

**2023 HUD Continuum of Care (CoC) Program  
Renewal Project Application Guidance (non-YHDP)**

**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- Compliance**

19. b. Program is subject to E.O. 12372 but has not been selected by the State for review.

20. 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 – 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.’
- < 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.
- < 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

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

(614) 715-2526

(614) 221-9199

[sisom@cspb.org](mailto:sisom@cspb.org)

- < 1K Check ‘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.

**Renewal Expansion – No**

**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.

For rental assistance grants where the rental assistance is administered through CSB, list your own organization as sub-recipient. List the Supportive Services and Administration amounts on the **GIW** under your own organization.

### 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-2 – Community Shelter Board

3A-4 – The Project Name will automatically populate

3A-5 – Leave the selected answer as “Standard”

3A-6 – Use the component type listed on the **GIW**; *CFSH only – select SSO*

*3A-6a – CFSH only – select Coordinated Entry*

*3A-7 – CFSH only – Yes; All other projects - No*

3A-8 – (PSH only) No

3B-2 – Refer to **last year’s application**. All PSH projects have a “chronic homeless” focus.

### 3B-3 – Housing First

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 – CFSH 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

3C – (PSH only) All beds in the system are dedicated to chronically homeless individuals, so select 100% Dedicated. Do not select DedicatedPlus.

### 4A Housing and Services

4A-2 – Yes

4A-3 – Yes

4A-4 – Yes

4A-4a – 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. 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 last year's application.**

4B-3 – (PSH only) All beds are dedicated, so the number of beds in 4B-3 equals the total number of beds in the project.

4B-4 - For scattered-site programs, enter the address where most of the beds will be located, or enter the address for your organization's Administrative office.

**NOTE:** Projects serving victims of domestic violence must enter a PO Box or other anonymous address to ensure the safety of participants

4B-5 – Geographic Area - 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. **The numbers entered for this table should match the previously approved information for this project that is under grant agreement – we 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 a Clarity 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. Last year's 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 move less than 10% of the funds from one approved eligible activity to another.

6A-1 – Answer is dependent on if organization wants to request the VAWA BLI, and will use funds to for “VAWA Emergency Transfer Facilitation” (see below)

6A-2 - Answer is dependent on if organization wants to request the VAWA BLI, and will use funds to for “VAWA Confidentiality Requirements” (see below)

6A-3 – CHN, CFSH, Equitas, HFF, HUCK, Mt. Carmel, VOA, YMCA, and YWCA: Answer “yes.” All other agencies: answer “no.”

6A-4 – 1 year

6A-5 – Make sure you check the appropriate boxes. Use the **GIW** and check **last year's application** if you're not sure.

## 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'.

### 6C 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).

### 6D Match

- < Match must be 25% of the total budget, minus Leasing
- < 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.

#### **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 IRS nonprofit documentation under 'Subrecipient Nonprofit Documentation'
- < 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.
- < Attach the match documentation letter(s) under 'Other Attachment.'

#### **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.