2024 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: 7/1/2025
End Date: 6/30/2026

<u>1E</u> 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.**

- 〈   <u>1F</u> SF-424 Declaration – I agree
- 〈   <u>1G</u> HUD 2880 – I agree.
- 〈   <u>1H</u> 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.'
- 〈   <u>1I</u> 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.
- 〈   <u>1J</u> 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@csb.org
- 〈   <u>1K</u> Check '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.

<u>For example</u>:

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. <mark>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.</mark>

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

Renewal Expansion – No

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.

3A 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 Description
2 – Refer to **last year's application**.
 ⟨ All projects should select "chronic homelessness"
 ⟨ DV-funded projects will select "Survivors"
 ⟨ Select all other relevant subpopulations

3 – Housing First
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

3B-4 – SSO-CE Projects (CFSH 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

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

<u>4A</u> Supportive Services for Program Participants

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

2 – Yes

3 – Yes

4 – Yes

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

<u>4B</u> 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.

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

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

5 – Geographic Area - Columbus 391176 **and** Franklin County 399049

<u>5</u> Program Participants

The questions are asking for the <u>total potential 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 – 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 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. 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.

6 Budgets
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.**

6A Funding Request
The Budget Line Items must match the GIW.
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." (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).
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.

VAWA Cost Budget (NOT limited to DV projects only)
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'.

Rural Cost Budget is not applicable to our CoC.

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.
- ⟨ <mark>Letters confirming cash match must be uploaded as an attachment with the project application.</mark> 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 e-snaps.