2023 HUD Continuum of Care (CoC) Program
Renewal Project Application Guidance – YHDP Programs

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

For renewal projects that have been renewed at least once before, applicants can submit some screens without changes. Use these instructions to set up your project applications: *Accessing the Project Application in e-snaps*

〈 Refer to the *Detailed Instructions* for guidance on how to select the screens that you want to edit. Look for the "submission without changes" on the left menu bar. Most of the screens will not be editable, unless you follow the instructions in the guides. The 2023 Navigational Guidance has not been released yet.

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.

1A-5b – The first 6 digits of the grant number will auto-populate. Make sure the number matches the number on the **GIW**. If it matches, check the box.

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 SF-424 Application Details – this information will automatically populate

1D
16a/b. Congressional District(s):
   a. Auto-populate: OH-003, OH-012, OH-015
   b. Project: Select one or more of the above, depending on the location of your project. If you are unsure, use the map here:
       https://www.govtrack.us/congress/members/OH/3
           a. OH-003 cover the majority of Franklin County
           b. OH-012 covers the Northeast area of Franklin County
           c. OH-015 covers the Southeast area of Franklin County

17a/b Proposed Project:
Start date: 7/1/2024

End Date: 6/30/2025

1E-20 Compliance – No

Declarations and certifications: The information in this section 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 – I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.
- 〈 1I 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.
- 〈 IJ 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
  355 E. Campus View Blvd, Suite 250, Columbus, OH 43235
  Check 'I certify that this information is true and complete.'
  Authorized Representative -
  Prefix:
  First Name: Shannon
  Last Name: Isom
  Title: President and CEO
  (614) 715-2526
  (614) 221–9199
  sisom@csb.org
- 〈 1K SF-424B - As the duly authorized representative of the applicant, I certify:

Recipient Performance
1 – Yes
2 – No
3 – Yes
4 – Answer "No" if 100% of funds were used for your project. Answer "Yes" if you were not able to spend all of your grant funds by 6/30/23. If you did not spend all of the funding, HUD recaptured your funds. In the text box, explain why the funds were recaptured and what you will do to prevent recapture of funds in the future.

YHDP Renewal Grant Consolidation – No

2A Project Sub-recipients
List your own organization as the sub-recipient for the entire grant amount. Use the GIW for the Expected Sub-award Amount.
2A-d. UEI

3 Project Information
3A-1 – The grant number should automatically populate based on the response to 1A-5b
3A-2 – OH-503 Columbus/Franklin County Continuum of Care
3A-3 – Community Shelter Board
3A-6 – Use the component type listed on the GIW
- CHN Youth PSH and NCR Youth PSH: PH-PSH
- HUCK CARR Team: SSO

- <u>HFF TAY RRH:</u> PH-RRH
- <u>HFF TAY Transition to Home:</u> Joint TH and PH-RRH

3A-6A – CARR Team: select Coordinated Entry

3A-7 – No

3A-8 – Yes

3A-9 – No

3B-1 – Make sure to update the project description(s) as necessary, and address each aspect HUD asks about in their guidance.

3B-2 – Refer to your YHDP application (last year). All PSH projects have a "chronic homeless" focus.

3B-3a – Yes

3B-3b –Check all the boxes except 'none of the above'

3B-3c –Check all the boxes except 'none of the above'

3B-3d – This field will automatically populate

3B-4 CARR Team only

3B-4a – Yes

3B-4b – Yes

3B-4c – 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.

3B-4d – Yes

3B-4e – 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.

3B-4f – Yes

3B-5a – Provide a detailed description of who this project will be serving.

3B-5b – Provide a detailed description of any potential barriers to communities of color.

3B-5c – Provide a detailed description of how this project will prevent, reduce or eliminate barriers.

3B-5d – Provide a detailed description of how this project will track progress.

3C-1 – 100% Dedicated

YHDP Screen – All fields on this screen must be completed.

1 – Yes

2 – No

3 – Yes; CARR Team – No

4 – Describe how the community will continue to involve the YAB in the development and implementation of YHDP projects. Use this language:

YHDP Projects will continue to utilize the Youth Action Board (YAB) through seeking their consultation, feedback and lived experience to continuously improve the quality of all projects. Individual YAB members are engaged to provide their expertise in the design of any new programming. YHDP projects work with YAB members throughout the year to engage with other TAY program participants to obtain peer-to-peer insight on current program implementation to discern the high value program impacts and areas that can continue to be further developed. Some examples of opportunities for YAB members to link with TAY for this learning include focus groups, surveys, social gatherings with TAY project participants

and accompanying project staff on a visit with a TAY project participant (with client consent). YAB members are encouraged to attend some specific project events and meetings to provide meaningful opportunities for project staff to interact with the YAB and develop mutual partnership. YAB members receive support in these areas by YHDP project staff and from Community Shelter Board's Outreach and Youth System Manager.

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

Special YHDP Activities

This section requires that you attach YHDP waiver documentation (provided by CSB) as back-up documentation. <mark>If applicant would like additional activities, applicant will need to apply as a YHDP Replacement, and **not** as a YHDP Renewal.</mark>

1 – All YHDP projects have previously approved Special Activities. All YHDP projects should select 'Yes,' unless the decision is made to opt out.
2 – Check the appropriate boxes for the **Special YHDP Activity** the applicant is requesting. (Select all that apply)

- III.B.4.b(7)(a)(i) Leases under 12 months (minimum 1 month)
- III.B.4.b(7)(a)(ii) Use of leasing, Sponsored Based Rental Assistance (SRA) and Project Based Rental Assistance (PRA) in Rapid Rehousing (RRH)
- III.B.4.b(7)(a)(iii) Project admin funds used to employ youth with lived experience for project implementation, execution, and improvement
- III.B.4.b(7)(a)(iv) Project admin funds used to attend non-HUD sponsored or approved conferences (must be relevant to youth homelessness)
- III.B.4.b(7)(a)(v) Employ youth receiving recipient services (document nature of work and no conflicts of interest)
- III.B.4.b(7)(a)(vi) Use habitability standards in 24 CFR 576.403© rather than HQS in 24 CFR 578.75 for up 24 months of housing assistance (document standards applied to units and proof of compliance)
- III.B.4.b(7)(a)(vii) Provide moving expense more than one time to a program participant
- III.B.4.b(7)(a)(viii) Provide payments for families that provide housing under host homes and kinship care (up to $500 per month)

3 – 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)

- III.B.4.b(7)(a)(x)(i) Security deposits (not to exceed 2 months of rent)
- III.B.4.b(7)(a)(x)(ii) Pay for damage to units (not to exceed 2 months' rent)
- III.B.4.b(7)(a)(x)(iii) Costs to provide household cleaning supplies
- III.B.4.b(7)(a)(x)(iv)) Housing start-up expenses (not to exceed $300 per participant)
- III.B.4.b(7)(a)(x)(v) Purchase cell phone and service (cost must be reasonable and housing related)
- III.B.4.b(7)(a)(x)(vi) Cost of Internet (costs must be reasonable)
- III.B.4.b(7)(a)(x)(vii) Payment of rental arrears (up to 6 months)
- III.B.4.b(7)(a)(x)(viii) Payment of utility arrears (up to 6 months)
- III.B.4.b(7)(a)(x)(ix) Payment of utilities (p to 3 months)
- III.B.4.b(7)(a)(x)(x) Pay gas a mileage for participant personal vehicle for trips for eligible services
- III.B.4.b(7)(a)(x)(xi) Payment of Legal fees

- o III.B.4.b(7)(a)(x)(xii) Payment of insurance, registration and past driving fines
- o None

4 – Check the appropriate boxes for the **Special YHDP Activity Exemptions** the applicant is requesting. (Select all that apply==). 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.==

- o III.B.4.b(7)(b)(i) 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.
- o III.B.4.b(7)(b)(ii) 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.
- o III.B.4.b(7)(b)(iii) 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.
- o III.B.3.h Recipients will not be required to meet the 25% match requirement if the applicant is able to show they have taken reasonable steps to maximize resources available for youth experiencing homelessness in the community.
- o III.B.4.b(7)(b)(iv) 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.
- o III.B.4.b(7)(b)(v) 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.
- o ==NEW== III.B.4.b(7)(b)(vi) 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.

5 – No

6 – Yes

6a – Changes occurred for all YHDP projects during post-award. CSB will provide you with a letter which lists all selected Special YHDP Activity selections from FY2022.

4A Supportive Services for Program Participants – *not applicable to CARR*

4A-4 - Yes

4A-4a – Select yes if you provide transportation assistance to clients to attend Youth Action Board (YAB) meetings and other community events.

4A-5 – Yes

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

4A – HMIS Standards – Skip this screen.

4B Housing Type and Location

〈 <u>CARR Team</u> – Click the "add" icon, on the detail screen select "none" from the dropdown for question 1. Housing Type

〈 <u>TAY RRH and Youth PSH</u> - This section references **program capacity**, not households served during the year. HUD is asking for the units served on a single night when the project is at full operational capacity, supported by CoC Program funds or eligible match funds. This includes units supported only by CoC Program supportive services funds. Make sure that Total Units and Total Beds match program capacity, per the GIW, HIC, and your YHDP application
   o Units – Number of Households
   o Beds – Number of Persons

〈 <u>TAY Transition to Home</u> – This section captures the number of units and beds for **both** the TH and PH-RRH portions of this project. You will have two entries: one for TH and one for PH-RRH
   o <mark>The CoC Program required rule is PH-RRH units must be twice the amount of those provided through TH.</mark>

(PSH only) All beds are chronic-homeless dedicated.

4B-4 – 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 recorded on Screens 5A and 5B.

4B-5 – Enter the number of beds designated for youth program participants

4B-6 – Note: You must enter the address of all properties for which funding is requested. For scattered-site and single-family housing, or for projects that have units at multiple locations, enter the address where most of the beds will be located. If the project uses tenant-based rental assistance, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving survivors of domestic violence must use a PO Box or other anonymous address to ensure the safety of program participants.

4B-7 – Geographic Area - Columbus 391176 and Franklin County 399049

5 Project Participants
CARR Team: See HUD's note about entering "1" on these screens for 5A and 5B.

5A and 5B– Program Participants – Persons and Households and Subpopulations
The questions are asking for the <u>number of households served and meeting specified characteristics at a point in time (on a given night), not throughout the grant's term</u>. These numbers must reflect the number of households served <u>based on the program's capacity</u>. **The numbers entered for this table should match the previously approved information for this project that is under grant agreement – CANNOT reduce a project's capacity that is**

under an active HUD grant. 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.

- 〈 The number of persons should be based on average household size. Use an APR for 12 months if you need help with this number.
- 〈 The APR also provides information on the ages of individuals served. Estimate the ages based on historical information.
- 〈 Use the APR for the disability information as well.
- 〈 (PSH only) Because your project is 100% Dedicated for CH individuals, you need to include 100% of participants under the CH columns. We understand that this may not be completely accurate, since USHS does not always have a CH individual to place in every bed that becomes available, but HUD in the past has required that the information in this section match the information in 3C.
- 〈 E-snaps will give error messages if there are conflicting numbers in this section – use these messages to resolve inconsistencies. Your YHDP application is a good guide for this information, unless your project adjusted the capacity.
- 〈 **Note:** Children of eligible heads of households are considered "persons not represented by a listed subpopulation."
- 〈 **Note:** 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.

6A Funding Request
The Budget Line Items must match the GIW, **however** you can shift up to 10% of the funds from one approved eligible activity to another. An amendment and/or reallocation is required if you wish to request a shift in funds above 10%, an increase in the total ARA, or a change in the configuration counts in units or bedrooms in an Rental Assistance BLI

6A-1 – HFF, CHN: Yes. HUCK, N^^: No.
6A-3 – Make sure you check the appropriate boxes. Use the GIW if you're not sure. The corresponding budget detail section will appear as part of your application.

6B Leased Units Budget
If you have a leasing project, use the GIW for the number of units and the HUD Paid Rent (Actual Rent or GIW). HUD Paid Rent cannot exceed FMR. This can only apply to the TH portion of a Joint TH-RRH project.

6C Leased Structures Budget
If you checked "Leased Structures" in 6A, this screen will aggregate the total assistance of leased structures requested. This can only apply to the TH portion of a Joint TH-RRH project.

6D Rental Assistance Budget
If you have a rental assistance project, use the GIW for the number of units and the HUD Paid Rent (Actual Rent or GIW). HUD Paid Rent cannot exceed FMR.

6E Supportive Services Budget

6F Operating Budget

6G HMIS Budget – not applicable to any project

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:
   o **Moving Costs.** Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
   o **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.
   o **Security Deposits**. Security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
   o **Utilities**. Costs of establishing utility assistance in the safe unit the survivor is transferring to.
   o **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.
   o **Case Management**. Staff time necessary to assess, coordinate, and implement emergency transfer(s).
   o **Housing Navigation**. Staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
   o **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:
   o Monitoring and evaluating compliance.
   o Developing and implementing strategies for corrective actions and remedies to ensure compliance.
   o Program evaluation of confidentiality policies, practices, and procedures.
   o Training on compliance with VAWA confidentiality requirements.
   o Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
   o Costs for establishing methodology to protect survivor information.
   o 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'.

⟨ **Eligible Costs:** No action required.
⟨ **Annual Assistance Requested**: 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.

⟨ **Total Request for Grant Term:** No action required. This field calculates based on the total amount of funds you are requesting for 1 year.

6H Match
⟨ Match must be 25% of the total budget, <u>minus Leasing</u>
⟨ Program income can be used as match. Applicants that receive program income will need to estimate how much program income will be used as match.
⟨ 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 it 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.
⟨ This section is not applicable if your YHDP project is approved for a Match Exemption.

6I Summary Budget
Budget amounts for Leased Units, Rental Assistance, and Match have been automatically populated and cannot be edited. However, please confirm and correct, if necessary, total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin.

7A Attachments
⟨ The Document Description and File Name should start with the Project Number (first six digits of the grant number from the GIW, also on screen 3A and 1A-5b).
⟨ Each attachment should have a cover page with the Document Description (including Project Number)
Attach the following as applicable:
⟨ IRS nonprofit documentation
⟨ If you have a negotiated Indirect Cost Rate (ICR), attach the ICR agreement. This does not apply if you are using the 10% *de minimis* ICR.
⟨ Match documentation letter(s)
⟨ YHDP Waiver documentation (CSB will email to you)

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 e-snaps.