CoC YHDP Replacement and Reallocation Project Application Detailed Instructions

Fiscal Year 2026 CoC Program Competition

U.S. Department of Housing and Urban Development
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Introduction

This document provides detailed instructions for organizations completing the Fiscal Year (FY) 2026 Continuum of Care (CoC) Program YHDP Replacement Project Applications for funding available through the Notice of Funding Opportunity (NOFO).

*YHDP Replacement/Reallocation Project Applications are only available during the Fiscal Year (FY) 2026 Continuum of Care (CoC) Program YHDP replacement or Reallocation funding and must be submitted in e-snaps by the application submission deadline for FY 2026 CoC and YHDP funds on August 26, 2026.

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

Submission of a YHDP Replacement project application indicates your organization determined it wants the ability to provide non-CoC Program eligible housing and services to eligible youth experiencing homelessness. All YHDP Replacement project applications are limited to the one-year renewal amount of the eligible YHDP renewal. Your YHDP Replacement project application cannot exceed the one-year annual renewal amount (ARA).

The following documents provide information regarding CoC Program requirements for all projects awarded in this NOFO:

- **FY 2026 CoC Program Competition NOFO (NOFO),**
- **24 CFR part 578 (the Rule),**
- **The McKinney-Vento Act, as amended by the HEARTH Act (the Act)**, and
- **Local CoC Program policy guidelines for submitting YHDP Replacement project applications to the CoC or its designated committee or subcommittee.**

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

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

- Questions regarding information in these instructions may be submitted to **CoCNOFO@hud.gov**; however, HUD cannot assist you with answering specific application questions.
- Questions related to *e-snaps* functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to **e-snaps@hud.gov**.

Project applicants can find additional information on **HUD's website** regarding the CoC Program requirements. The **HUD Exchange** also includes unofficial CoC Program information developed by technical assistance providers.

HUD has modified the project application in *e-snaps* to conform to the requirements for YHPD Replacement project applications. Even with these modifications, there are certain questions within the FY2026 YHDP Replacement application for which special instructions are given within these instructions. Any special YHDP instructions are highlighted in YELLOW for the separate project types.

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

- Parts 1 and 2 are the same regardless of the project type.
- The visibility of *e-snaps* screens and questions for Part 3 through Part 6 are dependent on the project types as listed below following eligible YHDP replacement project types:
    - **Permanent Supportive Housing (PH-PSH), (Only eligible for consolidation)**
    - **Rapid Re-Housing (PH-RRH), (Only eligible for consolidation)**
    - **Transitional Housing (TH),**
    - **Supportive Services Only (SSO)–including SSO Coordinated Entry (CE), and**
    - **Homeless Management Information Systems (HMIS).**
- Parts 7 and 8 are the same regardless of the project type.

What's New

1. CoCs may apply for Transitional Housing and Supportive Service Only projects including street outreach. This NOFO provides a set-aside of $1,300,000,000 for new projects with a priority for Transitional Housing and Supportive Service Only projects. CoCs may use the Transition Grant process described in Sec. II.B.3.k to create new projects. HUD reminds CoCs that individuals living in Permanent Housing may be eligible for Transitional Housing (see HUD guidance) and encourages CoCs to assess the unique needs of individuals and families to provide appropriate assistance to meet their needs.

2. Tier 1 is set at 60 percent of the CoC's Annual Renewal Demand (ARD).

3. HUD will competitively renew or replace YHDP projects.

4. CoCs may apply for bonus projects in an amount of up to 15% of the CoC's Final Pro-Rata Need (FPRN). Unless otherwise described in Sec. II.B.3.c, the CoC Bonus will be no less than $500,000 and no more than $5,000,000. The CoC Bonus funding structure can be found in Sec. II.B.3.c

5. The four components that will be funded through this CoC Program Competition are fully described at 24 CFR 578.37 and include: (a). Transitional Housing; (b). Supportive Services Only; (c). Permanent Housing; and (d). HMIS.

Additionally, HUD will allow renewal project applications for Joint TH/PH-RRH component projects, which combine two existing program components in a single project (see section III.G.5 of this NOFO for more information). HUD will not accept new Joint TH/PH-RRH component project applications.

6. Pursuant to the Consolidated Appropriations Act, 2026 recipients of CoC Program funds, including funds awarded under this NOFO and prior CoC Program Competition NOFOs may establish preferences for:

- Elderly individuals and families. For purposes of establishing preferences under this allowance, HUD is defining elderly as 55 and older.
- Disabled individuals or families as defined by section 401(10) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(10)).

When implementing these preferences, all other federal fair housing and nondiscrimination requirements apply.

7. On the Summary Budget screen, a breakout by percentages has been added to provide the applicant a detailed look at how much each budget line item is making up the total budget. The percentages are based on subtotal costs + Admin; match is not included.
8. **Youth Action Board Screen –** A new screen has been added to the YHDP application. This screen asks questions about your YAB. All questions are required to be answered.
9. **YHDP Expansions –** YHDP projects are now eligible to use the expansion process. Only YHDP Renewals and YHDP Reallocations may take part in the expansion process. Additionally, the only projects eligible for expansion are SSO, TH and HMIS.
10. **Rural Costs –** YHDP projects are now eligible to request Rural costs in the application.
11. **FMR tables in e-snaps.** The FMR amounts shown in the e-snaps application tables are accurate FY 2026 FMRs for the FMR areas you select. If your project application is selected for conditional award, updates based on the FMRs in effect as of the application submission deadline will be applied to these calculations based on your eligible BLI total. The adjusted amount will be shown in your new award total with exact amounts seen in this e-snaps table at post award.
12. **Cost of Living Adjustments for Conditionally Selected Grants.** The Consolidated Appropriations Act, 2025 authorizes HUD to make reasonable cost of living adjustments to renewal amounts to help afford increasing cost of operations due to inflation. HUD will adjust amounts for the supportive services and HMIS Costs budget lines for renewing projects based on the most recent three-year average of changes in State Quarterly Census of Employment and Wages (QCEW) for the category Social Assistance (NAICS 624). Please note that HUD is only authorized to make these adjustments for Renewal projects. Supportive Services and HMIS budgets for all New projects, including Planning, UFA, YHDP Replacement, and YHDP Reallocation, will not be adjusted.

Important Reminders

1. **HUD cannot correct project application errors**. Your project application must demonstrate compliance with the Rule and NOFO and you are responsible for submitting a project under the appropriate type and funding stream according to the FY 2025 NOFO and 24 CFR part 578 (except as otherwise provided in the NOFO.

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

2. **HUD Forms and Certifications:** Required forms are included in *e-snaps* project application and must be completed before you will have access to the YHDP Replacement project application: If your organization has multiple CoC Program project applications, functionality was built into the HUD-2880 in the **Project Applicant Profile** so you only need to fill out the form's questions once for the **combined total** amount for all project applications being submitted.

3. **System for Award Management (SAM) Registration.** Your organization must have an active SAM registration at the time of project application submission and conditional award. The SAM registration must be renewed annually so long as you receive CoC Program funds. HUD verifies that your organization has an active SAM registration prior to release of awarded funds, if conditionally selected for award, and will withhold processing funds if your organization's SAM registration has expired. You must also confirm your organization's Employer/Tax Identification Number (TIN) and Unique Entity Identifier (UEI/SAM) information is correct in both SAM.gov and the *e-snaps* Project Applicant Profile.

4. **You have access to every *e-snaps* screen.** Under the YHDP funding opportunity, you can view every screen in *e-snaps* regardless of the component type chosen. This allows for flexibility in projects and budgets. Therefore, you must follow these instructions to determine which questions are required for the component type chosen for your project as not all apply to each component. For example, **HMIS** dedicated projects do not have housing units/beds, however, those projects will have access to that screen (**4B. Housing Detail**). It is critical you read the detailed instructions to determine how to proceed through your application.

5. **VAWA Budget Line.** The Violence Against Women Act (VAWA) Reauthorization Act of 2022 amended the HEARTH statute to clarify CoC Program eligible costs for facilitating and coordinating activities to comply with the VAWA emergency transfer plan requirement (34 U.S.C. 12491(e)) and monitoring compliance with the protections of the VAWA confidentiality requirements (34 U.S.C. 12491(c)(4)).

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

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

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

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

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

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

Project Applicant Profile

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

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

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

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

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

All Projects – Part 1: HUD Forms and Certifications

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

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

Part 1 of the project application includes the following forms:

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

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

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

Certification Regarding Lobbying, Screen 1I.

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

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

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

Basic Instructions to Access a Project Applicant Profile

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

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

Screen 1A. SF-424 Application Type

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

1. **Type of Submission.** No action required.
2. Type **of Application**. No action required as this selection was made when you 'registered' and created the project application in the **Funding Opportunity**. The six *e-snaps* Funding Opportunities include:
   - **Renewal Project Application**
   - **New Project Application**
   - **YHDP Renewal Project Application**
   - **YHDP Replacement Project Application**
   - **CoC Planning Project Application**
   - **UFA Costs Project Application**

   If the field is incorrect, return to the *e-snaps* Funding Opportunity screen and create another project application using the correct Funding Opportunity. For instructions for 'registering' an *e-snaps* Funding Opportunity refer to the guide **How to Access the Project Application**.
3. **Date Received**. No action required. This field automatically populates with the date when you '**Submit**' the project application on the '**Submission Summary**' screen to send to the CoC for review, rating, and ranking.
4. **Applicant Identifier**. No action required, leave this field blank.

5a. Federal Entity Identifier. No action required, leave this field blank.

5b. Federal Award Identifier. No action required, leave this field blank.

6. Date Received by State. No action required, leave this field blank.

7. State Application Identifier. No action required, leave this field blank.

Screen 1B. SF-424 Legal Applicant

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

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

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

Screen 1C. SF-424 Application Details

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

9. Type of Applicant. No action required. Eligible CoC project applicants include nonprofits, state, local governments, instrumentalities of state or local government, Indian Tribes, and Tribally Designated Housing Entities (TDHEs), as defined in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103), and Public Housing Agencies (PHAs) as such terms are defined in 24 CFR 5.100.

10. Name of Federal Agency. No action required.

11. Catalog **of Federal Domestic Assistance (CFDA) Title**. No action required.

12. Funding Opportunity Number. No action required.

- **Funding Opportunity Title**. No action required.

13. Competition Identification Number. Not applicable.

- **Competition Identification Title**. Not applicable.

Screen 1D. SF-424 Congressional Districts

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

14. Area(s) affected by the project (State(s) only). Required**.** Indicate the state(s) where the project will operate and serve persons experiencing homelessness as defined by 24 CFR 578.3.

15. Descriptive Title of Applicant's Project. No action required. This field populates with the name entered when you created the project from the '**Projects**' screens in *e-snaps*. To change the name, exit the application, go back to '**Projects**' on the left main menu, identify the correct project on the list of projects, open the project and edit the name. Once the application is reopened from the '**Submissions**' screen, the updated project name will appear.

16. Congressional District(s). No action required. HUD uses the district(s) selected here to report required project data and award amounts to members of Congress. For help locating the correct **congressional district go to: https://www.govtrack.us/congress/members/map**.

16a. Applicant. No action required. The congressional district(s) listed here populate from the **Project Applicant Profile**.

16b. Project. Required. Select The congressional district(s) in which the proposed project is expected to operate.

17. Proposed project. **(Proposed Project Dates).** Required. Enter proposed start date and end date of the project. If awarded, HUD will confirm actual start/end dates prior to grant agreement.

18. Estimate funding ($). No action required. The requested funding amount will be identified on the '**Summary Budget**' screen of this project application.

Screen 1E. SF-424 Compliance

You must complete all questions on Screen 1E.

19. Executive Order 12372. Required. Project applications submitted in the CoC Program are subject to the provisions of Executive Order (EO)12372, *Intergovernmental Review of Federal Programs*. This EO allows each State to designate an entity to perform this function. A list of states that have chosen to review applications, along with State Points of Contact (SPOC) are available at: SPOC-list-as-of-July-2026.pdf If you will have projects in more than one state, you must check each state against the SPOC list as one state may require review while other states may not require review.

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

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

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

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

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

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

Screen 1F. SF-424 Declaration

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

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

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

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

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

1. **Applicant/Recipient Name, Address, and Phone**. No action required. This information populates from the '**Authorized Representative**' screen of the **Project Applicant Profile**.
2. **Employer ID Number (EIN)**. No action required. This information populates from the '**Organization Information**' screen of the **Project Applicant Profile**. You should confirm the EIN populating is correct as an incorrect EIN will delay your organization's ability to sign the grant agreement if selected for conditional award. EINs are confirmed by HUD prior to releasing funds to the electronic Line of Credit Control System (eLOCCS) and will be withheld from processing if the EIN is incorrect.
3. **HUD Program**. No action required. This field populates with '**Continuum of Care Program**'.
4. **Amount of HUD Assistance Requested/Received**. No action required. This field remains blank in the **Project Applicant Profile**. The amount in this field will populate based on the total funds requested for this project application from the '**Summary Budget**' screen.
5. **State the name and location (street address, City and State) of the project or activity**. No action required. This field populates with the following message: '**Refer to project name, addresses and grant number entered into the attached project application**'. The information this message references is located on the project application screen 1B. SF-424 Legal Applicant, 3A. Project Detail, and 4B. Housing Type and Location.

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

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

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

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

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

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

No, review the information, check the box '**I agree**'.

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

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

The Form HUD-50070 populates information from the **Project Applicant Profile** and relevant data from the FY 2025 project application. **You must read and certify by checking the box toward the bottom of the screen**. Confirm the Authorized Representative information is accurate. If information on this form is inaccurate, see page 5 above for the **Basic Instructions to Access a Project Applicant Profile**.

Certification Regarding Lobbying, Screen 1I

Per 2 CFR part 200, all federal agencies must require submission of the Certification Regarding Lobbying form, which populates information from the **Project Applicant Profile** and relevant data from the FY 2025 project application. This form clarifies which organizations must select '**Yes**' on the next screen for the SF-LLL: Disclosure of Lobbing Activities form. **You must read and certify by checking the box toward the bottom of the screen**. Confirm the '**Authorized Representative'** information is accurate. If information on this form is inaccurate, see page 5 above for the **Basic Instructions to Access a Project Applicant Profile**.

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

The **SF-LLL** populates information from the **Project Applicant Profile** and relevant data from the FY 2025 project application. The requirement related to lobbying as explained in the **SF-LLL** instructions states:

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

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

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

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

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

SF-424B: Assurances for Non-Construction, Screen 1K

Applicants and recipients are required to submit assurances of compliance with federal civil rights requirements. *(e.g.,* Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments Act of 1972, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 197, *see also* 24 CFR § 1.5, 3.115, 8.50, and 146.25). HUD accepts these assurances in the form of the SF-424B (Assurances of Non construction Programs), which also require compliance with all general federal nondiscrimination requirements in the administration of the grant.

Screen 1M. Project Eligibility Certification

On Screen 1M, click the checkbox next to the two statements. By checking the box, you agree to the terms and conditions associated with those statements.

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

Screen 2A. Subrecipient(s) – *Attachment Requirement*

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

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

Select add to enter subrecipient information on the 2A Subrecipient Detailed screen(s). The primary '**Subrecipient**' screen will compile a list of all subrecipients entered in the detailed screens. All grey fields will calculate after you complete and save this screen. Select '**Save & Back to List**' to save the information and return to the primary screen. Select '**Save & Add Another**' to add information for another subrecipient.

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

You must identify the following information for each subrecipient:

a. Organization Name,

b. Organization Type (nonprofit documentation must be uploaded to the Attachment Screen 7A if applicable),

c. Employer or Tax Identification Number,

e. Organization's UEI

d. Organization's Physical Address,

e. Organization's Congressional District(s),

f. Is the subrecipient a faith-based organization,

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

h. Expected Subaward Amount, and

i. Contact Person. The name and contact information of the person within the subrecipient organization who has the authority to act on the organization's behalf as it relates to carrying out the actions contracted by your organization.

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

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

1. **Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.** Required. Describe your organization, subrecipient(s) if applicable, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) have successfully utilized federal funds in other projects. Provide examples that illustrate experience such as:

   (a) working with and addressing the target population(s) identified housing and supportive service needs,

   (b) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation,

   (c) identifying and securing matching funds from a variety of sources, and

   (d) managing basic organization operations including financial accounting systems.

2. **Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.** Required. Include experience with leveraging all federal, state, local and private sector funds. If your organization has no experience leveraging other funds, include the phrase '**No experience leveraging other federal, state, local, or private sector funds**'.

3. **Describe your organization's (and subrecipient(s) if applicable) financial management structure.** Required. Include how your organization has a functioning accounting system that is operated in accordance with generally accepted accounting principles or has designated a fiscal agent that will maintain a functioning accounting system for your organization in accordance with generally accepted accounting principles. If your project application includes a subrecipient(s), include the subrecipient(s) fiscal control and accounting procedures to assure proper dispersal of and accounting for federal funds in accordance with the requirements of 2 CFR part 200.

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

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

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

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

All Projects Part 3: Project Information

All Projects Screen 3A. Project Detail

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

1. **CoC Number and Name:** Required. Select the CoC Number and Name from the dropdown. **Selecting the correct CoC is critical**. The dropdown contains all CoCs that were registered in the FY 2026 CoC Program Registration process and are listed according to the CoC Number (e.g., NE-502) and CoC Name (e.g., Lincoln County CoC). Based on the selection made in this field, when '**Submit**' is selected on Screen 8B, *e-snaps* will send this project application to the CoC selected.

   Note: You should only use the '**No CoC**' option in instances where a project is in a geographic area not claimed by any CoC.

2. **CoC Collaborative Applicant Name:** Required. Select the name of the Collaborative Applicant for the CoC you intend to submit the project application. The dropdown for this field is based on the CoC Number and Name selected above with the CoC's designated Collaborative Applicant's name that registered during the FY 2026 CoC Program Registration process.

3. **Project Name:** No action required. This field populates from the *e-snaps* '**Project**' screens and is read-only. If the project name is incorrect, exit the project application screens and open the *e-snaps* '**Project**' screens by selecting '**Projects**' from the left menu to correct the information.

4. **Project Status:** Required. This field defaults to the '**Standard**' option and should not be changed.

5. **Component Type:** Required. Select the component type for this YHDP project application which must match the current grant agreement, or grant agreement as amended:

   - **PH, (Only eligible for consolidation)**

     5a. Select the type of PH project. (Will only appear if PH selected as a component type): Required. Select '**PSH**' or '**RRH**' for the type of PH project of this YHPD Renewal application.

     5b. Is this project part of a consolidation?
     Yes, this project is part of a consolidation

     No, this project is not part of a consolidation, which makes it ineligible under YHDP Replacement funding opportunity.

   - **TH,**
   - **HMIS, or**
   - **SSO.**

     5a. Select the type of SSO project (Will only appear if SSO selected as a component type): Required. Select the original SSO type from the dropdown menu for this YHDP renewal

project. As with component changes, you cannot change the type of Supportive Services Only project (e.g., change from street outreach to coordinated entry) through the project application process.

- **Street Outreach.** Offers services necessary to reach unsheltered homeless individuals and families to connect them with emergency shelter, housing, or critical services and provide urgent non-facility-based care to those who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.
- **Housing Project or Housing Structure Specific.** Services provided in a structure, or structures, at one central site, or in multiple buildings at scattered sites where services are delivered. The services provided are associated with housing outcomes and are not limited to serving program participants of one or more specific residential projects.
- **Coordinated Entry (CE).** Administers the CoC's centralized or coordinated entry process to coordinate assessment and referral of individuals and families seeking housing or services, including the use of a comprehensive and standardized assessment tool. See ***CPD-17-01: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System*** (*Coordinated Entry Notice*) for full information and requirements. If your project is submitted as a coordinated entry you must adhere to all requirements in the Rule and the *Coordinated Entry Notice*.
- **Stand-alone Supportive Services.** Addresses the special needs of program participants (e.g., childcare, employment assistance, transportation services) and has associated housing outcomes and is not limited to providing services from one or more housing-related projects.
- **Host Homes & Kinship Care** –This selection should only be made if your organization requests funds for host homes/kinship care.

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

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

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

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

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

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

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

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

8. Is this application applying as a YHDP Replacement project or a YHDP Reallocation? Required. Select:

Yes, if your organization is submitting a **YHDP Replacement** project application to serve homeless youth through housing and services activities based on the exceptions to 24 CFR part 578 as stated in the NOFO.

Yes, if your organization is submitting a **YHDP Reallocation** project application to serve homeless youth through housing and services activities based on the exceptions to 24 CFR part 578 as stated in the NOFO.

8a. Does this project plan to change recipients from the YHDP Renewal(s) Required. Select:

Yes, if your project is changing recipients, you must apply as a YHDP Reallocation

No, if your project is not changing recipients, you may apply as a Replacement or Reallocation

List the YHDP project being replaced: Required. If '**YHDP Replacement**' to question 8, Up to 4 YHDP projects can be entered in the table.

Full Grant Number	YHDP Community	Operating Start Date	Operating End Date	Component Type	Project Name	Special YHDP Activity
Enter the full grant number of the YHDP project being replaced (e.g., CA0001L5F012003)	Enter the YHDP Community the Renewal project is from.	Enter the date for '**POP Start**' from *e*LOCCS	Enter the date for '**POP End**' from *e*LOCCS	Select the expiring renewal component (e.g., TH)	Enter the Project Name for this grant number.	Enter Yes or No if YHDP Renewal had a Special YHDP Activity

IMPORTANT: For all YHDP projects listed in the table, attach a copy of the approved project application(s) on Screen '**7A Attachments**' (e.g., if the expiring project was funded in the FY 2025 CoC Program Competition, attach a copy of the FY 2025 project application.

NOTE: All YHDP Grant Consolidations must be done in the YHDP Replacement application. TH, PH-PSH, PH-RRH, SSO, SSO-CE and HMIS are the only eligible component types to be consolidated under YHDP. YHDP projects cannot create new PH-PSH and PH-RRH projects through Replacement or Reallocation.

List the expiring project(s) involved in the YHDP Reallocation. Required. If '**YHDP Reallocation**' is selected to question 8, Up to 4 YHDP projects can be entered in the table.

Full Grant Number	Recipient Name	Component Type	Project Name	YHDP Community
Enter the full grant number of the	Enter the YHDP	Select the expiring	Enter the Project Name	Enter Yes or No if YHDP Renewal had

Full Grant Number	Recipient Name	Component Type	Project Name	YHDP Community
YHDP project being replaced (e.g., CA0001L5F012003)	Community the Renewal project is from.	renewal component (e.g., TH)	for this grant number.	a Special YHDP Activity

8b. Provide a description that addresses the scope of the proposed YHDP Replacement or YHDP Reallocation during the first year of operation and why the YHDP Renewal is being replaced or reallocated. Required. If '**Yes**' is selected in question 8, provide the following:

- A brief description of the scope of the project and how it differs from the previous YHDP project, and
- The reason why the YHDP project is being replaced or reallocated.

8c. Please describe special activities attached to the original YHDP Renewal project being replaced or reallocated, and if you plan to reapply for the same special activities or new special activities. Required. If the YHDP Renewal being replaced had any special activities, please attach any relevant documentation. Additionally, if you plan to apply for the same or new special activities, please attach all relevant documentation for review.

8d. How will this project meet the goals established in the Coordinated Community Plan (CCP) developed by the applicant's YHDP community? Required: Describe how the YHDP Replacement project will adhere to the goals of the CCP to assist youth who are homeless.

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

(Rural costs ONLY) Select the state(s), rural geo-code(s), and/or tribal geo-code(s), as needed for the rural geographic area(s) to be served by this project. Double click on your selection(s) or use the arrows between the tables to move "**Available Items**" to "**Selected Items**." If you need to select multiple areas, hold down the "**Ctrl**" key to make multiple selections.

9a. Area(s) affected by the project (state(s) only):

9b. Area(s) affected by the project (rural geo-code(s) only):

9c. Area(s) affected by the project (tribal geo-code(s) only). Only make a selection if the project will serve a tribal area. If no tribal area will be served, leave this field blank. Do not make any selections.

10. What type of CoC funding is this project applying for in this FY 2025 CoC Program Competition? Based on selections on screen 3A, this question will populate with either "YHDP Replacement" or "YHDP Reallocation".

All Projects Screen 3B. Description

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

1. **Provide a description of the project. This MUST include the following: Entire scope, who the project will serve, activities offered and staffing (staff/client ratio).** Required. Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing (total number of beds and units for the entirety of the project) and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), staff/client ration, and how the CoC Program funding will be used. The information in this description must align with the information entered in other screens of the application. Additionally, if your project will implement service participation requirements or requirements that go beyond what is typically included in a lease agreement, describe those requirements and how they will be implemented.

   Lastly for PH-RRH projects, describe how the provision of tenant-based rental assistance will help individuals and families achieve self-sufficiency within 3 months or up to 24 months.

   YHDP Specific Requirements for PSH, RRH, TH, SH, and SSO Non-CE. These requirements should be included on top of the requirements for the regular project description:
   - The purpose of the project and its role in the community response;
   - Target population(s) to be served;
   - Community partnerships;
   - Outcomes and performance measures;
   - Activities offered; and
   - Staff/Client ratios

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

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

   HMIS ONLY: Required. The information in this description must align with information entered in other screens of the application. Provide a detailed description of the scope of the project including the community needs, the design and implementation of the HMIS system, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how CoC Program funds will be used for:

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

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

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

1a. Specify how this project will incorporate the principles of Positive Youth Development (PYD). Required. Provide a detailed description of how this project will follow the policies of Positive Youth Development. Note: Don't reiterate the definition of PYD but provide examples on how PYD will be uniquely adopted in this project.

1b. Specify how this project will incorporate the principles of Trauma Informed Care (TIC). Required. Provide a detailed description of how this project will follow the policies of Trauma Informed Care. Note: Don't reiterate each principle but provide examples on how each principle will be uniquely adopted in this project.

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

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

3. **Check the appropriate boxes if this project will have a specific subpopulation focus. (Select ALL that apply)**. Required. **All YHDP projects must serve 'Youth Under 25'; therefore, this box is already checked and cannot be edited.** Check additional boxes as appropriate to indicate this project will focus on additional subpopulations. The boxes checked should match the information provided in the project description. If an additional subpopulation focus for your organization is not listed, check the box next to '**Other**' and enter the subpopulation in the text box provided.

HMIS ONLY: Will not be assessed on Questions 4 – 10 but will need to respond to the questions for which specific instructions are included below.

4. **Will your project participate in the CoC's Coordinated Entry (CE) Process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE**

process that meets HUD's minimum requirements? Required. Coordinated Entry is a process designed to coordinate program participant intake, assessment, and provision of referrals. A CE process must cover the entire CoC's geographic area, is easily accessed by individuals and families seeking housing **or** services, is well advertised, and includes a comprehensive and standardized assessment tool and process. Participation in a CE process is a requirement for all applicants of CoC Program funds. Select:

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

No, if this project will not meet this criterion.

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

5. **The following questions must be answered for 'Coordinated Entry' projects.** This field populates based on the selection made for question 6a on screen 3A.

5a. Will the coordinated entry process cover the CoC's entire geographic area? See Section II.B.1 of the *Coordinated Entry Notice* for additional information. Select:

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

No, funds from this project will not meet this requirement.

5b. Will the coordinated entry process be affirmatively marketed and easily accessible by individuals and families seeking assistance? Required for coordinated entry project applications. The CoC's coordinated entry must be affirmatively marketed and easily accessible by individuals and families seeking housing and services. Select:

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

No, if the coordinated entry does not meet the criteria.

5c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. Required for coordinated entry project applications. Use the textbox provided to describe the advertisement strategy that will ensure coordinated entry will be accessible to individuals and families with the highest barriers to accessing assistance including persons with disabilities, and persons with limited English proficiency (see 24 CFR 578.93(c)). Using bullets instead of full paragraphs is appropriate.

5d. Does the coordinated entry process use a comprehensive, standardized assessment process? Required for coordinated entry project applications. See Sections I.C.4 and II.B.2 of the *Coordinated Entry Notice* for additional information. Select:

Yes, if the standardized assessment process meets the criteria.

No, if the standardized assessment does not meet the criteria.

5e. Describe the referral process and how the coordinated entry process ensures program participants are directed to appropriate housing and services. See Section II.B.3 of the *Coordinated Entry Notice* for additional information. Describe how the referral process for homelessness resources is coordinated with CoC and ESG providers according to the CoC's written Coordinated Entry process. Using bullets instead of full paragraphs is appropriate.

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

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

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

All projects except HMIS Screen 3C. Project Expansion Information

You can apply for a new project that will expand an existing eligible YHDP Program renewal project so long as it is the same component and type (e.g., both the YHDP Reallocation and the YHDP renewal project applications are TH). To apply for a YHDP Reallocation that will expand an existing eligible YHDP Program renewal project you will create and submit **two** project applications: a '**Stand-alone New**' and a '**Stand-alone Renewal**. If awarded, HUD will combine these two applications into one project in the post-award process. Please ensure that budgets and proposed numbers of units, people to be served, etc. are not duplicated between the Stand-alone New and Stand-alone Renewal applications, in order to ensure the accuracy of the final project.

Note: the same YHDP renewal project may NOT be part of both a consolidation and an expansion in the 2026 CoC Competition. If a YHDP renewal is submitted for both consolidation and renewal, HUD will treat the application only as an expansion and reject the consolidation. For instructions to complete a **'Stand-alone Renewal'** project application, review the 'YHDP **Renewal Expansion Process and Questions**' instructions on pages 17-19 of the **YHDP Renewal Project Application Detailed Instructions**.

You must complete the first question on Screen 3C that will notify HUD you are submitting a YHDP Reallocation expansion project that is tied to an eligible YHDP renewal project.

1. Is this a 'Project Expansion' of an eligible YHDP renewal project? Required. Select:

Yes, this is a YHDP Reallocation project application that will expand an existing eligible YHDP renewal project application and is the same component and type as the renewal.

No, this YHDP Reallocation project application is not part of an expansion request. Click **'Save'** or **'Save & Next'** to move to the next screen.

If you answered '**Yes**' to question 1, you must complete the remainder of this screen. The next two questions are used to match this YHDP Reallocation expansion project application with the YHDP renewal project application you are submitting.

1a. Eligible YHDP Renewal Grant PIN. Enter the PIN exactly as it was entered in the YHDP renewal project application (see screen 1A. SF-424 Application Type, question 5a or 5b of your YHDP renewal project application). Additionally, to ensure you enter the correct PIN on both applications, refer to the current grant agreement or grant agreement amendment for the YHDP renewal project this new project will expand.

1b. Eligible YHDP Renewal Grant Project Name. Enter the Project Name exactly as it was entered in the YHDP renewal project application (see Screen 3A. Project Detail, question 4 of your YHDP renewal project application).

The following questions inform HUD how this new project will expand the eligible renewal project application. You must respond to each question with '**Yes**' or '**No**' and for each '**Yes**' response you must complete the additional questions. An expansion must select yes to one of the following questions in order to be valid.

2. **Will this expansion project increase the number of program participants?** Required. Select:

   Yes, if this project will increase the number of program participants assisted (e.g., adding units) and respond to the set of questions that appear.

   No, if this project will not increase the number of program participants, units and beds.

   2a. Currently Approved YHDP Renewal Numbers (from 'Stand-alone Renewal' project application). The numbers for this section must be the point-in-time numbers according to the current grant agreement or grant agreement as amended for the YHDP renewal project. Use the numbers entered in the YHDP renewal project application from the screens identified below.

   - **Number of <u>persons</u> (From renewal application Screen 5A)**
   - **Number of <u>units</u> (From renewal application Screen 4B)**
   - **Number of <u>beds</u> (From renewal application Screen 4B)**

   2b. New effort: New Requested Numbers to Add (from this 'Stand-alone New' project application). Enter the proposed point-in-time numbers that will be added to the renewal project.

   - **Number of <u>additional persons</u> (From this new application Screen 5A)**
   - **Number of <u>additional units</u> (From this new application Screen 4B)**
   - **Number of <u>additional beds</u> (From this new application Screen 4B)**

3. **Will this expansion project provide additional supportive services to program participants?** Required. Select:

   Yes, if this expansion project will provide additional supportive services.

   No, if this expansion project will <u>not</u> provide additional supportive services.

   3a. Indicate how the project will provide additional supportive services to program participants. Required if '**Yes**' to question 3. Check one or both boxes to indicate the expanded supportive services.

   - **Increase the number of or expand supportive services provided.**
   - **Increase frequency or intensity of supportive services.**
   - **Increase on site supportive services**

   3b. Explain how services will be expanded or increased, Required if '**Yes**' to question 3. Provide a description of the current supportive services for which funds are requested and how CoC Program funds will be used to expand those services.

4. **Will this expansion project bring existing facilities up to government health or safety standards?** Required. Select:

   Yes, if this expansion project will be used to bring existing facilities up to state or local government health or safety standards.

   No, if this expansion project will <u>not</u> be used to bring existing facilities up to state or local government health or safety standards.

4a. Describe how the project is proposing to bring the existing facility(s) up to state or local government health or safety standards. Required if '**Yes**' to question 4. Provide a description of the current health or safety standards for which funds are requested and how CoC Program funds will be used to address the issue(s), including the timeframe expected to have the health or safety standards updated.

5. Will this expansion project increase the Coordinated Entry process? Required. Select: '**Yes**' or '**No**'. Only applicable to SSO-CE projects

HMIS Screen 3C. Project Expansion Information

You can apply for a YHDP Reallocation project that will expand an existing eligible YHDP Program renewal project so long as it is the same component and type (e.g., both the YHDP Reallocation and the YHDP renewal project applications are HMIS). To apply for a YHDP Reallocation project that will expand an existing eligible YHDP Program renewal project you will create and submit **two** project applications: a '**Stand-alone New**' and a '**Stand-alone Renewal**. If awarded, HUD will combine these two applications into one project in the post-award process. Please ensure that budgets and proposed numbers of units, people to be served, etc. are not duplicated between the Stand-alone New and Stand-alone Renewal applications, in order to ensure the accuracy of the final project.

Note: the same YHDP renewal project may NOT be part of both consolidation and an expansion in the 2026 CoC Competition. If a YHDP renewal is submitted for both consolidation and renewal, HUD will treat the application only as an expansion and reject the consolidation.

For instructions to complete a **'Stand-alone Renewal'** project application, review the 'YHDP **Renewal Expansion Process and Questions**' instructions on pages 17-19 of the **YHDP Renewal Project Application Detailed Instructions**.

You must complete the first question on Screen 3C that will notify HUD you are submitting a YHDP Reallocation expansion project that is tied to an eligible YHDP renewal project.

1. Is this a 'Project Expansion' of an eligible YHDP renewal project? Required. Select:

Yes, this is a YHDP Reallocation project application that will expand an existing eligible YHDP renewal project application and is the same component and type as the renewal.

No, this YHDP Reallocation project application is not part of an expansion request. Click **'Save'** or **'Save & Next'** to move to the next screen.

If you answered '**Yes**' to question 1, you must complete the remainder of this screen. The next two questions are used to match this YHDP Reallocation expansion project application with the YHDP renewal project application you are submitting.

1a. Eligible YHDP Renewal Grant PIN. Enter the PIN exactly as it was entered in the YHDP renewal project application. To ensure you enter the correct PIN number, refer to the current grant agreement or grant agreement amendment for the YHDP renewal project that this YHDP Reallocation project will expand.

1b. Eligible YHDP Renewal Grant Project Name. Enter the Project Name exactly as it was entered in the YHDP renewal project application.

The following questions inform HUD how this new project will expand the eligible YHDP renewal project application. You must respond to each question and at least one question in #2, #3 or #4 must be answered '**Yes**'.

2. Will this expansion project increase HMIS functionality? Select '**Yes**' or '**No**'.

2a. Describe the increased HMIS functionality. Required. If '**Yes**' was selected for question 2, enter a description that addresses how funds from this YHDP Reallocation project will increase the functionality of the current dedicated HMIS project (e.g., adding bandwidth to the current HMIS system, need for additional licenses, additional training).

3. Will this expansion project increase geographic coverage of HMIS? Select '**Yes**' or '**No**'.

3a. Identify the geographic codes that were added to the HMIS coverage. Required if '**Yes**' was selected for question 3. From the tables provided, select the geographic codes that will be added to the current HMIS coverage area. To select more than one geographic code hold the '**CTRL**' key while selecting the codes under '**Available Items**' to move to '**Selected Items**'.

4. Will this expansion project increase number of HMIS participating agencies or programs? Select '**Yes**' or '**No**'.

4a. Identify the number of additional HMIS users in each of the following agencies or programs that will be added. Required if '**Yes**' was selected for question number 4. Enter a numerical value for each of the program(s) listed to indicate the additional number of users. If a program does not apply enter '0'.

- **HUD–Continuum of Care Program (CoC),**
- **HUD–Emergency Solutions Grant (ESG),**
- **HUD–Housing Opportunities for Persons with AIDS (HOPWA),**
- **HHS–Projects for Assistance in Transition from Homelessness (PATH),**
- **HHS–Runaway and Homeless Youth Programs (RHY),**
- **VA, or**
- **Other.**

Youth Homeless Demonstration Project Screen

All fields on this screen must be completed.

1. **What services are provided to engage the family and youth?** Required if **"Yes"** to question 1 above, select one or more of the available options. If a focus for your project is not listed, check the box next to "**Other**" and enter in the text box provided.
2. **Is this a Host Homes project OR will this project dedicate funding under the Supportive Services budget to host homes?** Required. Select:
   Yes, if the project will be a Host Homes project or will dedicate funding to host homes.
   No, if this is not a Host Homes project or does not dedicate funding to host homes.

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

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

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

   2d. What services will be provided to ensure the host home is successful?

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

3. **Does this project plan to use Rental Assistance?** Required. Select '**Yes**' or '**No**' to indicate if your project will include a rental assistance budget.

   HMIS and all SSO projects will answer '**No**'.

   3a. Will this project use Rental Deposits? Required if '**Yes**' to Question #4, select '**Yes**' or '**No**'.

   3b. Will this project cover first month's rent? Required if '**Yes**' to Question #4, select '**Yes**' or '**No**' to indicate if your project will cover the first month's rent.

   3c. Short Term Rental Assistance. Required if **'Yes'** to Question #4. Select '**Yes**' or '**No**' to indicate your project will provide short-term rental assistance (up to 3 months).

   3d. Medium Term Rental Assistance. Required if **'Yes'** to Question #4. Select '**Yes**' or '**No**' to indicate your project will provide medium term rental assistance (3 to 24 months).

4. **How will the community continue to involve the Youth Action Board (YAB) in the development and implementation of YHDP projects?** Required. Describe how the community will continue to involve the YAB in the development and implementation of YHDP projects.

5. **Will your project offer any specialized services for youth living with HIV/AIDS?** Required. Select '**Yes**' or '**No**' to indicate if your project will offer any specialized services for youth living with HIV/AIDS.

   5a. If yes, please provide details of those services. Required if '**Yes**' is selected for #6.

All Projects Youth Action Board

Youth Action Board

1. **Is there a project or CoC level Youth Action Board?** Required. Yes, No.
   1a. If Yes, how many active members are currently involved in the YAB? Required if Question 1 is "Yes". Enter a numerical value.
   1b. What is the compensation policy for YAB Members? Required if Question 1 is "Yes". Provide how YAB members are compensated for their time. Gift cards are not allowed.
   1c. How will the applicant ensure that the YAB will be involved in the implementation and evaluation of this project? Required if Question 1 is "Yes". Provide a detailed description of how this project will integrate and work with the Youth Action Board during project implementation. The YAB must play an active role in the development and implementation of projects.

   1d. How will the applicant plan recruitment and sustainability policies for the YAB? Required if Question 1 is "Yes". Provide a detailed description of policies that will lead to recruiting YAB members and keeping the YAB sustainable long term.
   1e. If no, how quickly will be YAB be implemented? Required if Question 1 is "No". Provide a detailed description on when and how a YAB will be implemented.
2. **Describe your continuous quality improvement plan and how the YAB is involved?** Required. Provide a detailed description of the continuous quality improvement plan, and how this project will work with the Youth Action Board to develop a Continuous Quality Improvement Plan. The YAB must play an active role in the development and implementation of this plan.

Special YHDP Activities Screen

1. **Is the YHDP Replacement project applicant requesting a Special YHDP Activity, Exemption, or Innovative Activity?** Required. Select '**Yes**' or '**No**'.

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

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

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

   - IV.B.2.a(1) Leases under 12 months (minimum 1 month)
   - IV.B.2.a(2) Use of leasing, Sponsored Based Rental Assistance (SRA) and Project Based Rental Assistance (PRA) in Rapid Rehousing (RRH)
   - IV.B.2.a(3) Project admin funds used to employ youth with lived experience for project implementation, execution, and improvement
   - IV.B.2.a(4) Project admin funds used to attend non-HUD sponsored or approved conferences (must be relevant to youth homelessness)
   - IV.B.2.a(5) Employ youth receiving recipient services (document nature of work and no conflicts of interest)
   - IV.B.2.a(6) Recipients of YHDP may utilize the following housing standards for transitional housing and Rapid Rehousing units. Recipients implementing this special YHDP activity may also establish standards that exceed or add to these minimum standards and must keep documentation of what standards are applied to the units and proof that the units complied with the standards before assistance is provided. Please refer to the NOFO for the full list.
   - IV.B.2.a(7) Provide moving expense more than one time to a program participant
   - IV.B.2.a(8) Provide payments for families that provide housing under host homes and kinship care (up to $500 per month)
   - IV.B.2.a(9) YHDP recipients may continue providing supportive services to program participants for up to 12 months after the program participant exits homelessness, transitional housing or after the end of housing assistance.
   - IV.B.2.a(10) Projects using grant leasing funds may pay above the Fair Market Rent (FMR) for individual units as long as the amount paid is consistent with the reasonable rent standards at 24 CFR 578.51(g).
   - No Special YHDP Activities Requested.

3. **YHDP grant funds may be used for the following if they are necessary to assist program participants to obtain and maintain housing. Recipients and subrecipients must maintain records establishing how it was determined paying the costs was necessary for the program participant to obtain and retain housing and must also conduct an annual assessment of the needs of the program participants and adjust costs accordingly. (Select all that apply) Eligible only to projects with a Supportive Services BLI.** Required if **'Yes'** to question 1 above, select one

or more of the available options. If your project does not plan to apply for these Special YHDP Activities, select '**None**'.

- IV.B.2.a(11)(a) Security deposits (not to exceed 2 months of rent)
- IV.B.2.a(11)(b) Pay for damage to units (not to exceed 2 months rent)
- IV.B.2.a(11)(c) Costs to provide household cleaning supplies
- IV.B.2.a(11)(d) Housing start-up expenses (not to exceed $300 per participant)
- IV.B.2.a(11)(e) Purchase cell phone and service (cost must be reasonable and housing related)
- IV.B.2.a(11)(f) Cost of Internet (costs must be reasonable)
- IV.B.2.a(11)(g) Payment of rental arrears (up to 6 months)
- IV.B.2.a(11)(h) Payment of utility arrears (up to 6 months)
- IV.B.2.a(11)(i) Payment of utilities (p to 3 months)
- IV.B.2.a(11)(j) Pay gas a mileage for participant personal vehicle for trips for eligible services
- IV.B.2.a(11)(k) Payment of Legal fees
- IV.B.2.a(11)(l) Payment of insurance, registration and past driving fines
- None
- IV.B.2.a(12) Recipients of housing projects (RRH, TH, TH-RRH, and PSH) may use YHDP funds to pay for owner incentive and retention payments before occupancy of the unit, or at any point thereafter, provided that the overall amount paid with program funds per unit occupied by the program participant does not exceed three times the rent charged for the unit. These payments may include signing bonuses (a payment offered to an owner as an incentive for leasing a unit to be occupied by a program participant), repairs to bring the unit into compliance with program requirements, or holding fees to reserve a unit for an individual or family experiencing homelessness.
- IV.B.2.a(13) Recipients of Transitional Housing projects may use Single Room Occupancy (SRO) units to house youth. SRO units are subject to regulations at 24 CFR 982.602 and 24 CFR 982.605. Fair Market Rent (FMR) and utility costs for SROs are calculated as 75% of the zero-bedroom FMR and utility costs, respectively
- IV.B.2.a(14) Rental Assistance may be administered by nonprofit providers, Tribes, and TDHEs, in addition to the organizations listed in 24 CFR 578.51(b).

4. **Check the appropriate box(s) for the Special YHDP Activity - for the exemptions the applicant is requesting. If a special activity is selected, the applicant must provide a narrative response addressing the criteria in the special activity. (Select all that apply)** Required if **'Yes'** to question 1 above, select one or more of the available options. A required additional textbox for each selected checkbox will appear for the applicant to explain why they need to apply for this Special YHDP Activity – Exemption. If your project does not plan to apply for these Special YHDP Activities, select '**No Exemptions Requested**'.

- IV.B.2.b(1) A recipient may provide up to 36 months of Rapid Rehousing rental assistance to a program participant if the recipient demonstrates (1) the method it will use to determine

which youth need rental assistance beyond 24 months and (2) the services and resources that will be offered to ensure youth are able to sustain their housing at the end of the 36 months of assistance.

- IV.B.2.b(2) YHDP recipients may continue providing supportive services to program participants for up to 24 months after the program participant exits homelessness, transitional housing or after the end of housing assistance if the recipient demonstrates: 1) the proposed length of extended services to be provided, 2) the method it will use to determine whether services are still necessary, and 3) how those services will result in self-sufficiency and ensure stable housing for the YHDP program participant.
- IV.B.2.b(3) YHDP recipients may continue providing supportive services to program participants for up to 36 months after the program participant exits homelessness, if the services are in connection with housing assistance, such as the Foster Youth to Independence initiative, or if the recipient can demonstrate that extended supportive services ensures continuity of case workers for program participants. Note: Supportive Services for 36 months is only for projects that are pairing supportive services with other housing assistance programs
- II.C Recipients will not be required to meet the 25% match requirement if the applicant is able to show it has taken reasonable steps to maximize resources available for youth experiencing homelessness in the community.
- II.C Recipients will not be required to meet the 25% match requirement provided for in III.C of the YHDP NOFO and 24 CFR 578.73 if the recipient does not have other currently active CoC or YHDP grants. If permitted by future Appropriations Acts, HUD will continue the match exemption for the YHDP grant funded under this NOFO under the first and second renewal or replacement of the project under the Continuum of Care competition.
- IV.B.2.b(4) Rental assistance may be combined with leasing or operating funds in the same building, provided that the recipient submits a project plan that includes safeguards to ensure that no part of the project would receive a double subsidy.
- IV.B.2.b(5) YHDP recipients may provide payments of up to $1000 per month for families that provide housing under a host home and kinship care model, provided that the recipient can show that the additional cost is necessary to recruit hosts to the program.
- IV.B.2.b(6) YHDP recipients may pay for short-term (up to three months) emergency lodging in motels or shelters as the transitional housing component in a Joint transitional housing-rapid rehousing (TH-RRH) project, provided that the recipient can demonstrate that use of the hotel or motel room is accessible to supportive services.
- No Exemptions Requested.

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

5. Innovative Activities IV.B.2.c

5a. Is the applicant requesting an innovative activity that is not currently allowed under 24 CFR 578 or the above YHDP Special Activities? Required.

if **'Yes'** to question 1 above. A required additional textbox for the Innovative Activity will appear for the applicant to explain why they need to apply for this Special YHDP Innovative Activity.

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

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

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

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

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

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

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

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

Yes, this activity is cost-effective.

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

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

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

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

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

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

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

Yes, this activity is approved by the YAB.

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

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

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

Yes, this activity is approved by the CoC.

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

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

Special YHDP Activities and Supportive Services Budget Connection

Certain Special YHDP Activities will have a Supportive Services (SS) budget connection. We recommend you add text in the Supportive Services 'quantity and description' field on how certain Supportive Services costs are connected to Special YHDP Activities. You may use the table below to determine what Special

YHDP Activity is connected to what Supportive Services cost. If there is no Supportive Service cost connection listed below, you do not need to include anything in the Quantity and Description for that Special YHDP Activity.

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

Special YHDP Activities	**Assistance w/Moving Costs**	**Utility Deposits**	**Life Skills**	**Housing & Counseling Services**	**Transportation**	**Legal Services**	**SS Operating Costs**	**Security Deposits**
IV.B.2.a(7) Provide moving expense more than one time to a program participant - (ELIGIBLE ONLY FOR PH, TH, JOINT & SSO)	**X**							
IV.B.2.a(8) Provide payments for families that provide housing under host homes and kinship care - (ELIGIBLE ONLY FOR HOST HOME & KINSHIP CARE)							**X**	
IV.B.2.a(11)(a) Security deposits (not to exceed 2 months of rent) - Covered under the Rental Assistance BLI if included in project, not under Supportive Services								**X**
IV.B.2.a(11)(b) Pay for damage to units (not to exceed 2 months' rent) - Covered under the Rental Assistance BLI if included in project, not under Supportive Services	**X**							
IV.B.2.a(11)(c) Costs to provide household cleaning supplies			**X**					
IV.B.2.a(11)(d) Housing start-up expenses (not to exceed $300 per participant)	**X**							
IV.B.2.a(11)(e) Purchase cell phone and service (cost must be reasonable and housing related)				**X**				
IV.B.2.a(11)(f) Cost of Internet (costs must be reasonable)	**X**							
IV.B.2.a(11)(g) Payment of rental arrears (up to 6 months)				**X**				
IV.B.2.a(11)(h) Payment of utility arrears (up to 6 months)		**X**						

IV.B.2.a(11)(i)) Payment of utilities (p to 3 months)		X						
IV.B.2.a(11)(j) Pay gas a mileage for participant personal vehicle for trips for eligible services					X			
IV.B.2.a(11)(k) Payment of Legal fees						X		
IV.B.2.a(12) Recipients of housing projects (RRH, TH, TH-RRH, and PSH) may use YHDP funds to pay for owner incentive and retention payments before occupancy of the unit, or at any point thereafter, provided that the overall amount paid with program funds per unit occupied by the program participant does not exceed three times the rent charged for the unit. These payments may include signing bonuses (a payment offered to an owner as an incentive for leasing a unit to be occupied by a program participant), repairs to bring the unit into compliance with program requirements or holding fees to reserve a unit for an individual or family experiencing homelessness.	X							

All Projects Part 4: Housing and Services

All Projects 4A. Supportive Services for Program Participants

HMIS and SSO-CE ONLY: Questions 1 and 2 are required but will not be assessed if this is a dedicated HMIS or SSO-CE project and you should enter '**NA**' in the text box. Questions 3-6 are not required and do not need to be completed for HMIS or SSO-CE projects.

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

    - how the type of housing proposed will fit the needs of program participants (this should match the information entered on screen '**4B. Housing Type'**),
    - the type of assistance and supportive services you will provide to program participants to overcome challenges to permanent housing and self-sufficiency (e.g., case management, housing counseling, employment resources), and

- how you will work with program participants to set goals and make progress towards successful retention of permanent housing, including moving on to unsubsidized permanent housing

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

1a. What prior experience does the applicant have operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months or has a plan in place to ensure homeless individuals and families will exit homelessness within 24 months? Required **TH ONLY**

1b. The applicant has previously operated or currently operates transitional housing or another homelessness project or has a plan in place to ensure that at least 50 percent of participants exit to a positive destination within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant. Required **TH ONLY**

1c. Demonstrate that the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (i.e., case management, behavioral healthcare, employment training, etc.) Required **TH ONLY**

2. How will this project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP. Required. Describe how this project will be supplemented with resources from other public or private sources. Additionally, if you coordinate with other partners, include their role in meeting this criterion. The description should include:

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

3. TH Service Requirements

3a. How will this projects assess the service needs of program participants? Required. **(TH Only)**

3b. Describe how this project will provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 62 or who is an individual with handicaps as defined in 24 CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3? examples of services or activities

include case management, counseling, treatment, volunteering, work therapy, education, job training, community-building activities, etc.) Employment may contribute to the 20 hours per week of engagement. The project description provided here does not constitute a reporting or documentation requirement. Required **(TH Only)**

(examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, community-building activities, etc.) Employment may contribute to the 20 hours per week of engagement. The project description provided here does not constitute a reporting or documentation requirement.

3c. Indicate that the proposed project will create service plans for each program participant that include the services to be provided, when and how often services will be provided, by whom all services will be provided. Select the checkbox that your project will follow these requirements. Required **TH ONLY**

3d. Indicate that the proposed project will create service plans for each program participant that include program participant goals, strategies for achieving those goals, and target dates for achievement to focus on improved health and wellness, housing stability, and increased employment income leading to financial stability and self-sufficiency. Select the checkbox that your project will follow these requirements**.** Required **TH ONLY**

4. **Describe how The Supportive Services project is necessary to assist people in exiting homelessness, addressing barriers to stable housing (e.g., substance use disorder, unemployment, childcare, etc.) and increasing self-sufficiency.** Required (SSO Standalone Only)

5. **Will the applicant conduct and annual assessment of service needs of the program participants?** Required (SSO Standalone Only)

6. **Describe the strategy for providing supportive services to eligible program participants (including those with history of unsheltered homelessness and those who do not traditionally engage with supportive services).** Required (SSO Standalone and SSO Outreach Only)

7. **Demonstrate that the applicant has a history of, or a plan for, partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living. The applicant must cooperate and not interfere or impede with the enforcement of local laws such as public camping and public drug use laws and assist/be willing to assist first responders in their efforts to engage homeless individuals.** Required (SSO Outreach Only)

8. **Does the applicant have experience providing outreach services, or a plan for providing outreach services, consistent with the activity description at 24 CFR 578.53(e)(13).** Required (SSO Outreach Only)

9. **Describe a plan for or past work at helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing or permanent housing programs.** Required (SSO Outreach Only)
10. **How will the project allow youth the ability to choose the providers and interventions that fit their needs?** Required. Describe how participants choose providers and interventions that fit their needs.
11. **How will the project respond to the different needs for service type, intensity, and length of supports for youth?** Required. Describe how the project responds to the different needs for service type, intensity, and length of supports.

12. If applicable, how will this project utilize non-HUD funded supportive services? Required. Responses should include information on how the project will create partnerships with other youth-serving organizations to connect youth in the project to complementary services.

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

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

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

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

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

13a. Based on selection made in the chart, how will this help the participant obtain self-sufficiency and exit homelessness? Required (PH-RRH Only)

13b. Please indicate if the applicant has previously operated or currently operates a homelessness project where, or has a plan in place to have, at least 50 percent of participants exit to permanent housing within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant, or has a plan in place to ensure this. Required (PH-RRH Only)

Note: Question #14 will only appear for SSO – Non-CE projects.

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

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

All Projects Screen 4B. Housing Type and Location

HMIS projects and Projects that do not include housing activities: HMIS or any other YHDP Replacement projects that do not include housing can select '**None**' as an option for question #1. If '**None**' is selected, no other fields or questions will appear on the screen.

This screen will capture the number of Units, Beds, and Dedicated CH Beds for each housing type and location.

Note: When determining the correct input for Units and Beds, please note that these reflect the full capacity of the program on a single night (not the total throughout the course of the project period).This should include capacity directly supported by CoC Program funds or eligible match funds in any way, including units supported only by CoC Program supportive services funds without CoC Program leasing, operating, or rental assistance funds. The reported number of units and beds should not be higher than the number of households (units), and persons (beds) entered on Screen 5A and Screen 5B.

The primary 4B screen provides a summary of the units and beds included in the project according to the following categories:

Total Units, all **units** in the project, regardless of size.

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

PH-PSH: Total Dedicated CH Beds, all CH beds **dedicated** for individuals and families experiencing chronic homelessness.

Beds for Youth: Enter the number of beds designated for youth program participants.

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

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

   Note: A zero bedroom or efficiency must be indicated as 1 unit, 1 bedroom, and 1 bed. In addition, the number of units and beds listed on Screen 4B must be equal to or greater than the total number of units requested in the budget, Part 6 in this guide, and the number of beds **should correlate** to the number and characteristics of persons that the project is expected to serve as recorded on Screens 5A and 5B.
3. **PH-PSH ONLY: How many beds in '2b. Beds' are dedicated to persons experiencing chronic homelessness?** Required. If you selected '**100% Dedicated**' to question #8 on Screen 3B. Project Description, you must enter all beds as dedicated for individuals and families experiencing chronic homelessness
   If your project has dedicated CH beds to serve families experiencing chronic homelessness, you will enter all beds for the household as CH beds.

   If this is a TH, and SSO Non-CE project application, or you selected or None to question #8 on Screen 3B. Project Description, enter '0'.

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

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

   Important Note: Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

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

6. **Select the geographic area associated with this address**: Required. Select the geographic area(s) associated with the address entered for this project. The geographic areas listed are limited by the state(s) selected on Screen 1D of the application. If you need to select multiple geographic areas due to units located in more than one county or city. Hold down the '**Ctrl**' key to make multiple selections.

HMIS Part 4: Implementation of HMIS

Only **HMIS** projects should complete these screens, unless otherwise notified.

HMIS Screen 4A. HMIS Standards

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

All questions on Screen 4A are required and should be answered based on the current configuration of the dedicated HMIS project. For more information on HMIS Data Standards applicable for all HMIS projects, go to the updated **2026 HMIS Data Standards**.

HMIS Universal Data Elements

1. Name	**6.** Gender	**11.** Destination
2. Social Security Number	**7.** Veteran Status	**12.** Relationship to Head of Household
3. Date of Birth	**8.** Disabling Condition	**13.** Client Location
4. Race	**9.** Project Start Date	**14.** Housing Move-in Date
5. Ethnicity	**10.** Project Exit Date	**15.** Prior Living Situation

1. **Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the updated 2026 HMIS Data Standard Manual?** Required. Select:

   Yes, if the HMIS collects all required UDEs.

   No, if the HMIS cannot or does not collect all required UDEs.

1a. If no, explain why and the planned steps for correction: Required if '**No**' was selected for question 1a. If the HMIS does not capture all UDEs provide an explanation that includes the UDE(s) not collected by the HMIS, the reason the UDE(s) are not captured, the specific steps the HMIS Lead, working with the CoC, will take to come into compliance, and how funds from this project application will result in full compliance with this requirement.

2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Report (APR)/CoC reporting, Consolidated Annual Performance and Evaluation Report (CAPER)/ESG reporting, Longitudinal System Analysis (LSA)/Annual Homeless Assessment Report (AHAR), System Performance Measures (SPM), and Data Quality Table, etc.) Required. Select:

Yes, the HMIS produces all HUD-required reports and provides data as needed for HUD reporting.

No, the HMIS does not produce all HUD-required reports.

2a. If no, explain why and the planned steps for correction: Required if '**No**' was selected for question 2a. If the HMIS does not have this capacity, provide an explanation that includes the reports that cannot be produced, the reason, the specific steps the HMIS Lead, working with the CoC, will take to come into compliance, and how funds from this project application will result in full compliance with this requirement.

3. Is your HMIS capable of generating all reports required by Federal partners including HUD, VA, and HHS? Required. Select:

Yes, the HMIS produces all reports required by Federal partners.

No, the HMIS does not produce all the reports required by Federal partners.

3a. If no, explain why and the planned steps for correction. Required if '**No**' was selected for question 3a. If the HMIS does not have this capacity provide an explanation that includes the reports that cannot be produced, the reason, the specific steps the HMIS Lead, working with the CoC, will take to come into compliance, and how funds from this project application will result in full compliance with this requirement.

4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC? Required. Select:

Yes, the HMIS can unduplicate client records.

No, the HMIS cannot unduplicate client records or if the HMIS will soon include this capacity.

5. Describe your organization's process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures? Required. In the text box provided, describe your CoC's process for updating your HMIS Governance Charters and HMIS Policies and Procedures.

6. Who is responsible for ensuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners? Required. In the text box provided, describe who is responsible for insuring the HMIS implementation meets all privacy and security standards.

7. Do you update your Privacy Notice annually and provide a copy to all HMIS users? Required. Select:

Yes, the HMIS Lead conducts security training and follows-up with recipients and subrecipient organizations.

No, the HMIS Lead does not conduct security training or follow-up with recipients **and** subrecipients.

8. **What is the CoC's policy and procedures for managing a breach of Personally Identifiable Information (PII) in HMIS?** Required. In the text box provided, describe the CoC's policy and procedures for managing a breach of PII.

HMIS Screen 4B. HMIS Training

Only HMIS projects should complete these screens, unless otherwise notified.

Screen 4B is designed to assess whether the HMIS has the capacity to train HMIS users to adequately use the systems supported by these CoC Program funds.

Indicate the last training date or proposed training date for each HMIS training, as applicable. Required. Enter the date in the prescribed format (mm/yyyy) of the last, **or** next proposed, training date. **If** there has been no training, enter 00/0000. You can also specify up to 3 additional HMIS trainings that apply to the implementation of the proposed project. Enter data for each of the following categories:

1. Basic Computer Training	**5.** Security Training
2. HMIS Software Training for Sys Admin	**6.** Privacy/Ethics Training
3. HMIS Software Training	**7.** HMIS PIT Count Training
4. Data Quality Training	**8.** Other (must specify

All Projects Part 5: Program Participants

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

All Projects Screen 5A. Program Participants – Persons and Households

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

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

		and older for this household type		
Persons ages 18-24*	Number of all youth who are between the ages of 18 and 24 for this household type	Number of all youth who are between the ages of 18 and 24 for this household type	Does not apply for this household type	Total based on the numbers entered on this row
Accompanied Children under age 18	Number of all children who are under the age of 18 for this household type	Does not apply for this household type	Number of all children who are under the age of 18 for this household type (children who are accompanied by a parent or legal guardian who is also under the age of 18)	Total based on the numbers entered on this row
Unaccompanied Children under age 18	Does not apply for this household type	Does not apply for this household type	Numerical entry of all children not accompanied by an adult under the age of 18	Total based on the numbers entered on this row
Total Persons	This field automatically populates the total number for this household type	This field automatically populates the total number for this household type	This field automatically populates the total number for this household type	This field automatically populates the total persons

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

All Projects Screen 5B. Project Participants - Subpopulations

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

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

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

Special Requirements:

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

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

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

PH-PSH Only: 100 % Dedicated the head of household must have a qualifying disability and meet the definition of chronically homeless in 24 CFR 587.3.

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

- The numbers entered for the following columns ***cannot be duplicated*** within these three subpopulations:
  - **CH (Not Veterans)**–number of chronically homeless non-veterans which must match the number of beds entered for question **'2b. Beds'** on Screen 4B. Do not include chronically homeless veterans, or
  - **CH Veterans** –number of chronically homeless veterans, regardless of discharge reason, or
  - **Veterans (Not CH)**– number of veterans who do not meet the chronically homeless definition.
- The numbers entered for the following columns ***can be duplicated*** (i.e., participants may be counted under more than one of the following categories) and should reflect the estimated subpopulations program participants fall under:
  - **Substance Use Disorders,**
  - **HIV/AIDS,**
  - **Mental Illness,**
  - **Survivors**: Persons who have experienced trauma or a lack of safety due to domestic violence, dating violence, sexual assault, stalking, human trafficking or other dangerous, traumatic, or life-threatening conditions. (**Note**: this field includes all people in households eligible to be served with DV Bonus funds but may also include survivors who do not meet the narrower definition of DV Bonus eligibility. For more information on subpopulation eligible to be served in DV Bonus projects, See Section I.B.2.b.6 of the NOFO for more information.)
  - **Physical Disability,**
  - **Developmental Disability, and**
  - **Persons Not Represented by a Listed Subpopulation.** For this last item, you will be required to enter a description of program participants who fall into this category that will appear at the bottom of the table on this screen.

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

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/ AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										
Total Persons										
Persons in Households with Only Children										
Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/ AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18		N/A	N/A							
Unaccompanied Children under age 18		N/A	N/A							
Total Persons										

All Projects Part 6: Budgets

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

All Projects Screen 6A. Funding Request

Screen 6A provides the framework through which a project applicant creates a project budget.

1. **Will it be feasible for the project to be under grant agreement by September 15, 2027?** Select:

   Yes, to indicate the project intends to have a signed grant agreement by September 15, 2027. All funds conditionally awarded in the FY 2026 CoC Program Competition must be obligated via grant agreement no later than September 15, 2026.

   No, the project does not intend to have a signed grant agreement by September 15, 20267 By selecting this response, you will not be able to submit this project application in *e-snaps*.

2. **Select a grant term**: This field populates with '**1-Year**' and is read-only.

3. **Select the costs for which funding is being requested**: Required. Check the boxes for the Budget Line Items (BLIs) your project requests funds (see 24 CFR 578, Subpart D, Program Components and Eligible Costs and 24 CFR 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds).

   - **Leased Units**,
   - **Leased Structures**,

- **Rental Assistance**,
- **Supportive Services,**
- **Operating**,
- **HMIS**
- **VAWA, and**
- **Rural**

4. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months). Required only if you requested a 1-year grant term in question 4. For additional information see the NOFO. Select:

Yes, if you are requesting up to 6 additional months to operate this project.

No, if you expect to operate this project with a 12-month grant term.

4a. Select the number of months requested for the initial grant term. (Dropdown of 13 to 18 months). Required if '**Yes**' was selected to question 6. Using the dropdown, select the total number of months you are requesting for the initial grant term.

All Projects Screen 6B. Leased Units Budget

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

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

- **Size of units**: No action required. These options are system generated. The size of units are in line with the **FMR tables**; however, for clarification, the '**0-bedroom**' unit listed in *e-snaps* is the '**efficiency**' unit size on the FMR table and the FMR table does not include SRO units for which the per unit rent is calculated at 75 percent of the efficiency rate.
- **Number of units**: Required. For each unit size, enter the number of units for which you are requesting funds.
- **FMR: No action required but it is important to understand that due to *e-snaps* limitations for the FY 2026 project applications, this table will show FY2026 FMR amounts.** The FMR amounts shown in *e-snaps* application tables for both a Leasing BLI and a Rental Assistance BLI are **FY 2026 FMRs** for the FMR areas you selected above. If your project application is selected for conditional award, updates based on the FMRs in effect as of the application submission deadline will be applied to these calculations based on your eligible BLI total. The adjusted amount will be shown in your new award total with exact amounts seen in this e-snaps table at post award.

- **HUD Paid Rent (Actual amount requested can be less than FMRs)**: Enter the amount you are requesting for each unit and bedroom. The amount entered cannot exceed the FMR amount under '**FMR Area**', which for this year are the **FY 2026 FMRs**. For a new project's Leasing BLI table can request full FY 2026 FMRs or by using '**Actual**' less than FMR amounts by entering these amounts into the '**HUD Paid Rent**' column. When you choose to enter amounts less than FMR, the expectation of serving the same level of service is expected even when you decrease this BLI total amount by following the "10 percent or less shift rule" to move 'excess' funds into other BLIs, including into the new VAWA and Rural BLIs.

  Note: After the first term of a project, upon its first renewal, the *e-snaps* tables for Leasing BLI and Rental Assistance BLI become your calculated financial base and not the primary base counts of units and beds. For a renewal project application, the unit and bedroom counts in Leasing BLIs and Rental Assistance BLI should remain the same. When you choose to reduce the amount of funds in the BLI total, this is done by entering in the lower financial request as '**Actuals**' less than FMR and not by adjusting units/bedrooms in this financial table. Therefore, the base for financial calculations remains the same in this table for a calculated financial BLI change and counts for a performance base may diverge from the unit and beds counts on *e-snaps* screen 4B and household and person counts on *e-snaps* screen 5A.

- **12 Months:** No action required. These fields are populated with the value 12 to calculate the annual rent request.
- **Total Request**: No action required. This column populates with the total calculated amount from each row.
- **Total Units and Annual Assistance Requested**: No action required. This column calculates based on the sum of the total requests per unit size per year.
- **Grant Term**: No action required. This field populates with '**1-Year**' and is read-only.
- **Total Request for Grant Term**: No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

All Projects Screen 6C. Leased Structures Budget

You have access to this budget if you check '**Leased Structures**' on Screen 6A. The primary screen will aggregate the total assistance of leased structures requested on '**Leased Structures Budget Detail**' screen(s). To add leased structures, select add to access the detail budget screens. All grey fields will calculate after you complete and save this screen. Select '**Save & Back to List**' to save the information and return to the primary screen or select '**Save & Add Another**'. To view and edit, select view. To delete, select .

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

All Projects Screen 6D. Rental Assistance Budget

You have access to this budget if you check '**Rental Assistance**' on Screen 6A. The primary screen will aggregate the totals for each FMR area **or** rental assistance type listed on '**Rental Assistance Detail**'

screens. Select add to access a new '**Rental Assistance Detail**' screen. All grey fields will calculate after you complete and save this screen. Select '**Save & Back to List**' or select '**Save & Add Another**'. To view and edit, select view . To delete, select .

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

- PRA – project-based rental assistance where program participants must reside in housing provided through a contract with the owner of an existing structure whereby the owner agrees to lease subsidized units to program participants. Program participants may not retain their rental assistance if they relocate to a unit outside the project.
- SRA – sponsor-based rental assistance where program participants must reside in housing owned or leased by a sponsor organization and arranged through a contract between the recipient and the sponsor organization. or
- TRA – tenant-based rental assistance where program participants select any appropriately sized unit within the CoC's geographic area, although recipients or subrecipients may restrict the location under certain circumstances to ensure the availability of the appropriate supportive services.

If you have more than one rental assistance type for the project, you must create a separate detail budget screen for each rental assistance type, even if they are in the same FMR area. For example, if the project consists of 10 PRA units and 10 TRA units in County A, you must submit two '**Rental Assistance Budget Detail**' screens for County A–one for the 10 PRA units and one for the 10 TRA units.

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

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

- **Size of units**: No action required. These options are system generated. The size of units are in line with the FMR tables; however, for clarification, the '**0-bedroom**' unit listed in *e-snaps* is the '**efficiency**' unit size on the FMR table and the FMR table does not include SRO units for which the per unit rent is calculated at 75 percent of the efficiency rate.
- **Number of units**: Required. For each unit size, enter the number of units for which funding is requested.
- **FMR: No action required but it is important to understand that due to *e-snaps* limitations for the FY 2026 project applications, this table will show FY2026 FMR amounts.** The FMR amounts shown in *e-snaps* application tables for both a Leasing BLI and a Rental Assistance BLI are **FY 2026 FMRs** for the FMR areas you selected above. If your project application is selected for conditional award, updates based on the FMRs in effect as of the application submission deadline will be applied to these calculations based on your eligible BLI total. The adjusted amount will be shown in your new award total with exact amounts seen in this e-snaps table at post award.
- **Note:** All Rental Assistance BLI requests in YHDP Replacement project applications must be for the full FY 2026 FMR, whereas a Leasing BLI can have requests for Actual FMR requests for **'HUD Paid Rent'** that are less than the **FY 2026 FMRs** amounts.

- **12 Months:** No action required. These fields are populated with the value 12 to calculate the annual rent request.
- **Total Request**: No action required. This column populates with the total calculated amount from each row.
- **Total Units and Annual Assistance Requested**: No action required. This column calculates based on the sum of the total requests per unit size per year.
- **Grant Term**: No action required. This field populates with a **1-year** grant term and is read-only.
- **Total Request for Grant Term**: No action required. The total rental assistance request is based on the information entered on this screen.

All Projects Screen 6E. Supportive Services Budget

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

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

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

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

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

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

The itemized budget screen includes 17 eligible Supportive Services costs:

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

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

Ener the quantity, detail, and budget request for each cost requested. The total amounts calculate when applicants select '**Save**'.

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

All Projects Screen 6F. Operating Budget

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

Note: If this screen includes '**Replacement Reserve**' as an expected operating cost, an additional question will populate on Screen 3A (#9) that must be answered prior to submission. For further details, refer to instructions for Screen 3A (#9) in this guide.

The itemized budget screen includes 7 eligible Operating costs:

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

Ener the quantity, detail, and budget request for each cost requested. The total amounts calculate when applicants select '**Save**'.

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

- **Total Annual Assistance Requested**: No action required. This field calculates based on the sum for each eligible cost where you entered information.
- **Grant Term**: No action required. This field populates with a 1-year grant term.
- **Total Request for Grant Term**: No action required. This field calculates based on the total amount of funds you are requesting for 1 year.

All Projects Screen 6G. HMIS Budget

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

If your project is not a dedicated HMIS request as you are not the HMIS Lead, you can request HMIS costs to contribute data to the CoC's designated HMIS as outlined in 24 CFR 578.57(a)(1)(i)-(x). This includes projects operated by Victim Service Providers to contribute data to a comparable database.

The itemized budget screen includes 5 eligible HMIS costs:

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

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

- **Eligible Costs**: No action required. The categories listed are eligible HMIS costs for which funds can be requested under 24 CFR 578.57.
- **Quantity AND Description**: Required. This field must provide a complete picture of how CoC Program funds will be used to contribute data to your CoC's HMIS. Enter the quantity (i.e., numbers) and descriptive details for each activity for which you are requesting funds:
    - dedicated HMIS (e.g., 1 FTE @ $X including fringe benefits @ $X or 50 hours @ $X per hour including fringe benefits @ $X, benefit to analyze data in HMIS, $X for bi-weekly HMIS trainings of X number of participants including), or
    - other project type requesting costs to contribute to your HMIS (e.g., 1 FTE @ $X including fringe benefits @ $X or 50 hours @ $X per hour including fringe benefits @ $X, benefit to enter data into HMIS).
- **Annual Assistance Requested**: No action required. This field calculates the total based on the sum for each eligible cost where you entered information.
- **Total Annual Assistance Requested**: No action required. This field calculates based on the sum for each eligible cost where you entered information.
- **Grant Term**: No action required. This field populates with '**1 Year**' and is read-only.
- **Total Request for Grant Term**: No action required. This field calculates based on the total amount of funds you are requesting for 1 year.

All Projects VAWA Cost Budget

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

will be added to grant agreements and utilized the same as other CoC Program BLIs in *e-snaps* and eLOCCS.

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

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

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:

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

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

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

- Staff time associated with maintaining adherence to VAWA confidentiality requirements.

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

Enter the estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The total amount calculates when you select '**Save**'.

A. Estimated budget amount for VAWA Emergency Transfer Facilitation:

B. Estimated budget amount for VAWA Confidentiality Requirements:

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

All Projects Rural Cost Budget

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

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

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

- **YHDP Rural BLI Total**: No action required. This field calculates based on the sum for each eligible cost where you entered information above.
- **Grant Term**: No action required. This field populates based on the grant term selected on the '**6A. Funding Request**' screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

All Projects Screen 6H. Sources of Match

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3. **Name of Source**: Required. Enter the name of the organization providing the contribution. Be specific and include the office or grant program as applicable.
4. **Amount of Written Commitment**: Required. Enter the total dollar value of the contribution.

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

All Projects Screen 6I. Summary Budget

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

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

- **#11. Admin:** Enter the amount of requested administrative funds. You can only request up to 10 percent of the amount listed in the field '**7. Sub-Total Costs Requested**'. If an ineligible Admin amount is entered, *e-snaps* will report an error when the screen is saved, '**The Administrative Costs exceed 10 percent of the Sub-Total Costs Requested**'. The error message will inform you of the maximum amount of administrative costs you can request, and you must update the **Admin.** amount.

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

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

Indirect Cost Information for Award Applicant/Recipient.

1. **Federal Program/Assistance Listing Program Title**. No action required. This field populates with "**Continuum of Care Program**".
2. **Applicant/Recipient Name**. No action required. This information populates from the "**Authorized Representative**" screen of the **Project Applicant Profile**.
3. **Indirect Cost Rate Information for the Applicant/Recipient**. No action required. This field pulls the checkbox that was selected on the Project Profile. If Checkbox #3 was selected, the indirect cost table also gets pulled
4. **Submission Type.** No action required. Defaults to Initial Submission
5. **Effective date(s).** No Action required

6. **Certification:** The "**I agree**" certification will appear at the bottom of the screen in the **Project Applicant Profile** and at the bottom of the copies of this form in all project applications your organization submits in a CoC Program Competition. You must certify in both the Project Applicant Profile and the project application that the information provided is accurate and complete.

All Projects – Part 7: Attachments and Certification

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

Screen 7A. Attachments

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

- **Letters from both the YHDP Lead and the Youth Action Board.**
- **Additional documentation needed to explain YHDP project innovations.**
- **Subrecipients.** Attach nonprofit documentation for each nonprofit organization identified on Screen '**2A. Subrecipients**'. Nonprofit status is documented by submitting either: (1) a copy of the Internal Revenue Service (IRS) final determination letter providing tax-exempt status under Section 501(c)(3) of the IRS Code (preferred), or (2) a certification from a licensed CPA that the organization meets each component of the definition of a private nonprofit organization as defined by 24 CFR 578.3.
- **Third-Part In-Kind Match.** If your project application includes a third-party in-kind match commitment on the '**Sources of Match**' screen you have a separate '**7A Attachments**' screen that should be used to attach the required Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) between your organization and the organization providing the in-kind match. Documentation is required prior to issuance of the grant agreement if your renewal project is selected for conditional award.
- **Replacement Reserves.** If your project application will utilize replacement reserve as part of the CoC Program operating budget, you must attach supporting documentation that includes:
    - total amount of funds that will be placed in reserve during the grant term,
    - system(s) to be replaced that includes the useful life of the system(s), and
    - repayment schedule that includes the payment amount.
- **Federally Approved Indirect Cost Rate.** If your organization has a Federally approved indirect cost rate agreement as entered on the **6A Funding Request** screen, the approved agreement must be attached to this project application.

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

Screen 7B. Certification

Screen 7B populates with the name and information of your organization's Authorized Representative from the **Project Applicant Profile**. You must read, certify, and sign by checking the box at the bottom of the

screen to submit the project application. If your organization is a Public Housing Agency (PHA), you must also include the PHA number. By completing the certification, the Authorized Representative agrees to the terms and conditions provided on the screen, on behalf of your organization. To make changes to information populated from the profile, refer to the **Basic Instructions to Access a Project Applicant Profile** above.

All Projects – Part 8: Submission Summary

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

Screen 8B. Submission Summary

Screen 8B provides a summary of all project application screens and the '**Submit**' button. The '**Last Updated**' column provides the status of each screen listed, and the date the screen was completed. The '**Mandatory'** column indicates whether a screen must be fully completed to submit the project application to the Collaborative Applicant in *e-snaps.* After the **Project Applicant Profile** is confirmed accurate, all required project application screens are completed, and all appropriate attachments are uploaded, the project application can be submitted in *e-snap*s. All submitted project applications are sent to the CoC identified on Screen 3A.

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

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

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

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

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

For more information concerning the FY 2026 CoC Program Competition, visit HUD's website.