

2023 HUD Continuum of Care (CoC) Program
New Project Application Guidance

Review the HUD application guides linked in this document carefully – they include insight into exactly what HUD is looking for on each question.

- < [Detailed Instructions](#)
- < [Navigational Guide](#) – 2023 Coming Soon

Check back here regularly for updated HUD guidance: [Continuum of Care Competition](#)

Some questions will be the same for every project. **Please see below for responses to common questions and additional guidance.** This document does not cover every question – please use this document in conjunction with HUD’s application guides. Contact Gillian Gunawan with questions: ggunawan@csb.org, 614-715-2552.

1B Legal Applicant – this information will automatically populate

Applicant Legal Name – Community Shelter Board

EIN/TIN – 31-1181284

UEI – E1A2SALMF9C8

Address – 355 E. Campus View Blvd, Suite 250, Columbus, OH 43235

Name and Contact Information

Lianna Barbu

Chief Operating Officer

Community Shelter Board

(614) 715-2535

(614) 221-9199

lbarbu@csb.org

1C Application Details – this information will automatically populate

Type of Applicant – M Nonprofit

1D-17a/b Proposed Project

Start date: 7/1/2024

End Date: 6/30/2025

1E Compliance

19 – b

20 – No

Declarations and certifications: The information will automatically populate, but **you must make the below selections and save each page for the rest of the application to open.**

- < 1F SF-424 Declaration – I agree
- < 1G HUD 2880 – I agree.
- < 1H HUD 50070 – Check ‘I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.’¹¹
Certification Regarding Lobbying – I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

- < 1J SF-LLL – 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? **No**

Legal Name: Community Shelter Board

Street 1: 355 E. Campus View Blvd

Street 2: , Suite 250

City:, Columbus

County: Franklin,

OH Zip/Postal Code: 43235

Check ‘I certify that this information is true and complete.’

Authorized Representative –

Prefix:

First Name: Shannon

Last Name: Isom

Title: President and CEO Telephone: (614) 715-2526

Fax: (614) 221-9199

Email: sisom@csb.org

- < 1K Check ‘As the duly authorized representative of the applicant, I certify.’

2A Project Sub-recipients

List your own organization as the sub-recipient for the entire grant amount.

2B Experience

2B-1 – Insert language about your organization as the subrecipient. Insert this language for CSB as the recipient: “As one of the first Collaborative Applicants nationwide granted Unified Funding Agency (UFA) status by HUD, the applicant Community Shelter Board (CSB) has proven itself to be an effective, efficient steward of federal funding. CSB is the CoC Lead in Columbus/Franklin County and the local non-profit entity leading a coordinated, community effort to make sure everyone has a place to call home. All federal and the majority of local funding allocated to homeless and housing programs in Columbus and Franklin County passes through CSB, which contracts with subrecipients to effectively distribute and utilize funds. CSB monitors subrecipients to ensure compliance with the HEARTH Act and other federal funding requirements, including timely implementation of new projects.”

2B-2 – Insert language about your organization as the subrecipient. Insert this language for CSB: “Community Shelter Board (CSB) is the local entity leading a coordinated, community effort to make sure everyone has a place to call home in Columbus and Franklin County. The majority of state, city, county, and local private funding allocated to homeless and housing programs in Columbus and Franklin County passes through CSB, which contracts with subrecipients to effectively distribute and utilize funds. CSB works closely with the Alcohol, Drug Addiction, and Mental Health (ADAMH) Board of Franklin County to maximize the use of mainstream funding sources to support services in permanent supportive housing projects. Our local housing authority, the Columbus Metropolitan Housing Authority (CMHA), is closely involved in our work to increase the inventory of supportive housing, contributing Housing Choice Vouchers to single site PSH developments. Both ADAMH and CMHA are members of the local Continuum of Care and its Board.”

2B-3 – Insert language about your organization as the subrecipient. Insert this language for CSB: “The applicant, Community Shelter Board (CSB), funds and collaborates with 17 nonprofit social service agencies located throughout Columbus and Franklin County. CSB employs a 36-member staff led by President and CEO Shannon Isom. CSB is divided into 8 different departments: Operations, Programs & Planning, Housing, Finance, Grants, Communications, Human Resources and Development, each with its own Director providing oversight. CSB’s Finance Department ensures operations are in accordance with Generally

Accepted Accounting Principles (GAAP) and CSB undergoes annual audits. No material weaknesses, issues of non-compliance, or significant deficiencies were noted in the past 13 years. In April 2018, HUD conducted a monitoring assessment to determine if CSB is carrying out responsibilities of a Unified Funding Agency, including a review of CSB's financial system. CSB received positive feedback from HUD and continues to receive positive feedback during annual monitoring visits.”

2B-4a – No

3 Project Information

3A-1 – OH-503 Columbus/Franklin County Continuum of Care

3A-2 – Community Shelter Board

3A-4 – Standard

3A-5 – New PSH project – PH/PSH or PH/RRH or SSO or TH/RRH Joint

3A-6 – No

3A-7 – No

3A-8 – No

3A-9 – No

3A-10 – No

3B-3 – PSH – check Chronic Homeless (and any other applicable boxes) (if PSH)

3B-4 – Yes

3B-5a – Yes

3B-5b – Check all the boxes except ‘none of the above’

3B-5c – Check all the boxes except ‘none of the above’

3B-8 – 100% Dedicated

3C-1 – No

4A Housing and Services

4A-4 – Yes

4A-5 – Yes

4A-6 – Yes

4A-6 – Select yes only if you have staff that has taken the SOAR training within the last 24 months

4B Housing Type and Location

This section references program capacity, not households served during the year. The numbers reported must reflect the units and beds at full capacity on a single night directly supported by CoC Program funds or eligible match funds.

4B-3 (PSH) – All beds should be dedicated to the chronically homeless

4B-5 (PSH) and 4B-4 (RRH) – Columbus 391176 and Franklin County 399049

5 Project Participants

The questions are asking for the number of households served and meeting specified characteristics at a point in time (on a given night), not throughout the grant’s term. These numbers must reflect the number of households served based on the program’s capacity. For example, a PSH program with 50 units for single adults will enter 50 under households served and will identify the characteristics of the persons in these 50 households.

6A Funding Request

6A-1 – Yes

6A-2 – CoC Bonus

6A-4 – 1 year (discuss with CSB the term of the first grant cycle to best fit the project)

6A-6 – No

Use the HUD Continuum of Care Eligible & Ineligible Costs reference on CSB's website (<https://www.csb.org/providers/financial-tools>) to determine what is allowable under each category. For supportive services and operating, HUD requires both budget amounts and detail. Don't just list the number of FTEs – specify what each FTE will do and what the related costs are (e.g., 1 FTE Case Manager salary + benefits + other related costs). Administrative costs are limited to 7% of the total Budget Line Items by the Columbus and Franklin County CoC.

NEW - VAWA Cost Budget

Eligible Cost Categories:

- 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.** Security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
 - **Utilities.** Costs of establishing utility assistance in the safe unit the survivor is transferring to.
 - **Housing Fees.** 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.** Staff time necessary to assess, coordinate, and implement emergency transfer(s).
 - **Housing Navigation.** 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.** 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.

Enter the combined estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories on the summary budget screen. The CoC VAWA BLI

Total amount can be expended for any eligible CoC VAWA cost identified above. The total amount calculates when you select 'Save'.

6I Match

- < Match must be 25% of the total budget, minus leasing
- < Letters confirming cash match must be uploaded as an attachment with the project application. If you want to use in-kind services as match, you will need to attach an MOU between you and the service provider per the requirements [here](#). E-snaps will say that this is not required, but if we don't provide match documentation now, HUD will ask for them in the spring (in the middle of the Gateway application and contracting processes). Providing the match letters now will make contracting with HUD faster and easier, which will allow CSB to start distributing HUD funds to agencies more quickly.
- < Contact CSB if you need a match letter template.

New this year, for new projects to be better prioritized, the CoC can receive 7 additional points for each of the match components below, if they are met.

- < Applicant secured rental subsidies from other sources than CoC funding for at least 25% of the units included in the project. Attach a letter of commitment or other formal written document that demonstrates the number of subsidies or units being provided to support the project.
- < Applicant identified sources of services funding from a healthcare organization that (i) in the case of a substance use disorder treatment or recovery provider, it will provide access to treatment or recovery services for all program participants who qualify and choose those services; or the value of assistance being provided is at least an amount that is equivalent to 25% of the being requested for the project, which will be covered by the healthcare organization (Yes/No and provide sources):
 - o Attach formal written agreement that must include value of commitment and dates the healthcare resources will be provided. In-kind resources must be valued at the local rates consistent with the amount paid for services not supported by grant funds.

7A Attachments

- < The Document Description and File Name should include the Project Name as listed on your Project Application.
- < Each attachment should have a cover page with the Document Description (including Project Name)
- < Attach IRS nonprofit documentation under 'Subrecipient Nonprofit Documentation'
- < Attach the match documentation letter under 'Other Attachment.'
- < If you have a negotiated Indirect Cost Rate (ICR), attach the ICR agreement under 'Other Attachment.' This does not apply if you are using the 10% *de minimis* ICR.

7B Certification

Name of Authorized Certifying Official: Shannon Isom

Title: President and CEO

Applicant Organization: Community Shelter Board

Check both boxes

8B Submission Summary

- < Check this page for any red X's, "please complete", or notes detailing errors. Once all issues are resolved, save your application.
- < "Submit" your application in esnaps.