

FY 2019 New Project Application

e-snaps Navigational Guide Version 1

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Introduction

Welcome to the New Project Application Navigational Guide. This navigational guide covers important information about accessing and completing the Project Application for new projects.

The organization submitting the Project Application for funding is the Project Applicant. Project Applications are submitted to the Continuum of Care (CoC) Collaborative Applicant, which submits the entire funding application to HUD on or before the CoC Program Competition deadline.

Prior to using this navigational guide, Project Applicants **must** have completed the Project Applicant Profile. In order to meet that requirement, the Project Applicant Profile's "Complete" button must be selected during the competition period. A separate Project Applicant Profile Navigational Guide is available on the HUD Exchange *e-snaps* webpage at <u>https://www.hudexchange.info/programs/e-snaps/</u>.

All Project Applicants are strongly encouraged to read the FY 2019 CoC Program Competition NOFA at: <u>https://www.hudexchange.info/resource/5817/fy-2019-coc-program-nofa</u>.

This navigational guide supplements the New Project Application Detailed Instructions provided on the *e-snaps* page at: <u>https://www.hudexchange.info/resource/2909/coc-</u> project-application-instructions-for-new-projects/

Ask A Question

Submit questions to the AAQ at: https://www.hudexchange.info/programsupport/my-question/. On Step 2 of the AAQ form:

* Select system: "*e-snaps*" for questions about the Notices and NOFAs; Project Applications; CoC Application and CoC Priority Listing; Grant awards, agreements, or amendments; and *esnaps* technical issues.

* Select "**CoC Program**" for policy and regulatory questions.

Objectives

By the end of this module, you will be able to do the following:

- Access e-snaps
- Register for the FY 2019 New Project Application funding opportunity
- Create a New Project Application under the funding opportunity
- Enter a New Project Application from the "Submissions" screen
- Complete and submit a New Project Application to the Collaborative Applicant
- Only if needed, coordinate with the Collaborative Applicant prior to the submission deadline to make changes to a Project Application in *e-snaps*

Overview of the Project Application Process

FY 2019 Project Applicants must complete a Project Applicant Profile and Project Application using *esnaps*, a web-based portal accessible at <u>www.hud.gov/esnaps</u>.

Each Project Applicant must complete a Project Applicant Profile and submit its Project Application(s) to the applicable CoC in *e-snaps* by the local submission deadline established by the CoC.

The CoCs will do the following:

(1) Review and either rank or reject properly submitted Project Applications received, and

(2) Submit the Priority Listing with all approved and ranked or rejected Project Applications as part of the CoC Consolidated Application to HUD

Overview of this Navigational Guide

The organization of material in this navigational guide corresponds with the different parts of the Project Application process, and the navigational steps follow the progression of screens in *e-snaps*.

- Accessing e-snaps. All e-snaps users need usernames and passwords to log in to e-snaps. In order to see an organization's Project Applicant Profile and Project Applications, the e-snaps user needs to be associated as a "registrant" with the organization's e-snaps account. This section identifies the steps required to create user profiles and add/delete registrants.
- **Project Applicant Profile.** Project Applicants must review the Project Applicant Profile, update the information as needed, and select the "Complete" button in order to proceed with the Project Application process.
 - The Project Applicant Profile section of this navigational guide briefly highlights key information for Project Applicants that are getting ready to complete their Project Applications.
 - For instructions on completing the Project Applicant Profile, go to the Project Applicant Profile navigational guide on the CoC Program Competition Resources webpage on the HUD Exchange at: <u>https://www.hudexchange.info/e-snaps/guides/coc-program-competitionresources</u>.
- Establishing and accessing the Project Application. After the Project Applicant Profile is complete, Project Applicants need to follow a series of steps in order to access the Project Application screens. The steps discussed in this section include registering the Project Applicant for the FY 2019 New Project Application funding opportunity, creating an FY 2019 project, and accessing the Project Application screens.
- **Project Application.** After accessing the FY 2019 New Project Application, Project Applicants will complete a series of screens asking for information about the project for which they are applying for funding. This section provides instructions on how to complete each screen. After providing all of the required information, the Project Applicant will submit the Project Application to the Collaborative Applicant via *e-snaps*.
- **Submitting the Project Application.** This section discusses what occurs after the Project Applicant submits the New Project Application in *e-snaps* to the Collaborative Applicant. The Collaborative Applicant will review and either approve and rank or reject the Project Application.
- Amending the Project Application. If changes need to be made to the Project Application, the Collaborative Applicant will amend the project back to the Project Applicant. Notification for amending a project back to the applicant occurs outside of *e-snaps*. Once the Collaborative Applicant has finalized the CoC Project Priority Listing, it will submit to the CoC Consolidated Application to HUD.

Amending an Application

If the CoC amends the project application back to the Project Applicant for revision or correction, it is the Project Applicant's and Collaborative Applicant's responsibility to ensure the Project Application is resubmitted in e-snaps to the CoC and either approved and ranked (or re-ranked) or rejected before the CoC Priority Listing is submitted to HUD. If a Project Application does not appear on the CoC Priority Listing, it will not be reviewed or considered for conditional award.

Highlights in e-snaps for the FY 2019 CoC Program Competition

This section highlights several items in *e-snaps* this year.

• Expansion Project Screen.

Prior to FY 2019, Project Applicants who wanted to request funding for expansion funds were required to submit one renewal project application for the original project and one new project application for the expansion portion of the project. If both projects met eligibility requirements and were awarded, then during the post-award process, the Field Office combined the funding in one grant agreement.

For the FY 2019 CoC Program Competition, Project Applicants need to submit one renewal project application (same as before), up to two new project application (slight variation as before), and one additional renewal project application that combines the original project information and the new expansion information (completely new).

Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2020, as confirmed on the FY 2019 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

The CoC will NOT rank this project in the priority project listing.

- Funding Sources and Limitations. For FY 2019, new projects are eligible through "Reallocation" funds, "Bonus" funds, a combination of "Reallocation + Bonus" funds, or "DV Bonus" funds. Review the NOFA for more information: <u>https://www.hudexchange.info/programs/e-snaps/fy-2018-coc-program-nofa-coc-programcompetition/#nofa-and-notices</u>
- Transition Grant. The FY 2019 Appropriations Act permits CoCs to use reallocation to transition eligible renewal project(s) from their original component(s) to another eligible component for new project applications in the FY 2018 CoC Program Competition. The CoC must fully reallocate the renewal project's funds, and then the same project applicant must submit a new project application in *e-snaps*. Eligible components for new projects in the transition process are: PH-PSH, PH-RRH, Joint TH and PH-RRH, SSO-CE, and HMIS. Refer to Section II.B.2. of the FY 2019 CoC Program Competition NOFA for the criteria that applicants must follow for transition grants.

Helpful Reminders from Last Year

This section highlights several items that are not new but are included as useful reminders.

- Importing Data Not an Option for First-Time Renewals. The importing of data from the previous year's Project Application only applies to returning renewal projects.
 - If a project is coming in for renewal for the first-time (e.g., it was awarded as a new project in the FY 2018 CoC Program Competition), Project Applicants are unable to import. In other words, they are unable to import from a FY 2018 New Project Application; they can import only from a FY 2018 Renewal Project Application.
 - If you import data, you must carefully review the imported information to ensure it is accurate.
 If the FY 2018 Project Application was tagged with an issue or condition by HUD that you had to resolve before issuance of the grant agreement, you should ensure the FY 2019 Project Application is corrected accordingly.
 - Similarly, you should also ensure that all responses are compliant with the FY 2019 CoC Program Competition NOFA.
- HUD 2880 (Applicant/Recipient Disclosure/Initial Report). As with last year, the HUD Form
 2880 is no longer uploaded as an attachment. This form is related to the Project Applicant Profile
 and the fields are not editable in the forms in the Project Applications. For instructions on
 completing the HUD Form 2880 in both the Project Applicant Profile and the Project Applications
 (new, renewal, YHPD, CoC planning, and UFA costs), refer to the following resource:
 https://www.hudexchange.info/resource/5595/how-to-complete-the-hud-form-2880-in-e-snaps/.
- **Prepopulating of Data from the Project Applicant Profile.** Some data will automatically populate fields on several screens from the information entered into your Project Applicant Profile. If this information is incorrect, changes can be made by exiting the application and returning to the Project Applicant Profile.
- The "Project Application" and "CoC Priority Listing."
 - The Project Application includes the information submitted by renewal and new Project Applicants for funding consideration.
 - The CoC Priority Listing includes the New Project Listing, Renewal Project Listing, CoC Planning Project Listing, and, if designated by HUD as a Unified Funding Agency (UFA), a UFA Project Listing.
- Applicant Field and Dropdown Menu. When *e-snaps* users log in to the system, they will see an "Applicant" field at the top of the screen. This field identifies the organization's account in which the user is working.

Users with *e-snaps* access to more than one organization's account will see a dropdown menu listing two or more organizations. This group of *e-snaps* users includes staff persons who work on multiple applications (e.g., a staff person at an agency that serves as the Collaborative Applicant as well as a Project Applicant submitting one or more Project Applications).

This feature appears when working on the Applicants, Funding Opportunity, Projects, and Submissions screens. Only the items (e.g., Projects) pertaining to the Applicant listed in the field appear on the screen. Users must ensure they are working in the correct Applicant account.

• **Collaborative Applicant.** During the CoC Program Competition, Project Applicants will see references to the "Collaborative Applicant." The Collaborative Applicant is the entity designated by the CoC to submit the CoC Program Registration and CoC Consolidated Application in the CoC Program Competition on behalf of the CoC.

Accessing e-snaps

The Project Application is submitted electronically in *e-snaps* during the annual competition under the FY 2019 CoC Program Competition NOFA.

P Front O	ffice
Front Office Porta	Welcome to e-snaps
Username:	Welcome to e-snaps! E-snaps is the application and grants management system for the HUD Continuum of Care (CoC) Program. It supports the collaborative application process known as the CoC Program Competition.
TestUser2 × Password:	The LOg in here here navious, where the system, and access application forms and other related links. If you need assistance in please access the Help instructions in each section.
Login	If you are not yet an authorized user, and need access to this system on behalf of your Continuum of Care or as a project applicant, you may request a user name through the Registration process.
Forgot your password	The information collection requirements contained in this application have been submitted to the Office of Management and Budget (OMB) for review under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.
😂 Contact Us	Information is submitted in accordance with the regulatory authority contained in each program rule. The information will be used to rate applications, determine eligibility, and establish grant amounts.
	If new to <i>e-snaps</i> , create a user
	profile here OMB Approval No. 2506-0182 (exp. 01/31/2018)
	Public reporting burden for this collection is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information
	CoC Program Application: OMB Approval No. 2506-0112 (exp. 11/30/2018)
	Public reporting burden for this collection of information is estimated to average 190 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection c information. The reporting burden for Continuums of Care is estimated to average 204 hours and the reporting burden for applicants is expected to average 30 hours.
	Technical Submission: OMB Approval No. 2506-0183 (11/30/2018)
NOTE:	Each e-snaps user must have his or her unique log-in credentials. Preferably, each
	organization will have at least two people with access to e-snaps—the Authorized Representative and one or more additional staff.
	Representative and one of more additional stan.

Existing Users

iption
your Internet browser to www.hud.gov/esnaps.
e left menu bar, enter your username and password. You will then enter <i>e-snaps</i> rrive at the "Welcome" screen.
forgot your password, select "Forgot your password?" under the "Login" button.
r

New e-snaps Users

Step Description

- 1. Create an *e-snaps* username and password by selecting the "Create Profile" link.
- 2. Log in as instructed under Existing Users above.



For a refresher on how to navigate through the e-snaps system, the "Introduction to esnaps Features and Functions" navigational guide is available on the CoC Program Competition Resources webpage on the HUD Exchange at: <u>https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/</u>.

Adding and Deleting Registrants

Having a user profile enables a person to access *e-snaps*. However, only individuals who have been associated with the organization as a registrant (also referred to as registered users) have the ability to enter information in the Project Applicant Profile and Project Applications associated with the organization.



For information on how to add and delete users, refer to the "Adding and Deleting Registrants in e-snaps" resource on the CoC Program Competition Resources webpage on the HUD Exchange at: <u>https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/</u>.

Project Applicant Profile

Project Applicants must complete the Project Applicant Profile before moving forward in the Project Application process. To complete the Project Applicant Profile, the Project Applicant needs to ensure the data entered in the profile screens is accurate and must select the "Complete" button on the "Submission Summary" screen.

This section in the New Project Application Navigational Guide highlights key information needed to successfully complete this step. It does NOT provide detailed instructions.



For detailed instructions, see the Project Applicant Profile navigational guide on the CoC Program Competition Resources webpage on the HUD Exchange at:

https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/.

- Access the Project Applicant Profile. To access the Project Applicant Profile, log in to *e-snaps*, select "Applicants" on the left menu bar, ensure that the correct Project Applicant name in the "Applicants" field at the top left side of the screen is selected, and select the orange folder to the left of the Project Applicant name on the screen.
- Organizations that are Collaborative Applicants and Project Applicants. If the organization applying for funding as a Project Applicant is also serving as the Collaborative Applicant, the organization will have two Applicant Profiles—one for the Project Applicant and one for the Collaborative Applicant.

The "Applicant" field dropdown menu at the top left side of the screen contains the list of Applicants that a user can access. If you have issues with finding the correct Project Applicant, submit a ticket to HUD Exchange Ask A Question, at: <u>https://www.hudexchange.info/get-assistance/my-question/</u>, under the *e-snaps* Reporting System (the header for which is featured on Step 2 of the AAQ page).

 First-time Applicant. If an organization is new to *e-snaps* (i.e., submitting a Project Application for the first time), the organization must establish itself as a Project Applicant in *e-snaps*. Review the Project Applicant Profile on the CoC Program Competition: *e-snaps* Resources webpage on the HUD Exchange at <u>https://www.hudexchange.info/e-snaps/guides/coc-program-competitionresources/</u>. An organization will establish itself as a Project Applicant in *e-snaps* one time only.



If you are a Collaborative Applicant and a Project Applicant applying for renewal, new, CoC planning, or UFA costs project funds, you must have **two separate Applicant Profiles**—a Collaborative Applicant Profile and a Project Applicant Profile. Contact the HUD Exchange Ask-A-Question if you need assistance: <u>https://www.hudexchange.info/get-assistance/my-question/</u>.

Establish the Project Application

After the Project Applicant Profile is completed, Project Applicants can move to the next steps required to establish and access the Project Application screens. This section covers the following:

- Funding Opportunity Registration
- Creating projects
- Accessing Project Applications from the Submissions screen

Funding Opportunity Registration

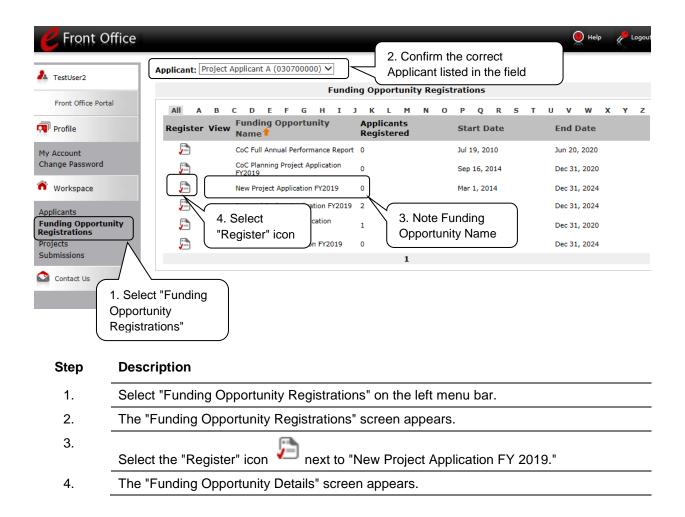
All Project Applicants must register the organization for the FY 2019 New Project Application funding opportunity. Registering for the funding opportunity enables Project Applicants to apply for funds during the FY 2019 CoC Program Competition.

Terminology

gy "Registering" in this context means "indicating your intent to apply."

"Funding Opportunity" refers to "the type of grant." There are options when you select this screen. They include CoC Planning, New, Renewal, and UFA Costs.

So, on this screen, you are indicating your intent to apply for a specify type of grant.



E Front Office		🖲 Help	Logout
TestUser2	Applicant: Project Applicant A (030700000) V Funding Opportunity Details		
Profile	Funding Opportunity Name: New Project Application FY2019 Start Date: Mar 1, 2014 End Date: Jan 1, 2025		
My Account Change Password Workspace	Funding Opportunity Registration		
Applicants Funding Opportunity Registrations Projects Submissions	Are you sure you wish to register Project Applicant A (030700000)?		
Contact Us			

Step Description

1.	When the question appears asking if you want to register the Project Applicant for the
	funding opportunity, select "Yes" to confirm that you want to register your organization.

- 2. The screen will then indicate that the Project Applicant has been registered.
- 3. Select the "Back" button to return to the "Funding Opportunity Registrations" screen.

Remember, the "Applicant" field with the dropdown menu located at the top left side of the screen identifies the Applicant Profile under which you are working.

Please ensure you are working under the correct one.

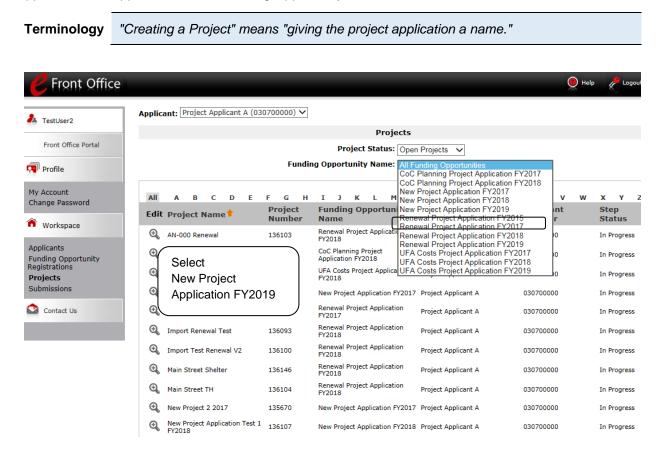
The following image shows the screen that appears when the organization has successfully registered for the New Project Application funding opportunity.

C Front Office		🕘 Help	Logou
LestUser2	Applicant: Project Applicant A (030700000) V		
	Funding Opportunity Details		
Front Office Portal	Funding Opportunity Name: New Project Application FY2019 Start Date: Mar 1, 2014		
My Account Change Password	End Date: Jan 1, 2025		
ô Workspace	Funding Opportunity Registration		
Applicants Funding Opportunity Registrations Projects Submissions	Project Applicant A (030700000) has been registered.		
😂 Contact Us			

Creating the Project Application Project

Project Applicants must create a project for the New Project Application in *e-snaps* on the "Projects" screen. Creating a project is an intermediate step. Organizations do NOT enter the Application from the "Projects" screen to complete the Application screens; instead, they access the application from the "Submissions" screen.

Once the Project Applicant "creates" the project, it will appear on this screen and the term "New Project Application" will appear under the "Funding Opportunity Name" column.



Pront Office	ce	Help	Cogos
La TestUser2	Applicant: Decise Applicant & (020700000) "Add" icon appears Projects		
Front Office Portal	after selection in dropdown menu Project Status: Open Projects v unding Opportunity Name: New Project Application FY2019		
My Account Change Password	All A B C D E F G H I J K L M N O P Q R S T U V Edit Project Name † Project Number Funding Opportunity Name Applicant Name Applicant Name	w x ber Ste	Y P Statu
Workspace	This list contains no items		
Applicants Funding Opportunity Registrations Projects Submissions			
Contact Us			
Step	Description		

1.	Select "Projects" on the left menu bar.
2.	The "Projects" screen appears.
3.	Select "New Project Application FY 2019" from the "Funding Opportunity Name" dropdown.
4.	The screen refreshes and an "Add" icon Papears on the left side of the screen above the column headings.
5.	Select the "Add" icon. 🔁
6.	The "Create a Project" screen appears.
	Remember, the "Applicant" field with the dropdown menu located at the top of the screen identifies the Applicant Profile under which you are working.

Please ensure you are working under the correct Project Applicant.

C Front Office				Help 🥠 Logou
A TestUser2	Applicant: Project Applicant A (030	700000) 🗸		
		Create a Project		
Front Office Portal	Enter the	Funding Opportunity Name: New Project Application FY2019 * Applicant: Project Applicant A (030700000)		
Profile	Project Name.	* Applicant Project Name:		
My Account Change Password	e-snaps	Save Save & Add Another		
Workspace	will assign	Save & Back Cancel		
Applicants Funding Opportunity Registrations Projects Submissions	a Project Number.			
Contact Us				
C Front Office				Help 🥕 Logou
🛦 TestUser2	Applicant: Project Applicant A (030	700000) 🗸		
		Projects		
Front Office Portal		Project Status: Open Projects V		
🗖 Profile		Funding Opportunity Name: New Project Application FY2019	\sim	
My Account	All A B C D E	FGHIJKLMNOPQRS	τυν	wxy
Change Password	Edit Project Name	Project Funding Opportunity Applicant Name Number Name	Applicant Number	Step Status
Workspace	New Project Application Test 1 FY2019	136481 New Project Application FY2019 Project Applicant A	030700000	In Progress
Applicants Funding Opportunity Registrations Projects Submissions		1		
Contact Us				

Step	Description				
1.	On the "Create a Project" screen, the Project Applicant Name will be pre-populated.				
2.	In the "Applicant Project Name" field, enter the name of the project.You should enter the name that you want to appear in the grant award letter.				
3.	Select "Save & Back" to return to the "Projects" screen.				
4.	 The project name is listed in the menu. Select the "View" icon to view project details; however, it is not necessary to enter any notes on that page. 				

Submissions

After completing the Project Applicant Profile, registering for the Funding Opportunity, and creating the New Project Application project, Project Applicants may now enter the Project Application and complete the screens. You must access the New Project Application from the "Submissions" screen.

Terminology

"Submissions" refers to both submitted project applications and project applications that are in progress to be submitted.

This screen also includes applications that are created by mistake and are not intended to be submitted. Once you have created a project on the Projects screen and it appears here, you cannot delete it. You can only rename it.

C Front Office				e Help	Cogout
TestUser2 Front Office Portal	Project Applicant A (03070000	00) ✔ Submi	ssions		
Image: Profile [Hide Filter My Account My Account Change Password Image: Profile Password Image: Profile Password Image: Password Image: Password Imag	S Project Name Step N	Project Status: Submission Version: Associate Type: Fill ng Opportunity Name Name Start	All Projects AN-000 Renewal AN-500 Coc Planning Application FY2018 AN-500 UFA Costs Project Application FY2018 Do not use FY2017 HMIS Test Import Renewal Test Import Renewal V2 Main Street Shelter Main Street Application Test 1 FY2018 New Project 2 2017 New Project Application Test 1 FY2019 New Project Application Test 1 FY2018 New project Application Test 2 FY2018 New project Application Test 2 FY2018 New project FY 2017 New Project Test 2017 PSH 1 PSH 1 PSH Test Renewal 2017-PH Renewal Application Test FY2017 Renewal Application Test FY2017 Renewal Application Test FY2017 Renewal Project Application Fest FY2017 Renewal Project Application Fest FY2019	Date Sul	bmitted

Step Description

- 1. Select "Submissions" on the left menu bar.
- 2. The "Submissions" screen appears.
- 3. Locate the Project Application project you established.
 - Option: Use the "Submissions Filters." Select the project name in the "Project Name" field. Then select the "Filter" button to single out your project(s).
 - Option: Select "Clear Filters" on the top left of the "Submissions Filters" box. Then, review the "Funding Opportunity Name / Step Name" column for "New Project Application."
- 4. Continue with the instructions in the next section for the completing the New Project Application.

FY 2019 Project Application

This section identifies the steps for completing the New Project Application screens in *e-snaps*.

NOTE:	• Some data may pre-populate from the Project Applicant Profile (i.e., e-snaps will bring it forward). Review the pre-populated data. If any information is incorrect, you must go back and correct it in the Project Applicant Profile.
	 If you are in the Project Application and you need to update the Project Applicant Profile do not use the "View Applicant Profile" link on the left menu bar. Instead:
	 Select "Back to Submissions List."
	 Select "Applicants" on the left menu bar, and select the orange folder next to the Applicant name.
	• Ensure that the Applicant Profile is in "edit" mode.
	 Make the appropriate corrections as needed, and select "Save" at the bottom of the screen after you make each revision.
	 Once you have made all of the necessary corrections to your Project Applicant Profile, continue to the "Submission Summary" screen and select "Complete."
	 When you return to the Project Application, the screen will show the corrected information.
	 If the corrected information does not populate the Project Application, do the following:
	 Log out of e-snaps.
	 Log back in and navigate to the screen in the Applicant Profile where information needs to be corrected. If the information is incorrect, correct it and Save. If the information is correct, then edit it to something that is incorrect, save it, then change it back, and save it.
	 Navigate to the "Submission Summary" and select "Complete.
	 Log out of e-snaps.
	 Log in again. Navigate to your Project Application. The information should be updated.
	• Select "Save" at the bottom of the screen after you make each revision. Once you have made all of the necessary corrections to your Project Applicant Profile, proceed to the "Submission Summary" screen and select "Complete." When you return to the Project Application, the screen will show the corrected information.
	 Review the instructions in the <u>Submitting the Project Application</u> section in this guide.

Accessing the New Project Application

Access the New Project Application through the "Submissions" screen.

Front O		Applicant: F	roject Applicant A (030700000)	2. Confirm Project Ap	plicant	rrect		👰 Help 🧳 Logou
Front Office Porta		Hide Filters] [Clear Filters]					
🗖 Profile				Applicant Project Name:	New Projec	t Application	Test 1 FY2019	~
My Accound 1	Soloct			Date Submitted:		~	23	
Change Pa Works				Project Status: [Submission Version:] Associate Type: [Latest Vers			e the Filters to find priect project.
Applicants Funding Opp Registration Projects Submissions	y		4. Access the Project Application	Filt	er			
Contact Us		Actions	Ject Name 🕈 Project Number	Funding Opportunity Name Step Name	Start Date	End Date	Associate Type	Version Date Submitted
			New Project Application Test 1 F Y2019 136481	New Project Application FY2019 New Project Application FY2019	Sep 16, 2014	Sep 1, 2019	Primary Applicant	1
				1				
Step	Desc	criptior	1					
1.	Sele	ct "Sub	missions" on the le	ft menu bar.				
2.	The	"Submi	ssions" screen app	ears.				
3.	Sele	ct the "I	Folder" icon 👛 to	the left of the Pro	iect Ar	onlicatio	n Name vo	u established

Select the "Folder" icon established with the Funding Opportunity Name "New Project Application FY 2019."

4. The "Before Starting" screen appears.

Before Starting the New Project Application

Before you begin the FY 2019 New Project Application, review the following information on the "Before Starting the Project Application" screen.

TestUser2	Before Starting the Project Application
New Project Application FY2019	To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.
Applicant Name: Project Applicant A Applicant Number: 030700000 Project Name: New Project Application Test 1 FY2019 Project Number: 136481 New Project Application FY2019 FY2018 New Project Application Instructions Before Starting Part 1 - Forms 1A. SF-424 Application Type 1B. SF-424 Application Details 1D. SF-424 Application Details 1D. SF-424 Declaration 1G. FHD 2880 1H. HUD 2800 1H. HUD 2800 1I. Cert. Lobbying 1J. SF-LLL 8B. Summary View Applicant Profile	This is the service of the servic
View Applicant Profile Export to PDF Get PDF Viewer Back to Submissions List	Back to Submissions List
Step	Description
1.	Select "Next."
NOTE:	When working in the Project Application, e-snaps users may return to the main screen by selecting "Back to Submissions List" at the bottom of the left menu bar. From this screen, users may access Applicant, Funding Opportunity Registration, Projects, and Submissions on the left menu bar.

1A. Application Type

Applicants must complete Part 1: SF-424 in its entirety before the rest of the application screens appear on the left menu bar.

The following steps provide instruction on reviewing the fields on the "Application Type" screen for **Part 1: SF-424** of the FY 2019 Project Application.

e.Forms				e Logout
New Project Application	Verify the data in fields 1, 2 and 3	1. Type of Submission:	1.1	-
Applicant Name: Project Applicant A Applicant Number: 030700000 Project Name: New Project Application Test 1 FY2019 Project Number: 136481	If Revi	2. Type of Application: sion, select appropriate letter(s): If "Other", specify: 3. Date Received: 4. Applicant Identifier: 5a. Federal Entity Identifier: 6. Date Received by State: 7. State Application Identifier:	select 04/29/2019	~
New Project Application FY2019 FY2018 New Project Application Instructions		Back	Next	

Verify	the information in field 2, "Type of Application,"
•	Confirm that you have registered for the correct funding opportunity, "New Project Application."
Leave	fields 4 through 7 blank.
Select	t "Next" to continue to next screen.

1B. Legal Applicant

The following steps provide instruction on reviewing the fields on the "Legal Applicant" screen for **Part 1: SF-424** of the FY 2019 Project Application.

e.Forms	5	K Logou
L TestUser2	1B. SF-424 Legal Applicant	
New Project Applicatio FY2019	a. Legal Name: Test Organization 2	
Applicant Name: Project Applicant A Applicant Number: 030700000	b. Employer/Taxpayer Identification Number (EIN/,. 12-1234567	
Project Name: New Project Applicat Test 1 FY2019	c. Organizational DUNS: 111111111 PLUS 4:	
Project Number: 136481 New Project Applical	Verify the data is Street 1: 125 Test Street accurate Street 2:	
FY2019 FY2018 New Project	City: Washington County:	
Application Instruction Before Starting Part 1 - Forms	State: District of Columbia Country: United States Zip / Postal Code: 20410	
1A. SF-424 Applic Type 1B. SF-424 Lega	e. Organizational Unit (optional)	
Applicant 1C. SF-424 Applic Details 1D. SF-424	f. Name and contact information of person to be	
Congressional Distric 1E. SF-424 Compliance 1F. SF-424 Declar	ct(s) contacted on matters involving this application Prefix: Ms.	
1G. HUD 2880 1H. HUD 50070 1I. Cert. Lobbying	NOTE: This Middle Name:	
1J. SF-LLL 8B. Summary	the Alternate Contact from the	
View Applicant Profile	Applicant Profile. Organizational Affiliation: Test Organization 2 Telephone Number: (1/23) 456-7890 Extension:	
Get PDF Viewer Back to Submissions	s List Email: Last@organization.com	
	Back Next	
Step	Description	
1.	Verify that all of the information on this screen is complete and accurate.	
2.	Select "Next" at the bottom of the screen to move to the next screen.	
-		

NOTE: If any pre-populated information is incorrect, you must correct it in the Project Applicant Profile. Review the instructions in the Submitting the Project Application section in this guide. Do not use the "View Applicant Profile" link on the left menu bar.

1C. Application Details

The following steps provide instruction on completing all mandatory fields marked with an asterisk (*) on the "Application Details" screen for **Part 1: SF-424** of the FY 2019 Project Application.

e.Forms				Cogout
LestUser2	Verify the data in	1C. SF-424 App	lication Details	
New Project Application FY2019	fields 9, 10, 11, and	9. Type of Applicant:	M. Nonprofit with 501C3 IRS Status	
Applicant Name:	12	10. Name of Federal Agency:	Department of Housing and Urban Developm	
Project Applicant A Applicant Number: 030700000	11. Catalog of Fee	deral Domestic Assistance Title: CFDA Number:		
Project Name: New Project Application Test 1 FY2019	12	. Funding Opportunity Number:	FR-6300-N-18B	
Project Number: 136481		Title:	Continuum of Care Homeless Assistance Col	
New Project Application FY2019	13. Com	petition Identification Number: Title:		
FY2018 New Project Application Instructions		Back	Next	

Step Description

1. Verify that the information populated in fields 9, 10, 11, and 12 is correct.

- Field 9 pre-populates from the Project Applicant Profile.
- Fields 10, 11, and 12 pre-populate and cannot be edited.
- 2. Leave field 13 blank.
- 3. Select "Next" to continue to the next screen.

NOTE: If any pre-populated information is incorrect, you must correct it in the Project Applicant Profile. Review the instructions in the Submitting the Project Application section in this guide. **Do not use the "View Applicant Profile" link on the left menu bar.**

1D. Congressional Districts

The following steps provide instruction on completing all mandatory fields marked with an asterisk (*) on the "Congressional Districts" screen for **Part 1: SF-424** of the FY 2019 Project Application, as well as reviewing information populated from the "Applicant Profile" and "Projects" screens.

e.Forms	e 19 19 19 19 19 19 19 19 19 19 19 19 19	go
L TestUser2	1D. SF-424 Congressional District(s)	
New Project Application FY2019 Applicant Name: Project Applicant A	* 14. Area(s) affected by the project (state(s) only): (for multiple selections hold CTRL key) Available Items: Alabama Alaska American Samoa	
Applicant Number: 030700000 Project Name: New Project Application Test 1 FY2019	American Samoa Arizona Arkansas California	
Project Number: 136481	15. Descriptive Title of Applicant's Project: New Project Application Test 1 FY2019	
New Project Application FY2019	16. Congressional District(s): a. Applicant:	
FY2018 New Project Application Instructions Before Starting Part 1 - Forms 1A. SF-424 Application Type	Available Items: AK-000 AL-001 AL-002 AL-003 AL-004 AL-005 AL-0	
1B. SF-424 Legal Applicant	(for multiple selections hold CTRL key) Available Items: Selected Items:	
1C. SF-424 Application Details 1D. SF-424 Congressional District (s) 1E. SF-424 Compliance 1F. SF-424 Declaration	AK-000 AL-001 AL-002 AL-003 AL-004 AL-005 AL-005 AL-005 AL-005	
1G. HUD 2880 1H. HUD 50070	17. Proposed Project	
1I. Cert. Lobbying 1J. SF-LLL 8B. Summary	* a. Start Date:	
View Applicant Profile	18. Estimated Funding (\$) a. Federal:	
Export to PDF Get PDF Viewer	b. Applicant: c. State:	
Back to Submissions List	d. Local:	
	f. Program Income: g. Total:	
	Save & Back Save Save & Next	
	Back Next	
	Check Spelling	

Step	Description		
1.	In field 14, select the State(s) in which the proposed project will operate and serve persons experiencing homelessness.		
	 Highlight one state, or hold the CTRL+Key to make more than one selection. Using the single arrow key, move your selection from the left box to the right box. 		
2.	Field 15 is pre-populated with the name entered on the "Projects" screen when the Project Application was initiated. To make changes to this field, return to the "Projects" screen to edit the name:		
	 From the left-menu bar select "Back to Submissions List." 		
	From the left-menu bar select "Projects."		
	On the "Projects" screen, locate the name of the project you wish to rename and		
	select the View 🔍 icon to the left of the project name.		
	 On the "Project Details" screen, change the name you originally entered in the "Applicant Project Name" field and select "Save" at the bottom of the screen. 		
	 When you re-enter the New Project Application and navigate back to the "Congressional Districts" screen, the correct project name should now be displayed in the "Descriptive Title of Applicant's Project" field. 		
3.	Field 16a "Congressional Districts" is pre-populated from the Project Applicant Profile.		
	 Applicants cannot modify the populated data on this screen; however, Project Applicants may modify the Project Applicant Profile to correct any errors identified. 		
4.	For field 16b, select the congressional district(s) in which the project is expected to operate.		
	Highlight one district, or hold the CTRL+Key to make more than one selection.		
	• Using the single arrow key, move your selection from the left box to the right box.		
5.	For field 17, under "Proposed Project," enter the project's estimated operating start and end dates in the appropriate fields using the calendar in the function.		
6.	Leave the "Estimated Funding" fields blank.		
7.	Select "Save and Next" to continue to the next screen.		
NOTE:	If any pre-populated information is incorrect, you must correct it in the Project Applicant Profile. Review the instructions in the Submitting the Project Application section in this guide. Do not use the "View Applicant Profile" link on the left menu bar.		

1E. Compliance

The following steps provide instructions on completing all the mandatory fields marked with an asterisk (*) on the "Compliance" screen for **Part 1: SF-424** of the FY 2019 Project Application, as well as reviewing information populated from the "Applicant Profile."

e.Forms	Real Logow
A TestUser2	1E. SF-424 Compliance
New Project Application FY2019	* 19. Is the Application Subject to Review By State Executive Order
Applicant Name: Project Applicant A	If "YES", enter the date this application was made available to the State for review:
Applicant Number: 030700000	* 20. Is the Applicant delinquent on any Federal debt?
Project Name: New Project Application Test 1 FY2019	If "YES," provide an explanation:
Project Number: 136481	
New Project Application FY2019	Save & Back Save Save & Next Back Next
FY2018 New Project Application Instructions	Check Spelling

Step Description

- 1. In the "Is the Application Subject to Review By State Executive Order 12372 Process?" field, select the correct option from the dropdown menu.
 - If the State or U.S. Territory requires review of the application, select "Yes" and enter the date on which the application was made available to the State, using the calendar in icon function.
 - If the State or U.S. Territory does not require review of the project application, select "Program is subject to E.O. 12372 but has not been selected by the State for review."
 - If "Program is not covered by E.O. 12372" is selected, then the project is not eligible for this funding opportunity and you will not be able to access the project application.
- 2. Select "Yes" or "No" to indicate whether the Project Applicant is delinquent on any Federal debt.
 - If "Yes," an explanation must be entered in the field provided.
- 3. Select "Save & Next" to continue to the next screen.



To access the lists of those states that have chosen to participate in the intergovernmental review process, visit <u>http://www.whitehouse.gov/omb/grants_spoc</u>.

1F. Declaration

The following steps provide instructions on completing all the mandatory fields marked with an asterisk (*) on the "Declaration" screen for **Part 1: SF-424** of the FY 2019 Project Application, as well as reviewing information populated from the "Applicant Profile" and "Projects" screens.

🥑 e.Forms	5	C Logo
🚣 TestUser2		1F. SF-424 Declaration
New Project Application FY2019 Applicant Name: Project Applicant A	certifications** and knowledge. I also pr an award. I am awar	nitting this application, I certify (1) to the statements contained in the list of (2) that the statements herein are true, complete, and accurate to the best of my rovide the required assurances** and agree to comply with any resulting terms if I accept re that any false, fictitious, or fraudulent statements or claims may subject me to ministrative penalties. (U.S. Code, Title 218, Section 1 <u>001)</u>
Applicant Number: 030700000 Project Name:		* I AGREE
New Project Application Test 1 FY2019		21. Authorized Representative
Project Number: 136481	NOTE: This	Prefix: Ms.
130481		First Name: first name of Authorized Representative
New Project Application	section populates	Middle Name:
FY2019	the Authorized	Last Name: last name of Authorized Representative
FY2018 New Project	Representative	Suffix: Jr. V
Application Instructions	from the	Title: title
Before Starting	Applicant Profile.	Telephone Number: (123) 456-7892
Part 1 - Forms		(Format: 123-456-7890) Fax Number: [(123) 456-7890
1A. SF-424 Application Type		(Format: 123-456-7890)
1B. SF-424 Legal Applicant		Email: Name@Organization.org
1C. SF-424 Application	Sign	ature of Authorized Representative: Considered signed upon submission in e-sna
Details 1D. SE-424		Date Signed: 04/29/2019
Congressional District(s)		
1E. SF-424 Compliance	Sav	ve & Back Save Save & Next
1F. SF-424		Back Next
Declaration		

Step Description

- 1. Verify that the all project information is complete and accurate.
- Select the box stating that you agree with the statement about certifying information in the SF-424 section of the FY 2019 New Project Application.
 Note: The Authorized Representative information must be for the person who is legally

able to enter into a contract for the organization. This is the person who can legally sign the grant agreement if the new project application is selected for conditional award.

3. Select "Save & Next" to continue to the next screen.

NOTE: If any pre-populated information is incorrect, you must correct it in the Project Applicant Profile. Review the instructions in the Submitting the Project Application section in this guide. Do not use the "View Applicant Profile" link on the left menu bar.

1G. HUD 2880

HUD Form 2880 (Applicant/Recipient Disclosure/Initial Report) is incorporated both into the Project Applicant Profile and the individual Project Applications (new, renewal, CoC Planning, and UFA Costs). It is no longer uploaded as an attachment.

Due to the complexity of the form, a separate resource provides instructions on completing the HUD Form 2880 in both the Project Applicant Profile and the Project Applications (new, renewal, CoC Planning, and UFA Costs).

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

The 2880 is divided into three parts; therefore, the referenced resource is organized as follows:

- The 2880 in the Project Applicant Profile
 - o Part I
 - o Part II
 - o Part III
- The 2880 in the Project Applications
 - o Part I
 - o Part II
 - o Part III

1H. HUD 50070

The following steps provide instructions on completing all the mandatory fields marked with an asterisk (*) on the "HUD 50070 - Drug Free Workplace Certification" screen for Part 1: SF-424 of the FY 2019 Project Application, as well as reviewing information populated from the "Applicant Profile" screens.

e.Forms Cogout 1H. HUD 50070 A TestUser2 HUD 50070 Certification for a Drug Free Workplace New Project Application FY2019 Applicant Name: Test Organization 2 Applicant Name: Project Applicant A Program/Activity Receiving Federal Grant Funding: CoC Program Applicant Number: 030700000 Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to Project Name: New Project Application Test 1 FY2019 the Department of Housing and Urban Development (HUD) regarding the sites listed below I certify that the above named Applicant will or will continue to provide a drug-free workplace by: Project Number: 136481 Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position Publishing a statement notifying employees that the unlawful New Project Application manufacture, distribution, dispensing, possession, or use of a FY2019 controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the a FY2018 New Project Application Instructions for violation of such prohibition. Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant: Before Starting Taking one of the following actions, within 30 calendar days of Part 1 - Forms receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---Establishing an on-going drug-free awareness program to inform employees 1A. SF-424 Application Туре (1) The dangers of drug abuse in the workplace (1) Taking appropriate personnel action against such an 1B. SF-424 Legal Applicant employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or The Applicant's policy of maintaining a drug-free workplace; Ь f. (3) Any available drug counseling, rehabilitation, and employee 1C. SF-424 Application (4) The penalties that may be imposed upon employees for (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for Details 1D. SF-424 Congressional District(s) 1E. SF-424 such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; drug abuse violations occurring in the workplace Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement Making a good faith effort to continue to maintain a drugfree Compliance workplace through implementation of paragraphs a, thru f. 1F. SF-424 Declaration required by paragraph a.; 1G. HUD 2880 Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the 1H. HUD 50070 1I. Cert. Lobbying employee will --- Abide by the terms of the statement; and Notify the employer in writing of his or her conviction for a d. 1J. SF-LLL 8B. Summary violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction; View Applicant Profile 2. Sites for Work Performance. Export to PDF The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the Get PDF Viewer HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity verseiving grant funding.) Workplaces, including addresses, entered in the attached project application Refer to addresses entered into the attached project application. Back to Submissions List * I hereby certify that all the information stated herein, as well as \Box any information provided in the accompaniment herewith, is true Select and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802) Authorized Representative Prefix: Ms. First Name: first name of Authorized Representative Middle Name Last Name: last name of Authorized Representative Suffix: Jr. 🗸 Title: title Telephone Number: (123) 456-7892 (Format: 123-456-7890) Fax Number: (123) 456-7890 mat: 123-456-7890) (Fo Email: Name@Organization.org Signature of Authorized Representative: Considered signed upon submission in e-sna Date Signed: 04 Save & Back Save Save & Next Back Next

Step Description

1. Verify that the all project information is complete and accurate.

- Select the box stating that you certify that the information on the HUD 50070 in the SF-424 section of the FY 2019 New Project Application is correct.
 Note: The Authorized Representative information must be for the person who is legally able to enter into a contract for the organization. This is the person who can legally sign the grant agreement if the new project application is selected for conditional award.
- 3. Select "Save & Next" to continue to the next screen.
- **NOTE:** If any pre-populated information is incorrect, you must correct it in the Project Applicant Profile. Review the instructions in the Submitting the Project Application section in this guide. Do not use the "View Applicant Profile" link on the left menu bar.

1I. Certification Regarding Lobbying

The following steps provide instructions on completing the "Certification Regarding Lobbying" screen for **Part 1: SF-424** of the FY 2019 Project Application.

e.Forms	y Logo		
erronnis			
A TestUser2	CERTIFICATION REGARDING LOBBYING		
New Project Application	Certification for Contracts, Grants, Loans, and Cooperative Agreements		
FY2019	The undersigned certifies, to the best of his or her knowledge and belief, that:		
Applicant Name: Project Applicant A Applicant Number: 030700000 Project Name: New Project Application Test 1 FY2019 Project Number: 136481	 (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement. 2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress, an officer or employee of Congress, or cooperative agreement, the industry of Congress in connection with this Federal contract, grant, loan, or cooperative agreement. 		
New Project Application FY2019	in accordance with its instructions.		
FY2018 New Project Application Instructions Before Starting Part 1 - Forms 1A. SF-424 Application Type	(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction is presented by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		
1B. SF-424 Legal Applicant	Statement for Loan Guarantees and Loan Insurance		
1C. SF-424 Application	The undersigned states, to the best of his or her knowledge and belief, that:		
Details 1D. SF-424	If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of		
Congressional District(s) 1E. SF-424 Compliance 1F. SF-424 Declaration 1G. HUD 2880 1H. HUD 50070	Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		
11. Cert. Lobbying 1J. SF-LLL			
8B. Summary	* I hereby certify that all the information stated herein, as used to be a say information provided in the accompaniment herewith, is true and accurate:		
View Applicant Profile	nerewith, is true and accurate:		
Export to PDF Get PDF Viewer	Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)		
Back to Submissions List	Applicant's Organization: Test Organization 2		
Back to Submissions List	Name / Title of Authorized Official: first name of Authorized Representative last r		
	Signature of Authorized Official: Considered signed upon submission in e-sna		
	Date Signed: 04/29/2019		
	Save & Back Save Save & Next		
	Back Next		
	Check Spelling		
Stor			
Step	Description		
1.	Review the information on this screen.		
2.	Select the box stating that you certify that the information is true and accurate. The other fields on this screen are not editable.		
-			

3.

Select "Save & Next" to continue to the next screen.

1J. SF-LLL

The following steps provide instructions on completing all the mandatory fields marked with an asterisk (*) on the "SF-LLL - Disclosure of Lobbying" screen for **Part 1: SF-424** of the FY 2019 Project Application, as well as reviewing information populated from the "Applicant Profile" screens.

e.Forms		Cogou
LestUser2	1J. SF-LLL	
New Project Application FY2019	DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352. Approved by OMB0348-0046	
Applicant Name: Project Applicant A Applicant Number: 030700000 Project Name: New Project Application Test 1 FY2019 Project Number: 136481	HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement. Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. 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."	
New Project Application FY2019 FY2018 New Project Application Instructions	Answer "No" if your organization is NOT engaged in lobbying. * 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? Answer "No" if your organization is NOT engaged in lobbying. Select "Yes" or "No" to reveal additional	
Before Starting Part 1 - Forms	Authorized Representative QUESTIONS	
1A. SF-424 Application Type	Prefix: Ms.	
1B. SF-424 Legal Applicant	First Name: first name of Authorized Representative	
1C. SF-424 Application Details	Middle Name: Last Name: last name of Authorized Representative	
1D. SF-424 Congressional District(s) 1E. SF-424 Compliance	Suffix: Jr. V Title: title	
1F. SF-424 Declaration 1G. HUD 2880	Telephone Number: (123) 456-7892 (Format: 123-456-7890) (123) 456-7890	
1H. HUD 50070 1I. Cert. Lobbying 1J. SF-LLL	Fax Number: (123) 456-7890 (Format: 123-456-7890) Email: Name@Organization.org	
8B. Summary		
View Applicant Profile	Save & Back Save Save & Next	
Export to PDE	Back Next	

Step Description

- 1. Verify that the all project information is complete and accurate.
- 2. Select "Yes" or "No" to indicate if your organization participates in federal lobbying activities.

Additional questions will appear. (see next pages)

NOTE:

If any pre-populated information is incorrect, you must correct it in the Project Applicant Profile. Review the instructions in the Submitting the Project Application section in this guide.

If "No" Lobbying Activities

e.Forms		Logout
LastUser2	13. SF-LLL	
New Project Application FY2019	DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352. Approved by OMB0348-0046	
Applicant Name: Project Applicant A Applicant Number:	HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.	
030700000 Project Name: New Project Application Test 1 FY2019 Project Number: 136481	Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. 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."	
New Project Application FY2019	Answer "No" if your organization is NOT engaged in lobbying.	
FY2018 New Project Application Instructions	* Does the recipient or subrecipient of this CoC grant No Select "No" and participate in federal lobbying activities (lobbying a federal No Confirm administration or congress) in connection with the CoC Program?	
Before Starting Part 1 - Forms	* Legal Name: Test Organization 2	
1A. SF-424 Application	Street 2:	
Type 1B. SF-424 Legal	* City: Washington	
Applicant 1C. SF-424 Application	County:	
Details 1D. SF-424	* State: District of Columbia	
Congressional District(s) 1E. SF-424	* Country: United States	
Compliance 1F. SF-424 Declaration 1G. HUD 2880 1H. HUD 50070 1I. Cert. Lobbying 1J. SF-LLL 8B. Summary	11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure lobbying activities is a material representation of fact upon which reliance was placed by the tier above we this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure share subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. * I certify that this information is true and complete	/hen 5
View Applicant Profile	Authorized Representative to Certify	
Export to PDF Get PDF Viewer	Prefix: Ms.	
Back to Submissions List	First Name: first name of Authorized Representative	
	Middle Name: Last Name: last name of Authorized Representative	
	Title: title	
	Telephone Number: (123) 456-7892 (Format: 123-456-7890)	
	Fax Number: (123) 456-7890	
	(Format: 123-456-7890) Email: Name@Organization.org	
	Signature of Authorized Representative: Considered signed upon submission in e-sna	
	Date Signed: 04/29/2019	
	Save & Back Save Save & Next	
	Back Next	
	Check Spelling	

Step Description

1.

If "No" lobbying activities, review the pre-populated data.

- 2. Select the box stating that you certify that the information on the SF-LLL in the SF-424 section of the Renewal Project Application is correct.
- 3. Select "Save & Next" to continue to the next screen.

If "Yes" Lobbying Activities

TestUser2	1J. SF-LLL
	DISCLOSURE OF LOBBYING ACTIVITIES
Project Application 019	Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352. Approved by OMB0348-0046
icant Name: ect Applicant A	HUD requires a new SF-LLL submitted with each annual CoC competition and completi Review and screen fulfills this requirement.
icant Number: 700000	Answer "Yes" if your organization is engaged in lobbying associated with the CoC Progr
ect Name: Project Application	answer the questions as they appear next on this screen. The requirement related to lot required fields explained in the SF-LLL instructions states: "The filing of a form is required for each pay
1 FY2019	agreement to make payment to any lobbying entity for influencing or attempting to influence an
ect Number: 481	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."
v Project Application 019	Answer "No" if your organization is NOT engaged in lobbying.
	* Does the recipient or subrecipient of this CoC grant Yes V Select "Yes" and
018 New Project ication Instructions	participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC review questions Program?
ore Starting	1. Type of Federal Action: Grant
1 - Forms	2. Status of Federal Action: Application
A. SF-424 Application	3. Report Type: Initial Filing
: B. SF-424 Legal	* 4. Name and Address of Reporting Entity: Choose one option that applies from the following list:
icant C. S.F. 424 Application	O Prime Selec
C. SF-424 Application ils	O Subrecipient Prime
D. SF-424 pressional District(s)	Congressional District, if known:
E. SF-424	Available Items: Selected Items: DC-000
pliance F. SF-424 Declaration	AL-001
G. HUD 2880	AL-002 AL-003
H. HUD 50070	AL-004 AL-005
I. Cert. Lobbying J. SF-LLL	AL-000 <<
B. Summary	6. Federal Department/Agency: Department of Housing and Urban Developm
	7. Federal Program Name/Description and (CFDA Number): Continuum of Care (CoC) Program (14.267)
v Applicant Profile	8. Federal Action Number: FR-6300-N-168
ort to PDF	9. Award Amount: \$0.00
PDF Viewer	* 10a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):
k to Submissions List	^
	✓
	* 10b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):
	^
	×
	11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of
	lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.
	* I certify that this information is true and complete
	Authorized Representative to Certify
	Prefix: Ms.
	First Name: first name of Authorized Representative
	Middle Name:
	Last Name: Iast name of Authorized Representative
	Suffix: Jr. V
	Title: title
	Telephone Number: (123) 456-7892
	(Format: 123-456-7890)
	Fax Number: (123) 456-7890 (Format: 123-456-7890)
	Email: Name@Organization.org
	Signature of Authorized Representative: Considered signed upon submission in e-sna
	Date Signed: 04/29/2019

Step	Description
1.	If "Yes" lobbying activities, review the pre-populated data in fields 1, 2, and 3.
2.	In field 4, indicate that the reporting entity is the Prime.
	The options include "Prime" and "Subrecipient," but the Project Applicant should always be the Prime.
3.	Confirm the Congressional districts and edit as needed.
4.	Review fields 6, 7, 8, and 9.
5.	In field 10a, identify the lobbying registrant's name and address.
6.	In field 10b, identify individuals performing services. It is a required field and requires text.
7.	After completing the questions, select the box stating that you certify that the information on the SF-LLL in the SF-424 section of the Renewal Project Application is correct.
8.	Select "Save & Next" to continue to the next screen.
Prime is the required	The Prime is the organization that receives the award; when the organization receives an award, it is called the recipient. The recipient is required to submit the Project Application and is referred to as the Project Applicant in the navigational guides.
selection:	The subecipient NEVER submits the Project Application.

2A. Subrecipients

Remember, applicants must complete Part 1: SF-424 before the rest of the application screens will appear.

This screen lists all of the project's subrecipients. The detail that will populate this screen is based on what is entered in the "Project Subrecipients Detail" screen for **Part 2: Recipient and Subrecipient Information** of the FY 2019 Project Application.

TestUser2			2A. P	roject Subrecipien	ts	
New Project Application FY2019 Applicant Name: Project Applicant A Applicant Number: 030700000 Project Name: New Project Application	(s	elect Add" [Clear Filters]	ccipient organization(s) fo date subrecipient informa Total Expected Sub-7	tion already listed	ndd a subrecipient, selec , select the view ⁽⁴⁾ op	tion. Select "Next" when finished adding project
st 1 FY2019 oject Number:	Delete	View	Organization	Туре	Sub-Award Amount	subrecipients
6481			This	list contains no item	s	$\overline{}$
ew Project Application 2019			Back		Next	

Step	Description
1.	To begin adding subrecipient organization(s) to this list, select the "Add" icon.
2	The "Project Subrecipients Detail" screen will appear.
2.	

2A. Subrecipients (continued)

e.Forms	
LestUser2	2A. Project Subrecipients Detail
New Project Application FY2019	* a. Organization Name:
And Provid Manager	* b. Organization Type: select 🗸
Applicant Name: Project Applicant A	If "Other" specify:
Applicant Number: 030700000	\sim
Project Name: New Project Application Test 1 FY2019	* c. Employer or Tax Identification Number:
Project Number: 136481	* d. Organizational DUNS: PLUS 4:
New Project Application FY2019	e. Physical Address
FY2018 New Project	* Street 1:
Application Instructions	Enter Subrecipient Street 2:
Defens Charling	Organization's * city:
Before Starting Part 1 - Forms	DUNS number * state: select v
1A. SF-424 Application	* Zip Code:

Step Description

1. Enter the legal name of the subrecipient organization.

- 2. Indicate the subrecipient's organization type by selecting the appropriate option from the dropdown menu.
 - Options include: State Government; County Government; City of Township Government; Special District Government; U.S. Territory or Possession; Public / State Controlled Institute of Higher Learning; Public Housing Authority; Nonprofit with 501c3 IRS Status; or Nonprofit without 501C3 IRS Status.

If the organization type does not appear on the list, it is not an eligible subrecipient.

The "Other" text box can be used for more information, if desired.

- Nonprofit subrecipients(those who select options M or N as an organization type) are required to provide proof of their nonprofit status. Documentation of nonprofit status must be attached in *e-snaps* using the "Attachments" link on the left menu bar. This link appears prior to the "Submission Summary" link.
- 3. Enter the subrecipient's 9-digit TAX ID/EIN number.
- 4. Enter the subrecipient's 9-digit DUNS number (or 13-digit number, if applicable.)
- 5. Enter the subrecipient's address, city, state, and zip code. If the mailing address is different from the street address; enter the mailing address.

2A. Subrecipients (continued)

1700					
1B. SF-424 Legal Applicant			ional District(s): ections hold CTRL key)		
1C. SF-424 Application	1	Available Item		Selected Items:	
Details		AK-000			
1D. SF-424		AL-001		>>	
Congressional District(s)		AL-002		>	
1E. SF-424		AL-003			
Compliance		AL-004	~	<	
1F. SF-424 Declaration	ו	AL-005		<<	
1G. HUD 2880					
1H. HUD 50070		* a. Is the subre	cipient a Faith-Based Organization?		
1I. Cert. Lobbying		g. is the subre	cipient a Fatti-Based Organization:	select V	
1J. SF-LLL					
Part 2 - Recipient and		* h. Has the	subrecipient ever received a federal / from a federal agency or through a	select 🗸	
Subrecipient Information		grant, either directly	State/local agency of through a State/local agency?		
2A. Subrecipients			State, local agency.		
2B. Experience			* i. Expected Sub-Award Amount:		
Part 3 - Project Information					
3A. Project Detail			j. Conta	ct Person	
3B. Description			* Prefix:	select V	
3C. Expansion			* First Name:		
Part 4 - Housing,					
Services, and HMIS			Middle Name:		
Part 5 - Participants and Outreach			* Last Name:		
Part 6 - Budget Information			Suffix:		Select "Save &
6A. Funding Request			* Title:		Add Another" to
6I. Match			* E-mail Address:		add more
6J. Summary Budge	Sel	ect "Save & Back	* Confirm E-mail Address:		subrecipients
Part 7 - Attachment(s) Certification	to I	ist" when finished	* Phone Number:		
7A. Attachment(s)			Extension:		
7D. Certification	add	ling subrecipients			
Part 8 - Submission)	Fax Number:		
Summary					
8B. Summary		\sim	Save	Save & Add Another	۳ ۴
			Save	Save & Add Another	
View Applicant Profile			Save & Back to List	Back to List	
					1

- 6. Under "Congressional Districts," select the Congressional district(s) in which the subrecipient is located.
 - Highlight one district, or hold the CTRL+Key to make more than one selection.
 - Using the single arrow key, move your selection from the left box to the right box.
- 7. Select "Yes" or "No" to indicate if the subrecipient is a faith-based organization.
- 8. Select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.
- 9. Enter the total amount of funds that the Project Applicant expects to award to this subrecipient.
 - The amount must be in whole dollars (i.e., no decimals).
 - This sum will be added to the total expected sub-award amount from all subrecipients and will be automatically calculated on the "Project Subrecipients" screen.

2A. Subrecipients (continued)

Step	Description		
10.	Select the appropriate prefix from the dropdown menu.		
11.	Enter the contact person's first, middle (optional), last name, suffix (optional), and title.		
12.	Enter the contact person's email address, and in the next field re-enter the contact person's email address to verify that you entered it correctly.		
13.	Enter the contact person's telephone number, starting with the area code.		
14.	Enter the extension of the contact person's telephone number, if applicable.		
15.	Enter the contact person's fax number, starting with the area code (optional).		
16.	 To add another subrecipient, select "Save & Add Another" and repeat steps 1 – 15. Repeat these steps for each subrecipient you need to add. 		
	 When you are finished adding subrecipients, select "Save & Back to List" to return to the "2A. Project Subrecipients" screen. 		
17.	After you return to the "2A. Project Subrecipients" screen, review the list.		
	 To edit the information you entered, select the "View" icon^Q to the left of the entry. 		
	 To delete an entry from the list, select the red "Delete" icon. 		
18.	When your sponsor list is complete, select "Next" to continue to the next screen.		
NOTE:	Someone whose contact information is entered in e-snaps on the "Project Subrecipient" screen does not automatically have access to e-snaps.		
	Only a registrant, also called a registered user, who is associated in e-snaps with the organization, and thus the organization's application, may enter information in the Project Applicant Profile and all Project Applications associated with this Project Applicant Profile. Under no circumstances should a subrecipient complete the project application on the Project Applicant's behalf.		
	Refer to the Project Applicant Profile navigational guide on the CoC Program Competition Resources webpage on the HUD Exchange at: https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/ .		

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

The following steps provide instruction on completing all the mandatory fields marked with an asterisk (*) on the "Experience of Applicant, Subrecipient(s), and Other Partners" screen for **Part 2: Recipient and Subrecipient Information** of the FY 2019 Project Application.

GLOUID -	×.
2B. Experience of Applicant, Subrecipient(s), and Other Partners	
New Project Application FY2019 * 1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time	
Applicant Name: Project Applicant A Applicant Number: 030700000 Project Name: New Project Application Test 1 FY2019 Project Number: 136481	
New Project Application FY2019	
* 2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.	
A If "Yes,"	
another question will appear. Applicant	
1C. SF-424 Application	
Details 1D. SF-424	
Congressional District(s) 1E. SF-424 Compliance any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)? 1F. SF-424 Declaration potential subrecipients (if any)?	
1H. HUD 50070 * 4b. Describe the unresolved monitoring or audit findings.	
1I. Cert. Lobbying 1J. SF-LLL	
Part 2 - Recipient and Subrecipient Information	
2A. Subrecipients Save & Back Save Save & Next	
2B. Experience Description Part 3 - Project Back Information Back	

Step Description

1.	Describe the experience of the Project Applicant and potential subrecipients (if any) in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.
2.	Describe the experience of the Project Applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.
3.	Describe the basic organization and management structure of the Project Applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.
4.	 Select "Yes" or "No" from the dropdown menu regarding monitoring findings for any HUD grants (including ESG) operated by the Project Applicant or potential subrecipient(s). If "Yes," a new text box will appear. Provide an explanation in the text box provided.
5.	Select "Save & Next" to continue to the next screen.
NOTE:	When copying and pasting text from MS Word into e-snaps, additional characters may be added to your text. To ensure additional characters are not counted by the system,

we recommend copying and pasting into e-snaps from Notepad, which will remove any

unnecessary formatting from MS Word.

3A. Project Detail

The following steps provide instruction on updating fields populated with information from the "Applicant Type" and "Project" screens on the "Project Detail" screen in **Part 3: Project Information** of the FY 2019 New Project Application, as well as, completing all mandatory fields marked with an asterisk (*) on the "Project Detail" screen of the application.

e.Forms	R Logou
1a and 1b of which CoC	etermine 3A. Project Detail
	cation when 1a. CoC Number and Name: DC-500 - District of Columbia CoC
submitted i	e-snaps * 1b. CoC Collaborative Applicant Name: The Community Partnership for the Prevention of Homelessness 🔻
Applicant Name. Project Applicant A Applicant Number:	2. Project Name: New Project Application Test 1 FY2019 4. Component Type
030700000 Project Name:	* 3. Project Status: Standard V determines
New Project Application Test 1 FY2019	
Project Number: 136481	* 4a. Will the PH project provide PSH or RRH? - select - •
New Project Application FY2019	* 5. Does this project use one or more properties that have been - select - v conveyed through the Title V process?
FY2018 New Project Application Instructions	* 6. Is this new project application requesting to transition from Yes v eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 the Component
Before Starting	CoC Program Competition? (Section II.B.2. and Section III.C.3.q. of the FY 2019 NOFA). Type, select
Part 1 - Forms 1A. SF-424 Application	"PSH" or "RRH"
Type	* 6a. List all expiring project(s) involved in the transition:
Transition Project	. If Grant Number Operating Start Date Expiration Date Component Type
"yes," identify	23 23
expiring grant(s)	23 C3
1F. SF-424 Declaration 1G. HUD 2880 1H. HUD 50070 1I. Cert. Lobbying	Please enter all values for at least one item. IMPORTANT: For all expiring projects listed above, be sure to attach a copy of the most recently approved project
1J. SF-LLL Part 2 - Recipient and	application(s) on Screen 7A. (e.g., if the project was last funded in the FY 2018 CoC Program Competition, a copy of the FY 2018 CoC Program Competition project application).
Subrecipient Information 2A. Subrecipients	* 6b. Provide a brief description that addresses the scope of the proposed transition from the expiring component to the new component during the first year of operation; including how no more than 50 percent
2B. Experience Part 3 - Project Information	of each transition grant may be used for costs of eligible activities of the program component originally funded
3A. Project Detail 3B. Description	text
Part 4 - Housing, Services, and HMIS	
4A. Services	≛ 7. Under CoC Interim Rules, new grant funding cannot replace ₪ state or local funds. Can you confirm that this project application
4B. Housing Type Part 5 - Participants	for new CoC Program funding will not replace state or local funds?
5A. Households	
5B. Subpopulations Part 6 - Budget	Save & Back Save Save & Next
Information	Back Next
6A. Fundina Reauest	

Step	Description			
1.	Select your "CoC Number and Name" from the dropdown menu.			
2.	Select your "CoC Applicant Name" from the dropdown menu.			
Fields 1a and 1b	You must select the correct CoC in the "CoC Number and Name" field. This field identifies the CoC to which your New Project Application will be submitted. If the CoC is incorrect, your application ultimately might not be submitted to HUD.			
"No CoC"	"No CoC" can only be selected if your CoC did not register for the FY 2019 CoC Competition or your project is located in geographic area that is unclaimed. You should contact CoCs next to your location to determine if the geographic area in which you reside has been claimed and/or the state CoC that is there is a Balance of State.			
Step	Description			
3.	Verify the name of your project populated with the project name listed on your "Project"			
	screen. If the project name is incorrect, follow the instructions in the NOTE for "Incorrect Project			
	Name" below.			
Incorrect	If the project name is incorrect:			
Project Name	Select the "Save" button to save responses on this screen.			
Name	• Select "Back to Submissions List" on the left menu bar.			
	Select "Projects" on the left menu bar.			
	 Select the "View" icon screen. 			
	 In the "Project Name" field, type in the correct name of the project, and select the "Save" button. 			
	Return to the New Application by navigating to the "Submissions" screen and selecting the orange folder next to the Project.			
Step	Description			

4. Select your "Project Status" from the dropdown menu.

- Project Applicants typically select "Standard."
- See the NOTE below for more information about the "Appeal" option.

Solo	If you select "Appeal," this note will appear on the screen:
Application	•

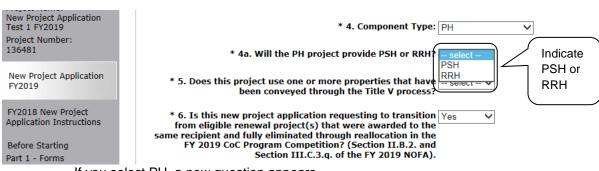
 You have selected "Appeal" and therefore are designating this application as an appeal to the CoC's decision to not fund this project. To proceed, you must fill out an additional form, Part 8A - Notice of Intent to Appeal, and attach a letter from your CoC officially informing you of its decision. If you are filling out this application for the first time, or are otherwise not intending to appeal a rejection, please select "Standard".

The selection of "Appeal" should only be used by the Project Applicant **if it attempted to participate in the CoC planning process in the geographic area in which it operates and believes it was denied the right to participate in a reasonable manner.** In this case, the Project Applicant may appeal the rejection directly to HUD by selecting "Appeal" and submitting a Solo Application prior to the application deadline.

Refer to the Appeal Project Application navigational guide on the CoC Program Competition Resources webpage on the HUD Exchange at: <u>https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/</u>

Step Description

- Select the "Component Type" from the dropdown menu.
 Eligible New Project component types during the FY 2019 CoC Program Competition include the following:
 - PH



- If you select PH, a new question appears.
- o Indicate whether the project is PSH or RRH.
- Joint TH and PH-RRH
- SSO (for Coordinated Entry projects)
- HMIS (for Dedicated HMIS projects)

Note: The component type determines what questions appear on other forms throughout the Project Application.

- Select "Yes" or "No" to indicate if the project includes one or more of the project properties conveyed under Title V.

were awarded to the same recipient and fully eliminated through reallocation in the FY 2019 CoC Program Competition? (Section II.B.2. and Section III.C.3.q of the FY 2019 NOFA)."

- If "Yes,"
 - Question 6a: Identify the expiring grants (i.e., the project(s) being reallocated) by providing the Grant Number, Operating Start Date, Expiration Date, and Component Type.
 - Question 6b: Briefly describe the scope of the proposed transition from the expiring component to the new component during the first year of operation. The description must address how no more than 50 percent of the funding for this new grant will be used for the eligible activities/costs of the project that is being eliminated.
- 8. Select the checkbox to confirm that this project application for new CoC program funding will not replace state or local funds.
- 9. Select "Save & Next" to continue to the next screen.

Transition Projects	A New Project Application that identifies as a transition project is essentially a new project created through reallocation, but rather than cutting off the funding for the reallocated project when the most recent executed grant agreement ends, the recipient can receive some funding in the new award that can be used to "wind down" the reallocated project. The remainder of the funds will be used to "ramp up" the new project.
	Note: If the new project is identified as a transition project, there is no option for it to be an expansion project.
	Review the FY 2019 NOFA for details about which projects are eligible for reallocation and other requirements associated with transition projects and funding. <u>https://www.hudexchange.info/resource/5817/fy-2019-coc-program-nofa</u> .
Transition Project: Required	On Screen 7A, attach a copy of the most recently approved project application; for example, if the project was awarded funds in FY 2018, attach the FY 2018 Project Application.
Attachment	A copy of the project application can be exported to PDF.
	Navigate to the Submissions screen
	• Select the orange folder icon next to the FY 2018 project application
	Navigate to the Submission Summary screen
	 Select "Export to PDF" at the bottom of the page

3B. Project Description

The following steps provide instruction on completing mandatory fields marked with an asterisk (*) on the "Project Description" screen for **Part 3: Project Information** of the FY 2019 New Project Application.

The purpose of the program description is to describe the project at full operational capacity and to demonstrate how full capacity will be achieved over the term being requested.

Follow-up questions and dropdown menu visibility for the default question on screen 3B will vary depending on your selections. Therefore, not all of the questions in the image below may appear to every Project Applicant. Review the instructions that follow.

Screen 3B has different versions, depending on which component type was selected on screen 3A. Project Detail.

See the following pages for instructions:

- 3B. Permanent Housing PSH and RRH projects
- 3B. Joint TH and PH-RRH projects
- 3B. Supportive Services Only Coordinated Entry projects
- 3B. HMIS projects
- **NOTE:** When copying and pasting text from MS Word into e-snaps, additional characters may be added to your text. To ensure additional characters are not counted by the system, e-snaps users should copy and paste text into e-snaps from Notepad, which will remove any unnecessary formatting from MS Word.

3B. PH Component

The following instructions are for screen 3B. Project Description when the PH component is selected on screen 3A. Project Detail. The screen is the same for PH-PSH and PH-RRH, except for question 10, which asks whether the PSH project is 100% Dedicated or Dedicated Plus.

e.Forms	n range and the second s
L TestUser2	3B. Project Description
New Project Application FY2019	* 1. Provide a description that addresses the entire scope of the proposed project.
Applicant Name: Project Applicant A Applicant Number: 030700000 Project Name: New Project Application Test 1 FY2019 Project Number: 136481	2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. If multiple structures, complete one column for each structure.
New Project Application FY2019 FY2018 New Project Application Instructions	Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.
Before Starting Part 1 - Forms 1A. SF-424 Application	Project Milestones Days from Execution Days from Execution Days from Execution Days from Execution of Grant Agreement of Grant Agreement of Grant Agreement
Type 1B. SF-424 Legal Applicant 1C. SF-424 Application Details 1D. SF-424 Congressional District(s) 1E. SF-424 Compliance 1F. SF-424 Declaration 1G. HUD 2880 1H. HUD 2880 1H. HUD 2880 1H. HUD 2070 1I. Cert. Lobbying 1J. SF-LLL Part 2 - Recipient and Subrecipients 2B. Experience Part 3 - Proj 3B. Des Part 4 - Hoy Services, a 4A. Servi 4B. Hous Part 5 - Par	A B C New project staff hired, or other project expenses begin?
SA. HouseRoms SB. Subpopulations Part 6 - Budget Information 6A. Funding Request 6I. Match 6J. Summary Budget Part 7 - Attachment(s) & Certification 7A. Attachment(s) 7D. Certification Part 8 - Submission Summary 8B. Summary	* 4. Please identify the project's specific population focus. (Select ALL that apply) Chronic Homeless Domestic Violence Veterans Substance Abuse Youth (under 25) Mental Illness Families HIV/AIDS Other (Click 'save' to update) other: Other:

- Step Description
- 1.
- Provide a description of the scope of the project.

- 2. Complete the Project Milestones table by entering the number of days from the execution of the grant agreement for each milestone. Milestones include:
 - New project staff hired or other expenses begin
 - Participant enrollment begins
 - Participants begin to occupy leased units or structures and supportive services begin
 - Leased or rental assistance units or structure and supportive services near 100% capacity
 - Closing on purchase of land, structure(s), or execution of structure lease
 - Rehabilitation started
 - Rehabilitation completed
 - New construction started
 - New construction completed

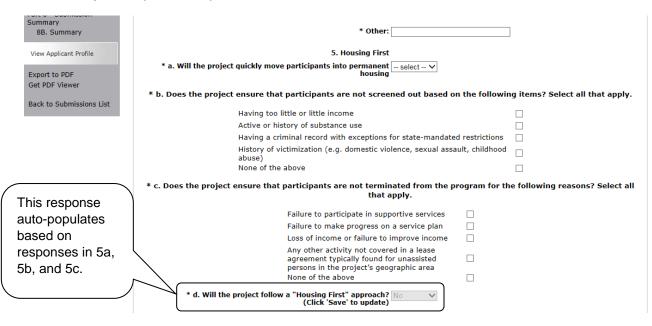
Each column pertains to one location or structure.

- If the project has only one location or structure, or no structures, complete only column A.
- If multiple structures, complete one column for each structure.

If a milestone is not applicable, leave the associated fields blank.

- 3. Select "Yes" or "No" to indicate if your project will participate in a CoC Coordinated Entry Process. Select "No" if your CoC has not yet implemented a Coordinated Entry Process.
 - If "No," one new question will appear.
 In the text box provided, explain why your project will not participate in a CoC Coordinated Entry Process.
- 4. Indicate the proposed project's specific population focus.
 - Select all of the boxes that apply. Multiple selections are permissible.
 - If you select "Other," select "Save," and then provide a description of the specific type of population in the text box provided.

3B. PH Component (continued)

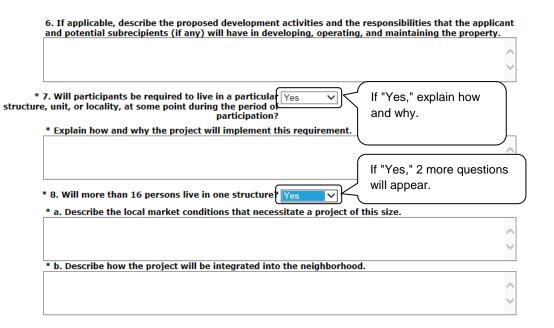


Step Description

- 5. Under question 5. Housing First, select "Yes" or "No" to indicate whether your project will quickly move participants into permanent housing.
- 6. Indicate whether your project ensures that participants are not screened out for certain situations. In other words, select the boxes that apply to indicate which, if any, of the barriers to accessing housing and services have been removed.
 - If you check the first four boxes, this project will be considered low barrier.
 - If you select "None of the above," it indicates that all of those conditions are present in the project to screen out participants.
- 7. Select the boxes that apply to indicate which reasons were removed as reasons for program termination.
 - If you select "None of the above," it indicates that all of those reasons are present in the project for terminating participants.
- 8. Based on your selections to the questions about screening and termination, the response to "Does the project follow a 'Housing First' approach?" will auto-populate with "Yes" or "No" to indicate if your project follows a Housing First approach.

NOTE: See the FY 2019 CoC Program NOFA regarding the requirements for projects that are designated as Housing First. <u>https://www.hudexchange.info/resource/5817/fy-2019-coc-program-nofa</u>.

3B. PH Component (continued)



- 9. If applicable, provide a description of the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.
- 10. Select "Yes" or "No" to indicate whether participants will be required to live in a particular structure, unit, or locality.
 - If "Yes," one new question will appear. Provide a description of how and why this project will implement this requirement.
- 11. Select "Yes" or "No" to indicate if there will be more than 16 persons living in one structure.
 - If "Yes," two new questions will appear.
 In the two text boxes available, describe the local market conditions that necessitate a project of this size and describe how the project will be integrated into the neighborhood.

3B. PH Component (continued)

	Dedicated and DedicatedPLUS
	Dedicated" project is a permanent supportive housing project that commits 100% of its thronically homeless individuals and families, according to NOFA Section III.3.b.
dedicate disability	atedPLUS" project is a permanent supportive housing project where 100% of the beds are d to serve individuals with disabilities and families in which one adult or child has a /, including unaccompanied homeless youth, that at a minimum, meet ONE of the following according to NOFA Section III.3.d:
(2) resid	riencing chronic homelessness as defined in 24 CFR 578.3; ing in a transitional housing project that will be eliminated and meets the definition of lly homeless in effect at the time in which the individual or family entered the transitional project
(3) resid individua admitted	ing in a place not meant for human habitation, emergency shelter, or safe haven; but the ils or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been I and enrolled in a permanent housing project within the last year and were unable to maintain g placement;
(4) resid experien (5)residi	ing in transitional housing funded by a joint TH and PH-RRH component project and who were cing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project; ng and has resided in a place not meant for human habitation, a safe haven, or emergency or at least 12 months in the last three years, but has not done so on four separate occasions;
(6) recei	ving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance and met one of the above criteria at initial intake to the VA's homeless assistance system.
NOFA Se project c and elect requirem dedicate	al project where 100 percent of the beds are dedicated in their current grant as described in ction III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal urrently has 100 percent of its beds dedicated to chronically homeless individuals and families ts to become a DedicatedPLUS project, the project will be required to adhere to all fair housing tents at 24 CFR 578.93. Any beds that the applicant identifies in this application as being d to chronically homeless individuals and families in a DedicatedPLUS project must continue to in accordance with Section III.A.3.b. Beds are identified on Screen 4B.
	hether the project is "100% Dedicated," or select V cording to the information provided above.
	Save & Back Save Save & Next
	Back Next

Step Description

12. If "PSH" was selected, the "Dedicated and DedicatedPlus section will appear on the screen.

For question 10, indicate whether the project is "100% Dedicated" or "DedicatedPlus," according to the information provided.

13. Select "Save & Next" to continue to the next screen.

3B. Joint TH and PH-RRH Component

The following instructions are for screen 3B. Project Description when the Joint TH and PH-RRH component is selected on screen 3A. Project Detail.

e.Forms					Logo
A TestUser2		3B. Project Desc	ription		
New Project Application FY2019	* 1. Provide a description that addresses the ent test	tire scope of the proposed	l project.		~
Applicant Name: Project Applicant A Applicant Number: 030700000 Project Name: New Project Application Test 1 Fr2019 Project Number: 136481	2. For each primary project location or structure that each of the following milestones will occur is not applicable, leave the associated fields blan column A. If multiple structures, complete one c	as related to CoC Program nk. If the project has only column for each structure. *	n funds requested in this one location or structure	project application. If a n e, or no structures, compl	nilestone ete only
New Project Application FY2019 FY2018 New Project	Note: To expend funds within statutorily requir conditional award. The one exception is for assistance. These conditional award recipients recipients conditionally awarded funds to begin required deadlines.	applicants who are con will have 24 months to	ditionally awarded spon execute a grant agreer	sor-based and project-t ment; however, HUD en	based rental courages all
Application Instructions Before Starting	Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
Part 1 - Forms 1A. SF-424 Application Type 1B. SF-424 Legial Applicant 1C. SF-424 Application Details 1D. SF-424 Application Details 1D. SF-424 Application 1G. HUD 2880 1F. SF-424 Declaration 1G. HUD 2880 1H. HUD 50070 1L. Cert. Lobbying 1J. SF-LLL Part 2 - Recipient and Subrecipient Information 2A 2B If "NO," Part 3 Applicant State of the second s	New project staff hired, or other project expenses begin? Participant enrollment in project begins? Participants begin to accupy leased units or structure(s), and supportive services begin? Leased or rental assistance units or structure, and supportive services near 100% capacity? Closing on purchase of land, structure(s), or execution of structure lease? Rehabilitation started? Rehabilitation completed? New construction started? New construction started? New construction completed? You must enter a va * 3. Will your project participate in a CoC Coordinu * Please explain why your project will not partice test		B B B B B B B B B B B B B B B B B B B		
4A. Part 5 - Participants 5A. Households 5B. Subpopulations Part 6 - Budget Information 6A. Funding Request 6H. HMIS Budget 6I. Match 6J. Summary Budget Part 7 - Attachment(s) & Certification	* 4. Please Chronic Ho Veterans Youth (und Families	der 25) Via Mer 25) Me HIT Ott	apply) mestic lence bstance Abuse ntal Illness //AIDS	s.	

Step Description

1.

- Provide a description of the scope of the project.
- 2. Complete the Project Milestones table by entering the number of days from the execution of the grant agreement for each milestone. Milestones include:
 - New project staff hired or other expenses begin
 - Participant enrollment begins
 - Participants begin to occupy leased units or structures and supportive services begin
 - Leased or rental assistance units or structure and supportive services near 100% capacity

- Closing on purchase of land, structure(s), or execution of structure lease
- Rehabilitation started
- Rehabilitation completed
- New construction started
- New construction completed

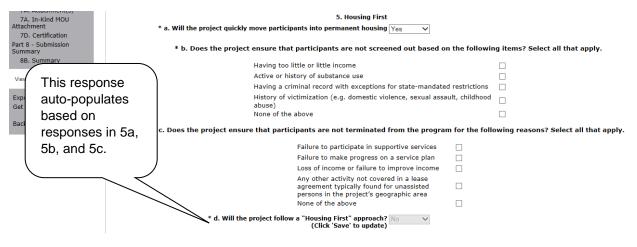
Each column pertains to one location or structure.

- If the project has only one location or structure, or no structures, complete only column A.
- If multiple structures, complete one column for each structure.

If a milestone is not applicable, leave the associated fields blank.

- 3. Select "Yes" or "No" to indicate if your project will participate in a CoC Coordinated Entry Process. Select "No" if your CoC has not yet implemented a Coordinated Entry Process.
 - If "No," one new question will appear.
 In the text box provided, explain why your project will not participate in a CoC Coordinated Entry Process.
- 4. Indicate the proposed project's specific population focus.
 - Select all of the boxes that apply. Multiple selections are permissible.
 - If you select "Other," select "Save" and then provide a description of the specific type of population in the text box provided.

3B. Joint TH and PH-RRH (continued)



Step Description

- 5. Under question 5. Housing First, select "Yes" or "No" to indicate whether your project will quickly move participants into permanent housing.
- 6. Indicate whether your project ensures that participants are not screened out for certain situations. In other words, select the boxes that apply to indicate which, if any, of the barriers to accessing housing and services have been removed.
 - If you check the first four boxes, this project will be considered low barrier.
 - If you select "None of the above," it indicates that all of those conditions are present in the project to screen out participants.
- 7. Select the boxes that apply to indicate which reasons were removed as reasons for program termination.
 - If you select "None of the above," it indicates that all of those reasons are present in the project for terminating participants.
- 8. Based on your selections to the questions about screening and termination, the response to "Does the project follow a 'Housing First' approach?" will auto-populate with "Yes" or "No" to indicate if your project follows a Housing First approach.

NOTE: See the FY 2019 CoC Program NOFA regarding the requirements for projects that are designated as Housing First. <u>https://www.hudexchange.info/resource/5817/fy-2019-coc-program-nofa</u>.

3B. Joint TH and PH-RRH (continued)

6. If applicable, describe the proposed development activities and the responsibilities th the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.	
	$\hat{}$
7. Will participants be required to live in a particular Yes If "Yes," explain structure, unit, or locality, at some point during the how and why.	
* Explain how and why the project will implement this requireme nt.	
	\sim
* 8. Will more than 16 persons live in one structure?	If "Yes," 2 more questions will appear.
* b. Describe how the project will be integrated into the neighborhood.	
	Ç
Save & Back Save Save & Next	

- 9. If applicable, provide a description of the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.
- 10. Select "Yes" or "No" to indicate whether participants will be required to live in a particular structure, unit, or locality.
 - If "Yes," one new question will appear.
 Provide a description of how and why this project will implement this requirement.
- 11. Select "Yes" or "No" to indicate if there will be more than 16 persons living in one structure.
 - If "Yes," two new questions will appear.
 In the two text boxes available, describe the local market conditions that necessitate a project of this size and describe how the project will be integrated into the neighborhood.
- 12. Select "Save & Next" to continue to the next screen.

3B. SSO Component

The following instructions are for screen 3B. Project Description when the SSO component is selected on screen 3A. Project Detail.

e.Forms					
estUser2		3B. Project Desc	cription		
Project Application	* 1. Provide a description that addresses the entire scope of the pr	roposed project.			
19	test				~
cant Name: ct Applicant A cant Number: 00000					~
ct Name: Project Application 1 FV2019 ct Number: 81	milestones will occur as related to CoC Program funds requested in	2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to GC Program funds requested in this project application. If a milestone is not applicable, laws the associated fields blank. If the project has only one focation or structure, complete only counts A. If amilestones count of the calculation of the calculation. If the project has only one focation or structure, complete only counts A. If a milestones one counts of the calculation of the calculation.			
Project Application 19	Note: To expend funds within statutorily required deadlines, proje is for applicants who are conditionally awarded sponsor-based an grant agreement however, HUD encourages all recipients conditi statutorily required deadlines.	id project-based rental a	assistance. These condition	nal award recipients will	have 24 months to execute a
18 New Project cation Instructions	Project Milestones	Days from Execution of Grant Agreement A	Days from Execution of Grant Agreement B	Days from Execution of Grant Agreement C	Days from Execution of Grant Agreement D
e Starting	New project staff hired, or other project expenses begin?	^		<u> </u>	
L - Forms . SF-424 Application	Participant enrollment in project begins?				
	Participants begin to occupy leased units or structure(s),				
. SF-424 Legal cant	and supportive services begin?				
SF-424 Application	Leased or rental assistance units or structure, and supportive services near 100% capacity?				
ls	Closing on purchase of land, structure(s), or execution of				
). SF-424 ressional District(s)	structure lease?				
. SF-424	Rehabilitation started?				
liance	Rehabilitation completed?				
. SF-424 Declaration	New construction started?				
. HUD 2880 . HUD 50070	New construction completed?				
Cert. Lobbying					
SF-LLL	You must enter a va	lue greater than zero f	for at least one project	milestone.	
2 - Recipient and					
cipient Information Subrecipients	* 3. Please		specific population focu	15.	
Experience		(Select ALL that	apply)		
8 - Project	Chronic Ho	meless Do	mestic		
Design Detail		- Vie	blence		
. Project Detail . Description	Veterans		bstance Abuse		
Expansion	Youth (und		ental Illness 🛛 🗌		
4 - Housing,	Families	_	V/AIDS		
ces, and HMIS			her 🗸		
5 - Participants		(Cli	ick 'Save' to update)		
5 - Budget mation		* Other:		_	
. Funding Request		· ouler:			
Match	* 4. Please select the t	vpe of SSO project:	lact	- Solo	ct "Coordinated
Summary Budget	A riedse select die t		rdinated Entry	- Jele	
7 - Attachment(s) & ication				Save & Next Fntry	/" and "Save."
	Save & Back	Save			

- 1. Provide a description of the scope of the project.
- 2. Complete the Project Milestones table by entering the number of days from the execution of the grant agreement for each milestone. Milestones include:
 - New project staff hired or other expenses begin
 - Participant enrollment begins
 - Participants begin to occupy leased units or structures and supportive services begin
 - Leased or rental assistance units or structure and supportive services near 100% capacity
 - Closing on purchase of land, structure(s), or execution of structure lease
 - Rehabilitation started
 - Rehabilitation completed
 - New construction started

New construction completed

Each column pertains to one location or structure.

- If the project has only one location or structure, or no structures, complete only column A.
- If multiple structures, complete one column for each structure.

If a milestone is not applicable, leave the associated fields blank.

- 3. Indicate the proposed project's specific population focus.
 - Select all of the boxes that apply. Multiple selections are permissible.
 - If you select "Other," select "Save" and then provide a description of the specific type of population in the text box provided.
- 4. Select the type of SSO project. Coordinated entry is the only option. Select Save and a series of questions will appear.

7A. Attachment(s) 7A. In-Kind MOU	* 4. Please select the type of SSO project: Coordinated Entry	
Attachment		
7D. Certification	* 4a. Will the coordinated entry process funded in part by this $-$ select - \vee	
Part 8 - Submission	grant cover the CoC's entire geographic area?	
Summary		
8B. Summary	* 4b. Will the coordinated entry process funded in part by this select v grant be easily accessible?	
View Applicant Profile		
Event to DDE	* 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.	
Export to PDF		1
Get PDF Viewer	^ ^ ^	
Back to Submissions List	· · · · · · · · · · · · · · · · · · ·	
		1
	* 4d. Does the coordinated entry process use a comprehensive,	
	* 4e. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services.	
	×	
	* 4f. If the coordinated entry process includes differences in the	
	access, entry, assessment, or referral for certain populations,	
	are those differences limited only to the following five groups: Chronically Homeless, Individuals, Families, Youth, and Persons	
	At Risk of Homelessness?	
	* 4g. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be	
	eligible?	-
	~	
	Save & Back Save Save & Next	
	Back Next	
	LUGIN TOOK	

- 5. Select "Yes" or "No" to indicate whether the coordinated entry process funded in part by this grant covers the CoC's entire geographic area.
- 6. Select "Yes" or "No" to indicate whether the coordinated entry process funded in part by this grant will be easily accessible.

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

- 8. Select "Yes" or "No" to indicate whether the coordinated entry process uses a comprehensive, standardized assessment process.
- 9. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services.
- 10. If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, select "Yes" or "No" to indicate whether those differences limited only to the following four groups: Chronically Homeless, Individuals, Families, and Youth.
- 11. Select "Save & Next" to continue to the next screen.

3B. HMIS Component

The following instructions are for screen 3B. Project Description when the HMIS component is selected on screen 3A. Project Detail.

e.Forms					K ^P Logo
La TestUser2	3B. Project Description				
New Project Application FY2019	* 1. Provide a description that addresses the	entire scope of the propos	sed project.		~
Applicant Name: Project Applicant A Applicant Number: 030700000					~
Project Name: New Project Application Test 1 FY2019 Project Number: 136481	 For each primary project location or struct agreement that each of the following milesto application. If a milestone is not applicable, lo or no structures, complete only column A. If 	nes will occur as related to eave the associated fields	o CoC Program funds requination blank. If the project has	lested in this project only one location or strue	
New Project Application FY2019	Note: To expend funds within statutorily req of conditional award. The one exception is f assistance. These conditional award recipien recipients conditionally awarded funds to	or applicants who are con ts will have 24 months to	ditionally awarded spons execute a grant agreem	or-based and project-bas ent; however, HUD enco	sed rental ourages all
FY2018 New Project Application Instructions	statutorily required deadlines.	Days from Execution	Days from Execution	Days from Execution	Days from Execution
Before Starting Part 1 - Forms	Project Milestones	of Grant Agreement	of Grant Agreement B	of Grant Agreement C	of Grant Agreement D
1A. SF-424 Application	New project staff hired, or other project expenses begin?				
Type 1B. SF-424 Legal	Participant enrollment in project begins?				
Applicant 1C. SF-424 Application	Participants begin to occupy leased units or structure(s), and supportive services begin?				
Details	Leased or rental assistance units or structure, and				
1D. SF-424 Congressional District(s)	supportive services near 100% capacity? Closing on purchase of land, structure(s), or execution of				
1E. SF-424	structure lease?				
Compliance 1F. SF-424 Declaration	Rehabilitation started?				
1G. HUD 2880	Rehabilitation completed?				
1H. HUD 50070	New construction started?				
1I. Cert. Lobbying	New construction completed?				
1J. SF-LLI Part 2 - Rec If "NIo."					
Part 2 - Rec Subrecipien If "No,"	You must enter a va	alue greater than zero fo	or at least one project i	nilestone.	
2A. Subri 2B. Expe	* 3. Will your project participate in a CoC Coordin	ated Entry Process? No	~		1
Part 3 - Proj Information why not.	* Please explain why your project will not pa	rticinate in a CoC Coordina	ated Entry Process		
3A. Proje		recipate in a coc coordina	ited Entry Process.		
3B. Description					^
3C. HMIS Expansion Part 4 - Housing,					Ĭ)
Services, and HMIS	Please explain why your proje	ct will not participate in a Cot	Coordinated Entry Process.	Value is required.	
4A. HMIS Standards	4. If applicable, describe the proposed develo			pplicant and potential	
4B. HMIS Training Part 6 - Budget	subrecipients (if any) will have in developing	, operating, and maintaini	ng the property.		
Information					^
6A. Funding Request					\sim
6H. HMIS Budget 6I. Match					
6J. Summary Budget	Save & Back	Save	S	ave & Next	
Part 7 - Attachment(s) &					
Certification 7A, Attachment(s)		Back	Next		

- 1. Provide a details description of the scope of the project.
- 2. Complete the Project Milestones table by entering the number of days from the execution of the grant agreement for each milestone. Milestones include:
 - New project staff hired or other expenses begin
 - Participant enrollment begins
 - Participants begin to occupy leased units or structures and supportive services
 begin

- Leased or rental assistance units or structure and supportive services near 100% capacity
- Closing on purchase of land, structure(s), or execution of structure lease
- Rehabilitation started
- Rehabilitation completed
- New construction started
- New construction completed

Each column pertains to one location or structure.

- If the project has only one location or structure, or no structures, complete only column A.
- If multiple structures, complete one column for each structure.

If a milestone is not applicable, leave the associated fields blank.

- 3. Select "Yes" or "No" to indicate if your project will participate in a CoC Coordinated Entry Process. Select "No" if your CoC has not yet implemented a Coordinated Entry Process.
 - If "No," one new question will appear.
 In the text box provided, explain why your project will not participate in a CoC Coordinated Entry Process.
- 4 If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.
- 4. Select "Save & Next" to continue to the next screen.

3C. HMIS Expansion (HMIS)

The following steps provide instruction on completing mandatory fields marked with an asterisk (*) on the "HMIS Expansion" screen for **Part 3: Project Information** of the FY 2019 New Project Application.

A TestUser2	3C. HMIS Expansion	
New Project Application FY2019	* 1. Is this New project application requesting a "Project Expansion" of an <u>select</u> - eligible renewal project of the same component type? No Yes	
Applicant Name: Project Applicant A	Save & Back Save	Save & Next
Applicant Number: 030700000	Back Next	
Project Name:	Note: This formlet contains mandatory fields for which no value has been	saved.

Step	Description
1.	Select "Yes" or "No" to indicate whether the requested funds increase the capacity or function of the CoC's existing HMIS.

- If "No," select "Save & Next" and continue to the next screen.
- If "Yes, a new field will appear that you are required to complete. Continue on to Step 2.

e.Forms	e Logout
A TestUser2	3C. HMIS Expansion
New Project Application FY2019	* 1. Is this New project application requesting a Yes "Project Expansion" of an eligible renewal project of the same component type? If "Yes," the fields with the Renewal data appears.
Applicant Name: Project Applicant A Applicant Number: 030700000	Enter the PIN number (first 6 numbers of the grant number) an project application applying for renewal in this year's Co C Program Competition.
Project Name: New Project Application Test 1 FY2019	 * 1a. Eligible Renewal Grant PIN Number: * 1b. Eligible Renewal Grant Project Name:
Project Number: 136481	Select `Yes' or `No' to questions 2-4 below. To be an eligible HMIS Expansion, at least one question must be selected ``Yes."
New Project Application FY2019	
FY2018 New Project Application Instructions	* 3. Will this expansion project increase geographic select coverage of HMIS?
Before Starting Part 1 - Forms 1A. SF-424 Application	<u>*</u> 4. Will this expansion project increase number of select ▼ HMIS participating agencies and/or programs?
Type 1B. SF-424 Legal Applicant	At least one of question 2, 3, or 4 must be "Yes".
1C. SF-424 Application Details 1D. SF-424	Save & Back Save Save & Next Back Next

Step	Description
2.	Select "Yes" or "No" to indicate whether the requested funds are for a project expansion of an eligible renewal project of the same component type.
	If "No," proceed to the next screen.
	• If "Yes, additional fields will appear that you are required to complete.
3.	Enter the PIN number (first 6 numbers of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2019 upon which this project proposes to expand.
4.	Select "Yes" or "No" to indicate whether this expansion project will increase HMIS functionality.
3.	
	Select "Yes" or "No" to indicate whether this expansion project will increase geographic coverage of HMIS.
4.	
	Select "Yes" or "No" to indicate whether the expansion project will increase the number of HMIS participating agencies and/or programs.
5.	Select "Save & Next" to continue.

4A. Supportive Services, HMIS

The following steps provide instruction on completing mandatory fields marked with an asterisk (*) for screen 4A in **Part 4: Housing, Services, and HMIS** of the FY 2019 Project Application.

The screens that appear under Part 4 depend on the selection of the component type on screen 3A: Project Detail and 3B. Project Description.

NOTE: The Project Applicant must complete the following screens depending upon the component type listed on Screen 3A. Project Detail:

- 4A. Supportive Services for Participants (PH: PSH, PH: RRH, Joint TH and PH-RRH)
- 4A. HMIS Standards (HMIS)

For new SSO projects, Project Applicants will not have a Part 4 screen to complete.

4A. Supportive Services for Participants (PH and Joint TH and PH-RRH)

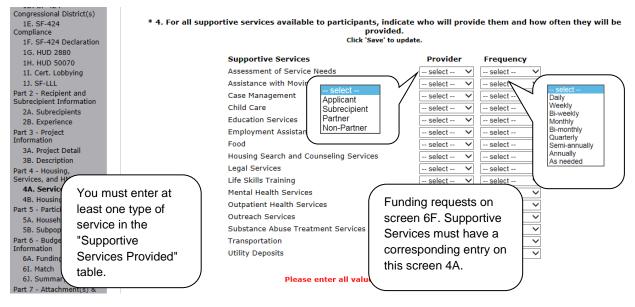
The following screen, 4A. Supportive Services for Participants, applies to PH projects (PSH and RRH) and Joint TH and PH-RRH (the component selected on screen 3A. Project Detail).

The information entered into screen 4A, "Supportive Services for Participants," the first screen of **Part 4: Housing, Services, and HMIS** of the FY 2019 Project Application, should capture the capacity of the project to efficiently provide supportive services to program participants. Please ensure that the information provided is both accurate and complete.

stUser2	4A. Supportive Services for Participants
oject Application Int Name: Applicant A Int Number: 0000 Name: 0ject Application FY2019 Number: 1 roject Application 9 8 New Project tion Instructions Starting	Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals and families experiencing homelessness. Projects serving households with or vouth and families experiencing homelessness. Projects serving households with children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition. * Please check the box that you acknowledge you will be required participants. * 2. Describe how participants will be assisted to obtain and remain in permanent housing.
orms 424 Application 424 Legal	* 3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?

1.	Select the box to indicate that the proposed project policies and practices are consistent with laws related to providing education services to individuals and families.
2.	Describe the supportive services that will be provided to help project participants obtain and remain in permanent housing in the text box provided.
3.	Describe the supportive services that will be provided to help project participants locate employment, increase their employment income, and maximize their ability to live independently.

4A. Supportive Services for Participants (PH and Joint TH and PH-RRH) (continued)



Step Description

4. In the table provided, using the dropdown next to each service type, indicate who will provide the service and the frequency of service (daily, weekly, bi-weekly, monthly, bi-monthly, quarterly, semi-annually, annually, or as needed) that will be provided to project participants.

4A. Supportive Services for Participants (PH and Joint TH and PH-RRH) (continued)

6J. Summary Budget Part 7 - Attachment(s) & Certification	5. Please identify whether the project will include the following activities:
7A. Attachment(s) 7D. Certification	* 5a. Transportation assistance to clients to attend mainstream select v benefit appointments, employment training, or jobs?
Part 8 - Submission Summary	* 5b. Regular follow-ups with participants to ensure mainstreamselect ∨ benefits are received and renewed?
8B. Summary View Applicant Profile	* 6. Will project participants have access to SSI/SSDI technical Yes v assistance provided by the applicant, a subrecipient, or partner agency?
Export to PDF Get PDF Viewer	* 6a. Has the staff person providing the technical assistance - select - v completed SOAR training in the past 24 months.
Back to Submissions List	Save & Back Save Save & Next
	Back Next

- 5. Under question 5, using the dropdowns provided, select "Yes" or "No" to indicate whether the project:
 - Provides transportation assistance to clients to enable them to attend mainstream benefit appointments, employment training, or jobs.
 - Follow-ups regularly with participants to ensure mainstream benefits are received and renewed.
- 6. Select "Yes" or "No" to indicate whether the project enables program participants to access SSI/SSDI technical assistance provided by the applicant, a subrecipient, or a partner agency.
 - If "Yes," an additional question will appear. Select "Yes" or "No" from the dropdown menu to indicate if the staff person providing the technical assistance completed SOAR training in the last 24 months.
- 7. Select "Save & Next" to navigate to the next screen.

4A. HMIS Standards (HMIS Only)

The following screen, 4A. HMIS Standards, applies to HMIS projects (the component selected on screen 3A. Project Detail).

e.Forms		Cog
	4A. HMIS Standards	
TestUser2		
w Project Application 2019	* 1a. Is the HMIS currently programmed to collect all Universal Data Elements <u>select</u> - select - v (UDE's) as set forth in the 2017 HMIS Data Standards?	
plicant Name: oject Applicant A plicant Number: 0700000	1b. If no, explain why and the planned steps for compliance. Max. 500 characters	<u>^</u>
oject Name: ew Project Application est 1 FY2019		~
oject Number: 36481	* 2a. Is the HMIS currently able to produce all HUD-required reports and —select. → provide data as needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells (this will be the Logitudinal System Analysis next year), data for CAPFR/ESC reporting, SPM and Data Quality	
ew Project Application Y2019	Table, etc).	
	2b. If no, explain why and the planned steps for compliance.	
2018 New Project	Max. 500 characters.	~
efore Starting rt 1 - Forms		\sim
1A. SF-424 Application pe	* 3a. Is your HMIS capable of generating all reports required by all Federal Yes V partners including HUD, VA, and HHS?	
1B. SF-424 Legal oplicant	3b. If No, explain why and the planned steps for compliance.	
1C. SF-424 Application etails	Max. 500 characters.	
1D. SF-424 ongressional District(s) 1E. SF-424		\bigcirc
mpliance 1F. SF-424 Declaration 1G. HUD 2880	* 4. Can the HMIS currently provide the CoC with an unduplicated count ofselectv clients receiving services in the CoC?	
1H. HUD 50070 1I. Cert. Lobbying 1J. SF-LLL	* 5. Does your HMIS implementation have a staff person responsible for - select v insuring the implementation meets all privacy and security standards as required by HUD and the federal partners?	
rt 2 - Recipient and brecipient Information 2A. Subrecipients	* 6. Does your organization conduct a background check on all employees whoselect	
2B. Experience rt 3 - Project	* 7. Does the HMIS Lead conduct Privacy and Security Training and follow up -select - V	
formation 3A. Project Detail	on privacy and security standards on a regular basis?	
3B. Description 3C. HMIS Expansion	* 8. Do you have a process in place to remove community members who no Yes v longer need access to HMIS (e.g. leave their job, fired, etc.)	
rt 4 - Housing, rvices, and HMIS	* a. How long does it take to remove access rights to former HMIS users? [-select- $ u$]	
4A. HMIS Standards 4B. HMIS Training	Seve & Back Save Save Avert	
formation	Back Next	
64 Funding Request		

Step Description

- 1. In 1a, select "Yes" or "No" from the dropdown menu to indicate if the HMIS is currently programmed to collect all Universal Data Elements (UDEs) as set forth in the HMIS Data Standard Notice.
 - If you answered "No" to Question 1a, you are required to explain why and discuss the planned steps for compliance in Question 1b.
- 2. In 2a, select "Yes" or "No" from the dropdown menu to indicate if the HMIS is currently able to produce all HUD-required reports and provide data as needed for HUD reporting.
 - If you answered "No," to Question 2a, you are required to explain why and discuss the planned steps for compliance in Question 2b.
- 3. In 3a, select "Yes" or "No" from the dropdown menu to indicate whether the HMIS is capable of generating all reports required by Federal partners, including HUD, VA, and HHS.

- If you answered "No," to Question 3a, you are required to explain why and discuss the planned steps for compliance in Question 3b.
- 4. Select "Yes" or "No" from the dropdown menu to indicate if the HMIS can currently provide the CoC with an unduplicated count of clients receiving services in the CoC.
- 5. Select "Yes" or "No" from the dropdown menu to indicate if the HMIS Lead has a staff person responsible for ensuring the implementation meets all security standards as required by HUD and the federal partners.
- 6. Select "Yes" or "No" from the dropdown menu to indicate if your organization conducts a background check on all employees who access HMIS or view HMIS data.
- 7. Select "Yes" or "No" from the dropdown menu to indicate if the HMIS Lead conducts Privacy and Security Training and follows up on privacy and security standards on a regular basis.
- 8. Select "Yes" or "No" from the dropdown menu to indicate if your organization has a process in place to remove community members who no longer need access to HMIS (e.g. leave their job, fired, etc.).
 - If "Yes," select from the dropdown menu to indicate the length of time it takes to remove access rights to former HMIS users. Options include: within 24 hours, within 1 week, within 2 weeks, within 1 month, and longer than 1 month.
- 9. Select "Save & Next" to continue to the next screen.

4B. Housing Type and Location, HMIS Training

The following steps provide instruction on completing mandatory fields marked with an asterisk (*) for screen 4B in **Part 4: Housing, Services, and HMIS** of the FY 2019 Project Application.

The screens that appear under Part 4 depend on the selection of the component type on screen 3A: Project Detail and 3B. Project Description.

NOTE: The Project Applicant must complete the following screens depending upon the component type listed on Screen 3A:

- 4B. Housing Type and Location (PH: PSH)
- 4B. Housing Type and Location (PH: RRH)
- 4B. Housing Type and Location (Joint TH)
- 4B. HMIS Training (HMIS)
- For new SSO projects, Project Applicants will not have a Part 4 screen to complete.

4B. Housing Type and Location (PH: PSH)

The following screen, 4B. Housing Type and Location, applies to PH: PSH (the components selected on screen 3A. Project Detail and 3B. Project Description).

The list in the "Housing Type and Location" screen summarizes each housing site in the project. The list will be populated by information you add about individual project sites.

e.Forms	Cogout
La TestUser2	4B. Housing Type and Location
New Project Application FY2019	The following list summarizes each housing site in the project. To add a housing site to the list, select the 🛱 icon. To view or update a housing site already listed, select the 🍳 icon.
Applicant Name: Project Applicant A Applicant Number: 030700000 Project Name: New Project Application Test 1 FY2019 Project Number:	Select Total Units: 0 Auto-calculate "Add" Total Dedicated CH Beds: 0 0 All A B C D E F G H I J K L M N O P Q R S T U V W X Y Z X Y Z
136481	Delete View Housing Type Housing Type (JOINT) Units Beds
New Project Application FY2019 FY2018 New Project	This list contains no items Back Next

Step	Description
1.	To begin adding information to this list, add a housing site by selecting the "Add" icon.
2.	The "4B. Housing Type and Location Detail" screen appears.
NOTE:	On the "4B. Housing Type and Location" screen, review the information you entered for each housing type.
	• To edit the information on the "Housing Type and Scale" screen, select the
	"View" icon 🕰 to the left of the housing type. Make any necessary changes, and select "Save & Back to List."
	 To delete the information on the "Type and Scale of Housing" screen, select the red "Delete" icon is to the left of the housing type.

4B. Housing Type and Location Detail (PH: PSH)

On this screen, you will enter information about an individual housing site.

Lustered apartm Scattered-site apa	upancy (SRO) units
Applicant Name: Project Applicant A Applicant Number: 030700000 Project Name: New Project Application Test 1 FY2019	2. Indicate the maximum number of units and beds available for project participants at the selected housing site. * a. Units: * b. Beds: * 3. How many beds of the total beds in "2b. Beds" are dedicated to the chronically homeless?
Project Number: 136481	This includes both the "dedicated" and "prioritized" beds.
New Project Application FY2019 FY2018 New Project Application Instructions Before Starting Part 1 - Forms 1A. SF-424 Application Type 1B. SF-424 Legal	4. Address: Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants. * Street 1:
Applicant 1C. SF-424 Application	Street 2:
Details 1D. SF-424 Congressional District(s) 1E. SF-424 Compliance	* City: * State:
1F. SF-424 Declaration 1G. HUD 2880 1H. HUD 50070 1I. Cert. Lobbying	*5. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)
1J. SF-LLL Part 2 - Recipient and Subrecipient Information 2A. Subrecipients 2B. Experience Part 3 - Project Information 3A. Project Detail	Available Items: 110006 District Of Columbia C Selected Items: Selected Items: Select "Save & Add
3B. Description Part 4 - Hour Services, an 4A. Servit 4B. Hous Part 5 - Part 5A. House Nousing t	Another" to add another housing type

Step Description

1. From the "Housing Type" dropdown menu, select the type of housing that most closely resembles the type of housing the project provides.

- Barracks
- Dormitory, shared or private rooms
- Shared housing

- Single Room Occupancy (SRO) units
- Clustered apartments
- Scattered site apartments (including efficiencies)
- Single-family homes/townhouses/duplexes

Description	
	the maximum number of units and beds available for project participants at the ted housing site.
•	The number entered should be based on the number of units and beds that will be available at the point-in-time and used for housing program participants in th project.
•	Select "Save."
	ate the number beds of the total beds in "2b. Beds" that are dedicated to the ically homeless.
unit c will b	the physical address for this proposed project. For scattered-site housing, or othe onfigurations with multiple addresses, enter the address where the majority of bec e located, or where most beds are planned to be located as of the application ission.
•	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 administration office.
	t the geographic cree(a) in which the project will be leasted
Selec	t the geographic area(s) in which the project will be located.
Selec •	Highlight one geographic area, or hold the CTRL Key to make more than one selection.
Selec •	Highlight one geographic area, or hold the CTRL Key to make more than one
•	Highlight one geographic area, or hold the CTRL Key to make more than one selection.
• To ac 5. When	Highlight one geographic area, or hold the CTRL Key to make more than one selection.Using the single arrow, move your selection from the left box to the right box.

NOTE regarding addresses: Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

4B. Housing Type and Location (PH: RRH)

The following screen, 4B. Housing Type and Location, applies to PH: RRH (the components selected on screen 3A. Project Detail and 3B. Project Description).

The list in the "Housing Type and Location" screen summarizes each housing site in the project. The list will be populated by information you add about individual project sites.

🥑 e.Forms	Cogout
L TestUser2	4B. Housing Type and Location
New Project Application FY2019 Applicant Name: Project Applicant A Applicant Number:	The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon. Select "Add" Auto- calculate based on entries
030700000 Project Name: New Project Application Test 1 FY2019 Project Number: 136481	All A B C D E F G H I J K L M N O P Q R S T U W X Y Z Delete View Housing Type Housing Type (JOINT) Units Beds
New Project Application FY2019	This list contains no items Back Next

Step Description To begin adding information to this list, add a housing site by selecting the "Add" icon. 1. **P** The "4B. Housing Type and Location Detail" screen appears. 2. NOTE: On the "4B. Housing Type and Location" screen, review the information you entered for each housing type. To edit the information on the "Housing Type and Scale": screen, select the • "View" icon () to the left of the housing type. Make any necessary changes, and select "Save & Back to List." To delete the information on the "Type and Scale of Housing" screen, select the • red "Delete" icon 🔕 to the left of the housing type.

4B. Housing Type and Location Detail (PH: RRH)

On this screen, you will enter information about an individual housing site.

A TestUse2 48. Housing Type and Location Detail dropdown menu Applicant Name: Project Application Project Application New Project Application Project Number: 164681 1. Indicate the maximum number of units and beds available for project participants at the selected a units in the selected for the project Application Fr2019 New Project Application Fr2019 Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered- site and Single-family home housing, or for projects that have units at multiple locations, project applicants is should not the expected location of the housing units. For Scattered- site and Single-family home housing, or to projects shaft have units at multiple locations, project applications is not yet known, enter the address for stattered- site and Single-family home housing, or to projects shaft have units at multiple locations, project application is not yet known, enter the address for stattered-site address for the project application on the exhibited of the address for stattered- site and Single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants. 10. 5F-424 Application To E-424 Applicatin To E-424 Appli	e.Forms	6		-		e 14	ogou
New Project Application Project Application Project Name: Including Human transformation of units and beds available for project participants at the selected housing site. Applicant Name: Project Application New Project Name: Including Human transformation of Units and beds available for project participants at the selected housing site. Indicate the maximum number of units and beds available for project participants at the selected housing site. Indicate the maximum number of units and beds available for project applicants at the selected housing site. Indicate the maximum number of units and beds available for project applicants at the selected housing site. Indicate the maximum number of units and beds available for project applicants at the selected housing site. Indicate the maximum number of units and beds available for project application submission. Indicate the maximum number of units and beds available for project application submission. Where the project is and single-family home housing, or for project sharthare annutpies locations. Where the project uses tenant-based rental assistance in the RRH portion, or the address for scattered-site address for the project sharthare and project is and single-family home housing, or for project sharthare and the submission. Where the address for the project sharthare and the time of application submission. Where the policit the sharthare and the single family for the project sharthare and the single family homes housing or for project sharthare and the single family homes housing or for project sharthare and the single family homes housing or for project sharthare and the single family homes housing or for project sharthare and the single family homes housing or for project sharthare and the single family homes housing the sharthare and the sind single family homes housing the	L TestUser2		4B. Ho	using Type and	l Location Detail		Select from dropdown
Applicant Name: housing site. Applicant Number: 03070000 030700000 " a. Units: Project Application " b. Bels: Test 1 PV2019 Science Application Project Application Froject Application Teve Project Application Project Application Project Application Science Application Tic Science Application Science Application Science Applica			* 1. H	lousing Type:	select	VA	menu
Test 1 Fi2019 Project Application Project Application Project Application should enter the address for all proposed and existing properties. If the located or where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project should enter the address should enter the address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site or single-family homes housing, or for projects that have units at multiple locations, project applicants should enter the address do the application submission. Where the project uses tenant-based rental assistance in the RRH proton, or if the address for associated with the address to ensure the safety of participants. Before Starting Part 1 - Forms 1A. SF-424 Application Street 1: Type * Street 1: 1b. SF-424 Legal Application * Street 1: 2base * Street 1: 1c. SF-424 Application * Street 1: 1b. SF-424 Declaration * Street 1: 1f. SF-424 Declaration * Street 1: 1f. SF-424 Declaration * Audiable Items: 11. Cert. Lobbying * Street 1: 13. Streid Select the geographic area(s) associated with the address. For new projects, select the area(s) 2barecipients Select "Save & Back to List" when finished addding 13. Froj Se	Project Applicant A Applicant Number: 030700000 Project Name:	2. Indica	te the maximum number of u	housing * a. Units: * b. Beds:	site.	pants at the selected	d
FY2018 New Project or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants. Before Starting Part 1 - Forms 1A, SF-424 Application Street 2: 1B, SF-424 Legal Street 2: Applicati * Street 1: 1C, SF-424 Application * Street 2: Details * Street 2: 1D, SF-424 respication 1E, SF-424 Select the geographic area(s) associated with the address. For new projects, select the area(s) Compliance (for multiple selections hold CTRL key) 1G. HUD 2880 Available Items: 11. SF-LUL Select "Save & Part 2 - Recipient and Select of Columbia 2A. Subrecipients Select "Save & Part 3 - Prof Select "Save & Back to List" when finished adding Save	Test 1 FY2019 Project Number: 136481 New Project Application		location is not yet known, enter site and Single-family home ho project applicants should enter where the majority of beds are l	an address for a the expected lo using, or for pro the address wh located as of the	Il proposed and existing proper cation of the housing units. Fo jects that have units at multip ere the majority of beds will br application submission. Wher	or Scattered- le locations, e located or e the project	
Part 1 - Forms IA. SF-424 Application Type 1B. SF-424 Legal Applicati C. SF-424 Application Details 1D. SF-424 Compressional District(s) 1E. SF-424 Compliance IF. SF-424 Declaration 1G. HUD 2880 1H. HUD 50070 1I. Cert. Lobbying 1J. SF-LLL Part 2 - Recipient and Subrecipient Information Subrecipient Information Subrecipient Select "Save & Back to List" when finished adding			or single-family homes housing address for the project's adminis	g cannot be iden tration office. Pr st use a PO Box	tified at the time of application ojects serving victims of dome or other anonymous address t	n, enter the estic violence,	
1A. SF-424 Application Type 1B. SF-424 Legal Applicant 1C. SF-424 Application Details 1D. SF-424 Congressional District(s) 1E. SF-424 Compliance 1F. SF-424 Declaration 1G. HUD 2880 1H. HUD 50070 1I. Cert. Lobbying 1J. SF-LLL Part 3 - Prof Select "Save & Back to List" when finished adding	-			* Street 1:			
1A, SI-424 Application Type 1B, SF-424 Legal Applicant 1C, SF-424 Application Details 1D, SF-424 Compressional District(s) 1E, SF-424 Compliance 1F, SF-424 Compliance 1G, HUD 2880 1H, HUD 50070 1I. Cert. Lobbying 1J. SF-LL Part 3 - Prof Select "Save & Back to List" when finished adding				Street 2:			
1B. SF-424 Legal Applicant 1C. SF-424 Application Details 1D. SF-424 Congressional District(s) 1E. SF-424 Compliance 1F. SF-424 Declaration 1G. HUD 2880 1H. HUD 50070 1I. Cert. Lobbying 1J. SF-LLL Part 2 - Recipient and Subrecipients 2A. Subrecipients 2A. Subrecipients 3A. Proj 3B. Dess finished adding Please select at least one area. Select "Save &							
1C. SF-424 Application * ZIP Code: 1D. SF-424 * * ZIP Code: Compressional District(s) * * ZIP Code: 1E. SF-424 * * Select the geographic area(s) associated with the address. For new projects, select the area(s) Compliance * * Select the geographic area(s) associated with the address. For new projects, select the area(s) Compliance (for multiple selections hold CTRL key) 1G. HUD 2880 Available Items: 1H. HUD 50070 * * Recipient and Subrecipient Information * * Select "Save & Part 3 - Pro Select "Save & Back to List" when Save finished adding Save	1B. SF-424 Legal						
Details 1D. SF-424 Congressional District(s) 1E. SF-424 Compliance 1F. SF-424 Declaration 1G. HUD 2880 1H. HUD 50070 1I. Cert. Lobbying 1J. SF-LLL Part 2 - Recipient and Subrecipient Information 2A. Subrecipients 2B. Exper Select "Save & Back to List" when finished adding					select 🗸		
Congressional District(s) 1E. SF-424 Compliance 1F. SF-424 Declaration 1G. HUD 2880 1H. HUD 50070 1I. Cert. Lobbying 1J. SF-LLL Part 2 - Recipient and Subrecipient Information 2A. Subrecipients 2B. Exper Part 3 - Pr Information 3B. Desr finished adding Compliance *4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key) Select Items: Select Items: Select Items: Select Items: Select Items: Select "Save and Area Another" to add another housing type Save Save & Add Another				* ZIP Code:			
16. HUD 2880 16. HUD 2880 11. Get. Lobbying 11. Get. Lobbying 11. SF-LLL Part 2 - Recipient and Subrecipient Information 2A. Subrecipients 2B. Exper Part 3 - Pro Back to List" when finished adding 3B. Desi finished adding	Congressional District(s) 1E. SF-424	*4. Sele	<u> </u>	expected to be	e covered.	s, select the area(s))
1H. HUD 50070 1I. Cert. Lobbying 1J. SF-LLL Part 2 - Recipient and Subrecipient Information 2A. Subrecipients 2B. Exper Part 3 - Prof Back to List" when finished adding			(for r	nuitiple selection	s hold CTRL Key)		
11. Cert. Lobbying 13. SF-LLL Part 2 - Recipient and Subrecipient Information 2A. Subrecipients Part 3 - Prof Back to List" when finished adding Please select at least one area. Save Save & Add Another Save & Add Another			Available Items:		Selected Items:		
Part 2 - Recipient and Subrecipient Information 2A. Subrecipients 2B. Exper Part 3 - Prof 3A. Proj 3A. Proj 3B. Dess finished adding C. Subrecipient Information Select "Save & Please select at least one area. Save Save & Add Another Save & Add Another			110006 District Of Columbia	>>			
Subrecipient Information 2A. Subrecipients 2B. Exper Part 3 - Pro Information 3A. Proj 3B. Des finished adding Save S	1J. SF-LLL			>			
2B. Exper Part 3 - Pro Select "Save & Another" to add another housing typ A. Proj. Back to List" when finished adding Save Save & Add Another	Subrecipient Information					Select "S	Save and Add
3A. Proj Back to List" when finished adding	Part 3 - Pro Information Select "Sa		Plea		ast one area.		
	3A. Proj. Back to Li		Save		Save & Add Another		-
Part 4 - Ho Back to List Back to List	3C. Expa		Save & Back to	List	Back to List		

Step Description

1. From the "Housing Type" dropdown menu, select the type of housing that most closely resembles the type of housing the project provides.

- Barracks
- Dormitory, shared or private rooms
- Shared housing
- Single Room Occupancy (SRO) units
- Clustered apartments

- Scattered site apartments (including efficiencies)
- Single-family homes/townhouses/duplexes.
- 2. Enter the maximum number of units and beds available for project participants at the selected housing site.
 - The number entered should be based on the number of units and beds that will be available at the point-in-time and used for housing program participants in this project.
 - Select "Save."
- 3. Enter the physical address for this proposed project. For scattered-site housing, enter the address where the majority of beds are located, where most beds are located as of the date you submit the application, or an administrative address.
- 4. Select the geographic area(s) in which the project is located.
 - Highlight one geographic area, or hold the CTRL Key to make more than one selection.
 - Using the single arrow, move your selection from the left box to the right box.
- 5. To add additional housing sites, select "Save & Add Another" and repeat steps 1 through 4.
- 6. When you have entered all of the types of housing for the project, select "Save & Back to List" to return to the "4B. Housing Type and Location" screen.
- 7. When your list is complete, select "Next" to continue to the next screen.

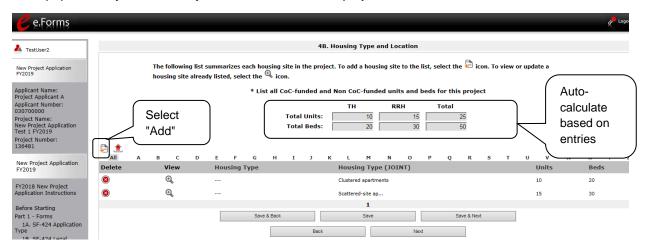
NOTE regarding addresses:

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

4B. Housing Type and Location (Joint TH)

The following screen, 4B. Housing Type and Location, applies to Joint TH (the component selected on screen 3A. Project Detail).

The list in the "Housing Type and Location" screen summarizes each housing site in the project. The list will be populated by information you add about individual project sites.



Step	Description
1.	To begin adding information to this list, add a housing site by selecting the "Add" icon.
2.	The "4B. Housing Type and Location Detail" screen appears.
NOTE:	On the "4B. Housing Type and Location" screen, review the information you entered for each housing type.
	• To edit the information on the "Housing Type and Scale": screen, select the
	"View" icon 🔍 to the left of the housing type. Make any necessary changes, and select "Save & Back to List."
	 To delete the information on the "Type and Scale of Housing" screen, select the red "Delete" icon

4B. Housing Type and Location Detail (Joint TH)

On this screen, you will enter information about an individual housing site.

🥑 e.Forms	
LestUser2	4B. Housing Type and Location Detail TH
New Project Application FY2019	The applicant has selected "JOINT TH & PH-RRH" as their component type and must list all CoC funde this project. I to this burging for the TH ending of the amint of the amin
Applicant Name: Project Applicant A Applicant Number:	1. Is this housing type and location for the TH portion or the RRH portion of the project?
030700000 Project Name: New Project Application Test 1 FY2019 Project Number:	Select - CoC ESG Section 8
136481 New Project Application	HUD-VASH Mixed Funding Other
FY2019	* b. Beds:
FY2018 New Project Application Instructions Before Starting Part 1 - Forms 1A. SF-424 Application Type	5. Address Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the applications. Where the project uses tenant-based rental assistance in the RRH protion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.
1B. SF-424 Legal Applicant	* Street 1:
1C. SF-424 Application Details	* City:
1D. SF-424 Congressional District(s)	* State: select 🗸
1E. SF-424 Compliance	* ZIP Code:
1F. SF-424 Declaration 1G. HUD 2880 1H. HUD 50070 1I. Cert. Lobbying	6. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered. (for multiple selections hold CTRL key)
1J. SF-LLL Part 2 - Recipient and	Available Items: 110006 District Of Columbia Selected Items:
Subrecipient Information 2A. Subrecipients	
2B. Experience Part 3 - Project	Select "Save & Another" to add another
Information	
3B. Description	Back to List" when Please select at least one area.
Farch - Housing,	finished adding
	housing types
4R Housing Typ	

Step Description

•

1.

Select "TH" or "RRH" from the dropdown menu to indicate whether the housing type and location is for the TH or RRH portion of the project.

If "TH," another question will appear. Select "Yes" or "No" from the dropdown menu to indicate whether the TH portion of the project has private rooms per household.

If "Yes," another question will appear.
 Select "Yes" or "No" to indicate whether "this is a private or semi-private room."

4B. Housing Type	and Location Detail
1. Is this housing type and location for the TH portion or the RRH portion of the project?	
1a. Does this TH portion of the project have private rooms per household?	
1b. Is this a private or semi private room?	Yes V

- 2. From the "Housing Type" dropdown menu, select the type of housing that most closely resembles the type of housing the project provides.
 - Barracks
 - Dormitory, shared or private rooms

- Shared housing
- Single Room Occupancy (SRO) units
- Clustered apartments
- Scattered site apartments (including efficiencies)
- Single-family homes/townhouses/duplexes.
- 3. Enter the maximum number of units and beds available for project participants at the selected housing site.
 - The number entered should be based on the number of units and beds that will be available at the point-in-time and used for housing program participants in this project.
 - Select "Save."
- 4. Enter the physical address for this proposed project. For scattered-site housing, enter the address where the majority of beds are located, where most beds are located as of the date you submit the application, or an administrative address.
- 5. Select the geographic area(s) in which the project is located.
 - Highlight one geographic area, or hold the CTRL Key to make more than one selection.
 - Using the single arrow, move your selection from the left box to the right box.
- To add additional housing sites, select "Save & Add Another" and repeat steps 1 through
 4.
- 7. When you have entered all of the types of housing for the project, select "Save & Back to List" to return to the "4B. Housing Type and Location" screen.

4B. HMIS Training

The following screen, 4B. HMIS Training, applies to HMIS projects (the component selected on screen 3A. Project Detail).

e.Forms		e Logout
🛃 TestUser2	4B. HMIS Training	
New Project Application FY2019	* Indicate the last training date or proposed training date for each HMIS training, as applicable.	
Applicant Name: Project Applicant A Applicant Number: 030700000 Project Name: New Project Application Test 1 FY2019	Enter date of last training or Activity proposed next training (mm/yyyy)	
Project Number: 136481	Basic Computer Training	
190101	HMIS Software Training for Sys Admin	
New Project Application	HMIS Software Training	
FY2019	Data Quality Training	
FY2018 New Project	Security Training	
Application Instructions	Privacy/Ethics Training	
	HMIS PIT Count Training	
Before Starting Part 1 - Forms	Other (must specify)	
1A. SF-424 Application Type		
1B. SF-424 Legal Applicant		
1C. SF-424 Application Details		
1D. SF-424 Congressional District(s)	Save & Back Save Save & Next	
1E. SF-424 Compliance	Back Next	

Step Description

- 1. For each type of training listed, indicate the last training date or proposed training date for each HMIS training type, as applicable.
- 2. Enter up to 3 additional HMIS trainings that apply to the implementation of the proposed project, and enter the implementation date for each additional training.
- 3. Select "Save & Next" to continue to the next screen.

Preface to Part 5: Participant Screens

The upcoming pages contain instructions for the two "Project Participants" screens—one for "Households" and the other for "Subpopulations"

NOTE:Part 5 is applicable only to PH-PSH, PH-RRH, and Joint TH and PH-RRH projects.If you selected "HMIS" or "SSO" as the component on screen 3A, you will not see the
Part 5 screens as these screens do not apply to HMIS or SSO projects.

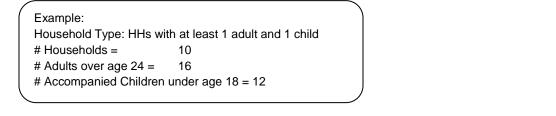
Before continuing to the instructions, please review the following notes, which provide information regarding gathering and entering data for these two populations.

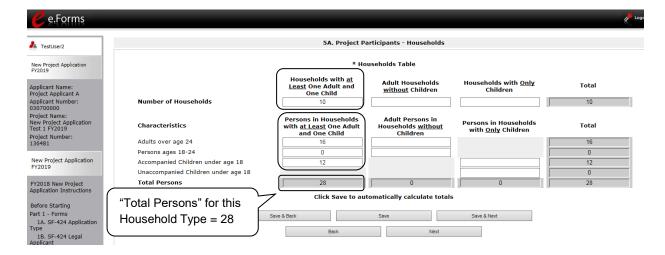
NOTE:	(1)	The data gathered on these "Project Participants" screens consists of the number of participants in the program when the program is at full capacity (at a single point in time, not over the course of a year or term of the grant).
		For a new project, you will not have historical data on persons served, so you will need to use estimates at the time of application. The data describes the number of households as well as the number of persons in households.
NOTE:	(2)	Dark grey cells are not applicable and light grey cells will be totaled by e-snaps automatically.
NOTE:	(3)	For homeless assistance programs, chronic substance abuse, by itself, may constitute a disability.
NOTE:		also the Additional Guidelines for 5A. Project Participants – Households and 5B. ect Participants - Subpopulations subsection on the next page.

Additional Guidelines for 5A. Project Participants – Households and 5B. Project Participants - Subpopulations

This section provides some guidelines to clarify the way in which the fields on 5A. Project Participants – Households and 5B. Project Participants - Subpopulations work together. The example applies to the Household Type: Households with at least one adult and one child, which is the first fillable column on screen 5A and the first chart at the top of screen 5B.

These guidelines also apply to the other two Household Types—Adult Households without children and Households with Only Children.

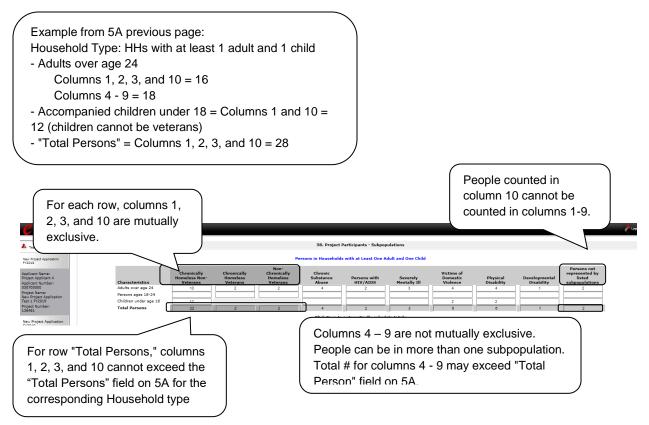




The "Total Persons" field on screen 5A will not necessarily be the sum of the 10 column totals for the corresponding household type on screen 5B (see image below).

While the first three columns on screen 5B are mutually exclusive, people might be listed in more than one subpopulation category in the final seven columns of the chart. For example, a participant can only be either a non-CH veteran, a CH veteran, or a CH non-veteran, but a participant may be any one of these three and dually-diagnosed, fitting into more than one subpopulation. Therefore, an HIV positive and chronic substance abusing CH non-veteran could be included in one subpopulation from the first three columns and in both subpopulations in the final seven columns.

The total number of persons in a particular subpopulation column (e.g., non-CH veterans, chronic substance abuse, etc.) on screen 5B cannot exceed the total number entered in the "Total Persons" column on screen 5A.



5A. Project Participants - Households

The following steps provide instructions on completing the "Project Participants – Households" screen for **Part 5: Participants and Outreach Information** to indicate the total number of households and number of persons by demographic served at maximum program capacity at a single point in time by household type.

Estimations: For a new project, you will not have historical data on persons served, so you will need to use estimates at the time of application. The data describes the number of households as well as the number of persons in households.

e.Forms				Logout	
TestUser2		5A. Project Participants - Ho	useholds		
ew Project Application 2019		* Households Table			
plicant Name: oject Applicant A		Households with <u>at</u> <u>Least</u> One Adult and One Child	Adult Households <u>without</u> Children	Households with <u>Only</u> Children	
plicant Number: 0700000	Number of Households	10			
oject Name: w Project Application st 1 FY2019	Characteristics	Persons in Households with <u>at Least</u> One Adult and One Child	Adult Persons in Households <u>without</u> Children	Persons in Households with <u>Only</u> Children	
oject Number: 6481	Adults over age 24	16			
Desire the Annelise time	Persons ages 18-24	0			
ew Project Application 2019	Accompanied Children under age 18	12			
	Unaccompanied Children under age 18 Total Persons	28	0		
2018 New Project plication Instructions		20	0	Sele	ect "Sa
		Click Save to automatically calc	ulate totals	Nex	t" to
Select "Save" to					and
				proc	eeu
calculate totals	Save & Back	Save	Save & Next	proc	eeu
No. 0. 12 1 20ga.		Back	Save & Next	proc	eeu
licant	Save & Back				eeu
No. 01 12 1 20ga.				proc	.eeu
Step	Description	Back	Next		eeu
plicant	Description Under the "Households" sec	Back	Next		eeu
plicant Step	Description	Back	Next		eeu
Step 1.	Save & Back Description Under the "Households" second household type.	Back	Next	olds for each	
plicant Step	Save & Back Description Under the "Households" sec household type. Select "Save" and the system	Back	Next	olds for each	
Step 1.	Save & Back Description Under the "Households" second household type.	Back	Next	olds for each	eeu
Step 1.	Save & Back Description Under the "Households" sec household type. Select "Save" and the system	Back	Next umber of househo otal for the "Total N	olds for each	eeu
1. 2.	Save & Back Description Under the "Households" sec household type. Select "Save" and the system Households" field.	Back	Next umber of househo otal for the "Total N	olds for each	
Step 1. 2. 3.	Save & Back Description Under the "Households" sec household type. Select "Save" and the system Households" field. Under the "Characteristics" for each demographic row.	Back Ction, enter the total n m will calculate the to section, enter the nur	Next umber of househo otal for the "Total N mber of persons b	olds for each Number of by household type	
Step 1. 2.	Save & Back Description Under the "Households" sec household type. Select "Save" and the system Households" field. Under the "Characteristics" for each demographic row. Select "Save" and the system	Back Ction, enter the total n m will calculate the to section, enter the nur m will calculate the re	Next umber of househo otal for the "Total N mber of persons b emaining four field	olds for each Number of by household type Is in the columns	
Step 1. 2. 3.	Save & Back Description Under the "Households" sec household type. Select "Save" and the system Households" field. Under the "Characteristics" for each demographic row.	Back Ction, enter the total n m will calculate the to section, enter the nur m will calculate the re	Next umber of househo otal for the "Total N mber of persons b emaining four field	olds for each Number of by household type Is in the columns	
Step 1. 2. 3. 4.	Save & Back Description Under the "Households" sec household type. Select "Save" and the system Households" field. Under the "Characteristics" for each demographic row. Select "Save" and the system and the totals for each demographic	Back Ction, enter the total n m will calculate the to section, enter the nur m will calculate the re ographic based on the	Next umber of househo otal for the "Total M mber of persons b emaining four field e values you ente	olds for each Number of by household type Is in the columns red.	
Step 1. 2. 3.	Save & Back Description Under the "Households" sec household type. Select "Save" and the system Households" field. Under the "Characteristics" for each demographic row. Select "Save" and the system	Back Ction, enter the total n m will calculate the to section, enter the nur m will calculate the re ographic based on the	Next umber of househo otal for the "Total M mber of persons b emaining four field e values you ente	olds for each Number of by household type Is in the columns red.	

5B. Project Participants - Subpopulations

The following steps provide instructions on completing the "Project Participants – Subpopulations" screen for **Part 5: Participants and Outreach Information** to indicate the number of persons served at maximum program capacity at a single point in time, as well as the characteristics/disabilities, according to their respective household types.

Estimations: For a new project, you will not have historical data on persons served, so you will need to use estimates at the time of application. The data describes the number of households as well as the number of persons in households.

When filling out this table, applicants should think of it as follows:

- For each row, the first three columns that are in dark gray, along with column 10 "Persons not represented by listed subpopulations," are mutually exclusive (i.e., for each row, you cannot count the same person in more than one of these columns).
- Columns 4 through 9 are not mutually exclusive (i.e., in each row, you may include the same person in multiple columns if they have multiple characteristics). However, for each row, if you list a person in column 10, you cannot include the person in columns 4 through 9.

For each household type included on the previous screen, 5A, applicants must fill in at least one cell on the corresponding chart on for screen 5B. On the previous screen, the household types were displayed as columns; on 5B, the household types are shown in individual tables.

🥑 e.Forms									
L TestUser2			5B. P	roject Participants -	Subpopulations				
New Project Application FY2019	Persons in Households with at Least One Adult and One Child								
Applicant Name: Project Applicant A Applicant Number: 130700000	Characteristics Adults over age 24	Chronically Homeless Non- Veterans	Chronically Homeless Veterans	Non- Chronically Homeless Veterans 2	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence 4	
roject Name: lew Project Application est 1 FY2019 roject Number: 36481	Persons ages 18-24 Children under age 18 Total Persons	12 22	2	2	4		3	2	
ew Project Application	<		Click §	Gave to automaticall	y calculate totals			>	
Y2019 Y2018 New Project pplication Instructions			Pers	ons in Households w	vithout Children				
efore Starting art 1 - Forms 1A. SF-424 Application ype 1B. SF-424 Legal oplicant	Characteristics Adults over age 24 Persons ages 18-24 Total Persons	Chronically Homeless Non- Veterans	Chronically Homeless Veterans	Non- Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims o Domestic Violence	
1C. SF-424 Application tails 1D. SF-424	<	-			0		,	>	
ngressional District(s) 1E. SF-424 mpliance 1F. SF-424 Declaration			Perso	ns in Households wi Non-	ith Only Children				
1G. HUD 2880 1H. HUD 50070 1I. Cert. Lobbying 1J. SF-LLL rt 2 - Recipient and brecipient Information	Characteristics Accompanied Children under age 18 Unaccompanied Children	Chronically Homeless Non- Veterans	Chronically Homeless Veterans	Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	
2A. Subrecipients 2B. Experience	under age 18 Total Persons	0				0	0	0	
rt 3 - Project formation 3A. Project Detail	<							>	
3A. Project Detail 3B. Description art 4 - Housing, ervices, and HMIS 4A. Services 4B. Housing Type art 5 - Participants 5A. Households 5B. Subpopulations at 6 - Budget		e the unlisted subpopula Select "Save" calculate tota	' to	Save	Next	Seve & Next		ect "Save ext" to ceed	

Step	Dese	cription				
1.	For each household type included from screen 5A, enter the appropriate subpopulation on this screen based on capacity at a single point in time, as well as the characteristics/disabilities, according to their respective household types.					
2. Select "Save" and the system will calculate all totals based on the values you entered each subpopulation.						
3.	Sele	ct "Save & Next" once all information is complete on this screen.				
-						
Subpopulati	ons	Chronically Homeless includes disabled adults in households with or without children.				
		 Veterans must be adults; therefore, no entry is allowed for accompanied or unaccompanied children under age 18 for the "Chronically Homeless Veterans" column. 				

Preface to Part 6: Budget Information

The upcoming pages contain instructions for completing budgets for the New Project component types and activities. Before continuing to the instructions, please review the following information:

- **Reallocation.** If your new project is being created through the reallocation process, the budget should not exceed the amount allocated by the CoC from eligible renewal projects that were reduced or eliminated. If the budget does exceed the amount reallocated by the CoC as provided on the reallocation forms on the CoC Priority Listing, the budget will be reduced by HUD to match the amount specified by the CoC for reallocation.
- Budget Detail screens. New Project Applications have "Detail" project screens for each budget category: leased units; leased structures; rental assistance; supportive services; operating; and HMIS. (Renewal Project Applications now omit the "Detail" project screens for leased structures, supportive services, operating, and HMIS.)
- Rental Assistance. There is only one rental assistance screen to use for short/medium-term or long-term. The user will select which type of rental assistance is applicable to the project from the dropdown provided.
- FMRs. Project Applicants will apply for projects in the FY 2019 CoC Program Competition using the FY 2018 FMRs. To ensure consistency between the Grant Inventory Worksheet (GIW) and the FY 2019 application process, GIWs will also use FY 2018 FMRs. Project applications that are selected for a conditional award will be adjusted and awarded based on the FMRs that are in effect at time of the FY 2019 application submission deadline.

24 CFR 578.51(f) provides the following information regarding when updates to the FMR will be made for rental assistance projects, "The amount of rental assistance in each project will be calculated by multiplying the number and size of units proposed by the FMR of each unit on the date the application is submitted to HUD, by the term of the grant."

Project Applicants will need to complete the budget screens that appear on the left menu bar after completing the following:

- "Part 1 SF-424
- "Part 3 Project Information, 3A. Project Detail" screen
- "Part 6 Budget Information, 6A. Funding Request" screen

Throughout the *e-snaps* budget screens, there are gray-shaded cells in which you will not be able to enter or revise data. These cells are typically "Totals" with amounts that are automatically calculated within *e-snaps* when you select the "Save" button. There are a handful of places where the gray-shaded cells contain other information (e.g., "Numbers of Months"), but the information is always populated by *e-snaps*. You must fill in or revise the data in the white cells, except in certain situations (e.g., you would fill in a white cell for "Other" only if it is applicable).

Part 6: Budget Information

In *e-snaps*, the budget screens that appear for **Part 6: Budget Information** in the left menu bar of the Project Application are determined by all of the following:

- Whether your project is a new, renewal or YHPD project, as reflected on screen **1A. Application Type**.
- The component type selected on screen **3A. Project Detail.**
 - If you have a Permanent Housing (PH) project, the budget screens you will be eligible to complete are also dependent upon how you respond to questions on screen 3B. Project Description. Specifically, Project Applicants must indicate whether they are a PSH or RRH project.
- Your selections on the **6A. Funding Request** screen. Project Applicants must carefully choose the correct funding request as you will only see the budget screen(s) chosen.

Below is a table that shows the eligible activities for New Projects by Component Type.

PH (PSH)	PH (RRH)	Joint TH/PH- RRH	SSO-CE	HMIS
Acquisition/				
Rehabilitation/New				
Constructions				
Leased Units		Leased Units		
Leased Structures		Leased Structures		
Rental Assistance	Rental Assistance	Rental Assistance		
Supportive	Supportive	Supportive	Supportive	
Services	Services	Services	Services	
Operations		Operations		
HMIS	HMIS	HMIS		HMIS

New Projects: Possible Component Types and Eligible Activities

- **NOTE:** Project Applicants may NOT have any of the following combinations in a single structure or housing unit, although some of these budgets may be combined in a single Project Application because the funding is not used in the same structure or unit, such as in a Joint TH and PH-RRH Project:
 - Acquisition and/or rehabilitation with new construction
 - Leasing with acquisition, rehabilitation, or new construction
 - Rental assistance with acquisition, rehabilitation, or new construction
 - Leasing and rental assistance
 - Rental assistance and operations

6A. Funding Request for New Projects

This screen has six questions. The navigational steps in this section go through the questions in order. The options available in Question 5 are determined by your selections on screen 3A. Project Detail. Once you select the activities in Question 5, the appropriate budget screens will populate in the left menu bar.

All Projects: Questions 1 and 2: Readiness and Funding Source

e.Forms	e Logor
🛃 TestUser2	6A. Funding Request
New Project Application FY2019	* 1. Will it be feasible for the project to be under grant agreement by September 30, $\frac{Ves}{2021?}$ v
Applicant Name: Project Applicant A	* 2. What type of CoC funding is this project applying for in the 2019 CoC Competition? -select Y

Step Description

- In question 1, select "Yes" or "No" to indicate the Project Applicant's readiness to initiate the project by September 30, 2021.
 If you select "No," you will not be able to submit the Project Application.
- 2. In question 2, select one of the following options for how the project will be funded:
 - Reallocation
 - Bonus
 - Reallocation and Bonus
 - DV Bonus

Note: If "Yes" was selected on screen 3A Project Detail question 6, which asks if the new project application is requesting to transition from eligible renewal projects that were awarded through reallocation, "Reallocation" will automatically be selected and is not editable.

NOTE:

PH-PSH is not eligible for DV Bonus funding.

* 2. What type of CoC funding is this project applying for in DV Bonus V the 2019 CoC Competition? Only RRH, SSO and JOINT component types can apply for this funding

The following table identifies the eligible types of new projects for each type of funding source.

	PH-PSH	PH-RRH	Joint	SSO	HMIS	Transition
Reallocation	Х	Х	Х	Х	Х	Х
Bonus	Х	Х	Х	Х	Х	not eligible
Reallocation and Bonus	Х	Х	Х	Х	Х	not eligible

DV Bonus	not eligible	Х	Х	X	not eligible	not eligibl
II Projects:	Question 3: In	ndirect Co	osts			
Applicant Number 2030700000 Project Name: New Project Application Fest 1 FY2019 Project Number: 136481	Indirect cost Conditional aw	rate proposals s ard recipients w	allocate funds accordin an indirect cost ra hould be submitted a ill be asked to submi d indirect cost rate n	ite? is soon as the applic t the proposal rate o	luring the e-snap	s post-award proc
Applicants with an approved indirect cost rate must submit a copy of the approval with this applied to the approval with this applied to the approval with the applie						
FY2018 New Project Application Instructions		De	partment/Agency		Cost Rate	Cost Base
Before Starting Part 1 - Forms 1A. SF-424 Applicatio	on					
Type 1B. SF-424 Legal Applicant			Please enter all valu	es for at least one li	ne item.	
1C. SF-424 Application Details 1D. SF-424	* D. Has uns ra		by your cognizant ager the 10% de minimis ra	icy? select 🗸		
Congressional District(s 1E. SF-424 Compliance) * I here	by confirm that I	have attached a negotia ent signed by the cogniz age	ant		

Step Description

3.

In question 3, select "Yes" or "No" to indicate if this project proposes to allocate funds according to an indirect cost rate.

If "Yes":

- Complete the indirect cost rate schedule •
- Indicate whether the indirect cost rate has been approved by your cognizant • agency
- Indicate whether you plan to use the 10% de minimis rate •

Note: If you select "Yes," indirect cost rate proposals should be submitted as soon as HUD notifies the applicant of a conditional award and no later than three months after the award. HUD will ask conditional award recipients to submit the proposal or approved rate during the e-snaps post-award process. Applicants with an approved indirect cost rate must submit a copy of the approval with this application. Check the box and include as an attachment for submission.

All Projects: Question 4: Grant Term

e.Forms	
La TestUser2	6A. Funding Request
New Project Application FY2019	* 1. Will it be feasible for the project to be under grant Yes v agreement by September 30, 2021?
Applicant Name: Project Applicant A	* 2. What type of CoC funding is this project applying for in
Applicant Number: 030700000 Project Name:	* 3. Does this project propose to allocate funds according to No V an indirect cost rate?
New Project Application Test 1 FY2019 Project Number:	* 4. Select a grant term: select V

Step Description

4. In question 4, from the dropdown menu, specify the grant term by selecting either "1 Year," "2 Years," "3 Years," "4 Years," "5 Years," or "15 years."

NOFA: Review the FY 2019 CoC Program Competition NOFA for more information on grant terms. <u>https://www.hudexchange.info/resource/5817/fy-2019-coc-program-nofa</u>.

Individual Project Types: Question 5

NOTE: For new projects, the number of eligible costs listed in Question 5 depends on the project component selected on screen 3A. Project Detail.

Step Description 5. Select all the costs for which you are requesting funds for the project. After you select the "Save" button, the left menu bar will populate with a complete list of budget screens that you will need to complete.

PH-PSH Projects

/	* 5. Select the costs for which funding is being requested:	
	Acquisition/Rehabilitation/New Construction 🗌	
	Leased Units 🗌	
	Leased Structures	
	Rental Assistance 🗌	
	Supportive Services	
	Operating 🗌	
	HMIS 🗌	

PH-RRH Projects



Joint TH-RRH Projects

* 5. Se	elect the costs for which funding is being requested:	
	Leased Units 📃	
	Leased Structures	
	Rental Assistance 📃	
	Supportive Services	
	Operating 📃	
\	HMIS 🔲	,
	HMIS 🗌	

SSO-CE Projects

For new SSO-CE projects, the only eligible activity is Coordinated Entry. Therefore, the only expense category listed in Question 5 is Supportive Services.

ſ	* 5. Select the costs for which funding is being requested:
l	Supportive Services
`	

Dedicated HMIS Projects

New Dedicated HMIS project costs can only be carried out by the HMIS Lead, which is the project applicant or subrecipient for HMIS dedicated funds and that is listed on the HMIS Lead form in the CoC Applicant Profile in *e-snaps*.

HMIS 🗌

4B. Housing Type Part 5 - Participants 5A. Households 5B. Subpopulations Part 6 - Budget Information	 <u>*</u> 6. If awarded, will this project require an initial Yes v grant term greater than 12 months? <u>*</u> 6a. Select the number of months required for the initial grant term: 	
6A. Funding Request 6H. HMIS Budget 6I. Match 6J. Summary Budget	Back Next	
Part 7 - Attachment(s) & Certification		
Step D	Description	

- 6. Select "Yes or "No" to indicate whether this project will require an initial grant term greater than 12 months.
- 7. Use the dropdown menu to select the number of months required for the initial grant term.
- 8. Select "Save & Next".

6B. Acquisition/Rehabilitation/New Construction Budget

The following steps provide instruction on completing the "Acquisition/Rehabilitation/New Construction Budget" screen for new projects with a **PH-PSH component**.

e.Forms																								ş	Logou
🔺 TestUser2							6B. A	cqui	sitior	ı/R	eha	bilita	tion/	Ne	w Con	strı	ıctio	n Bu	ıdge	et					
New Project Application FY2019		The following list summarizes the total request for each structure. To add a structure to the list, select the 🔁 icon. To view or update a structure already listed, select the 🍳 icon.																							
Applicant Name: Project Applicant A Applicant Number: 030700000							Total Total												\$C \$C						
Project Name: New Project Application Test 1 FY2019		"Add"	icor	1)		Total Total	Ass	istan	ce I	Req	ueste							\$0 \$0	Ĵ					
Project Number: 136481	ſ						Total As	sista	ince l	Req	lues	ted A	mour	nt I	has to	be	grea	ter t	han	\$0.					
New Project Application FY2019		All	A I	в	C D	E	FG	н	I	J	к	L	м	N	0	Р	Q	R	s	т	U	v	w	x	Y 2
FY2018 New Project Application Instructions		Delete	View		Name of Structure		Street Address 1		reet dress	; (City	State	e Zip Cod	le	Total Requ	est	Acq	uisit	tion	Re	habi	litatio	n	lew onst	ruction
										т	his	list co	ntains	no	o items										
Before Starting Part 1 - Forms																									
1A. SF-424 Application					Sa	ave	& Back						Save						\$	Save 8	& Next				
Type 1B. SF-424 Legal Applicant									Back							N	ext								

Step	Description
1.	To add information to this list, select the "Add" icon 💭 above the word "All" at the left side of the alphabetic listing to open the "Acquisition/Rehabilitation/New Construction Detail" screen.
2.	The "Acquisition/Rehabilitation/New Construction Budget Detail" screen will appear.

Acquisition/Rehabilitation/New Construction Budget Detail

e.Forms		Logout
La TestUser2	Acquisition/Rehabilitation/New Construction Budget Detail	
New Project Application FY2019	Complete the following fields related to the funds being requested for acquisi rehabilitation, and/or new construction of the new project.	tion,
Applicant Name:	* Name of Structure:	
Project Applicant A Applicant Number:	* Street Address 1:	
030700000	Street Address 2:	
Project Name: New Project Application	* City:	
Test 1 FY2019	* State: select V	
Project Number: 136481	* Zip Code:	
New Project Application FY2019	Assistance	
FY2018 New Project	Requested	
Application Instructions	1. Acquisition	
Before Starting	3. New Construction	
Part 1 - Forms 1A. SF-424 Application	4. Total Assistance Requested	
Туре		
1B. SF-424 Legal Applicant	Click the 'Save' button to automatically calculate the Total Assistance Reques	ted.
1C. SF-424 Application	· · · · · · · · · · · · · · · · · · ·	
Details 1D. SF-424	Save Save & Add Another	
Congressional District(s) 1E. SF-424	Save & Back to List Back to List	

Step Description

1. Enter the name, street address, city, state, and zip code of the structure.

- The name of the structure can be as simple as "Structure 1" or something that is descriptive of the project's use of the structure. It does not have to be the legal name of the structure.
- 2. Enter the amount of grant funds requested for acquisition, rehabilitation, and new construction. Select "Save" and the screen will automatically calculate the Total Assistance Requested.
- 3. If you are requesting project funds for acquisition, rehabilitation, or new construction for one location only:
 - Select "Save & Back to List" to go back to the "Acquisition/Rehabilitation/New Construction Budget" screen.

If you are requesting project funds for acquisition, rehabilitation, or new construction for another location:

 Select "Save & Add Another." Follow the directions for completing another "Acquisition/Rehabilitation/New Construction Budget Detail" screen as described above.

After you have entered all of the "Acquisition/Rehabilitation/New Construction Budget Detail" screens that your project requires, select "Save & Back to List" to return to the "Acquisition/Rehabilitation/New Construction Budget" screen.

4. After completing all of the "Acquisition/Rehabilitation/New Construction Budget Detail" screens, the "Acquisition/Rehabilitation/New Construction Budget" screen will autopopulate with the budget information you entered, as shown below.

Note: Acquisition can be combined with Rehabilitation. However New construction cannot be combined with acquisition.

Completion of the Acquisition/Rehabilitation/New Construction Budget Screen

After completing all of the "Acquisition/Rehabilitation/New Construction Budget Detail" screens, the "Leased Unit Budget" screen will auto-populate with the budget information you entered.

- 1. Review the following items on the "Acquisition/Rehabilitation/New Construction Budget" screen.
 - The "Acquisition/Rehabilitation/New Construction Budget" screen should have been auto-calculated with your total acquisition/rehabilitation/new construction budget amount.
 - Each "Acquisition/Rehabilitation/New Construction Budget Detail" screen you entered for each location will appear as a separate entry under the "View" header.
- 2. If changed are needed, please follow the following guidance:
 - If you want to view and edit any of the "Leased Units Budget Detail" screens, • select the "View" icon ext to the appropriate entry.
 - If you have created a "Leased Units Budget Detail" screen in error and want to • delete it, select the "Delete" icon ⁽²⁾ next to the appropriate entry.
 - If the list seems to be missing one or more items select the "Add" icon keel and • complete additional "Leased Units Budget Detail" screen(s), as discussed previously.
- 3. If the list is complete, select "Next" at the bottom of the screen. You will proceed to the next budget screen.

6C. Leased Units Budget

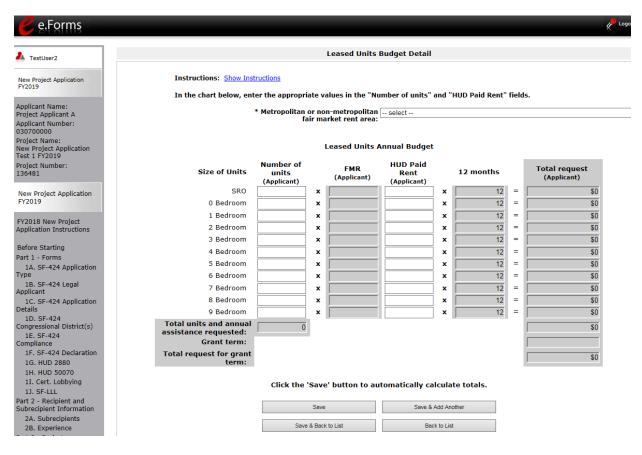
Project Applicants must complete the "Leased Units Budget" screen and relevant detail screens if the Project Applicant is applying for leased units funds, and **the recipient has entered or is entering into leases directly with the property owner** for units to house program participants. If the lease will be between the landowner and the participant, the project applicant must complete the rental assistance budget, not the leased units budget.

The following steps provide instruction on completing the "Leased Units Budget" screen.

e.Forms		Logout
LestUser2	6C. Leased Units	
New Project Application FY2019	The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the 🗣 icon. To view or update information already listed, select the 🍭 icon.	
Applicant Name: Project Applicant A Applicant Number: 030700000 Project Name: New Project Application Test 1 FY2019 Project Number: 136481	Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Units: Total Assistance Requested Amount has to be greater than \$0.	
New Project Application FY2019	All A B C D E F G H I J K L M N O P Q R S T U V W X	ΥZ
FY2018 New Project Application Instructions	Delete View FMR Area Total Units Requested Total Annual Assistance Requested Total Budget Requested	ed
	This list contains no items	
Before Starting		
Part 1 - Forms 1A. SF-424 Application	Back Next	

Step	Description
1.	To add information to this list, select the "Add" icon 훧 above the word "All" at the left side of the alphabetic listing to open the "Leased Units Budget Detail" screen.
2.	The "Leased Units Budget Detail" screen will appear.
FMR	The Budget Detail screens use the FY 2018 FMRs.
FMR	To ensure consistency between the GIW and the FY 2019 application process, GIWs
	also used FY 2018 FMRs.
	Project applications that are selected for a conditional award will be adjusted and awarded based on the FMRs that are in effect at time of the FY 2019 application submission deadline (i.e., the FY 2019 FMRs).

Leased Units Budget Detail



Step Description

- 1. Select the FY 2018 Fair Market Rent (FMR) area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the FMR Area column in the chart below.
- 2. Enter the number of units of each bedroom size for which the project is requesting leased units assistance.
- 3. In the "HUD Paid Rent" column, for each unit size, enter the rent to be paid by the CoC Program grant. This rent can be equal to or below the FMR amount in the previous column it cannot exceed the FMR amount. Once HUD awards funds to the project, recipients must document compliance with the rent reasonableness requirement explained in section 578.51 of the CoC Program interim rule.
- 4. The 12-month column is fixed. The amount of "HUD Paid Rent" multiplied by the number of units per unit type, multiplied by 12 automatically populates in the "Total Request (Applicant)" column per unit type.
- 5. The "Grant Term" field is populated with the grant term selected on the "6A Funding Request" screen.

- 6. Once you enter figures in each column for the relevant fields, select the "Save" button at the bottom of the screen. The sum of each column will be auto-calculated.
- 7. If the project is housed in one structure, select "Save & Back to List" to go back to the "Leased Units Budget" screen.
 - If the project is housed in more than one FMR Area, select "Save & Add Another" and repeat steps 1 through 3 for each structure in the project for which you are requesting leased units funds.
 - Once you have completed all of the "Leased Units Budget Detail" screens that your project requires, select "Save & Back to List."

Completion of Leased Units Budget

After completing all of the "Leased Unit Budget Detail" screens, the "Leased Unit Budget" screen will auto-populate with the budget information you entered.

- 1. Review the following items on the "Leased Units Budget" screen.
 - The "Leased Units Budget" screen should have been populated with your total leased units budget amount.
 - The "Leased Units Budget Detail" information you entered for each location will appear as a separate entry under the "View" header.
- 2. After completing the "Leased Units Budget Detail" screen(s) and reviewing the "Leased Units Budget" screen, you may want to make changes.
 - If you want to view and edit any of the "Leased Units Budget Detail" screens, select the "View" icon ext to the appropriate entry.
 - If you have created a "Leased Units Budget Detail" screen in error and want to delete it, select the "Delete" icon ⁽³⁾ next to the appropriate entry.
 - If the list seems to be missing one or more items select the "Add" icon ¹/₂ and complete additional "Leased Units Budget Detail" screen(s), as discussed previously.
- 3. If the list is complete, select "Next" at the bottom of the screen. You will proceed to the next budget screen.

6D. Leased Structures Budget

Project Applicants that plan to lease structures or portions of structures for housing or supportive services as part of a New project must complete the "Leased Structures Budget" screen.

The following steps provide instructions to complete the "Leased Structures Budget" screen of the Project Application and are relevant for New projects seeking funds for leased structures.

e.Forms		Cogou
LestUser2	6D. Leased Structures Budget	
New Project Application FY2019	The following list summarizes the funds being requested for one or more structures leased for operating the projects. To add information to the list, select the 🗣 icon. To view or update information already listed, select the 🍳 icon.	
Applicant Name: Project Applicant A Applicant Number:		
030700000 Project Name: New Project Application Test 1 FY2019	Total Annual Assistance Requested: Grant Term: 1 Year Total Request for Grant Term:	
Project Number: 136481	Total Structures:	
New Project Application FY2019	Total Assistance Requested Amount has to be greater than \$0.	
FY2018 New Project Application Instructions	All A B C D E F G H I J K L M N O P Q R S T U V W X Delete View Structure Name HUD Paid Rent Total Annual Assistance Requested Total Assistance Request	Y 2 ed
Before Starting Part 1 - Forms	This list contains no items	
1A. SF-424 Application Type	Back Next	

Step	Description
1.	To add information to this list, select the "Add" icon 💭 above the word "All" at the left side of the alphabetic listing to open the "Leased Structures Budget Detail" screen.
2.	The "Leased Structures Budget Detail" screen will appear.
FMR	The Budget Detail screens use the FY 2018 FMRs.
	To ensure consistency between the GIW and the FY 2019 application process, GIWs also used FY 2018 FMRs.
	Project applications that are selected for a conditional award will be adjusted and awarded based on the FMRs that are in effect at time of the FY 2019 application submission deadline (i.e., the FY 2019 FMRs).

Leased Structures Budget Detail

e.Forms	e Logout
La TestUser2	Leased Structures Budget Detail
New Project Application	Instructions: Show Instructions
Applicant Name	* Structure Name:
Applicant Name: Project Applicant A	* Street Address 1: Street Address 2:
Applicant Number: 030700000	* City:
Project Name: New Project Application	* State: select V
Test 1 FY2019 Project Number: 136481	* Zip Code:
New Project Application	HUD Paid Rent (per Month):
FY2019	12 Months: 12
FY2018 New Project	Total Annual Assistance Requested: \$0
Application Instructions	Grant Term: 1 Year Total Request for Grant Term: \$0
Before Starting Part 1 - Forms	
1A. SF-424 Application Type	Click the 'Save' button to automatically calculate the Total Assistance Requested.
1B. SF-424 Legal	HUD Paid Rent (per Month) amount has to be greater than \$0
Applicant 1C. SF-424 Application	
Details 1D. SF-424	Save Save & Add Another
Congressional District(s) 1F SE-424	Save & Back to List Back to List
Step	Description
1.	Enter the name, street address, city, state, and zip code of the structure. The name of the structure can be as simple as "Structure 1" or something that is descriptive of the use of the structure.
2.	Enter the monthly leasing amount in the "HUD Paid Rent (per month)" field. The amount entered must not exceed the monthly rent for comparable structures.
3.	The screen will automatically calculate the HUD paid rent multiplied by 12 months to show the "Total Annual Assistance Request."
4.	The screen will automatically calculate the "Total Annual Assistance Request" multiplied by the "Grant Term." The "Grant Term" field is populated from screen "6A: Funding Request."
5.	If the project will lease one structure only, select "Save & Back to List" to go back to the "Leased Structures Budget" screen.
	• If the project will lease more than one structure, select "Save & Add Another."
	 Follow the directions for completing another "Leased Structures Budget Detail" screen as described in the preceding steps.
	 After you have entered all of the "Leased Structures Budget Detail" screens that your project requires, select "Save & Back to List" to return to the "Leased Structures Budget" screen.

Completion of Leased Structures Budget

After completing all of the "Leased Structures Budget Detail" screens, the "Leased Structures Budget" screen will auto-populate with the budget information you entered.

- 1. Review the following items on the "Leased Structures Budget" screen.
 - The "Leased Structures Budget" screen should have been populated with your total leased structures budget amount.
 - Each "Leased Structures Budget Detail" screen you entered for each location will appear as a separate entry.
- 2. After completing the "Leased Structures Budget Detail" screen(s) and reviewing the "Leased Structures Budget" screen, you may want to make changes.
 - If you want to view and edit any of the "Leased Structures Budget Detail"

screens, select the "View" icon ext to the appropriate entry.

- If you find that you have created a "Leased Structures Budget Detail" screen in error and want to delete it, select the "Delete" icon
 next to the appropriate entry.
- If the list is missing one or more items, select the "Add" icon and complete another "Leased Structures Budget Detail" screen, as discussed above.
- 3. If the list is complete, select "Next" at the bottom of the screen. You will proceed to the next budget screen.

6E. Rental Assistance Budget

Project Applicants that plan to provide rental assistance to participants (short/medium - or long-term) as part of a New project must complete the "Rental Assistance Budget" screen. If you are applying for rental assistance units, the lease agreement will be between the landowner and the participant. If the leases are between the project applicant and the landowner, then the Project Applicant must complete the leased units budget, not the rental assistance budget.

The following steps provide instruction on completing the "Rental Assistance Budget" screen of the New Project Application.

e.Forms						Logout
A TestUser2]		6E.	Rental Assistance	Budget	
New Project Application FY2019			llowing list summarizes the rental as formation to the list, select the 🗎 i			
Applicant Name: Project Applicant A Applicant Number: 030700000 Project Name: New Project Application Test 1 FY2019 Project Number: 136481	"Add" icon				ss to be greater than \$0.	
New Project Application	Delete	View	Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
FY2019				This list contains no i	tems	
FY2018 New Project Application Instructions			Back		Next	

Step Description

- 1. To add information to this list, select the "Add" icon Eudget Detail" screen.
- 2. The "Rental Assistance Budget Detail" screen will appear.

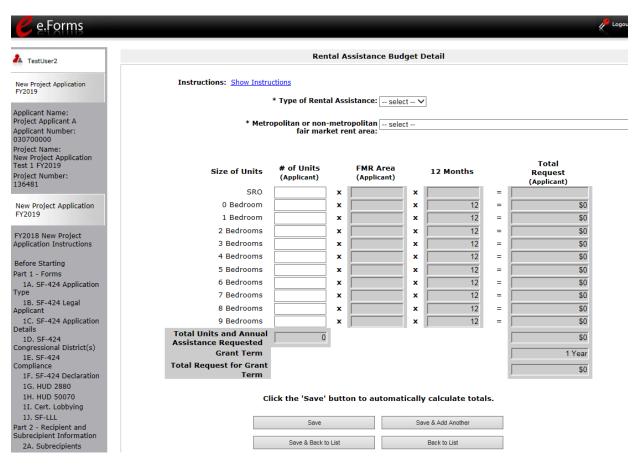
FMR

The Budget Detail screens use the FY 2018 FMRs.

To ensure consistency between the GIW and the FY 2019 application process, GIWs also used FY 2018 FMRs.

Project applications that are selected for a conditional award will be adjusted and awarded based on the FMRs that are in effect at time of the FY 2019 application submission deadline (i.e., the FY 2019 FMRs).

Rental Assistance Budget Detail



1.	Select the "Type of Rental Assistance:"—PRA, TRA, or SRA.
	(project-based rental assistance, tenant-based rental assistance, or sponsor-based rental assistance).
2.	Select the FY 2017 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the FMR Area column in the chart below.
3.	Enter the number of units of each bedroom size for which the project is requesting rental assistance.
4.	The 12-month column is fixed. The amount shown in the FMR column multiplied by the number of units per unit type, multiplied by 12 automatically populates in the "Total Request (Applicant)" column per unit type.
5.	After you enter figures in the "# of Units" column for the relevant fields, select the "Save" button at the bottom. The sum of each column will be auto-calculated.
6.	The "Grant Term" field is populated based on the grant term selected on the "Funding Request" screen and will be read only.
7.	The "Total Request for Grant Term" field is calculated based on the per month rent entered in the first field, multiplied by 12 months, multiplied by the grant term.

8. If the project is requesting rental assistance for one location, select "Save & Back to List" to go back to the "Rental Assistance Budget" screen.

- If the project is requesting rental assistance for units in another location, select "Save & Add Another" and repeat steps 1 through 5 for each structure in the project for which you are requesting rental assistance funds.
- Once you have completed all of the "Rental Assistance Budget Detail" screens that your project requires, select "Save & Back to List."

Completion of Rental Assistance Budget

After completing all of the "Rental Assistance Budget Detail" screens, the "Rental Assistance Budget" screen will populate with the budget information you entered.

- 1. Review the following items on the "Rental Assistance Budget" screen.
 - The "Rental Assistance Budget" screen should have been auto-calculated with your total rental assistance total request for the grant term.
 - Each "Rental Assistance Detail" screen you entered will appear as a separate entry under the "View" header.
- 2. After completing the "Rental Assistance Budget Detail" screen(s) and reviewing the "Rental Assistance Budget" screen, you may want to make changes.
 - If you want to view and edit any of the "Rental Assistance Budget Detail" screens, select the "View" icon
 next to the appropriate entry.
 - If you find that you have created a "Rental Assistance Budget Detail" screen in error and want to delete it, select the "Delete" icon ⁽²⁾ next to the appropriate entry.
 - If the list is missing one or more items, select the "Add" icon and complete a "Rental Assistance Budget Detail" screen, as discussed in the previous section.
- 3. If the list is complete, select "Next" at the bottom of the screen. You will proceed to the next budget screen.

6F. Supportive Services Budget

The following steps provide instruction to complete the Supportive Services Budget for new projects. Please note that the Supportive Services Budget Detail screen appears only for new projects.

NOTE: For a description of the categories listed on this screen, please review the CoC Program interim rule: https://www.hudexchange.info/resource/2035/coc-programinterim-rule-formatted-version/

e.Forms		Log
La TestUser2	6F. Supportive Services Budget	
New Project Application FY2019	Instructions: <u>Show Instructions</u> * A quantity AND description must be entered for each requested cost.	
Applicant Name: Project Applicant A Applicant Number: 030700000	Costs Quantity AND Description Annual Eligible Costs (max 400 characters) Requested	_
Project Name: New Project Application Test 1 F72019 Project Number: 136481 New Project Application FY2018 New Project Application Instructions Before Starting Part 1 - Forms 1A. SF-424 Application Type 1B. SF-424 Legal Applicant 1C. SF-424 Legal Application Details 1D. SF-424 Congressional District(s)	1. Assessment of Service Needs 2. Assistance with Moving Costs 3. Case Management 4. Child Care 5. Education Services 6. Employment Assistance 7. Food 8. Housing/Counseling Services 9. Legal Services 10. Life Skills 11. Mental Health Services 13. Outreach Services 14. Substance Abuse Treatment Services 15. Transportation 16. Utility Deposits	
1E. SF-424 Compliance 1F. SF-424 Declaration 1G. HUD 2880	17. Operating Costs	r i
1H. HUD S0070 1I. Cert. Lobbying 1J. SF-LLL Part 2 - Recipient and Subrecipient Information 2A. Subrecipients 2B. Experience Part 3 - Project Information	Click the 'Save' button to automatically calculate totals. Total Request for Grant Term must be greater than \$0. Save & Back Save Save Next	

Step Description

- 1. There are 17 budget categories on the Supportive Services Budget. For each applicable category, enter the following information:
 - Narrative description of up to 400 characters under the quantity column. Be brief and use abbreviations as much as possible.
 - Dollar request for each year of the grant term.

Note: #17, Operating Costs is for facilities providing only supportive services.

- 2. Select "Save."
- 3. The "Total Annual Assistance Requested" field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

4.	The "Grant Term" field is prepopulated from the "6A. Funding Request" screen and is a "read only" field.
5.	The "Total Request for Grant Term" field is automatically calculated based on the "Total Annual Assistance Requested" multiplied by the grant term.
6.	Select "Save and Next" to continue to the next budget form.

6G. Operating Budget

The following steps provide instruction to complete the "Operating Budget" screen of the New Project Applications. Please note that the Operating Budget Detail screen appears only for new projects.

NOTE:	For a description of the categories listed on this screen, please review the CoC
	Program interim rule: https://www.hudexchange.info/resource/2035/coc-program-
	interim-rule-formatted-version/

e.Forms			Logou
La TestUser2		6G. Operating	
New Project Application FY2019	Instructions: <u>Show Instructions</u> * A quantity AND (description must be entered for each request	ed cost.
Applicant Name: Project Applicant A Applicant Number: 030700000 Project Name: New Project Application Test 1 FY2019 Project Number: 136481 New Project Application FY2019	Eligible Costs 1. Maintenance/Repair 2. Property Taxes and Insurance 3. Replacement Reserve 4. Building Security 5. Electricity, Gas, and Water 6. Furniture 7. Equipment (lease, buy)	Quantity AND Description (max 400 characters)	Annual Assistance Requested
FY2018 New Project Application Instructions	Total Annual Assistance Requested Grant Term Total Request for Grant Term		\$0 1 Year \$0
Before Starting Part 1 - Forms 1A. SF-424 Application Type 1B. SF-424 Legal Applicant 1C. SF-424 Application Details 1D. SF-424	Click the 'S Total Requ Save & Back	Gave' button to automatically calculate totals. Inset for Grant Term must be greater than \$0. Save Save Save Save Save Save Save Save	

- 1. There are 7 budget categories on the Operating Budget. For each applicable category, enter the following information:
 - Narrative description of up to 400 characters under the quantity column. Be brief and use abbreviations as much as possible.
 - Dollar amount requested for each year of the grant term.

2.	Select "Save."
3.	The "Total Annual Assistance Requested" field is automatically calculated based on the sum of the annual assistance requests entered for each activity.
4.	The "Grant Term" field is populated based on the grant term selected on the "6A. Funding Request" screen and is a "read only" field.
5.	The "Total Request for Grant Term" field is automatically calculated based on the "Total Annual Assistance Requested" multiplied by the grant term.
6.	Select "Save and Next" to proceed to the next budget form.

6H. HMIS Budget

The following steps provide instruction to complete the "HMIS Budget" screen of the new Project Applications. Please note that the HMIS Budget Detail screen appears only for new projects.

NOTE: For a description of the categories listed on this screen, please review the CoC Program interim rule: https://www.hudexchange.info/resource/2035/coc-programinterim-rule-formatted-version/

e.Forms			Cog		
A TestUser2	6H. HMIS Budget				
New Project Application FY2019	Instructions: <u>Show Instructions</u> * A quantity AND description must be enter	red for each requested	cost.		
Applicant Name: Project Applicant A Applicant Number: 030700000 Project Name: New Project Application Test 1 FY2019 Project Number: 136481	Eligible Costs Cuantity AND description must be enter Eligible Costs Cuantity AND tescription must be enter Cuantity AND tescription must be enter Quantity AND tescription must be enter Eligible Costs Quantity AND tescription must be enter Cuantity AND tescription must be enter Eligible Costs Quantity AND tescription must be enter Eligible Costs Quantity AND tescription must be enter Cuantity AND tescription must be enter Eligible Costs Quantity AND tescription must be enter Cuantity AND tescription must be enter Eligible Costs Quantity AND tescription must be enter Eligible Costs Eligible Costs	Description	Annual Assistance Requested		
New Project Application FY2019	Total Annual Assistance Requested: Grant Term:		\$ 1 Yea		
FY2018 New Project Application Instructions Before Starting	Total Request for Grant Term: Click the 'Save' button to automatic Total Request for Grant Term must	•	\$		
Part 1 - Forms 1A. SF-424 Application Type 1B. SF-424 Legal Applicant 1C. SE-424 Application	Save & Back Save	- Save	& Next		

Step

Description

1.

For each of the 5 budget categories, enter the following:

- Narrative description of up to 400 characters under the quantity column. Be brief and use abbreviations as much as possible.
- Dollar request for each year of the grant term.
- 2. When you select "Save" on this screen, the "Total Annual Assistance Requested" field is automatically calculated based on the sum of the annual assistance requests entered for each activity.
- 3. The "Grant Term" field is populated based on the grant term selected on the "Funding Request" screen and is a "read only" field.
- 4. When you select "Save" on this screen, the "Total Request for Grant Term" field is automatically calculated based on the "Total Annual Assistance Requested" multiplied by the grant term.
- 5. Select "Save and Next" to proceed to the "Sources of Match" screen.

6I. Sources of Match

The following steps provide instruction on completing the "Sources of Match" screen of the new project applications.

See 24 CFR 578.73 regarding match requirements to ensure in-kind match reported is documented appropriately if this method of match is selected.

e.Forms	e Logou
LestUser2	6I. Sources of Match
New Project Application FY2019	The following list summarizes the funds that will be used as Match for the project. To add a Matching source to the list, select the 🛱 icon. To view or update a Matching source already listed, select the 🍳 icon.
Applicant Name:	Summary for Match
Project Applicant A Applicant Number: 030700000	Total Value of Cash Commitments: \$0 Total Value of In-Kind Commitments: \$0
Project Name: New Project Application Test 1 EY2019	Total Value of All Commitments: \$0
Project Number: 136481	* 1. Will this project generate program income as described in 24 CFR Yes V 578.97 that will be used as Match for this grant?
New Project Application FY2019	* 1a Briefly describe the source of the program income: (Imm 1000 characters) if question 1 is "Yes."
FY2018 New Project Application Instructio	Add" iCON mate the amount of program income that will be used as
Before Starting	ACCI" ICON mate the amount of program income that will be used as
Part 1 - Forms	The minimum required Total Match amount for the Grant Term is \$5,250.
1A. SF-424 Application Type	Show Filters] [Clear Filters]
1B. SF-424 Legal Applicant	
1C. SF-424 Application Details	Delete View Match Type Source Contributor Date of Commitment Value of Commitments
1D. SF-424	
Congressional District(s) 1E, SE-424	This list contains no items
Compliance	Save & Back Save Save & Next
1F. SF-424 Declaration 1G. HUD 2880	
1G. HUD 2880 1H. HUD 50070	Back Next

Step	Description
1.	In question 1, select "Yes" or "No" to indicate whether the project generates program income that will be used as match.
	• If yes, in the text box, describe the source of program income.
2.	To add information to the Match list, select the "Add" icon 뚿 to open the "Source of Match Details" screen.
3.	The "Sources of Match Details" screen will appear.

Sources of Match Detail

e.Forms	ي الم	.ogout
La TestUser2	Sources of Match Detail	
New Project Application FY2019 Applicant Name:	* 1. Will this commitment be used towards match ? Yes * 2. Type of commitment: - select - V * 3. Type of source: - select - V	
Applicant Name: Project Applicant A Applicant Number: 030700000 Project Name: New Project Application Test 1 FY2019	* 4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable) * 5. Date of Written Commitment:	
Project Number: 136481 New Project Application FY2019	Save & Add Another Save & Back to List Back to List	

Step Description

- 1. Question one will automatically populate as "Yes."
- 2. From the dropdown menu, enter the type of commitment "Cash" or "In-Kind" to be provided for the project.

If "In-Kind" is selected, before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.

The MOU can be uploaded as an attachment with your application or submitted to HUD prior to grant execution.

- 3. In the next field, enter the type of source. Select "Private" or "Government" to denote the source of the contribution.
- 4. In the field provided, enter the name of the entity providing the contribution.
- 5. Enter the date of the entity's written commitment.
- 6. Enter the total dollar value of the written commitment.
- 7. If this is the project's only source of match, select "Save & Back to List" to go back to the "Sources of Match" screen.
 - If the project has another source of match, select "Save & Add Another" and repeat steps 1 through 6 for each source of match.

Once you have completed all of the "Sources of Match Details" screens that your project requires, select "Save & Back to List."

Completion of Sources of Match

After completing all of the "Sources of Match Detail" screens, the "Sources of Match" screen will autopopulate with the information you entered.

- 1. Review the following items on the "Sources of Match" screen.
 - The "Sources of Match" screen should have been calculated with your total sources of match amounts.
 - Each "Match Detail" screen you entered will appear as a separate entry.
- 2. Select "Save and Next" to proceed to the next budget form.
- **NOTE:** After completing the "Sources of Match Detail" screen(s) and reviewing the "Sources of Match" screen, you may want to make changes.
 - If you want to view and edit any of the "Sources of Match Detail" screens, select the "View" icon next to the appropriate entry.
 - If you find that you have created a "Sources of Match Detail" screen in error and want to delete it, select the "Delete" icon
 next to the appropriate entry.
 - If the list seems to be missing one or more items, select the "Add" icon. Detail and complete a "Sources of Match Detail" screen as discussed in the navigational steps.

6J. Summary Budget

The "Summary Budget" screen summarizes the funding requested for each year of the grant term. You will see all of the possible activities for which you can request new project funding, but amounts will show only for those activities for which you completed individual budgets.

You will not enter any information in the gray-shaded fields, as these fields will be automatically populated from the information you entered into the individual budget screens; however, the appropriate amount of administrative costs must be entered in the applicable fields.

The following screenshot is for the New Project Application "Summary Budget" screen.

e.Forms					
TestUser2	6J. Summary Budget				
ew Project Application 2019	The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.				
oplicant Name: oject Applicant A policant Number: 10700000 oject Name: ww Project Application st 1 FY2019 oject Number: 16481	Eligible Costs 1a. Acquisition 1b. Rehabilitation	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)	
ew Project Application	1c. New Construction 2a. Leased Units	\$0	1 Year	\$0	
2019	2b. Leased Structures	\$0	1 Year	\$0	
018 New Project	3. Rental Assistance	\$0	1 Year	\$0	
lication Instructions	4. Supportive Services	\$0	1 Year	\$0	
ore Starting	5. Operating	\$0	1 Year	\$(
t 1 - Forms	6. HMIS	\$0	1 Year	\$(
1A. SF-424 Application De 1B. SF-424 Legal	7. Sub-total Costs Requested 8. Admin (Up to 10%)			\$0	
blicant 1C. SF-424 Application ails	9. Total Assistance Plus Admin Requested			\$0	
ID. SF-424	10. Cash Match 11. In-Kind Match			\$50,000	
igressional District(s) LE, SF-424	11. In-King Match 12. Total Match			\$50.000	
npliance IF. SF-424 Declaration	13. Total Budget			\$50,000	
LG. HUD 2880 LH. HUD 50070 LI. Cert. Lobbying LJ. SF-LLL	Click	the 'Save' button to automat	ically calculate totals.		
t 2 - Recipient and brecipient Information	Save & Back	Save		ave & Next	
2A. Subrecipients		Back	Next		

- 1. Review the funding amounts in the gray-shaded fields. If they are not correct, navigate to the individual budget screens and update them. You cannot edit gray-shaded fields on the Summary Budget screen.
- 2. In the "Admin." field (line 8 for new projects), enter the amount of administrative costs for which you are applying. Administrative costs may not exceed 10 percent of the line "Subtotal Costs Requested."
- 3. "Save & Next" at the bottom of the screen. You will proceed to the Part 7 "Attachment(s) & Certification" screen.
- **NOTE:** The total value of the sum of "Cash Match" and "In-Kind Match" must equal 25 percent of the total amount requested for all activities **except for leased units and leased structures, but including administration costs.**

7A. Attachments

Depending on the Applicant, the "Attachment" screen has three potential items:

- Subrecipient Nonprofit Documentation. On the "Project Subrecipients" screen, if the subrecipient is a nonprofit (i.e., either "M" or "N" was selected from the "Organization Type" dropdown menu,), then proof of subrecipient's nonprofit status is required.
- **Other Attachment(s).** Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.
 - Consolidated Plan Certification. For Project Applicants that selected "No CoC" on Screen 3A, and are thus applying as Solo Applicants, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a state or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

e.Forms				Logout
L TestUser2	Select a link	7A. Attac	hment(s)	
New Project Application FY2019	Delete Document Type	Required	? Download Document Descrip	otion Date Attached
Applicant Name: Project Applicant A	1) Subrecipient Nonprofit Documenta	ation No		No Attachmen
Applicant Number: 030700000	2) Other Attachment(s)	No		No Attachmen
Project Name: New Project Application Test 1 FY2019	3) Other Attachment(s)	No		No Attachmen
Project Number: 136481		Back	Next	

1.	Select the document name under "Document Type."
2.	The "Attachment Details" screen appears.

7A. Attachments (continued)

The following instructions explain how to upload an attachment in *e-snaps*; the steps are the same for each attachment link on the screen.

e.Forms		Cogout
LestUser2		Attachment Details
New Project Application FY2019	Enter the	* Document Description: * File Name: Browse
Applicant Name: Project Applicant A	Description, including the	Document Type: 1) Subrecipient Nonprofit Documentation Maximum Size: 5 MB
Applicant Number: 030700000	Project Number	Allowable Formats: zip, xls, xlsx, tif, jpeg, wpd, pdf, img, rtf, pptx, ppt, txt, bmp, jpg, png, zipx, doc, docx, ZIP*, gif, tiff
Project Name: New Project Application Test 1 FY2019		Instructions: Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be attached in e-snaps, if the applicant and subrecipier are different entities, and the subrecipient is a nonprofit organization.
Project Number: 136481		Save
New Project Application FY2019		Save & Back to List Back to List

Step	Description
1.	Enter the name of the document in the "Document Description" field.
2.	 Select "Browse" to the right of the "File Name" field to upload the file from your computer. The allowable formats are: zip, xls, xlsx, wpd, pdf, zipx, doc, ZIP*, docx, rtf, txt.
3.	Select "Save & Back to List" to return to the "Attachments" screen.
4.	On the "Attachments" screen, select "Next."
NOTE:	To delete an uploaded attachment.
	Click the "Delete" icon that appears to the left of the document name.
	Confirm the deletion in the pop-up window.



For instructions on how to zip a file that may be too large to upload, refer to the How to Zip a File document on the CoC Program Competition Resources webpage on the HUD Exchange at: <u>https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/</u>.

7A. In-Kind MOU Attachment

Screen 7B appears when Project Applicants add a match entry for "In-Kind" match (6I. Sources of Match Detail screen, question 3. "Type of Source").

• **Subrecipient Nonprofit Documentation.** On the "Project Subrecipients" screen, if the subrecipient is a nonprofit (i.e., either "M" or "N" was selected from the "Organization Type" dropdown menu,), then proof of subrecipient's nonprofit status is required.

e.Forms				Logout Regout
LestUser2	Select the link.	7A. In	-Kind MOU Attachment	
New Project Application FY2019	Delete Document Type	Required?	Download Document Description	Date Attached
Applicant Name: Project Applicant A Applicant Number: 030700000 Project Name:	In-Kind Match MOU	No Back	 Next	No Attachment

1.	Select the document name under "Document Type."
2.	The "Attachment Details" screen appears. Follow the instructions for uploading attachments under 7A. Attachments.

7D. Certification

The Project Applicant must certify that the proposed program will comply with the various laws as outlined in the CoC Program Competition NOFA. The Project Applicant should carefully review all of the items carefully.

The following steps provide instruction on completing all mandatory fields marked with an asterisk (*) on the "Certification" screen of the application.

Attachment 7D. Certification Part 8 - Submission Summary	Name of Authorized Certifying Official: first name of Authorized Representative last I Date: 07/02/2019 Title: title
8B. Summary View Applicant Profile	Applicant Organization: Test Organization 2 PHA Number (For PHA Applicants Only):
Export to PDF Get PDF Viewer Back to Submissions List	 * I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).
	Save & Back Save Save & Next
	Back Next Check Spelling

Step	Description
1.	Review sections A, B, and C of the screen.
2.	Verify the name of the Project Applicant organization's Authorized Certifying Official.
3.	Verify that the current date auto populates in the Date field.
4.	Verify the title of the Project Applicant organization's Authorized Certifying Official.
5.	Verify the name of the Project Applicant Organization.
6.	For PHA Applicants only, enter the PHA Number.
7.	Review the certification statement and select the check box to the right of the certification statement.
8.	Select the check box to certify your organization has an active System for Award Management (SAM) registration.
9.	Select "Save & Next" to navigate to the next screen.

8B. Submission Summary

Once the required information has been entered and the required attachments have been uploaded, the Project Applicant needs to select the "Submit" button on the "Submission Summary" screen.

The "Submission Summary" screen shows the Project Application screens. In the "Last Updated" column, the system will identify the following:

- A date if the screen is complete
- "No Input Required" if there is no input required
- "Please Complete" if more information is needed

Users can go back to any screen by clicking on the screen name on the left menu or on the screen name in the Submissions list itself. Remember to select "Save" after making any changes.

NOTE: The "No Input Required" status on the Submission Summary indicates that additional information for that screen is not required for the Project Applicant to continue to the next step in e-snaps. In the context of this navigational guide, the Project Applicant may continue to the next steps in the Project Application process. HUD, however, may require you to address the particular item prior to entering into a grant agreement if conditionally awarded.

The "Submit" button is located at the bottom of the screen under the navigation buttons. The "Submit" button will be active if all parts of the Project Application are complete (and have a date) or state "No Input Required."

After submitting the Project Application, Project Applicants should notify the Collaborative Applicant. Notification is recommended to provide a heads-up to the Collaborative Applicant that the application is ready for their review and ranking.

The following image shows the Project Application "Submission Summary" screen with items that still need to be completed. Note that the "Submit" button is gray-shaded, and you cannot select it.

The Submission Summary screen for the HMIS Project Application looks different because it has different screens specific to HMIS.

e.Forms					
		8B. Submission S	Summary		
cation	Applicant mu	st click the submit button once	all forms have a st	atus of Compl	
t A	Complete	Page	Last Updated	Mandatory	
er:		1A. SF-424 Application Type	No Input Required	No	
		1B. SF-424 Legal Applicant	No Input Required	No	
n		1C. SF-424 Application Details	No Input Required	No	
	1	1D. SF-424 Congressional District(s)	05/02/2019	Yes	
		1E. SF-424 Compliance	05/02/2019	Yes	
	~	1F. SF-424 Declaration	05/02/2019	Yes	
	~	1G. HUD 2880	05/02/2019	Yes	
	~	1H. HUD 50070	05/02/2019	Yes	
	~	11. Cert. Lobbying	05/02/2019	Yes	
	~	1J. SF-LLL	05/02/2019	Yes	
	-	2A. Subrecipients	05/02/2019	Yes	
	×	2B. Experience	05/02/2019	Yes	
		3A. Project Detail	05/06/2019	Yes	
)	×				
		<u>3B. Description</u>	Please Complete	Yes	
1	×	<u>3C. Expansion</u>	Please Complete	Yes	
	~	4A. Services	05/02/2019	Yes	
	~	4B. Housing Type	05/02/2019	Yes	
	~	5A. Households	05/02/2019	Yes	
	×	5B. Subpopulations	Please Complete	Yes	
1	~	6A. Funding Request	05/06/2019	Yes	
	×	6H. HMIS Budget	Please Complete	Yes	
		6I. Match	05/06/2019	Yes	
	*				
		6J. Summary Budget	No Input Required	No	
	×	7A. Attachment(s)	Please Complete	Yes	
		7A. In-Kind MOU Attachment	No Input Required	No	
	×	7D. Certification	Please Complete	Yes	
		Notes:			
	• The A	Applicant Profile must be completed	before this form can	be submitted.	
	Total	Assistance Requested Amount has attachment(s) list contains 1 incomp	to be greater than \$		
	• /A. A				
		Back	Next		
3.		Export to PDF		<u> </u>	
		Get PDF View		Ina	
		Submit		🦳 bu	
				\sim	

- 1. For the item(s) that state "Please Complete," either select the link under the "Page" column or select the item on the left menu bar.
- 2. Complete the screen, saving the information on each screen.

3. When you have an active "Submit" button, continue to the next section.

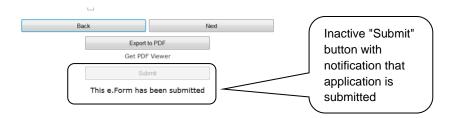
Submitting the Project Application

The following image shows an active "Submit" button on the Project Application "Submission Summary."



Step	Description
1.	If you are not already on the "Submission Summary" screen, select it on the left menu bar.
2.	Select the "Submit" button.
3.	Notify the Collaborative Applicant that you have submitted your Project Application.

The following image shows the completed Project Application "Submission Summary" screen. Note that the "Submit" button is no longer active, but instead appears gray-shaded. The screen is marked "This e.Form has been submitted."



Exporting to PDF

Project Applicants can obtain a hard copy of the Project Application using the "Export to PDF" button located at the bottom of the Submission Summary screen under the navigation buttons.

	Export to PDF Get PDF Viewer Submit This e.Form has been submitted	Select button to obtain a copy of the Project Application
Description		
Select the "Export to	PDF" button.	
	DF Export" screen, select the scree	n(s) you would like include
On the "Configure P		

Trouble-shooting when you cannot submit the Project Application

Applicants may encounter issues when trying to submit the Project Application. If the "Submit" button is gray (i.e., "grayed-out"), it is not active and you cannot select it. You will not be permitted to complete your form at this time. The "Submit" button will appear gray if information is missing on any of the required Project Application forms or in the Applicant Profile.

The following image shows the New Project Application "Submission Summary" screen with items that still need to be completed. Note that the "Submit" button is gray-shaded, and you cannot select it.

			8B. Submission S	ummary	
TestUser2					
ew Project Application (2019		Applicant mu	st click the submit button once a	all forms have a st	atus of Compl
oplicant Name: oject Applicant A		Complete	Page	Last Updated	Mandatory
plicant Number: 0700000			Review "Last	No Input Required	No
ect Name:			Updated"	No Input Required	No
Project Application 1 FY2019				No Input Required	No
ect Number:				05/02/2019	Yes
81			1E. SF-424 Compliance	05/02/2019	Yes
Project Application				05/02/2019	Yes
019		×	1F. SF-424 Declaration		
018 New Project		× .	<u>1G. HUD 2880</u>	05/02/2019	Yes
ication Instructions		~	<u>1H. HUD 50070</u>	05/02/2019	Yes
ore Starting		~	11. Cert. Lobbying	05/02/2019	Yes
1 - Forms A. SF-424 Application		✓	13. SF-LLL	05/02/2019	Yes
3			2A. Subrecipients	05/02/2019	Yes
. SF-424 Legal cant			2B. Experience	05/02/2019	Yes
. SF-424 Application Is	Deview for	1	3A. Project Detail	05/06/2019	Yes
). SF-424 ressional District(s)	Review for	×	3B. Description	Please Complete	Yes
E. SF-424	red "X"	×	3C. Expansion	Please Complete	Yes
pliance F. SF-424 Declaration					
G. HUD 2880		×	4A. Services	05/02/2019	Yes
I. HUD 50070 . Cert. Lobbying		~	4B. Housing Type	05/02/2019	Yes
SF-LLL		~	5A. Households	05/02/2019	Yes
2 - Recipient and ecipient Information		×	5B. Subpopulations	Please Complete	Yes
. Subrecipients		_	6A. Funding Request	05/06/2019	Yes
8. Experience 3 - Project		×	6H. HMIS Budget	Please Complete	Yes
mation			6I. Match	05/06/2019	Yes
Project Detail Description			6J. Summary Budget	No Input Required	No
Expansion		×	7A. Attachment(s)	Please Complete	Yes
I - Housing, ces, and HMIS		^			No
Services			7A. In-Kind MOU Attachment	No Input Required	
Housing Type Participants		×	7D. Certification	Please Complete	Yes
Households	Review Notes	\sim	Notes:		
. Subpopulations			Applicant Profile must be completed		
nation			Assistance Requested Amount has ttachment(s) list contains 1 incomp		0.
A. Funding Request I. HMIS Budget					
. Match			Back	Next	
Summary Budget - Attachment(s) &			Export to PDF		
cation			Get PDF Viewe	r	
Attachment(s)			Submit		

StepDescription1.Review your Submission Summary screen to determine which Project Application form
needs to be completed. For the item(s) that state "Please Complete," either select the
link under the "Page" column or select the item on the left menu bar.2.Complete the screen, saving the information on each screen.3.Return to the Submission Summary screen and select the "Submit" button.

What the "Last Updated" column tells you. A date identifies a form with complete information for all required fields. It is the most recent date on which the completed form was saved.

- "Please Complete" identifies a form with information missing in one or more required fields.
- "No Input Required" identifies the form that are not required for completion by all projects. You are strongly encouraged to double-check these forms to ensure that all appropriate project information is completed.

What the "Notes" section at the bottom of the screen tells you. Notes are not a standard section on the "Submission Summary" screen, so you will not see this section all the time.

- If Notes appear on the screen, they are located under the two-column list and above the navigational buttons.
- The Notes provide information on the errors in the Project Application. Some Notes include a link to the applicable form and error(s).
- **NOTE:** If you are still unable to submit the New Project Application after following these instructions, please submit a question to the HUD Exchange Ask A Question, at: <u>https://www.hudexchange.info/get-assistance/my-question/</u>, under the e-snaps Reporting System.

In the question field, please provide specific details regarding the issue you are encountering while trying to submit and provide a screenshot whenever possible.

Updating the Applicant Profile

If an Applicant needs to edit the Project Applicant Profile in order to correct information, the Applicant must do the following:

Step	Description		
1.	Select "Back to Submissions List."		
2.	Select "Applicants" in the left menu bar.		
3.	Ensure your Applicant name is selected in the dropdown menu at the top of the screen.		
4.	Select the "Open Folder" icon 略 to the left of the Applicant Name.		
5.	Select "Submission Summary" on the left menu bar.		
6.	Select the "Edit" button.		
7.	Navigate to the applicable screen(s), make the edits, and select "Save."		
8.	Select "Submission Summary" on the left menu bar and select the "Complete" button.		
9.	Selects "Back to Applicants List" on the left menu bar.		
10.	Select "Submissions" on the left menu bar.		
11.	Select the orange folder to enter the Project Application. The change should have pulled forward.		
NOTE:	The "View Applicant Profile" link in the left menu bar, within the project application, is		

: The "View Applicant Profile" link in the left menu bar, within the project application, is intended only to view the Project Applicant Profile and not to make any updates.

Project Application Changes

If changes need to be made to the Project Applications, the Collaborative Applicant will send the project back to the Project Applicant. Project Applicants may need to change the Project Application if they find an error or if the Collaborative Applicant requests that a change is made to one or more of the forms. The following action steps must be taken by the Collaborative Applicant and Project Applicant.

Step	Who	Description
1.	Either	If a submitted Project Application needs to be changed, contact must be made between the Project Applicant and the Collaborative Applicant (via email or phone,) outside of <i>e-snaps</i> .
		 If a Project Applicant determines that a change is necessary, the Project Applicant should contact the Collaborative Applicant and request that it "send," or release, the Project Application back to the Applicant.
		 If the Collaborative Applicant requests a change, the Collaborative Applicant should contact the applicant.
2.	Collaborative Applicant	The Collaborative Applicant will notify the Project Applicant (via email or phone) that the Project Application has been sent back for changes.
3.	Project Applicant	After the Project Application has been sent back for amendment, any person who is an authorized <i>e-snaps</i> user with the Project Applicant's organization will be able to reopen the project.
		The following actions are taken by the applicant once the Collaborative Applicant has released the Project Application:
		• Log in to <i>e-snaps</i> .
		• Select "Submissions" on the left menu bar.
		• Find the Project Application that was sent back to the applicant.
		 Review the list under the Project Name column, or use the Project Name dropdown menu and "Filter" button.
		 The Project Name for the Project Application will be listed, but it will no longer have a date under the "Date Submitted" column.
		 Select the "Open Folder" icon to the left of the project with no submission date.
		 Make the required change(s), saving each form as it is revised.
		Select the "Submit" button.
		 Notify the Collaborative Applicant that the Project Application has been re-submitted.
4.	Collaborative Applicant	After the Project Applicant has re-submitted the Project Application, the Collaborative Applicant must update the CoC Priority Listing for the Project Application to reappear on the appropriate project screen in the CoC Priority Listings.

Next Steps

Congratulations on submitting your New Project Application!

At this point, your project application has been submitted to the Collaborative Applicant, as indicated on screen "3A. Project Detail" questions 1a and 1b. Notifications are **not** provided through *e-snaps* to the Collaborative Applicant, so you should notify them that the application has been submitted.

The Collaborative Applicant will review every project application and approve and rank or reject the project applications prior to submitting them as part of the CoC Priority Listing to HUD for the FY 2019 CoC Program Competition. Please make sure you keep in contact with the organization in case any amendments need to be made.

For additional resources go to the *e-snaps* webpage on the HUD Exchange at: <u>https://www.hudexchange.info/programs/e-snaps/</u>.