rural Set Aside Capacity Building** (up to 20% of subtotal of all BLIS + Admin). Capacity building activities are those activities that maintain or improve the skills of recipients and subrecipients. Eligible capacity building activities include employee education, job training, staff retention activities, and other professional development activities.

The summary budget also includes the amount of Cash, In-Kind, and Total Match entered on Screen 6D. To adjust match amounts, return to Screen 6D. If an ineligible match amount is entered, *e-snaps* will report an

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error when the screen is saved; **“The Total Match amount is less than 25 percent.”** The error message will inform you of the minimum amount of match funds you are required to have for this project, and you will need to return to a **“Sources of Match Detail”** screen to make the necessary adjustments to increase the match amount for this project application.

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

[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 in 24 CFR 578.37(a)(3).

SSO-CE Part 3: Project Information

SSO-CE Screen 3A. Project Detail

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

1. **CoC Number and Name:** Required. Select the CoC Number and Name from the dropdown. **Selecting the correct CoC is critical.** The dropdown contains all CoCs that were registered in the FY 2022 CoC Program Registration process and are listed according to the CoC Number (e.g., NE-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.
2. **CoC Collaborative Applicant Name:** Required. Select the name of the Collaborative Applicant for the CoC you intend to submit the project application. The dropdown for this field is based on the CoC Number and Name selected above with the CoC’s designated Collaborative Applicant’s name that registered during the FY 2022 CoC Program Registration process.
3. **Project Name:** No action required. This field populates from the *e-snaps* “**Project**” screen and is read-only. If the project name is incorrect, exit the project application screens and open the *e-snaps* “**Project**” screens by selecting “**Projects**” from the left menu to correct the information.
4. **Project Status:** Required. This field defaults to the “**Standard**” option and should only be changed to “**Appeal**” if your organization will submit a “**Solo Appeal**.” If you select “**Appeal**”, Screen 8A “**Notice of Intent to Appeal**” will appear on the left menu and you will need to complete additional information and include the attachment noted in the Solo Appeal process, see instructions for Screen 8A above.
5. **Is this project applying for the Unsheltered Homelessness Set Aside or Rural Set Aside?** This question automatically pulls forward the selected Funding Opportunity when you registered for this specific application (either Unsheltered Homelessness Set Aside or Rural Set Aside). If this is incorrect at this point, you must abandon this project application and begin again by registering the correct Funding Opportunity you are choosing for this project application.
(Rural Set Aside ONLY) Select the state(s), rural geo-code(s), and/or tribal geo-code(s), as needed for the rural geographic area(s) to be served by this project. Double click on your selection(s) or use the arrows between the tables to move “**Available Items**” to “**Selected Items**.” If you need to select multiple areas, hold down the “**Ctrl**” key to make multiple selections.
 - 5a. **Area(s) affected by the project (state(s) only):**
 - 5b. **Area(s) affected by the project (rural geo-code(s) only):**
 - 5c. **Area(s) affected by the project (tribal geo-code(s) only). Only make a selection if the project will serve a tribal area. If no tribal area will be served, leave this field blank. Do not make any selections.**
6. **Component Type:** Required. Select “**SSO**.”
 - 6a. **Type of SSO project:** Required. Select “**Coordinated Entry**”

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Coordinated Entry (CE). Administers the CoC’s centralized or coordinated entry process to coordinate assessment and referral of individuals and families seeking housing or services, including the use of a comprehensive and standardized assessment tool. See [CPD-17-01: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System](#) (Coordinated Entry Notice) for full information and requirements. If your project is submitted as coordinated entry you must adhere to all requirements in the Rule and Coordinated Entry Notice.

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

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

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

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

8. **Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?** Required. Select the appropriate response. CoC Program funds cannot be awarded if used to replace state or local government funds.

Yes, if this project is expected to replace state or local funds and not comply with this criterion.

No, if this project will not replace state or local funds and will comply with this criterion.

SSO-CE Screen 3B. Description

All questions 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 how the CoC Program funding will be used. The information in this description must align with the information entered in other screens of this 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 CY 2023 this project will serve 10 persons) to reduce the need to change project descriptions for annual renewals.

- 1a. **Describe how the proposed project is consistent with the plan described by the CoC in response to Section VII.B.4 of this NOFO?** Required. CoCs are required, as part of their application for this Special NOFO, to develop a Plan to Serve Individuals and Families Experiencing Homelessness with Severe Service Needs (see Section VII.B.4 of this NOFO). You must provide a detailed description of how the scope of this project is consistent with, and supports, the plan described by the CoC.
2. **For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur.** Required. You must enter information in at least one field on the table. If your project includes multiple structures, you will complete one column for each structure. You will estimate the number of days from grant execution for the first four questions, as applicable, for the requested project application. Nonapplicable fields can remain blank, or you can enter “0” or “NA.”

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Project Milestones	<u>Days</u> from Execution of Grant Agreement
	A
Begin hiring staff or expending funds	

3. **Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select ALL that apply)** Required. Check the appropriate box(s) to indicate this project will focus on one or more specific subpopulations. The box(s) checked should match the information provided in the project description. If this project does not have a specific subpopulation focus, select “N/A - **Project Serves All Subpopulations.**” If a subpopulation focus for your organization is not listed, check the box next to “**Other**” and enter the subpopulation in the text box provided.

4. **The following questions must be answered for “Coordinated Entry” projects.** See the *Coordinated Entry Notice* for additional information. ([Notice CPD-17-01: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System](#)).
 - 4a. **Will the coordinated entry process cover the CoC’s entire geographic area?** See Section II.B.1 of the *Coordinated Entry Notice* for additional information. Select:

Yes, if the funding request from this project will be used to meet this requirement.

No, funds from this project will not meet this requirement.
 - 4b. **Will the coordinated entry process be affirmatively marketed and easily accessible by individuals and families seeking assistance?** Required for coordinated entry project applications. The CoC’s coordinated entry must be affirmatively marketed and easily accessible by individuals and families seeking housing and services. Select:

Yes, if the CoC’s coordinated entry is affirmatively marketed to those least likely to apply for housing and services in the absence of special outreach.

No, if the coordinated entry does not meet the criteria.
 - 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.** Required for coordinated entry project applications. Use the textbox provided to describe the advertisement strategy that will ensure coordinated entry will be accessible to individuals and families with the highest barriers to accessing assistance including persons with disabilities, and persons with limited English proficiency (see 24 CFR 578.93(c)). Using bullets instead of full paragraphs is appropriate.
 - 4d. **Does the coordinated entry process use a comprehensive, standardized assessment process?** Required for coordinated entry project applications. See Sections I.C.4 and II.B.2 of the *Coordinated Entry Notice* for additional information. Select:

Yes, if the standardized assessment process meets the criteria.

No, if the standardized assessment does not meet the criteria.
 - 4e. **Describe the referral process and how the coordinated entry process ensures program participants are directed to appropriate housing and services.** See Section II.B.3 of the *Coordinated Entry Notice* for additional information. Describe how the referral process for homelessness resources is coordinated with CoC and ESG providers according to the CoC’s written Coordinated Entry process. Using bullets instead of full paragraphs is appropriate.

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

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

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

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 program participants for which they may be eligible? Select:

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

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

8. (Rural Set Aside Only) Will this project serve a structurally disadvantaged area? Structurally disadvantaged is defined as geographic areas that have high levels of homelessness, housing distress, or poverty, and are located where CoC services have until now been entirely unavailable.

8a. List area that will be served. This should match one of the rural geographies selected on Screen 3A. If it is a subset of the geography served on Screen 3A (e.g., a specific town within a county), indicate how the area listed relates to the geography selected on Screen 3A.

8b. How did you determine that the area was structurally disadvantaged? Include any available data to support the determination.

Examples of data that support the determination include:

- Information that shows poverty rates are significantly higher in the geographic area than in the rest of the CoC's geographic area,
- Information that shows rates of homelessness are significantly higher in the geographic area than in the rest of the CoC's geographic area, or
- Information that shows that housing distress, such as severe overcrowding or severely substandard housing, are higher in the geographic area than in the rest of the CoC's geographic area.

Information could come from local evaluations, public data on housing or poverty (e.g. census data), or other sources. Applicants should describe the data source used and provide any information (e.g., links to publicly available data) for the specific data that they reference in their description.

SSO-CE Part 6: Budgets

Part 6 captures the budget information for the project application. HUD requires your project to request and use funds for eligible costs as outlined in the Rule for each budget and will verify project expenditures

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during field office monitoring or OIG audits. Any ineligible expenditures can result in monitoring or audit findings that could result in your organization repaying HUD for any ineligible CoC expenses.

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

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

2. What type of funding is the project applying for in this Special Unsheltered and Rural Homelessness CoC Program Competition? This question automatically pulls forward the selected Funding Opportunity when you registered for this specific application (either Unsheltered Homelessness Set Aside or Rural Set Aside). This question duplicates an earlier question on screen 3A #5 and is here to ensure you are not filling out the wrong application. If this is incorrect, you must abandon this project application and begin again by registering the correct Funding Opportunity you are choosing for this project application.

3. Does this project propose to allocate funds according to an indirect cost rate? Required.

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

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

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

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

Cognizant Agency	Indirect Cost Rate	Direct Cost Base	Date approved or enter “NA” if using 10 % de minimis rate
	%	\$	

3b. Has this rate been approved by your cognizant agency? Select

Yes, if the indirect cost rate was approved by your cognizant agency. A copy of the approved indirect cost rate must be attached to the project application.

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No, if it has either not been submitted to or was 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).

No, if you will be using the approved rate indicated in the table above.

4. **Select a grant term:** No action required. Your Special NOFO new project application must request a 3-year term, and this is pre-selected.

5. **Select the costs for which funding is requested:** Required. Check the box(s) for the BLI(s) for which your project requests funds (see 24 CFR 578, Subpart D; Program Components and Eligible Costs and 24 CFR 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds).

- **Supportive Services (24 CFR 578.53).**
- **HMIS (24 CFR 578.57).**

SSO-CE Screen 6F. Supportive Services Budget

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

The supportive services listed are based on the eligible supportive services in 24 CFR 578.53; however, 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., staff costs for conducting assessments). Costs that are not directly related to carrying out the CoC’s coordinated entry are ineligible.

Projects applying for funding through the Rural Set Aside can request funding for eligible costs under Section 491 of the McKinney-Vento Homeless Assistance Act, as amended by the HEARTH Act (42 USC 11408) as provided in Section V.B.3.e.(2) of the Special NOFO. Requests for funding of these additional costs must be listed in row #18, (Rural Set Aside ONLY) Section 491.

(Rural Set Aside ONLY) Section 491 #18 cost requests can include the following:

- Rent or utility assistance after 2 months of nonpayment of rent or utilities to prevent eviction or loss of utility service. Funds may be used to pay rent or utility arrear payments up to 6 months on behalf of program participants residing in permanent housing.
- Short-term emergency lodging in motels or shelters, either directly or through vouchers. Eligible costs include lodging costs in motels or hotels for program participants; pro-rata share of sheltering program participants in existing shelters so long as the costs are actual costs of creating new and temporary beds in emergency shelters and not to permanently increase the capacity of the shelter. No funds may be used to shelter program participants in existing shelter beds.
- Repairs (such as insulation, window repair, door repair, roof repair) that are necessary to make housing habitable to be used for transitional or permanent housing by people experiencing homelessness. The total cost of repairs may not exceed \$10,000 per structure.
- Emergency food and clothing assistance. The cost of providing meals or groceries and clothing to program participants.
- Costs associated with making use of Federal inventory property programs to house homeless families, including the program established under title V of the Stewart B. McKinney Homeless Assistance Act and the Single Family Property Disposition Program established pursuant to section 204(g) of the National Housing Act and implemented at 24 CFR part 291 Eligible costs are: preparing and submitting applications to obtain ownership of the real property; transfer taxes; recording fees;

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closing costs; building permit and zoning fees; attorney’s fees; rehabilitation of buildings and structures on the property necessary to bring them into compliance with local building codes and to convert them to the intended homeless assistance use; water, sanitation, sewer and utility hook-up fees and deposits and bringing lines to the property; wells; septic systems; and improving access to the real property from public roads.

Note: Eligible “**Rural Capacity building**” activities (20% of rural activities) are included in Section V.B.3.e.(2) of the Special NOFO but will not be included on the Supportive Services budget. Instead, these costs will be included in #14 on the “Summary Budget” screen.

If you enter information into a row for eligible costs, there must also be a corresponding supportive services selection on Screen **4A. Supportive Services for Program Participants**, question #4 where “**Applicant**” is selected under the “**Provider**” column.

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

The itemized budget screen includes 18 eligible Supportive Services categories:

<ol style="list-style-type: none"> 1. Assessment of Service Needs 2. Assistance with Moving Costs 3. Case Management 4. Child Care 5. Education Services 6. Employment Assistance 7. Food 8. Housing/Counseling Services 9. Legal Services 	<ol style="list-style-type: none"> 10. Life Skills 11. Mental Health Services 12. Outpatient Health Services 13. Outreach Services 14. Substance Abuse Treatment Services 15. Transportation 16. Utility Deposits 17. Operating Cost* 18. (Rural Set Aside ONLY) Section 491 Eligible Activities
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* See 24 CFR 578.53(a) to determine if you are eligible to apply for funds in this category as not all project applicants are eligible.

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

- **Eligible Costs:** No action required. The categories listed are eligible supportive services for which funds can be requested under 24 CFR 578.53.
- **Quantity AND Description:** Required. This field must provide a complete picture of how CoC Program funds will be used in the project to assist program participants. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title–1 FTE @ \$45,000 including fringe benefits of \$X or 50 hours @ \$25 per hour including fringe benefits of \$X). Additionally, include any direct provision costs (24 CFR 578.53(e)(17)) for each line item (e.g., monthly use of cell phone to contact program participants @ \$X per month).

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- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program costs for a 12-month period.
- **Total Annual Assistance Requested:** No action required. This field calculates the total based on the sum for each eligible cost where you entered information.
- **Grant Term:** No action required. This field populates based on the grant term on the “6A. Funding Request” screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term.

SSO-CE Screen 6I. Sources of Match

You must complete the “**Sources of Match**” screen. See 24 CFR 578.73 for CoC Program match requirements. If you plan to use program income as match you must provide an estimate of how much program income will be used.

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

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

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

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

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




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

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

Sources of Match Detail Screen(s)

Enter match information on this screen based on the current commitments at the time of project application submission that will apply to the grant term if selected for conditional award, not based on projections. Match contributions can be cash, in-kind, or a combination of both. Match must be no less than 25 percent of the total request, including administrative costs. If your match amount exceeds 25 percent, HUD will expect you to produce the higher amount in the project application if selected for conditional award.

Example: If the “**Total Assistance Requested**” for a SSO project is \$100,000, then you must match funds no less than \$25,000.

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

You will need to complete this screen for each type of match commitment you want to include with your project application. Once completed with this “**Sources of Match Detail**” screen, return to the “**Sources of Match**” screen where you will see the total commitment amounts for Cash, In-Kind, and All, as applicable.

1. **Type of Commitment:** Required. Select “**Cash**” or “**In-Kind**” (non-cash) to indicate the type of contribution that describes this match commitment. If applications include third-party in-kind match, you need to attach MOU(s) documentation that confirms the in-kind match commitment.

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Cash, if you will use cash to satisfy the match requirement.

In-Kind, if you will use the value of any real property, equipment, or services contributed to this project that are eligible costs under the CoC Program.

2. **Source:** Required. Select:

Private, the match will be provided by a non-government entity.

Government, the match will be provided by a government entity (e.g., HUD-VASH (VA Supportive Housing program)) so long as the government funds do not prohibit their use as match for another federal program.

3. **Name of Source:** Required. Enter the name of the organization providing the contribution. Be specific and include the office or grant program as applicable.

4. **Amount of Written Commitment:** Required. Enter the total dollar value of the contribution.

SSO-CE Screen 6J. Summary Budget

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

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

- **#11. Admin:** Enter the amount of requested administrative funds. You can only request up to 10 percent of the amount listed in the field “**7. Sub-Total Costs Requested**.” If an ineligible Admin amount is entered, *e-snaps* will report an error when the screen is saved; “**The Administrative Costs exceed 10 percent of the Sub-Total Costs Requested**.” The error message will inform you of the maximum amount of administrative costs you can request, and you will need to update the **Admin** amount.
- **#14. (Rural Set Aside ONLY) Rural Set Aside Capacity Building** (up to 20% of subtotal of all BLIS + Admin). Capacity building activities are those activities that maintain or improve the skills of recipients and subrecipients. Eligible capacity building activities include employee education, job training, staff retention activities, and other professional development activities.

The summary budget also includes the amount of Cash, In-Kind, and Total Match entered on Screen 6D. To adjust match amounts, return to Screen 6D. If an ineligible match amount is entered, *e-snaps* will report an error when the screen is saved; “**The Total Match amount is less than 25 percent**.” The error message will inform you of the minimum amount of match funds you are required to have for this project, and you will need to return to a “**Sources of Match Detail**” screen to make the necessary adjustments to increase the match amount for this project application.

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Supportive Services Only (SSO) – Non-Coordinated Entry (SSO-Street Outreach and SSO-Other) New Project Applications

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

The following instructions apply to Supportive Services Only (SSO)– SSO Street Outreach and SSO-Other projects in accordance with SSO requirements in 24 CFR 578.37(a)(3).

SSO-Other (non-CE) Part 3: Project Information

SSO (non-CE) Screen 3A. Project Detail

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

1. **CoC Number and Name:** Required. Select the CoC Number and Name from the dropdown. **Selecting the correct CoC is critical.** The dropdown contains all CoCs that were registered in the FY 2022 CoC Program Registration process and are listed according to the CoC Number (e.g., NE-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.
2. **CoC Collaborative Applicant Name:** Required. Select the name of the Collaborative Applicant for the CoC you intend to submit the project application. The dropdown for this field is based on the CoC Number and Name selected above with the CoC’s designated Collaborative Applicant’s name that registered during the FY 2022 CoC Program Registration process.
3. **Project Name:** No action required. This field populates from the *e-snaps* “**Project**” screens and is read-only. If the project name is incorrect, exit the project application screens and open the *e-snaps* “**Project**” screens by selecting “**Projects**” from the left menu to correct the information.
4. **Project Status:** Required. This field defaults to the “**Standard**” option and should only be changed to “**Appeal**” if your organization will submit a “**Solo Appeal**.” If you select “**Appeal**”, Screen 8A “**Notice of Intent to Appeal**” will appear on the left menu and you will need to complete additional information and include the attachment noted in the Solo Appeal process, see instructions for Screen 8A above.
5. **Is this project applying for the Unsheltered Homelessness Set Aside or Rural Set Aside?** This question automatically pulls forward the selected Funding Opportunity when you registered for this specific application (either Unsheltered Homelessness Set Aside or Rural Set Aside). If this is incorrect at this point, you must abandon this project application and begin again by registering the correct Funding Opportunity you are choosing for this project application.
(Rural Set Aside ONLY) Select the state(s), rural geo-code(s), and/or tribal geo-code(s), as needed for the rural geographic area(s) to be served by this project. Double click on your selection(s) or use the arrows between the tables to move “**Available Items**” to “**Selected Items**.” If you need to select multiple areas, hold down the “**Ctrl**” key to make multiple selections.
 - 5a. **Area(s) affected by the project (state(s) only):**
 - 5b. **Area(s) affected by the project (rural geo-code(s) only):**
 - 5c. **Area(s) affected by the project (tribal geo-code(s) only). Only make a selection if the project will serve a tribal area. If no tribal area will be served, leave this field blank. Do not make any selections.**
6. **Component Type:** Required. Select “**SSO**.”

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6a. Select the type of SSO project: Required. Select either “SSO-Street Outreach,” or “SSO-Other” from the dropdown menu.

- **Street Outreach.** Applicants should select this SSO subtype if the project will fund street outreach activities. Street outreach offers services necessary to reach unsheltered homeless individuals and families to connect them with emergency shelter, housing, or critical services and provide urgent non-facility-based care to those who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.
- **SSO-Other.** Applicants select this SSO subtype if the project will fund stand-alone support services to individuals and families experiencing homelessness or who have been homeless in the prior 6-months but are now residing in permanent housing (that is not PSH or RRH). This means, the recipient is providing supportive services to individuals and families experiencing homelessness for whom the applicant is not also providing housing or housing assistance. Examples of stand-alone supportive services include (1) housing navigation activities for people experiencing homelessness when the applicant is not also providing any ongoing housing assistance (e.g., rental assistance), (2) childcare services to individuals and families experiencing homelessness, (3) drop-in centers that provide supportive services to people experiencing homelessness, and (4) family reunification services to reunite people experiencing homelessness with their families.

7. Is your organization, or expected subrecipient, a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database? Required. Select:

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

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

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

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? Required. Select the appropriate response. CoC Program funds cannot be awarded if used to replace state or local government funds.

Yes, if this project is expected to replace state or local funds and not comply with this criterion.

No, if this project will not replace state or local funds and will comply with this criterion.

SSO (non-CE) Screen 3B. Description

All questions 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 how the CoC Program funding will be used. The information in this description must align with the information entered in other screens of this 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 CY 2023 this project will serve 10 persons) to reduce the need to change project descriptions for annual renewals.

1a. Describe how the proposed project is consistent with the plan described by the CoC in response to Section VII.B.4 of this NOFO? Required. CoCs are required, as part of their

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application for this Special NOFO, to develop a Plan to Serve Individuals and Families Experiencing Homelessness with Severe Service Needs (see Section VII.B.4 of this NOFO). You must provide a detailed description of how the scope of this project is consistent with, and supports, the plan described by the CoC.

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

Project Milestones	<u>Days from Execution of Grant Agreement</u>
	A
Begin hiring staff or expending funds	

- 3. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select ALL that apply)** Required. Check the appropriate box(s) to indicate this project will focus on one or more specific subpopulations. The box(s) checked should match the information provided in the project description. If this project does not have a specific subpopulation focus, select “N/A - Project Serves All Subpopulations.” If a subpopulation focus for your organization is not listed, check the box next to “Other” and enter the subpopulation in the text box provided.
- 4. (SSO non-CE ONLY) Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements.**
- 5. As an SSO non-CE project, answer the following questions:**
- 5a. (SSO-Street Outreach ONLY) Describe how the street outreach project will develop a strategy for providing supportive services to those with the highest service needs, including those with histories of unsheltered homelessness and those who do not traditionally engage with supportive services.**
- 5b. (SSO-Other non-CE ONLY) Describe how project refers program participants to projects that specifically coordinates and integrates mainstream health, social services, and employment programs for which they may be eligible?**
- 8. (Rural Set Aside Only) Will this project serve a structurally disadvantaged area? Structurally disadvantaged is defined as geographic areas that have high levels of homelessness, housing distress, or poverty, and are located where CoC services have until now been entirely unavailable.**
- 8a. List area that will be served.** This should match one of the rural geographies selected on Screen 3A. If it is a subset of the geography served on Screen 3A (e.g., a specific town within a county), indicate how the area listed relates to the geography selected on Screen 3A.
- 8b. How did you determine that the area was structurally disadvantaged? Include any available data to support the determination.**

Examples of data that support the determination include:

- Information that shows poverty rates are significantly higher in the geographic area than in the rest of the CoC's geographic area,

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- Information that shows rates of homelessness are significantly higher in the geographic area than in the rest of the CoC's geographic area, or
- Information that shows that housing distress, such as severe overcrowding or severely substandard housing, are higher in the geographic area than in the rest of the CoC's geographic area.

Information could come from local evaluations, public data on housing or poverty (e.g. census data), or other sources. Applicants should describe the data source used and provide any information (e.g., links to publicly available data) for the specific data that they reference in their description.

SSO non-CE Part 4: Services

SSO non-CE Screen 4A. Supportive Services for Program Participants

- 1. Describe how program participants will be assisted to obtain and remain in permanent housing:** Required. An acceptable response will acknowledge the needs of the target population and include a plan that addresses the types of assistance that will be provided by the project applicant, or other partners, to ensure program participants served by this project will move into appropriate permanent housing as well as either remain in or move to other permanent housing once assistance is no longer needed. Additionally, if you will coordinate with other partners, include their role in meeting this criterion. The description should include:

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

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

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

- assisting program participants with obtaining and increasing employment income that will lead to successful exits from homelessness (e.g., local employment programs, job training opportunities, educational opportunities);
- the type of mainstream services you will assist program participants with obtaining to increase non-employment income (e.g., SSI; SSDI; Food Stamps, Veterans benefits);
- the type of social services you will provide access and help program participants obtain (e.g., childcare, food assistance, TANF, early childhood education); and

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- access to healthcare benefits and resources (e.g., Medicaid, Medicare, healthcare for the homeless, FQHCs).

- 3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided.** Required. From the list of supportive services provided, select the service(s) provided by your project to program participants from; your organization (Applicant), subrecipient(s), partner organization(s), or non-partner organization(s) (e.g., Workforce Board). You should select all services that will be provided to program participants to assist them in exiting homelessness, not just the costs for which you are requesting from HUD in this project application.

If more than one “**Provider**” or “**Frequency**” is relevant for a single service, select the provider and frequency that is used most. If more than one provider offers the service equally as often, choose the provider according to the following order: (1) Applicant, (2) Subrecipient, (3) Partner, and (4) Non-Partner.

Provider: For the supportive services listed, select one of the following as applicable:

- “**Applicant**” indicates your organization will provide the supportive service;
- “**Subrecipient**” indicates the subrecipient(s) listed on Screen 2A. Project Subrecipients will provide the service;
- “**Partner**” indicates an organization other than a subrecipient of CoC Program funds, but with whom a formal agreement or (MOU) was signed to provide the service; or
- “**Non-Partner**” indicates a specific organization with whom no formal agreement was established regularly provides the service to program participants.

Frequency: For each supportive service selected, use the dropdown to indicate how often the service is provided to program participants. If two frequencies are equally common, select the interval that is most frequent, (e.g., both weekly and monthly are equally common—select weekly).

Identify whether the project includes the following activities:

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

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

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

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

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

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

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

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

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

6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months? Required if “Yes” is selected for question 4. Select:

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

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

SSO (non-CE) Part 5: Program Participants

In Part 5 of the SSO application, HUD expects you to provide details regarding the program participants who will be served, including basic household and subpopulation data.

SSO (non-CE) Screen 5A. Program Participants - Persons and Households

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

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

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		number for this household type	number for this household type	populates the total persons
--	--	--------------------------------	--------------------------------	-----------------------------

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

SSO (non-CE) Screen 5B. Program Participants - Subpopulations

The following table appears on this screen to capture the subpopulation information for the households entered on Screen 5A and are based on a single point in time. Referring to Screen 5A, for each household where numbers were entered, enter those numbers in the appropriate column for that section. You will only enter numbers in the categories where you entered numbers on Screen 5A and the numbers in this table must match the numbers from the table on Screen 5A.

If the numbers for all three sections of this table do not match and correlate to Screen 5A, you will receive an error message to correct the information entered on this screen.

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

- The numbers entered for the following columns **cannot be duplicated** within these three subpopulations:
 - **CH (Not Veterans)**—number of chronically homeless non-veterans. Do not include chronically homeless veterans;
 - **CH Veterans** –number of chronically homeless veterans, regardless of discharge reason; or
 - **Veterans (Not CH)**– number of veterans who do not meet the chronically homeless definition.

- The numbers entered for the following columns **can be duplicated** and should reflect the estimated subpopulations program participants fall under:
 - **Chronic Substance Abuse;**
 - **HIV/AIDS;**
 - **Mentally Ill;**
 - **Domestic Violence (DV)**, includes survivors of human trafficking, sexual assault, stalking, and dating violence;
 - **Physical Disability;**
 - **Developmental Disability; and**
 - **Persons Not Represented by a Listed Subpopulation.** For this last item, you will be required to enter a description of program participants who fall into this category that will appear at the bottom of the table on this screen.

Persons in Households with at Least One Adult and One Child										
Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Mentally Ill	DV	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Children under age 18		N/A	N/A							

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

SSO (non-CE) Part 6: Budgets

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

SSO (non-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 15, 2024?** Select:
 - Yes**, to indicate the project intends to have a signed grant agreement by September 15, 2024. All funds conditionally awarded in the FY 2022 CoC Program Special NOFO Competition must be obligated via grant agreement no later than September 15, 2024.
 - No**, the project does not intend to have a signed grant agreement by September 15, 2024. By selecting this response, you will not be able to submit this project application in *e-snaps*.
- 2. What type of funding is the project applying for in this Special Unsheltered and Rural Homelessness CoC Program Competition?** This question automatically pulls forward the selected Funding Opportunity when you registered for this specific application (either Unsheltered Homelessness Set Aside or Rural Set Aside). This question duplicates an earlier question on screen 3A #5 and is here to ensure you are not filling out the wrong application. If this is incorrect, you must abandon this project application and begin again by registering the correct Funding Opportunity you are choosing for this project application.
- 3. Does this project propose to allocate funds according to an indirect cost rate?** Required.
 - Yes**, if your project will use an indirect cost rate either approved by a cognizant agency or will use the 10 percent de minimis rate.

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

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

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

Cognizant Agency	Indirect Cost Rate	Direct Cost Base	Date approved or enter “NA” if using 10 % de minimis rate
	%	\$	

3b. Has this rate been approved by your cognizant agency? Select

Yes, if the indirect cost rate was approved by your cognizant agency. A copy of the approved indirect cost rate must be attached to the project application.

No, if it has either not been submitted to or was 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).

No, if you will be using the approved rate indicated in the table above.

4. Select a grant term: No action required. Your Special NOFO new project application must request a 3-year term, and this is pre-selected.

5. Select the costs for which funding is requested: Required. Check the box(s) for the BLI(s) for which your project requests funds (see 24 CFR 578, Subpart D; Program Components and Eligible Costs and 24 CFR 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds).

- **Supportive Services (24 CFR 578.53).**
- **HMIS (24 CFR 578.57).**

SSO (non-CE) Screen 6F. Supportive Services Budget

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

Projects applying for funding through the Rural Set Aside can request funding for eligible costs under Section 491 of the McKinney-Vento Homeless Assistance Act, as amended by the HEARTH Act (42 USC 11408) as provided in Section V.B.3.e.(2) of the Special NOFO. Requests for funding of these additional costs must be listed in row #18, (Rural Set Aside ONLY) Section 491.

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(Rural Set Aside ONLY) Section 491 #18 cost requests can include the following:

- Rent or utility assistance after 2 months of nonpayment of rent or utilities to prevent eviction or loss of utility service. Funds may be used to pay rent or utility arrear payments up to 6 months on behalf of program participants residing in permanent housing.
- Short-term emergency lodging in motels or shelters, either directly or through vouchers. Eligible costs include lodging costs in motels or hotels for program participants; pro-rata share of sheltering program participants in existing shelters so long as the costs are actual costs of creating new and temporary beds in emergency shelters and not to permanently increase the capacity of the shelter. No funds may be used to shelter program participants in existing shelter beds.
- Repairs (such as insulation, window repair, door repair, roof repair) that are necessary to make housing habitable to be used for transitional or permanent housing by people experiencing homelessness. The total cost of repairs may not exceed \$10,000 per structure.
- Emergency food and clothing assistance. The cost of providing meals or groceries and clothing to program participants.
- Costs associated with making use of Federal inventory property programs to house homeless families, including the program established under title V of the Stewart B. McKinney Homeless Assistance Act and the Single Family Property Disposition Program established pursuant to section 204(g) of the National Housing Act and implemented at 24 CFR part 291 Eligible costs are: preparing and submitting applications to obtain ownership of the real property; transfer taxes; recording fees; closing costs; building permit and zoning fees; attorney’s fees; rehabilitation of buildings and structures on the property necessary to bring them into compliance with local building codes and to convert them to the intended homeless assistance use; water, sanitation, sewer and utility hook-up fees and deposits and bringing lines to the property; wells; septic systems; and improving access to the real property from public roads.

Note: Eligible “**Rural Capacity building**” activities (20% of rural activities) are included in Section V.B.3.e.(2) of the Special NOFO but will not be included on the Supportive Services budget. Instead, these costs will be included in #14 on the “Summary Budget” screen.

If you enter information into a row for eligible costs, there must also be a corresponding supportive services selection on Screen **4A. Supportive Services for Program Participants**, question #4 where “**Applicant**” is selected under the “**Provider**” column.

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

The itemized budget screen includes 18 eligible Supportive Services categories:

- | | |
|---------------------------------|----------------------------------------|
| 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 |

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7. Food	16. Utility Deposits
8. Housing/Counseling Services	17. Operating Cost*
9. Legal Services	18. (Rural Set Aside ONLY) Section 491 Eligible Activities

* See 24 CFR 578.53(a) to determine if you are eligible to apply for funds in this category as not all project applicants are eligible. Enter the quantity, detail, and total budget request for each supportive services cost requested. The total amounts calculate when applicants select “Save.”

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

- **Eligible Costs:** No action required. The categories listed are eligible supportive services for which funds can be requested under 24 CFR 578.53.
- **Quantity AND Description:** Required. This field must provide a complete picture of how CoC Program funds will be used in the project to assist program participants. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title–1 FTE @ \$45,000 including fringe benefits of \$X or 50 hours @ \$25 per hour including fringe benefits of \$X). Additionally, include any direct provision costs (24 CFR 578.53(e)(17)) for each line item (e.g., monthly use of cell phone to contact program participants @ \$X per month).
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program costs for a 12-month period.
- **Total Annual Assistance Requested:** No action required. This field calculates the total based on the sum for each eligible cost where you entered information.
- **Grant Term:** No action required. This field populates based on the grant term on the “6A. Funding Request” screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term.

SSO (non-CE) Screen 6I. Sources of Match

You must complete the “Sources of Match” screen. See 24 CFR 578.73 for CoC Program match requirements. If you plan to use program income as match you must provide an estimate of how much program income will be used.

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




1. **Will this project generate program income described in 24 CFR 578.97 to use as Match for this project?** Required. Select:
 - Yes, if your project plans to use program income as match and complete the next two questions.
 - No, if your project will not use program income as match.
- 1a. **Briefly describe the source of the program income.** Required if you selected “Yes” to question 1. Provide the source of program income with a brief description.
- 1b. **Estimate the amount of program income that will be used as Match for this project.** Required if you selected “Yes” to question 1. Enter estimated amount.

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Sources of Match Detail Screen(s)

Enter match information on this screen based on the current commitments at the time of project application submission that will apply to the grant term if selected for conditional award, not based on projections. Match contributions can be cash, in-kind, or a combination of both. Match must be no less than 25 percent of the total request, including administrative costs. If your match amount exceeds 25 percent, HUD will expect you to produce the higher amount in the project application if selected for conditional award.

Example: If the “**Total Assistance Requested**” for a SSO project is \$100,000, then you must match funds no less than \$25,000.

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

You will need to complete this screen for each type of match commitment you want to include with your project application. Once completed with this “**Sources of Match Detail**” screen, return to the “**Sources of Match**” screen where you will see the total commitment amounts for Cash, In-Kind, and All, as applicable.

1. **Type of Commitment:** Required. Select “**Cash**” or “**In-Kind**” (non-cash) to indicate the type of contribution that describes this match commitment. If applications include third-party in-kind match, you need to attach MOU(s) documentation that confirms the in-kind match commitment.

Cash, if you will use cash to satisfy the match requirement.

In-Kind, if you will use the value of any real property, equipment, or services contributed to this project that are eligible costs under the CoC Program.

2. **Source:** Required. Select:

Private, the match will be provided by a non-government entity.

Government, the match will be provided by a government entity (e.g., HUD-VASH (VA Supportive Housing program)) so long as the government funds do not prohibit their use as match for another federal program.

3. **Name of Source:** Required. Enter the name of the organization providing the contribution. Be specific and include the office or grant program as applicable.
4. **Amount of Written Commitment:** Required. Enter the total dollar value of the contribution.

SSO (non-CE) Screen 6J. Summary Budget

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

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

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

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of the maximum amount of administrative costs you can request, and you will need to update the **Admin.** amount.

- **#14. (Rural Set Aside ONLY) Rural Set Aside Capacity Building** (up to 20% of subtotal of all BLIS + Admin). Capacity building activities are those activities that maintain or improve the skills of recipients and subrecipients. Eligible capacity building activities include employee education, job training, staff retention activities, and other professional development activities.

The summary budget also includes the amount of Cash, In-Kind, and Total Match entered on Screen 6D. To adjust match amounts, return to Screen 6D. If an ineligible match amount is entered, *e-snaps* will report an error when the screen is saved; **“The Total Match amount is less than 25 percent.”** The error message will inform you of the minimum amount of match funds you are required to have for this project, and you will need to return to a **“Sources of Match Detail”** screen to make the necessary adjustments to increase the match amount for this project application.

Dedicated Homeless Management Information Systems (HMIS) New Project Applications

[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 in 24 CFR 578.37(a)(4). Dedicated HMIS projects requesting costs in 24 CFR 578.37(a)(2) can only be carried out by the HMIS Lead, which is the recipient or subrecipient of the HMIS grant and must be listed on the HMIS Lead form in the CoC Applicant Profile in *e-snaps*.

HMIS Part 3: Project Information

HMIS Screen 3A. Project Detail

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

1. **CoC Number and Name:** Required. Select the CoC Number and Name from the dropdown. **Selecting the correct CoC is critical.** The dropdown contains all CoCs that were registered in the FY 2022 CoC Program Registration process and are listed according to the CoC Number (e.g., NE-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.
2. **CoC Collaborative Applicant Name:** Required. Select the name of the Collaborative Applicant for the CoC to which you intend 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 2022 CoC Program Registration process.
3. **Project Name:** No action required. This field populates from the *e-snaps* **“Project”** screens and is read-only. If the project name is incorrect, exit the project application screens and open the *e-snaps* **“Project”** screens by selecting **“Projects”** from the left menu to correct the information.
4. **Project Status:** Required. This field defaults to the **“Standard”** option and should only be changed to **“Appeal”** if your organization will submit a **“Solo Appeal.”** If you select **“Appeal”**, Screen 8A **“Notice of Intent to Appeal”** will appear on the left menu and you will need to complete additional information and include the attachment noted in the Solo Appeal process, see instructions for Screen 8A above.
5. **Is this project applying for the Unsheltered Homelessness Set Aside or Rural Set Aside?** This question automatically pulls forward the selected Funding Opportunity when you registered for this

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specific application (either Unsheltered Homelessness Set Aside or Rural Set Aside). If this is incorrect at this point, you must abandon this project application and begin again by registering the correct Funding Opportunity you are choosing for this project application.

(Rural Set Aside ONLY) Select the state(s), rural geo-code(s), and/or tribal geo-code(s), as needed for the rural geographic area(s) to be served by this project. Double click on your selection(s) or use the arrows between the tables to move “Available Items” to “Selected Items.” If you need to select multiple areas, hold down the “Ctrl” key to make multiple selections.

5a. Area(s) affected by the project (state(s) only):

5b. Area(s) affected by the project (rural geo-code(s) only):

5c. Area(s) affected by the project (tribal geo-code(s) only). Only make a selection if the project will serve a tribal area. If no tribal area will be served, leave this field blank. Do not make any selections.

6. Component Type: Required. Select “HMIS.”

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

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

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

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

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? Required. Select the appropriate response. CoC Program funds cannot be awarded if used to replace state or local government funds.

Yes, if this project is expected to replace state or local funds and not comply with this criterion.

No, if this project will not replace state or local funds and will comply with this criterion.

HMIS Screen 3B. Description

All questions 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 how the CoC Program funding will be used. The information in this description must align with the information entered in other screens of this 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 CY 2023 this project will serve 10 persons) to reduce the need to change project descriptions for annual renewals.

1a. Describe how the proposed project is consistent with the plan described by the CoC in response to Section VII.B.4 of this NOFO? Required. CoCs are required, as part of their application for this Special NOFO, to develop a Plan to Serve Individuals and Families Experiencing Homelessness with Severe Service Needs (see Section VII.B.4 of this NOFO). You

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must provide a detailed description of how the scope of this project is consistent with, and supports, the plan described by the CoC.

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

Project Milestones	<u>Days from Execution of Grant Agreement</u>
	A
Begin hiring staff or expending funds	

8. **(Rural Set Aside Only) Will this project serve a structurally disadvantaged area? Structurally disadvantaged is defined as geographic areas that have high levels of homelessness, housing distress, or poverty, and are located where CoC services have until now been entirely unavailable.**

8a. **List area that will be served.** This should match one of the rural geographies selected on Screen 3A. If it is a subset of the geography served on Screen 3A (e.g., a specific town within a county), indicate how the area listed relates to the geography selected on Screen 3A.

8b. **How did you determine that the area was structurally disadvantaged? Include any available data to support the determination.**

Examples of data that support the determination include:

- Information that shows poverty rates are significantly higher in the geographic area than in the rest of the CoC's geographic area,
- Information that shows rates of homelessness are significantly higher in the geographic area than in the rest of the CoC's geographic area, or
- Information that shows that housing distress, such as severe overcrowding or severely substandard housing, are higher in the geographic area than in the rest of the CoC's geographic area.

Information could come from local evaluations, public data on housing or poverty (e.g. census data), or other sources. Applicants should describe the data source used and provide any information (e.g., links to publicly available data) for the specific data that they reference in their description.

HMIS Part 4: Implementation of HMIS

HMIS Screen 4A. HMIS Standards

All questions on Screen 4A are required and should be answered based on the current configuration of the dedicated HMIS project. For more information on HMIS Data Standards applicable for all HMIS projects, go to [HMIS Data Standards](#).

HMIS Universal Data Elements

1. Name	6. Gender	11. Destination
2. Social Security Number	7. Veteran Status	12. Relationship to Head of Household

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3. Date of Birth	8. Disabling Condition	13. Client Location
4. Race	9. Project Start Date	14. Housing Move-in Date
5. Ethnicity	10. Project Exit Date	15. Prior Living Situation

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

Yes, if the HMIS collects all required UDEs.

No, if the HMIS cannot or does not collect all required UDEs.

1a. If no, explain why and the planned steps for correction: Required if “No” was selected for question 1a. If the HMIS does not capture all UDEs provide an explanation that includes the UDE(s) not collected by the HMIS, the reason the UDE(s) are not captured, the specific steps the HMIS Lead, working with the CoC, will take to come into compliance; and how funds from this project application will result in full compliance with this requirement.

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

Yes, the HMIS produces all HUD-required reports and provides data as needed for HUD reporting.

No, the HMIS does not produce all HUD-required reports.

2a. If no, explain why and the planned steps for correction: Required if “No” was selected for question 2a. If the HMIS does not have this capacity, provide an explanation that includes the reports that cannot be produced, the reason, the specific steps the HMIS Lead, working with the CoC, will take to come into compliance, and how funds from this project application will result in full compliance with this requirement.

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

Yes, the HMIS produces all reports required by Federal partners.

No, the HMIS does not produce all reports required by Federal partners.

3a. If no, explain why and the planned steps for correction. Required if “No” was selected for question 3a. If the HMIS does not have this capacity provide an explanation that includes the reports that cannot be produced, the reason, the specific steps the HMIS Lead, working with the CoC, will take to come into compliance, and how funds from this project application will result in full compliance with this requirement.

4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC? Required. Select:

Yes, the HMIS can unduplicate client records.

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

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

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describe your CoC's process for updating your HMIS Governance Charters and HMIS Policies and Procedures.

6. **Who is responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?** Required. In the text box provided, describe who is responsible for insuring the HMIS implementation meets all privacy and security standards.
7. **Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards?** Required. Select:
 - Yes, the HMIS Lead conducts security training and follows-up with recipients and subrecipient organizations.
 - No, the HMIS Lead does not conduct security training or follow-up with recipients and subrecipients.
8. **What is the CoC's policy and procedures for managing a breach of Personally Identifiable Information (PII) in HMIS?** Required. In the text box provided, describe the CoC's policy and procedures for managing a breach of PII.

HMIS Screen 4B. HMIS Training

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

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

Required. Enter the date in the prescribed format (mm/yyyy) of the last, or next proposed, training date. If there has been no training, enter 00/0000. You can also specify up to 3 additional HMIS trainings that apply to the implementation of the proposed project. Enter data for each of the following categories:

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

HMIS Part 6: Budgets

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

HMIS Screen 6A. Funding Request

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

1. **Will it be feasible for the project to be under grant agreement by September 15, 2024?** Select:
 - Yes, to indicate the project intends to have a signed grant agreement by September 15, 2024. All funds conditionally awarded in the FY 2022 CoC Program Special NOFO Competition must be obligated via grant agreement no later than September 15, 2024.
 - No, the project does not intend to have a signed grant agreement by September 15, 2024. By selecting this response, you will not be able to submit this project application in *e-snaps*.

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2. What type of funding is the project applying for in this Special Unsheltered and Rural Homelessness CoC Program Competition? This question automatically pulls forward the selected Funding Opportunity when you registered for this specific application (either Unsheltered Homelessness Set Aside or Rural Set Aside). This question duplicates an earlier question on screen 3A #5 and is here to ensure you are not filling out the wrong application. If this is incorrect, you must abandon this project application and begin again by registering the correct Funding Opportunity you are choosing for this project application.

3. Does this project propose to allocate funds according to an indirect cost rate? Required.

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

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

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

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

Cognizant Agency	Indirect Cost Rate	Direct Cost Base	Date approved or enter “NA” if using 10 % de minimis rate
	%	\$	

3b. Has this rate been approved by your cognizant agency? Select

Yes, if the indirect cost rate was approved by your cognizant agency. A copy of the approved indirect cost rate must be attached to the project application.

No, if it has either not been submitted to or was 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).

No, if you will be using the approved rate indicated in the table above.

4. Select a grant term: No action required. Your Special NOFO new project application must request a 3-year term, and this is pre-selected.

5. Select the costs for which funding is requested: Required. The only box you can check is HMIS and includes all eligible costs available for dedicated HMIS (24 CFR 578.57). (See 24 CFR 578, Subpart D; Program Components and Eligible Costs and 24 CFR 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds).

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- **HMIS** (24 CFR 578.57).

HMIS Screen 6H. HMIS Budget

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

The itemized budget screen includes 5 eligible HMIS costs:

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

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

- **Eligible Costs:** No action required. The categories listed are eligible HMIS costs for which funds can be requested under 24 CFR 578.57.
- **Quantity AND Description:** Required. This field must provide a complete picture of how CoC Program funds will be used in the project to assist program participants. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title–1 FTE @ \$45,000 including fringe benefits of \$X or 50 hours @ \$25 per hour including fringe benefits of \$X).
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program costs for a 12-month period.
- **Total Annual Assistance Requested:** No action required. This field calculates the total based on the sum for each eligible cost where you entered information.
- **Grant Term:** No action required. This field populates based on the grant term on the “**6A. Funding Request**” screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term.

HMIS Screen 6I. Sources of Match

You must complete the “**Sources of Match**” screen. See 24 CFR 578.73 for CoC Program match requirements. If you plan to use program income as match you must provide an estimate of how much program income will be used.

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




1. **Will this project generate program income described in 24 CFR 578.97 to use as Match for this project?** Required. Select:
 - Yes, if your project plans to use program income as match and complete the next two questions.
 - No, if your project will not use program income as match.
- 1a. **Briefly describe the source of the program income.** Required if you selected “Yes” to question 1. Provide the source of program income with a brief description.
- 1b. **Estimate the amount of program income that will be used as Match for this project.** Required if you selected “Yes” to question 1. Enter estimated amount.

Sources of Match Detail Screen(s)

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Enter match information on this screen based on the current commitments at the time of project application submission that will apply to the grant term if selected for conditional award, not based on projections. Match contributions can be cash, in-kind, or a combination of both. Match must be no less than 25 percent of the total request, including administrative costs. If your match amount exceeds 25 percent, HUD will expect you to produce the higher amount in the project application if selected for conditional award.

Example: If the “**Total Assistance Requested**” for a HMIS project is \$100,000, then you must match funds no less than \$25,000.

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

You will need to complete this screen for each type of match commitment you want to include with your project application. Once completed with this “**Sources of Match Detail**” screen, return to the “**Sources of Match**” screen where you will see the total commitment amounts for Cash, In-Kind, and All, as applicable.

1. **Type of Commitment:** Required. Select “**Cash**” or “**In-Kind**” (non-cash) to indicate the type of contribution that describes this match commitment. If applications include third-party in-kind match, you need to attach MOU(s) documentation that confirms the in-kind match commitment.

Cash, if you will use cash to satisfy the match requirement.

In-Kind, if you will use the value of any real property, equipment, or services contributed to this project that are eligible costs under the CoC Program.

2. **Source:** Required. Select:

Private, the match will be provided by a non-government entity.

Government, the match will be provided by a government entity (e.g., HUD-VASH (VA Supportive Housing program)) so long as the government funds do not prohibit their use as match for another federal program.

3. **Name of Source:** Required. Enter the name of the organization providing the contribution. Be specific and include the office or grant program as applicable.

4. **Amount of Written Commitment:** Required. Enter the total dollar value of the contribution.

HMIS Screen 6J. Summary Budget

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

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

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

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of the maximum amount of administrative costs you can request, and you will need to update the **Admin.** amount.

- **#14. (Rural Set Aside ONLY) Rural Set Aside Capacity Building** (up to 20% of subtotal of all BLIS + Admin). Capacity building activities are those activities that maintain or improve the skills of recipients and subrecipients. Eligible capacity building activities include employee education, job training, staff retention activities, and other professional development activities.

The summary budget also includes the amount of Cash, In-Kind, and Total Match entered on Screen 6D. To adjust match amounts, return to Screen 6D. If an ineligible match amount is entered, *e-snaps* will report an error when the screen is saved; **“The Total Match amount is less than 25 percent.”** The error message will inform you of the minimum amount of match funds you are required to have for this project, and you will need to return to a **“Sources of Match Detail”** screen to make the necessary adjustments to increase the match amount for this project application.