

# CoC Renewal YHDP Project Application Detailed Instructions

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**Fiscal Year 2024/2025 CoC Program Competition**



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

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# FY 2024/2025 CoC Program Renewal YHDP Project Detailed Instructions

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# FY 2024/2025 CoC Program Renewal YHDP Project Detailed Instructions

## Introduction

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This document provides detailed instructions for organizations completing the Fiscal Year (FY) 2024/2025 Continuum of Care (CoC) Youth Homelessness Demonstration Program (YHDP) Renewal Project Applications for funding available through the Notice of Funding Opportunity (NOFO).

\* HUD will not require recipients to submit individual applications for renewal projects conditionally awarded in the FY2024 competition. HUD reserves the right to award available FY 2025 funds (the FY 2025 CoC program and YHDP funds) based on the FY2024/FY2025 2-Year NOFO competition. Projects that will be eligible for renewal with FY 2025 CoC Program and YHDP funds must have an expiration date in CY 2026 (January 1, 2026, and ending December 31, 2026).

1. Most renewal applications (CoC and YHDP) will not have to submit any *e-snaps* applications. If you choose not to submit, HUD SNAPS will carryover your FY2024 application.
2. The only projects required to submit a Renewal application in the FY2024/2025 competition are:
  - a. A renewal project(s) will be reallocated in whole or part to create one or more new eligible project(s). The new project(s) created with the reallocated funds must be submitted.
  - b. A Youth Homelessness Demonstration Project (YHDP) funded under a YHDP NOFO is being renewed for the first time under this NOFO. The YHDP renewal or replacement project application(s) must be submitted.
  - c. A Special NOFO (Unsheltered or Rural) project is renewing for the first time. A renewal project application(s) must be submitted.
  - d. There is a CoC project(s) that was not awarded a new or renewal grant in the FY 2024 CoC Competition AND that project(s) expires in Calendar Year 2026.
3. Renewal projects can still apply for consolidations and expansions and are not required to submit the renewal projects involved. CoCs will need to use the Priority Listing to inform HUD as to what projects are being consolidated and expanded.
4. There is no CoC Bonus or DV Bonus available in this competition.
5. To create a New project, applicants can only do so through Reallocation or DV Reallocation. For YHDP projects, YHDP Replacement and Reallocation will be available.
6. All new projects will need to be submitted (New projects, Stand-Alone New Expansions, Transitions, YHDP Replacements, and YHDP Reallocations)
7. Planning projects will be carried over unless the CoC wants to submit an updated Planning project.

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

The following documents provide information regarding CoC Program requirements and responsibilities for all projects awarded using CoC Program funds:

- [FY 2025 CoC Program Competition NOFO \(NOFO\)\\*](#),
- [24 CFR part 578 \(the Rule\)](#),

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- [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 YHDP renewal project applications must comply with the current grant agreement, or grant agreement as amended and the requirements of the Rule.

The following items 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:

- FY 2024/2025 Grant Inventory Worksheet (GIW), distributed to CoCs by HUD in late 2025; including Budget Line Items (BLIs) for each renewal project.
- Questions regarding information in these instructions may be submitted to [CoCNOFO@hud.gov](mailto:CoCNOFO@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](mailto:e-snaps@hud.gov).

Project applicants can find additional information on [HUD’s website](#) regarding the CoC Program requirements. The [HUD Exchange](#) also includes unofficial CoC Program information developed by technical assistance providers.

**HUD has modified the project application in *e-snaps* to conform to the requirements for YHPD Renewal project applications. Even with these modifications, there are certain questions within the FY2025 YHDP Renewal application for which special instructions are given within these instructions. Any special YHDP instructions are highlighted in **YELLOW** for the separate project types.**

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

- Parts 1 and 2 are the same regardless of the project type.
- The visibility of *e-snaps* screens and questions for Parts 3 through 6 are identified in these instructions for each project type for each of the following eligible YDPD renewal project types:
  - **Permanent Supportive Housing (PH-PSH),**
  - **Rapid Rehousing (PH-RRH),**
  - **Joint Transitional Housing and Permanent Housing-Rapid Rehousing (Joint TH and PH-RRH),**
  - **Transitional Housing (TH),**
  - **Supportive Services Only (SSO)—including SSO Coordinated Entry (CE), and**
  - **Homeless Management Information Systems (HMIS).**
- Parts 7 and 8 are the same regardless of the project type.

Finally, the renewal project application is not to be used to make changes to your renewal project. All substantive changes for the project such as population served, number of units and beds, shifts in Budget Line Items (BLIs) of 10 percent or more, etc. must be submitted, reviewed, and approved by your local HUD field office representative.

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### What's New

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1. **FY 2024/2025 CoC Program 2-Year NOFO.** The 2-Year NOFO has two important parts that affect CoCs and project recipients.
  - A. The CoC's collaborative applicant is not required to submit a single consolidated CoC application for the FY 2024/2025 Competition. The CoC application that was submitted by the collaborative applicant as part of the FY2024 Competition is applicable to FY 2025 funds. HUD will also not require recipients to submit individual applications for renewal projects conditionally awarded in the FY 2024 competition. HUD reserves the right to award available FY 2025 funds (the FY 2025 CoC program and YHDP funds) based on the FY 2024/FY2025 2-Year NOFO competition. Projects that will be eligible for renewal with FY 2025 CoC Program and YHDP funds must have an expiration date in CY 2026 (January 1, 2026, and ending December 31, 2026).
  - B. Applications for FY 2024/2025 eligible CoC and/or YHDP renewal projects and new projects created through CoC and/or DV reallocation or YHDP replacement, must be submitted in e-snaps by the application submission deadline for FY 2025 CoC and YHDP funds on February 9, 2026 .  
See Section I.A.3.b. of the NOFO for more information.
2. **Summary Budget Line-Item breakdown.** On the Summary Budget screen, a breakout by percentages has been added to provide the applicant a detailed look at how much each budget line item is making up the total budget. The percentages are based on subtotal costs + Admin; match is not included.
3. **Youth Action Board Screen** – A new screen has been added to the YHDP application. This screen asks questions about your YAB. All questions are required to be answered.
4. **YHDP Expansions** – YHDP projects are now eligible to use the expansion process. Only YHDP Renewals and YHDP Reallocations may take part in the expansion process
5. **Rural Costs** – YHDP projects are now eligible to request Rural costs in the application.
6. **Cost of Living Adjustments for Conditionally Selected Grants.** The Consolidated Appropriations Act, 2025 authorizes HUD to make reasonable cost of living adjustments to renewal amounts to help afford increasing cost of operations due to inflation. HUD will adjust amounts for the supportive services and HMIS Costs budget lines for renewing projects based on the most recent three-year average of changes in State Quarterly Census of Employment and Wages (QCEW) for the category Social Assistance (NAICS 624). Please note that HUD is only authorized to make these adjustments for Renewal projects. Supportive Services and HMIS budgets for all New projects, including Planning, UFA, YHDP Replacement, and YHDP Reallocation, will not be adjusted.

### Important Reminders

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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 FY 2025 NOFO and 24 CFR part 578 (except as otherwise provided in the NOFO.)

Please note that compliance with the NOFO and the Rule includes compliance with all applicable Federal statutes relating to nondiscrimination (also included on your SF-424B/F-424D assurances). See 24 CFR 578.93 for more details of Fair Housing and Equal Opportunity requirements for the CoC program.

2. **YHDP Replacement Projects.** In the FY 2025 CoC Program Competition, project applicants can submit a replacement YHDP project application in lieu of a YHDP renewal project

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application. If you intend to submit a replacement YHDP project application, use the YHDP Replacement Detailed Instructions.

3. **Budget Detail Screens.** The budget screens for Supportive Services, Operating, HMIS, and Leased Structures have been added to the application. You will need to complete the information for those budgets that apply to your project application request.
4. **HUD Forms and Certifications:** Required forms are included in *e-snaps* project application and must be completed before you will have access to the project application: If your organization has multiple CoC Program project applications, functionality was built into the HUD-2880 in the **Project Applicant Profile** so you only need to fill out the form's questions once for the **combined total** amount for all project applications being submitted.
5. **System for Award Management (SAM) Registration.** Your organization must have an active SAM registration at the time of application submission and 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 and will withhold processing of 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.
6. **You have access to every *e-snaps* screen.** Under the YHDP funding opportunity, you can view every screen in *e-snaps* regardless of the component type chosen. This allows for flexibility in projects and budgets. Therefore, you must follow these instructions to determine which questions are required for the component type chosen for your project as not all apply to each component. For example, **HMIS** dedicated projects do not have housing units/beds, however, those projects will have access to that screen (**4B. Housing Detail**). It is critical you read the detailed instructions to determine how to proceed through your application.
7. **VAWA Budget Line.** The Violence Against Women Act (VAWA) Reauthorization Act of 2022 amended the HEARTH statute to clarify CoC Program eligible costs for facilitating and coordinating activities to comply with the VAWA emergency transfer plan requirement (34 U.S.C. 12491(e)) and monitoring compliance with the protections of the VAWA confidentiality requirements (34 U.S.C. 12491(c)(4)).

The VAWA BLI is available in all project types, except for planning and UFA costs, regardless of grantee type or sub-population focus. The VAWA BLI is **NOT** exclusive to victim service providers (VSPs) or DV Bonus projects. All eligible projects will technically include a VAWA BLI (even if the project chooses to keep that BLI at \$0), to help expedite minor budget changes later in the grant should a situation arise where a project needs to quickly move funds to the VAWA BLI, e.g., for an unexpected emergency transfer.

See the CoC NOFO for more details on VAWA BLI allowable costs. SSO-CE projects may use this BLI to budget for activities to facilitate emergency transfers in accordance with the CoC's emergency transfer plan, or for activities to ensure compliance with VAWA confidentiality requirements. Emergency transfers should be conducted in accordance with the CoC's emergency transfer plan, which must meet the requirements laid out in 24 CFR 578.99(j)(8) and 24 CFR 5.2005(e). To extent that the CoC's plan uses a coordinated approach to assessing and facilitating emergency transfer requests (including having a local victim service provider assess and facilitate all emergency transfer requests centrally), it is allowable to use the VAWA BLI within an SSO-CE project to do so.

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8. **Special YHDP Activities.** A new Special YHDP Activity has been added under question #4 related to short-term emergency lodging.

YHDP Renewals can also add new Special YHDP Activities without the need for a grant amendment.

9. **YHDP Replacements.** Multiple YHDP Renewals can now be included in one YHDP Replacement project. The YHDP Replacement application allows up to four YHDP Renewals to be replaced into one YHDP Replacement project. This YHDP Replacement budget cannot exceed the total budget of the combined renewals. All projects must share the same recipient.

Additionally, one YHDP Renewal can now be broken up into multiple YHDP Replacements. The multiple YHDP Replacements combined budgetary amount cannot exceed the parent YHDP Renewal amount. All projects must share the same recipient

### Project Applicant Profile

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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](#).

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

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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 populated 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.**

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**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 on 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.
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 six *e-snaps* Funding Opportunities include:
  - **Renewal Project Application**
  - **New Project Application**
  - **YHDP Renewal Project Application**
  - **YHDP Replacement Project Application**
  - **CoC Planning Project Application**

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- **UFA Costs 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.

### 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.

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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. (Proposed Project Dates).** Required. Enter proposed start date and end date of the project. If awarded, HUD will confirm actual start/end dates prior to grant agreement.
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 CoC Program 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-list-as-of-August-2024.pdf](#). 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 CoC Program 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:
  - 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.

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An 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 may 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 CoC Program Competition. Therefore, information in an *e-snaps* HUD-2880 includes the total amount of all the project applications applying for funds in the CoC Program 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.
- 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

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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 CoC Program 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**

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Form HUD-50070 populates information from the **Project Applicant Profile** and relevant data from the FY 2025 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**

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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 2025 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**.

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

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The [SF-LLL](#) populates information from the **Project Applicant Profile** and relevant data from the FY 2025 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 answering 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, Screen 1K

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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 1977, *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), which also require compliance with all general federal nondiscrimination requirements in the administration of the grant.

## All Projects – Recipient Performance Screen

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The following questions are designed to inform HUD of your project's performance related to statutory and regulatory requirements and provide an opportunity to explain the reason these requirements were not met. HUD Headquarters verifies the information provided on this screen with the HUD CPD field offices.

**1. Did you submit your previous year's Annual Performance Report (APR) on time?** Required. APRs are due within 90 days after the grant term expires. Select:

**Yes**, if you submitted the APR for this project within 90 days after the grant term expiration date to the SAGE website.

**No**, if you did not submit the APR for this project within 90 days after the grant term expiration date to the SAGE website. You must provide an explanation below.

**1a. If you did not submit your APR on time to the SAGE website, provide an explanation.** Required if you selected 'No' to question 1.

**2. Do you have any unresolved HUD Monitoring and/or OIG Audit finding(s) concerning any previous grant term related to this renewal project request?** Required. This question is not

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limited to the most recent grant period and is applicable to any HUD-funded grant (e.g., CoC Program, ESG, HOPWA) for your organization. Required. Select:

**Yes**, this renewal project has unresolved HUD Monitoring or OIG Audit finding(s).

**No**, there are no unresolved HUD Monitoring or OIG Audit finding(s).

**2a. If yes was selected, provide the date HUD or OIG issued the oldest unresolved finding(s):** Required if you selected ‘Yes’ to question 2, use the calendar icon to select the date that HUD issued the oldest unresolved finding.

**2b. Explain why the finding(s) remains unresolved:** Required if you selected ‘Yes’ to question 2 and 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).

**3. Do you draw funds quarterly for your current renewal project?** Required. The CoC Program requires that funds be drawn quarterly. Select:

**Yes**, to indicate your organization draws CoC Program funds quarterly, at a minimum, for your current grant.

**No**, to indicate your organization does not draw CoC Program funds quarterly for your current grant.

**3a. If no was selected, explain why CoC Program funds are not drawn quarterly.** Required if you selected ‘No’ to question 3 and provide an explanation as to why your organization does not draw CoC Program funds quarterly.

**4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request?** Required. Select:

**Yes**, if funds have been recaptured by HUD due to a balance remaining after the grant term expired.

**No**, if your organization expended 100 percent of all grant funds, or if this project is in its first year of a 1-year grant term and has not yet expired.

**4a. If HUD recaptured funds provide an explanation.** Required if you selected Yes to question 4, provide an explanation as to why the total awarded funds were not expended during the previous completed grant term.

## All Projects – Renewal Grant Consolidation Screen

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You can request a grant consolidation through the renewal project application process for your YHDP project so long as the consolidation request includes the same project type (e.g., PH-RRH) from the same applicant. Please note that YHDP projects can only consolidate with other YHDP projects. The following information provides the process entering information for a consolidation request.

### Grant Consolidation Process and Questions

The Consolidation process allows you to request **two to ten** eligible YHDP renewal projects of the same component and type (e.g., PH-PSH) to consolidate into a single project. For additional information see the NOFO. If each YHDP renewal project application submitted is approved and selected for conditional award, HUD will combine the information from the individual project applications into a single consolidated YHDP renewal project which will be the YHDP renewal project with the earliest start date.

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Consolidation requests for an organization that includes different components (e.g., TH and PH-RRH) will be denied.

### Defining surviving and terminating PINs:

**Surviving PIN** is associated with the YHDP renewal project application that has an earlier start date.

**Terminating PIN** is associated with the YHDP renewal project(s) where the operating start date is later than that of the surviving PIN.

**Important Note:** If the individual projects that are part of the consolidation have the same operating start dates (e.g., all projects operating start dates are April 1<sup>st</sup>), enter the oldest PIN as the terminating grant. For example: AK0001 and AK0005 are both PH-PSH projects that are requesting consolidation approval and both projects have the same operating start date of April 1<sup>st</sup>.

- AK0001 will be identified as the surviving PIN (lowest and oldest PIN), and
- AK0005 will be identified as the terminating PIN (highest and newer PIN).

### 1. Is this project application requesting to be part of a YHDP renewal grant consolidation in the FY 2025 CoC Program Competition? Select the appropriate response:

**Yes**, Individual Application in a Renewal Grant Consolidation, you will complete the information as noted below.

**No**, click 'Next' or 'Save & Next' to access the next screen.

### 2. Is this YHDP renewal project application the surviving or terminating grant? Required. HUD will use the information provided, based on the selection of Surviving or Terminating, to ensure the projects identified are consolidated correctly. You must ensure the information is accurate prior to submission. Select:

- **Surviving**, if this project will survive the consolidation and include the projects identified as terminating as completed in the table. You will need to complete the information in the table that appears with this selection.
- **Terminating**, if this project will terminate into the survivor project if the consolidation is approved and complete:

**2a. Eligible YHDP SURVIVING PIN.** Enter the PIN number of the project application identified as surviving. HUD will consolidate the units and BLIs of this project into the surviving project.

**2c. Eligible YHDP SURVIVING Project Name.** Enter the project name of the surviving project. The name entered should exactly match the name of the surviving project application. If the surviving project application is Our Housing PSH, enter this name, not Housing PSH, Our Housing, or PH PSH.

To make sure you are entering the PINs correctly, refer to your current grant agreement or access your FY 2024/2025 Grant Inventory Worksheet (GIW), distributed to CoCs by HUD in late 2025.

You must enter the PIN information correctly as this is how HUD will match the individual renewal project applications that are part of the consolidation request. Failure to do this will negate the consolidation request and HUD will award the projects individually if selected for funding.

The first two columns of the first row populate, if you selected Survivor to question 2., you must complete the third, fourth, and fifth columns. For each project, enter the information on each row, completing all

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columns, as needed. For example, if you request four projects consolidate into one, the first row is the information about the surviving project and rows two through three will include information for the terminating projects. One row equals one project.

**In the table below, select Terminating and enter PIN, Start Date ('PoP Start' in eLOCCS), and Expiration Date ('PoP End' in eLOCCS).** Use the calendar icon or enter the start date and end date.

**YHDP Renewal Grant Consolidation Table**

Row	Surviving PIN or Terminating PIN	Project Identification Number (PIN) i.e., the first 6 characters of the grant number	Operating Start Date ('POP Start' in eLOCCS)	Expiration Date ('POP End' in eLOCCS)
<b>1</b>	Surviving - Read-only	PIN - Read-only	Use the calendar icon or enter the start date as MM/DD/2025.	Use the calendar icon or enter the end date as MM/DD/2025.
<b><u>2 - 4</u></b>	Select terminating PIN.	Enter the PIN of the terminating project(s).	Use the calendar icon or enter the start date as MM/DD/2025.	Use the calendar icon or enter the end date as MM/DD/2025.

### 3. YHDP Renewal Consolidation Summary:

**Total Number of Grants in Consolidation:** Indicates the number of projects that are included in this consolidation request.

You should confirm the PIN and start and end dates for each project included in the consolidation request before submitting this consolidation request. The information included in this screen is used by HUD to match the consolidation request for each project listed.

### YHDP Renewal Expansion Process and Questions

This process allows you to indicate your organization wants to expand an existing YHDP renewal project by submitting a YHDP Reallocation project application that if selected for conditional award will have the YHDP Reallocation funds added to this YHDP renewal project, if also selected for conditional award. To submit a request to add YHDP Reallocation expansion funds to your existing eligible YHDP renewal project, you must complete and submit your YHDP renewal project application and create and submit a YHDP Reallocation project application (see the YHDP Replacement and Reallocation Project Application Detailed Instructions for creating a YHDP Reallocation project application). If both this YHDP renewal project application and the YHDP Reallocation project application are approved (passing all eligibility and quality threshold requirements) and selected for conditional award by HUD, the information from the YHDP Reallocation project will be added to the YHDP renewal project before it is available for field office review. See the NOFO for additional information and criteria.

The YHDP renewal and YHDP Reallocation projects must be the same project type and the YHDP Reallocation project must have a 1-year grant term and funding request. The only types of eligible YHDP renewal projects that can use the expansion process are:

- PH-PSH,
- PH-RRH,
- TH
- JOINT TH & PH-RRH
- SSO Non-CE

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- SSO-CE, and
- Dedicated HMIS.

You cannot use the expansion process to provide existing program participants with the **same** housing and services funded through the YHDP Program, therefore, an expansion project must:

- a. serve new program participants,
- b. provide existing program participants with an expanded level of services,
- c. provide existing program participants with facilities that meet health and safety standards,
- d. provide the same activities that are CoC/YHDP Program-eligible but were previously paid for by a different eligible non-renewable source. Applicants are prohibited from using CoC/YHDP Program funds to replace state or local funds previously used, or designated for use, to assist persons experiencing homelessness, for more information refer to 24 CFR 578.87(a),
- e. provide expanded coordinated entry services to new and existing program participants, only eligible for SSO-CE, or
- f. provide expanded HMIS activities, only eligible for HMIS Leads.

Follow the steps below for the expansion process:

**Stand-alone Renewal:** Submit your eligible YHDP renewal project application that includes the activities and budgets from the current grant agreement, or grant agreement as amended. The project name of the stand-alone renewal project application should match the project name on the FY 2025 GIW (e.g., Liberty House).

**Stand-alone New:** Create and submit your YHDP Reallocation project application that includes the activities and budgets for the newly expanded portion of the project that you want added to this YHDP renewal project if approved and selected for conditional award. The name for the stand-alone new project application should have the same name as this stand-alone renewal project with the addition of ‘**Expansion**’ at the end (e.g., Liberty House → Liberty House Expansion).

For ‘**Stand-alone Renewal**’ use the below instructions.

For ‘**Stand-alone New**’ use the **YHDP Replacement and Reallocation Project Application Detailed Instructions** for Screen 3C for the specific component type to which you are applying.

1. **Is this YHDP renewal project application requesting to consolidate or expand?** Select the appropriate response:

**Yes**, Stand-Alone Renewal Application in a New Grant Expansion. Complete information as noted below.

**No**, click ‘**Next**’ or ‘**Save & Next**’ to access the next screen.

2. **If you answered yes to question 1, complete each row for the following headings as indicted in the table:**

### 3. Expansion Table

Row	Stand-Alone Renewal or Stand-Alone New	Project Name	Project Identification Number (PIN) i.e., the first 6 characters of the grant number

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<b>1</b>	Read-only, populated based on selection of ‘Yes’ to question 1	Enter the name of this YHDP renewal project (e.g., Liberty House)	Read-only, populated from screen 1A. SF-424 Application Type, question 5a or 5b
<b>2</b>	Select ‘Stand-alone New’	Enter the name of the YHDP Reallocation project, preferably, the same name of this YHDP renewal project with ‘Expansion’ added (e.g., Liberty House– Expansion)	No action, the field will populate with NA when you select ‘Save’ or ‘Save & Next’
<b>3</b>	Only complete if you will submit another YHDP Reallocation project application to expand this YHDP renewal, otherwise, leave this row blank	Enter the name of the YHDP Reallocation project, preferably, the same name of this YHDP renewal project with ‘Expansion’ added (e.g., Liberty House– Expansion)	No action, the field will populate with NA when you select ‘Save’ or ‘Save & Next’

### 4. Renewal Expansion Summary:

**Total Number of Grants in the Expansion:** Indicates the number of project applications that are included in this:

- 2 = stand-alone renewal and one stand-alone new, or
- 3 = stand-alone renewal and two stand-alone new.

Note: Only YHDP Renewals and YHDP Reallocation projects are eligible to be part of the YHDP expansion process. YHDP Replacement projects and non-YHDP projects are not eligible to be expanded by YHDP Reallocation projects.




## All Projects – Part 2: Subrecipient Information

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### 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](#) located on the HUD Exchange.

Select add  to enter subrecipient information on the 2A Subrecipient Detailed screen(s). The primary ‘**Subrecipient**’ screen will compile a list of all subrecipients entered in the detailed screens. All grey fields will calculate after 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),

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- c. **Employer or Tax Identification Number,**
- d. **UEI**
- e. **Organization’s Physical Address,**
- f. **Organization’s Congressional District(s),**
- g. **Is the subrecipient a faith-based organization,**
- h. **Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?**
- i. **Expected Subaward Amount,** and
- j. **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.

### All Projects – Part 3: Project Information

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#### All Projects Screen 3A. Project Detail

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

1. **Expiring Grant Project Identification Number (PIN):** No action required. This field populates with the PIN number from the ‘**Federal Award Identifier**’ field on Screen 1A. This field is read-only. If it is incorrect, go back to Screen 1A to correct errors.
2. **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 2025 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.
3. **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 name that registered during the FY 2025 CoC Program Registration process.
4. **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.
5. **Project Status:** Required. This field defaults to the ‘**Standard**’ option and cannot be changed.
6. **Component Type:** Required. Select the component type for this YHDP project application which must match the current grant agreement, or grant agreement as amended:
  - **PH,**
    - 6a. **Select the type of PH project. (Will only appear if PH selected as a component type):** Required. Select ‘**PSH**’ or ‘**RRH**’ for the type of PH project of this YHPD Renewal application.
  - **TH,**
  - **Joint TH and PH-RRH,**

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- HMIS, or
- SSO.

**6a. Select the type of SSO project (Will only appear if SSO selected as a component type):** Required. Select the original SSO type from the dropdown menu for this YHDP renewal project. As with component changes, you cannot change the type of Supportive Services Only project (e.g., change from street outreach to coordinated entry) through the project application process.

- **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.
- **Housing Project or Housing Structure Specific.** Services provided in a structure, or structures, at one central site, or in multiple buildings at scattered sites where services are delivered. The services provided are associated with housing outcomes and are not limited to serving program participants of one or more specific residential projects.
- **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 a coordinated entry you must adhere to all requirements in the Rule and the *Coordinated Entry Notice*.
- **Stand-alone Supportive Services.** Addresses the special needs of program participants (e.g., childcare, employment assistance, transportation services) and has associated housing outcomes and is not limited to providing services from one or more housing-related projects.
- **Host Homes & Kinship Care** –This selection should only be made if your organization requests funds for host homes/kinship care.

**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. Was this project funded under the Youth Homeless Demonstration Program?** Required. Select:

**Yes**, this renewal project was originally awarded under the YHDP program.

**No**, this was not originally awarded under the YHDP program.

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If ‘No’ is selected, you cannot submit a renewal YHDP project application. If you intended to submit a renewing non-YHDP project application, you must return to ‘Projects’ from the left menu to create a regular FY 2025 renewal project application.

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 your project application has an Operating BLI and your organization intends to use some or all the operating funds towards replacement reserves, attach supporting documentation on screen 7A that includes:

- total amount of funds to 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 use operating funds for replacement reserves.

**JOINT TH and PH-RRH:** if your project application for the TH portion of the project has an Operating BLI and your organization intends to use some or all the operating funds towards replacement reserves, supporting documentation must be attached on screen 7A.

10. **Is this project applying for Rural costs on screen 6A?** Required. Select Yes or No from the dropdown menu if your project plans to request rural costs. (Note: rural costs may ONLY be used for rural areas and must be associated with a valid rural or tribal geo-code. A project that serves both rural and non-rural areas may request a rural BLI for the project, however, the rural BLI can only be used in the rural geographic area.) If yes, the following 3 tables will appear:

**(Rural costs 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.

**10a. Area(s) affected by the project (state(s) only):**

**10b. Area(s) affected by the project (rural geo-code(s) only):**

**10c. 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.**

### All Projects Screen 3B. Description

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

1. **Provide a description of the project. This MUST include the following: Entire scope, who the project will serve, activities offered and staffing (staff/client ratio).** 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 (total number of beds and units for the entirety of the project) and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), staff/client ration, 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. Additionally, if your project will implement service participation requirements or

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requirements that go beyond what is typically included in a lease agreement, describe those requirements and how they will be implemented.

**YHDP Specific Requirements for PSH, RRH, TH, SH, JOINT and SSO Non-CE. These requirements should be included on top of the requirements for the regular project description:**

- The purpose of the project and its role in the community response;
- Target population(s) to be served;
- Community partnerships;
- Outcomes and performance measures;
- Activities offered; and
- Staff/Client ratios

**JOINT TH and PH-RRH ONLY:** Your description must also include the process used to allow program participants the choice of the housing type. Additionally, 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.

**SSO-CE ONLY:** The information in this description must align with information entered in other screens of the application. Provide a detailed description for this YHDP renewal project that includes information for the following and how the CoC Program funding will be used for:

- purpose of the project and its role in the coordinated community response,
- how this coordinated entry project will be used to implement the youth-specific component of a community's coordinated entry process,
- how the coordinated entry process will incorporate positive youth development and trauma informed care,
- community partnerships,
- coordination with other organizations (e.g., federal, state, nonprofit), and
- outcomes and performance measures.

**HMIS ONLY:** Required. The information in this description must align with information entered in other screens of the application. 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 CoC Program funds will be used for:

- implementing or expanding youth specific HMIS system components (e.g., adding youth-specific standards),
- evaluating the YHDP program or to develop YHDP specific reports,
- adding youth organizations to HMIS,

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- outcomes and performance measures, and
- coordination with other organizations (e.g., federal, state, nonprofit).

Also, HMIS projects should also use general data (e.g., this project provides ‘X’ number of users with user training and assistance during the grant term) rather than specific dates to reduce the need to change project descriptions for annual renewal applications.

**1a. Specify how this project will incorporate the principles of Positive Youth Development.** (Not applicable for SSO-CE and HMIS) Required.

**1b. Specify how this project will incorporate the principles of Trauma Informed Care.** (Not applicable for SSO-CE and HMIS) Required.

**1c. How does this project help the community meet the shared vision, goals and objectives of the coordinated community plan?** (Not applicable for SSO-CE and HMIS) Required.

**2. Check the appropriate box(es) if this project will have a specific subpopulation focus (Select ALL that apply)** Required. **All YHDP projects must serve ‘Youth Under 25’, therefore, this box is already checked and cannot be edited.** Check the appropriate boxes to indicate this project will focus on one or more specific subpopulations. The boxes 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.

**HMIS:** For HMIS projects this is most likely ‘NA’, however, select ‘Yes’, if your project has special capacity or methodologies for a specific subpopulation(s).

**2a. Identify the specific populations addressed in this project (Select ALL that apply)** Optional. Check the boxes to identify the subpopulation(s) served by your project. If a subpopulation(s) assisted by your organization is not listed, check ‘Other’ and enter in the subpopulation(s) in the text box.

**HMIS and SSO-CE** projects will check ‘Other’ and enter ‘All’.

**3. 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). A Housing First 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.

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

**3a. Does the project quickly move participants into permanent housing?** If ‘No’ is selected, 3d will be ‘No’ for following a housing first approach. Select:

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**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).

**HMIS** projects should select ‘Yes’.

If this application is for a project focused on survivors, including survivors of domestic violence, sexual assault, stalking, dating violence, or human trafficking, select ‘Yes’ if the project will rapidly move program participants into permanent housing after the participant determines their immediate safety needs have been addressed (i.e., 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.

### 3b. Does the project enroll program participants who have the following barriers?

**Select all that apply.** 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, 3d 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**

**HMIS** should check all boxes except ‘None of the above’.

### 3c. Will the project prevent program participant termination from the project for the following reasons? Select all that apply.

Committing to not screening out participants for the first four boxes supports a housing first approach. If ‘**none of the above**’ is selected, 3d 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**

**HMIS** should check all boxes except ‘None of the above’.

### 3d. Does the project follow a ‘Housing First’ approach? No action required. This question automatically populates based on the responses to questions 3a, 3b, and 3c.

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**Yes**, is populated if you selected ‘**Yes**’ for question 3a **and** checked the first four boxes in questions 3b and 3c. This confirms the project will operate following a housing first approach.

**No**, is populated if you selected ‘**No**’ to question 3a **or** did not check all boxes **or** checked ‘**None of the above**’ for questions 3b or 3c. This confirms the project will not operate following a housing first approach.

**HMIS** projects should see ‘**Yes**’ populated.

**SSO-CE**. The following set of questions are only for SSO-CE projects. For requirements associated with these questions, refer to [Notice CPD-17-01: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System.](#)

**4. As a renewal SSO-Coordinated Entry project, update the following questions:** This field populates based on the selection made for question 6a on screen 3A.

**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 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 *Coordinated Entry Notice*.

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

### 5. Effectively serving youth populations

**5a. Describe the racial composition of the persons or households who are expected to benefit from your proposed grant activities, including a description of how you analyzed the local population to determine this.** Optional. Provide a detailed description of who this project will be serving.

**5b. Identify at least one barrier to persons or communities benefiting from your proposed grant activities.** Optional. Provide a detailed description of any potential barriers to communities of color.

**5c. Detail the steps you will take to prevent, reduce or eliminate these barriers.** Optional. Provide a detailed description of how this project will prevent, reduce or eliminate barriers.

**5d. Describe the measures in place to track progress and evaluate the effectiveness of efforts to advance equity through the grant activities.** Optional. Provide a detailed description of how this project will track progress.

## Youth Homeless Demonstration Project Screen

All fields on this screen must be completed.

**1. What services are provided to engage the family and youth?** Required if “Yes” to question 1 above, select one or more of the available options. If a focus for your project is not listed, check the box next to “Other” and enter in the text box provided.

**2. Is this a Host Homes project OR will this project dedicate funding under the Supportive Services budget to host homes?** Required. Select:

**Yes**, if the project will be a Host Homes project or will dedicate funding to host homes.

**No**, if this is not a Host Homes project or does not dedicate funding to host homes.

**2a. What experience does this applicant have in administering a host homes project?** Required if “Yes” to Question #2

**2b. How will this project recruit hosts?** Required if “Yes” to Question #2

**2c. How will this project match youth with hosts?** Required if “Yes” to Question #2

**2d. What services will be provided to ensure the host home is successful?** Required if “Yes” to Question #2

**2e. At project capacity, how many youths will be in host homes?** Required if “Yes” to Question #2

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3. **Does this project plan to use Rental Assistance in the Youth Demo program?** Required for YHDP projects.
  - 3a. **Will this project use Rental Deposits?** Required if “Yes” to Question #4
  - 3b. **Will this project cover first month’s rent?** Required if “Yes” to Question #4
  - 3c. **Short Term Rental Assistance.** Required if “Yes” to Question #4
  - 3d. **Medium Term Rental Assistance.** Required if “Yes” to Question #4
4. **Will your project offer any specialized services for youth living with HIV/AIDS?** Required. Provide a detailed description of how this project will offer any specialized services for youth living with HIV/AIDS.
  - 4a. **If Yes, please provide detail of those services.** Required if “Yes” to question 6 above.

## Youth Action Board

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### All projects. Youth Action Board

1. **Is there a project or CoC level Youth Action Board?** Required. Yes, No.
  - 1a. If Yes, how many active members are currently involved in the YAB? Required if Question 1 is “Yes”. Enter a numerical value.
  - 1b. What is the compensation policy for YAB Members? Required if Question 1 is “Yes”. Provide how YAB members are compensated for their time. Gift cards are not allowed.
  - 1c. How will the applicant ensure that the YAB will be involved in the implementation and evaluation of this project? Required if Question 1 is “Yes”. Provide a detailed description of how this project will integrate and work with the Youth Action Board during project implementation. The YAB must play an active role in the development and implementation of projects.
  - 1d. How will the applicant plan recruitment and sustainability policies for the YAB? Required if Question 1 is “Yes”. Provide a detailed description of policies that will lead to recruiting YAB members and keeping the YAB sustainable long term.
  - 1e. If no, how quickly will be YAB be implemented? Required if Question 1 is “No”. Provide a detailed description on when and how a YAB will be implemented.
2. **Describe your continuous quality improvement plan and how the YAB is involved?** Required. Provide a detailed description of the continuous quality improvement plan, and how this project will work with the Youth Action Board to develop a Continuous Quality Improvement Plan. The YAB must play an active role in the development and implementation of this plan.

## Special YHDP Activities Screen

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1. **Is the YHDP Replacement project applicant requesting a Special YHDP Activity, Exemption or Innovative Activity? (Note, applicants can only apply for Special YHDP Activities that were approved under the previous application. If applicant would like additional activities, applicant will need to apply as a YHDP Replacement, and not as a YHDP Renewal.)** Required. Select ‘Yes’ or ‘No’.

**Yes**, this project is requesting a Special YHDP Activity, Exemption, or Innovative Activity.

**No**, this project does not carry out any of those activities.

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**2. Check the appropriate boxes for the Special YHDP Activity the applicant is requesting. (Select all that apply).** Required if ‘Yes’ to question 1 above, select one or more of the available options. If your project does not plan to apply for these Special YHDP Activities, select ‘No Special YHDP Activities Requested’.

- **III.B.4.b(5)(a)(i)** Leases under 12 months (minimum 1 month)
- **III.B.4.b(5)(a)(ii)** Use of leasing, Sponsored Based Rental Assistance (SRA) and Project Based Rental Assistance (PRA) in Rapid Rehousing (RRH)
- **III.B.4.b(5)(a)(iii)** Project admin funds used to employ youth with lived experience for project implementation, execution, and improvement
- **III.B.4.b(5)(a)(iv)** Project admin funds used to attend non-HUD sponsored or approved conferences (must be relevant to youth homelessness)
- **III.B.4.b(5)(a)(v)** Employ youth receiving recipient services (document nature of work and no conflicts of interest)
- **III.B.4.b(5)(a)(vi)** Use habitability standards in 24 CFR 576.403© rather than HQS in 24 CFR 578.75 for up to 24 months of housing assistance (document standards applied to units and proof of compliance)
- **III.B.4.b(5)(a)(vii)** Provide moving expense more than one time to a program participant
- **III.B.4.b(5)(a)(viii)** Provide payments for families that provide housing under host homes and kinship care (up to \$500 per month)
- **III.B.4.b(5)(a)(ix)** YHDP recipients may continue providing supportive services to program participants for up to 12 months after the program participant exits homelessness, transitional housing or after the end of housing assistance.
- No Special YHDP Activities Requested.

**3. YHDP grant funds may be used for the following if they are necessary to assist program participants to obtain and maintain housing. Recipients and subrecipients must maintain records establishing how it was determined paying the costs was necessary for the program participant to obtain and retain housing and must also conduct an annual assessment of the needs of the program participants and adjust costs accordingly. (Select all that apply)** Eligible only to projects with a Supportive Services BLI. Required if ‘Yes’ to question 1 above, select one or more of the available options. If your project does not plan to apply for these Special YHDP Activities, select ‘None’.

- **III.B.4.b(5)(a)(x)(i)** Security deposits (not to exceed 2 months of rent)
- **III.B.4.b(5)(a)(x)(ii)** Pay for damage to units (not to exceed 2 months’ rent)
- **III.B.4.b(5)(a)(x)(iii)** Costs to provide household cleaning supplies
- **III.B.4.b(5)(a)(x)(iv)** Housing start-up expenses (not to exceed \$300 per participant)
- **III.B.4.b(5)(a)(x)(v)** Purchase cell phone and service (cost must be reasonable and housing related)
- **III.B.4.b(5)(a)(x)(vi)** Cost of Internet (costs must be reasonable)
- **III.B.4.b(5)(a)(x)(vii)** Payment of rental arrears (up to 6 months)
- **III.B.4.b(5)(a)(x)(viii)** Payment of utility arrears (up to 6 months)

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- **III.B.4.b(5)(a)(x)(ix)** Payment of utilities (p to 3 months)
- **III.B.4.b(5)(a)(x)(x)** Pay gas a mileage for participant personal vehicle for trips for eligible services
- **III.B.4.b(5)(a)(x)(xi)** Payment of Legal fees
- **III.B.4.b(5)(a)(x)(xii)** Payment of insurance, registration and past driving fines
- None

**4. Check the appropriate box(s) for the Special YHDP Activity - for the exemptions the applicant is requesting. If a special activity is selected, the applicant must provide a narrative response addressing the criteria in the special activity. (Select all that apply)**

Required if 'Yes' to question 1 above, select one or more of the available options. A required additional textbox for each selected checkbox will appear for the applicant to explain why they need to apply for this Special YHDP Activity – Exemption. If your project does not plan to apply for these Special YHDP Activities, select 'No Exemptions Requested'.

- **III.B.4.b(5)(b)(i)** A recipient may provide up to 36 months of Rapid Rehousing rental assistance to a program participant if the recipient demonstrates (1) the method it will use to determine which youth need rental assistance beyond 24 months and (2) the services and resources that will be offered to ensure youth are able to sustain their housing at the end of the 36 months of assistance.
- **III.B.4.b(5)(b)(ii)** YHDP recipients may continue providing supportive services to program participants for up to 24 months after the program participant exits homelessness, transitional housing or after the end of housing assistance if the recipient demonstrates: 1) the proposed length of extended services to be provided, 2) the method it will use to determine whether services are still necessary, and 3) how those services will result in self-sufficiency and ensure stable housing for the YHDP program participant.
- **III.B.4.b(5)(b)(iii)** YHDP recipients may continue providing supportive services to program participants for up to 36 months after the program participant exits homelessness, if the services are in connection with housing assistance, such as the Foster Youth to Independence initiative, or if the recipient can demonstrate that extended supportive services ensures continuity of case workers for program participants. Note: Supportive Services for 36 months is only for projects that are pairing supportive services with other housing assistance programs
- **III.B.3.h** Recipients will not be required to meet the 25% match requirement if the applicant is able to show they have taken reasonable steps to maximize resources available for youth experiencing homelessness in the community.
- **III.B.4.b(5)(b)(iv)** Recipients will not be required to meet the 25% match requirement provided for in III.C of the YHDP NOFO and 24 CFR 578.73 if the recipient does not have other currently active CoC or YHDP grants. If permitted by future Appropriations Acts, HUD will continue the match exemption for the YHDP grant funded under this NOFO under the first and second renewal or replacement of the project under the Continuum of Care competition.
- **III.B.4.b(5)(b)(iv)** Rental assistance may be combined with leasing or operating funds in the same building, provided that the recipient submits a project plan that includes safeguards to ensure that no part of the project would receive a double subsidy.

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- **III.B.4.b(5)(b)(v)** YHDP recipients may provide payments of up to \$1000 per month for families that provide housing under a host home and kinship care model, provided that the recipient can show that the additional cost is necessary to recruit hosts to the program.
- **III.B.4.b(5)(b)(vi)** YHDP recipients may pay for short-term (up to three months) emergency lodging in motels or shelters as the transitional housing component in a Joint transitional housing-rapid rehousing (TH-RRH) project, provided that the recipient can demonstrate that use of the hotel or motel room is accessible to supportive services.
- No Exemptions Requested.

**Enter required additional information about your YHDP Special Activity Request.** Required if any of the boxes were checked in question 4. Enter a description of the specific special activity in the text box(es) that appear.

### 5. Innovative Activities **III.B.4.b(5)(c)**

**5a. Is the applicant requesting an innovative activity that is not currently allowed under 24 CFR 578 or the above YHDP Special Activities?** Required if ‘Yes’ to question 1 above. A required additional textbox for the Innovative Activity will appear for the applicant to explain why they need to apply for this Special YHDP Innovative Activity.

**Yes**, this project is requesting YHDP Innovative Activity(s).

**No**, this project is not requesting YHDP Innovative Activity(s).

**Provide a description of the Innovative Activity.** Required if ‘Yes’ to Question 5a. Describe the eligible innovative activity(s) you are requesting.

**5b. Will this activity be testing or likely to achieve a positive outcome in at least one of the four core outcomes for youth experiencing homelessness (stable housing, permanent connections, education/employment, and well-being)?** Required if ‘Yes’ to question 5a above. Select ‘Yes’ or ‘No’.

**Yes**, this activity will likely achieve a positive outcome in at least one of the four core outcomes.

**No**, this activity will not achieve a positive outcome in at least one of the four core outcomes. Please explain why in the textbox.

**Why will this activity not achieve a positive outcome?** Required if ‘No’ to Question #5b. Describe why your requested activities will not achieve a positive outcome.

**5c. Is the activity cost-effective?** Required if ‘Yes’ to question 5a above.

**Yes**, this activity is cost-effective.

**No**, this activity is not cost-effective. Explain why in the textbox.

**Why is the activity not cost-effective?** Required if ‘No’ to Question #5c.

**5d. Does the activity conflict with fair housing, civil rights or environmental regulations?** Required if ‘Yes’ to question 5a above. Select ‘Yes’ or ‘No’.

**Yes**, this activity conflicts with fair housing, civil rights or environmental regulations. Please explain why in the textbox.

**No**, this activity does not conflict with fair housing, civil rights or environmental regulations.

**Why does the activity conflict?** Required if ‘Yes’ to question 5d above.

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**5e. Is the activity approved by the YAB?** Required if ‘Yes’ to question 5a above. Select ‘Yes’ or ‘No’.

**Yes**, this activity is approved by the YAB.

**No**, this activity is not approved by the YAB. Please explain why in the textbox.

**Why is the activity not approved?** Required if ‘Yes’ to question 5e above.

**5f. Is the activity approved by the CoC?** Required if ‘Yes’ to question 5a above. Select ‘Yes’ or ‘No’.

**Yes**, this activity is approved by the CoC.

**No**, this activity is not approved by the CoC. Please explain why in the textbox.

**Why is the activity not approved?** Required if ‘Yes’ to question 5f above.

### Special YHDP Activities and Supportive Services Budget Connection

Certain Special YHDP Activities will have a Supportive Services (SS) budget connection. We recommend you add text in the Supportive Services ‘quantity and description’ field on how certain Supportive Services costs are connected to Special YHDP Activities. You may use the table below to determine what Special YHDP Activity is connected to what Supportive Services cost. If there is no Supportive Service cost connection listed below, you do not need to include anything in the Quantity and Description for that Special YHDP Activity.

Note: The Special YHDP Activities listed are the only ones that have a Supportive Services cost connection. If you do not see a Special YHDP Activity listed, that means it doesn’t have a Supportive Services cost connection. If you have questions, please contact the youth resolution team mailbox @ [yhdpresolutionteam@hud.gov](mailto:yhdpresolutionteam@hud.gov).

Special YHDP Activities	Assistance w/Moving Costs	Utility Deposits	Life Skills	Housing & Counseling Services	Transportation	Legal Services	SS Operating Costs	Security Deposits
<b>III.B.4.b(5)(a)(vii)</b> Provide moving expense more than one time to a program participant - (ELIGIBLE ONLY FOR PH, TH, JOINT & SSO)	<b>X</b>							
<b>III.B.4.b(5)(a)(viii)</b> Provide payments for families that provide housing under host homes and kinship care - (ELIGIBLE ONLY FOR HOST HOME & KINSHIP CARE)							<b>X</b>	
<b>III.B.4.b(5)(a)(x)(i)</b> Security deposits (not to exceed 2 months of rent) - Covered under the Rental Assistance BLI if included in project, not under Supportive Services								<b>X</b>
<b>III.B.4.b(5)(a)(x)(ii)</b> Pay for damage to units (not to exceed 2 months’ rent) - Covered under the Rental Assistance BLI if	<b>X</b>							

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included in project, not under Supportive Services								
III.B.4.b(5)(a)(x)(iii) Costs to provide household cleaning supplies			X					
III.B.4.b(5)(a)(x)(iv) Housing start-up expenses (not to exceed \$300 per participant)	X							
III.B.4.b(5)(a)(x)(v) Purchase cell phone and service (cost must be reasonable and housing related)				X				
III.B.4.b(5)(a)(x)(vi) Cost of Internet (costs must be reasonable)	X							
III.B.4.b(5)(a)(x)(vii) Payment of rental arrears (up to 6 months)				X				
III.B.4.b(5)(a)(x)(viii) Payment of utility arrears (up to 6 months)		X						
III.B.4.b(5)(a)(x)(ix) Payment of utilities (p to 3 months)		X						
III.B.4.b(5)(a)(x)(x) Pay gas a mileage for participant personal vehicle for trips for eligible services					X			
III.B.4.b(5)(a)(x)(xi) Payment of Legal fees						X		
III.B.4.b(5)(a)(x)(xii) Payment of insurance, registration, and past driving fines					X			

### All Projects – Part 4: Housing and Services

**HMIS and SSO-CE.** If you are submitting one of these project types, you do not need to complete this section of the YHDP renewal project application.

#### All Projects Screen 4A. Supportive Services for Program Participants

The supportive services on this screen should match the previously approved services for this project that is under grant agreement, or grant agreement as amended.

- 1. 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,

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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:** Required. 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).

- 2. How will the project allow youth the ability to choose the providers and interventions that fit their needs?** Required. Describe how participants choose providers and interventions that fit their needs.
- 3. How will the project respond to the different needs for service type, intensity, and length of supports for youth?** Required. Describe how the project responds to the different needs for service type, intensity, and length of supports.
- 4. How will this project utilize with non-HUD funded supportive services?** Required. Responses should include information on how the project will create partnerships with other youth-serving organizations to connect youth in the project to complementary services.
- 5. 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 will not regularly be provided or cannot be provided consistently as requested.
- 5a. Transportation assistance to clients to attend Youth Action Board (YAB) meetings and other community events?** Required. Select:
  - Yes**, if the project provides regular or as needed transportation assistance to attend Youth Action Board (YAB) meetings and other community events. Transportation assistance may include bus passes, rail/subway cards, vehicle owned by the organization, etc.
  - No**, if transportation will not regularly be provided or cannot be provided consistently as requested.
- 6. Annual follow-up with program participants to ensure mainstream benefits are received and renewed?** Required. Select:

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**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.

**7. Do program participants have access to SSI/SSDI technical assistance provided by the applicant, subrecipient, or partner agency?** Required. Select:

**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.

**7a. 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.

**Note: Question #10 will only appear for SSO – Non-CE projects.**

**8. What outcomes will your project track to determine success?** Required. Checking the box next to each item listed confirms your project does track the following outcomes:

- **Positive Housing Exit Destination** - CoC APR [Q27f Exit Destination – Youth] reports the total number of youths exiting to positive housing destinations. ([“positive” documentation in Appendix A: CoC APR & ESG Specs](#))
- **Positive School Status** – A youth’s education status is reported in “Q27m: Education Status – Youth” of the Annual Performance Report (APR). You can use this question to evaluate the number of youths not currently enrolled or enrolled and not attending regularly to the count of youth enrolled and attending regularly at project exit.
- **Increased income/ employment** – The change in the number of youths with “only earned income” and “both earned and other income” at annual assessment or exit compared to project start can be measured in “Q27h: Client Cash Income Category...” of the APR.
- **Community Connections** – Data element R19 “Safe and Appropriate Exit” records whether a youth identifies if their destination is safe and if they have any positive connections with adults, peers, or the community outside of the project. If a youth indicates they have a permanent positive connection with any one of those three groups, they are reported as having a positive connection in the Supplemental Reporting Tool.
- **Improved Well-being** –There is not currently a specific indicator of an improved well-being. However, one could compare the composite score of the R7 General Health Status, R8 Dental Health Status, and R9 Mental Health Status collected at entry compared to the composite score collected at exit to see if there is improvement. Note: a lower composite score is indicative of improved well-being. Communities may wish to create custom data collection to indicate an improvement in well-being.
- **Other**

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### HMIS Screen 4A. HMIS Standards

**Only HMIS projects should complete these screens, unless otherwise notified. All other YHDP renewal project types can skip this screen and move to Screen 4B. Housing Type.**

All fields on Screen 4A are required and should be answered based on the current configuration of the dedicated HMIS project. For more information on HMIS Data Standards applicable for all HMIS projects, go to the updated [2026 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
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 2025 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 (AHAR), 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 the reports required by Federal partners.

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- 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, describe your CoC's process for updating your HMIS Governance Charters and HMIS Policies and Procedures.
- 6. Who is responsible for ensuring 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.

### All Projects Screen 4B. Housing Type and Location

The instructions for this section are divided into three categories: A, B, or C. Find the correct category applicable to your YHDP Renewal project application.

**A. Instructions for HMIS, SSO-CE, and other YHDP Renewal projects with no housing (CoC or non-CoC funded):** HMIS or other renewal YHDP Renewal projects that do not have housing as part in the project must click the add  icon and when the '4B. Housing Type and Location Detail' screen appears, select 'None' from the dropdown for question, 1. Housing Type.

#### **B. Instructions for PH-PSH, PH-RRH, TH, and SSO that is tied to housing:**

This screen will capture the number of Units, Beds, and PH-PSH Dedicated CH Beds for each housing type and location that should match the previously approved information for this project that is under grant agreement or grant agreement as amended.




**Note:** When determining the correct input for Units and Beds, please note that these reflect the full capacity of the program on a single night (not the total throughout the course of the project period). This should include capacity directly supported by CoC Program funds or eligible match funds in any way, including units supported only by CoC Program supportive services funds without CoC Program leasing,

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operating, or rental assistance funds. The reported number of units and beds should not be higher than the number of households (units), and persons (beds) entered on Screen 5A and Screen 5B.

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.
- **Total Beds**, all “**beds**” (or **spaces for participants**) in the project, regardless of unit configuration.
- **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:
  - **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**

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**correlate** to the number and characteristics of persons that the project is expected to serve as recorded on Screens 5A and 5B.

### 2c How many beds in "2b. Beds" are dedicated to persons experiencing chronic homelessness?

Required. If you selected "100% Dedicated" to question #8 on Screen 3B. Project Description, you must enter all beds as dedicated for individuals and families experiencing chronic homelessness.

If your project has dedicated CH beds to serve families experiencing chronic homelessness, you will enter all beds for the household as CH beds. See [HUD Notice CPD-16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing](#) for additional information.

If TH, SH or SSO Non-CE, this will be 0. If DedicatedPLUS or None selected, the number of dedicated beds can also be 0.

**3. If applicable, how will this project utilize non-HUD funded housing units/beds?** Responses should include information on how many beds/units will be leveraged, including the partner organizations (if applicable).

**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. If 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, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

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

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

### C. Instructions for Joint TH and PH-RRH component renewal projects must follow these instructions:

This screen captures the number of units and beds for both the TH and PH-RRH portions of this project and should match the previously approved information for this project that is under grant agreement, or grant agreement as amended.

**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. **To ensure capacity to meet this requirement, the CoC Program**

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requires that **Joint TH and PH-RRH applications propose at least twice as many PH-RRH units & beds as TH units & beds.** (For example, an application proposing 4 TH units and 8 TH beds must include at least 8 RRH units and 16 RRH beds.) 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.

**Note:** When determining the correct input for Units and Beds, please note that these reflect the full capacity of the program on a single night (not the total throughout the course of the project period). This should include capacity directly supported by CoC Program funds or eligible match funds in any way, including 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 not be higher than the number of households (units), and persons (beds) entered on Screen 5A and Screen 5B.

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’:

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

- **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 of 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.

JOINT projects must also maintain a 2:1 ratio of RRH to TH units and beds. As an example, if the project states it will contain 5 TH units and 10 TH beds, then there must be 10 RRH units and 20 RRH beds.

	TH	RRH	TOTAL
<b>TOTAL UNITS</b>	5	10	15
<b>TOTAL BEDS</b>	10	20	30

If your project is unable to commit to this ratio, please talk with your TA and DDO contact.

**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:

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**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.
  - **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.**

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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 recorded on Screens 5A and 5B.

- 5. If applicable, how will this project utilize non-HUD funded housing units/beds?** Responses should include information on how many beds/units will be leveraged, including the partner organizations (if applicable).
- 6. Address:** Required. You must enter the address of all properties for which funding is requested. For scattered-site and single-family housing, or for projects that have units at multiple locations, enter the address where most of the beds will be located. If the project uses tenant-based rental assistance, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project’s administration office
- Important Note:** Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.
- 7. 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 county **or** city. 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.

### All Projects – Part 5: Program Participants

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**Note:** While this section does not apply to Dedicated HMIS and SSO-CE projects, due to *e-snaps* functionality requirements, numbers must be entered before the form can be saved and project application can be submitted. **For HMIS and SSO-CE applications we recommend entering ‘1’ on screen 5A in any column, and then a ‘1’ in the appropriate corresponding column in screen 5B.**

### All Projects 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. The numbers entered for this table on Screen 5A. should match the previously approved information for this project that is under the grant agreement or grant agreement as

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amended. If your renewal project is being reduced, you can reduce the numbers proportionally to match the lower budget amount.

<b>Households</b>	<b>Households with at Least One Adult and One Child*</b>	<b>Adult Households without Children</b>	<b>Households with Only Children</b>	<b>Total</b>
<b>Total Number of Households</b>	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
<b>Characteristics</b>				
<b>Persons over age 24*</b>	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
<b>Persons ages 18-24*</b>	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
<b>Accompanied Children under age 18</b>	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
<b>Unaccompanied Children under age 18</b>	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
<b>Total Persons</b>	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.

### All Projects 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. The numbers entered should match the previously approved information for this project that is under the grant agreement or grant agreement as amended.

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.

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Projects that are TH and SSO Non-CE are not required to serve 100% CH. Additionally projects that select DedicatedPLUS or None are not required to serve 100% CH.

### Special Requirements:

**PH-PSH Only: 100% Dedicated**, if 100% Dedicated was selected on Screen 3B, all household numbers must be entered under the ‘**Chronically Homeless**’ (CH) column for the appropriate household and must:

- match the number of 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.

**PH-PSH Only: Disability**, all PH-PSH projects require that at least one household member has a qualifying disability (see 42 U.S.C.423(d).

**PH-PSH Only: 100% Dedicated or DedicatedPLUS**, the head of household must have a qualifying disability and meet the definition of chronic homelessness at 24 CFR 587.3 or the definition of DedicatedPLUS in the NOFO.

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, or
  - **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*** (i.e., participants may be counted under more than one of the following categories) and should reflect the estimated subpopulations program participants fall under:
  - **Substance Use Disorders,**
  - **HIV/AIDS,**
  - **Mental Illness,**
  - **Survivors:** Persons who have experienced trauma or a lack of safety due to domestic violence, dating violence, sexual assault, stalking, human trafficking or other dangerous, traumatic, or life-threatening conditions. (**Note:** this field includes all people in households eligible to be served with DV Bonus funds but may also include survivors who do not meet the narrower definition of DV Bonus eligibility. For more information on subpopulation eligible to be served in DV Bonus projects, see Section I.B.2.b.(6) of the NOFO for more information.)
  - **Physical Disability,**
  - **Developmental Disability, and**

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- **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.

<b>Persons in Households with at Least One Adult and One Child</b>										
Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	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							
<b>Total Persons</b>										
<b>Persons in Households without Children</b>										
Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
<b>Total Persons</b>										
<b>Persons in Households with Only Children</b>										
Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	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							
<b>Total Persons</b>										

### All Projects – Part 6: Budgets

This section captures the budget information for the project application. The information for your project application’s budget must match your current grant agreement or grant agreement as amended.

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. Ineligible expenditures can result in monitoring or audit findings that could result in your project repaying HUD for those ineligible costs.

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- VAWA (Section III.B.4.b.(2) of CoC NOFO)
- Administrative Costs (24 CFR 578.59).

**IMPORTANT Project Application Budget Policies.** The following renewal project application budget policies apply unless you have a fully executed grant agreement amendment for your current grant prior to this year's application deadline (September 28, 2025).

- **You can request to shift budget amounts of up to 10 percent of one BLI to another BLI.**

These types of shifts are especially important to accommodate any budget reductions if your Annual Renewal Amount (ARA) is reduced for any reason; but especially if the reduction is due to the CoC decision to reduce the project budget via the reallocation process or to accommodate shifting of funds into the CoC VAWA BLI or the CoC Rural BLI.

**Note:** If your renewal project application is submitted with a reduced ARA, either through the reallocation process or due to an error, the project's ARA is permanently reduced.

HUD requires CoC Program budget expenditures to be used for eligible costs as outlined in 24 CFR part 578. Actual expenditures will be reviewed during HUD field office monitoring or OIG audits and ineligible expenditures could result in your organization repaying HUD for any ineligible expenditures. Please remember:

- **You cannot request** an increase in a renewal project's total Annual Renewal Amount (ARA).
- **You cannot request** any shifting of funds of more than 10 percent of one BLI to another BLI, unless it is due to reallocation as noted above. If a reduction of more than 10 percent of any given BLI is identified in a project application, all amounts will be returned to those shown in eLOCCS.
- **You cannot request** a change in the configuration counts in units or bedrooms in a Rental Assistance BLI; unless it is part of an amendment or as noted above due to reallocation. To clarify, it is important to remember at this point in a renewal grant's life cycle, the unit and bedroom counts for a Rental Assistance BLI are first and foremost financial calculations, and for a variety of reasons may diverge from the units and beds counts used to track performance as listed on the *e-snaps* screen 4B table of a project application. HUD does not expect Rental Assistance BLI configurations to always remain the same as unit and bed counts used for a project's performance base counts on the screen 4B table.

### All Projects Screen 6A. Funding Request




This screen requests information if your renewal project intends to use indirect costs and the BLI(s) requesting renewal funds.

**NOTE: Your application should reflect 1-year Term and 1-year of funding.** Though the FY2025 CoC Competition NOFO covers two years (FY2025 and FY2025), the funding will be disbursed as two one-year budget periods. Your application in e-snaps must reflect only one year of funding.

1. **Renewal Grant Term:** No action required. This field populates with '1-Year' and is read-only.
2. **Select the costs for which funding is requested:** Required. Check the boxes for the Budget Line Items (BLIs) your project requests funds (see 24 CFR part 578, Subpart D, Program Components and Eligible Costs and Section 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds). Selection must match your current grant agreement, or grant agreement as amended.

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### All Projects Screen 6B. Leased Units Budget

You have access to this budget if you check ‘**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 .

**JOINT TH and PH-RRH:** Your project application can only request these costs if related to the TH portion of the project, these costs are ineligible for the PH-RRH portion.

**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 but it is important to understand that due to *e-snaps* limitations for the FY 2025 project applications, this table will show FY2025 FMR amounts.** The FMR amounts shown in the *e-snaps* application tables are accurate FY 2025 FMRs for the FMR areas you select. If your project application is selected for conditional award, updates based on the FMRs in effect as of the application submission deadline will be applied to these calculations based on your eligible BLI total. The adjusted amount will be shown in your new award total with exact amounts seen in this *e-snaps* table at post award.
- **HUD Paid Rent (Actual amount requested can be less than FMRs):** Enter the amount you are requesting for each unit and bedroom. The amount entered cannot exceed the FMR amount under ‘**FMR Area**’, which for this year are the [FY 2025 FMRs](#). For a renewal project application, unit and bedroom counts should not be changing in this Leasing BLI table. However, you can maintain or lower your financial request using full FY 2025 FMRs or using ‘Actual’ less than FMR amounts entered into the ‘HUD Paid Rent’ column. When you choose to enter amounts less than FMR, the expectation of serving the same level of service is expected even when you decrease this BLI total amount by following the “10 percent or less shift rule” to move ‘excess’ funds into other BLIs, including into the VAWA and Rural BLIs.




**Note:** For renewal project applications the *e-snaps* tables for Leasing BLI and Rental Assistance BLI become your calculated financial base and not the primary base counts of units and beds. For a renewal project application, the unit and bedroom counts in Leasing BLIs and Rental Assistance BLI should remain the same. When you choose to reduce the amount of funds in the BLI total, this is done by entering in the lower financial request as ‘**Actuals**’ less than FMR and not by adjusting units/bedrooms in this financial table. Therefore, the base for financial calculations remains the same in this table for a calculated financial BLI change and counts for a performance

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base may diverge from the unit and beds counts on *e-snaps* screen 4B and household and person counts on *e-snaps* screen 5A.

- **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 with ‘1-Year’ and is read-only.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.




### All Projects Screen 6C. Leased Structures Budget

You have access to this budget if you check ‘**Leased Structures**’ on Screen 6A. The primary screen will aggregate the total assistance of leased structures requested on ‘**Leased Structures Budget Detail**’ screen(s). To add leased structures, select add  to access a new ‘**Leased Structures Budget Detail**’ screen. 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 .

**JOINT TH and PH-RRH: Your project application can only request these costs if related to the TH portion of the project, these costs are ineligible for the PH-RRH portion.**

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**.

### All Projects Screen 6D. Rental Assistance Budget

You have access to this budget if you check ‘**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.
- 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.

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- 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.

**JOINT TH and PH-RRH: Your project application can only request these costs if related to the PH-RRH portion and the only eligible type of rental assistance is TRA.**

**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 Detail**’ budget screen for each FMR area.

**Does the project applicant request rental assistance funding for less than the areas per unit size Fair Market Rents?** Required. Renewing rental assistance projects may request rental assistance at an amount less than FMR\*. See Section V.D. of the NOFA for information regarding FMR adjustments for project applications that request FMR rental assistance versus project applications that request less than FMR. Select:

**Yes**, if you are requesting rental assistance funds less than FMR.

**No**, if you are requesting rental assistance funds at FMR.

*\*You must ensure the amount of rental assistance requested below the published FMR is sufficient to cover all rental assistance costs as HUD cannot provide funds beyond what is awarded through the CoC Program Competition. Therefore, you should only use this option if your project consistently has remaining grant funds at the end of the operating year for several years. Because tenant contributions are not always consistent, you should carefully consider requesting a lower amount based solely on assumptions made around tenant contribution.*

The **Rental Assistance Annual Budget** table accounts for the size of units, number of units being requested, FMR for each unit size, and HUD Paid Rent that is multiplied by 12 months to account for annual rent and summarized by row in the **Total Request** column. The number of units for each unit size on this table must match your current grant agreement, or grant agreement as amended. You cannot change the size and number of units through the project application (e.g., you cannot change from 3, 1-bedroom units to 2, 2-bedroom units or vice versa).

- **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. This information must match the previously approved information for this project that is under grant agreement, or grant agreement as amended.
- **FMR: No action required but it is important to understand that due to e-snaps limitations for the FY 2025 project applications, this table will show FY2025 FMR amounts.** The FMR amounts shown in the e-snaps application tables are accurate FY 2025 FMRs for the FMR areas

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you select. If your project application is selected for conditional award, updates based on the FMRs in effect as of the application submission deadline will be applied to these calculations based on your eligible BLI total. The adjusted amount will be shown in your new award total with exact amounts seen in this e-snaps table at post award.

- **HUD Paid Rent (Actual amount requested can be less than FMRs):** Enter the amount you are requesting for each unit and bedroom. The amount entered cannot exceed the FMR amount under ‘FMR Area’, which for this year are the [FY 2025 FMRs](#). For a renewal project application, unit and bedroom counts should not be changing in this Rental Assistance BLI table. However, you can maintain or lower your financial request using full FY 2025 FMRs or using ‘Actual’ less than FMR amounts entered into the ‘HUD Paid Rent’ column. When you choose to enter amounts less than FMR, the expectation of serving the same level of service is expected even when you decrease this BLI total amount by following the “10 percent or less shift rule” to move ‘excess’ funds into other BLIs, including into the VAWA and Rural BLIs.
- **Note:** For renewal project applications the *e-snaps* tables for Leasing BLI and Rental Assistance BLI become your calculated financial base and not the primary base counts of units and beds. For a renewal project application, the unit and bedroom counts in Leasing BLIs and Rental Assistance BLI should remain the same. When you choose to reduce the amount of funds in the BLI total, this is done by entering in the lower financial request as ‘Actuals’ less than FMR and not by adjusting units/bedrooms in this financial table. Therefore, the base for financial calculations remains the same in this table for a calculated financial BLI change and counts for a performance base may diverge from the unit and beds counts on *e-snaps* screen 4B and household and person counts on *e-snaps* screen 5A.
- **12 Months:** No action required. These fields populate 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 with ‘1-Year’ and is read-only.
- **Total Request for Grant Term:** No action required. The total rental assistance request is based on the information entered on this screen.

### All Projects Screen 6E. Supportive Services Budget

You have access to this budget if you check ‘Supportive Services’ on Screen 6A. The supportive services listed are based on the eligible supportive services in 24 CFR 578.53.

**Note:** The Consolidated Appropriations Act, 2025 authorizes HUD to make reasonable cost of living adjustments to renewal amounts to help afford increasing cost of operations due to inflation. Your application should reflect BLIs based on previously awarded amounts. HUD will apply this adjustment to the Supportive Services and HMIS Costs BLIs for renewal projects that are conditionally awarded.

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.

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*The Supportive Services budget this year will be split into two parts:*

**STAFF ONLY** Eligible costs – provide a quantity, description, and annual assistance requested for staff costs only.

**ACTIVITY ONLY** Eligible costs – provide a quantity, description, and annual assistance requested for activity costs only.

Both budget fields will contain the same list of eligible costs as is listed below.

The itemized budget screen includes 17 eligible Supportive Services costs:

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

\*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 activities.
- **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 with ‘1-year’ and is read-only.
- **Total Request for Grant Term:** No action required. This field calculates the total based on the sum for each eligible cost where you entered information.

### All Projects Screen 6F. Operating Budget

You have access to this budget if you selected ‘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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**JOINT TH and PH-RRH ONLY:** Your project application can only request these costs if related to the TH portion of the project, these costs are ineligible for the PH-RRH portion.

**Note:** If this screen includes ‘Replacement Reserve’ as an expected operating cost, an additional question will populate on Screen 3A (#9) that be answered prior to submission. For further details, refer to instructions for Screen 3A (#9) 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., for staffing: position title–1 FTE @ \$X including fringe benefits @ \$X or 50 hours @ \$X per hour including fringe benefits @ \$X, benefits, \$20 per month for ‘X’ maintenance).
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program operating 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 with ‘1 Year’ and is read-only.
- **Total Request for Grant Term:** No action required. This field calculates based on the total amount of funds you are requesting for 1 year.

### All Projects Screen 6G. HMIS Budget

You have access to this budget if you check ‘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).

**Note:** The Consolidated Appropriations Act, 2025 authorizes HUD to make reasonable cost of living adjustments to renewal amounts to help afford increasing cost of operations due to inflation. Your application should reflect BLIs based on previously awarded amounts. HUD will apply this adjustment to the Supportive Services and HMIS Costs BLIs for renewal projects that are conditionally awarded.

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 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 to contribute data to your CoC's HMIS. Enter the quantity (i.e., numbers) and descriptive details for each activity for which you are requesting funds:
  - Dedicated HMIS (e.g., 1 FTE @ \$X including fringe benefits @ \$X or 50 hours @ \$X per hour including fringe benefits @ \$X, benefit to analyze data in HMIS, \$X for bi-weekly HMIS trainings of X number of participants including), or
  - Other project type requesting costs to contribute to your HMIS (e.g., 1 FTE @ \$X including fringe benefits @ \$X or 50 hours @ \$X per hour including fringe benefits @ \$X, benefit to enter data into HMIS).
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible HMIS activities.
- **Total Annual Assistance Requested:** No action required. This field calculates based on the sum for each eligible cost where you entered information.
- **Grant Term:** No action required. This field populates with '1 Year' and is read-only.
- **Total Request for Grant Term:** No action required. This field calculates based on the total amount of funds you are requesting for 1 year.

### All Projects VAWA Cost Budget

The **Violence Against Women Act (VAWA) Reauthorization Act of 2022** clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in *e-snaps* and eLOCCS. The new BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in *e-snaps* and eLOCCS.

**Note:** the VAWA BLI is **not** limited to DV Bonus projects or other projects focused on survivors. It can be requested by any project regardless of population served in order to meet the emergency transfer and confidentiality requirements of VAWA for covered housing providers.

Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

- A. **VAWA Emergency Transfer Facilitation**. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:
- **Moving Costs**. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
  - **Travel Costs**. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
  - **Security Deposits**. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).

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- **Utilities**. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- **Housing Fees**. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- **Case Management**. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- **Housing Navigation**. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- **Technology to make an available unit safe**. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

**B. VAWA Confidentiality Requirements**. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.

**The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.**

Enter the combined estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above. The total amount calculates when you select 'Save'.

- **Eligible Costs**: No action required. The categories listed are eligible VAWA costs for which funds can be requested under 24 CFR 578.57.
- **Annual Assistance Requested**: Required. Enter the annual amount requested for eligible VAWA activities.
- **Total Annual Assistance Requested**: No action required. This field calculates based on the sum for each eligible cost where you entered information.
- **Grant Term**: No action required. This field populates with '1 Year' and is read-only.

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- **Total Request for Grant Term:** No action required. This field calculates based on the total amount of funds you are requesting for 1 year.

### All Projects Rural Cost Budget

The CoC Program has added eligible rural cost budget categories to be added in a YHDP Replacement or YHDP Reallocation Rural Cost Budget Line Item (BLI). The new BLI will be added to grant agreements and utilized the same as other YHDP Program BLIs in *e-snaps* and eLOCCS. There are three YHDP Program rural cost categories that can be requested for your new YHDP Rural Cost BLI (for activities in eligible rural or tribal geocodes only).

- **Short-term emergency lodging** to include housing in motels or shelters, either by providing direct funding or through vouchers.
- **Repairs to housing units** in where individuals and families experiencing homelessness will be housed, including housing units currently not fit for human habitation.
- **Staff Training** to include professional development, skill development, and staff retention activities.

Enter the amount(s) you are requesting for this project's Short-term emergency lodging, Repairs to housing units, and Staff Training CoC Rural cost categories. The total amount calculates when you select 'Save'.

- **YHDP Rural BLI Total:** No action required. This field calculates based on the sum for each eligible cost where you entered information above.
- **Grant Term:** No action required. This field populates based on the grant term selected 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 selected.

### All Projects Screen 6H. 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 a 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 as described in 24 CFR 578.97 that will be used as Match for this grant?** 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

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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 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 .

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.

**Note: If the 25% match exemption has been selected on the Special Activities screen, you are not required to upload match documentation. IF the match exemption is NOT approved during the project review, you must supply match documentation prior to Grant Agreement.**

### All Projects Screen 6I. 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**’.

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- **#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.

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.

**New for this year, we have added a breakout of BLI costs by percentage of the total budget, not included match. This will help you determine how much of a percentage that certain BLIs are taking up of the total budget.**

### Indirect Cost Information for Award Applicant/Recipient.

1. **Federal Program/Assistance Listing Program Title.** No action required. This field populates with “**Continuum of Care Program**”.
2. **Applicant/Recipient Name.** No action required. This information populates from the “**Authorized Representative**” screen of the **Project Applicant Profile**.
3. **Indirect Cost Rate Information for the Applicant/Recipient.** No action required. This field pulls the checkbox that was selected on the Project Profile. If Checkbox #3 was selected, the indirect cost table also gets pulled
4. **Submission Type.** No action required. Defaults to Initial Submission
5. **Effective date(s).** No Action required
6. **Certification:** The “**I agree**” certification will appear at the bottom of the screen in the **Project Applicant Profile** and at the bottom of the copies of this form in all project applications your organization submits in a CoC Program Competition. You must certify in both the Project Applicant Profile and the project application that the information provided is accurate and complete.

## All Projects – Part 7: Attachments and Certification

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Part 7 is available in all project applications to upload attachments and complete the certification.

### 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 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

## FY 2024/2025 CoC Program Renewal YHDP Project Detailed Instructions

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-Part In-Kind Match.** If your project application includes a 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.
- **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 must 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.

### Screen 7B. Certification

Screen 7B populates with the name and information of the project applicant’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 the **Basic Instructions to Access a Project Applicant Profile** above.

## All Projects – Part 8: Submission Summary

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Part 8 includes Screen ‘**8B Submission Summary**’, which is available for all project applications.

### 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.

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

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

**For more information concerning the FY 2025 CoC Program Competition, visit [HUD’s website](#).**