2024 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 2024 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: 7/1/2025

End Date: 6/30/2026

<u>1E</u>-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:

Submit Without Changes
If this is a first-time renewal project, you must complete the entire renewal project application.
1 – No
2 – Select one:
- - 'Submit Without Changes' if no changes are needed from the FY23 project application.
- - 'Make Changes' if annual changes are needed.

3 - This screen has a list that includes all the screens available to your project in Parts 2 through 6. Select the checkboxes for <u>each screen</u> where you will make changes. **Once 'Save' is selected, the check marked screen(s) will be available for editing. As needed, provide a brief description of the changes that will be made (bullets are appropriate).** If you checked a box in error, and did not actually make any changes, explain this in the text box.

For example:

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

2A - updated title of contact person
3A - update to Project Detail
3B - update to description that addresses the entire scope of the proposed project
4B - changed the number of total beds
5A - updated characteristics of persons within the households to match total beds and persons served
5B - updated subpopulations of persons within the households
6A - change to question 3 regarding allocation of funds
6D - update to match amounts
6E - added admin amount to line 8
7A -update to file attachment name

The following e-snaps screens can be edited for required annual updates and do not affect your ability to select 'Submit without Changes':
- Submission Without Changes
  - Question 1
  - Question 2
- Recipient Performance – review and update all questions.
- Renewal Grant Consolidation or Renewal Grant Expansion
  - Question 1
- 3A. Project Detail
  - Question 2b
  - Question 9 Rural budget designation.
- 6A. Funding Request
  - Review questions related to VAWA budget.
  - Review questions related to Rural budget. **(Not Applicable)**
- 6D. Sources of Match
  - Update match if needed.
- 6E. Summary Budget
  - Review VAWA budget.
  - Review Rural budget. **(Not Applicable)**
- 7A. Attachments
  - See checklist to determine if you need to include an attachment(s)
- 7B. Certification
  - Review information on the screen and 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 6/30/24. 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.

For example: "$X in Admin funds were recaptured due to staff vacancies."

YHDP Renewal Grant Consolidation – No

2A Project Sub-recipients
Attachment required: non-profit documentation
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 Project Detail
1 – The grant number should automatically populate based on the response to 1A-5b
2 – OH-503 Columbus/Franklin County Continuum of Care
3 – Community Shelter Board
6 – Use the component type listed on the GIW
- CHN Youth PSH and NCR Youth PSH: PH-PSH
- HUCK CARR Team: SSO
- HFF TAY RRH: PH-RRH
- HFF TAY Transition to Home: Joint TH and PH-RRH

6A – CARR Team: select Coordinated Entry
7 – No
8 – Yes
9 – No
10 – No

3B Description
1 – Provide a description of the project.

YHDP Specific Requirements for PSH, RRH, TH, SH, JOINT 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

JOINT TH and PH-RRH ONLY: Your description must also include the process used to allow program participants the choice of the housing type.

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 renewal 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.

2 – Refer to last year's application.
⟨ "Youth" is auto-populated
⟨ All projects **except CARR** should select "chronic homelessness"
2a – **CARR** should select "Other" and enter "All"

3a – Yes
3b –Check all the boxes except 'none of the above'
3c –Check all the boxes except 'none of the above'
3d – This field will automatically populate

4 SSO-CE (CARR Team 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

5 Effectively serving youth populations
⟨ 5a – Describe the racial composition of the persons or households who are expected to benefit from your proposed grant activities, including a description of how you analyzed the local population to determine this. Provide a detailed description of who this project will be serving.
⟨ 5b – Identify at least one barrier to persons or communities of color equitably benefiting from your proposed grant activities. Provide a detailed description of any potential barriers to communities of color.
⟨ 5c – Detail the steps you will take to prevent, reduce or eliminate these barriers. Provide a detailed description of how this project will prevent, reduce or eliminate barriers.
⟨ 5d – Describe the measures in place to track progress and evaluate the effectiveness of efforts to advance racial equity through the grant activities. Provide a detailed description of how this project will track progress.

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

Youth Homelessness Demonstration Project Screen
All fields on this screen must be completed.
1 – Yes. Select all relevant options.
2 – No
3 – Yes; CARR Team – No
4 – Will your project offer any specialized services for youth living with HIV/AIDS? Provide a detailed description of how this project will offer any specialized services for youth living with HIV/AIDS.
Youth Action Board

1 – Provide a detailed description of how this project will integrate and work with the Youth Action Board during project implementation. <u>Use this language</u>:

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.

2 – How will the project work with the Youth Action Board to develop and implement a Continuous Quality Improvement plan?

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 <u>YHDP Replacement</u>, and **not** as a <u>YHDP Renewal</u>.</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(5)(a)(i) Leases under 12 months (minimum 1 month)
⟨ III.B.4.b(5)(a)(ii) Use of leasing, Sponsored Based Rental Assistance (SRA) and Project Based Rental Assistance (PRA) in Rapid Rehousing (RRH)
⟨ III.B.4.b(5)(a)(iii) Project admin funds used to employ youth with lived experience for project implementation, execution, and improvement
⟨ III.B.4.b(5)(a)(iv) Project admin funds used to attend non-HUD sponsored or approved conferences (must be relevant to youth homelessness)
⟨ III.B.4.b(5)(a)(v) Employ youth receiving recipient services (document nature of work and no conflicts of interest)
⟨ III.B.4.b(5)(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(5)(a)(vii) Provide moving expense more than one time to a program participant
⟨ III.B.4.b(5)(a)(viii) Provide payments for families that provide housing under host homes and kinship care (up to $500 per month)
⟨ <mark>New</mark> III.B.4.b(5)(a)(ix) 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.
⟨ No Special YHDP Activities Requested

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. Eligible only to projects with a Supportive Services BLI. (Select all that apply)

- ⟨ III.B.4.b(5)(a)(x)(i) Security deposits (not to exceed 2 months of rent)
- ⟨ III.B.4.b(5)(a)(x)(ii) Pay for damage to units (not to exceed 2 months' rent)
- ⟨ III.B.4.b(5)(a)(x)(iii) Costs to provide household cleaning supplies
- ⟨ III.B.4.b(5)(a)(x)(iv) Housing start-up expenses (not to exceed $300 per participant)
- ⟨ III.B.4.b(5)(a)(x)(v) Purchase cell phone and service (cost must be reasonable and housing related)
- ⟨ III.B.4.b(5)(a)(x)(vi) Cost of Internet (costs must be reasonable)
- ⟨ III.B.4.b(5)(a)(x)(vii) Payment of rental arrears (up to 6 months)
- ⟨ III.B.4.b(5)(a)(x)(viii) Payment of utility arrears (up to 6 months)
- ⟨ III.B.4.b(5)(a)(x)(ix) Payment of utilities (up to 3 months)
- ⟨ III.B.4.b(5)(a)(x)(x) Pay gas and mileage for participant personal vehicle for trips for eligible services
- ⟨ III.B.4.b(5)(a)(x)(xi) Payment of Legal fees
     III.B.4.b(5)(a)(x)(xii) Payment of insurance, registration and past driving fines
- ⟨ None

4 – Check the appropriate boxes for the **Special YHDP Activity Exemptions** the applicant is requesting. (Select all that apply<mark>). A required additional textbox for each selected checkbox will appear for the applicant to narratively explain why they need to apply for this Special YHDP Activity – Exemption.</mark>

- ⟨ III.B.4.b(5)(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.
- ⟨ III.B.4.b(5)(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.
- ⟨ III.B.4.b(5)(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. Note: Supportive Services for 36 months is only for projects that are pairing supportive services with other housing assistance programs
- ⟨ 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.
- ⟨ III.B.4.b(5)(b)(iv) 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.

⟨ III.B.4.b(5)(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.

⟨ III.B.4.b(5)(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.

⟨ III.B.4.b(5)(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

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
III.B.4.b(5)(a)(vii) Provide moving expense more than one time to a program participant - (ELIGIBLE ONLY FOR PH, TH, JOINT & SSO)	X							
III.B.4.b(5)(a)(viii) Provide payments for families that provide housing under host homes and kinship care - (ELIGIBLE ONLY FOR HOST HOME & KINSHIP CARE)							X	
III.B.4.b(5)(a)(x)(i) Security deposits (not to exceed 2 months of rent) - Covered under the Rental Assistance BLI if included in project, not under Supportive Services								X
III.B.4.b(5)(a)(x)(ii) Pay for damage to units (not to exceed 2 months' rent) - Covered under the Rental Assistance BLI if	X							

included in project, not under Supportive Services							
III.B.4.b(5)(a)(x)(iii) Costs to provide household cleaning supplies			X				
III.B.4.b(5)(a)(x)(iv) Housing start-up expenses (not to exceed $300 per participant)	X						
III.B.4.b(5)(a)(x)(v) Purchase cell phone and service (cost must be reasonable and housing related)				X			
III.B.4.b(5)(a)(x)(vi) Cost of Internet (costs must be reasonable)	X						
III.B.4.b(5)(a)(x)(vii) Payment of rental arrears (up to 6 months)				X			
III.B.4.b(5)(a)(x)(viii) Payment of utility arrears (up to 6 months)		X					
III.B.4.b(5)(a)(x)(ix) Payment of utilities (p to 3 months)		X					
III.B.4.b(5)(a)(x)(x) Pay gas a mileage for participant personal vehicle for trips for eligible services					X		
III.B.4.b(5)(a)(x)(xi) Payment of Legal fees						X	
III.B.4.b(5)(a)(x)(xii) Payment of insurance, registration, and past driving fines					X		

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

1 - 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

5 - Yes

5a – Select yes if you provide transportation assistance to clients to attend Youth Action Board (YAB) meetings and other community events.

6 – Yes

7 – Yes

7a –Select yes only if you have staff that has taken the SOAR training within the last 24 months

New 8 – What outcomes will your project track to determine success? 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**

4A HMIS Standards – Not Applicable, skip this screen.

4B Housing Type and Location

⟨ CARR Team – Click the "add" icon, on the detail screen select "none" from the dropdown for question 1. Housing Type

⟨ TAY RRH and Youth PSH - 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

⟨ TAY Transition to Home – 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 The CoC Program required rule is PH-RRH units must be twice the amount of those provided through TH.

(PSH only) All beds are 100% chronic-homeless dedicated.
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.

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.

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.

<u>5A and 5B</u>– Program Participants – Persons and Households and Subpopulations

The questions are asking for the <u>number of households served and meeting specified characteristics 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.
- ⟨ <u>(PSH only)</u> 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.

<u>6A</u> Funding Request

NOTE: Your application should reflect **1-year Term and 1-year of funding**. Though the FY2024 CoC Competition NOFO covers two years (FY2024 and FY2025), the funding will be disbursed as two one-year budget periods. Your application in e-snaps must reflect only one year of funding.

The Budget Line Items must match the GIW, **however** you can shift <u>up to 10%</u> 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

1 – HFF, CHN, HUCK: Yes. N^^: No.
(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).
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.

<u>6B</u> 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.

<u>6C</u> 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
New the Supportive Services budget this year will be split into two parts:
1. STAFF ONLY Eligible costs – provide a quantity, description, and annual assistance requested for staff costs only.
2. ACTIVITY ONLY Eligible costs – provide a quantity, description, and annual assistance requested for activity costs only.

6F Operating Budget

6G HMIS Budget – Not Applicable to any project

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.

- 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'.

- **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.

<mark>New Rural Cost Budget</mark> – Not Applicable to our CoC

6H Sources of 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.
- <mark>This section is not applicable if your YHDP project is approved for a Match Exemption under YHDP Special Activities.</mark>

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.