



# **YHDP Round 3**

# **New Project Application**

**June 3, 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
- Questions
  - Chat box
  - TA providers
  - [youthdemo@hud.gov](mailto:youthdemo@hud.gov)
  - HUD Exchange AAQ – application questions, select “e-snaps”  
<https://www.hudexchange.info/program-support/my-question/>



# Agenda

- Overview of application deadlines
- Resources
- Accessing the Project Application in e-snaps
- Application requirements
- Application submission



# Overview of Application Deadlines

Deadline	Action
May 15, 2020 for UFAs	Final date to submit applications to ensure July 1, 2020 start date
July 1, 2020	Final date to submit applications to receive funds in FY 2020 funding cycle (which ends 9/30/20)
Extensions	Extensions available, per the CARES ACT  FAQ: <a href="https://www.hudexchange.info/homelessness-assistance/diseases/#covid-19-and-yhdp">https://www.hudexchange.info/homelessness-assistance/diseases/#covid-19-and-yhdp</a>

**Questions? Email the Youth demo mailbox at [youthdemo@hud.gov](mailto:youthdemo@hud.gov)**



# Resources

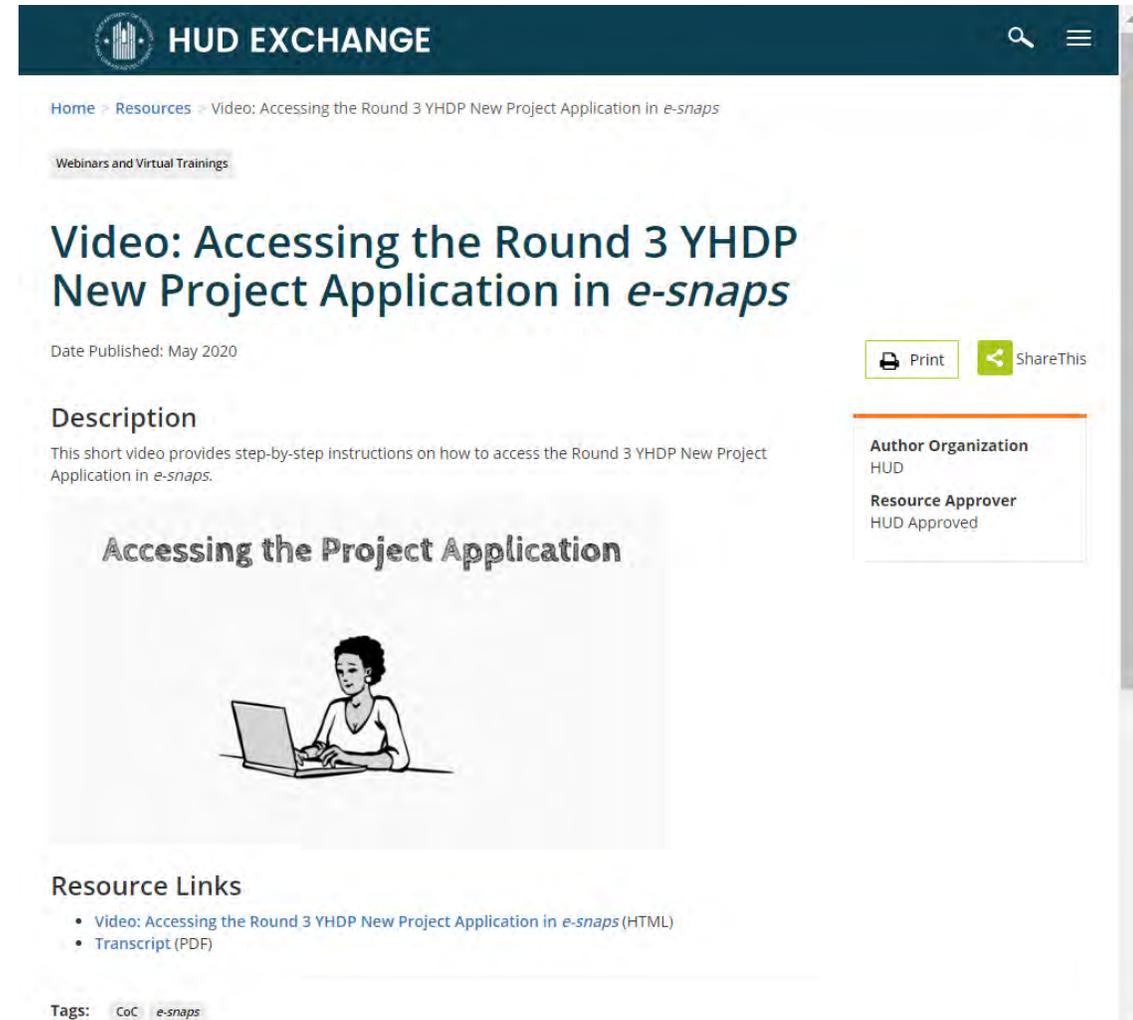
- CoC Program interim rule  
<https://www.hudexchange.info/resource/2033/hearth-coc-program-interim-rule/>
- YHDP Application Resources page:  
<https://www.hudexchange.info/programs/yhdp/fy-2018-yhdp-application-resources/>
  - FY 2018 YHDP NOFA
  - YHDP R3 – New Project Application – HUD Detailed Instructions
  - 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 Round 3 YHDP Project Application in e-snaps

- Navigate the process from creating a user login and password to accessing the project application screens
- Access from the FY 2018 YHDP Application Resources page

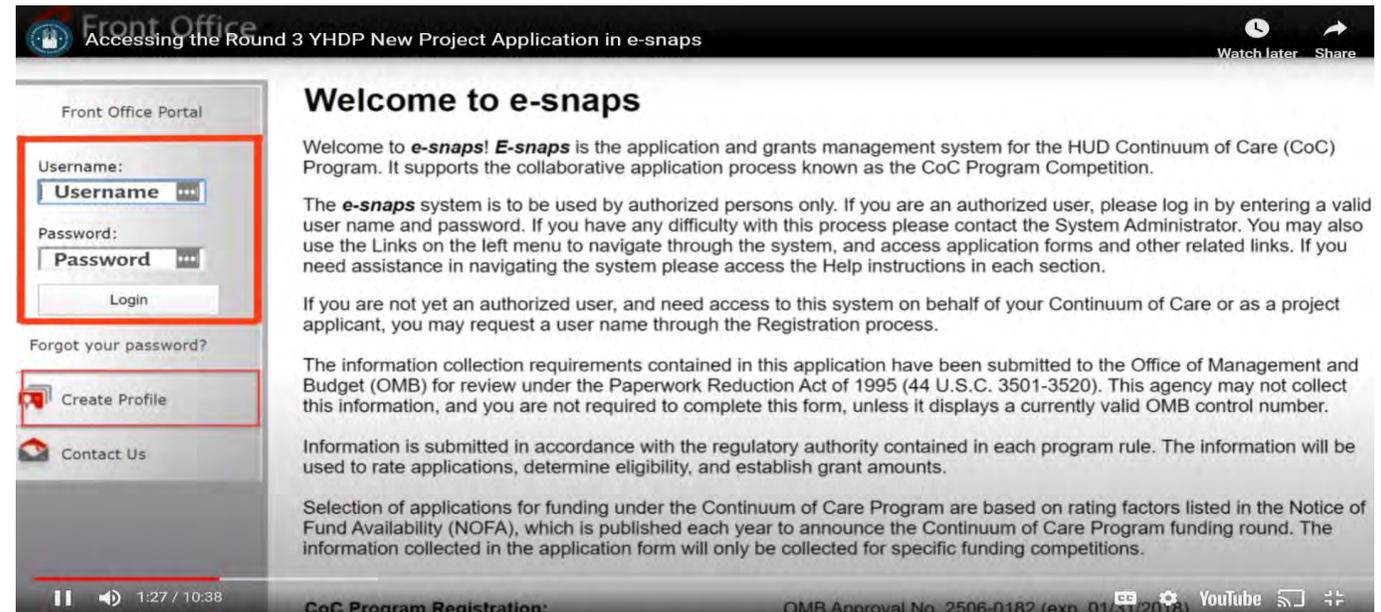
<https://www.hudexchange.info/programs/yhdp/fy-2018-yhdp-application-resources/>



The screenshot displays the HUD Exchange website interface. At the top, the HUD Exchange logo and name are visible. Below the header, the breadcrumb trail reads: Home > Resources > Video: Accessing the Round 3 YHDP New Project Application in e-snaps. A category tag 'Webinars and Virtual Trainings' is present. The main title of the resource is 'Video: Accessing the Round 3 YHDP New Project Application in e-snaps', with a publication date of 'May 2020'. To the right of the title are 'Print' and 'ShareThis' buttons. The 'Description' section states: 'This short video provides step-by-step instructions on how to access the Round 3 YHDP New Project Application in e-snaps.' Below the text is a video thumbnail titled 'Accessing the Project Application' showing a woman at a laptop. To the right of the video is a box for 'Author Organization' (HUD) and 'Resource Approver' (HUD Approved). At the bottom, the 'Resource Links' section lists: 'Video: Accessing the Round 3 YHDP New Project Application in e-snaps (HTML)' and 'Transcript (PDF)'. A 'Tags' section at the very bottom includes 'CoC' and 'e-snaps'.

# Create a User Profile and Log In to *e-snaps*

- e-snaps login page: <https://esnaps.hud.gov/grantium/frontOffice.jsf>
- User profile = Username and Password
- Create a Profile if you are a first-time user



- Access organization's e-snaps account  
(Add/Delete Registrants)

<https://www.hudexchange.info/resource/2903/adding-deleting-registrants-in-esnaps/>



# Navigate Within *e-snaps*

## Accessing the Project Application



1

Ensuring the Project Applicant Profile is in "Complete" status

2

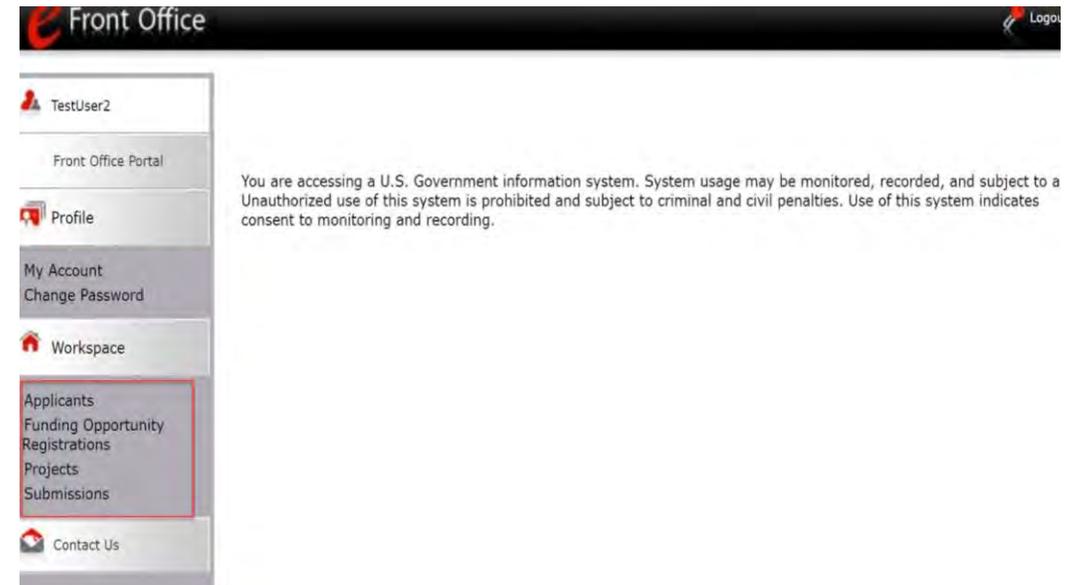
Selecting the appropriate Funding Opportunity

3

"Creating" - or establishing - the Project Application

4

Accessing and opening the Project Application on the "Submissions" screen



Front Office

TestUser2

Front Office Portal

Profile

My Account  
Change Password

Workspace

Applicants  
Funding Opportunity  
Registrations  
Projects  
Submissions

Contact Us

You are accessing a U.S. Government information system. System usage may be monitored, recorded, and subject to a Unauthorized use of this system is prohibited and subject to criminal and civil penalties. Use of this system indicates consent to monitoring and recording.



# Step 1. Complete the Applicant Profile

- Applicant Profile = the organization = Project Applicant (not an individual)
- Existing = has applied for funds via e-snaps before, has a Profile
- New = has NEVER applied via e-snaps before, creates a Profile (<https://files.hudexchange.info/resources/documents/Project-Applicant-Profile-Navigational-Guide.pdf>)
- Registered user = e-snaps recognizes that your user profile is connected to an organizational Applicant Profiles
- Submission Summary screen =  
“This e.Form has been marked as complete”



# Step 2. Register for the Funding Opportunity

- Funding Opportunity Registration = intent to apply
- One for each type of funds =  
YHDP New Project Application FY2019

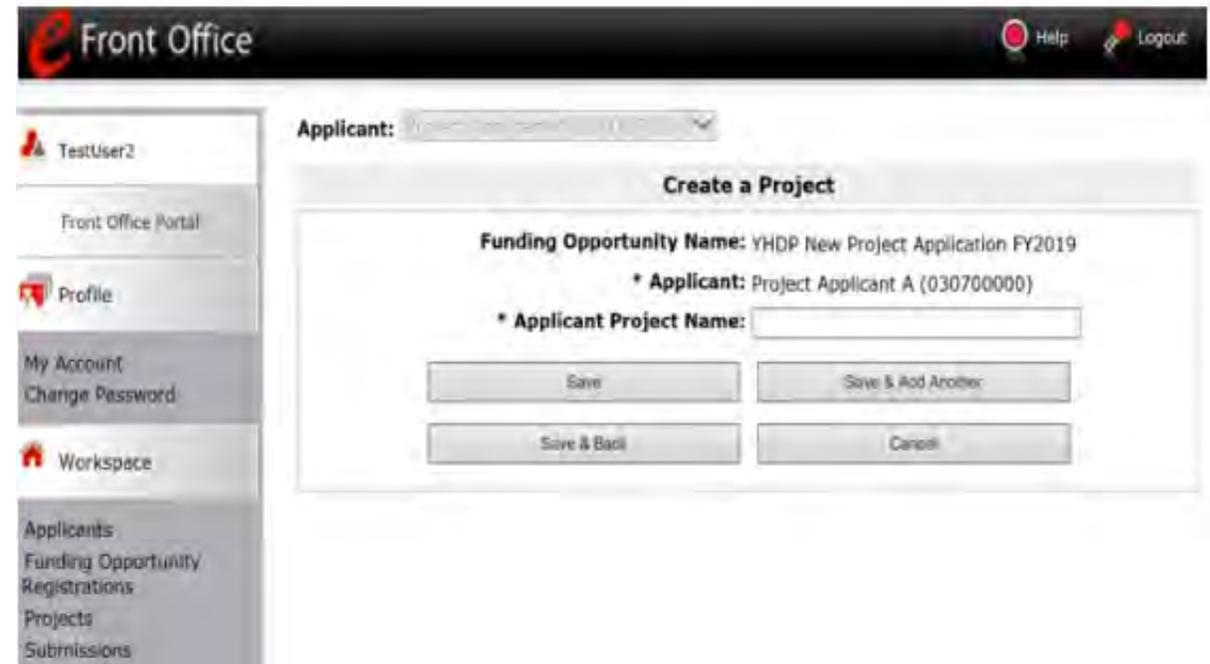
(During CoC Program Competition  
= renewal, new, CoC planning)



The screenshot displays the 'Front Office' web application interface. The top navigation bar includes the 'Front Office' logo, a 'Help' icon, and a 'Logout' button. The left sidebar contains a user profile for 'TestUser2' and a menu with options: 'Front Office Portal', 'Profile', 'My Account Change Password', 'Workspace', and a list of 'Applicants' including 'Funding Opportunity Registrations', 'Projects', and 'Submissions'. The main content area shows the 'Applicant:' dropdown menu. Below this, the 'Funding Opportunity Details' section displays: 'Funding Opportunity Name: YHDP New Project Application FY2019', 'Start Date: Mar 1, 2014', and 'End Date: Jan 1, 2025'. The 'Funding Opportunity Registration' section shows a confirmation message: 'Project Applicant A (030700000) has been registered.' and a 'Back' button.

# Step 3. Create a Project

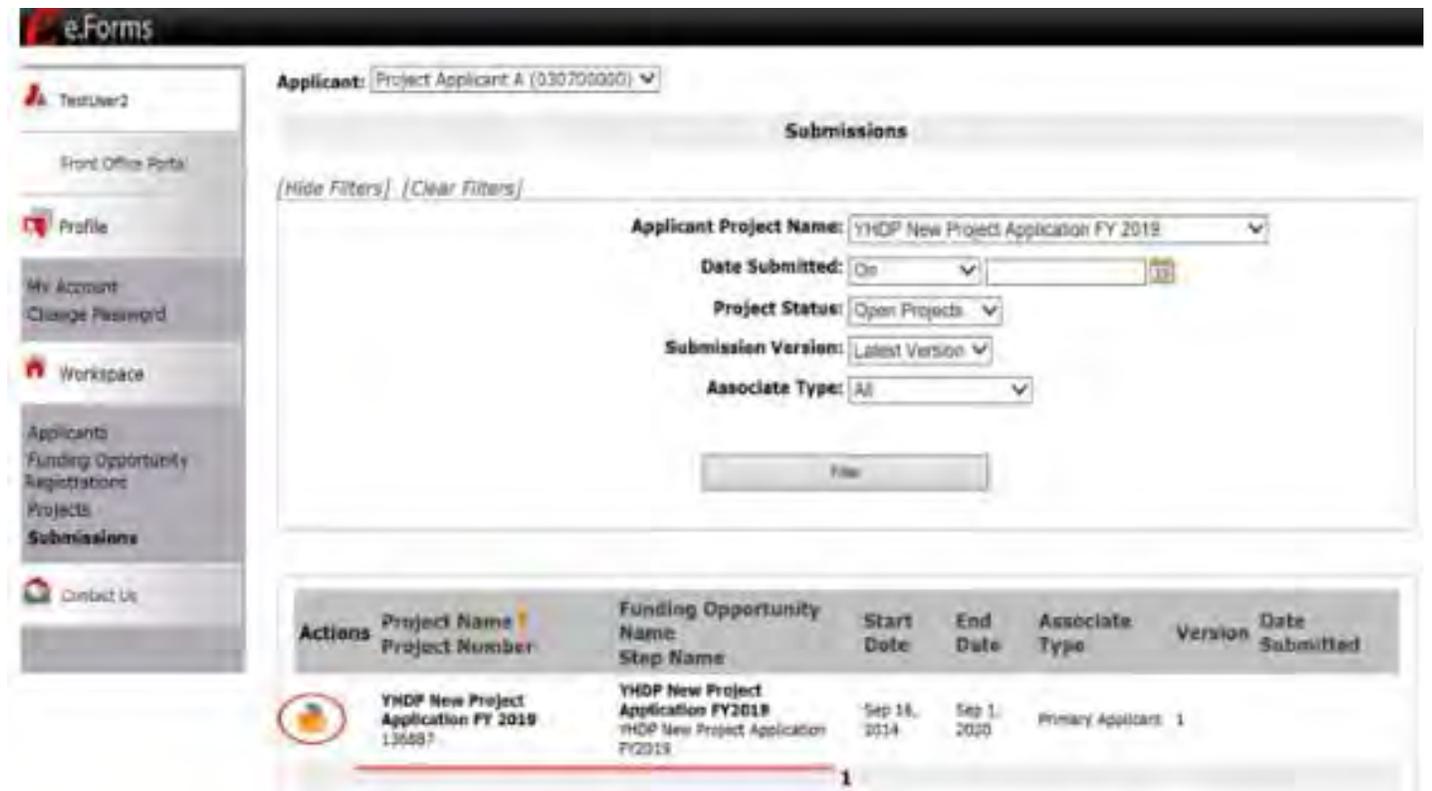
- Create a project = establish a project application
- Use the project's name
- Access the actual application on a different screen = the Submissions screen



The screenshot displays the 'Front Office' web application interface. The top navigation bar includes the 'Front Office' logo, a 'Help' icon, and a 'Logout' icon. On the left, a sidebar menu lists navigation options: 'TestUser2', 'Front Office Portal', 'Profile', 'My Account', 'Change Password', 'Workspace', 'Applicants', 'Funding Opportunity Registrations', 'Projects', and 'Submissions'. The main content area shows the 'Create a Project' form. At the top of the form, there is a dropdown menu for 'Applicant:'. Below this, the form displays the following information: 'Funding Opportunity Name: YHDP New Project Application FY2019', '\* Applicant: Project Applicant A (030700000)', and '\* Applicant Project Name:' followed by an empty text input field. At the bottom of the form, there are four buttons: 'Save', 'Save & Add Another', 'Save & Back', and 'Cancel'.

# Step 4. Access the Project Application formlets

- On the Submissions screen on the left menu bar, access the project application that you created on the Projects screen in Step 3
- Screens = formlets



The screenshot displays the 'eForms' interface. On the left is a navigation menu with options: TestUser2, Front Office Portal, Profile, My Account (Change Password), Workspace, Applicants (Funding Opportunity Registrations, Projects, Submissions), and Contact Us. The 'Submissions' section is active, showing a filter panel with the following settings: Applicant: Project Applicant A (030700000), Applicant Project Name: YHDP New Project Application FY 2019, Date Submitted: On, Project Status: Open Projects, Submission Version: Latest Version, and Associate Type: All. A 'Filter' button is located below the filter panel. Below the filter panel is a table with the following data:

Actions	Project Name Project Number	Funding Opportunity Name: Step Name	Start Date	End Date	Associate Type	Version	Date Submitted
	YHDP New Project Application FY 2019 13007	YHDP New Project Application FY2019 YHDP New Project Application FY2019	Sep 18, 2014	Sep 1, 2020	Primary Applicant	1	

# Part 1: SF-424

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

**eForms**

janabalicki

YHDP New Project Application FY2019

Applicant Name:  
Agency for Community Treatment Services, Inc. (ACTS)  
Applicant Number:  
591660626  
Project Name:  
FY2019\_YHDP\_New\_Application\_Task  
Project Number:  
136755

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
- 1B. 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/coc-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.

Back Next

# 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](#))

**e.Forms**

janabalicki

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

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  
1K. Summary

View Applicant Profile

Export to PDF  
Get PDF Viewer

Back to Submissions List

**1B. SF-424 Legal Applicant**

**8. Applicant**

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

b. Employer/Taxpayer Identification Number (EIN/TIN): 59-1860626

c. Organizational DUNS: 172117764 PLUS 4:

d. Address

Street 1: 4612 N. 56th Street

Street 2:

City: Tampa

County: Hillsborough

State: Florida

Country: United States

Zip / Postal Code: 33610

e. Organizational Unit (optional)

Department Name:

Division Name:

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

Prefix: Mr.

First Name: Jana

Middle Name:

Last Name: Balicki

Suffix:

Title: Chief of Housing Administration

Organizational Affiliation: Agency for Community Treatment Services, I

Telephone Number: (813) 246-4899

Extension:

Fax Number: (813) 621-6999

Email: jbalicki@actsfl.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/>

**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:** Ms. ▾

**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 S

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

**e.Forms**

Janabolicki

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

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

Part 3 - Project Information  
3A. Project Detail  
3B. Description

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

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

### 2A. Project Subrecipients Detail

a. Organization Name:

b. Organization Type:   
IF "Other" specify:

c. Employer or Tax Identification Number:

d. Organizational DUNS:  PLUS 4:

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

f. Congressional District(s):  
(for multiple selections hold CTRL key)  
Available Items:   
  
  
  
  
  
  
Selected Items:

g. Is the subrecipient a Faith-Based Organization?

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

i. Expected Sub-Award Amount:

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

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

# 2B. Applicant and Subrecipient Experience

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

**eForms** Logo

janabalicki

YHDP New Project Application FY2019

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1J. SF-LLL  
Part 2 - Recipient and Subrecipient Information  
2A. Subrecipients  
**2B. Experience**

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

\* 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.

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

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

Save & Back Save Save & Next  
Back Next  
Check Spelling

# 3A. Project Detail

eForms Logout

janabalicki

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

FY2019 New Detailed Instructions

Before Starting  
 Part 1 - Forms

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**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:

\* 4. Component Type:

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

\* 6. Does this project use one or more properties that have been conveyed through the Title V process?

\* 7. Was this project funded under the Youth Homeless Demonstration Program (YHDP)?

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

- Information required on: project description, milestones, target population, coordinated entry participation, and housing
- Read the HUD Detailed Instructions!!
- HOW you answer is different depending on the project type

<https://files.hudexchange.info/resources/documents/YHDP-Round-3-New-Project-Application-Detailed-Instructions.pdf>

The screenshot shows the 'eForms' application interface for '3B. Project Description'. The left sidebar contains a navigation menu with items like 'YHDP New Project Application FY2019', 'FY2019 New Detailed Instructions', and various parts of the application (Part 1 - Forms, Part 2 - Recipient and Subrecipient Information, Part 3 - Project Information, Part 4 - Housing, Services, and HMIS, Part 5 - Participants, Part 6 - Budget Information). The main content area is titled '3B. Project Description' and contains the following sections:

- \* 1. Provide a description that addresses the entire scope of the proposed project.** (Text input field)
- 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.** (Table with 4 columns: A, B, C, D representing days from execution of grant agreement)
- 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 Table:**

	Days from Execution of Grant Agreement <b>A</b>	Days from Execution of Grant Agreement <b>B</b>	Days from Execution of Grant Agreement <b>C</b>	Days from Ext of Grant Agree <b>D</b>
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?** (Dropdown menu set to 'No')
- \* Please explain why your project will not participate in a CoC Coordinated Entry Process.** (Text input field)
- \* 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 checked="" type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Other	<input type="checkbox"/>

# 3B. Project Description:

## Question 1: Project Description

- Regular requirement
  - Entire scope of the proposed project, target population, plan for identifying housing/service needs, coordination with other organizations
- PSH, RRH, TH, SH, JOINT and SSO non-CE
  - Incorporate positive youth development (PYD) and trauma informed care (TIC) into the project; community partnerships; measures and outcomes
- Joint:
  - YHDP for both TH and RRH; if not both, detailed information about other funding source and provision of both TH and RRH to participants
- SSO-CE
  - Role in the coordinated community response; implementation of the youth-specific component of CE process; incorporate PYD and TIC
- HMIS
  - Implement or expand youth specific HMIS system components (e.g., adding youth-specific data standards); develop YHDP specific reports); add youth organizations to the HMIS

# 3B. Project Description: Question 5: 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:

## Question 9: SSO Projects

\* 9. Please select the type of SSO project:

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

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

\* 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?

\* 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?

\* 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?

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



# 3B. Project Description:

## Question 10: PSH Projects

### 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.

- PSH: question 10 is about DedicatedPlus



# Youth Homelessness Demonstration Project

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

e.Forms Logout

Jansbalicki

YHDP New Project Application FY2019

Applicant Name: Agency for Community Treatment Services, Inc. (ACTS)  
 Applicant Number: 591860625  
 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

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	<input type="checkbox"/>
Case management, including connecting to community services and supports	<input type="checkbox"/>
Conflict resolution or family mediation	<input type="checkbox"/>
Landlord-tenant mediation or tenant legal	<input type="checkbox"/>
Utility or security deposits	<input type="checkbox"/>
One time moving assistance	<input type="checkbox"/>
Rental application fees	<input type="checkbox"/>
Utility or rental arrears	<input type="checkbox"/>
Other	<input type="checkbox"/>

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

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

Pregnant/Parenting	<input type="checkbox"/>
Minors	<input type="checkbox"/>
Foster care/justice involved youth	<input type="checkbox"/>
Other	<input type="checkbox"/>

\* 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 to this application. (special activity document memo, any supporting documentation, etc.)

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

Acquisition/Rehabilitation/New Construction	<input type="checkbox"/>
Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>
Supportive Services	<input type="checkbox"/>
Operating	<input type="checkbox"/>
HMIS	<input type="checkbox"/>

# 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' application interface. On the left is a navigation sidebar with the following items: 'janalsicki', 'YHSP New Project Application FY2019', '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 the following text:

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?



# 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		
<b>Total Annual Assistance Requested</b>		\$0
<b>Grant Term</b>		2 Years
<b>Total Request for Grant Term</b>		\$0



# 4A. HMIS Standards

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

**eForms**

janabalcki

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

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

**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 -- v

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 -- v

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

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

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 -- v

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

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

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 -- v

Save & Back Save Save & Next

Back Next



# e-snaps Functionality: “Add” icon and “Detail” screen for Housing Info

1. Select "Add"

Auto-calculates the totals based on entries on each Detail screen

Each "Detail" entry will appear in this list.

2. Complete "Detail" screen

Entries on each Detail screen auto-calculated on main screen

Maximum number of units and beds available for project participants at the selected housing site.

\* 1. Housing Type: --select--

\* 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: --select--

\* 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
- 120524 ...

Selected Items:

Please select at least one area.

3. "Save and Back to List"

# 4B. Housing Type and Location

- Different versions of 4B
  - RRH, TH, SH, SSO (prior screen)
  - PSH (to the right)
  - Joint TH and PH-RRH (below)

**e.Forms** | Logout

janabalicki

YHDP New Project  
Application FY2019

Applicant Name:  
Agency for Community  
Treatment Services, Inc.  
(ACTS)  
Applicant Number:  
S91860626  
Project Name:  
FY2019\_YHDP\_New\_Appli  
cation\_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 icon. To view or update a housing site already listed, select the icon.

Total Units:   
Total Beds:   
Total Dedicated CH Beds:

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
Delete	View																				Housing Type	Housing Type (JOINT)		Units	Beds	

This list contains no items

Back Next

**e.Forms** | Logout

janabalicki

YHDP New Project  
Application FY2019

Applicant Name:  
Agency for Community  
Treatment Services, Inc.  
(ACTS)  
Applicant Number:  
S91860626  
Project Name:  
FY2019\_YHDP\_New\_Appli  
cation\_Test6  
Project Number:  
136758

YHDP New Project  
Application FY2019

FY2019 New Detailed  
Instructions

Before Starting

### 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 icon. To view or update a housing site already listed, select the icon.

\* List all CoC-funded and Non CoC-funded units and beds for this project

Total Units:  TH  RRH  Total   
Total Beds:

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
Delete	View																				Housing Type	Housing Type (JOINT)		Units	Beds	

This list contains no items

Save & Back Save Save & Next  
Back Next



# 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' application interface. On the left is a navigation sidebar with a user profile for 'janabalicki' and a list of application sections including 'YHDP New Project Application FY2019', 'FY2019 New Detailed Instructions', and 'Part 1 - Forms' (1A through 1J). The main content area is titled '4B. Housing Type and Location Detail' and contains the following fields and instructions:

- \* 1. Housing Type:** A dropdown menu with "-- select --" selected.
- 2. Indicate the maximum number of units and beds available for project participants at the selected housing site.**
  - \* a. Units:** An empty text input field.
  - \* b. Beds:** An empty text input field.
  - \* 3. Beds for Youth:** An empty text input field.
- 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:** An empty text input field.
  - Street 2:** An empty text input field.
  - \* City:** An empty text input field.
  - \* State:** A dropdown menu with "-- select --" selected.
  - \* ZIP Code:** An empty text input field.
- 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:** A list box containing: 120234 Boca Raton, 120264 Boynton Beach, 120270 Bradenton, 120402 Cape Coral, 120492 Clearwater, 120516 Cocoa, 120524 Coconut Creek.
  - Selected Items:** An empty list box.
  - Navigation buttons: >>, <<, >, <, <<<, >>>

At the bottom, there are four buttons: 'Save', 'Save & Add Another', 'Save & Back to List', and 'Back to List'. A red text prompt reads: 'Please select at least one area.'

# 4B. HMIS Training

- HMIS dedicated projects complete this screen
  - \* e-snaps won't flag an error if you accidentally skip this screen
- All else can leave the fields blank and proceed to Part 5

The screenshot shows the 'e.Forms' interface for '4B. HMIS Training'. The left sidebar contains navigation links and application details for 'Janabaficki' and 'YHDP New Project Application FY2019'. The main content area has the title '4B. HMIS Training' and 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). At the bottom of the form are buttons for 'Save & Back', 'Save', 'Save & Next', 'Back', and 'Next'.

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



# 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 One Adult and One Child</u>	Adult Households <u>without Children</u>	Households with <u>Only Children</u>
Number of Households	10		
Characteristics	Persons in Households with <u>at Least One Adult and One Child</u>	Adult Persons in Households <u>without Children</u>	Persons in Households with <u>Only Children</u>
Adults over age 24	0		
Persons ages 18-24	16		
Accompanied Children under age 18	12		
Unaccompanied Children under age 18			
<b>Total Persons</b>	<b>28</b>	<b>0</b>	<b>0</b>

# 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 listed subpopul
Adults over age 24										
Persons ages 18-24	15	0	0	4	2	3	4	1		
Children under age 18	12					2	2			
<b>Total Persons</b>	<b>27</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>2</b>	<b>5</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>0</b>

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
  - Applicants with host homes should consider only the participant, regardless whether funds are spent to support the host home family.



# 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*



# e-snaps Functionality: “Add” icon and “Detail” screen for Budget Info

**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 . To view or update a structure already listed, select the .

**1. Select "Add"**

**Auto-calculates the totals based on entries on each Detail screen**

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

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

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											

**Each "Detail" entry will appear in this list.**

Buttons: Save & Back, Save, Save & Next, Back, Next

**2. Complete "Detail" screen**

**Acquisition/Rehabilitation/New Construction Budget Detail**

Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new construction of the new project.

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

**Entries on each Detail screen auto-calculated on main screen**

**Assistance Requested**

1. Acquisition   
 2. Rehabilitation   
 3. New Construction   
 4. Total Assistance Requested

**3. "Save and Back to List"**

Click the 'Save' button to automatically calculate the Total Assistance Requested.

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

- Budget screen calculates the total for all entries on budget detail screens



# Leasing and Rental Assistance: fundamental differences

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

See the HUD Exchange for examples of lease agreements

- 578.49 Leasing
- 578.51 Rental Assistance



# 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)

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 with four rows and two columns. The first row is highlighted in yellow. The second row contains the value "12" in the right column. The third row contains the value "80". The fourth row contains the value "2 Year". Below the table, there is a red error message: "HUD Paid Rent (per Month) amount has to be greater than \$0". At the bottom of the form, there are four buttons: "Save", "Cancel", "Save & Print", and "Cancel & Print".

HUD Paid Rent (per Month):	
12 Months:	12
Total Annual Assistance Requested:	80
Grant Term:	2 Year
Total Request for Grant Term:	80

Click the 'Save' button to automatically calculate the Total Assistance Requested.

**HUD Paid Rent (per Month) amount has to be greater than \$0!**

Buttons: Save, Cancel, Save & Print, Cancel & Print

- *578.49 Leasing*

# 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**

Instructor: [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)
SUD	<input type="text"/>	<input type="text"/>	<input type="text"/>	12	<input type="text"/>
0 Bedroom	<input type="text"/>	<input type="text"/>	<input type="text"/>	12	<input type="text"/>
1 Bedroom	<input type="text"/>	<input type="text"/>	<input type="text"/>	12	<input type="text"/>
2 Bedroom	<input type="text"/>	<input type="text"/>	<input type="text"/>	12	<input type="text"/>
3 Bedroom	<input type="text"/>	<input type="text"/>	<input type="text"/>	12	<input type="text"/>
4 Bedroom	<input type="text"/>	<input type="text"/>	<input type="text"/>	12	<input type="text"/>
5 Bedroom	<input type="text"/>	<input type="text"/>	<input type="text"/>	12	<input type="text"/>
6 Bedroom	<input type="text"/>	<input type="text"/>	<input type="text"/>	12	<input type="text"/>
7 Bedroom	<input type="text"/>	<input type="text"/>	<input type="text"/>	12	<input type="text"/>
8 Bedroom	<input type="text"/>	<input type="text"/>	<input type="text"/>	12	<input type="text"/>
9 Bedroom	<input type="text"/>	<input type="text"/>	<input type="text"/>	12	<input type="text"/>
<b>Total units and annual assistance requested:</b> <input type="text"/>					<input type="text"/>
<b>Grant term:</b> <input type="text"/>					<input type="text"/>
<b>Total request for grant term:</b> <input type="text"/>					<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: [Click 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)
5rd	<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"/>
1 Bedroom	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5 Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6 Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7 Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8 Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9 Bedrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Units and Annual Assistance Requested Grant Term				<input type="text" value="55"/>
Total Request for Grant Term				<input type="text" value="2 Year"/>
				<input type="text" value="50"/>

# Leasing and Rental Assistance: other considerations

- Eligible costs:\*
  - Rent, security deposits
  - Leasing/rental assistance administration
    - Staff time for tenant income and rent calculations, determining rent reasonableness, inspecting units, processing payments to landlords)
- Unit configuration over the course of the grant
- Grant savings

*\*not an exhaustive list – see the CoC Program interim rule, 24 CFR  
578.49 Leasing  
578.51 Rental Assistance*



# 6B. Acquisition, Rehabilitation, New Construction budget

- 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

e.Forms

Janabicki

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

### 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.

Structure	Street Address 1	Street Address 2	City	State	Zip Code	Total Request	Acquisition	Rehabilitation	New Construction
This list contains no items									

Buttons: Save & Back, Save, Save & Next, Back, Next

e.Forms

Janabicki

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 3 - Forms  
1A. SF-424 Application Type  
1B. SF-424 Legal Applicant  
1C. SF-424 Application Details  
1D. SF-424

### Acquisition/Rehabilitation/New Construction Budget Detail

Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new construction of the new project.

\* Name of Structure:

\* Street Address 1:

Street Address 2:

\* City:

\* State:

\* Zip Code:

	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"/>

Click the 'Save' button to automatically calculate the Total Assistance Requested.

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



# 6F. Supportive Services budget

- Cost categories line up with 578.53 eligible costs
  - 1-16 all projects
  - 17 only for SSO projects
- 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		
Total Amount for Grant Term		

Any data entered on this screen must have a corresponding entry on screen 4A Services, question 4.11

# 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
- *578.55 Operations*

The screenshot shows a web-based form titled "6G. Operating". It includes instructions and a table for entering eligible costs. The instructions state: "A quantity AND description must be entered for each requested cost." The table has three columns: "Eligible Costs", "Quantity AND Description (max 400 characters)", and "Annual Assistance Requested". The eligible costs listed are: 1. Maintenance/Repair, 2. Property Taxes and Insurance, 3. Replacement Reserve, 4. Building Security, 5. Electricity, Gas, and Water, 6. Furniture, and 7. Equipment (lease, buy). At the bottom, there are fields for "Total Annual Assistance Requested", "Grant Term", and "Total Request for Grant Term".

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)		
<b>Total Annual Assistance Requested</b>		
<b>Grant Term</b>		
<b>Total Request for Grant Term</b>		

# 6H. HMIS budget

- HMIS dedicated project AND HMIS budget line item in another project type
- 5 categories based on 578.57 eligible activities

- *578.57 HMIS*

6H. HMIS Budget

Instructions: [Click here for instructions](#)

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

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:		
Grant Term:		
Total Request for Grant Term:		

# 6I. Match

- **Key to determining eligibility as match is to determine whether it would be eligible if you paid for it using program funds**
- 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
- Documentation
  - Application: In-kind services documentation required (“7A In-Kind MOU Attachments” screen)
  - Grant agreement: all documentation required
- *578.73 Match*

**6I. Sources of Match**

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.

**Summary for Match**

Total Value of Cash Commitments:

Total Value of In-Kind Commitments:

Total Value of All Commitments:

\* 1. Will this project generate program income as described in 24 CFR  Yes  No  
578.97 that will be used as Match for this grant?

\* 1a. Briefly describe the source of the program income:  
(Limit 1000 characters)

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

Delete	View	Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
This list contains no items							

**Sources of Match Detail**

\* 1. Will this commitment be used towards match?  Yes  No

\* 2. Type of commitment:

\* 3. Type of source:

\* 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:

\* 6. Value of Written Commitment:

# 6J. Summary Budget

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

**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%)			<input type="text"/>
<b>9. Total Assistance Plus Admin Requested</b>			\$0
10. Cash Match			
11. In-Kind Match			
12. Total Match			\$0
13. Total Budget			\$0

Click the 'Save' button to automatically calculate totals.

Save & Back   Save   Save & Next

Back   Next

# 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. The user is logged in as 'janabalicki'. The page title is '7A. Attachment(s)'. The table below lists the attachments:

Delete	Document Type	Required?	Download	Document Description	Date Attached
	<a href="#">1) Subrecipient Nonprofit Documentation</a>	No	--		No Attachment
	<a href="#">2) Other Attachment(s)</a>	No	--		No Attachment
	<a href="#">3) Other Attachment(s)</a>	No	--		No Attachment

Buttons for 'Back' and 'Next' are visible at the bottom of the table.



# 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.”

A screenshot of the e.Forms submission confirmation screen. It features a navigation bar with 'Back' and 'Next' buttons. Below this are three buttons: 'Export to PDF', 'Get PDF Viewer', and 'Submit'. At the bottom, a message reads 'This e.Form has been submitted'.

A screenshot of the e.Forms submission summary screen. The header shows 'e.Forms' and the user 'janabalicki'. The main content is titled '8B. Submission Summary' and includes a note: 'Applicant must click the submit button once all forms have a status of Complete.' Below this is a table with columns: Complete, Page, Last Updated, and Mandatory. The table lists various application forms with their completion status (checkmarks or red X's), last updated dates, and mandatory status. At the bottom, there are 'Notes' and navigation buttons for 'Back', 'Next', 'Export to PDF', and 'Get PDF Viewer'.

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)	03/18/2020	Yes
✓	1E. SF-424 Compliance	03/18/2020	Yes
✓	1F. SF-424 Declaration	03/18/2020	Yes
✓	1G. HUD 2880	03/18/2020	Yes
✓	1H. HUD 50070	03/18/2020	Yes
✓	1I. Cert. Lobbying	03/18/2020	Yes
✓	1J. SF-111	03/18/2020	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
--	4A. HMIS Standards	No Input Required	No
--	4B. HMIS Training	No Input Required	No
✗	4B. 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
--	6I. Summary Budget	No Input Required	No
--	7A. Attachment(s)	No Input Required	No
✗	7D. 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.

# Questions?

- Follow up with your TA providers
- Submit questions to [youthdemo@hud.gov](mailto: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



# Next Steps

- Watch the video  
*Accessing the Round 3 YHDP Project Application in e-snaps*
- Use the 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/>
  - e-snaps resources page: <https://www.hudexchange.info/programs/e-snaps/>

Thank you!

