



YHDP Round 3 New Project Application

May 6, 2020

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Introduction

- Learning Objectives:
 - Navigate to the project application in *e-snaps*
 - Complete the application formlets (i.e., screens)
 - Submit the project application
- Communication during WebEx
 - Use the chat box



Agenda

- Overview of application deadlines
- Video: Accessing the Project Application
- Application requirements
- Submit the application



Overview of Application Deadlines

Deadline	Action
Rolling	Submit applications
May 15, 2020 for UFAs	Final date to submit application to ensure a July 1 start date
July 1, 2020	Final date to submit application to receive funds in FY 2020 funding cycle (9/30/20)



Resources

- CoC Program interim rule
<https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>
- YHDP Application Resources page:
<https://www.hudexchange.info/programs/yhdp/fy-2018-yhdp-application-resources/>
 - FY 2018 YHDP NOFA
 - YHDP R3 – New Project Application – HUD Detailed Instructions
 - YHDP R3 – New Project Application – Navigational Guide
- e-snaps resources page: <https://www.hudexchange.info/programs/e-snaps/>
- Your TA Provider
- HUD Exchange AAQ – *e-snaps*
<https://www.hudexchange.info/program-support/my-question/>



Video

Accessing the Project Application in e-snaps

Access it from the HUD Exchange:

FY 2018 YHDP Application Resources page

<https://www.hudexchange.info/programs/yhdp/fy-2018-yhdp-application-resources/>



Part 1: SF-424

- HUD form SF-424
 - Complete in its entirety prior to seeing the remainder of the application

The screenshot displays the HUD eForms application interface. On the left, a sidebar menu lists various application steps, with 'Before Starting' highlighted. The main content area, titled 'Before Starting the Project Application', contains instructions for applicants to review information before beginning the application. A list of 'Things to Remember' includes links to training resources, program policy questions, and requirements for DUNS and SAM registration. At the bottom of the sidebar, there are links for 'View Applicant Profile', 'Export to PDF', 'Get PDF Viewer', and 'Back to Submissions List'.

eForms

Janabellick

YHDP New Project Application FY2019

Applicant Name: Agency for Community Treatment Services, Inc. (ACTS)
Applicant Number: 591850626
Project Name: FY2019 YHDP New Application Test6
Project Number: 136758

YHDP New Project Application FY2019

FY2019 New Detailed Instructions

Before Starting

Part 1 - Forms

1A. SF-424 Application Type

1B. SF-424 Legal Applicant

1C. SF-424 Application Details

1D. SF-424 Congressional District(s)

1E. SF-424 Compliance

1F. SF-424 Declaration

1G. HUD 2880

1H. HUD 50070

1I. Cert. Lobbying

1J. SF-LLL

BB. Summary

View Applicant Profile

Export to PDF
Get PDF Viewer

Back to Submissions List

Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/cpc-program-competition-resources/>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the [HUD Exchange Ask A Question](#).
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2019 CoC Program Competition NOFA.

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Part 1: SF-424

- Pre-populated data from the Applicant Profile
 - Errors corrected in the Applicant Profile ([e-snaps resource: Putting the Applicant Profile in Edit-Mode](#))

eForms

jenabolski

YHDP New Project Application FY2019

Applicant Name: Agency for Community Treatment Services, Inc. (ACTS)
Applicant Number: 591860626
Project Name: FY2019_YHDP_New_Application_Test6
Project Number: 138753

YHDP New Project Application FY2019

FY2019 New Detailed Instructions

Before Starting

Part 1 - Forms

1A. SF-424 Application Type

1B. SF-424 Legal Applicant

1C. SF-424 Application Details

1D. SF-424 Congressional District(s)

1E. SF-424 Compliance

1F. SF-424 Declaration

1G. HUD 3880

1H. HUD 5007G

1I. Cert. Lobbying

1J. SF-LLL

1K. Summary

View Applicant Profile

Export to PDF

Get PDF Viewer

Back to Submissions List

1B. SF-424 Legal Applicant

B. Applicant

a. Legal Name: Agency for Community Treatment Services, Inc.

b. Employer/Taxpayer Identification Number (EIN/TIN): 56-1860626

c. Organizational DUNS: 172117764 PLUS 4:

d. Address

Street 1: 4812 N. 50th Street

Street 2:

City: Tampa

County: Hillsborough

State:

Country:

Zip / Postal Code: 33616

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix:

First Name: Jena

Middle Name:

Last Name: Butko

Suffix:

Title: Chief of Housing Administration

Organizational Affiliation: Agency for Community Treatment Services, Inc.

Telephone Number: (813) 245-4896

Extension:

Fax Number: (813) 621-8990

Email: jbutko@actss.org

Back Next

Verify the data is accurate

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

HUD Form 2880

- Project Application Part 1, and Project Applicant Profile
- How to Complete the 2880 in e-snaps

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

The screenshot displays the HUD Form 2880 application interface within the eForms system. On the left, a sidebar menu shows the navigation structure, including sections for 'Renewal Project Application FY2017' and 'FY2016 Renewal Project Application Instructions'. The main content area is titled '1G. HUD 2880' and contains the 'Applicant/Recipient Disclosure/Update Report - Form 2880'. The form is divided into sections for 'Applicant/Recipient Information' and '1. Applicant/Recipient Name, Address, and Phone'. The 'Applicant/Recipient Information' section includes fields for Agency Legal Name, Prefix, First Name, Middle Name, Last Name, Suffix, Title, Organizational Affiliation, Telephone Number, Extension, Email, City, County, State, Country, and Zip/Postal Code. The '1. Applicant/Recipient Name, Address, and Phone' section includes fields for Employer ID Number (EIN), HUD Program, and Amount of HUD Assistance Requested/Received. The '2. State the name and location (street address, city and state) of the project or activity' section includes a field for the project name and location. The form also includes a note about requested amounts being automatically entered within applications.

eForms

TestUser3

Renewal Project Application FY2017

Applicant Name: Project Applicant A
Applicant Number: 030700000
Project Name: Renewal Application Test FY2017
Project Number: 135686

Renewal Project Application FY2017

FY2016 Renewal Project Application Instructions

Before Starting
Part 1 - Forms
1A. SF-424 Application Type
1B. SF-424 Legal Applicant
1C. SF-424 Application Details
1D. SF-424 Congressional District(s)
1E. SF-424 Compliance
1F. SF-424 Declaration
1G. HUD-2880
1H. HUD-50070
1I. Cert. Lobbying
1J. SF-LLL
Additional Information
Part 2 - Recipient and Subrecipient Information
2A. Subrecipients
2B. Recipient Performance
Part 3 - Project

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - Form 2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2510-0011 (exp.11/30/2018)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name: Test Organization 2
Prefix: M/s
First Name: first
Middle Name:
Last Name: last
Suffix: - select -
Title: title
Organizational Affiliation: Test Organization 2
Telephone Number: (123) 456-7890
Extension:
Email: Name@Organization.org
City: Washington
County:
State: District of Columbia
Country: United States
Zip/Postal Code: 20410

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

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received: \$225,000.00
(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, city and state) of the project or activity: Renewal Application Test FY2017 125 Test St
Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Subrecipients

- Recipient
 - ✓ Grant agreement
 - ✓ Applicant Profile – ONLY ONE
- Subrecipient
 - X Does NOT have Grant agreement with HUD
 - ✓ Subrecipient agreement with the recipient
 - X Does NOT have an Applicant Profile
 - ✓ Recipient can give access to staff to assist with application



2A. Subrecipient Detail

- One entry for each subrecipient
- Organizational information

eForms

2A. Project Subrecipients Detail

a. Organization Name:

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

c. Employee or Tax Identification Number:

d. Organizational DUNS: PLUS 4:

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

f. Congressional District(s):
(for multiple selections hold CTRL key)
Available Item:
AK-000
AL-001
AL-002
AL-003
AL-004
AL-005
AL-006
Selected Item:

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

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

i. Expected Sub-Award Amount:

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

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

Navigation Menu:

- YHDP New Project Application FY2015
- Applicant Name: Agency for Community Treatment Services, Inc. (ACTS)
- Applicant Number: 591860626
- Project Name: FY2015 YHDP New Application Youth
- Project Number: 136759
- YHDP New Project Application FY2015
- FY2015 New Detailed Instructions
- Before Starting
- Part 1 - Review
 - 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 ID#
 - 1H. HUD 50000
 - 1I. Cert. Lobbying
 - 1J. SF-LLL
- Part 2 - Participant and Subrecipient Information
 - 2A. Subrecipients**
 - 2B. Expenses
- Part 3 - Project Information
 - 3A. Project Details
 - 3B. Description
- Part 4 - Housing, Services, and HHHS
 - 4A. Services
 - 4B. HHHS Standards
 - 4C. HHHS Training
 - 4D. Housing Type
- Part 5 - Participants
 - 5A. Households
 - 5B. Subpopulations
- Part 6 - Budget Information
 - 6A. Funding Request
 - 6I. Match
 - 6J. Summary Budget
- Part 7 - Attachment(s) & Certification
 - 7A. Attachment(s)

2B. Applicant and Subrecipient Experience

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

The screenshot shows the eForms application interface for Section 2B: Experience of Applicant, Subrecipient(s), and Other Partners. The left sidebar contains a navigation menu with the following items:

- YHDP New Project Application FY2019
- Applicant Name: Agency for Community Treatment Services, Inc. (ACTS)
- Applicant Number: 591860628
- Project Name: FY2019_YHDP_New_Application_Test5
- Project Number: 136758
- YHDP New Project Application FY2019
- FY2019 New Detailed Instructions
- Before Starting
- Part 1 - Forms
 - 1A. SF-424 Application Type
 - 1B. SF-424 Legal Applicant
 - 1C. SF-424 Application Details
 - 1D. SF-424 Congressional District(s)
 - 1E. SF-424 Compliance
 - 1F. SF-424 Declaration
 - 1G. HUD 2880
 - 1H. HUD 50070
 - 1I. Cert. Lobbying
 - 1J. SF-LLL
- Part 2 - Recipient and Subrecipient Information
 - 2A. Subrecipients
 - 2B. Experience

The main content area displays the title "2B. Experience of Applicant, Subrecipient(s), and Other Partners" and contains three numbered questions:

- * 1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.
- * 2. Describe the experience of the 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 applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.

Below these questions is a checkbox question:

* 4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)? ☒ Yes

Below this is a text area for question 4b:

* 4b. Describe the unresolved monitoring or audit findings.

At the bottom of the form are several buttons: "Save & Back", "Save", "Save & Next", "Back", "Next", and "Check Spelling".

3A. Project Detail

eForms Logout

janabalicki

YHDP New Project Application FY2019

Applicant Name: Agency for Community Treatment Services, Inc. (ACTS)
 Applicant Number: 59186/0626
 Project Name: FY2019_YHDP_New_Application_Test6
 Project Number: 136758

YHDP New Project Application FY2019

FY2019 New Detailed Instructions

Before Starting Part 1 - Forms

3A. Project Detail

* 1a. CoC Number and Name: FL-502 - St. Petersburg, Clearwater, Largo/Pinellas County CoC

* 1b. CoC Collaborative Applicant Name: Pinellas County Homeless Leadership Board, Inc.

2. Project Name: FY2019_YHDP_New_Application_Test6

* 3. Project Status: Standard

* 4. Component Type: PH

* 5. Will the PH project provide PSH or RRH? PSH

* 6. Does this project use one or more properties that have been conveyed through the Title V process? No

* 7. Was this project funded under the Youth Homeless Demonstration Program (YHDP)? No

Save & Back Save Save & Next

Back Next

Component (6)	Acronym
Permanent Housing	PH
Transitional Housing	TH
Joint Transitional Housing and Permanent Housing-Rapid Rehousing	Joint TH and PH: RRH
Safe Havens	SH
Homeless Management Information Systems	HMIS
Supportive Services Only	SSO

Permanent Supportive Housing	PSH
Rapid Rehousing	RRH

SSO Coordinated Entry	SSO-CE
SSO non-Coordinated Entry	SSO non-CE



3B. Project Description

- Read the HUD Detailed Instructions!!
- HOW you answer is different depending on the project type

eForms

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

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.

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.

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
New project staff hired, or other project expenses begin?				
Participant enrollment in project begins?				
Participants begin to occupy 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 completed?				

3. Will your project participate in a CoC Coordinated Entry Process? [No]

Please explain why your project will not participate in a CoC Coordinated Entry Process.

4. Please identify the project's specific population focus. (Select ALL that apply)

Chronic Homeless	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other	<input type="checkbox"/>

(Click "See" to expand)

3B. Project Description: Housing First

5. Housing First

* a. Will the project quickly move participants into permanent housing?

* b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.

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

* c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.

Failure to participate in supportive services	<input type="checkbox"/>
Failure to make progress on a service plan	<input type="checkbox"/>
Loss of income or failure to improve income	<input type="checkbox"/>
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	<input type="checkbox"/>
None of the above	<input type="checkbox"/>

* d. Will the project follow a "Housing First" approach?
(Click 'Save' to update)

- Question 5. Housing First
- Answer 5a, 5b, and 5c
- 5d will auto-populate based on responses



3B. Project Description: SSO Projects

* 9. Please select the type of SSO project: Coordinated Entry ▼

* a. Will the coordinated entry process funded in part by this grant cover the CoC's entire geographic area? -- select -- ▼

* b. Will the coordinated entry process funded in part by this grant be easily accessible? -- select -- ▼

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

* d. Does the coordinated entry process use a comprehensive, standardized assessment process? -- select -- ▼

* e. Describe the referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services.

* f. If the coordinated entry process includes differences in the access, entry, assessment, or referral for certain populations, are those differences limited only to the following five groups: Chronically Homeless, Individuals, Families, Youth, and Persons At Risk of Homelessness? -- select -- ▼

* g. 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

- SSO: question 9 is about SSO-CE or SSO non-CE



3B. Project Description: PSH Projects

- PSH: question 10 is about DedicatedPlus

Dedicated and DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

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

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

* 10. Indicate whether the project is "100% Dedicated," or "DedicatedPLUS," according to the information provided above.

<input type="button" value="Save & Back"/>	<input type="button" value="Save"/>	<input type="button" value="Save & Next"/>
<input type="button" value="Back"/>	<input type="button" value="Next"/>	



Youth Homelessness Demonstration Project

- Selections for Question 6. Type of funding requested must be the same as Part 6. Budgets

eForms

(janabelick)

YHDP New Project Application FY2019

Applicant Name: Agency for Community Treatment Services, Inc. (ACTS)
 Applicant Number: 591850626
 Project Name: FY2019 YHDP New Application Test6
 Project Number: 136758

YHDP New Project Application FY2019

FY2019 New Detailed Instructions

Before Starting

Part 1 - Forms

1A. SF-424 Application Type

1B. SF-424 Legal Applicant

1C. SF-424 Application Details

1D. SF-424 Congressional District(s)

1E. SF-424 Compliance

1F. SF-424 Declaration

1G. HUD 2890

1H. HUD 50070

1I. Cert. Lobbying

1J. SF-LLL

Part 2 - Recipient and Subrecipient Information

2A. Subrecipients

2B. Experience

Part 3 - Project Information

3A. Project Detail

3B. Description

Youth Homeless Demonstration Projects

Part 4 - Housing, Services, and HMIS

4A. Services

4A. HMIS Standards

4B. HMIS Training

4B. Housing Type

Part 5 - Participants

5A. Households

5B. Subpopulations

Part 6 - Budget Information

6A. Funding Request

6I. Match

6J. Summary Budget

Youth Homeless Demonstration Projects

* 1. Does this project carry out housing problem solving activities to divert or rapidly exit households from homelessness? OR Does this project carry out housing problem-solving activities? Yes ☐

* 1a. Please identify the list of housing problem solving activities that will occur in this project (You may select more than one)

Housing Search Assistance ☐

Case management, including connecting to community services and supports ☐

Conflict resolution or family mediation ☐

Landlord-tenant mediation or tenant legal ☐

Utility or security deposits ☐

One time moving assistance ☐

Rental application fees ☐

Utility or rental arrears ☐

Other ☐

* 2. Is this a Host Homes Project? Yes ☐

* 3. Please identify the specific populations addressed in this project

Pregnant/Parenting ☐

Minors ☐

Foster care/justice involved youth ☐

Other ☐

* 4. Does this project plan to use Rental Assistance in the 2019 YHDP Program? Yes ☐

* 4a. Will this project use Rental Deposits? No ☐

* 4b. Will this project cover first months rent? -- select -- ☐

* 4c. Short Term Rental Assistance: -- select -- ☐

* 4d. Medium Term Rental Assistance: -- select -- ☐

* 5. Does the project plan on applying for Special YHDP activities in the YHDP program? Yes ☐

* 5a. If yes, what is the special YHDP activity? Please attach all documents related to the special activity in this application. (special activity document memo, any supporting documentation, etc.)

* 6. Select the costs for which funding is being requested:

Acquisition/Rehabilitation/New Construction ☐

Leased Units ☐

Leased Structures ☐

Rental Assistance ☐

Supportive Services ☐

Operating ☐

HMIS ☐

Save & Back Save Save & Next

Back Next

Part 4

4A. Supportive Services for Participants (all)

4A. HMIS Standards (HMIS projects only)

4B. Housing Type and Location (all)

4B. HMIS Training (HMIS projects only)



4A. Supportive Services for Participants

- Question 1: All must check the box
- HMIS and SSO-CE: continue to the next screen
- All others: complete the questions

The screenshot shows the 'eForms' interface for '4A. Supportive Services for Participants'. On the left is a sidebar with navigation links: 'Janabelicki', 'YHDP New Project Application FY2019', 'Applicant Name: Agency for Community Treatment Services, Inc. (ACTS)', 'Applicant Number: 591860626', 'Project Name: FY2019_YHDP_New Application Test6', 'Project Number: 136750', 'YHDP New Project Application FY2019', 'FY2019 New Detailed Instructions', 'Before Starting', 'Part 1 - Forms', '1A. SF-424 Application Type', and '1B. SF-424 Legal'. The main content area is titled '4A. Supportive Services for Participants' and contains three numbered questions. Question 1 is a mandatory checkbox question about federal education assurances. Question 2 is a text entry field for describing participant assistance. Question 3 is a text entry field for describing coordination with other services. The bottom right corner features the 'US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT' and 'COMMUNITY PLANNING DEVELOPMENT' logos.

eForms

4A. Supportive Services for Participants

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

* Please check the box that you acknowledge you will be required to meet ☐ the above requirements if you have any qualifying participants.

2. Describe how participants will be assisted to obtain and remain in permanent housing.

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?

US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
COMMUNITY PLANNING DEVELOPMENT

4A. Supportive Services for Participants

- This chart on 4A must match up with the SS budget chart

4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.
Click 'Save' to update.

Supportive Services	Provider	Frequency
Assessment of Service Needs	-- select --	-- select --
Assistance with Moving Costs	-- select --	-- select --
Case Management	-- select --	-- select --
Child Care	-- select --	-- select --
Education Services	-- select --	-- select --
Employment Assistance and Job Training	-- select --	-- select --
Food	-- select --	-- select --
Housing Search and Counseling Services	-- select --	-- select --
Legal Services	-- select --	-- select --
Life Skills Training	-- select --	-- select --
Mental Health Services	-- select --	-- select --
Outpatient Health Services	-- select --	-- select --
Outreach Services	-- select --	-- select --
Substance Abuse Treatment Services	-- select --	-- select --
Transportation	-- select --	-- select --
Utility Deposits	-- select --	-- select --

Funding requests on screen 6F. Supportive Services must have a corresponding entry on this screen 4A.

6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
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		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$0
Grant Term		2 Years
Total Request for Grant Term		\$0



4A. HMIS Standards

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

eForms

4A. HMIS Standards

1a. Is the HMIS currently programmed to collect all Universal Data Elements (UDE's) as set forth in the 2017 HMIS Data Standards? --select--

2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells (this will be the Logitudinal System Analysis next year), data for CAPER/ESG reporting, SPM and Data Quality Table, etc). --select--

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

4. Can the HMIS currently provide the CoC with an unduplicated count of clients receiving services in the CoC? --select--

5. Does your HMIS implementation have a staff person responsible for insuring the implementation meets all privacy and security standards as required by HUD and the federal partners? --select--

6. Does your organization conduct a background check on all employees who access HMIS or view HMIS data? --select--

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

8. Do you have a process in place to remove community members who no longer need access to HMIS (e.g. leave their job, fired, etc.) --select--

Save & Back Save Save & Next Back Next



4B. Housing Type and Location

The screenshot shows the 'e.Forms' application interface. On the left is a sidebar with user information for 'janabalicki' and project details for 'YHDP New Project Application FY2019'. The main content area is titled '4B. Housing Type and Location'. It contains instructions: 'The following list summarizes each housing site in the project. To add a housing site to the list, select the Add icon. To view or update a housing site already listed, select the View icon.' Below the instructions are two input fields: 'Total Units: 0' and 'Total Beds: 0'. A table with 26 columns (A-Z) and 4 rows is displayed. The first row is a header with 'Delete', 'View', 'Housing Type', 'Housing Type (JOINT)', 'Units', and 'Beds'. The second row contains icons for 'Add' and 'View'. The third row contains a red 'X' icon. The fourth row contains a magnifying glass icon. At the bottom of the table is a 'Back' button and a 'Next' button.

YHDP New Project Application FY2019

Applicant Name: Agency for Community Treatment Services, Inc. (ACTS)

Applicant Number: 591860626

Project Name: FY2019_YHDP_New_Application_Test6

Project Number: 136758

YHDP New Project Application FY2019

4B. Housing Type and Location

The following list summarizes each housing site in the project. To add a housing site to the list, select the Add icon. To view or update a housing site already listed, select the View icon.

Total Units: 0

Total Beds: 0

Delete	View	Housing Type	Housing Type (JOINT)	Units	Beds

Back Next

- Different versions of 4B
 - RRH, TH, SH, SSO
 - PSH
 - Joint TH and PH-RRH



4B. Housing Type and Location Detail

- Question 1
 - HMIS and SSO-CE = “none”
 - All housing projects: complete the questions
 - SSO non-CE = “none” or complete the questions

The screenshot shows the 'eForms' interface for '4B. Housing Type and Location Detail'. On the left is a sidebar with a navigation menu. The main content area contains several sections for data entry.

Left Sidebar:

- YHDP New Project Application FY2019
- Applicant Name: Agency for Community Treatment Services, Inc. (ACTS)
- Applicant Number: 591960626
- Project Name: YHDP: New Application Test6
- Project Number: 136759
- YHDP New Project Application FY2019
- FY2019 New Detailed Instructions
- Before Starting
- Part 1 - Forms
 - 1A. SF-424 Application Type
 - 1B. SF-424 Legal Applicant
 - 1C. SF-424 Application Details
 - 1D. SF-424 Congressional District(s)
 - 1E. SF-424 Compliance
 - 1F. SF-424 Declaration
 - 1G. HUD 2800
 - 1H. HUD 50076
 - 1I. Cert. Lobbying
 - 1J. SF-424
- Part 2 - Recipient and Subrecipient Information
 - 2A. Subrecipients
 - 2B. Experience
- Part 3 - Project Information

Main Content Area:

4B. Housing Type and Location Detail

* 1. Housing Type:

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

* a. Units:

* b. Beds:

* 3. Beds for Youth:

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:

Street 2:

* City:

* State:

* ZIP Code:

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)

Available Items:

- 120234 Boca Raton
- 120264 Boynton Beach
- 120270 Bradenton
- 120402 Cape Coral
- 120492 Clearwater
- 120516 Cocoa

Selected Items:

Please select at least one area.

Buttons: Save, Save & Add Another, Save & Back to List, Back to List

4B. HMIS Training

- HMIS dedicated projects will complete
- All else – go to Part 5

The screenshot shows the 'eForms' interface for '4B. HMIS Training'. The left sidebar contains a navigation menu with the following items: 'JanaLatki', 'VHDP New Project Application FY2019', 'Applicant Name: Agency for Community Treatment Services, Inc. (ACTS)', 'Applicant Number: S9180626', 'Project Name: FY2019_VHDP_New_Application_Test6', 'Project Number: 136758', 'VHDP New Project Application FY2019', 'FY2019 New Detailed Instructions', 'Before Starting', 'Part 1 - Forms', '1A. SF-424 Application Type', '1B. SF-424 Legal Applicant', '1C. SF-424 Application Details', and '1D. SF-424 Congressional District(s)'. The main content area is titled '4B. HMIS Training' and includes the instruction: 'Indicate the last training date or proposed training date for each HMIS training, as applicable.' Below this is a table with two columns: 'Activity' and 'Enter date of last training or proposed next training (mm/yyyy)'. The activities listed are: 'Basic Computer Training', 'HMIS Software Training for Sys Admin', 'HMIS Software Training', 'Data Quality Training', 'Security Training', 'Privacy/Ethics Training', 'HMIS PIT Count Training', and 'Other (must specify)'. Each activity has a corresponding date input field. At the bottom of the form, there are buttons for 'Save & Discard', 'Cancel', 'Save & Next', 'Back', and 'Next'.

Activity	Enter date of last training or proposed next training (mm/yyyy)
Basic Computer Training	
HMIS Software Training for Sys Admin	
HMIS Software Training	
Data Quality Training	
Security Training	
Privacy/Ethics Training	
HMIS PIT Count Training	
Other (must specify)	



Part 5: Participant Screens

- Who the project will serve
 - New projects = prospective data
 - Maximum capacity in a single night
- Two parts
 - 5A. Households
 - 5B. Subpopulations
- Everyone must enter data because it is a *required screen
- Applies to
 - PH (PSH and RRH), TH, SH, Joint TH and PH-RRH, SSO non-CE
- Does not apply to
 - SSO-CE, HMIS
 - Must enter a digit on each screen

Key Resources:

YHDP Round 3 New Project Application

- *Detailed Instructions*
- *Navigational Guide*



5A. Households

- 3 Household Types (composition of adults and children)
 - HH with **at least** 1 adult and 1 child
 - Adult HH **without** children
 - HH with **Only** children
- Characteristics (age and accompaniment)
 - Under 18, 18-24, over 24
 - Under 18 –
accompanied or not

5A. Project Participants - Households				
	Households with <u>at least</u> One Adult and One Child	Adult Households <u>without</u> Children	Households with <u>Only</u> Children	
Number of Households	<input type="text" value="10"/>	<input type="text"/>	<input type="text"/>	
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	
Adults over age 24	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	
Persons ages 18-24	<input type="text" value="16"/>	<input type="text"/>	<input type="text"/>	
Accompanied Children under age 18	<input type="text" value="12"/>	<input type="text"/>	<input type="text"/>	
Unaccompanied Children under age 18	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Total Persons	<input type="text" value="28"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	

5B. Subpopulations

- 3 Data tables = corresponds to each HH type
- By age categories

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons represent other subpopulations
Adults over age 24	16	0	0	4	2	3	4	1		
Persons ages 18-24	12					2	2			
Children under age 18										
Total Persons	28	0	0	4	2	5	6	1	0	0

Click Save to automatically calculate totals

- Mutually exclusive classifications
 - CH veteran, CH non-veteran, veteran not CH, other
- Subpopulation categories
 - (e.g., physical disability, developmental disability, domestic violence)



Part 5 – Special Considerations

- Permanent Supportive Housing
 - If serving 100% chronically homeless, must ensure the number of CH individuals in Part 5 matches the number of CH beds in Part 4 (4B. Housing Type and Location)
- Host Homes



Part 6 Budgets

- 6A. Funding Request
- Grant agreement no later than September 30, 2021.
- 2-year term
- Indirect costs
- Funding requests

Acquisition/Rehabilitation/New Construction ☐

Leased Units ☐

Leased Structures ☐

Rental Assistance ☐

Supportive Services ☐

Operating ☐

HMIS ☐

- *CoC Program interim rule: 24 CFR part 578*

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



6A. Indirect Costs

- Inform HUD of intent to use a federally-negotiated indirect cost rate
- Alternative: 10% de minimis
- No budget line item
- 10% de minimis costs are NOT the same as the 10% Project Administrative costs
- Alternative: neither ICR or 10% de minimis
- Staff and overhead costs eligible when implementing activities
24 CFR 578.43 – 578.57



Project Administrative Costs

- No separate budget screen
- Only a dollar amount in the summary budget
- Eligible costs
 - Salaries, wages
 - Administrative services third-party contracts or agreements
 - Goods and services (e.g., equipment, insurance, utilities)
- Eligible activities
 - Preparing program budgets
 - Developing compliance systems and monitoring
 - Developing agreements (e.g., with subrecipients)
 - Preparing reports
 - Evaluating program results
 - Management, supervision
- *578.59 Project Administrative Costs*



6B. Acquisition, Rehabilitation, New Construction budget

- *Budget* screen calculates the total for all entries on *budget detail* screens
- Acquisition can be combined with Rehabilitation.
- Acquisition cannot be combined with New Construction
- *CoC Program interim rule: 24 CFR part 578*
 - 578.43 Acquisition
 - 578.45 Rehabilitation
 - 578.47 New Construction

eForms

6B. Acquisition/Rehabilitation/New Construction Budget

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.

Total Acquisition: \$0
Total Rehabilitation: \$0
Total New Construction: \$0
Total Assistance Requested: \$0

Total Assistance Requested Amount has to be greater than \$0.

	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
Delete	View	Name of Structure	Street Address 1	Street Address 2	City	State	Zip Code	Total Request	Acquisition	Rehabilitation	New Construction															

This list contains no items

Save & Back Save Save & Next Back Next



6B. Acquisition, Rehabilitation, New Construction budget detail

- Complete one “Detail” screen for each structure

The screenshot shows the 'eForms' interface for 'Acquisition/Rehabilitation/New Construction Budget Detail'. The left sidebar contains user information (janabalcikl) and application details (YHDP New Project Application FY2019, Applicant Name: Agency for Community Treatment Services, Inc. (ACTS), Applicant Number: 591860626, Project Name: FY2019_YHDP_New_Application_Test6, Project Number: 136758). Below this are links for 'FY2019 New Detailed Instructions' and 'Before Starting' (Part 1 - Forms, 1A. SF-424 Application Type, 1B. SF-424 Legal Applicant, 1C. SF-424 Application Details, 1D. SF-424).

The main content area is titled 'Acquisition/Rehabilitation/New Construction Budget Detail' and contains the instruction: 'Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new construction of the new project.' The form fields are:

- * Name of Structure:
- * Street Address 1:
- Street Address 2:
- * City:
- * State:
- * Zip Code:

Below these fields is a table for 'Assistance Requested':

	Assistance Requested
1. Acquisition	<input type="text"/>
2. Rehabilitation	<input type="text"/>
3. New Construction	<input type="text"/>
4. Total Assistance Requested	<input type="text"/>

Below the table, it says: 'Click the 'Save' button to automatically calculate the Total Assistance Requested.'

At the bottom are four buttons: 'Save', 'Save & Add Another', 'Save & Back to List', and 'Back to List'.



Leasing and Rental Assistance: fundamental differences

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

See the HUD Exchange for examples of lease agreements



6D. Leased Structures budget

- Recipient – landlord lease is for all or portion of a building
- Budget detail screen for each structure
- HUD Paid Rent (actual rent)

• *578.49 Leasing*

The screenshot shows a web form titled "Leased Structures Budget Detail". It contains several input fields for structure information: "Structure Name", "Street Address 1", "Street Address 2", "City", "State" (a dropdown menu), and "Zip Code". Below these fields is a table for budget details:

HUD Paid Rent (per Month):	
12 Months:	12
Total Annual Assistance Requested:	\$0
Grant Term:	2 Years
Total Request for Grant Term:	\$0

Below the table, there is a instruction: "Click the 'Save' button to automatically calculate the Total Assistance Requested." A red error message is displayed: "HUD Paid Rent (per Month) entered has to be greater than \$0". At the bottom, there are four buttons: "Cancel", "Save & Auto-Calculate", "Save & Print PDF", and "Save as Draft".

6C. Leased Units budget

- Select FY 2019 Fair Market Rent (FMR) area
- Units, by size
- Option: HUD Paid Rent (actual rent)
- Auto-calculation
- *578.49 Leasing*

Leased Units Budget Detail

Instructions: [View Instructions](#)

In the chart below, enter the appropriate values in the "Number of units" and "HUD Paid Rent" fields.

* Metropolitan or non-metropolitan fair market rent area:

Leased Units Annual Budget

Size of Units	Number of units (Applicant)	FMR (Applicant)	HUD Paid Rent (Applicant)	12 months	Total request (Applicant)
SRO	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0 Bedroom	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1 Bedroom	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 Bedroom	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 Bedroom	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 Bedroom	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5 Bedroom	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6 Bedroom	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7 Bedroom	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8 Bedroom	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9 Bedroom	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total units and annual assistance requested:	<input type="text"/>				<input type="text"/>
Grant term:					<input type="text"/>
Total request for grant term:					<input type="text"/>

6E. Rental Assistance budget

- Rental assistance type
- Select FY 2019 FMR area
- Units, by size
- Auto-calculation
- Units versus households
 - Short- and medium-term RA, one unit in 12 months may house 4 households
- *578.51 Rental Assistance*

Rental Assistance Budget Detail

Instructions: [View Instructions](#)

* Type of Rental Assistance:

* Metropolitan or non-metropolitan fair market rent area:

Size of Units	# of Units (Applicant)	FMR Area (Applicant)	12 Months	Total Request (Applicant)
SRO	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value="12"/>	<input type="text" value="00"/>
0 Bedroom	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value="12"/>	<input type="text" value="00"/>
1 Bedroom	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value="12"/>	<input type="text" value="00"/>
2 Bedrooms	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value="12"/>	<input type="text" value="00"/>
3 Bedrooms	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value="12"/>	<input type="text" value="00"/>
4 Bedrooms	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value="12"/>	<input type="text" value="00"/>
5 Bedrooms	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value="12"/>	<input type="text" value="00"/>
6 Bedrooms	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value="12"/>	<input type="text" value="00"/>
7 Bedrooms	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value="12"/>	<input type="text" value="00"/>
8 Bedrooms	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value="12"/>	<input type="text" value="00"/>
9 Bedrooms	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value="12"/>	<input type="text" value="00"/>
Total Units and Annual Assistance Requested	<input type="text" value="0"/>			<input type="text" value="00"/>
Grant Term				<input type="text" value="2 Years"/>
Total Request for Grant Term				<input type="text" value="00"/>

Leasing and Rental Assistance: other considerations

- Unit configuration over the course of the grant
- Eligible costs:*
 - Rent, security deposits
 - Leasing/rental assistance administration
- Grant savings

**not an exhaustive list – see the CoC Program interim rule*

578.49 Leasing

578.51 Rental Assistance



6F. Supportive Services budget

- Cost categories line up with 578.53 eligible costs
 - 1-16 all projects
 - 17 only for SSO projects
- Quantity and Description, Annual Assistance Requested
- 6F services costs must match 4A project services
- *578.53 Supportive Services*

6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
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		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		
Grant Term		1 Year
Total Request for Grant Term		50

Any data entered on this screen must have a corresponding entry on screen 4A. Services, question 4.¶

6G. Operations budget

- Cost categories line up with 578.55 eligible costs
- Eligible program costs when own, operate a structure
- Restriction: cannot combine with RA in same unit/structure
- Ineligible: participant costs
- Replacement reserves
- Quantity and Description, Annual Assistance Requested
- *578.55 Operations*

SG. Operating

Instructions: [Click Here](#)

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Maintenance/Repair		
2. Property Taxes and Insurance		
3. Replacement Reserve		
4. Building Security		
5. Electricity, Gas, and Water		
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		20
Grant Term		2 years
Total Request for Grant Term		40

6H. HMIS budget

- HMIS dedicated project AND HMIS budget line item in another project type
- 5 categories based on 578.57 eligible activities
- Quantity and Description, Annual Assistance Requested

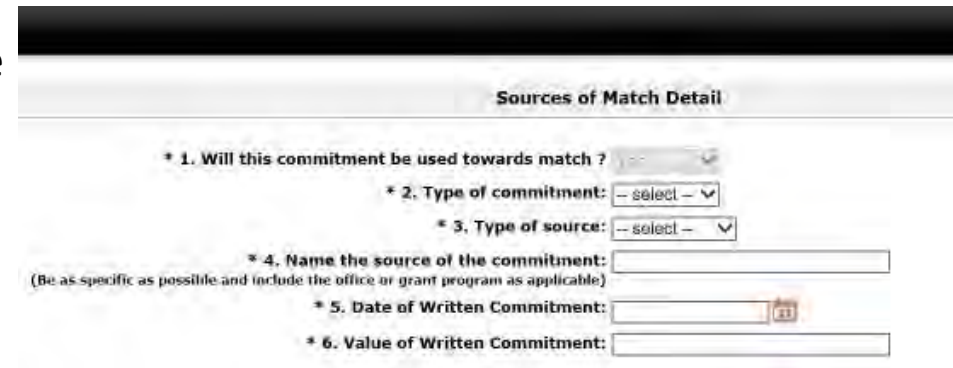
- *578.57 HMIS*

The screenshot shows a web-based form titled "6H. HMIS Budget". At the top, there is a section for "Deductions:" with a link to "Child Deductions". Below this is a note: "* A quantity AND description must be entered for each requested cost." The main part of the form is a table with three columns: "Eligible Costs", "Quantity AND Description (max 400 characters)", and "Annual Assistance Requested". The "Eligible Costs" column lists five categories: 1. Equipment, 2. Software, 3. Services, 4. Personnel, and 5. Space & Operations. The "Quantity AND Description" column has five empty rows for input. The "Annual Assistance Requested" column has five empty rows for input. At the bottom of the table, there are three summary rows: "Total Annual Assistance Requested:" with a value of "00", "Grant Term:" with a value of "2 Years", and "Total Request for Grant Term:" with a value of "00".

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software		
3. Services		
4. Personnel		
5. Space & Operations		
Total Annual Assistance Requested:		00
Grant Term:		2 Years
Total Request for Grant Term:		00

6I. Match

- 25% budget (calculated on total budget, except leasing)
- Application: identify match by source and type
 - 3 types: cash, in-kind goods, in-kind services
 - Does not need to correspond to a grant budget line item
 - !! Spend on eligible costs !!
- Documentation
 - Application:
In-kind services documentation required (“7A In-Kind MOU Attachments” screen)
 - Grant agreement: all documentation required
- *578.73 Match*



The screenshot shows a web form titled "Sources of Match Detail". It contains six numbered fields:

- * 1. Will this commitment be used towards match ? (radio buttons)
- * 2. Type of commitment: (dropdown menu showing "-- select --")
- * 3. Type of source: (dropdown menu showing "-- select --")
- * 4. Name the source of the commitment: (text input field with a note below: "(Be as specific as possible and include the office or grant program as applicable)")
- * 5. Date of Written Commitment: (calendar icon and text input field)
- * 6. Value of Written Commitment: (text input field)



6J. Summary Budget

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

eForms Log out

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			
1b. Rehabilitation			
1c. New Construction			
2a. Leased Units	\$0	2 Years	\$0
2b. Leased Structures	\$0	2 Years	\$0
3. Rental Assistance	\$0	2 Years	\$0
4. Supportive Services	\$0	2 Years	\$0
5. Operating	\$0	2 Years	\$0
6. HMIS	\$0	2 Years	\$0
7. Sub-total Costs Requested			\$0
8. Admin (Up to 10%)			
9. Total Assistance Plus Admin Requested			\$0
10. Cash Match			
11. In-Kind Match			
12. Total Match			\$0
13. Total Budget			\$0

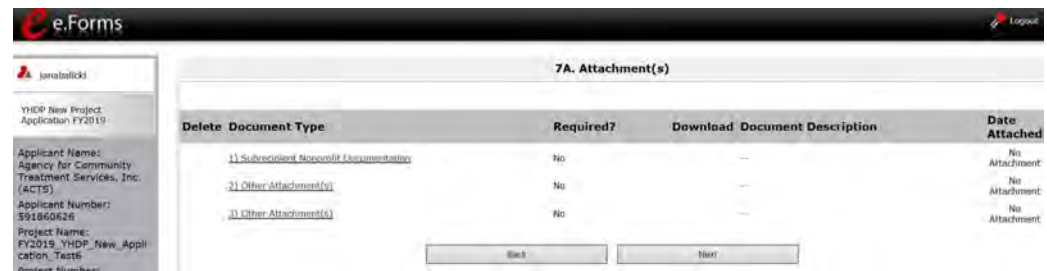
Click the 'Save' button to automatically calculate totals.

7. Attachments

- What “Required? No” means

Potential required documents:

- Subrecipient nonprofit
- Replacement reserves
- YHDP Lead and the Youth Advisory Board letters
- Special YHDP waiver requests
- Federally approved indirect rate doc



The screenshot shows the 'e.Forms' application interface. On the left sidebar, the user 'janabalski' is logged in. The application is 'YHDP New Project Application FY2019'. The main content area is titled '7A. Attachment(s)'. It contains a table with the following columns: 'Delete', 'Document Type', 'Required?', 'Download', 'Document Description', and 'Date Attached'.

Delete	Document Type	Required?	Download	Document Description	Date Attached
	1) Subrecipient Nonprofit Documentation	No	---		No Attachment
	2) Other Attachment(s)	No	---		No Attachment
	3) Other Attachment(s)	No	---		No Attachment

At the bottom of the table, there are 'Back' and 'Next' buttons.



7D. Certification

Authorized Representative certification

- The proposed program will comply with the various laws as outlined in the NOFA.
- The organization has an active SAM registration that is renewed annually. (System for Award Management)



Submission Summary

- Required
 - Green check mark = DONE
 - Red "X" = incomplete
- "No input required" for e-snaps, but may be required for project
 - Review Detailed Instructions
- "This e.Form has been submitted."

This e.Form has been submitted

e.Forms

Jonathan

YHDP New Project Application FY2019

Applicant Name: Agency for Community Treatment Services, Inc. (ACTS)
Applicant Number: 891660826
Project Name: FY2019 YHDP New Application, Tenn.
Project Number: 136750

YHDP New Project Application FY2019

FY2019 New Detailed Instructions

Before Starting
Part 1 - Forms
1a. SF-424 Application Type
1b. SF-424 Legal Applicant
1c. SF-424 Application Details
1d. SF-424 Congressional District(s)
1e. SF-424 Compliance
1f. SF-424 Declaration
1g. HUD 2080
1h. HUD 20870
1i. Cert. Lobbying
1j. SF-LLL

Part 2 - Recipient and Subrecipient Information
2a. Subrecipients
2b. Experience

Part 3 - Project Information
3a. Project Detail
3b. Description

Part 4 - Housing, Services, and HHS
4a. Services
4b. HHS Standards
4c. HHS Training
4d. Housing Type

Part 5 - Participants
5a. Households
5b. Subpopulations

Part 6 - Budget Information
6a. Funding Request
6i. Match
6j. Summary Budget

Part 7 - Attachment(s) & Certification
7a. Attachment(s)

8b. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Complete	Page	Last Updated	Mandatory
—	1a. SF-424 Application Type	No Input Required	No
—	1b. SF-424 Legal Applicant	No Input Required	No
—	1c. SF-424 Application Details	No Input Required	No
✓	1d. SF-424 Congressional District(s)	03/16/2020	Yes
✓	1e. SF-424 Compliance	03/16/2020	Yes
✓	1f. SF-424 Declaration	03/16/2020	Yes
✓	1g. HUD 2080	03/16/2020	Yes
✓	1h. HUD 20870	03/16/2020	Yes
✓	1i. Cert. Lobbying	03/16/2020	Yes
✓	1j. SF-LLL	03/16/2020	Yes
—	2a. Subrecipients	No Input Required	No
✗	2b. Experience	Please Complete	Yes
✗	3a. Project Detail	Please Complete	Yes
✗	3b. Description	Please Complete	Yes
✗	4a. Services	Please Complete	Yes
—	4b. HHS Standards	No Input Required	No
—	4c. HHS Training	No Input Required	No
✗	4d. Housing Type	Please Complete	Yes
—	5a. Households	No Input Required	No
—	5b. Subpopulations	No Input Required	No
✗	6a. Funding Request	Please Complete	Yes
✗	6i. Match	Please Complete	Yes
—	6j. Summary Budget	No Input Required	No
—	7a. Attachment(s)	No Input Required	No
✗	7b. Certification	Please Complete	Yes

Notes:

- Enter a value greater than zero for at least one project milestone.
- At least 1 Geo must be selected.
- 4b. Housing Type list contains 1 incomplete item.
- For project submission, it must be feasible for the project to be under grant agreement by September 30, 2021.

Resources Reminder

- CoC Program interim rule
<https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>
- YHDP Application Resources page:
<https://www.hudexchange.info/programs/yhdp/fy-2018-yhdp-application-resources/>
 - FY 2018 YHDP NOFA
 - YHDP R3 – New Project Application – HUD Detailed Instructions
 - YHDP R3 – New Project Application – Navigational Guide
- e-snaps resources page: <https://www.hudexchange.info/programs/e-snaps/>
- Your TA Provider
- HUD Exchange AAQ – *e-snaps*
<https://www.hudexchange.info/program-support/my-question/>



COVID-19 Concerns

FAQ: <https://www.hudexchange.info/homelessness-assistance/diseases/#covid-19-and-yhdp>

- Extensions available for the July 1, 2020 due date for project applications, per the CARES ACT
- However, July 1, 2020 is still the due date to receive funds in FY 2020 funding cycle

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



Questions?

- Webinar questions

After the webinar:

- Follow up with your TA providers
- Submit questions to youthdemo@hud.gov
- Submit Round 3 new application technical questions to the AAQ:
<https://www.hudexchange.info/program-support/my-question/>
 - Select *e-snaps* in step 2 under the Reporting Systems



Wrap-up

Next steps:

1. Watch the video again
2. Confirm/create e-snaps user account
3. Access your organization's Applicant Profile
4. Access the FY 2019 new project application
5. Use the resources!

Thank you!

