

2024 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 – 2024 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: 7/1/2025

End Date: 6/30/2026

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

Attachment required (non-profit documentation)

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

2B Experience

1 – You must insert language both about your organization as the subrecipient, and about CSB as the recipient. Insert this language for CSB:

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 an award-winning non-profit organization leading a community effort to make sure everyone has a place to call home in Columbus and Franklin County, Ohio. CSB was founded in 1986 on the vision that no one should be homeless in our community, for even one night. As the system leader for the prevention and response to homelessness in central Ohio, CSB collaborates with service provider organizations in Franklin County, creating a responsive network to ensure an effective and readied use of community resources for people experiencing homelessness. 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.

2 – You must insert language both about your organization as the subrecipient, and about CSB as the recipient. 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.

3 – You must insert language both about your organization as the subrecipient, and about CSB as the recipient. Insert this language for CSB:

The applicant, Community Shelter Board (CSB), funds and collaborates with 16 nonprofit social service agencies located throughout Columbus and Franklin County. CSB employs a 38-member staff led by President and CEO Shannon Isom. CSB is divided into 8 different departments: Operations, Programs Effectiveness, Housing, Finance, Grants, Communications, Human Resources and Development, each with its own Officer or 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 14 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 monitoring visits.

4 – No

3 Project Information

3A Project Detail

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

2 – Community Shelter Board

3 – this field auto-populates

4 – Standard

5 – **CFSH, Netcare – SSO**; all other organizations – PH/PSH or PH/RRH or SSO or TH/RRH
Joint

6 – **CFSH – Yes**; all other organizations - No

7 – No

8 – No

9 – No

10 - No

3B Description

3 – Subpopulation focus

< All projects should select “chronic homelessness”

< DV-funded projects will select “Survivors”

< Select all other relevant subpopulations

4 – Yes

4 – SSO-CE Projects (CFSH and Netcare only)

< 4a – Yes

< 4b – Yes

< 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.

< 4d – Yes

< 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.

< 4f – Yes

PH only

5 – Housing First

< 5a – Yes

< 5b – Check all the boxes except ‘none of the above’

< 5c – Check all the boxes except ‘none of the above’

< 5d – This field will automatically populate

8 – 100% Dedicated

3C Project Expansion Information

1 – **CFSH & HFL – Yes**; all other organizations – No

4 Housing and Services (PH only)

4A Supportive Services for Program Participants

1 – Describe how program participants will be assisted to obtain and remain in permanent housing. Additionally, if you coordinate with other partners, include their role in meeting this criterion. The description should include:

- < how you will determine the right type of housing that fits the needs of program participants (this should match the information entered on screen ‘4B. Housing Type’),
- < if you will use rental assistance or leasing assistance, how you will work with landlords to address possible issues and challenges,
- < the type of assistance and support you will provide to program participants to overcome challenges to permanent housing (e.g., case management, housing counseling, employment resources), and
- < how you will work with program participants to set goals towards successful retention of permanent housing.

Finally, if this project will exclusively assist survivors 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.

2 – Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible. 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).

3 – For all supportive services available to program participants, indicate who will provide them and how often they will be provided:

- < “Applicant” refers to CSB

- < “Subrecipient” refers to you
- < “Partner” refers to subcontracted organizations
- < “Non-Partner” refers to a specific organization with whom no formal agreement was established

4 – Yes

5 – Yes

6 – Yes

6a – 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.

4 – Columbus 391176 **and** Franklin County 399049

5 Program Participants – Households and Subpopulations

The questions are asking for the number of households served and meeting specified characteristics -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.

6 Budgets

6A Funding Request

1 – Yes

2 – **CFSH – DV Bonus**; all other organizations – CoC Bonus

2a – **CFSH Only - Yes**

3 – Respond based on if your organization uses an indirect cost rate or the de minimis 10% rate

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

Note: Most projects should choose 1-year Term in this field, unless consulted and agreed upon with CSB. While the FY2024 CoC Competition NOFO covers two years (FY2024 and FY2025), the funding will be disbursed as a 1-year grant. Your application in e-snaps must reflect only 1-year of funding.

5 – Select the costs for which funding is requested. 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 **10%** of the total Budget Line Items by the Columbus and Franklin County CoC.

6 – No

6F 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.

Enter 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 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: Required.** Enter the annual amount requested for eligible CoC Program supportive services 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 3-year grant term request in the Total Request for Grant Term field.
- < **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 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.

6G 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.

Enter the quantity, detail, and total budget request for each cost requested. The total amounts calculate when you select 'Save'. Same details required as for Supportive Services.

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:
- 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'.

New Rural Cost Budget – Not Applicable to our CoC

6I Sources of 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 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. In addition, match documentation is required to maximize the points our CoC Application is receiving to increase our competitiveness and the likelihood of being awarded new projects funding – please see below, 14 points are at stake.
- < Contact CSB if you need a match letter template. The match letter template for healthcare and substance abuse treatment/recovery services is very specific, please request a template.

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.

- < The CoC will receive full points by demonstrating that they have applied for at least one PSH or RRH project that utilizes housing subsidies or subsidized housing units not funded through the CoC or ESG programs. Collaborative Applicants must demonstrate that these housing units will:
 - in the case of a PSH project, provide at least 25 percent of the units included in the project; or

- in the case of a RRH project, serve at least 25 percent of the program participants anticipated to be served by the project.
 - CoCs must attach letters of commitment, contracts, or other formal written documents that demonstrate the number of subsidies or units being provided to support the project.
- < The CoC will receive full points if the 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 (ii) 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:
- 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.
 - The match letter template for healthcare and substance abuse treatment/recovery services is very specific, please request a template.

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. (Note: for the grants starting 7/1/2025, if you've been using a 10% *de minimis* ICR as an organization, you can start using a 15% 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.