

FY 2021 New Project Application

e-snaps Navigational Guide Version 1

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Introduction

Welcome to the New Project Application Navigational Guide. This navigational guide covers important information about accessing and completing the Project Application for new projects.

The organization submitting the Project Application for funding is the Project Applicant. Project Applications are submitted to the Continuum of Care (CoC) Collaborative Applicant, which submits the entire funding application to HUD on or before the CoC Program Competition deadline.

Prior to using this navigational guide, Project Applicants **must** have completed the Project Applicant Profile. In order to meet that requirement, the Project Applicant Profile's "Complete" button must be selected during the competition period. A separate Project Applicant Profile Navigational Guide is available at:

• <u>https://files.hudexchange.info/resources/documents/Project-Applicant-Profile-Navigational-Guide.pdf</u>.

All Project Applicants are strongly encouraged to read the FY 2021 CoC Program Competition NOFO at:

• https://www.hud.gov/program offices/comm planning/coc/competition.

This navigational guide supplements the New Project Application Detailed Instructions provided at:

<u>https://www.hudexchange.info/resource/2909/coc-project-application-instructions-for-new-projects/</u>

Ask A Question (AAQ)

Submit questions to the AAQ at: https://www.hudexchange.info/program-support/my-question/.

On Step 2 of the AAQ form, in the "My question is realated to" dropdown:

- Select "e-snaps" for questions about the Notices and NOFOs; Project Applications; CoC Application and CoC Priority Listing; Grant awards, agreements, or amendments; and e-snaps technical issues.
- Select "CoC: Continuum of Care Program" for policy and regulatory questions.

Objectives

By the end of this module, you will be able to do the following:

- Access *e-snaps*
- Register for the FY 2021 New Project Application funding opportunity
- Create a New Project Application under the funding opportunity
- Enter a New Project Application from the "Submissions" screen
- Complete and submit a New Project Application to the Collaborative Applicant
- Only if needed, coordinate with the Collaborative Applicant prior to the submission deadline to make changes to a Project Application in *e-snaps*

Posted Resources

HUD has determined that some CoC and e-snaps related resources need to be posted to HUD.gov as HUD's official website, rather than to the HUD Exchange, which focuses on technical resources for communities and grant recipients. FY 2021 NOFO information (e.g., detailed instructions), including the FY 2021 e-snaps Navigational Guides, will be published and updated on HUD.gov.

Overview of the Project Application Process

FY 2021 Project Applicants must complete a Project Applicant Profile and Project Application using *e*-*snaps*, a web-based portal accessible at:

• <u>https://esnaps.hud.gov/</u>.

Each Project Applicant must complete a Project Applicant Profile and submit its Project Application(s) to the applicable CoC in *e-snaps* by the local submission deadline established by the CoC.

The CoCs will do the following:

- 1. Review and either rank or reject properly submitted Project Applications received, and
- 2. Submit the Priority Listing with all approved and ranked or rejected Project Applications as part of the CoC Consolidated Application to HUD

Overview of this Navigational Guide

The organization of material in this navigational guide corresponds with the different parts of the Project Application process, and the navigational steps follow the progression of screens in *e-snaps*.

- Accessing e-snaps. All e-snaps users need usernames and passwords to log in to e-snaps. In order to see an organization's Project Applicant Profile and Project Applications, the e-snaps user needs to be associated as a "registrant" with the organization's e-snaps account. This section identifies the steps required to create user profiles and add/delete registrants.
- **Project Applicant Profile.** Project Applicants must review the Project Applicant Profile, update the information as needed, and select the "Complete" button in order to proceed with the Project Application process.
 - The Project Applicant Profile section of this navigational guide briefly highlights key information for Project Applicants that are getting ready to complete their Project Applications.
 - For instructions on completing the Project Applicant Profile, go to the Project Applicant Profile navigational guide at:
 - <u>https://files.hudexchange.info/resources/documents/Project-Applicant-Profile-Navigational-Guide.pdf</u>
- Establishing and accessing the Project Application. After the Project Applicant Profile is complete, Project Applicants need to follow a series of steps in order to access the Project Application screens. The steps discussed in this section include registering the Project Applicant for the FY 2021 New Project Application funding opportunity, creating an FY 2021 project, and accessing the Project Application screens.

- **Project Application.** After accessing the FY 2021 New Project Application, Project Applicants will complete a series of screens asking for information about the project for which they are applying for funding. This section provides instructions on how to complete each screen. After providing all of the required information, the Project Applicant will submit the Project Application to the Collaborative Applicant via *e-snaps*.
- **Submitting the Project Application.** This section discusses what occurs after the Project Applicant submits the New Project Application in *e-snaps* to the Collaborative Applicant. The Collaborative Applicant will review and either approve and rank or reject the Project Application.
- Amending the Project Application. If changes need to be made to the Project Application, the Collaborative Applicant will amend the project back to the Project Applicant. Notification for amending a project back to the applicant occurs outside of *e-snaps*. Once the Collaborative Applicant has finalized the CoC Project Priority Listing, it will submit to the CoC Consolidated Application to HUD.

| Amending an | If the CoC amends the project application back to the Project Applicant for |
|-------------|---|
| Application | revision or correction, it is the Project Applicant's and Collaborative Applicant's |
| | responsibility to ensure the Project Application is resubmitted in e-snaps to the |
| | CoC and either approved and ranked (or re-ranked) or rejected before the CoC |
| | Priority Listing is submitted to HUD. |
| | |

If a Project Application does not appear on the CoC Priority Listing, it will not be reviewed or considered for conditional award.

Highlights in e-snaps for the FY 2021 CoC Program Competition

This section highlights several items in *e-snaps* this year.

• Expansion Project Screen.

If a project applicant intends to submit a new expansion project application (up to two new project applications are allowed) to a corresponding renewal project application, the renewal project application and new expansion project application must be submitted as outlined in the FY2021 CoC Program Competition NOFO.

Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2022, as confirmed on the FY 2021 GIW or eLOCCS, must be to the same recipient, and must be for the same eligible component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

Both the new and renewal project applications must be ranked on the CoC Priority Listing.

- Funding Sources and Limitations. For FY 2021, new projects are eligible through "Reallocation" funds, "Bonus" funds, a combination of "Reallocation + Bonus" funds, or "DV Bonus" funds. Review the NOFO for more information:
 - o https://www.hud.gov/program_offices/comm_planning/coc/competition
- **Transition Grant.** Project applicants can change the component of an existing renewal project application through the transition grant process by transitioning the project to an eligible new component. The CoC must fully reallocate the renewal project's funds, and then the same project applicant must submit a new project application in *e-snaps*. Eligible components for new projects in the transition process are: PH-PSH, PH-RRH, Joint TH and PH-RRH, SSO-CE, and HMIS. Refer to Section II.B.2. of the FY 2021 CoC Program Competition NOFO for the criteria that applicants must follow for transition grants.

Helpful Reminders from Prior Years

This section highlights several items that are not new but are included as useful reminders.

- HUD 2880 (Applicant/Recipient Disclosure/Initial Report). As with prior years, the HUD Form 2880 is no longer uploaded as an attachment. This form is related to the Project Applicant Profile and the fields are not editable in the forms in the Project Applications. For instructions on completing the HUD Form 2880 in both the Project Applicant Profile and the Project Applications (new, renewal, YHPD, CoC planning, and UFA costs), refer to the following resource:
 - o <u>https://files.hudexchange.info/resources/documents/How-to-Complete-the-HUD-Form-</u><u>2880-in-e-snaps.pdf</u>.
- **Prepopulating Data from the Project Applicant Profile.** Some data will automatically populate fields on several screens from the information entered into your Project Applicant Profile. If this information is incorrect, changes can be made by exiting the application and returning to the Project Applicant Profile.
- The "Project Application" and "CoC Priority Listing."
 - The Project Application includes the information submitted by renewal and new Project Applicants for funding consideration.
 - The CoC Priority Listing includes the New Project Listing, Renewal Project Listing, CoC Planning Project Listing, and, if designated by HUD as a Unified Funding Agency (UFA), a UFA Project Listing.
- **Applicant Field and Dropdown Menu.** When *e-snaps* users log in to the system, they will see an "Applicant" field at the top of the screen. This field identifies the organization's account in which the user is working.

Users with *e-snaps* access to more than one organization's account will see a dropdown menu listing two or more organizations. This group of *e-snaps* users includes staff persons who work on multiple applications (e.g., a staff person at an agency that serves as the Collaborative Applicant as well as a Project Applicant submitting one or more Project Applications).

This feature appears when working on the Applicants, Funding Opportunity, Projects, and Submissions screens. Only the items (e.g., Projects) pertaining to the Applicant listed in the field appear on the screen. Users must ensure they are working in the correct Applicant account.

• **Collaborative Applicant.** During the CoC Program Competition, Project Applicants will see references to the "Collaborative Applicant." The Collaborative Applicant is the entity designated by the CoC to submit the CoC Program Registration and CoC Consolidated Application in the CoC Program Competition on behalf of the CoC.

Accessing e-snaps

The Project Application is submitted electronically in *e-snaps* during the annual competition under the FY 2021 CoC Program Competition NOFO.

| 6 Front Office | Sec. 10. | |
|-----------------------|---|---|
| Front Office Portal | Welcome to e-s | naps |
| Usemame: | | s is the application and grants management system for the HUD Continuum of Care (CoC) Program. It supports the collaborative the CoC Program Competition. |
| jidoe-02 Password: | an cess | used by authorized persons only. If you are an authorized user, please log in by entering a valid user name and password. If you have please contact the System Administrator. You may also use the Links on the left menu to navigate through the system, and access lated links, If you need assistance in navigating the system please access the Help instructions in each section, |
| Login | here orize | d user, and need access to this system on behalf of your Continuum of Care or as a project applicant, you may request a user name sss. |
| Forgot your password? | | uirements contained in this application have been submitted to the Office of Management and Budget (OMB) for review under the 995 (44 U.S.C. 3501-3520). This agency may not collect this information, and you are not required to complete this form, unless it is control number. |
| Create Profile | Information is submitted in acc eligibility, and establish grant a | cordance with the regulatory authority contained in each program rule. The information will be used to rate applications, determine amounts. |
| | | Inding under the Continuum of Care Program are based on rating factors listed in the Notice of Fund Availability (NOFA), which is nce the Continuum of Care Program funding round. The information collected in the application form will only be collected for specific. |
| | If new to e-snaps, | OMB Approval No. 2506-0182 (exp. 01/31/2018) |
| | create a user profile here | ction is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, needed, and completing and reviewing the collection of information. |
| | | OMB Approval No. 2506-0112 (exp. 11/30/2018) |
| | data sources, gathering and m | collection of information is estimated to average 190 hours per response, including the time for reviewing instructions, searching existing aintaining the data needed, and completing and reviewing the collection of information. The reporting burden for Continuums of Care is 's and the reporting burden for applicants is expected to average 30 hours. |
| | Technical Submission: | OMB Approval No. 2506-0183 (11/30/2018) |

NOTE: Each e-snaps user must have his or her unique log-in credentials.

Preferably, each organization will have at least two people with access to esnaps—the Authorized Representative and one or more additional staff.

Existing Users

Steps

- 1. Direct your Internet browser to https://esnaps.hud.gov/.
- 2. On the left menu bar, enter your username and password. You will then enter *e-snaps* and arrive at the "Welcome" screen.
- 3. If you forgot your password, select "Forgot your password?" under the "Login" button.

New e-snaps Users

- 1. Create an *e-snaps* username and password by selecting the "Create Profile" link.
- 2. Log in as instructed under Existing Users above.

Give Staff Access to Your Organization's e-snaps Account

Having a user profile enables a person to access *e-snaps*. However, only individuals who have been associated with the organization as a registrant (also referred to as registered users) have the ability to enter information in the Project Applicant Profile and Project Applications associated with the organization.



For information on how to add and delete users, refer to the "Give Staff Access to Your Organization's e-snaps Account" resource at:

<u>https://files.hudexchange.info/resources/documents/Give-Staff-Access-to-Your-Organizations-e-snaps-Account.pdf</u>

Project Applicant Profile

Project Applicants must complete the Project Applicant Profile before moving forward in the Project Application process. To complete the Project Applicant Profile, the Project Applicant needs to ensure the data entered in the profile screens is accurate and must select the "Complete" button on the "Submission Summary" screen.

This section in the New Project Application Navigational Guide highlights key information needed to successfully complete this step. It does NOT provide detailed instructions.



- For detailed instructions, see the Project Applicant Profile navigational guide at:
- <u>https://files.hudexchange.info/resources/documents/Project-Applicant-Profile-Navigational-Guide.pdf</u>
- Access the Project Applicant Profile. To access the Project Applicant Profile, log in to *e-snaps*, select "Applicants" on the left menu bar, ensure that the correct Project Applicant name in the "Applicants" field at the top left side of the screen is selected, and select the orange folder to the left of the Project Applicant name on the screen.
- Organizations that are Collaborative Applicants and Project Applicants. If the organization applying for funding as a Project Applicant is also serving as the Collaborative Applicant, the organization will have two Applicant Profiles—one for the Project Applicant and one for the Collaborative Applicant.

The "Applicant" field dropdown menu at the top left side of the screen contains the list of Applicants that a user can access. If you have issues with finding the correct Project Applicant, submit a ticket to HUD Exchange Ask A Question, at: <u>https://www.hudexchange.info/get-assistance/my-question/</u>, under the *e-snaps* Reporting System (the header for which is featured on Step 2 of the AAQ page).

- **First-time Applicant.** If an organization is new to *e-snaps* (i.e., submitting a Project Application for the first time), the organization must establish itself as a Project Applicant in *e-snaps*. Review the Project Applicant Profile Navigational Guide at:
 - o <u>https://files.hudexchange.info/resources/documents/Project-Applicant-Profile-</u> <u>Navigational-Guide.pdf</u>

An organization will establish itself as a Project Applicant in *e-snaps* one time only.



If you are a Collaborative Applicant and a Project Applicant applying for renewal, new, CoC planning, or UFA costs project funds, you must have **two separate Applicant Profiles**—a Collaborative Applicant Profile and a Project Applicant Profile.

Contact the HUD Exchange Ask-A-Question if you need assistance at:

<u>https://www.hudexchange.info/get-assistance/my-question/.</u>

Establish the Project Application

After the Project Applicant Profile is completed, Project Applicants can move to the next steps required to establish and access the Project Application screens. This section covers the following:

- Funding Opportunity Registration
- Creating projects
- Accessing Project Applications from the Submissions screen

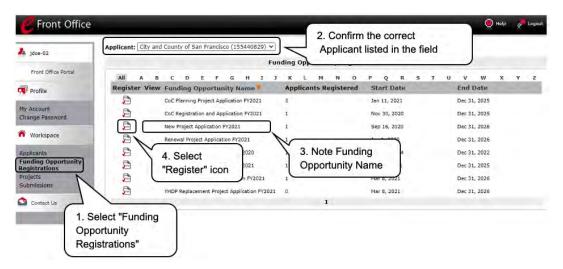
Funding Opportunity Registration

All Project Applicants must register the organization for the FY 2021 New Project Application funding opportunity. Registering for the funding opportunity enables Project Applicants to apply for funds during the FY 2021 CoC Program Competition.

Terminology "Registering" in this context means "indicating your intent to apply."

"Funding Opportunity" refers to "the type of grant." There are options when you select this screen. They include CoC Planning, New, Renewal, and UFA Costs.

On this screen, you are indicating your intent to apply for a specify type of grant.



- 3. Select "Funding Opportunity Registrations" on the left menu bar.
- 4. The "Funding Opportunity Registrations" screen will appear.
- 5. Select the "Register" icon Enext to "New Project Application FY 2021."
- 6. The "Funding Opportunity Details" screen will appear.

| C Front Office | | 🔘 Help 🥀 Logout |
|--|--|-----------------|
| Jdoe-02 | Applicant: Project Applicant 21 (DS) | |
| | Funding Opportunity Details | |
| Front Office Portal | | |
| Profile | Funding Opportunity Name: New Project Application FY2021 Start Date: Sep 16, 2020 | |
| My Account Change Password | End Date: Jan 1, 2027 | |
| Norkspace | Funding Opportunity Registration | |
| Applicants Funding Opportunity Registrations | Are you sure you wish to register Project Applicant 21 (08)? | |
| Projects Submissions | Yes Cancel | |
| 😂 Contact Us | | |

Steps

- 1. When the question appears asking if you want to register the Project Applicant for the funding opportunity, select "Yes" to confirm that you want to register your organization.
- 2. The screen will then indicate that the Project Applicant has been registered.
- 3. Select the "Back" button to return to the "Funding Opportunity Registrations" screen.



Remember, the "Applicant" field with the dropdown menu located at the top left side of the screen identifies the Applicant Profile under which you are working.

Please ensure you are working under the correct one.

The following image shows the screen that appears when the organization has successfully registered for the New Project Application funding opportunity.

| E Front Office | | 🖲 Help | Constant Logout |
|---|--|--------|-----------------|
| A jdoe-02 | Applicant: City and County of San Francisco (155440829) 🛩 | | |
| | Funding Opportunity Details | | |
| Front Office Portal | Funding Opportunity Name: New Project Application FY2021 Start Date: Sep 16, 2020 | | |
| My Account Change Password | End Date: Jan 1, 2027 | | |
| Workspace | Funding Opportunity Registration | | |
| Applicants Funding Opportunity Registrations Projects Submissions | City and County of San Francisco (155440829) has been registered. | | 4 |
| Contact Us | | | |

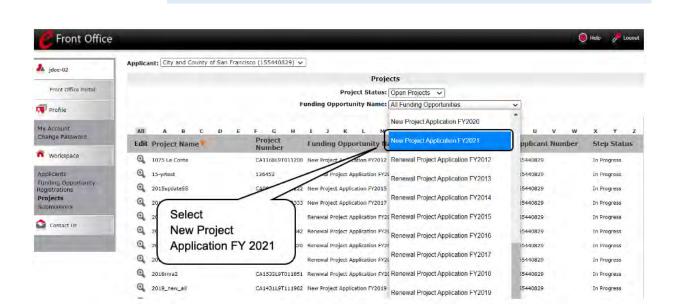
Terminology

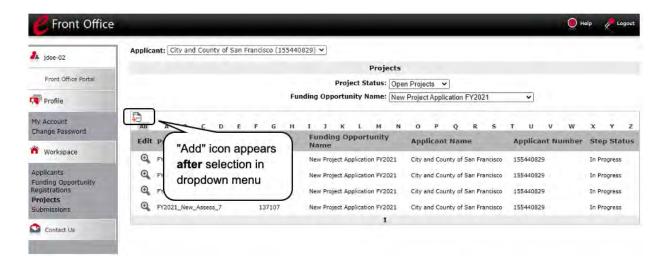
Creating the Project Application Project

Project Applicants must create a project for the New Project Application in *e-snaps* on the "Projects" screen. Creating a project is an intermediate step. Organizations do NOT enter the Application from the "Projects" screen to complete the Application screens; instead, they access the application from the "Submissions" screen.

Once the Project Applicant "creates" the project, it will appear on this screen and the term "New Project Application" will appear under the "Funding Opportunity Name" column.

"Creating a Project" means "giving the project application a name."





Steps

- 1. Select "Projects" on the left menu bar.
- 2. The "Projects" screen will appear.
- 3. Select "New Project Application FY 2021" from the "Funding Opportunity Name" dropdown.
- 4. The screen refreshes and an "Add" icon appears on the left side of the screen above the column headings.
- 5. Select the "Add" icon.
- 6. The "Create a Project" screen will appear.



Remember, the "Applicant" field with the dropdown menu located at the top of the screen identifies the Applicant Profile under which you are working.

Please ensure you are working under the correct Project Applicant.

| Jdoe-02 | Applicant: City and County of San F | rancisco (155440829) 🛰 | | |
|---|-------------------------------------|---|--|-----------|
| | | Create a Pr | oject | |
| Front Office Portal | Enter the Project | Funding Opportunity Name: Nev Applicant: City Applicant Project Name: | v Project Application FY2021 / and County of San Francisco (1 | 55440829) |
| My Account Change Password | Name. | Save | Save & Add Another | D |
| Workspace | e-snaps will assign | Save & Back | Cancel | |
| Applicants Funding Opportunity Registrations Projects Submissions | a Project Number. | | | |

| jdoe-02 | Applicant: City and County of San F | rancisco (155440 | | | | |
|---|-------------------------------------|-------------------|--------------------------------|----------------------------------|------------------|-------------|
| | | | Projects | | | |
| Front Office Portal | | | Project Status: Ope | en Projects 🗸 | | |
| Profile | | Fur | ding Opportunity Name: New | Project Application FY2021 | ~ | |
| ly Account Change Password | All A B C D E | FGH | IJKLMN | OPQRS | T U V W | хү |
| and the second se | Edit Project Name | Project Number | Funding Opportunity Name | Applicant Name | Applicant Number | Step State |
| Workspace | • FY2021_New_App_Test3 | 137030 | New Project Application FY2021 | City and County of San Francisco | 155440829 | In Progress |
| pplicants unding Opportunity | • FY2021_New_Assess_1 | 137085 | New Project Application FY2021 | City and County of San Francisco | 155440829 | In Progress |
| egistrations | • FY2021_New_Assess_5 | 137105 | New Project Application FY2021 | City and County of San Francisco | 155440829 | In Progress |
| | | | | | | |

- 1. On the "Create a Project" screen, the Project Applicant Name will be pre-populated.
- 2. In the "Applicant Project Name" field, enter the name of the project.
- 3. You should enter the name that you want to appear in the grant award letter.
- 4. Select "Save & Back" to return to the "Projects" screen.
- 5. The project name is listed in the menu.
- 6. Select the "View" icon ^(C) to view project details; however, it is not necessary to enter any notes on that page.

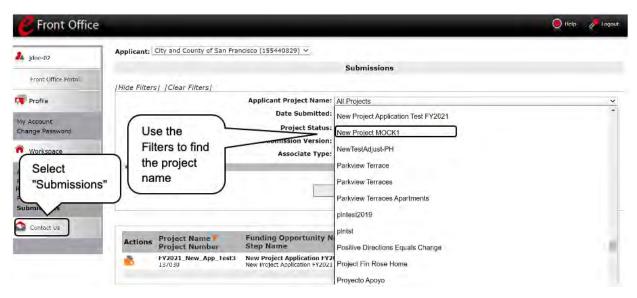
Submissions

After completing the Project Applicant Profile, registering for the Funding Opportunity, and creating the New Project Application project, Project Applicants may now enter the Project Application and complete the screens. You must access the New Project Application from the "Submissions" screen.

Terminology "Submissions" refers to both submitted project applications and project applications that are in progress to be submitted.

This screen also includes applications that are created by mistake and are not intended to be submitted.

Once you have created a project on the Projects screen and it appears here, you cannot delete it. You can only rename it.



- 1. Select "Submissions" on the left menu bar.
- 2. The "Submissions" screen will appear.
- 3. Locate the Project Application project you established.
 - Option: Use the "Submissions Filters." Select the project name in the "Project Name" field. Then select the "Filter" button to single out your project(s).
 - Option: Select "Clear Filters" on the top left of the "Submissions Filters" box. Then, review the "Funding Opportunity Name / Step Name" column for "New Project Application."
- 4. Continue with the instructions in the next section for the completing the New Project Application.

FY 2021 Project Application

This section identifies the steps for completing the New Project Application screens in *e-snaps*.

NOTE: Some data may pre-populate from the Project Applicant Profile (i.e., e-snaps will bring it forward). Review the pre-populated data. If any information is incorrect, you must go back and correct it in the Project Applicant Profile.

If you are in the Project Application and you need to update the Project Applicant Profile do not use the "View Applicant Profile" link on the left menu bar. Instead:

- Select "Back to Submissions List." Select "Applicants" on the left menu bar, and select the orange folder next to the Applicant name.
- Ensure that the Applicant Profile is in "edit" mode.
- Make the appropriate corrections as needed, and select "Save" at the bottom of the screen after you make each revision.
- Once you have made all of the necessary corrections to your Project Applicant Profile, continue to the "Submission Summary" screen and select "Complete."
- When you return to the Project Application, the screen will show the corrected information.

If the corrected information does not populate the Project Application, do the following:

- Log out of e-snaps.
- Log back in and navigate to the screen in the Applicant Profile where information needs to be corrected. If the information is incorrect, correct it and Save. If the information is correct, then edit it to something that is incorrect, save it, then change it back, and save it.
- Navigate to the "Submission Summary" and select "Complete.
- Log out of e-snaps.
- Log in again. Navigate to your Project Application. The information should be updated.

Select "Save" at the bottom of the screen after you make each revision. Once you have made all of the necessary corrections to your Project Applicant Profile, proceed to the "Submission Summary" screen and select "Complete." When you return to the Project Application, the screen will show the corrected information.

Review the instructions in the <u>Submitting the Project Application</u> section in this guide.

Accessing the New Project Application

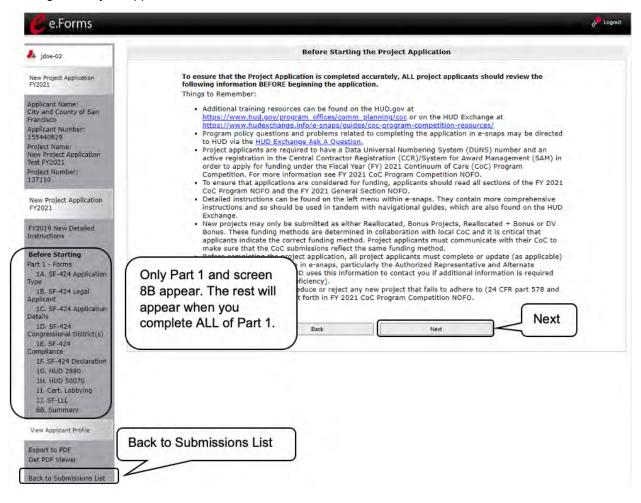
Access the New Project Application through the "Submissions" screen.

| E Front Office | | | - | 2 Co | nfirm the cor | |
|----------------------------------|---|---|---|----------------|-------------------|--------------------------------------|
| A jdoe-02 Front-Office Portal | Applicant: City and County of (Hide Filters) (Clear Filters) | San Francisco (155440829) ~ | - | | t Applicant | |
| Change Password | Select Submissions" 4. Acc the Pr Applic | oject | On ~ All Projects Latest Version All | ~ ~ | 3. Use | the Filters to find rect project. |
| Contact Us | Actions Poject Name | Funding Opportunity Name Step Name | Start Date | End Date | Associate Type | Version Date Submitted |
| | New Project Applie FY2021 137110 | Cation Test New Project Application FY202 New Project Application FY2021 | Sep 16, 2020 | Sep 1, 2021 | Primary Applicant | 1 |

- 1. Select "Submissions" on the left menu bar.
- 2. The "Submissions" screen will appear.
- 3. Select the "Folder" icon 👛 to the left of the Project Application Name you established with the Funding Opportunity Name "New Project Application FY 2021."
- 4. The "Before Starting" screen will appear.

Before Starting the New Project Application

Before you begin the FY 2021 New Project Application, review the following information on the "Before Starting the Project Application" screen.



Step

- 1. Select "Next."
 - **NOTE:** When working in the Project Application, e-snaps users may return to the main screen by selecting "Back to Submissions List" at the bottom of the left menu bar. From this screen, users may access Applicant, Funding Opportunity Registration, Projects, and Submissions on the left menu bar.

1A. Application Type



Applicants must complete Part 1: SF-424 in its entirety before the rest of the application screens appear on the left menu bar.

The following steps provide instruction on reviewing the fields on the "Application Type" screen for **Part 1: SF-424** of the FY 2021 Project Application.

| 🥝 e.Forms | | | | | | Cogout |
|--|--------------------|--|----------------|---|---|--------|
| 🍂 jdoe-02 | Verify the data in | 1A. SF-424 Ap | plication Type | | | |
| New Project Application FY2021 | fields 1, 2 and 3 | 1. Type of Submission: | | * | | |
| | | 2. Type of Application: | | | * | |
| Applicant Name: City and County of San Francisco | If Revis | ion, select appropriate letter(s): If "Other", specify: | | | | |
| Applicant Number: 155440829 | | 3. Date Received: | 05/26/2021 | | | |
| Project Name: New Project Application | | 4. Applicant Identifier: a. Federal Entity Identifier: | | _ | | |
| Test FY2021 Project Number: | | 5. Federal Award Identifier: | | | | |
| 137110 | | 6. Date Received by State: | | | | |
| New Project Application FY2021 | | 7. State Application Identifier: | | | | |
| FY2019 New Detailed Instructions | [| Back | Next | | | |

- 1. In field 2, "Type of Application," verify the information.
 - Confirm that you have registered for the correct funding opportunity, "New Project Application."
- 2. Leave fields 4 through 7 blank.
- 3. Select "Next" to continue to the next screen.

1B. Legal Applicant

The following steps provide instruction on reviewing the fields on the "Legal Applicant" screen for **Part 1: SF-424** of the FY 2021 Project Application.

| e.Forms | | | | Logo |
|--|---------------------------------------|--|----------------------------------|------------|
| 🛃 jdoe-02 | | 18. SF-424 Le | egal Applicant | |
| New Project Application | | 8. Applicant | | |
| FY2021 | | a. Legal Name: | City and County of San Francisco | |
| Applicant Name: City and County of San Francisco | b. Employer/Taxpayer Ider | ntification Number (EIN / TTN \- | 94-6000417 | |
| Applicant Number: 155440829 Project Name: | | c. Organizational DUNS: | 155440829 PLUS 4: 3444 | |
| New Project Application Test FY2021 | | d. Address | | |
| Project Number: | | Street 1: | 1650 Mission St. 3RD Floor | |
| 137110 | Verify the data is | Street 2: | (| |
| New Destant And Parking | accurate | City: | San Francisco | |
| New Project Application FY2021 | | County: | San Francisco | |
| Statement and a second second | | State: | California | W 1 |
| FY2019 New Detailed Instructions | | | United States | |
| | | Zip / Postal Code: | | |
| Before Starting | | and 1 i contai contai | 54105 | |
| Part 1 - Forms 1A. SF-424 Application | е. | Organizational Unit (optional) | | |
| ти, эн-чич мррисаціон Туре | | Department Name: | Human Services Agency | |
| 1B. SF-424 Legal Applicant | | Division Name: | Housing and Homeless Programs | |
| 1C. SF-424 Application Details 1D. SF-424 | f. Name and conta contacted on mat | ct information of person to be tters involving this application | | |
| Congressional District(s) | | Prefix: | Mr. or | |
| 1E, SF-424 Compliance | | First Name: | Trent TTT JJ | |
| 1F. SF-424 Declaration | | Middle Name: | | |
| 1G. HUD 2880 | (| Last Name: | Rhorer RRR | |
| 1H. HUD 50070 1I. Cert. Lobbying | NOTE: This section | Suffix: | - select - * | |
| 13. SF-LLL | populates from the | Title: | Director | |
| BB. Summary | | Organizational Affiliation: | City and County of San Francisco | |
| | Alternate Contact | Telephone Number: | | |
| View Applicant Profile | section of the | Extension: | | |
| Export to PDF | Applicant Profile. | Fax Number: | | |
| Get PDF Viewer | | / | trent.rhorer@stgov.org | |
| Back to Submissions List | | | Canada and | |
| | | Back | Next | |

Steps

- 1. In field 8, verify that all of the information on the screen is complete and accurate.
- 2. Select "Next" at the bottom of the screen to move to the next screen.
 - **NOTE:** If any pre-populated information is incorrect, you must correct it in the Project Applicant Profile. Review the instructions in the <u>Submitting the Project</u> <u>Application</u> section in this guide.

Do not use the "View Applicant Profile" link on the left menu bar.

1C. Application Details

The following steps provide instruction on completing all mandatory fields marked with an asterisk (*) on the "Application Details" screen for **Part 1: SF-424** of the FY 2021 Project Application.

| e.Forms | | | | n Logout |
|--|--|--|---|----------|
| A jdae-02 | | 1C. SF-424 App | olication Details | |
| New Project Application FY2021 Applicant Name: | Verify the data in fields 9, 10, 11, and 12 | 9. Type of Applicant: 10. Name of Federal Agency: | A. State Government Department of Housing and Urban Development | |
| City and County of San Francisco Applicant Number: 155440829 | 11. Catalog of Fe | deral Domestic Assistance Title: CFDA Number: | No. of the second se | |
| Project Name: New Project Application Test FY2021 Project Number: 137110 | | | Continuum of Care Homeless Assistance Competi | |
| New Project Application FY2021 | 13. Con | npetition Identification Number: Title: | | |
| FY2019 New Detailed Instructions | | Batk | Next | |

Steps

- 1. Verify that the information populated in fields 9, 10, 11, and 12 is correct.
 - Field 9 pre-populates from the Project Applicant Profile.
 - Fields 10, 11, and 12 pre-populate and cannot be edited.
- 2. Leave field 13 blank.
- 3. Select "Next" to continue to the next screen.
 - **NOTE:** If any pre-populated information is incorrect, you must correct it in the Project Applicant Profile. Review the instructions in the <u>Submitting the Project</u> <u>Application</u> section in this guide.

Do not use the "View Applicant Profile" link on the left menu bar.

1D. Congressional Districts

The following steps provide instruction on completing all mandatory fields marked with an asterisk (*) on the "Congressional Districts" screen for **Part 1: SF-424** of the FY 2021 Project Application, as well as reviewing information populated from the "Applicant Profile" and "Projects" screens.

| e.Forms | |
|-----------------------------------|---|
| jdoe-02 | 1D. SF-424 Congressional District(s) |
| ew Project Application (2021 | * 14. Area(s) affected by the project (state(s) only): (for multiple selections hold CTRL key) |
| oplicant Name: | Available Items: Selected Items: move selections |
| ty and County of San | Alaska >>> from left column |
| ancisco | American Samoa to the right |
| oplicant Number: 55440829 | Arizona Arkanese |
| oject Name: | Arkansas California * Ke |
| v Project Application t FY2021 | |
| oject Number: 17110 | 15. Descriptive Title of Applicant's Project: New Project Application Test FY2021 |
| | 16. Congressional District(s): |
| ew Project Application | 16a. Applicant: Populates from |
| Y2021 | Available Items: Selected Items: Applicant Profile |
| 2010 New Detalled | AK-000 |
| 2019 New Detailed structions | AL-001 |
| | AL-002 AL-003 |
| fore Starting | AL-004 |
| t 1 - Forms | AL-005 * * |
| 1A. SF-424 Application | * 16b. Project: |
| De | (for multiple selections hold CTRL key) |
| 1B. SF-424 Legal | Available Items: Selected Items: |
| plicant 1C. SF-424 Application | AK-000 |
| tails | AL-001 Move correct |
| 1D. 5F-424 | AL-002 AL-003 |
| ngressional | AL-003 AL-004 District(s) for the |
| strict(s) | A1 00E |
| .E. SF-424 npliance | project |
| F. SF-424 Declaration | 17. Proposed Project |
| G. HUD 2880 | |
| LH. HUD 50070 | * a. Start Date: |
| 11. Cert. Lobbying | * b. End Date: |
| 1J. SF-LLL | |
| BB. Summary | 18. Estimated Funding (\$) |
| | a. Federal: |
| ew Applicant Profile | b. Applicant: |
| most to PDF | c. State: |
| port to PDF It PDF Viewer | |
| CPOF VIEwer | d. Local: |
| ck to Submissions List | e. Other: |
| | f. Program Income: |
| | g. Total: |
| | |
| | Save & Back Save Save & Next |
| | Back Next |
| | a start starts |

Steps

- 1. In field 14, select the State(s) in which the proposed project will operate and serve persons experiencing homelessness.
 - Highlight one state, or hold the CTRL+Key to make more than one selection. Using the single arrow key, move your selection from the left box to the right box.
- Field 15 is pre-populated with the name entered on the "Projects" screen when the Project Application was initiated. To make changes to this field, return to the "Projects" screen to edit the name:
 - From the left-menu bar select "Back to Submissions List."
 - From the left-menu bar select "Projects."
 - On the "Projects" screen, locate the name of the project you wish to rename and select the View () icon to the left of the project name.
 - On the "Project Details" screen, change the name you originally entered in the "Applicant Project Name" field and select "Save" at the bottom of the screen.
 - When you re-enter the New Project Application and navigate back to the "Congressional Districts" screen, the correct project name should now be displayed in the "Descriptive Title of Applicant's Project" field.
- 3. Field 16a "Congressional Districts" is pre-populated from the Project Applicant Profile.
 - Applicants cannot modify the populated data on this screen; however, Project Applicants may modify the Project Applicant Profile to correct any errors identified.
- 4. In field 16b, select the congressional district(s) in which the project is expected to operate.
 - Highlight one district, or hold the CTRL+Key to make more than one selection.
 - Using the single arrow key, move your selection from the left box to the right box.
- 5. In field 17, under "Proposed Project," enter the project's estimated operating start and end dates in the appropriate fields using the calendar in function.
- 6. Leave the Field 18 "Estimated Funding" fields blank.
- 7. Select "Save & Next" to continue to the next screen.
 - **NOTE:** If any pre-populated information is incorrect, you must correct it in the Project Applicant Profile. Review the instructions in the <u>Submitting the Project</u> <u>Application</u> section in this guide.

Do not use the "View Applicant Profile" link on the left menu bar.

1E. Compliance

The following steps provide instructions on completing all the mandatory fields marked with an asterisk (*) on the "Compliance" screen for **Part 1: SF-424** of the FY 2021 Project Application, as well as reviewing information populated from the "Applicant Profile."

| Ce.Forms | | | | Cogout |
|---|---|---|--------------------------------|--------|
| 🌲 jdoe-02 | 16 | . SF-424 Compli | ance | |
| New Project Application FY2021 Applicant Name: City and County of San Francisco Applicant Number: 155440829 Project Name: New Project Application Test FY2021 Project Number: | If "YES", enter the date this application was made availa | Process? able to the or review: eral debt? selec | 1 | |
| 137110 New Project Application FY2021 | Save & Back | Save | Save & Ne Next | txt |
| FY2019 New Detailed Instructions | Note: This formlet contains n | Check Spelling | which no value has been saved. | |

Steps

- 1. In field 19, the "Is the Application Subject to Review By State Executive Order 12372 Process?" field, select the correct option from the dropdown menu.
 - If the State or U.S. Territory requires review of the application, select "Yes" and enter the date on which the application was made available to the State, using the calendar icon function.
 - If the State or U.S. Territory does not require review of the project application, select "Program is subject to E.O. 12372 but has not been selected by the State for review."
 - If "Program is not covered by E.O. 12372" is selected, then the project is not eligible for this funding opportunity and you will not be able to access the project application.
- 2. In field 20, select "Yes" or "No" to indicate whether the Project Applicant is delinquent on any Federal debt.
 - If "Yes," an explanation must be entered in the field provided.
- 3. Select "Save & Next" to continue to the next screen.



To access the lists of those states that have chosen to participate in the intergovernmental review process, visit:

https://www.whitehouse.gov/wp-content/uploads/2020/04/SPOC-4-13-20.pdf.

1F. Declaration

The following steps provide instructions on completing all the mandatory fields marked with an asterisk (*) on the "Declaration" screen for **Part 1: SF-424** of the FY 2021 Project Application, as well as reviewing information populated from the "Applicant Profile" and "Projects" screens.

| e.Forms | | | | 🥬 Logo |
|---|-------------------------------------|--|---|--------------------------|
| 🌲 jdoe-02 | | 1F. SF-424 | Declaration | |
| New Project Application FY2021 | certifications** | ubmitting this application, I certif and (2) that the statements herei 2. I also provide the required assu | in are true, complete, a | ind accurate to the best |
| Applicant Name: City and County of San Francisco | resulting terms i | f I accept an award. I am aware t aims may subject me to criminal, | that any false, fictitious | s, or fraudulent |
| Applicant Number: 155440829 | | * I AGREE: | Sele | ect |
| Project Name: New Project Application Test FY2021 | NOTE: This | 21. Authorized Representative | <u> </u> | |
| Project Number: 137110 | section populates the Authorized | Prefix: First Name: | | |
| New Project Application | Representative | Middle Name: | | |
| | from the Applicant Profile. | Last Name: Suffix: | Crum CCC | |
| FY2019 New Detailed Instructions | | Title: | DDDDDDirector, Housing & Ho | omeless Program |
| Before Starting Part 1 - Forms | | Telephone Number: (Format: 123-456-7890) | | |
| 1A. SF-424 Application Type | | Fax Number: (Format: 123-456-7890) | | |
| 1B. SF-424 Legal Applicant | Signatu | Email: are of Authorized Representative: | jøyce crum@sfgov.org Considered signed upon subm | ission in e-snaps |
| 1C. SF-424 Application Details 1D. SF-424 | | Date Signed: | 06/01/2021 | |
| Congressional District(s) 1E. SF-424 | Save & | Back Sa | ave | Save & Next |
| Compliance 1F. SF-424 Declaration | | Back | Next | |

Steps

- 1. Select the box stating that you agree with the statement about certifying information in the SF-424 section of the FY 2021 New Project Application.
- 2. In field 21, verify that the Authorized Representative information is complete and accurate.
 - Note: The Authorized Representative information must be for the person who is legally able to enter into a contract for the organization. This is the person who can legally sign the grant agreement if the new project application is selected for conditional award.
- 3. Select "Save & Next" to continue to the next screen.
 - **NOTE:** If any pre-populated information is incorrect, you must correct it in the Project Applicant Profile. Review the instructions in the <u>Submitting the Project</u> <u>Application</u> section in this guide.

Do not use the "View Applicant Profile" link on the left menu bar.

1G. HUD 2880

HUD Form 2880 (Applicant/Recipient Disclosure/Initial Report) is incorporated both into the Project Applicant Profile and the individual Project Applications (new, renewal, CoC Planning, and UFA Costs). It is no longer uploaded as an attachment.

Due to the complexity of the form, a separate resource provides instructions on completing the HUD Form 2880 in both the Project Applicant Profile and the Project Applications (new, renewal, CoC Planning, and UFA Costs).

Refer to the following resource:

<u>https://files.hudexchange.info/resources/documents/How-to-Complete-the-HUD-Form-2880-in-e-snaps.pdf</u>

The 2880 is divided into three parts; therefore, the referenced resource is organized as follows:

- The 2880 in the Project Applicant Profile
 - o Part I
 - o Part II
 - o Part III
- The 2880 in the Project Applications
 - o Part I
 - o Part II
 - o Part III

1H. HUD 50070

The following steps provide instructions on completing all the mandatory fields marked with an asterisk (*) on the "HUD 50070 - Drug Free Workplace Certification" screen for Part 1: SF-424 of the FY 2021 Project Application, as well as reviewing information populated from the "Applicant Profile" screens.

| 🧲 e.Forms | e Logos |
|--|--|
| 🍂 jdow 02 | 1H. HUD 50070 |
| New Project Application PY2021 | HUD 50070 Certification for a Drug Free Workplace |
| P12023 | Applicant Name: City and County of San Francesco |
| Applicant Name: City and County of Sen Prancisco | Program/Activity Receiving Federal Grant Funding: CoC Program |
| Applicant Number: 155440829 Project Name: | Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below: |
| New Project Application Test FY2021 Project Number: 137110 New Project Application FY2021 FY2015 New Detailed | i certify that the above named Applicant will or will continue to provide a drug-free workplace by: Publishing is statement notifying employees that the unlawful menufacture, distribution, dispensing, preservice, or use of a soutcolled substance is prohibited in the Applicant's workplace and soutlying the statement substance is prohibited in the Applicant's workplace for violation of such prohibition. |
| Instructions Before Starting Part 1 - Torms 14: 57-424 Application Type 15: 57-424 Application 16: 57-424 Application Details (D: 57-424 Application Details (D: 57-424 Compressioned Distinct(s) | Establishing an emogene drugthes averages program to inform employees (1) The deprays of drug abuse in the workplace. (2) The deprays of drug abuse in the workplace. (3) Any available drug counseling, rehabilitation, and employee availabance programs, and (4) The banditest may be imposed upon employees (or drug abuse violations occurring in the workplace. |
| Longressional Districts, IL 51-424 Compliance 1F, SF-424 Compliance 1F, SF-424 Compliance 1G, HUD 2850 1H, HUD 2850 1H, Cert, Lobbying 1L SF-1L4 Part 2 - Recyclent and Subrecipient Information 2A, Subrecipients 2B, Expensese | Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the estemant required by pervariant be given a copy of the estemant required by pervariant of pervaper between the estemant required by the estemant required by pervaper between the estemant required by the estemant req |
| 28. Expensive Part 2 - Project Information 38. Description 30. Expansion Part 1 - Housing, Services, and HMIS 44. Services 48. Housing Type Part 5 - Pertricipants 54. Households 58. Subpooletions 54. Households 58. Subpooletions 54. G. Opget Information 64. Funding Request 66. Operating | 2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, dty, courty, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.) Workplaces, including addresses, entered in the attached project application. Refer to addresses entered into the attached project application. * I certify that the information provided on this form and in any for the addresses of the authority of the authority of the authority of the addresses of the authority of the submitted a false, fictuous, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or divil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §2 287, 1001, 1010, 1012; 31 U.S.C. §3202) |
| 64. Metch 51. Summary Budget Part 7 - Attachment(s) 6 Cestification 7A. Attachment(s) 7A. In-Kino MOU Attachment 7D. Centrification Part 8 - Submoston Summary | Authorized Representative Prefix: Ma First Name: UpgedUUTT Middle Name Last Name: Dum OCC |
| 88: Summary | Suffix: - select Title: DDDDDC-web-: Housing & Homeines Program |
| View Applicant Profile | Telephone Number: (415) 557-8444 (Format: 123-456-7880) |
| Expart to FDF Get PDF Viewer | Format: 223-459-800 Fax Number: [415] 557-6033 (Format: 223-450-7800) |
| Báck to Submissions List | Email: wyos cour Grégoriag |
| and to ontenderers that | Signature of Authorized Representative: Considered agreed upon submasion in example. Date Signed: Jabb42221 |
| | |
| | Save & Back Slave Slave & Slav |
| | |

Steps

- 1. Select the box stating that you certify that the information on the HUD 50070 in the SF-424 section of the FY 2021 New Project Application is correct.
- 2. Verify that the Authorized Representative information is complete and accurate.
 - Note: The Authorized Representative information must be for the person who is legally able to enter into a contract for the organization. This is the person who can legally sign the grant agreement if the new project application is selected for conditional award.
- 3. Select "Save & Next" to continue to the next screen.
 - **NOTE:** If any pre-populated information is incorrect, you must correct it in the Project Applicant Profile. Review the instructions in the <u>Submitting the Project</u> <u>Application</u> section in this guide.

Do not use the "View Applicant Profile" link on the left menu bar.

11. Certification Regarding Lobbying

The following steps provide instructions on completing the "Certification Regarding Lobbying" screen for **Part 1: SF-424** of the FY 2021 Project Application.

| e.Forms | | Logout |
|---|---|--------|
| A jdoe-02 | CERTIFICATION REGARDING LOBBYING | |
| | Certification for Contracts, Grants, Loans, and Cooperative Agreements | |
| New Project Application FY2021 | The undersigned certifies, to the best of his or her knowledge and belief, that: | |
| Applicant Name: City and County of San Francisco Applicant Number: 155440829 Project Name: New Project Application Test FY2021 | (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement. 2) If any funds other than Federal appropriated funds have been paid or will be paid to any | |
| Project Number: 137110 | person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of | |
| New Project Application | Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. | |
| FY2021 FY2019 New Detailed Instructions Before Starting Part 1 - Forms 1A. SF-424 Application | (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$100,000 and not more than \$100,000 for each such failure. | |
| Туре | Statement for Loan Guarantees and Loan Insurance | |
| 1B. SF-424 Legal Applicant | The undersigned states, to the best of his or her knowledge and belief, that: | |
| 1C. SF-424 Application Details 1D. SF-424 Congressional District(s) 1E. SF-424 Compliance IF. SF-424 Declaration 1G. HUD 2880 1H. HUD 50070 1I. Cert. Lobbying 1J. SF-LLL 8B. Summary | If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of a Member of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. * I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate: | |
| View Applicant Profile | Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802) | |
| Export to PDF Get PDF Viewer | | |
| Get PDP viewer | Applicant's Organization: City and County of San Francisco | |
| Back to Submissions List | Name / Title of Authorized Official: Joyce JJJ TT Crum CCC, DDDDDDIrector, Hou | |
| | Signature of Authorized Official: Considered signed upon submission in e-snaps Date Signed: 06/01/2021 | |
| | Save & Back Save Save & Next | |
| | Back Next | |
| | | |
| | Check Spelling | |

- 1. Review the information on this screen.
- 2. Select the box stating that you certify that the information is true and accurate. The other fields on this screen are not editable.
- 3. Select "Save & Next" to continue to the next screen.

1J. SF-LLL

The following steps provide instructions on completing all the mandatory fields marked with an asterisk (*) on the "SF-LLL - Disclosure of Lobbying" screen for **Part 1: SF-424** of the FY 2021 Project Application, as well as reviewing information populated from the "Applicant Profile" screens.

| 🥑 e.Forms | مانچي | gout |
|--|---|------|
| Jdoe-02 | 1J. SF-LLL | |
| New Project Application FY2021 | DISCLOSURE OF LOBBYING ACTIVITIES Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352. Approved by OMB0348-0046 | |
| Applicant Name: City and County of San Francisco | HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement. | |
| Applicant Number: 155440829 Project Name: New Project Application Test FY2021 Project Number: 137110 | Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action." | |
| 13/110 | Answer "No" if your organization is NOT engaged in lobbying. | |
| New Project Application FY2021 | * Does the recipient or subrecipient of this CoC gran - select - > Select "Yes" or participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC "No" to reveal | |
| FY2019 New Detailed Instructions | Program? additional Authorized Representative questions | |
| Before Starting Part 1 - Forms | | |
| 1A. SF-424 Application | Prefix: Ms | |
| Туре | First Name: Joyce JJJ TT | |
| 1B. SF-424 Legal Applicant | Middle Name: | |
| IC. 5F-424 Application | Last Name: Crum CCC | |
| Details | Suffix: - select - * | |
| 1D. SF-424 Congressional District(s) | Title: DDDDDDirector, Housing & Homeless Program | |
| 1E. SF-424 | Telephone Number: (415) 557-6444 | |
| Compliance 1F. SF-424 Declaration | (Format: 123-456-7890) | |
| 1G. HUD 2880 | Fax Number: (415) 557-6033 (Format: 123-456-7890) | |
| 1H. HUD 50070 | Email: joyce.crum@sfgov.org | |
| 11. Cert, Lobbying | Control of the second | |
| 1J. SF-LLL | Save & Back Save Save & Next | |
| 8B. Summary | Save a Dack Save Save A Hext | |
| View Applicant Profile | Back Next | |
| Export to PDF | Check Spelling | |

- 1. Verify that the Authorized Representative information is complete and accurate.
- 2. Select "Yes" or "No" to indicate if your organization participates in federal lobbying activities.
 - Additional questions will appear (see next pages).
 - **NOTE:** If any pre-populated information is incorrect, you must correct it in the Project Applicant Profile. Review the instructions in the <u>Submitting the Project</u> Application section in this guide.

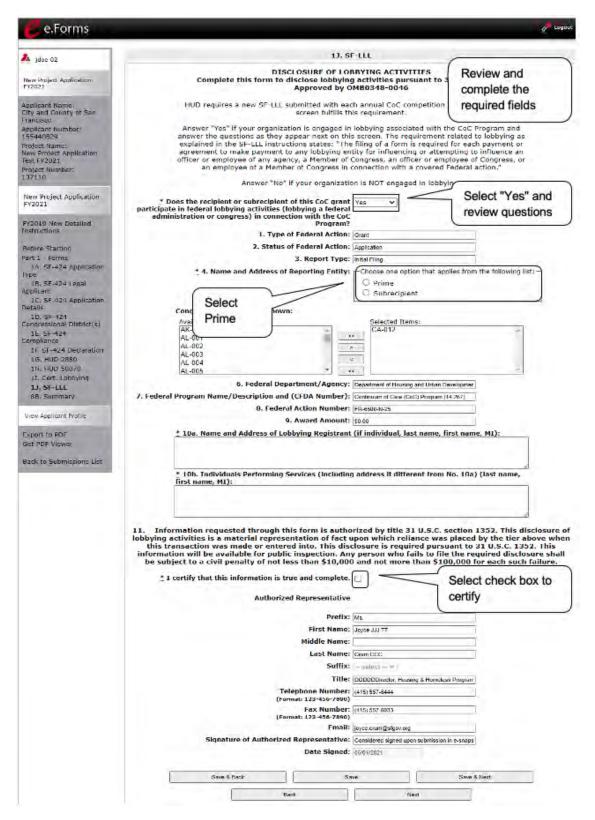
If "No" Lobbying Activities

| August Project Application Frozense August Project August Project August Project August Project August Project August Project August August Project August A | e.Forms | | ų |
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| Belicht Number: Styleider Number: <td>ity and County of San</td> <td></td> <td>ing this</td> | ity and County of San | | ing this |
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| Authorized Representative | | | ck box |
| xport to PDF ket PDF Viewer ack to Submissions List Ack to Submission In Constant Ack to Submission In Const | /iew Applicant Profile | Authorized Representative to certify | |
| et PDF Viewer ack to Submissions List Middle Name: Last Name: Com CCC Suffix: -select Title: DDDDDDrector: Homeless Program Telephone Number: (415) 557-6444 (Format: 123-456-7890) Fax Number: (415) 557-6444 (Format: 123-456-7890) Fax Number: (415) 557-6444 (Format: 123-456-7890) Email: joyce ann@stgov org Signature of Authorized Representative: Considered signed upon submission in e-snaps Date Signed: 06/01/2021 | and the second se | Prefix: M8. | |
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| Last Norms: Crum CCC Suffix: -select | at the vicinic | | |
| Suffix: -select - y Title: DDDDDDrector Housing & Homeless Program Telephone Number: (415) 557-6444 (Format: 123-456-7890) Fax Number: (415) 557-6033 (Format: 123-456-7890) Email: joyce crum@xfgov.org Signature of Authorized Representative: Considered signed upon submission in e-snaps Date Signed: 06/01/2021 Save & Back Save Save Save & Next | | Last Name: Crum CCC | |
| Title: DDDDDDDrector: Homeless Program Telephone Number: (415) 557-5444 (Format: 123-456-7890) Fax Number: (415) 557-6033 [Format: 123-456-7890] Email: joyce crum@sfgov org Signature of Authorized Representative: Considered signed upon submission in e-snape Date Signed: 06001/2021 | ack to Submissions List | | |
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Step

- 1. If "No" lobbying activities, review the pre-populated data on the screen.
- 2. Under field 11, select the box stating that you certify that the information on the SF-LLL in the SF-424 section of the Renewal Project Application is correct.
- 3. Select "Save & Next" to continue to the next screen.

If "Yes" Lobbying Activities



Steps

- 1. If "Yes" lobbying activities, review the pre-populated data in fields 1, 2, and 3.
- 2. In field 4, indicate that the reporting entity is the Prime.
 - The options include "Prime" and "Subrecipient," but the Project Applicant should always be the Prime.
- 3. Under field 4, confirm the Congressional districts and edit as needed.
- 4. Review fields 6, 7, 8, and 9.
- 5. In field 10a, identify the lobbying registrant's name and address.
- 6. In field 10b, identify individuals performing services. It is a required field and requires text.
- 7. After completing the questions, select the box under field 11 stating that you certify that the information on the SF-LLL in the SF-424 section of the Renewal Project Application is correct.
- 8. Select "Save & Next" to continue to the next screen.

Prime is the required selection: The Prime is the organization that receives the award; when the organization receives an award, it is called the recipient. The recipient is required to submit the Project Application and is referred to as the Project Applicant in the navigational guides.

A subrecipient NEVER submits the Project Application.

1K. SF-424B

The following steps provide instructions on completing all the mandatory fields marked with an asterisk (*) on the "SF-424B—Assurances Non-Construction Programs" screen for **Part 1: SF-424** of the FY 2021 Project Application, as well as reviewing information populated from the "Applicant Profile" screens.

| (SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS (SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS Market Name: (SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS Market Name: (SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS Market Number: NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified. | | | | | |
|--|--|--|--|----------------------------|--|
| 2021 plicant Name: spect Applicant 23 plicant Number: Diget Number: Spect Name: wroget FY 2021 Test 1258 Spect Number: 2274 NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified. As the duly authorized representative of the applicant, I certify: Select check box to certify Authorized Representative for: Prefix: Mr. First Name: Last Name: Suffix: Title: Director Signature of Authorized Certifying Official: Considered signed upon submission in e-snap. | jsmith-02 | IK. SF-424B | | | |
| pplicant Name: OMB Number: 4040-0007 Expiration Date: 02/28/2022 Review the assurances pplicant Number: Select Applicant Store of the assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified. Solet Number: As the duly authorized representative of the applicant, I certify: Select check box to certify * As the duly authorized representative of the applicant, I certify: Note: The second Select Applicant - jsmith-02 Test Prefix: Mr. First Name: J Middle Name: Suffix: Title: Director Signature of Authorized Certifying Official: Considered signed upon submission in e-snap. | lew Project Application | (SF-424B) ASSU | (SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS | | |
| NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified. As the duly authorized representative of the applicant, I certify that the applicant: * As the duly authorized representative of the applicant, I certify. Authorized Representative for: Project Applicant - jsmith-02 Test Prefix: Mr. First Name: J Middle Name: Last Name: Smith-02 Suffix: Title: Director Signature of Authorized Certifying Official: Considered signed upon submission in e-snap | pplicant Name: roject Applicant 21 | E | | | |
| As the duly authorized representative of the applicant, I certify that the applicant: ** As the duly authorized representative of the applicant, I certify: Select check box to certify ** As the duly authorized representative of the applicant, I certify: Select check box to certify Authorized Representative for: Project Applicant - jsmith-02 Test Prefix: Mr. First Name: J Middle Name: Last Name: Suffix: Title: Director Signature of Authorized Certifying Official: | 8 roject Name: lew Project FY 2021 Test 112SB | you have questions, please con agencies may require applicant | tact the awarding agency. Further | , certain Federal awarding | |
| Authorized Representative for: Project Applicant - jsmith-02 Test Prefix: Mr. First Name: J Middle Name: Last Name: Smith-02 Suffix: Title: Director Signature of Authorized Certifying Official: Considered signed upon submission in e-snap | | As the duly authorized represent | ntative of the applicant, I certify th | at the applicant: | |
| Middle Name: Middle Name: Last Name: Smith-02 Suffix: Image: Considered signed upon submission in e-snap Signature of Authorized Certifying Official: Considered signed upon submission in e-snap | | | Project Applicant - jsmith-02 Test | | |
| Last Name: Smith-02 Suffix: Title: Director Signature of Authorized Certifying Official: Considered signed upon submission in e-snap | | First Name: | J | | |
| Suffix: Title: Director Signature of Authorized Certifying Official: Considered signed upon submission in e-snap | | Middle Name: | | | |
| Title: Director Signature of Authorized Certifying Official: Considered signed upon submission in e-snap | | Last Name: | Smith-02 | | |
| Signature of Authorized Certifying Official: Considered signed upon submission in e-snap | | Suffix: | | 1 | |
| | | Title: | Director | | |
| Date Signed: 08/12/2021 | Signature of | of Authorized Certifying Official: | Considered signed upon submission | in e-snap | |
| | | Date Signed: | 08/12/2021 | | |
| Save & Back Save Save Save | | | | | |

- 1. Review the information on this screen.
- 2. Verify that the Authorized Representative information is complete and accurate.
- 3. Select the box stating that you certify these assurances.
- 4. Select "Save & Next" to continue to the next screen.

1L. SF-424D

The following steps provide instructions on completing all the mandatory fields marked with an asterisk (*) on the "SF-424B—Assurances Construction Programs" screen for **Part 1: SF-424** of the FY 2021 Project Application, as well as reviewing information populated from the "Applicant Profile" screens.

| e.Forms | | | | Logout |
|---|--|---------------------------------------|-----------------------|--------|
| 🍂 jsmith-02 | | 1L. SF-424D | | |
| New Project Application FY2021 | * Are you requesting CoC I construction costs in | Select "Ye or "No" | s" | |
| Applicant Name: Project Applicant 21 | Save & Back | Yes | Save & Next | |
| Applicant Number: 08 | в | ack | lext | |
| Project Name: New Project FY 2021 Test 2112SB | Note: This formlet c | ontains mandatory fields for which no | value has been saved. | |
| Project Number: | | | | |

Steps

1. Select "Yes" or "No" from the dropdown menu regarding whether you are requesting CoC, Program funds for construction costs in this application.

| 🥑 e.Forms | | | | Cogout |
|---|---|--------------------------------|--------------------------|--------|
| 🍂 jsmith-02 | | 1L. SF-424D | | |
| New Project Application FY2021 | * Are you requesting CoC P construction costs in | this application? | | |
| Applicant Name: Project Applicant 21 | No SF-424D is required | I. Select "Save and Next" to n | nove to the next screen. | |
| Applicant Number: 08 | Save & Back | Save | Save & Next | |
| Project Name: New Project FY 2021 Test 2112SB | Ba | ck | Next | |
| Project Number: 137274 | | | | |

• If "No" is selected, then no SF-424D is required. Select "Save and Next" to move to the next screen.

| ismith-02 | | 1L. SF-424D | |
|---|---|---|-------------------------------|
| vew Project Application | Are you requesting CoC Prog construction costs in thi | aram funds for Yes 💙 | Review the assurances |
| pplicant Name: | (SF-424D) A55 | SURANCES - CONSTRUCTION | PROGRAMS |
| roject Applicant 21 pplicant Number: | | OMB Number: 4040-0009 | |
| R roject Name: | Ex | piration Date: 02/28/2022 | |
| ew Project PY 2021 Tesi 11258 roject Number: 37274 | NOTE: Certain of these assuran you have questions, please cont agencies may require applicants will be notified. | tact the awarding agency. Furt | her, certain Federal awarding |
| New Project Application | As the duly authorized represen | tative of the applicant, I certify | that the applicant; |
| | | | |
| | Prefix: First Name: | J | |
| | | J | |
| | First Name: | | |
| | First Name: Middle Name: | J Smith-02 | |
| | First Name: Middle Name: Last Name: Suffix: | J Smith-02 | |
| Signature | First Name: Middle Name: Last Name: Suffix: | J Smith-02 Director. | sión in e-snap |
| Signature | First Name: Middle Name: Last Name: Suffix: Title: | J Smith-02 Director. Considered signed upon submis | sion in e-snap |

- If "Yes" is selected, additional fields will appear.
 - o Review the information on the screen.
 - o Verify that the Authorized Representative information is complete and accurate.
 - o Select the box stating that you certify to these assurances.
- 2. Select "Save & Next" to continue to the next screen.

2A. Subrecipients

Remember, applicants must complete Part 1: SF-424 before the rest of the application screens will appear.

This screen lists all of the project's subrecipients. The detail that will populate this screen is based on what is entered in the "Project Subrecipients Detail" screen for **Part 2: Recipient and Subrecipient Information** of the FY 2021 Project Application.

| e.Forms | | | | | | Logout |
|---|--------------|---------------------------|--|-----------------------|----------------|---|
| Jdoe-02 | | | 2A. P | roject Subrecipier | nts | |
| New Project Application FY2021 | This form | lists the subre Select | cipient organization(s) for the subrecipient information of th | | | lect the 🛱 icon. To view |
| Applicant Name: City and County of San Francisco Applicant Number: 155440829 Project Name: | [Show Filter | "Add" [Clear Filters] | Total Expected Sub- | Awards: | | Select "Next" when finished adding project subrecipients |
| New Project Application Test FY2021 | Delete | View | Organization | Туре | Sub-Award Amou | |
| Project Number: 137110 | | | This | list contains no iten | ns / | |
| New Project Application FY2021 | | | Back | | Next | |

Steps

- 1. To begin adding subrecipient organization(s) to this list, select the "Add" icon.
- 2. The "Project Subrecipients Detail" screen will appear.

2A. Subrecipients (continued)

| e.Forms | | | Lagout |
|---|------------------------|----------------------------------|--------|
| 🌲 jdoe-02 | | 2A. Project Subrecipients Detail | |
| New Project Application FY2021 | | * a. Organization Name: | |
| Contract of the local division of the local | | * b. Organization Type: select | ~ |
| Applicant Name: City and County of San Francisco | | If "Other" specify: | |
| Applicant Number: 155440829 | | | |
| Project Name: | <u>*</u> c. Employer o | r Tax Identification Number: | |
| New Project Application Test FY2021 | | | |
| Project Number: 137110 | | * d. Organizational DUNS: PLUS | 4: |
| New Project Application | 1 | e. Physical Address | |
| FY2021 | 5 | * Street 1: | |
| FY2019 New Detailed | Enter Subrecipient | Street 2: | |
| Instructions | Organization's | * City: | |
| Before Starting | DUNS number | * State: - select 🗸 | |
| Part 1 - Forms | | * Zip Code: | |
| 1A. SF-424 Application | | | |

Steps

- 1. In field a, enter the legal name of the subrecipient organization.
- 2. In field b, indicate the subrecipient's organization type by selecting the appropriate option from the dropdown menu.
 - Options include: State Government; County Government; City of Township Government; Special District Government; U.S. Territory or Possession; Public / State Controlled Institute of Higher Learning; Public Housing Authority; Nonprofit with 501c3 IRS Status; Nonprofit without 501C3 IRS Status; or Indian Tribes, and tribally designated housing entities, as defined in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103),); and public housing agencies, as such term is defined in 24 CFR 5.100

If the organization type does not appear on the list, it is not an eligible subrecipient.

The "Other" text box can be used for more information, if desired.

- Nonprofit subrecipients(those who select options M or N as an organization type) are required to provide proof of their nonprofit status. Documentation of nonprofit status must be attached in *e-snaps* using the "Attachments" link on the left menu bar. This link appears prior to the "Submission Summary" link.
- 3. In field c, enter the subrecipient's 9-digit TAX ID/EIN number.
- 4. In field d, enter the subrecipient's 9-digit DUNS number (or 13-digit number, if applicable.)
- 5. In field e, enter the subrecipient's address, city, state, and zip code. If the mailing address is different from the street address; enter the mailing address.

2A. Subrecipients (continued)

| Type 1B. SF-424 Legal | | isional District(s): elections hold CTRL key) | | |
|--|--|--|--------------------|----------------|
| Applicant | Available Ite | ms: | Selected Items: | |
| 1C. SF-424 Application | AK-000 | × | | 2 |
| Detalls | AL-001 | >> | > | |
| 1D. SF-424 | AL-002 | > | | |
| Congressional District(s) | AL-003 | | - | |
| 1E. SF-424 | AL-004 | | | |
| Compliance | AL-005 | * <* | < | ~ |
| 1F. SF-424 Declaration | | | | |
| 1G. HUD 2880 | * g. Is the sub | recipient a Faith-Based Organization? | select ¥ | |
| 1H, HUD 50070 | | | | |
| 1I. Cert. Lobbying | * h. Has the subrecipie | nt ever received a federal grant, either | select Y | |
| 1J. SF-LLL | directly from a fe | deral agency or through a State/local | - Sciect - | |
| Part 2 - Recipient and Subrecipient Information | | agency? | | |
| 2A. Subrecipients | | * i. Expected Sub-Award Amount: | | |
| 2B. Experience | | | | |
| Part 3 - Project | | j. Contact | t Porson | |
| Information | | * Prefix: | | |
| 3A. Project Detail | | | Select V | |
| 3B. Description | | * First Name: | | 1 |
| 3C. Expansion | | Middle Name: | | |
| Part 4 - Housing, Services, and HMIS | | * Last Name: | | Select "Save & |
| Part 5 - Participants | | Suffix: | select ¥ | Add Another" |
| Part 6 - Budget Information | the second secon | * Title: | - Select + | to add more |
| 6A. Funding Reg | | | | |
| | | * E-mail Address: | | subrecipients |
| 6J. Summary B | ct "Save & Back | * Confirm E-mail Address: | | |
| Part 7 - Attachme to Lis | st" when finished | * Phone Number: | | 7/ |
| And a second | ng subrecipients | | | 1/ |
| 7A. Attachmen | ig sublecipients | Extension: | / | / |
| 7D. Certification | $ \rightarrow $ | Fax Number: | // | |
| Part 8 - Submission | | | | |
| Summary | | | | |
| 8B. Summary | | Save | Save & Add Another | |
| | | Save & Back to List | Back to List | |
| View Applicant Profile | | | | |

- 6. In field f, under "Congressional Districts," select the Congressional district(s) in which the subrecipient is located.
 - Highlight one district or hold the CTRL+Key to make more than one selection.
 - Using the single arrow key, move your selection from the left box to the right box.
- 7. In field g, select "Yes" or "No" to indicate if the subrecipient is a faith-based organization.
- 8. In field h, select "Yes" or "No" to indicate if the subrecipient has ever received a federal grant.
- 9. In field i, enter the total amount of funds that the Project Applicant expects to award to this subrecipient.
 - The amount must be in whole dollars (i.e., no decimals).
 - This sum will be added to the total expected sub-award amount from all subrecipients and will be automatically calculated on the "Project Subrecipients" screen.

2A. Subrecipients (continued)

Steps (continued)

- 10. In field j, enter the information of the contact person at the subrecipient.
 - Select the appropriate prefix from the dropdown menu.
 - Enter the contact person's first, middle (optional), last name, suffix (optional), and title.
 - Enter the contact person's email address, and in the next field re-enter the contact person's email address to verify that you entered it correctly.
 - Enter the contact person's telephone number, starting with the area code.
 - Enter the extension of the contact person's telephone number, if applicable.
 - Enter the contact person's fax number, starting with the area code (optional).
- 11. To add another subrecipient, select "Save & Add Another" and repeat steps 1 10.
 - Repeat these steps for each subrecipient you need to add.
 - When you are finished adding subrecipients, select "Save & Back to List" to return to the "2A. Project Subrecipients" screen.
- 12. After you return to the "2A. Project Subrecipients" screen, review the list.
 - To edit the information you entered, select the "View" icon a to the left of the entry.
 - To delete an entry from the list, select the red "Delete" icon.
- 13. When your sponsor list is complete, select "Next" to continue to the next screen.
 - **NOTE:** Someone whose contact information is entered in e-snaps on the "Project Subrecipient" screen does not automatically have access to e-snaps.

Only a registrant, also called a registered user, who is associated in e-snaps with the organization, and thus the organization's application, may enter information in the Project Applicant Profile and all Project Applications associated with this Project Applicant Profile. **Under no circumstances should a subrecipient complete the project application on the Project Applicant's behalf.**

Refer to the Project Applicant Profile navigational guide at:

<u>https://files.hudexchange.info/resources/documents/Project-Applicant-Profile-</u> <u>Navigational-Guide.pdf</u>.

2B. Experience of Applicant, Subrecipient(s) and Other Partners

The following steps provide instruction on completing all the mandatory fields marked with an asterisk (*) on the "Experience of Applicant, Subrecipient(s), and Other Partners" screen for **Part 2: Recipient and Subrecipient Information** of the FY 2021 Project Application.

| e.Forms | P Lage |
|--|---|
| Jdoe-02 | 2B. Experience of Applicant, Subrecipient(s), and Other Partners |
| New Project Application FY2021 | 1. Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application. |
| Applicant Name: City and County of San Francisco Applicant Number: 155440829 Project Name: New Project Application Test FY2021 Project Number: 137110 | |
| New Project Application FY2021 | * 2. Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds. |
| FY2019 New Detailed | |
| If "Yes," field | |
| 4a will appear. | * 3. Describe your organization's (and subrecipient(s) if applicable) financial management structure. |
| Applicant | |
| 1C: SF-424 Application Details 1D: SF-424 Congressional District(s) 1E: SF-424 Compliance | * 4. Are there any unresolved HUD monitoring or OIG audit Yes v findings for any HUD grants (including ESG) under your organization? |
| 1F. SF-424 Declaration 1G. HUD 2880 1H. HUD 50070 1I. Cert. Lobbying 1J. SF-LLL | * 4a. Describe the unresolved monitoring or audit findings. |
| Part 2 - Recipient and Subrecipient Information | Save & Back Save Save & Next |
| 2A. Subrecipients | Back Next |
| 2B. Experience | |

Steps

- 1. In field 1, describe the experience of the Project Applicant and potential subrecipients (if any) in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.
- 2. In field 2, describe the experience of the Project Applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.
- 3. In field 3, describe the basic organization and management structure of the Project Applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.
- 4. In field 4, select "Yes" or "No" from the dropdown menu regarding monitoring findings for any HUD grants (including ESG) operated by the Project Applicant or potential subrecipient(s).
 - If "Yes" is selected, field 4a will appear. Provide an explanation in the text box.
- 5. Select "Save & Next" to continue to the next screen.
 - **NOTE:** When copying and pasting text from MS Word into e-snaps, additional characters may be added to your text.

To ensure additional characters are not counted by the system, we recommend copying and pasting into e-snaps from Notepad, which will remove any unnecessary formatting from MS Word.

3A. Project Detail

The following steps provide instruction on updating fields populated with information from the "Applicant Type" and "Project" screens on the "Project Detail" screen in **Part 3: Project Information** of the FY 2021 New Project Application, as well as, completing all mandatory fields marked with an asterisk (*) on the "Project Detail" screen of the application.

| e.Forms | | | | 1 - C |
|---|-------------------------------------|---|---|--|
| jdoe-02 | | 3A. Pro | oject Detail | |
| 1. and 2. determ which CoC rece project application | ives the 2.0 | * 1. CoC Number and Name CoC Collaborative Applicant Name | e: CA-501 - San Francisco Co e: select V | C |
| project application submitted in e-s | | 3. Project Name | e: New Project Application Test FY20 | |
| opplicant Number: 55440829 Project Name: | | * 4. Project Statu | s: Standard 🗸 | 5. Component Type |
| lew Project Application lest FY2021 | | * 5. Component Type | | determines questions on |
| roject Number: .37110 | | 5a. Select the type of PH project | t: select V | other screens |
| New Project Application FY2021 | | or expected subrecipient a victi efined in 24 CFR 578.3 and uses comparable HMIS database | a 1 | 5a. Only if you |
| FY2019 New Detailed | from eligible renewal pr | pplication requesting to transition oject(s) that were awarded to the eliminated through reallocation | he | selected "PH" as the |
| Transition Project | | this CoC Program Competition (Attachment Requirement | n? | Component |
| ^a "yes," identify ex | piring | | | Type, select |
| grant(s) | | * 7a. List all expiring project | ct(s) involved in the tran | "PSH" or "RRH" |
| phoan | Full Grant Numbe | r Operating Start Date | Expiration Date | Component type |
| 1C. SF-424 Application | | 23 | 22 | - select - Y |
| etails | | 1 | | |
| 1D, SF-424 ongressional District(s) | | 23 | | |
| 1E. SF-424 | | 23 | | |
| mpliance | | | 22 | a select |
| 1F. SF-424 Declaration | | | | |
| 1G. HUD 2880 | | Please enter all valu | es for at least one item. | |
| 1H. HUD 50070 | IMPORTANT: For all | Julna pupierte listad shares b | a cure to attack a second | f the most secondly and a |
| 11. Cert. Lobbying | | | | f the most recently approved in the FY 2019 CoC Program |
| 1J, SF-LLL | | on, a copy of the FY 2019 CoC | | |
| art 2 - Recipient and ubrecipient Information | | | | |
| 2A. Subrecipients | * 7b. Provide a year of operatio | brief description that addresses | the scope of the proposed t | transition during the first |
| 2B. Experience | year or operatio | | | |
| art 3 - Project formation | | | | |
| 3A. Project Detail | | | | |
| 3B. Description | * 9 Will funds someof | ted in this new project applicatio | an Caralant and | |
| art 4 - Housing, ervices, and HMIS | | nment funds (24 CFR 578.87(a)) | | |
| | | | | |
| 4A. Services | | | | |
| 4B. Housing Type | Save 8 | Back | Save | Save & Next |
| 4B. Housing Type art 5 - Participants | Save 8 | | | Save & Next |
| | Save 5 | Back | Save Next | Save & Next |

Steps

- 1. In field 1, select your "CoC Number and Name" from the dropdown menu.
- 2. In field 2, select your "CoC Collaborative Applicant Name" from the dropdown menu.

| Fields 1 | You must select the correct CoC in the "CoC Number and Name" field. This field identifies the CoC to which your New Project Application will be submitted. |
|----------|--|
| and 2 | If the CoC is incorrect, your application ultimately might not be submitted to HUD. |
| "No CoC" | "No CoC" can only be selected if your CoC did not register for the FY 2021 CoC Competition or your project is located in geographic area that is unclaimed. You should contact CoCs next to your location to determine if the geographic area in which you reside has been claimed and/or the state CoC that is there is a Balance of State. |

Steps (continued)

- 3. In field 3, verify the name of your project populated with the project name listed on your "Project" screen.
 - If the project name is incorrect, follow the instructions in the NOTE for "Incorrect Project Name" below.

| Incorrect Project | |
|-------------------|--|
| Name | If the project name is incorrect: |
| | Select the "Save" button to save responses on this screen. |
| | Select "Back to Submissions List" on the left menu bar. |
| | Select "Projects" on the left menu bar. |
| | Select the "View" icon to the left of your project to open the "Project Details" screen. |
| | • In the "Project Name" field, type in the correct name of the project, and select the "Save" button. |
| | • Return to the New Application by navigating to the "Submissions" screen and selecting the orange folder next to the Project. |

- 4. In field 4, select your "Project Status" from the dropdown menu.
 - Project Applicants typically select "Standard."
 - See the NOTE below for more information about the "Appeal" option.

Solo Application If you select "Appeal," this note will appear on the screen:

 You have selected "Appeal" and therefore are designating this application as an appeal to the CoC's decision to not fund this project. To proceed, you must fill out an additional form, Part 8A - Notice of Intent to Appeal, and attach a letter from your CoC officially informing you of its decision. If you are filling out this application for the first time, or are otherwise not intending to appeal a rejection, please select "Standard".

The selection of "Appeal" should only be used by the Project Applicant if it attempted to participate in the CoC planning process in the geographic area in which it operates and believes it was denied the right to participate in a reasonable manner. In this case, the Project Applicant may appeal the rejection directly to HUD by selecting "Appeal" and submitting a Solo Application prior to the application deadline.

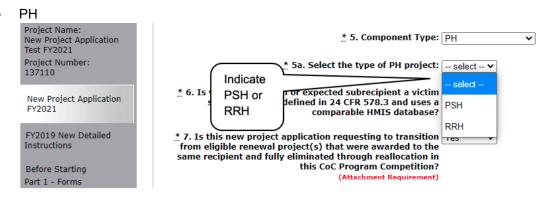
Refer to the Appeal Project Application navigational guide at:

https://www.hud.gov/program_offices/comm_planning/coc/competition

Steps (continued)

5. In field 5, select the "Component Type" from the dropdown menu.

Eligible New Project component types during the FY 2021 CoC Program Competition include the following:



- o If you select PH, field 5a will appear.
- o Indicate whether the project is PSH or RRH.
- Joint TH and PH-RRH
- SSO (for Coordinated Entry projects)
- HMIS (for Dedicated HMIS projects)

Note: The component type determines what questions appear on other forms throughout the Project Application.

6. In field 6, select "Yes" or "No" to indicate whether your organization or expected subrecipient is a victim service provider defined in 24 CFR 570.3 and uses a comparable database.

- 7. In field 7, select "Yes" or "No" to indicate whether this application for a new project is requesting funds to transition an expiring grant (i.e., a reallocated project) to a new project. The question asks "Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2021 CoC Program Competition? (Section II.B.2. and Section III.C.3.q of the FY 2021 NOFO)."
 - If "Yes," fields 7a and 7b will appear.
 - In field 7a., identify the expiring grants (i.e., the project(s) being reallocated) by providing the Grant Number, Operating Start Date, Expiration Date, and Component Type.
 - In field 7b, briefly describe the scope of the proposed transition from the expiring component to the new component during the first year of operation. The description must address how no more than 50 percent of the funding for this new grant will be used for the eligible activities/costs of the project that is being eliminated.
- 8. In field 8, select "Yes" or "No" confirm that this project application for new CoC program funding will not replace state or local funds.
- 9. Select "Save & Next" to continue to the next screen.
 - Transition A New Project Application that identifies as a transition project is essentially a **Projects** new project created through reallocation, but rather than cutting off the funding for the reallocated project when the most recent executed grant agreement ends, the recipient can receive some funding in the new award that can be used to "wind down" the reallocated project. The remainder of the funds will be used to "ramp up" the new project. Note: If the new project is identified as a transition project, there is no option for it to be an expansion project. Review the FY 2021 NOFO for details about which projects are eligible for reallocation and other requirements associated with transition projects and funding. https://www.hud.gov/program offices/comm planning/coc/competition Transition On Screen 7A, attach a copy of the most recently approved project application; for example, if the project was awarded funds in FY 2020, attach the FY 2020 **Project:** Project Application. Required Attachment A copy of the project application can be exported to PDF. Navigate to the Submissions screen Select the orange folder icon next to the FY 2020 project application Navigate to the Submission Summary screen
 - Select "Export to PDF" at the bottom of the page

3B. Project Description

The following steps provide instruction on completing mandatory fields marked with an asterisk (*) on the "Project Description" screen for **Part 3: Project Information** of the FY 2021 New Project Application.

The purpose of the program description is to describe the project at full operational capacity and to demonstrate how full capacity will be achieved over the term being requested.

Follow-up questions and dropdown menu visibility for the default question on screen 3B will vary depending on your selections. Therefore, not all of the questions in the image below may appear to every Project Applicant. Review the instructions that follow.



Screen 3B has different versions, depending on which component type was selected on screen 3A. Project Detail.

See the following pages for instructions:

<u>3B. Permanent Housing - PSH and RRH projects</u>

3B. Joint TH and PH-RRH projects

3B. Supportive Services Only - Coordinated Entry projects

3B. HMIS projects

NOTE: When copying and pasting text from MS Word into e-snaps, additional characters may be added to your text. To ensure additional characters are not counted by the system, e-snaps users should copy and paste text into e-snaps from Notepad, which will remove any unnecessary formatting from MS Word.

3B. PH Component

The following instructions are for screen 3B. Project Description when the PH component is selected on screen 3A. Project Detail. The screen is the same for PH-PSH and PH-RRH, except for question 10, which asks whether the PSH project is 100% Dedicated or Dedicated Plus.

| d County of San co Int Number: 1929 Name: Jozt 2021 Number: 1 roject Application | * 1. Provide a description that addresse 2. For each primary project location, or each of the following milestones will oc roject Milestones eqin hiring staff or expending funds | structure, enter the numb | er of days from the execu ed for conditional award. Days from Execution | tion of the grant agreeme Days from Execution | |
|--|--|-------------------------------|---|--|----------------------|
| roject Application | each of the following milestones will oc roject Milestones | cur if this project is select | ed for conditional award. | | nt that |
| 1829 : Name: oject Application 2021 : Number: 2021 : Number: 2021 | each of the following milestones will oc roject Milestones | cur if this project is select | ed for conditional award. | | |
| oject Application 2021 Rumber: Poject Application 1 | each of the following milestones will oc roject Milestones | cur if this project is select | ed for conditional award. | | |
| roject Application | | | | Dave from Everytics | Dave from Group alon |
| 1 | which have a staff an annual from from de | | of Grant Agreement | of Grant Agreement | of Grant Agreement |
| | | A | В | c | D |
| | egin program participant enrollment | | | | |
| the second se | rogram participants occupy leased or rental | | | | |
| | ssistance units or structure(s), or supportive | | | | 0 |
| | ervices begin | | A | () | |
| Starting | and a state of the | | | | |
| 1 Stills | eased or rental assistance units or structure, and upportive services near 100% capacity | | | | |
| SF-424 Application | opportive services near 100 % capacity | | | | <u></u> |
| | losing on purchase of land, structure(s), or | | | | |
| nt legal | xecution of structure lease | | | | |
| | tart rehabilitation | 1 | | | |
| And the second se | complete rehabilitation | | | | |
| 51-424 | tart new construction | - | - | | |
| | | | | - | |
| ance | complete new construction | | | | |
| SF-424 Declaration | | | | | |
| HUD 2880 | You must enter | a value greater than ze | ero for at least one proj | ect milestone. | |
| HUD 50070 | De Margarette and de la serie | tonton and all the stars | 1 | | |
| Cert. Lobbying | 2a. If requesting capital costs (i.e., acquactivities with responsibilities of the approximation of the sponsibilities of the spo | | | | |
| SF-LLL | Program funds. | | , | | |
| - Recipient and | | | | | |
| ipient Information Subrecipients | | | | | |
| Experience | | | | | |
| - Project | | A 41 1 1 1 1 1 1 1 1 1 | A | - | |
| ation | 3. Check the appropr | iate box(s) if this proje | ct will have a specific si | ubpopulation focus | 1011 |
| Project Detail | | (Select ALL | that apply) | | If "Other," |
| Description | | | | | provide an |
| Housing. | Chronic Homeles | ss 🗋 🛛 Domestic Vi | olence | | |
| s, and HMIS | Veterans | Substance A | buse | | explanation |
| Services | Youth (under 25 |) 🗇 Mental Illne | \$5 | 11 | |
| Housing Type Participants | Families | HIV/AIDS | | 11- | |
| Households | | N/A - Project | ct Serves All Subpopula | tion | |
| Subpopulations | | Other | 4 | | |
| - Budget | | (Click 'Save' to | update) | | |
| ation | | * Other: | | | |

Steps

- 1. In field 1, provide a description that addresses the entire scope of the project.
- 2. In field 2, complete the Project Milestones table by entering the number of days from the execution of the grant agreement for each milestone. Milestones include:
 - New project staff hired or other expenses begin
 - Participant enrollment begins
 - Participants begin to occupy leased units or structures and supportive services begin
 - Leased or rental assistance units or structure and supportive services near 100% capacity
 - Closing on purchase of land, structure(s), or execution of structure lease
 - Rehabilitation started
 - Rehabilitation completed
 - New construction started
 - New construction completed

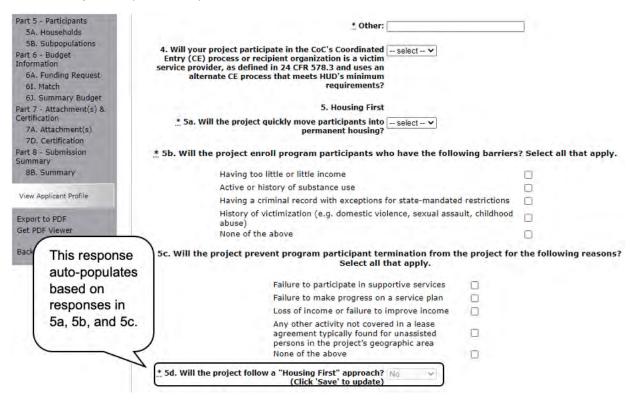
Each column pertains to one location or structure.

- If the project has only one location or structure, or no structures, complete only column A.
- If multiple structures, complete one column for each structure.

If a milestone is not applicable, leave the associated fields blank.

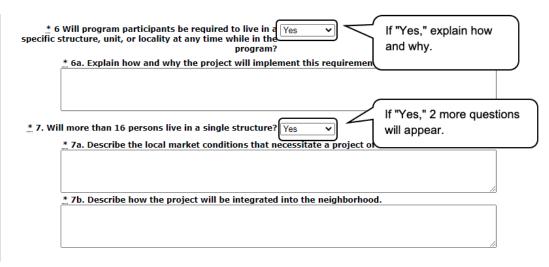
- 3. In field 2a, if the project is requesting capital costs (i.e. acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.
- 4. In field 3, indicate the proposed project's specific population focus.
 - Select all of the boxes that apply. Multiple selections are permissible. Select "N/A" if the project serves all subpopulations.
 - If you select "Other," select "Save," and then provide a description of the specific type of population in the text box provided.

3B. PH Component (continued)



- 5. In field 4, select "Yes" or "No" to indicate if your project will participate in a CoC Coordinated Entry Process. Select "No" if your CoC has not yet implemented a Coordinated Entry Process.
- 6. In field 5a, select "Yes" or "No" to indicate whether your project will quickly move participants into permanent housing.
- 7. In field 5b, indicate whether the project ensures that participants are not screened out for certain situations. In other words, select the boxes that apply to indicate which, if any, of the barriers to accessing housing and services have been removed.
 - If you check the first four boxes, this project will be considered low barrier.
 - If you select "None of the above," it indicates that all those conditions are present in the project to screen out participants.
- In field 5c, select the boxes that apply to indicate which reasons were removed as reasons for program termination.
 - If you select "None of the above," it indicates that all of those reasons are present in the project for terminating participants.
- 9. Based on your selections to the questions about screening and termination, in field 5d the response to "Does the project follow a 'Housing First' approach?" will auto-populate with "Yes" or "No" to indicate if your project follows a Housing First approach. See the FY 2021 CoC Program NOFO regarding the requirements for project that are designated as Housing First: https://www.hud.gov/program_offices/comm_planning/coc/competition.

3B. PH Component (continued)



- 10. In field 6, select "Yes" or "No" to indicate whether participants will be required to live in a particular structure, unit, or locality at any time while in the program.
 - If "Yes," field 6a will appear. Provide a description of how and why this project will implement this requirement.
- 11. In field 7, select "Yes" or "No" to indicate if there will be more than 16 persons living in a single structure.
 - If "Yes," fields 7a and 7b will appear.
 In field 7a, describe the local market conditions that necessitate a project of this size.
 In field 7b, describe how the project will be integrated into the neighborhood.

3B. PH Component (continued)

100% Dedicated or DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b. A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;

(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;

(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;

(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project; (5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or

(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

* 8. Is this project 100% Dedicated or DedicatedPLUS? -- select -- 🗸

| Save & Back | | Save | | | Save & Next | | |
|-------------|------|------|--|---|-------------|---|--|
| | Back | | | N | le) | đ | |

- 12. If "PSH" was selected, the "Dedicated and DedicatedPlus section will appear on the screen.
 - In field 8, indicate whether the project is "100% Dedicated" or "DedicatedPlus," according to the information provided.
- 13. Select "Save & Next" to continue to the next screen.

3B. Joint TH and PH-RRH Component

The following instructions are for screen 3B. Project Description when the Joint TH and PH-RRH component is selected on screen 3A. Project Detail.

| e.Forms | | | | | A Logoue |
|--|--|------------------------------|---------------------------|---|--|
| 👗 jdoe-02 | | 3B. Project [| Description | | |
| New Proyect Application FV2021 | * 1. Provide a description that addresse test | s the entire scope of the pr | oposed project. | | |
| Applicant Name: City and Country of San Francisco Applicant Number: 155440829 Project Application Test FY2021 Project Number: 137110 | 2. For each primary project location, or each of the following milestones will occ Project Milestones | | | ion of the grant agreemer Days from Executor of Grant Agreement | nt that Days from Execution of Grant Agreement |
| New Project Application | Begin hiring staff or expending funds | A | В | ć | D |
| FY2021 | Begin program participant enrollment | | | | |
| FY2019 New Detailed | Program participants occupy leased or rental | | | | |
| Instructions | assistance units or structure(s), or supportive services begin | | | 1 | |
| Before Starting | territe construction of the second second | | | | |
| Part 1 - Forms | Leased or rental assistance units or structure, and supportive services near 100% capacity | 1 | | 1 | |
| 1A, SF-424 Application Type | support to be these their 100 to capacity | | - | | |
| 1B. SF-424 Legal Applicant | Closing on purchase of land, structure(s), or execution of structure lease | | |) (| |
| 1C, SF-424 Application Details | Start rehabilitation | | | | |
| 1D. SF-424 | Complete rehabilitation | [| | | |
| Congressional District(s) | Start new construction | | | | |
| IE. SF-424 Compliance | Complete new construction | | | | |
| 15. SF-424 Declaration 1G, HUD 2880 | You must ente | r a value greater than ze | ero for at least one proj | ect milestone. | |
| 1H. HUD 50070 11. Cert. Labbying | 3. Check the approp | riate box(s) if this proje | ct will have a specific s | ubpopulation focus. | |
| 13. SF-LLL | | (Select ALL | that apply) | | |
| Part 2 - Recipient and | Chronic Homele | ss 🗇 Domestic Vi | iolence | D | |
| Subrecipient Information 2A. Subrecipients | Veterans | Substance A | | ō | |
| 28. Experience | Youth (under 2 | | 55 | õ | |
| Part 3 - Project | Families | HIV/AIDS | | Ū. | |
| Information | | N/A - Project | ct Serves All Subpopula | | |
| 3A. Project Detail | | Other | | 🛛 If " | Other," |
| 3B. Description | | (Click 'Save' to | update) | | |
| Part 4 - Housing, Services, and HMIS | | | | pro | ovide an |
| 4A. Services | | * Other: | 2 | - S av | olanation |
| 4B. Housing Type | | | | | |
| Part 5 - Participants 5A. Households | Will your project participate in the CoC's Coordina recipient organization is a victim service provider, a | s defined in 24 CFR 578.3 | No 🗸 | \subseteq | |
| 5B. Subpopulations | and uses an alternate CE process that meets HUD's | s minimum requirements? | | | |

Steps

- 1. In field 1, provide a description that addresses the entire scope of the project.
- 2. In field 2, complete the Project Milestones table by entering the number of days from the execution of the grant agreement for each milestone. Milestones include:
 - New project staff hired or other expenses begin
 - Participant enrollment begins
 - Participants begin to occupy leased units or structures and supportive services begin
 - Leased or rental assistance units or structure and supportive services near 100% capacity
 - Closing on purchase of land, structure(s), or execution of structure lease
 - Rehabilitation started

- Rehabilitation completed
- New construction started
- New construction completed

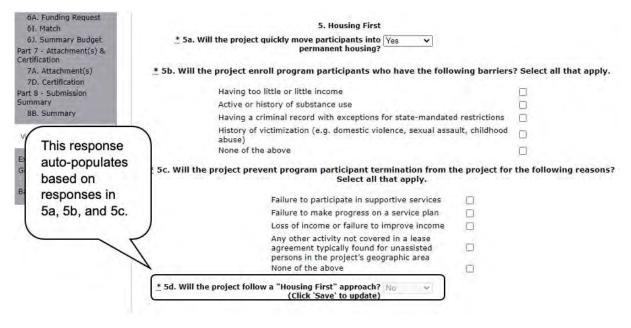
Each column pertains to one location or structure.

- If the project has only one location or structure, or no structures, complete only column A.
- If multiple structures, complete one column for each structure.

If a milestone is not applicable, leave the associated fields blank.

- 3. In field 3, indicate the proposed project's specific population focus.
 - Select all of the boxes that apply. Multiple selections are permissible. Select "N/A" if the project serves all subpopulations.
 - If you select "Other," select "Save" and then provide a description of the specific type of population in the text box provided.
- 4. Select "Yes" or "No" to indicate if your project will participate in a CoC Coordinated Entry Process. Select "No" if your CoC has not yet implemented a Coordinated Entry Process.

3B. Joint TH and PH-RRH (continued)



- 5. In field 5a, select "Yes" or "No" to indicate whether your project will quickly move participants into permanent housing.
- 6. In field 5b, indicate whether your project ensures that participants are not screened out for certain situations. In other words, select the boxes that apply to indicate which, if any, of the barriers to accessing housing and services have been removed.
 - If you check the first four boxes, this project will be considered low barrier.
 - If you select "None of the above," it indicates that all of those conditions are present in the project to screen out participants.
- 7. In field 5c, select the boxes that apply to indicate which reasons were removed as reasons for program termination.
 - If you select "None of the above," it indicates that all of those reasons are present in the project for terminating participants.
- Based on your selections to the questions about screening and termination, in field 5d the response to "Does the project follow a 'Housing First' approach?" will auto-populate with "Yes" or "No" to indicate if your project follows a Housing First approach.
 - NOTE: See the FY 2021 CoC Program NOFO regarding the requirements for projects that are designated as Housing First: <u>https://www.hud.gov/program_offices/comm_planning/coc/competition</u>.

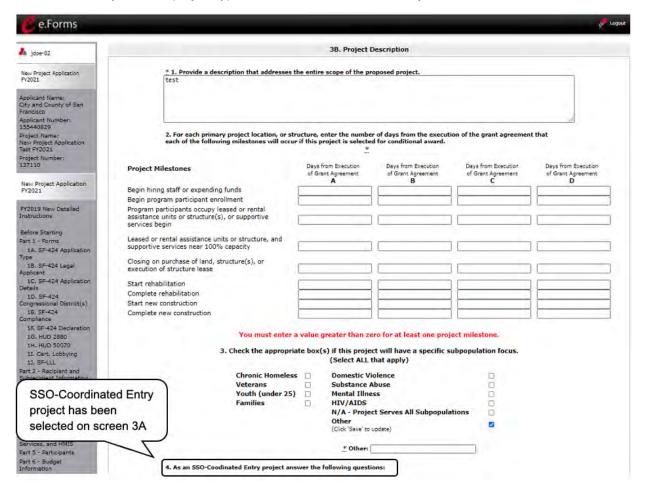
3B. Joint TH and PH-RRH (continued)

| * 6 specific s | Will program participants be required to live in a Yes v tructure, unit, or locality at any time while in the program? | If "Yes," explain how and why. |
|-------------------|---|---|
| | * 6a. Explain how and why the project will implement this requirement. | |
| | more than 16 persons live in a single structure? Yes | If "Yes," 2 more questions will appear. |
| l | * 7b. Describe how the project will be integrated into the neighborhood. | |
| | Save & Back Save | Save & Next |
| | Back Next | |

- 9. In field 6, select "Yes" or "No" to indicate whether participants will be required to live in a particular structure, unit, or locality.
 - If "Yes," field 6a will appear. Provide a description of how and why this project will implement this requirement.
- 10. Select "Yes" or "No" to indicate if there will be more than 16 persons living in one structure.
 - If "Yes," fields 7a and 7b will appear.
 In field 7a, describe the local market conditions that necessitate a project of this size.
 In field 7b, describe how the project will be integrated into the neighborhood.
- 11. Select "Save & Next" to continue to the next screen.

3B. SSO Component

The following instructions are for screen 3B. Project Description when the SSO component and Coordinated Entry for SSO project type is selected on screen 3A. Project Detail.



Steps

- 1. In field 1, provide a description that addresses the entire scope of the project.
- 2. In field 2, complete the Project Milestones table by entering the number of days from the execution of the grant agreement for each milestone. Milestones include:
 - New project staff hired or other expenses begin
 - Participant enrollment begins
 - Participants begin to occupy leased units or structures and supportive services begin
 - Leased or rental assistance units or structure and supportive services near 100% capacity
 - Closing on purchase of land, structure(s), or execution of structure lease
 - Rehabilitation started
 - Rehabilitation completed

- New construction started
- New construction completed

Each column pertains to one location or structure.

- If the project has only one location or structure, or no structures, complete only column A.
- If multiple structures, complete one column for each structure.

If a milestone is not applicable, leave the associated fields blank.

- 3. In field 3, indicate the proposed project's specific population focus.
 - Select all of the boxes that apply. Multiple selections are permissible. Select "N/A" if the project serves all subpopulations.
 - If you select "Other," select "Save" and then provide a description of the specific type of population in the text box provided.

| 4. As an SSO-Coodinated Entry project answer the following questions: | |
|---|-----|
| * 4a. Will the coordinated entry process cover the CoC's select v entire geographic area? | |
| * 4b. Will the coordinated entry process be affirmatively select v marketed and easily accessible by program participants seeking assistance? | |
| * 4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance. | ; |
| | // |
| ∴ 4d. Will the coordinated entry process use a select ↓ comprehensive, standardized assessment process? | |
| * 4e. Describe the standardized assessment and referral process that directs individuals families to appropriate housing and services. | and |
| | |
| ★ 4f. If the coordinated entry process includes differences select in access, entry, assessment, or referral for certain subpopulations, are those differences limited only to the following groups: | |
| (1) adults without children; (2) adults accompanied by children; (3) unaccompanied youth; (4) households fleeing domestic violence, dating violence, sexual assault, stalking, or othe dangerous or life-threatening conditions (including human trafficking); and (5) persons at risk of homelessness? | er |
| * 4g. Will this coordinated entry project refer program select ▼ participants to projects that specifically coordinates and integrates mainstream health, social services, and employment programs for which they may be eligible? | |
| Save & Back Save Save | |
| Back Next | |

- 4. In field 4a, select "Yes" or "No" to indicate whether the coordinated entry process funded in part by this grant covers the CoC's entire geographic area.
- 5. In field 4b, select "Yes" or "No" to indicate whether the coordinated entry process funded in part by this grant will be affirmatively marketed and easily accessible by programs participants seeking assistance.
- 6. In field 4c, describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.
- 7. In field 4d, select "Yes" or "No" to indicate whether the coordinated entry process uses a comprehensive, standardized assessment process.
- 8. In field 4e, describe the standardized assessment and referral process and how the coordinated entry process ensures that participants are directed to appropriate housing and/or services.
- 9. In field 4f, if the coordinated entry process includes differences in access, entry, assessment, or referral for certain populations, select "Yes" or "No" to indicate whether those differences are limited only to the following five groups: adults without children; adults accompanied by children; unaccompanied youth; households fleeing domestic violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); persons at risk of homelessness.
- 10. In field 4g, select "Yes" or "No" to indicate whether the coordinated entry project will refer program participants to projects that specifically coordinates and integrates mainstream health, social services, and employment programs for which they may be eligible.
- 11. Select "Save & Next" to continue to the next screen.

3B. HMIS Component

The following instructions are for screen 3B. Project Description when the HMIS component is selected on screen 3A. Project Detail.

| e.Forms | | | | | /P Logout |
|---|---|---|---|---|--|
| . | | 3B. Project [| Description | | |
| Jdoe-02 | | - | | | |
| New Project Application FY2021 | * 1. Provide a description that addresser | s the entire scope of the pr | oposed project. | |] |
| Applicant Name: City and County of San Francisco | | | | | |
| Applicant Number: 155440829 | | | | | // |
| Project Name: New Project Application Test FY2021 | For each primary project location, or each of the following milestones will occ | | | ion of the grant agreemen | t that |
| Project Number: 137110 | Project Milestones | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement D |
| New Project Application FY2021 | Begin hiring staff or expending funds | A | В | C | |
| FY2021 | Begin program participant enrollment | | | { | |
| FY2019 New Detailed | Program participants occupy leased or rental | | | | i [] |
| Instructions | assistance units or structure(s), or supportive services begin | | |) | |
| Before Starting | | | | | |
| Part 1 - Forms 1A, SF-424 Application | Leased or rental assistance units or structure, and supportive services near 100% capacity | | |] [] | |
| Type | | | | | |
| 1B. SF-424 Legal Applicant | Closing on purchase of land, structure(s), or execution of structure lease | | | | |
| 1C. SF-424 Application | Start rehabilitation | | | | |
| Details 1D, SF-424 | Complete rehabilitation | | | í } | |
| Congressional District(s) | Start new construction | | | i i | ii |
| 1E. SF-424 Compliance | Complete new construction | | | | |
| 1F. SF-424 Declaration | | | | | |
| 1G. HUD 2880 | You must ente | r a value greater than ze | ero for at least one proj | ect milestone. | |
| 1H. HUD 50070 | 4. Will your project participate in the CoC's Coordina | ated Entry (CE) process or | No 🗸 | | |
| 1I. Cert. Lobbying 1J. SF-LLL | recipient organization is a victim service provider, a | s defined in 24 CFR 578.3 | | | |
| Part 2 - Recipient and | and uses an alternate CE process that meets HUD's | 5 minimum requirements? | | | |
| Subrecipient Information | | | | | |
| 2A. Subrecipients | Save & Back | Sav | e | Save & Next | |
| 2B. Experience | | Back | Next | | |
| Part 3 - Project | | Daux | INEAL | | |

Steps

- 1. In field 1, provide a description that addresses the entire the scope of the project.
- 2. In field 2, complete the Project Milestones table by entering the number of days from the execution of the grant agreement for each milestone. Milestones include:
 - New project staff hired or other expenses begin
 - Participant enrollment begins
 - · Participants begin to occupy leased units or structures and supportive services begin
 - · Leased or rental assistance units or structure and supportive services near 100% capacity
 - Closing on purchase of land, structure(s), or execution of structure lease
 - Rehabilitation started
 - Rehabilitation completed
 - New construction started
 - New construction completed

Each column pertains to one location or structure.

- If the project has only one location or structure, or no structures, complete only column A.
- If multiple structures, complete one column for each structure.

If a milestone is not applicable, leave the associated fields blank.

- 3. In field 4, select "Yes" or "No" to indicate if your project will participate in a CoC Coordinated Entry Process. Select "No" if your CoC has not yet implemented a Coordinated Entry Process.
- 4. Select "Save & Next" to continue to the next screen.

3C. Expansion

There are different versions of screen 3C, depending on which component type was selected on screen 3A. Project Detail, question 4: Component Type:

- Screen 3C. Project Expansion Information is available when the PH-PSH, PH-RRH, Joint TH and PH-RRH, or SSO component is selected.
- Screen 3C. HMIS Expansion is available when the HMIS component is selected.

NOTE: To apply for an expansion project, applicants must submit:

- A Renewal Project Application for the individual, existing Renewal project being expanded.
- A New Project Application for the portion expanding the project.

More information on Expansion Projects is available on the Applying for Expansion Projects During the CoC Program Competition page at:

<u>https://www.hudexchange.info/resource/5853/applying-for-expansion-projects-</u> during-the-coc-program-competition/

3C. Project Expansion Information (PH-PSH, PH-RRH, Joint TH and PH-RRH, and SSO)

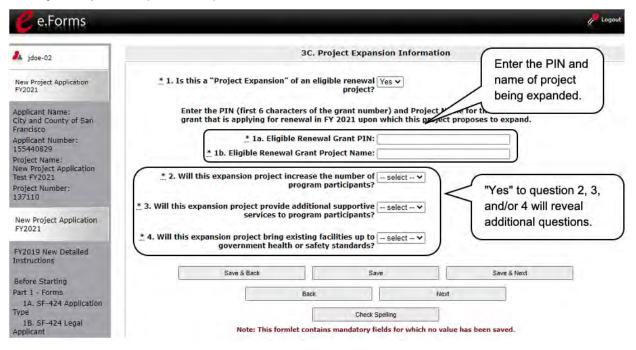
The following steps provide instruction on completing mandatory fields marked with an asterisk (*) on the "Project Expansion" screen for **Part 3: Project Information** of the FY 2021New Project Application.

| 🩋 e.Forms | | Cogout Logout |
|---|---|---------------|
| 🌡 jdoe-02 | 3C. HMIS Expansion | |
| New Project Application FY2021 | * 1. Is this a "Project Expansion" of an eligible renewal select > project? select | |
| Applicant Name: City and County of San Francisco Applicant Number: | Save & Back Sa No Save & Next | |
| Project Name: New Project Application | Note: This formlet contains mandatory fields for which no value has been saved. | |

Steps

- 1. Indicate whether the expansion project is for an eligible CoC Program funded renewal project with the same component type.
 - If "No," select "Save & Next" and continue to the next screen.
 - If "Yes," additional fields appear that you are required to complete. Continue on to Step 2.

3C. Project Expansion (continued)



- 2. In field 1a, enter the PIN number (first 6 numbers of the grant number) of the eligible CoC funded grant that is applying for renewal in FY 2021 upon which this project proposes to expand.
- In field 1b, enter the Project Name of the eligible CoC funded grant that is applying for renewal in FY 2021 upon which this project proposes to expand.
- 4. In field 2, select "Yes" or "No" to indicate whether the expansion will increase the number of homeless persons served. If "Yes," fields 2a and 2b will appear.
 - In field 2a, indicate the currently approved renewal numbers, from the Stand-alone Renewal project application.
 - In field 2b, indicate the new requested numbers to add, from this Stand-alone New project application.
- 5. For question 3, select "Yes" or "No" to indicate whether the expansion will bring additional supportive services to homeless persons. If "Yes," field 3a will appear.
 - In field 3a, indicate how the project will provide additional supportive services to program participants. Check one or both boxes.
- 6. In field 4, select "Yes" or "No" to indicate whether the expansion will bring the existing facilities up to government health and safety standards. If "Yes," field 4a will appear.
 - In field 4a, describe how the project is proposing to bring existing facility(s) up to state or local government health or safety standards.
- 7. Once all of the fields are completed, select "Save & Next" to continue to the next screen.

3C. Project Expansion (continued) $\underline{*}$ 2. Will this expansion project increase the number of $\boxed{\gamma_{\text{es}}}$ program participants? ¥ "Yes" to guestion 2, 3, and/or 4 will reveal * additional questions. Currently Approved Renewal Numbers (from "Stand-alone Renewal" project application) 2a. Number of persons (From renewal application Screen 5A) Number of units (From renewal application Screen 4B) Number of beds (From renewal application Screen 4B) New Requested Numbers to Add (from this "Stand-alone New" 2b. project application) Number of additional persons (From this new application Screen 5A) Number of additioanl units (From this new application Screen 4B) Number of additional beds (From this new application Screen 4B) Enter all values for 2a and 2b. * 3. Will this expansion project provide additional supportive Yes ~ services to program participants? * 3a. Indicate how the project will provide additional supportive services to program participants. (Check one or both boxes) Increase number of or expand supportive services provided Increase frequency or intensity of supportive services * 4. Will this expansion project bring existing facilities up to Yes ~ government health or safety standards? * 4a. Describe how the project is proposing to "bring existing facility(s) up to state or local government health or safety standards." Save & Back Save & Next Save

The table below identifies which the new questions that appear when an activity is selected in Screen 3C.

| PH Expansion Activities | Steps | |
|---|--|--|
| Increase the number of homeless persons | In fields 2a and 2b, indicate how your project is proposing to increase the number of persons experiencing homelessness served. | |
| served | In field 2a, enter the "Current Level of Effort" for the following categories: | |
| | # of persons served at a point-in-time | |
| | o # of units | |
| | ○ # of beds | |
| | In field 2b, enter the "New Effort" your proposed project will provide for the same three categories listed in the preceding step. | |
| Provide additional | In field 3a, identify how you will be providing additional services. | |
| supportive services | Increase the number and/or expand the variety of services | |
| to homeless persons | Increase the frequency and/or intensity of services | |
| Bring existing facilities up to state/local gov. health and safety standards | In field 4a, describe how the project is proposing to bring the existing facility or facilities up to state/local government health and safety standards. | |

3C. HMIS Expansion (HMIS)

The following steps provide instruction on completing mandatory fields marked with an asterisk (*) on the "HMIS Expansion" screen for **Part 3: Project Information** of the FY 2021 New Project Application.

| e.Forms | | Cogout |
|--|---|--------|
| 🍌 jdoe-02 | 3C. HMIS Expansion | |
| New Project Application FY2021 | * 1. Is this a "Project Expansion" of an eligible renewal select v project? select v | |
| Applicant Name: City and County of San | Save & Back Sa No Save & Next | ſ |
| Francisco Applicant Number: 155440829 Project Name: | Back Yes Next Note: This formlet contains mandatory fields for which no value has been saved. | |

Steps

- 1. In field 1, select "Yes" or "No" to indicate whether the requested funds increase the capacity or function of the CoC's existing HMIS eligible renewal project.
 - If "No," select "Save & Next" and continue to the next screen.
 - If "Yes, additional fields appear that you are required to complete. Continue on to Step 2.

| e.Forms | Cogout |
|---|---|
| Jdoe-02 | 3C. HMIS Expansion |
| New Project Application FY2021 | 1. Is this a "Project Expansion" of an eligible renewal Yes V If "Yes," the fields with the project? |
| Applicant Name: City and County of San Francisco | *Enter the PIN (first 6 characters of the grant number) and Project Name for the coeronade grant that is applying for renewal in FY 2021 upon which this project proposes to expand. |
| Applicant Number: 155440829 Project Name: | 1a. Eligible Renewal Grant PIN: 1b. Eligible Renewal Grant Project Name: |
| New Project Application Test FY2021 Project Number: 137110 | Select `Yes' or `No´ to questions 2-4 below. To be an eligible HMIS Expansion, at least one question must be selected ``Yes." |
| 13/110 | * 2. Will this expansion project increase HMIS functionality? select 🗸 |
| New Project Application FY2021 | * 3. Will this expansion project increase geographic select v coverage of HMIS? |
| FY2019 New Detailed Instructions | 4. Will this expansion project increase number of HMIS - select - ✓ participating agencies or programs? |
| Before Starting Part 1 - Forms | At least one of question 2, 3, or 4 must be "Yes". |
| 1A, SF-424 Application Type 1B, SF-424 Legal | Save & Back Save Save & Next |
| Applicant 1C. SF-424 Application | Back Next |

- 2. In field 1a, enter the PIN number (first 6 numbers of the grant number) of the eligible CoC funded grant that is applying for renewal in FY 2021 upon which this project proposes to expand.
- 3. In field 1b, enter the Project Name of the eligible CoC funded grant that is applying for renewal in FY 2021 upon which this project proposes to expand.
- 4. In field 2, select "Yes" or "No" to indicate whether this expansion project will increase HMIS functionality.
 - If "Yes," field 2a will appear.
 In field 2a, describe the increased HMIS functionality.
- 5. In field 3, select "Yes" or "No" to indicate whether this expansion project will increase geographic coverage of HMIS.
- 6. In field 4, select "Yes" or "No" to indicate whether the expansion project will increase the number of HMIS participating agencies and/or programs.
 - If "Yes," field 4a will appear.
 In field 4a, identify the number of additional users in each agency or programs that will be added.
- 7. Select "Save & Next" to continue.

4A. Supportive Services, HMIS

The following steps provide instruction on completing mandatory fields marked with an asterisk (*) for screen 4A in **Part 4: Housing, Services, and HMIS** of the FY 2021 Project Application.

The screens that appear under Part 4 depend on the selection of the component type on screen 3A: Project Detail and 3B. Project Description.

- **NOTE:** The Project Applicant must complete the following screens depending upon the component type listed on Screen 3A. Project Detail:
 - <u>4A. Supportive Services for Participants (PH: PSH, PH: RRH, Joint TH and</u> <u>PH-RRH)</u>
 - 4A. HMIS Standards (HMIS)

For new SSO projects, Project Applicants will **not** have a Part 4 screen to complete.

4A. Supportive Services for Participants (PH and Joint TH and PH-RRH)

The following screen, 4A. Supportive Services for Participants, applies to PH projects (PSH and RRH) and Joint TH and PH-RRH (the component selected on screen 3A. Project Detail).

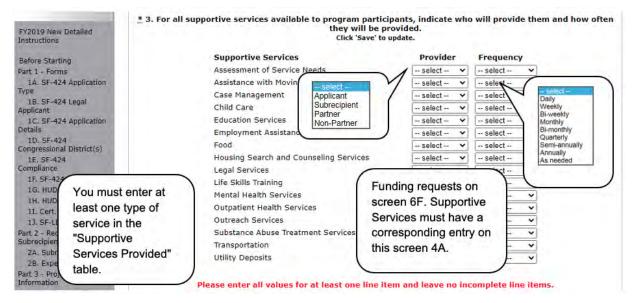
The information entered into screen 4A, "Supportive Services for Participants," the first screen of **Part 4: Housing, Services, and HMIS** of the FY 2021 Project Application, should capture the capacity of the project to efficiently provide supportive services to program participants. Please ensure that the information provided is both accurate and complete.

| 🥑 e.Forms | n Cogout |
|---|--|
| 🎗 jdoe-02 | 4A. Supportive Services for Participants |
| New Project Application FY2021 | * 1. Describe how program participants will be assisted to obtain and remain in permanent housing. |
| Applicant Name: City and County of San Francisco | |
| Applicant Number: 155440829 | |
| Project Name: New Project Application Test FY2021 | * 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. |
| Project Number: 137110 | |
| New Project Application FY2021 | |

Steps

- 1. In field 1, describe the supportive services that will be provided to help project participants obtain and remain in permanent housing.
- 2. In field 2, describe the specific plans to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

4A. Supportive Services for Participants (PH and Joint TH and PH-RRH) (continued)



Steps (continued)

3. In the table provided in field 3, using the dropdown next to each service type, indicate who will provide the service and the frequency of service (daily, weekly, bi-weekly, monthly, bi-monthly, quarterly, semi-annually, annually, or as needed) that will be provided to project participants.

4A. Supportive Services for Participants (PH and Joint TH and PH-RRH) (continued)

| 3A. Project Detail | |
|---|---|
| 3B. Description | |
| 3C. Expansion | Identify whether the project will include the following activities: |
| Part 4 - Housing, Services, and HMIS | ≛ 4. Transportation assistance to clients to attendselect ▼ mainstream benefit appointments, employment training, or |
| 4A. Services | iobs? |
| 4B. Housing Type | * 5. Annual follow-ups with program participants to ensure select v |
| Part 5 - Participants | mainstream benefits are received and renewed? |
| 5A. Households | |
| 5B. Subpopulations | * 6. Will program participants have access to SSI/SSDI Yes |
| Part 6 - Budget Information | technical assistance provided by this project the applicant, a subrecipient, or partner agency? |
| 6A. Funding Request | * 6a. Has the staff person providing the technical assistance $[-, select - v]$ |
| 6I. Match | completed SOAR training in the past 24 months. |
| 6J. Summary Budget | |
| Part 7 - Attachment(s) & Certification | Save & Back Save Save |
| 7A. Attachment(s) | Back |
| 7D. Certification | |
| | |

- 4. In field 4, select "Yes" or "No" to indicate whether the project provides transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.
- 5. In field 5, select "Yes" or "No" to indicate whether the project provides annual follow ups with program participants to ensure mainstream benefits are received and renewed.
- 6. In field 6, select "Yes" or "No" to indicate whether program participants will have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency.
 - If "Yes," field 6a will appear. In field 6a, select "Yes" or "No" from the dropdown menu to indicate if the staff person providing the technical assistance has completed SOAR training in the last 24 months.
- 7. Select "Save & Next" to navigate to the next screen.

4A. HMIS Standards (HMIS Only)

The following screen, 4A. HMIS Standards, applies to HMIS projects (the component selected on screen 3A. Project Detail).

| e.Forms | | K Log |
|---|---|-------|
| 🏄 jdoe-02 | 4A. HMIS Standards | |
| New Project Application FY2021 | * 1. Is the HMIS currently programmed to collect all N₀ ✓ Universal Data Elements (UDEs) as set forth in the 2020 HMIS Data Standard Notice? | |
| Applicant Name: City and County of San Francisco | <u>*</u> 1a. If no, explain why and the planned steps for correction. Max. 500 characters | |
| Applicant Number: 155440829 Project Name: | | |
| New Project Application Test FY2021 | * 2. Does HMIS produce all HUD-required reports and $\boxed{N_0}$ | |
| Project Number: 137110 | provide data needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells (Logitudinal System Analysis), data for CAPER/ESG | |
| New Project Application FY2021 | reporting, SPM and Data Quality Table, etc). | |
| FY2019 New Detailed Instructions | <u>*</u> 2a. If no, explain why and the planned steps for correction. Max. 500 characters. | |
| Before Starting Part 1 - Forms | | |
| 1A. SF-424 Application Type 1B. SF-424 Legal | * 3. Is your HMIS capable of generating all reports required No v by Federal partners including HUD, VA, and HHS? | |
| Applicant 1C. SF-424 Application Details | <u>*</u> 3a. If no, explain why and the planned steps for correction. Max. 500 characters. | |
| 1D. SF-424 Congressional District(s) | | |
| 1E. SF-424 Compliance 1F. SF-424 Declaration | | |
| 1G. HUD 2880 1H. HUD 50070 | of program participants receiving services in the CoC? | |
| 1I. Cert. Lobbying 1J. SF-LLL | * 5. Is there a staff person responsible for insuring the HMISselect v implementation meets all privacy and security standards as required by HUD and other federal partners? | |
| Part 2 - Recipient and Subrecipient Information 2A. Subrecipients | * 6. Does your organization conduct a background check for select v all employees who access and view HMIS data? | |
| 2B. Experience Part 3 - Project Information | * 7. Does the HMIS Lead conduct Privacy and Security select v Training and follow up on privacy and security standards? | |
| 3A. Project Detail 3B. Description | **** 8. Do you have a process in place to remove licenses for Yes | |
| 3C. HMIS Expansion Part 4 - Housing, Services, and HMIS | former users who no longer need access to HMIS (e.g. leave their job, fired) * 8a. How long does it take to remove user licenses for select | |
| 4A. HMIS Standards 4B. HMIS Training | * 8a. How long does it take to remove user licenses for select v former HMIS users? | |
| Part 6 - Budget Information | Save & Back Save Save & Next | |
| 6A. Funding Request 6I. Match | Back Next | |

- 1. In field 1, select "Yes" or "No" from the dropdown menu to indicate if the HMIS is currently programmed to collect all Universal Data Elements (UDEs) as set forth in the HMIS Data Standard Notice.
 - If you answered "No," field 1a will appear.
 In field 1a, you are required to explain why and discuss the planned steps for correction.
- 2. In field 2, select "Yes" or "No" from the dropdown menu to indicate if the HMIS is currently able to produce all HUD-required reports and provide data as needed for HUD reporting.
 - If you answered "No," field 2a will appear.
 In field 2a, you are required to explain why and discuss the planned steps for correction.
- 3. In field 3, select "Yes" or "No" from the dropdown menu to indicate whether the HMIS is capable of generating all reports required by Federal partners, including HUD, VA, and HHS.
 - If you answered "No," field 3a will appear.
 In field 3a, you are required to explain why and discuss the planned steps for correction.
- 4. In field 4, select "Yes" or "No" from the dropdown menu to indicate if the HMIS can currently provide the CoC with an unduplicated count of clients receiving services in the CoC.
- 5. In field 5, select "Yes" or "No" from the dropdown menu to indicate if the HMIS Lead has a staff person responsible for ensuring the implementation meets all privacy and security standards as required by HUD and other federal partners.
- 6. In field 6, select "Yes" or "No" from the dropdown menu to indicate if your organization conducts a background check for all employees who access and view HMIS data.
- 7. In field 7, select "Yes" or "No" from the dropdown menu to indicate if the HMIS Lead conducts Privacy and Security Training and follows up on privacy and security standards.
- 8. In field 8, select "Yes" or "No" from the dropdown menu to indicate if your organization has a process in place to remove community members who no longer need access to HMIS (e.g. leave their job, fired, etc.).
 - If "Yes," field 8a will appear. In field 8a, select from the dropdown menu to indicate the length of time it takes to remove access rights of former HMIS users. Options include: within 24 hours, within 1 week, within 2 weeks, within 1 month, and longer than 1 month.
- 9. Select "Save & Next" to continue to the next screen.

4B. Housing Type and Location, HMIS Training

The following steps provide instruction on completing mandatory fields marked with an asterisk (*) for screen 4B in **Part 4: Housing, Services, and HMIS** of the FY 2021 Project Application.

The screens that appear under Part 4 depend on the selection of the component type on screen 3A: Project Detail and 3B. Project Description.

- **NOTE**: The Project Applicant must complete the following screens depending upon the component type listed on Screen 3A:
 - 4B. Housing Type and Location (PH: PSH)
 - 4B. Housing Type and Location (PH: RRH)
 - 4B. Housing Type and Location (Joint TH)
 - <u>4B. HMIS Training (HMIS)</u>

For new SSO projects, Project Applicants will not have a Part 4 screen to complete.

4B. Housing Type and Location (PH: PSH)

The following screen, 4B. Housing Type and Location, applies to PH: PSH (the components selected on screen 3A. Project Detail and 3B. Project Description).

The list in the "Housing Type and Location" screen summarizes each housing site in the project. The list will be populated by information you add about individual project sites.

| e.Forms | | | | | | Cogos |
|--|-------------|--------------|--|---------|------|---------------------|
| Jdoe-02 | | | 4B. Housing Type and L | ocation | | \bigcap |
| New Project Application FY2021 | | | zes each housing site in the project or update a housing site already | | | on. Calculates |
| Applicant Name: City and County of San Francisco Applicant Number: 155440829 Project Name: New Project Application | [Show Tt | | Total Units: Total Beds: otal Dedicated CH Beds: | | | based on entries |
| Test FY2021 Project Number: 137110 | Delete View | Housing Type | Housing Type (JOINT) | Units | Beds | Dedicated CH Beds |
| New Project Application | | | This list contains no it | ems | | |
| FY2021 | | | Back | Next | | |

Steps

- 1. To begin adding information to this list, add a housing site by selecting the "Add" icon.
- 2. The "4B. Housing Type and Location Detail" screen will appear.

NOTE: On the "4B. Housing Type and Location" screen, review the information you entered for each housing type.

- To edit the information on the "Housing Type and Scale" screen, select the "View" icon to the left of the housing type. Make any necessary changes, and select "Save & Back to List."
- To delete the information on the "Type and Scale of Housing" screen, select the red "Delete" icon 😢 to the left of the housing type.

4B. Housing Type and Location Detail (PH: PSH)

On this screen, you will enter information about an individual housing site.

| 🥙 e.Forms | | Cogeut |
|--|---|--|
| 🌲 jdoe-02 | Select from 4B. Housing Type an | d Location Detail |
| New Project Application FY2021 | dropdown menu <u>*</u> 1. Housing Type: | - select V |
| Applicant Name: City and County of San Francisco Applicant Number: 155440829 Project Name: New Project Application Test FY2021 Project Number: | 2. Indicate the maximum number of units and beds avail site * 2a. Units: * 2b. Beds: * 3. How many beds in "2b. Beds" are dedicated to persons experiencing chronic homelessness? This includes both the "dedicated | - select Barracks Dormitory, shared or private rooms Shared housing Single Room Occupancy (SRO) units Clustered apartments Scattered-site apartments (including efficiencies) Single family homes/townhouses/duplexes |
| 137110 | 4. Addr | AFE: |
| New Project Application FY2021 FY2019 New Detailed Instructions | 4. Addr Project applicants must enter an address for all pro not yet known, enter the expected location of the family home housing, or for projects that have units enter the address where the majority of beds will located as of the application submission. Where the the RRH portion, or if the address for scattered-s identified at the time of application, enter the ac | posed and existing properties. If the location is housing units. For Scattered-site and Single- s at multiple locations, project applicants should be located or where the majority of beds are a project uses tenant-based rental assistance in ite or single-family homes housing cannot be |
| Before Starting | Projects serving victims of domestic violence, inclu | uding human trafficking, must use a PO Box or |
| Part 1 - Forms | other anonymous address to ensu | ure the safety of participants. |
| 1A. SF-424 Application | * Street 1: | |
| Type 1B. SF-424 Legal | Street 2: | |
| Applicant | * City: | |
| 1C. SF-424 Application Details | * State: | - select V |
| 1D. SF-424 Congressional District(s) | * ZIP Code: | |
| 1E. SF-424 Compliance 1F. SF-424 Declaration 1G. HUD 2880 | *5. Select the geographic area(s) associated with the add be cove (for multiple selection | red. |
| 1H. HUD 50070 | | (Select "Save |
| 11. Cert. Lobbying | Available Items: | Selected Items: & Add |
| 1J. SF-LLL | 060012 Alameda 060030 Alhambra | |
| Part 2 - Recipient and Subrecipient | 060032 Aliso Vieio | Another" to |
| 2A. Sub Select "Sa | 060078 Anaheim | add another |
| 2B. Exp | 060102 Antioch | housing type |
| Part 3 - Pro Back to Lis | | |
| Informatio finished ad | dding Please select at le | east one area. |
| 3B. Des housing ty | pes |) |
| 3C. Expa | Save | Save & Add Another |
| Part 4 - Housing, | Save & Back to List | Back to List |
| Services, and HMIS | Save & Dack to List | Dava (0 LIS) |

- 1. In field 1, from the "Housing Type" dropdown menu, select the type of housing that most closely resembles the type of housing the project provides.
 - Barracks
 - Dormitory, shared or private rooms
 - Shared housing
 - Single Room Occupancy (SRO) units
 - Clustered apartments
 - Scattered site apartments (including efficiencies)
 - Single-family homes/townhouses/duplexes

- 2. In fields 2a and 2b, enter the maximum number of units and beds available for project participants at the selected housing site.
 - The number entered should be based on the number of units and beds that will be available at the point-in-time and used for housing program participants in this project.
 - Select "Save."
- 3. In field 3, indicate the number beds of the total beds in "2b. Beds" that are dedicated to persons experiencing chronic homelessness.
- 4. In field 4, enter the physical address for this proposed project.
 - For scattered-site housing, or other unit configurations with multiple addresses, enter the address where the majority of beds will be located, or where most beds are planned to be located as of the application submission.
 - If the project uses tenant based rental assistance, or if the address for scattered-site or single family home housing cannot be identified at the time of application, enter the address for the administration office.
 - Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.
- 5. In field 5, select the geographic area(s) in which the project will be located.
 - Highlight one geographic area, or hold the CTRL Key to make more than one selection.
 - Using the single arrow, move your selection from the left box to the right box.
- 6. To add additional housing sites, select "Save & Add Another" and repeat steps 1 through 5.
- 7. When you have entered all of the types of housing for the project, select "Save & Back to List" to return to the "4B. Housing Type and Location" screen.
- 8. When your list is complete, select "Next" to continue to the next screen.

Project applicants must enter an address for all proposed and existing properties.

NOTE: Regarding Addresses:

- If the location is not yet known, enter the expected location of the housing units.
- For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission.
- Where the project uses tenant-based rental assistance in the RRH portion, 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 victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

4B. Housing Type and Location (PH: RRH)

The following screen, 4B. Housing Type and Location, applies to PH: RRH (the components selected on screen 3A. Project Detail and 3B. Project Description).

The list in the "Housing Type and Location" screen summarizes each housing site in the project. The list will be populated by information you add about individual project sites.

| e.Forms | /P Legout |
|---|--|
| Jdoe-02 | 4B. Housing Type and Location Auto- calculate |
| New Project Application FY2021 | The following list summarizes each housing site in the project. To add a housing site to the based on select the contract the select the contract select the select t |
| Applicant Name: City and County of San Francisco Applicant Number: 155440829 Project Name: | Select "Add" Total Units: Total Beds: |
| New Project Application Test FY2021 | Delete View Housing Type Housing Type (JOINT) Units Beds Dedicated CH Beds |
| Project Number: 137110 | This list contains no items |
| New Project Application FY2021 | Back Next |

Steps

- 1. To begin adding information to this list, add a housing site by selecting the "Add" icon.
- 2. The "4B. Housing Type and Location Detail" screen will appear.

NOTE: On the "4B. Housing Type and Location" screen, review the information you entered for each housing type.

- To edit the information on the "Housing Type and Scale": screen, select the "View" icon to the left of the housing type. Make any necessary changes, and select "Save & Back to List."
- To delete the information on the "Type and Scale of Housing" screen, select the red "Delete" icon (20) to the left of the housing type.

4B. Housing Type and Location Detail (PH: RRH)

On this screen, you will enter information about an individual housing site.

| e.Forms | | | | 🥐 Logout |
|---|--|--|---|--|
| 🏄 jdoe-02 | Select from | 4B. Housing Type a | nd Location Detail | |
| New Project Application FY2021 | dropdown menu | * 1. Housing Type: | select | ~ |
| Applicant Name: | 2. Indicate the maximum n | umber of units and beds ava site | ilable for program participants | at the selected housing |
| City and County of San Francisco | | * 2a. Units: | e. | |
| Applicant Number: 155440829 | | * 2b. Beds: | | |
| Project Name: | | 3. Add | iress | |
| New Project Application Test FY2021 Project Number: 137110 New Project Application FY2021 FY2019 New Detailed | not yet known, e family home housin enter the addres located as of the a the RRH portion, identified at the Projects serving v | nter the expected location of th ng, or for projects that have uni s where the majority of beds wi pplication submission. Where th or if the address for scattered time of application, enter the a | oposed and existing properties. If e housing units. For Scattered-site ts at multiple locations, project ap lib le located or where the majority he project uses tenant-based renta site or single-family homes housin address for the project's administra duding human trafficking, must use sure the safety of participants. | e and Single- plicants should y of beds are Il assistance in og cannot be ation office. |
| Instructions | | * Street 1: | | |
| Before Starting | | Street 2: | 1 | |
| Part 1 - Forms | | * City: | - | |
| 1A. SF-424 Application | | * State: | select V | |
| Type 1B. SF-424 Legal | | * ZIP Code: | | |
| Applicant | | and the second | | |
| 1C. SF-424 Application Details 1D. SF-424 Congressional District(s) | *4. Select the geographic ar | ea(s) associated with the ad be cov (for multiple selectio | | the area(s) expected to |
| 1E. SF-424 Compliance | Available Items: | | Selected Items: Selec | t "Save & Add |
| 1F. SF-424 Declaration | 060012 Alameda | 2 | | |
| 1G. HUD 2880 1H. HUD 50 | 060030 Alhambra 032 Aliso Vieio | 23 | | ner" to add |
| 11. Cert. Lo Select " | Save & 078 Anaheim | - | | er housing type |
| | List" when 102 Antioch 108 Apple Valley | × (4 | | |
| Part 2 - Recipion Subrecipient In finished | | | / | |
| 2A. Subreci housing | - | Please select at | least one area. | |
| 2B. Experie | | Save | Save & Add Another | |
| Part 3 - Project | | Javo | Save & Add Another | |
| 3A. Project Detail | | Save & Back to List | Back to List | |

- 1. In field 1, from the "Housing Type" dropdown menu, select the type of housing that most closely resembles the type of housing the project provides.
 - Barracks
 - Dormitory, shared or private rooms
 - Shared housing
 - Single Room Occupancy (SRO) units
 - Clustered apartments
 - Scattered site apartments (including efficiencies)
 - Single-family homes/townhouses/duplexes.

- 2. In field 2, enter the maximum number of units and beds available for project participants at the selected housing site.
 - The number entered should be based on the number of units and beds that will be available at the point-in-time and used for housing program participants in this project.
 - Select "Save."
- 3. In field 3, enter the physical address for this proposed project.
 - For scattered-site housing, enter the address where the majority of beds are located, where most beds are located as of the date you submit the application, or an administrative address.
 - If the project uses tenant based rental assistance, or if the address for scattered-site or single family home housing cannot be identified at the time of application, enter the address for the administration office.
 - Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.
- 4. In field 4, select the geographic area(s) in which the project is located.
 - Highlight one geographic area, or hold the CTRL Key to make more than one selection.
 - Using the single arrow, move your selection from the left box to the right box.
- 5. To add additional housing sites, select "Save & Add Another" and repeat steps 1 through 4.
- 6. When you have entered all of the types of housing for the project, select "Save & Back to List" to return to the "4B. Housing Type and Location" screen.
- 7. When your list is complete, select "Next" to continue to the next screen.

| NOTE: | Project applicants must enter an address for all proposed and existing properties. |
|-------------------------|---|
| Regarding Addresses: | • If the location is not yet known, enter the expected location of the housing units. |

- For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission.
- Where the project uses tenant-based rental assistance in the RRH portion, 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 victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

4B. Housing Type and Location (Joint TH)

The following screen, 4B. Housing Type and Location, applies to Joint TH (the component selected on screen 3A. Project Detail).

The list in the "Housing Type and Location" screen summarizes each housing site in the project. The list will be populated by information you add about individual project sites.

| e.Forms | | P Logour |
|--|--|---------------------|
| 🍌 jdoe-02 | 4B. Housing Type and Location | Auto- calculate |
| New Project Application FY2021 | The following list summarizes each housing site in the project. To add a housing site to the select the 🔁 icon. To view or update a housing site already listed, select the 🍳 icon. | based on entries |
| Applicant Name: City and County of San Francisco Applicant Number: 155400829 Project Name: New Project Application Test FY2021 Project Number: 137110 | tist all CoC-funded and Non CoC-funded units and beds for this prover List all CoC-funded and Non CoC-funded units and beds for this prover TH RRH Total O O O O O O O O O O O O O O O O O O O | |
| New Project Application | Delete View Housing Type Housing Type (JOINT) Units Beds Dedicate This list contains no items | d CH Beds |
| FY2019 New Detailed | Save & Back Save Save & Next | |
| Instructions Before Starting | Back Next | |

Steps

NOTE:

- 1. To begin adding information to this list, add a housing site by selecting the "Add" icon.
- 2. The "4B. Housing Type and Location Detail" screen will appear.

On the "4B. Housing Type and Location" screen, review the information you entered for each housing type.

- To edit the information on the "Housing Type and Scale": screen, select the "View" icon to the left of the housing type. Make any necessary changes, and select "Save & Back to List."
- To delete the information on the "Type and Scale of Housing" screen, select the red "Delete" icon 😢 to the left of the housing type.

4B. Housing Type and Location Detail (Joint TH)

On this screen, you will enter information about an individual housing site.

| Julie-02 | |
|--|---|
| June-oz | 4B. Housing Type and Location Detail |
| New Project Application T FY2021 | The applicant has selected "JOINT TH & PH-RRH" as their component type : CoC-funded units and beds being provided under t |
| Applicant Name: City and County of San Francisco | 1. Is this housing type and location for the TH portion or the -select - V If "TH", an additional question will appear |
| Applicant Number: | 2. Housing Type: select V |
| 15544087 Project 1 New Pro CoC Test FV2 Section 8 Project 1 HUD-VASH 137110 Mixed Funding | 3. What is the funding source for these units and beds? Section 8 (If multiple sources, select "Mixed" from the dropdown menu) 4. Indicate the maximum number of units and beds available for program participants at the selected housing |
| Other | site. |
| New Projeccopping | * 2a. Units: |
| FY2021 | * 2b. Beds: |
| FY2019 New Detailed | 5. Address |
| Instructions Before Starting Part 1 - Forms 1A. SF-424 Application Type 1B. SF-424 Legal Applicant 1C. SF-424 Legal Applicant 1C. SF-424 Application Details 1D. SF-424 Congressional District(s) 1E. SF-424 Compliance 1F. SF-424 Declaration 1G. HUD 2880 1H. HUD 50070 1J. Cert. Lobbying | Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single- family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, 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 victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants. * Street 1: * City: * Street 2: * City: * ZIP Code: |
| 1J. SF-LLL | Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to |
| Part 2 - Recipient and Subrecipient Information 2A. Subrecipients | be covered. (for multiple selections hold CTRL key) Select "Save & Add |
| 2B. Experience | Available Items: Selected Items: Another" to add another |
| Part 3 - Project Information 34 35 36 36 36 36 36 36 36 36 36 36 36 36 36 | 060030 Alhambra 060032 Aliso Viejo 060078 Anaheim 060102 Antioch |
| Serv finished adding | Please select at least one area. |
| 4/ housing types | Save Save & Add Another |
| Part | |
| 5A. Housenoids 5B. Subpopulations | Save & Back to List Back to List |

- 1. In field 1, select "TH" or "RRH" from the dropdown menu to indicate whether the housing type and location is for the TH or RRH portion of the project.
 - If "TH," is selected, field 1a will appear. Field 1a automatically pre-populates to "Yes.".
- 2. In field 2, from the "Housing Type" dropdown menu, select the type of housing that most closely resembles the type of housing the project provides.
 - Barracks

- Dormitory, shared or private rooms
- Shared housing
- Single Room Occupancy (SRO) units
- Clustered apartments
- Scattered site apartments (including efficiencies)
- Single-family homes/townhouses/duplexes.
- 3. In field 3, enter the funding source for the units and beds. If multiple sources, select "Mixed" from the dropdown menu.
- 4. In field 4, enter the maximum number of units and beds available for project participants at the selected housing site.
 - The number entered should be based on the number of units and beds that will be available at the point-in-time and used for housing program participants in this project.
 - Select "Save."
- 5. In field 5, enter the physical address for this proposed project.
 - For scattered-site housing, enter the address where the majority of beds are located, where most beds are located as of the date you submit the application, or an administrative address.
 - If the project uses tenant based rental assistance, or if the address for scattered-site or single family home housing cannot be identified at the time of application, enter the address for the administration office.
 - Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.
- 6. In field 6, select the geographic area(s) in which the project is located.
 - Highlight one geographic area, or hold the CTRL Key to make more than one selection.
 - Using the single arrow, move your selection from the left box to the right box.
- 7. To add additional housing sites, select "Save & Add Another" and repeat steps 1 through 6.
- 8. When you have entered all of the types of housing for the project, select "Save & Back to List" to return to the "4B. Housing Type and Location" screen.

4B. HMIS Training

The following screen, 4B. HMIS Training, applies to HMIS projects (the component selected on screen 3A. Project Detail).

| e.Forms | Logout |
|---|--|
| 🏄 jdoe-02 | 4B. HMIS Training |
| New Project Application FY2021 | * Indicate the last training date or proposed training date for each HMIS training, as applicable. |
| Applicant Name: City and County of San Francisco Applicant Number: 155440829 Project Name: New Project Application Test FY2021 Project Number: 137110 New Project Application FY2021 | ActivityEnter date of last training or proposed next training (mm/yyyy)Basic Computer Training |
| FY2019 New Detailed Instructions Before Starting Part 1 - Forms 1A. SF-424 Application Type 1B. SF-424 Legal Applicant | Save & Back Save Save & Next |

- 1. For each type of activity listed, indicate the last training date or proposed training date for each HMIS training, as applicable.
- 2. Enter up to 3 additional HMIS trainings that apply to the implementation of the proposed project, and enter the implementation date for each additional training.
- 3. Select "Save & Next" to continue to the next screen.

Preface to Part 5: Participant Screens

The upcoming pages contain instructions for the two "Project Participants" screens—one for "Households" and the other for "Subpopulations."

NOTE: Part 5 is applicable only to PH-PSH, PH-RRH, and Joint TH and PH-RRH Projects.

If you selected "HMIS" or "SSO" as the component on screen 3A, you will not see the Part 5 screens as these screens do not apply to HMIS or SSO projects.

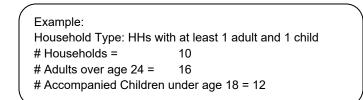
Before continuing to the instructions, please review the following notes, which provide information regarding gathering and entering data for these two populations.

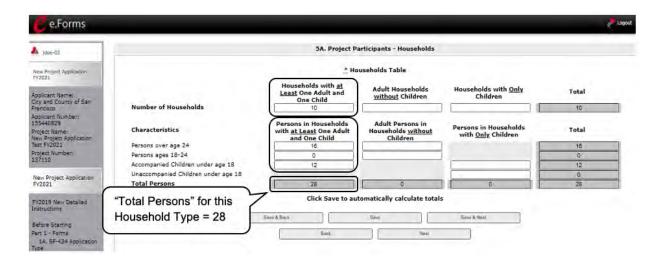
| NOTE: | (1) The data gathered on these "Project Participants" screens consists of the number of participants in the program when the program is at full capacity (at a single point in time, not over the course of a year or term of the grant). |
|-------|---|
| | For a new project, you will not have historical data on persons served, so you will need to use estimates at the time of application. The data describes the number of households as well as the number of persons in households. |
| | |
| NOTE: | (2) Dark grey cells are not applicable and light grey cells will be totaled by e- snaps automatically. |
| | |
| NOTE: | (3) For homeless assistance programs, chronic substance abuse, by itself, may constitute a disability. |
| | |
| NOTE: | See also the Additional Guidelines for 5A. Project Participants – Households and 5B. Project Participants - Subpopulations subsection on the next page |

Additional Guidelines for 5A. Project Participants – Households and 5B. Project Participants - Subpopulations

This section provides some guidelines to clarify the way in which the fields on 5A. Project Participants – Households and 5B. Project Participants - Subpopulations work together. The example applies to the Household Type: Households with at least one adult and one child, which is the first fillable column on screen 5A and the first chart at the top of screen 5B.

These guidelines also apply to the other two Household Types—Adult Households without children and Households with Only Children.

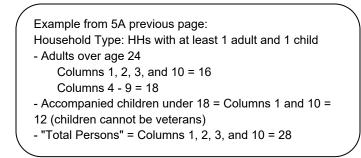


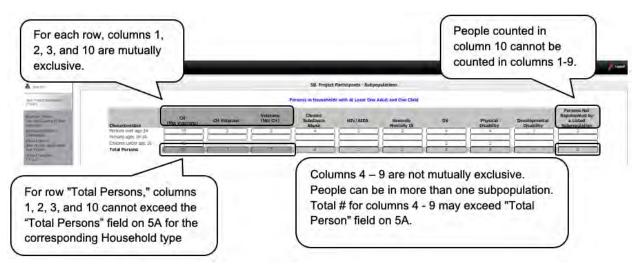


The "Total Persons" field on screen 5A will not necessarily be the sum of the 10 column totals for the corresponding household type on screen 5B (see image below).

While the first three columns on screen 5B are mutually exclusive, people might be listed in more than one subpopulation category in the final seven columns of the chart. For example, a participant can only be either a non-CH veteran, a CH veteran, or a CH non-veteran, but a participant may be any one of these three and dually-diagnosed, fitting into more than one subpopulation. Therefore, an HIV positive and chronic substance abusing CH non-veteran could be included in one subpopulation from the first three columns and in both subpopulations in the final seven columns.

The total number of persons in a particular subpopulation column (e.g., non-CH veterans, chronic substance abuse, etc.) on screen 5B cannot exceed the total number entered in the "Total Persons" column on screen 5A.





5A. Project Participants - Households

The following steps provide instructions on completing the "Project Participants – Households" screen for **Part 5: Participants and Outreach Information** to indicate the total number of households and number of persons by demographic served at maximum program capacity at a single point in time by household type.

Estimations: For a new project, you will not have historical data on persons served, so you will need to use estimates at the time of application.

The data describes the number of households as well as the number of persons in households.

| jdoe+02 | | 5A. Project Participants - I | Households | |
|--|---|---|---|--|
| ev Project Application 2021 plicant Name: y and County of San | | <u>*</u> Households Tat Households with <u>at</u> <u>Least</u> One Adult and One Child | le Adult Households <u>without</u> Children | Households with <u>Only</u> Children |
| ncisco blicant Number: 5440829 ject Name: | Number of Households Characteristics | 10 Persons in Households with <u>at Least</u> One Adult | Adult Persons in Households <u>without</u> | Persons in Household with Only Children |
| Project Application FY2021 ect Number: 110 | Persons over age 24 Persons ages 18-24 | and One Child 16 0 | Children | Select "Save & |
| Project Application 021 | Accompanied Children under age 18 Unaccompanied Children under age 18 Total Persons | 28 | 0 | Next" to proceed |

- 1. In the "Number of Households" row, enter the total number of households for each household type.
- 2. Select "Save" and the system will calculate the total for the "Total Number of Households" field.
- 3. In the "Characteristics" section, enter the number of persons by household type for each demographic row.
- 4. Select "Save" and the system will calculate the remaining four fields in the columns and the totals for each demographic based on the values you entered.
- 5. Select "Save & Next" at the bottom of the screen once all information is complete on this screen.

5B. Project Participants - Subpopulations

The following steps provide instructions on completing the "Project Participants – Subpopulations" screen for **Part 5: Participants and Outreach Information** to indicate the number of persons served at maximum program capacity at a single point in time, as well as the characteristics/disabilities, according to their respective household types.

Estimations: For a new project, you will not have historical data on persons served, so you will need to use estimates at the time of application.

The data describes the number of households as well as the number of persons in households.

When filling out this table, applicants should think of it as follows:

- For each row, the first three columns that are in dark gray, along with column 10 "Persons not represented by listed subpopulations," are mutually exclusive (i.e., for each row, you cannot count the same person in more than one of these columns).
- Columns 4 through 9 are not mutually exclusive (i.e., in each row, you may include the same person in multiple columns if they have multiple characteristics). However, for each row, if you list a person in column 10, you cannot include the person in columns 4 through 9.

For each household type included on the previous screen, 5A, applicants must fill in at least one cell on the corresponding chart on for screen 5B. On the previous screen, the household types were displayed as columns; on 5B, the household types are shown in individual tables.

| | | _ | | | | | n Logout |
|---|---|--------------|-----------------------|------------------|--|-----------------|----------|
| | | 58. Pro | ject Participants - ! | Subpopulations | | | |
| [] | Sile Project Participants - Subpopulations Descent Households with at Least One Adult and One Child Name of the Veterans Chironic NUVATION Substance NUVATION Severely O Chironic NUVATION Severely NUVATION Severely O O Severely O O O O O O O | | | | | | |
| Characteristics | | CH Veterans | | Substance | HIV/AIDS | | D |
| Persons over age 24 | 10 | 2 | 2 | | 2 | | |
| Persons ages 18-24 Children under age 18 | 12 | | | - | { <u> </u> | | - |
| Total Persons | | 2 | -2 | 4 | 2 | 2 | |
| 1 | | 1000 | | | | | |
| | | Click Sa | ve to automatically | calculate totals | | | |
| | | Persor | is in Households wi | ithout Children | | | |
| Characteristics | | CH Veterans | | Substance | HIV/AIDS | | D' |
| Persons over age 24 | | | | | | | |
| Total Persons | 0 | a | D | α. | 0 | 0 | - |
| G | - | | - | | | | |
| | | | | | | | |
| | | Person | s in Households wit | h Only Children | | | |
| Characteristics | | CH Veterans | | Substance | HIV/AIDS | | DV |
| Accompanied Children | | | | | | | _ |
| Unaccompanied Children | | | | | C | | ~ |
| Total Persons | 0 | 1 | | | o S | elect "Save & | D |
| 1 | 201220027 | | | - | N | ext" to proceed | |
| Se | elect "Save" to | | hoopulation" referred | to above: | - U" | ext to proceed | |
| Ca | Iculate totals | - | | | 7 | / | |
| | | ~ | | | 1/ | | |
| | | - | - | | / | 18 | |
| | В | Inver & Back | Save | | Save & Next | | |
| | L | | | | | | |
| | | Back | | Next | | | |

Steps

- 1. For each household type included from screen 5A, enter the appropriate subpopulation on this screen based on capacity at a single point in time, as well as the characteristics/disabilities, according to their respective household types.
- 2. Select "Save" and the system will calculate all totals based on the values you entered for each subpopulation.
- 3. Select "Save & Next" once all information is complete on this screen.

SubpopulationsChronically Homeless includes disabled adults in households with or without
children.Veterans must be adults; therefore, no entry is allowed for accompanied or
unaccompanied children under age 18 for the "Chronically Homeless Veterans"
column.

Preface to Part 6: Budget Information

The upcoming pages contain instructions for completing budgets for the New Project component types and activities. Before continuing to the instructions, please review the following information:

- **Reallocation.** If your new project is being created through the reallocation process, the budget should not exceed the amount allocated by the CoC from eligible renewal projects that were reduced or eliminated. If the budget does exceed the amount reallocated by the CoC as provided on the reallocation forms on the CoC Priority Listing, the budget will be reduced by HUD to match the amount specified by the CoC for reallocation.
- **Budget Detail screens.** New Project Applications have "Detail" project screens for each budget category: leased units; leased structures; rental assistance; supportive services; operating; and HMIS. (Renewal Project Applications now omit the "Detail" project screens for leased structures, supportive services, operating, and HMIS.)
- Rental Assistance. There is only one rental assistance screen to use for short/medium-term or long-term. The user will select which type of rental assistance is applicable to the project from the dropdown provided.
- FMRs. Project Applicants will apply for projects in the FY 2021 CoC Program Competition using the FY 2020 FMRs. To ensure consistency between the Grant Inventory Worksheet (GIW) and the FY 2021 application process, GIWs will also use FY 2020 FMRs. Project applications that are selected for a conditional award will be adjusted and awarded based on the FMRs that are in effect at time of the FY 2021 application submission deadline.

24 CFR 578.51(f) provides the following information regarding when updates to the FMR will be made for rental assistance projects, "The amount of rental assistance in each project will be calculated by multiplying the number and size of units proposed by the FMR of each unit on the date the application is submitted to HUD, by the term of the grant."

Project Applicants will need to complete the budget screens that appear on the left menu bar after completing the following:

- "Part 1 SF-424
- "Part 3 Project Information, 3A. Project Detail" screen
- "Part 6 Budget Information, 6A. Funding Request" screen

Throughout the *e-snaps* budget screens, there are gray-shaded cells in which you will not be able to enter or revise data. These cells are typically "Totals" with amounts that are automatically calculated within *e-snaps* when you select the "Save" button. There are a handful of places where the gray-shaded cells contain other information (e.g., "Numbers of Months"), but the information is always populated by *e-snaps*. You must fill in or revise the data in the white cells, except in certain situations (e.g., you would fill in a white cell for "Other" only if it is applicable).

Part 6: Budget Information

In *e-snaps*, the budget screens that appear for **Part 6: Budget Information** in the left menu bar of the Project Application are determined by all of the following:

- Whether your project is a new, renewal or YHPD project, as reflected on screen **1A. Application Type**.
- The component type selected on screen 3A. Project Detail.
 - If you have a Permanent Housing (PH) project, the budget screens you will be eligible to complete are also dependent upon how you respond to questions on screen 3B. Project Description. Specifically, Project Applicants must indicate whether they are a PSH or RRH project.
- Your selections on the **6A. Funding Request** screen. Project Applicants must carefully choose the correct funding request as you will only see the budget screen(s) chosen.

Below is a table that shows the eligible activities for New Projects by Component Type.

| PH (PSH) | PH (RRH) | Joint TH/PH- RRH | SSO-CE | HMIS |
|---|------------------------|------------------------|------------------------|------|
| Acquisition/ Rehabilitation/New Constructions | | | | |
| Leased Units | | Leased Units | | |
| Leased Structures | | Leased Structures | | |
| Rental Assistance | Rental Assistance | Rental Assistance | | |
| Supportive Services | Supportive Services | Supportive Services | Supportive Services | |
| Operations | | Operations | | |
| HMIS | HMIS | HMIS | | HMIS |

New Projects: Possible Component Types and Eligible Activities

NOTE: Project Applicants may NOT have any of the following combinations in a single structure or housing unit, although some of these budgets may be combined in a single Project Application because the funding is not used in the same structure or unit, such as in a Joint TH and PH-RRH Project:

- Acquisition and/or rehabilitation with new construction
- Leasing with acquisition, rehabilitation, or new construction
- Rental assistance with acquisition, rehabilitation, or new construction
- Leasing and rental assistance
- Rental assistance and operations

6A. Funding Request for New Projects

This screen has six questions. The navigational steps in this section go through the questions in order. The options available in Question 5 are determined by your selections on screen 3A. Project Detail. Once you select the activities in Question 5, the appropriate budget screens will populate in the left menu bar.

All Projects: Questions 1 and 2: Readiness and Funding Source

| e.Forms | | e <mark>t</mark> copaut |
|---|---|-------------------------|
| A jsmith-02 | 6A. Funding Request | |
| New Project Application FY2021 | * 1. Will it be feasible for the project to be under grant Yes agreement by September 15, 2023? | DV Bonus projects |
| Applicant Name Project Applicant 21 | 1a. DV Bonus Only: This project can realistically be under grant agreement by September 15, 2022. | select check box |
| Applicant Number: 08 Project Name: FY 2021 New Project | * 2. What type of CoC funding is this project applying for in DV Bonus this CoC Program Competition? | ~ |

Steps

- 1. In field 1, select "Yes" or "No" to indicate the Project Applicant's readiness to initiate the project by September 15, 2023.
 - If you select "No," you will not be able to submit the Project Application.
 - DV Bonus projects will check the box if the project can realistically be under grant agreement by September 15, 2022.
- 2. In field 2, select one of the following options for how the project will be funded:
 - Reallocation
 - CoC Bonus
 - Reallocation + CoC Bonus
 - DV Bonus

Note: If "Yes" was selected on Screen 3A. Project Detail, field 7, which asks if the new project application is requesting to transition from eligible renewal projects that were awarded through reallocation, "Reallocation" will automatically be selected and is not editable.

NOTE:

PH-PSH is not eligible for DV Bonus funding.



| | PH-PSH | PH-RRH | Joint | SSO | HMIS | Transition |
|------------------------|--------------|--------|-------|-----|--------------|--------------|
| Reallocation | Х | Х | х | х | Х | х |
| Bonus | Х | Х | х | х | Х | not eligible |
| Reallocation and Bonus | х | х | х | х | х | not eligible |
| DV Bonus | not eligible | Х | Х | Х | not eligible | not eligible |

The following table identifies the eligible types of new projects for each type of funding source.

All Projects: Question 3: Indirect Costs

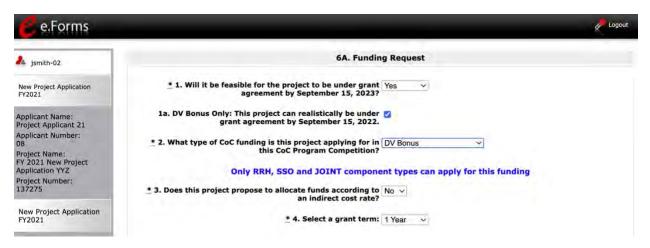
| Applicant Number: 155440829 | | ding to an Yes ↓ cost rate? | | | | |
|---|---|--------------------------------|---------------------|--|--|--|
| Project Name: New Project Application Test FY2021 | Indirect cost rate proposals should be submitted as soon as the applicant is notified of a conditional award. Conditional award recipients will be asked to submit the proposal rate during the e-snaps post-award process. | | | | | |
| Project Number: 137110 | Applicants with an approved indirect cost rate must submit a copy of the approval with this application. | | | | | |
| New Project Application | * 3a. Complete the indirect cost rate table below | | | | | |
| FY2021 FY2019 New Detailed | Agency | Indirect Cost Rate | Direct Cost Base | Date approved or enter ``NA″ if using 10 % de minimis rate | | |
| Instructions | | | | | | |
| Before Starting | | | | | | |
| art 1 - Forms | | | | | | |
| 1A. SF-424 Application | | | | | | |
| ype 1B. SF-424 Legal Applicant | | | | | | |
| 1C. SF-424 Application | The applicant must complete a | it least one row in the in | direct cost rat | e schedule. | | |
| Details | * b. Has this rate been approved by your cogniza | nt agency? select 🗸 | | | | |
| 1D. SF-424 Congressional District(s) | | imis rate? select 🗸 | | | | |
| 1E. SF-424 Compliance | | | | | | |

Steps (continued)

- 3. In field 3, select "Yes" or "No" to indicate if this project proposes to allocate funds according to an indirect cost rate.
 - If "Yes", fields 3a, 3b, and 3c will appear.
 - o In field 3a, complete the indirect cost rate schedule.
 - In field 3b, indicate whether the indirect cost rate has been approved by your cognizant agency.
 - o In field 3c, indicate whether you plan to use the 10% de minimis rate.

Note: If you select "Yes," indirect cost rate proposals should be submitted as soon as HUD notifies the applicant of a conditional award and no later than three months after the award. HUD will ask conditional award recipients to submit the proposal or approved rate during the e-snaps post-award process. Applicants with an approved indirect cost rate must submit a copy of the approval with this application.

All Projects: Question 4: Grant Term



Steps (continued)

- In field 4, from the dropdown menu, specify the grant term by selecting either "1 Year," "2 Years,"
 "3 Years," "4 Years," "5 Years," or "15 years."
 - **NOTE:** Review the FY 2021 CoC Program Competition NOFO for more information on grant terms at:
 - https://www.hud.gov/program offices/comm planning/coc/competition.

Individual Project Types: Question 5

NOTE: For new projects, the number of eligible costs listed in Question 5 depends on the project component selected on screen 3A. Project Detail.

Steps (continued)

5. In field 5, select all the costs for which you are requesting funds for the project. After you select the "Save" button, the left menu bar will populate with a complete list of budget screens that you will need to complete.

PH-PSH Projects

| * 5. Select the costs for which funding is requested: | |
|---|--|
| Leased Units | |
| Leased Structures | |
| Rental Assistance 🗌 | |
| Supportive Services | |
| Operating 🗌 | |
| HMIS 🗌 | |

PH-RRH Projects

| 5. Select the costs | for which funding is requested: |
|---------------------|---------------------------------|
| | Rental Assistance |
| | Supportive Services 🗌 |
| | HMIS 🗆 |

Joint TH-RRH Projects

| * 5. Select the costs for w | hich funding is requested: | |
|-----------------------------|----------------------------|--|
| | Leased Units | |
| | Leased Structures | |
| | Rental Assistance | |
| | Supportive Services | |
| | Operating | |
| | HMIS | |

SSO-CE Projects

For new SSO-CE projects, the only eligible activity is Coordinated Entry. Therefore, the only expense categories listed in Question 5 are Supportive Services and HMIS.

| Select the costs for which funding is requested | : |
|---|-----|
| Supportive Service | 5 🗌 |
| HMIS | 5 🗆 |

Dedicated HMIS Projects

New Dedicated HMIS project costs can only be carried out by the HMIS Lead, which is the project applicant or subrecipient for HMIS dedicated funds and that is listed on the HMIS Lead form in the CoC Applicant Profile in *e-snaps*.

| HMIS | |
|------|--|
| | |
| | |

| Part 4 - Housing, Services, and HMIS 4A. Services 4B. Housing Type | * 6. If conditionally awarded, is this project requesting an initial Ves v grant term greater than 12 months? (13 to 18 months) |
|---|---|
| Part 5 - Participants 5A. Households 5B. Subpopulations | * 6a. Select the number of months requested for the initial grant 13 months v term: |
| Part 6 - Budget Information | Save & Back Save Save & Next |
| 6A. Funding Request 6G. Operating 6I. Match 6J. Summary Budget | Back Next Check Spelling |

Steps (continued)

- 6. In field 6, select "Yes or "No" to indicate whether this project will require an initial grant term greater than 12 months.
 - If "Yes," field 6a will appear.
 In field 6a, use the dropdown menu to select the number of months required for the initial grant term.
- 7. Select "Save & Next".

6B. Acquisition/Rehabilitation/New Construction Budget

The following steps provide instruction on completing the "Acquisition/Rehabilitation/New Construction Budget" screen for new projects with a **PH-PSH component**.

| e.Forms | 2 Logout | | | | | |
|--|---|--|--|--|--|--|
| 🏄 jdoe-02 | 6B. Acquisition/Rehabilitation/New Construction Budget | | | | | |
| New Project Application FY2021 | The following list summarizes the total request for each structure. To add a structure to the list, select the 🔁 icon. To view or update a structure already listed, select the 🍳 icon. | | | | | |
| Applicant Name: City and County of San Francisco Applicant Number: 155440829 Project Name: New Project Application Test FY2021 Project Number: 137110 | Total Acquisition: Total Rehabilitation: Total New Construction: Total Assistance Requested: Total Assistance Requested Amount has to be greater than \$0. | | | | | |
| New Project Application FY2021 | All A B C D E F G H I J K L M N O P Q R S T U V W X Y Z Delete View Name of Structure Street Address Street Address City State Zip Code Total Request Acquisition Rehabilitation New Construction | | | | | |
| FY2019 New Detailed Instructions | This list contains no items | | | | | |
| Before Starting Part 1 - Forms IA. SF-424 Application Type | Save & Back Save Save & Next Back Next | | | | | |

- 1. To add information to this list, select the "Add" icon icon above the word "All" at the left side of the alphabetic listing to open the "Acquisition/Rehabilitation/New Construction Detail" screen.
- 2. The "Acquisition/Rehabilitation/New Construction Budget Detail" screen will appear.

Acquisition/Rehabilitation/New Construction Budget Detail

| | | Cogout |
|--|---|--|
| Acquisition/Rehabilitation/New C | onstruction Budget Deta | ail |
| | | rehabilitation, and/or new |
| * Name of Structure: | | 2 |
| * Street Address 1: | | |
| Street Address 2: | | |
| <u>* City:</u> | | |
| * State: se | elect 🗸 | |
| * Zip Code: | | - |
| | Assistance Requested | |
| 1. Acquisition | |] |
| 2. Rehabilitation | | |
| 3. New Construction | | |
| 4. Total Assistance Requested | | |
| Click the 'Save' button to automatically calcu | late the Total Assistanc | e Requested. |
| | | |
| Save | Save & Add Another | |
| Save & Back to List | Back to List | |
| | Complete the following fields related to the funds being reaconstruction of the r * Name of Structure: * Street Address 1: Street Address 2: * City: * State: - se * Zip Code: 1. Acquisition 2. Rehabilitation 3. New Construction 4. Total Assistance Requested Click the 'Save' button to automatically calcu | Street Address 1: Street Address 2: <u>*</u> City: <u>*</u> State: - select <u>*</u> Zip Code: <u>*</u> Zip |

Steps

- 1. Enter the name, street address, city, state, and zip code of the structure.
 - The name of the structure can be as simple as "Structure 1" or something that is descriptive of the project's use of the structure. It does not have to be the legal name of the structure.
- 2. Enter the amount of grant funds requested for acquisition, rehabilitation, and new construction.
 - Select "Save" and the screen will automatically calculate the Total Assistance Requested.
- 3. If you are requesting project funds for acquisition, rehabilitation, or new construction for one location only:
 - Select "Save & Back to List" to go back to the "Acquisition/Rehabilitation/New Construction Budget" screen.

If you are requesting project funds for acquisition, rehabilitation, or new construction for another location:

 Select "Save & Add Another." Follow the directions for completing another "Acquisition/Rehabilitation/New Construction Budget Detail" screen as described above.

After you have entered all of the "Acquisition/Rehabilitation/New Construction Budget Detail" screens that your project requires, select "Save & Back to List" to return to the "Acquisition/Rehabilitation/New Construction Budget" screen.

- 4. After completing all of the "Acquisition/Rehabilitation/New Construction Budget Detail" screens, the "Acquisition/Rehabilitation/New Construction Budget" screen will auto-populate with the budget information you entered, as shown below.
 - Note: Acquisition can be combined with Rehabilitation. However, new construction cannot be combined with acquisition.

Completion of the Acquisition/Rehabilitation/New Construction Budget Screen

After completing all of the "Acquisition/Rehabilitation/New Construction Budget Detail" screens, the "Leased Unit Budget" screen will auto-populate with the budget information you entered.

- 1. Review the following items on the "Acquisition/Rehabilitation/New Construction Budget" screen.
 - The "Acquisition/Rehabilitation/New Construction Budget" screen should have been autocalculated with your total acquisition/rehabilitation/new construction budget amount.
 - Each "Acquisition/Rehabilitation/New Construction Budget Detail" screen you entered for each location will appear as a separate entry under the "View" header.
- 2. If changed are needed, please follow the following guidance:
 - If you want to view and edit any of the "Leased Units Budget Detail" screens, select the "View" icon ext to the appropriate entry.

 - If the list seems to be missing one or more items select the "Add" icon kan and complete additional "Leased Units Budget Detail" screen(s), as discussed previously.
- 3. If the list is complete, select "Next" at the bottom of the screen. You will proceed to the next budget screen.

6C. Leased Units Budget

Project Applicants must complete the "Leased Units Budget" screen and relevant detail screens if the Project Applicant is applying for leased units funds, and **the recipient has entered or is entering into leases directly with the property owner** for units to house program participants. If the lease will be between the landowner and the participant, the project applicant must complete the rental assistance budget, not the leased units budget.

The following steps provide instruction on completing the "Leased Units Budget" screen.

| e.Forms | 2 | Logout | | | | |
|---|--|--------|--|--|--|--|
| Jdoe-02 | 6C. Leased Units | | | | | |
| New Project Application FY2021 Applicant Name: | The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the 🗟 icon. To view or update information already listed, select the 🍳 icon. | | | | | |
| City and County of San Francisco Applicant Number: 155440829 Project Name: New Project Application Test FY2021 Project Number: 137110 | Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Nequest for Grant Term: Total Units: Total Assistance Requested Amount has to be greater than \$0. | | | | | |
| New Project Application FY2021 | V ∭ ▲ AII A B C D E F G H I J K L M N O P Q R S T U V W X Y | z | | | | |
| FY2019 New Detailed Instructions | Delete View FMR Area Total Units Requested Total Annual Assistance Requested Total Budget Reques | ted | | | | |
| Before Starting | This list contains no items | | | | | |
| Part 1 - Forms 1A. SF-424 Application | Back Next | | | | | |

Steps

- 1. To add information to this list, select the "Add" icon icon above the word "All" at the left side of the alphabetic listing to open the "Leased Units Budget Detail" screen.
- 2. The "Leased Units Budget Detail" screen will appear.

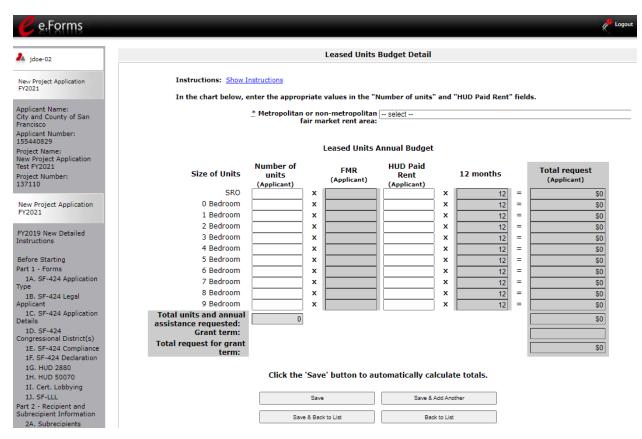
FMR

The Budget Detail screens use the FY 2020 FMRs.

To ensure consistency between the GIW and the FY 2021 application process, GIWs also used FY 2020 FMRs.

Project applications that are selected for a conditional award will be adjusted and awarded based on the FMRs that are in effect at time of the FY 2021 application submission deadline (i.e., the FY 2020 FMRs).

Leased Units Budget Detail



- 1. Select the FY 2020 Fair Market Rent (FMR) area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the FMR Area column in the chart below.
- 2. Enter the number of units of each bedroom size for which the project is requesting leased units assistance.
- 3. In the "HUD Paid Rent" column, for each unit size, enter the rent to be paid by the CoC Program grant. This rent can be equal to or below the FMR amount in the previous column it cannot exceed the FMR amount. Once HUD awards funds to the project, recipients must document compliance with the rent reasonableness requirement explained in section 578.51 of the CoC Program interim rule.
- The 12-month column is fixed. The amount of "HUD Paid Rent" multiplied by the number of units per unit type, multiplied by 12 automatically populates in the "Total Request (Applicant)" column per unit type.
- 5. The "Grant Term" field is populated with the grant term selected on the "6A Funding Request" screen.
- 6. Once you enter figures in each column for the relevant fields, select the "Save" button at the bottom of the screen. The sum of each column will be auto-calculated.

- 7. If the project is housed in one structure, select "Save & Back to List" to go back to the "Leased Units Budget" screen.
 - If the project is housed in more than one FMR Area, select "Save & Add Another" and repeat steps 1 through 6 for each structure in the project for which you are requesting leased units funds.
 - Once you have completed all of the "Leased Units Budget Detail" screens that your project requires, select "Save & Back to List."

Completion of Leased Units Budget

After completing all of the "Leased Unit Budget Detail" screens, the "Leased Unit Budget" screen will auto-populate with the budget information you entered.

- 1. Review the following items on the "Leased Units Budget" screen.
 - The "Leased Units Budget" screen should have been populated with your total leased units budget amount.
 - The "Leased Units Budget Detail" information you entered for each location will appear as a separate entry under the "View" header.
- 2. After completing the "Leased Units Budget Detail" screen(s) and reviewing the "Leased Units Budget" screen, you may want to make changes.
 - If you want to view and edit any of the "Leased Units Budget Detail" screens, select the "View" icon ext to the appropriate entry.

 - If the list seems to be missing one or more items select the "Add" icon 2 and complete additional "Leased Units Budget Detail" screen(s), as discussed previously.
- 3. If the list is complete, select "Next" at the bottom of the screen. You will proceed to the next budget screen.

6D. Leased Structures Budget

Project Applicants that plan to lease structures or portions of structures for housing or supportive services as part of a New project must complete the "Leased Structures Budget" screen.

The following steps provide instructions to complete the "Leased Structures Budget" screen of the Project Application and are relevant for New projects seeking funds for leased structures.

| e.Forms | | | | | | | | | | | | | | | | 4 | Logout |
|--|------------------|---|------------------------------|---|-----------------------------|---------------------------------|-----------------|---|-------------------|-------|---------|--------|------|---------|-------|------|--------|
| 🏄 jdoe-02 | 6C. Leased Units | | | | | | | | | | | | | | | | |
| New Project Application FY2021 | ti | he following ne projects. Iready lister | To add in | nformat | ion to th | | | | | | | | | | g | | |
| Applicant Name: City and County of San Francisco Applicant Number: 155440829 Project Name: New Project Application Test FY2021 Project Number: 137110 | "Add" icol | | Tota Gran Tota Tota | l Annua It Term I Reque I Units: | ll Assist : est for G | tance Ro Grant Te equeste | rm: | | as to be | e gre | ater th | an \$(|). | | | | |
| New Project Application FY2021 | | C D | EF | GН | 1 1 | ĸL | м | N | O P | Q | R S | т | U | v | w x | Y | z |
| FY2019 New Detailed Instructions Before Starting | Delete View | / FMR Are | a Total | Units | Reques | ted To This list | Contrast Contra | | 17 x 10 x 10 x 10 | nce F | Reques | ted | Tota | al Budg | et Re | ques | ted |
| Part 1 - Forms 1A. SF-424 Application | | | | | Back | | | | | Next | | | | | | | |

Steps

- 1. To add information to this list, select the "Add" icon above the word "All" at the left side of the alphabetic listing to open the "Leased Structures Budget Detail" screen.
- 2. The "Leased Structures Budget Detail" screen will appear.

FMR

The Budget Detail screens use the FY 2020 FMRs.

To ensure consistency between the GIW and the FY 2021 application process, GIWs also used FY 2020 FMRs.

Project applications that are selected for a conditional award will be adjusted and awarded based on the FMRs that are in effect at time of the FY 2021 application submission deadline (i.e., the FY 2020 FMRs).

Leased Structures Budget Detail

| e.Forms | | | Cogout |
|--|---|-------------------------------|--------|
| 🏄 jdoe-02 | Leased Structures Bud | get Detail | |
| New Project Application | * Structure Name: | 8 | |
| FY2021 | * Street Address 1: | | |
| Applicant Name: | Street Address 2: | | |
| City and County of San Francisco | * City: | | |
| Applicant Number: | * State: selec | t 🗸 | |
| 155440829 | * Zip Code: | | |
| Project Name: New Project Application Test FY2021 | * | | |
| Project Number: | HUD Paid Rent (per Month): | | |
| 137110 | 12 Months: | 12 | |
| New Project Application | Total Annual Assistance Requested | : \$0 | |
| FY2021 | Grant Term: | 1 Year | |
| the state of the s | Total Request for Grant Term: | \$0 | |
| FY2019 New Detailed Instructions | | | |
| That octions | Click the 'Save' button to automatically calculat | e the Total Assistance Reques | ted. |
| Before Starting | | | |
| Part 1 - Forms | HUD Paid Rent (per Month) amount h | as to be greater than \$0 | |
| 1A. SF-424 Application | | | |
| Type 1B. SF-424 Legal | Save | Save & Add Another | |
| Applicant | | | |
| 1C, SF-424 Application | Save & Back to List | Back to List | |

- 1. Enter the name, street address, city, state, and zip code of the structure. The name of the structure can be as simple as "Structure 1" or something that is descriptive of the use of the structure.
- 2. Enter the monthly leasing amount in the "HUD Paid Rent (per month)" field. The amount entered must not exceed the monthly rent for comparable structures.
- 3. The screen will automatically calculate the HUD paid rent multiplied by 12 months to show the "Total Annual Assistance Request."
- 4. The screen will automatically calculate the "Total Annual Assistance Request" multiplied by the "Grant Term." The "Grant Term" field is populated from screen "6A: Funding Request."
- 5. If the project will lease one structure only, select "Save & Back to List" to go back to the "Leased Structures Budget" screen.
 - If the project will lease more than one structure, select "Save & Add Another."
 - Follow the directions for completing another "Leased Structures Budget Detail" screen as described in the preceding steps.
 - After you have entered all of the "Leased Structures Budget Detail" screens that your project requires, select "Save & Back to List" to return to the "Leased Structures Budget" screen.

Completion of Leased Structures Budget

After completing all of the "Leased Structures Budget Detail" screens, the "Leased Structures Budget" screen will auto-populate with the budget information you entered.

- 1. Review the following items on the "Leased Structures Budget" screen.
 - The "Leased Structures Budget" screen should have been populated with your total leased structures budget amount.
 - Each "Leased Structures Budget Detail" screen you entered for each location will appear as a separate entry.
- 2. After completing the "Leased Structures Budget Detail" screen(s) and reviewing the "Leased Structures Budget" screen, you may want to make changes.
 - If you want to view and edit any of the "Leased Structures Budget Detail" screens, select the "View" icon ext to the appropriate entry.

 - If the list is missing one or more items, select the "Add" icon and complete another "Leased Structures Budget Detail" screen, as discussed above.
- 3. If the list is complete, select "Next" at the bottom of the screen. You will proceed to the next budget screen.

6E. Rental Assistance Budget

Project Applicants that plan to provide rental assistance to participants (short/medium - or long-term) as part of a New project must complete the "Rental Assistance Budget" screen. If you are applying for rental assistance units, the lease agreement will be between the landowner and the participant. If the leases are between the project applicant and the landowner, then the Project Applicant must complete the leased units budget, not the rental assistance budget.

The following steps provide instruction on completing the "Rental Assistance Budget" screen of the New Project Application.

| e.Forms | and the second sec |
|--|--|
| 🎝 jdoe-02 | 6E, Rental Assistance Budget |
| New Project Application FY2021 | The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the 📮 icon. To view or update information already listed, select the 🍳 icon. |
| Applicant Name: City and County of San Francisco Applicant Number: 155440829 Project Name: New Project Application Test FY2021 Project Number: 137110 | Total Request for Grant Term: Total Units: Total Assistance Requested Amount has to be greater than \$0. [Show Filters] [Clear Filters] |
| New Project Application | Delene View Type of Rental Assistance FMR Area Total Units Requested Total Request |
| FY2021 FY2019 New Detailed | This list contains no items |
| Instructions | "Add" icon Back Next |

Steps

- 1. To add information to this list, select the "Add" icon list to open the "Rental Assistance Budget Detail" screen.
- 2. The "Rental Assistance Budget Detail" screen will appear.

FMR

The Budget Detail screens use the FY 2020 FMRs.

To ensure consistency between the GIW and the FY 2021 application process, GIWs also used FY 2020 FMRs.

Project applications that are selected for a conditional award will be adjusted and awarded based on the FMRs that are in effect at time of the FY 2021 application submission deadline (i.e., the FY 2020 FMRs).

Rental Assistance Budget Detail

| 🥑 e.Forms | | | | | (Logo | | | | |
|--|---------------------------------|----------------------------------|-------------------------|---------------------------|---------------------------------------|--|--|--|--|
| 🎝 jdoe-02 | Rental Assistance Budget Detail | | | | | | | | |
| New Project Application FY2021 | Instructions: Show In | nstructions | Assistance | | | | | | |
| Applicant Name: City and County of San Francisco Applicant Number: 155440829 | <u>*</u> Metr | opolitan or non-m fair market | etropolitan sele | | | | | | |
| Project Name: New Project Application Test FY2021 | Size of Units | # of Units (Applicant) | FMR Area (Applicant) | 12 Months | Total Request | | | | |
| Project Number: 137110 | SRO | | < [| x 12 | (Applicant) | | | | |
| | 0 Bedroom | , | ĸ [| | = \$0 | | | | |
| New Project Application | 1 Bedroom | | < | | = \$0 | | | | |
| FY2021 | 2 Bedrooms | | < | | = \$0 | | | | |
| | 3 Bedrooms | | < | | = \$0 | | | | |
| FY2019 New Detailed | 4 Bedrooms | | c | | = \$0 | | | | |
| | 5 Bedrooms | | | | = \$0 | | | | |
| Before Starting | 6 Bedrooms | | | | = \$0 | | | | |
| Part 1 - Forms | 7 Bedrooms | | × | | = \$0 | | | | |
| 1A. SF-424 Application Type | 8 Bedrooms | | k | | = \$0 | | | | |
| 1B. SF-424 Legal | 9 Bedrooms | | | | = \$0 | | | | |
| Applicant | Total Units and Annual | | · . | ^ <u>[12</u> | | | | | |
| 1C. SF-424 Application Details | Assistance Requested | 0 | | | \$0 | | | | |
| 1D. SF-424 | Grant Term | | | | 1 Year | | | | |
| Congressional District(s) | Total Request for Grant | | | | \$0 | | | | |
| 1E. SF-424 Compliance | Term | | | | 1 | | | | |
| 1F. SF-424 Declaration | | | | | | | | | |
| 1G. HUD 2880 | C | lick the 'Save' bu | itton to automat | tically calculate totals. | | | | | |
| 1H. HUD 50070 | | | | | 2 | | | | |
| 1I. Cert. Lobbying | | Save | | Save & Add Another | | | | | |
| 1J. SF-LLL | - | Save & Back to Lis | | Back to List | L L L L L L L L L L L L L L L L L L L | | | | |
| Part 2 - Recipient and Subrecipient Information | | Save & Dack to Lis | | DACK ID LISI | 1 | | | | |

- 1. Select the "Type of Rental Assistance:"—PRA, TRA, or SRA. (project-based rental assistance, tenant-based rental assistance, or sponsor-based rental assistance).
- Select the FY 2020 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the FMR Area column in the chart below.
- 3. Enter the number of units of each bedroom size for which the project is requesting rental assistance.
- 4. The 12-month column is fixed. The amount shown in the FMR column multiplied by the number of units per unit type, multiplied by 12 automatically populates in the "Total Request (Applicant)" column per unit type.
- 5. After you enter figures in the "# of Units" column for the relevant fields, select the "Save" button at the bottom. The sum of each column will be auto-calculated.
- 6. The "Grant Term" field is populated based on the grant term selected on the "Funding Request" screen and will be read only.

- 7. The "Total Request for Grant Term" field is calculated based on the per month rent entered in the first field, multiplied by 12 months, multiplied by the grant term.
- 8. If the project is requesting rental assistance for one location, select "Save & Back to List" to go back to the "Rental Assistance Budget" screen.
 - If the project is requesting rental assistance for units in another location, select "Save & Add Another" and repeat steps 1 through 7 for each structure in the project for which you are requesting rental assistance funds.
 - Once you have completed all of the "Rental Assistance Budget Detail" screens that your project requires, select "Save & Back to List."

Completion of Rental Assistance Budget

After completing all of the "Rental Assistance Budget Detail" screens, the "Rental Assistance Budget" screen will populate with the budget information you entered.

- 1. Review the following items on the "Rental Assistance Budget" screen.
 - The "Rental Assistance Budget" screen should have been auto-calculated with your total rental assistance total request for the grant term.
 - Each "Rental Assistance Detail" screen you entered will appear as a separate entry under the "View" header.
- 2. After completing the "Rental Assistance Budget Detail" screen(s) and reviewing the "Rental Assistance Budget" screen, you may want to make changes.
 - If you want to view and edit any of the "Rental Assistance Budget Detail" screens, select the "View" icon ext to the appropriate entry.

 - If the list is missing one or more items, select the "Add" icon 2 and complete a "Rental Assistance Budget Detail" screen, as discussed in the previous section.
- 3. If the list is complete, select "Next" at the bottom of the screen. You will proceed to the next budget screen.

6F. Supportive Services Budget

The following steps provide instruction to complete the Supportive Services Budget for new projects. Please note that the Supportive Services Budget Detail screen appears only for new projects.

NOTE:

For a description of the categories listed on this screen, please review the CoC Program interim rule at

https://www.govinfo.gov/content/pkg/FR-2016-09-21/pdf/2016-22589.pdf.

| e.Forms | | | 4 ⁻¹ |
|--|--|--|-----------------------------------|
| Jdoe-02 | 6F. | Supportive Services Budget | |
| New Project Application FY2021 | <u>*</u> A quantity AND descr | iption must be entered for each requested cost. | |
| Applicant Name: City and County of San | Eligible Costs | Quantity AND Description (max 400 characters) | Annual Assistance Requested |
| pplicant Number: 55440829 | Assessment of Service Needs Assistance with Moving Costs Gase Management | Any data entered on | |
| roject Name: ew Project Application est FV2021 | 4. Child Care 5. Education Services | this screen must have - | |
| roject Number: 37110 | 6. Employment Assistance 7. Food | a corresponding entry on screen 4A. | |
| ew Project Application (2021 | 8. Housing/Counseling Services 9. Legal Services 10. Life Skills | Services, question 3. | |
| 2019 New Detailed structions | 11. Mental Health Services 12. Outpatient Health Services | | |
| fore Starting rt 1 - Forms | 13. Outreach Services 14. Substance Abuse Treatment Services | | |
| 1A. SF-424 Application pe 1B. SF-424 Legal | 15. Transportation 16. Utility Deposits | | |
| plicant 1C. SF-424 Application | 17. Operating Costs Total Annual Assistance Requested | | |
| tails 1D. SF-424 ngressional District(s) | Grant Term Total Request for Grant Term | | 1 Ye |
| 1E. SF-424 Compliance 1F. SF-424 Declaration 1G. HUD 2880 1H. HUD 50070 | | button to automatically calculate totals. or Grant Term must be greater than \$0. | |
| 11. Cert. Lobbying 13. SF-LLL | Save & Back | Save Save & Next | |
| art 2 - Recipient and ubrecipient Information | Back | Next | |

- 1. There are seventeen (17) budget categories on the Supportive Services Budget. For each applicable category, enter the following information:
 - Narrative description of up to 400 characters under the quantity column. Be brief and use abbreviations as much as possible.
 - Dollar request for each year of the grant term.
 - Note: #17, Operating Costs is for facilities providing only supportive services.
- 2. Select "Save."
- 3. The "Total Annual Assistance Requested" field is automatically calculated based on the sum of the annual assistance requests entered for each activity.
- 4. The "Grant Term" field is prepopulated from the "6A. Funding Request" screen and is a "read only" field.
- 5. The "Total Request for Grant Term" field is automatically calculated based on the "Total Annual Assistance Requested" multiplied by the grant term.
- 6. Select "Save & Next" to continue to the next budget form.

6G. Operating Budget

NOTE:

The following steps provide instruction to complete the "Operating Budget" screen of the New Project Applications. Please note that the Operating Budget Detail screen appears only for new projects.

For a description of the categories listed on this screen, please review the CoC Program interim rule at

https://www.govinfo.gov/content/pkg/FR-2016-09-21/pdf/2016-22589.pdf.

| e.Forms | | e e e e e e e e e e e e e e e e e e e |
|--|--|--|
| A jdoe-02 | 6G. Operati | ing |
| New Project Application FY2021 | Instructions: <u>Show Instructions</u> <u>*</u> A quantity AND description must be en | ntered for each requested cost. |
| applicant Name: Etyr and County of San Francisco applicant Number: 155440829 Project Name: Jew Project Application rest FY2021 Project Number: 137110 | | ID Description Annual Assistance Requested |
| lew Project Application Y2021 | Total Annual Assistance Requested Grant Term | \$0 1 Year |
| Y2019 New Detailed nstructions | Total Request for Grant Term | \$0 |
| Before Starting Part 1 - Forms 1A. SF-424 Application | Click the 'Save' button to autom Total Request for Grant Term m | and the party water and the second second |
| ype 1B, SF-424 Legal Applicant 1C, SF-424 Application | Save & Back Save | Save & Next |

- 1. There are seven (7) budget categories on the Operating Budget. For each applicable category, enter the following information:
 - Narrative description of up to 400 characters under the quantity column. Be brief and use abbreviations as much as possible.
 - Dollar amount requested for each year of the grant term.
- 2. Select "Save."
- 3. The "Total Annual Assistance Requested" field is automatically calculated based on the sum of the annual assistance requests entered for each activity.
- 4. The "Grant Term" field is populated based on the grant term selected on the "6A. Funding Request" screen and is a "read only" field.
- 5. The "Total Request for Grant Term" field is automatically calculated based on the "Total Annual Assistance Requested" multiplied by the grant term.
- 6. Select "Save & Next" to proceed to the next budget form.

6H. HMIS Budget

NOTE:

The following steps provide instruction to complete the "HMIS Budget" screen of the new Project Applications. Please note that the HMIS Budget Detail screen appears only for new projects.

For a description of the categories listed on this screen, please review the CoC Program interim rule at:

https://www.govinfo.gov/content/pkg/FR-2016-09-21/pdf/2016-22589.pdf.

| e.Forms | | | | ¢. |
|--|--|--|----------------------|---------------|
| jdoe-02 | | 6H. HMIS Budget | | |
| lew Project Application Y2021 | Instructions: <u>Show Instructions</u> | y AND description must be entered for | each requested cost. | |
| plicant Name: y and County of San ancisco plicant Number: 5440829 sject Name; w Project Application st FY2021 | Eligible Costs 1. Equipment 2. Software 3. Services 4. Personnel | Quantity AND Descrip (max 400 characters | tion Annual Assi | |
| ect Number: 110 | 5. Space & Operations Total Annual Assistance Request | ed: | | \$0 |
| v Project Application 021 | Grant Term: Total Request for Grant Term: | | | 1 Year \$0 |
| 2019 New Detailed tructions | | k the 'Save' button to automatically ca al Request for Grant Term must be gre | | |
| ore Starting t 1 - Forms LA, SF-424 Application | Save & Back | Save | Save & Next | |
| ne 1B. SF-424 Legal | | Back | Next | |

- 1. For each of the five (5) budget categories, enter the following:
 - Narrative description of up to 400 characters under the quantity column. Be brief and use abbreviations as much as possible.
 - Dollar request for each year of the grant term.
- 2. When you select "Save" on this screen, the "Total Annual Assistance Requested" field is automatically calculated based on the sum of the annual assistance requests entered for each activity.
- The "Grant Term" field is populated based on the grant term selected on the "Funding Request" screen and is a "read only" field.
- 4. When you select "Save" on this screen, the "Total Request for Grant Term" field is automatically calculated based on the "Total Annual Assistance Requested" multiplied by the grant term.
- 5. Select "Save & Next" to proceed to the "Sources of Match" screen.

61. Sources of Match

The following steps provide instruction on completing the "Sources of Match" screen of the new project applications.

See 24 CFR 578.73 regarding match requirements to ensure in-kind match reported is documented appropriately if this method of match is selected.

| 🦲 e.Forms | | | | | | | P Logo |
|---|-------------------------|---------------|---|--|--|-----------|----------------|
| 🎝 jdoe-02 | | | | | 6I. Sources of Mat | ch | |
| New Project Application FY2021 | | | | | funds that will be used as con. To view or update a Ma | | |
| Francisco Applicant Numb 155440829 Project Name: New Project Application Test FY2021 Project Number: 137110 New Project Application FY2021 | 1a appears is "Yes." | nis roject of | Tot Tot generate p R 578.97 to fly describe | al Amount o al Amount o rogram incom o use as Matcl | Summary for Mate f Cash Commitments: f In-Kind Commitments: f All Commitments; e described in 24 Yes n for this project? f the program income: | | 50 50 50 |
| Before Starting Part 1 - Forms 1A. SF-424 Application Type 1B. SF-424 Legal Applicant | | | | | come that will be | Amount of | Commitments |
| 1C. SF-424 Application | | | ()pc | Source | Hume of Source | Anount of | commence |
| Details 1D. SF-424 | 8 | O, | | | | | |
| Congressional District(s) | | | | | 1 | | |
| 1E. SF-424 | | | Save & Bad | sk 🛛 | Save | | Save & Next |
| Compliance 1F. SF-424 Declaration | | | | B | ack | Next | |
| and the boold build | | | | | | | |

- 1. In field 1, select "Yes" or "No" to indicate whether the project generates program income that will be used as match.
 - If "Yes," field 1a will appear. In field 1a, describe the source of program income.
- 2. To add information to the Match list, select the "Add" icon icon to open the "Source of Match Details" screen.
- 3. The "Sources of Match Details" screen will appear.

Sources of Match Detail

| e.Forms | | | / Logout |
|---|---|--------------------|----------|
| 🏂 jdoe-02 | Sources of Ma | ch Detail | |
| New Project Application FY2021 Applicant Name: | <u>*</u> 1. Type of Match commitment: <u>*</u> <u>*</u> 2. Source: <u>*</u> <u>*</u> 3. Name of Source: (Be as specific as possible and include the office or grant program as | | |
| City and County of San Francisco Applicant Number: 155440829 | applicable) * 4. Amount of Written Commitment: |] | |
| Project Name: New Project Application | Save | Save & Add Another | |
| Test FY2021 Project Number: | Save & Back to List | Back to List | |

- 1. In field 1, from the dropdown menu, enter the type of commitment "Cash" or "In-Kind" to be provided for the project.
 - If "In-Kind" is selected, before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.
 - The MOU can be uploaded as an attachment with your application or submitted to HUD prior to grant execution.
- 2. In field 2, enter the type of source. Select "Private" or "Government" to denote the source of the contribution.
- 3. In field 3, enter the name of the entity providing the contribution. Be as specific as possible and include the office or grant program as applicable.
- 4. In field 4, enter the total dollar value of the written commitment.
- 5. If this is the project's only source of match, select "Save & Back to List" to go back to the "Sources of Match" screen.
 - If the project has another source of match, select "Save & Add Another" and repeat steps 1 through 4 for each source of match.
 - Once you have completed all of the "Sources of Match Details" screens that your project requires, select "Save & Back to List."

Completion of Sources of Match

After completing all of the "Sources of Match Detail" screens, the "Sources of Match" screen will autopopulate with the information you entered.

- 1. Review the following items on the "Sources of Match" screen.
 - The "Sources of Match" screen should have been calculated with your total sources of match amounts.
 - Each "Match Detail" screen you entered will appear as a separate entry.
- 2. Select "Save & Next" to proceed to the next budget form.
 - **NOTE**: After completing the "Sources of Match Detail" screen(s) and reviewing the "Sources of Match" screen, you may want to make changes.
 - If you want to view and edit any of the "Sources of Match Detail" screens, select the "View" icon ext to the appropriate entry.
 - If you find that you have created a "Sources of Match Detail" screen in error and want to delete it, select the "Delete" icon next to the appropriate entry.
 - If the list seems to be missing one or more items, select the "Add" icon.
 and complete a "Sources of Match Detail" screen as discussed in the navigational steps.

6J. Summary Budget

The "Summary Budget" screen summarizes the funding requested for each year of the grant term. You will see all of the possible activities for which you can request new project funding, but amounts will show only for those activities for which you completed individual budgets.

You will not enter any information in the gray-shaded fields, as these fields will be automatically populated from the information you entered into the individual budget screens; however, the appropriate amount of administrative costs must be entered in the applicable fields.

| 🥑 e.Forms | | | | |
|---|--|---|--------------------------------|--|
| 🎝 jdoe-02 | | 6J. Summary E | Budget | |
| New Project Application FY2021 | The following information sum administrative costs can be ent | | r the total term of the projec | t. However, |
| Applicant Name: City and County of San Francisco Applicant Number: 155440829 Project Name: | Eligible Costs | Annual Assistance Requested (Applicant) | Grant Term (Applicant) | Total Assistance Requested for Grant Term (Applicant) |
| New Project Application Test FY2021 | 1a. Acquisition 1b. Rehabilitation | | | \$0 |
| Project Number: | 1c. New Construction | | | \$0 \$0 |
| 137110 | 2a. Leased Units | \$0 | 1 Year | 50 |
| New Project Application | 2b. Leased Structures | \$0 | 1 Year | \$0 |
| FY2021 | 3. Rental Assistance | \$0 | 1 Year | \$0 |
| FY2019 New Detailed | 4. Supportive Services | \$0 | 1 Year | \$0 |
| Instructions | 5. Operating | \$0 | 1 Year | \$0 |
| | 6. HMIS | \$0 | 1 Year | \$0 |
| Before Starting | 7. Sub-total Costs Requested | | | \$0 |
| Part 1 - Forms 1A. SF-424 Application | 8. Admin (Up to 10%) | | | |
| Гуре | 9. Total Assistance | | | \$0 |
| 1B. SF-424 Legal | Plus Admin Requested | | | |
| Applicant 1C. SF-424 Application | 10. Cash Match 11. In-Kind Match | | | \$0 |
| Details | 11. In-Kind Match | | | \$0 \$0 |
| 1D. SF-424 Congressional District(s) | 13. Total Budget | | | \$0 \$0 |
| 1E. SF-424 Compliance | 15. Total budget | | | 90 |
| 1F. SF-424 Declaration 1G. HUD 2880 1H. HUD 50070 | Click | the 'Save' button to autom | atically calculate totals. | |
| 11. Cert. Lobbying | Save & Back | Save | Save | a & Next |
| 1J. SF-LLL | | | | 1 |
| Part 2 - Recipient and | | Back | Next |] |

The following screenshot is for the New Project Application "Summary Budget" screen.

Steps

- 1. Review the funding amounts in the gray-shaded fields. If they are not correct, navigate to the individual budget screens and update them. You cannot edit gray-shaded fields on the Summary Budget screen.
- In the "Admin." field (line 8 for new projects), enter the amount of administrative costs for which you are applying. Administrative costs may not exceed 10 percent of the line "Sub-total Costs Requested."
- 3. "Save & Next" at the bottom of the screen. You will proceed to the Part 7 "Attachment(s) & Certification" screen.

NOTE: The total value of the sum of "Cash Match" and "In-Kind Match" must equal 25 percent of the total amount requested for all activities **except for leased units and leased structures, but including administration costs.**

7A. Attachments

Depending on the Applicant, the "Attachment" screen has three potential items:

- Subrecipient Nonprofit Documentation. On the "Project Subrecipients" screen, if the subrecipient is a nonprofit (i.e., either "M" or "N" was selected from the "Organization Type" dropdown menu,), then proof of subrecipient's nonprofit status is required.
- Other Attachment(s). Attach any additional information supporting the project funding request. Use a zip file to attach multiple documents.
 - Consolidated Plan Certification. For Project Applicants that selected "No CoC" on Screen 3A, and are thus applying as Solo Applicants, a form HUD-2991 must be obtained and signed by the certifying official for the applicable jurisdiction, indicating that the proposed project will be consistent with the Consolidated Plan. If the Solo Applicant is a state or unit of local government, the jurisdiction must certify that it is following its HUD-approved Consolidated Plan.

| 🥙 e.Forms | | | | Cogout |
|---|---|--------------|-------------------------------|------------------|
| 🌲 jdoe-02 | Select a link | 7A. Attachmo | ent(s) | |
| New Project Application FY2021 | Delete Document Type | Required? | Download Document Description | Date Attached |
| Applicant Name: City and County of San | 1) Subrecipient Nonprofit Documentation | No | | No Attachment |
| Francisco Applicant Number: | 2) Other Attachment(s) | No | | No Attachment |
| 155440829 Project Name: New Project Application Test FY2021 Project Number: 137110 | 3) Other Attachment(s) | No Back | Next | No Attachment |

- 1. Select the document name under "Document Type."
- 2. The "Attachment Details" screen will appear.

7A. Attachments (continued)

The following instructions explain how to upload an attachment in *e-snaps*; the steps are the same for each attachment link on the screen.

| e.Forms | | | Logout |
|---|----------------|--|--|
| 🎝 jdoe-02 | | Attachment Details | |
| | Enter the | * Document Description: | - |
| New Project Application FY2021 | Description, | * File Name: Choose File No file ch | osen |
| ALC: NOT THE OWNER OF THE OWNER | | Document Type: 1) Subrecipient Non | profit Documentation |
| Applicant Name: City and County of Sa | including the | Maximum Size: 5 MB | |
| Francisco Applicant Number: | Project Number | Allowable Formats: jpg, zip, xlsx, img, Z tif, txt, pdf, ppt, doc | IP*, tiff, bmp, rtf, gif, png, wpd, zipx, docx, pptx, jpeg, xls |
| 155440829 Project Name: New Project Application Test FY2021 Project Number: 137110 | | subrecipient's nonpr | fit Documentation: Documentation of the offt status must be attached in e-snaps, if the ipient are different entities, and the subrecipient ration. |
| New Project Application FY2021 | κ | Save & Back to List Back to | List |

Steps

- 1. Enter the name of the document in the "Document Description" field.
- 2. Select "Browse" to the right of the "File Name" field to upload the file from your computer.
 - The allowable formats are: zip, xls, xlsx, wpd, pdf, zipx, doc, ZIP*, docx, rtf, txt.
- 3. Select "Save & Back to List" to return to the "Attachments" screen.
- 4. On the "Attachments" screen, select "Next."

NOTE:

To delete an uploaded attachment.

- Click the "Delete" icon ⁽¹⁾ that appears to the left of the document name.
- Confirm the deletion in the pop-up window.

7A. In-Kind MOU Attachment

Screen 7A appears when Project Applicants add a match entry for "In-Kind" match (6I. Sources of Match Detail screen, question 3. "Type of Source").

• Subrecipient Nonprofit Documentation. On the "Project Subrecipients" screen, if the subrecipient is a nonprofit (i.e., either "M" or "N" was selected from the "Organization Type" dropdown menu,), then proof of subrecipient's nonprofit status is required.

| e.Forms | - | | | Cogout |
|--|----------------------|------------|-------------------------------|------------------|
| 🌡 jdoe-02 | Select the link. | 7A. In- | Kind MOU Attachment | |
| New Project Application FY2021 | Delete Document Type | Required? | Download Document Description | Date Attached |
| Applicant Name: City and County of San Francisco Applicant Number: 155440829 | In-Kind Match MOU | No Back | Next | No Attachment |

- 1. Select the document name under "Document Type."
- 2. The "Attachment Details" screen will appear. Follow the instructions for uploading attachments under 7A. Attachments.

7D. Certification

The Project Applicant must certify that the proposed program will comply with the various laws as outlined in the CoC Program Competition NOFO. The Project Applicant should carefully review all of the items carefully.

The following steps provide instruction on completing all mandatory fields marked with an asterisk (*) on the "Certification" screen of the application.

| 7D. Certification Part 8 - Submission Summary | Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation. |
|---|---|
| 8B. Summary | |
| View Applicant Profile | |
| Export to PDF | Name of Authorized Certifying Official: Joyce JJJ TT Crum CCC |
| Get PDF Viewer | Date: 06/04/2021 |
| Back to Submissions List | Title: DDDDDDDirector, Housing & Homeless Program |
| | Applicant Organization: City and County of San Francisco |
| | PHA Number (For PHA Applicants Only): |
| | ★ I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001). |
| | * Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement. |
| | Save & Back Save Save & Next |
| | Back Next |
| | Check Spelling |

- 1. Review sections A and B on the screen.
 - If you are unable to certify to any of the statements in this certification, provide an explanation in the text box.
- 2. Verify the name of the Project Applicant organization's Authorized Certifying Official.
- 3. Verify that the current date auto populates in the Date field.
- 4. Verify the title of the Project Applicant organization's Authorized Certifying Official.
- 5. Verify the name of the Project Applicant Organization.
- 6. For PHA Applicants only, enter the PHA Number.
- 7. Review the certification statement and select the check box to the right of the certification statement.
- 8. Select the check box to certify your organization has an active System for Award Management (SAM) registration.
- 9. Select "Save & Next" to navigate to the next screen.

8B. Submission Summary

Once the required information has been entered and the required attachments have been uploaded, the Project Applicant needs to select the "Submit" button on the "Submission Summary" screen.

The "Submission Summary" screen shows the Project Application screens. In the "Last Updated" column, the system will identify the following:

- A date if the screen is complete
- "No Input Required" if there is no input required
- "Please Complete" if more information is needed

Users can go back to any screen by clicking on the screen name on the left menu or on the screen name in the Submissions list itself. Remember to select "Save" after making any changes.

- NOTE:The "No Input Required" status on the Submission Summary indicates that
additional information for that screen is not required for the Project Applicant to
continue to the next step in e-snaps.In the context of this navigational guide, the Project Applicant may continue to
the next steps in the Project Application process.
 - HUD, however, may require you to address the particular item prior to entering into a grant agreement if conditionally awarded.

The "Submit" button is located at the bottom of the screen under the navigation buttons. The "Submit" button will be active if all parts of the Project Application are complete (and have a date) or state "No Input Required."

After submitting the Project Application, Project Applicants should notify the Collaborative Applicant. Notification is recommended to provide a heads-up to the Collaborative Applicant that the application is ready for their review and ranking.

The following image shows the Project Application "Submission Summary" screen with items that still need to be completed. Note that the "Submit" button is gray-shaded, and you cannot select it.

The Submission Summary screen for the HMIS Project Application looks different because it has different screens specific to HMIS.

| jdoe-02 | | 8B. Submission S | ummary | |
|--|------------------|--|---------------------|---------------------|
| Project Application | Applicant must o | lick the submit button once | all forms have a | status of Complete. |
| Icant Name: and County of San | Complete | Page | Last Updated | Mandatory |
| cisco | | 1A. SF-424 Application Type | No Input Required | No |
| icant Number: 140829 | | 1B. 5F-424 Legal Applicant | No Input Required | No |
| ect Name: | | 1C. SF-424 Application Details | No Input Required | No |
| Project Application Y2021 | | | | |
| Number: | - | 1D. SF-424 Congressional District(s) | 06/01/2021 | Yes |
| | 1 | 1E. SF-424 Compliance | 06/01/2021 | Yes |
| ject Application | 1 | 1F. SF-424 Declaration | 06/01/2021 | Yes |
| 1 | 1 | 1G. HUD 2880 | 06/01/2021 | Yes |
| 9 New Detailed | 1 | 1H. HUD 50070 | 06/01/2021 | Yes |
| tions | 1 | 11. Cert. Lobbying | 06/01/2021 | Yes |
| Starting | 1 | 1). SF-LLL | 06/02/2021 | Yes |
| Forms | × | 2A. Subrecipients | Please Complete | Yes |
| SF-424 Application | × | ZB. Experience | Please Complete | Yes |
| SF-424 Legal | x | | Please Complete | Yes |
| nt | | 3A, Project Detail | | |
| F-424 Application | × | 3B. Description | Please Complete | Yes |
| F-424 | - | 3C. Expansion | 06/04/2021 | Yes |
| sional District(s) F-424 | × | 4A. Services | Please Complete | Yes |
| ance | × | 4B. Housing Type | Please Complete | Yes |
| 5F-424 Declaration HUD 2880 | × | 5A. Households | Please Complete | Yes |
| HUD 50070 | | 58. Subpopulations | No Input Required | No |
| Cert. Lobbying | × | 6A. Funding Request | Please Complete | Yes |
| ST-LLL Registered | | 6G. Operating | Please Complete | Yes |
| Recipient and ipient Information | × | | | |
| Subrecipients | × | 61. Match | Please Complete | Yes |
| Experience - Project | | 61. Summary Budget | No Input Required | No |
| ion | 196 | 7A. Attachment(s) | No Input Required | No |
| roject Detail | 1.1 | 7A. In-Kind MOU Attachment | No Input Required | No |
| escription pansion | × | 7D. Certification | Please Complete | Yes |
| Housing, | 1 | | | |
| s, and HMIS Services | - B.M. | Notes: | | 1.00 |
| Housing Type | DUNS extens | number must be only 9 digits, slon | or 13 digits with a | 4-digit |
| - Participants | • 2A. St | ubrecipients list contains 1 incor | nplete item. | 4.5.0 |
| Households Subpopulations | | a value greater than zero for at e enter all values for at least on | | |
| a - Budget | | plete line items. st 1 Geo must be selected | | |
| ition Funding Request | • 4B. He | ousing Type list contains 1 incor | | |
| Unding Request Operating | | st one person in the Household Assistance Requested Amount h | | |
| latch | | atch list contains 2 incomplete it | | |
| ummary Budget Attachment(s) 8. | | Park | 1100 | |
| ion | | Back | Next | |
| chment(s) | | Export to PDF | | Inactive "Su |
| d MOU | | Get PDF View | er | |
| ification | | Submit | < | button |

- 1. For the item(s) that state "Please Complete," either select the link under the "Page" column or select the item on the left menu bar.
- 2. Complete the screen, saving the information on each screen.
- 3. When you have an active "Submit" button, continue to the next section.

Submitting the Project Application

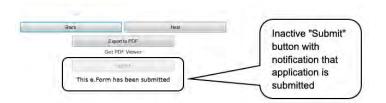
The following image shows an active "Submit" button on the Project Application "Submission Summary."

| - | Back | Next | (|
|---|----------------|---------------------|--------------------|
| | Eroon to PDF | and a second second | Active "Submit" |
| - | Gat PDF Viewer | | "Submit" |
| | Submit | < | button |

Steps

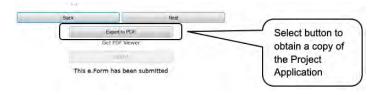
- 1. If you are not already on the "Submission Summary" screen, select it on the left menu bar.
- 2. Select the "Submit" button.
- 3. Notify the Collaborative Applicant that you have submitted your Project Application.

The following image shows the completed Project Application "Submission Summary" screen. Note that the "Submit" button is no longer active, but instead appears gray-shaded. The screen is marked "This e.Form has been submitted."



Exporting to PDF

Project Applicants can obtain a hard copy of the Project Application using the "Export to PDF" button located at the bottom of the Submission Summary screen under the navigation buttons.



- 1. Select the "Export to PDF" button.
- 2. On the "Configure PDF Export" screen, select the screen(s) you would like included.
- 3. Select "Export to PDF."

Troubleshooting when you cannot submit the Project Application

Applicants may encounter issues when trying to submit the Project Application. If the "Submit" button is gray (i.e., "grayed-out"), it is not active and you cannot select it. You will not be permitted to complete your form at this time. The "Submit" button will appear gray if information is missing on any of the required Project Application forms or in the Applicant Profile.

The following image shows the New Project Application "Submission Summary" screen with items that still need to be completed. Note that the "Submit" button is gray-shaded, and you cannot select it.

| jdoe-02 | 1 | Complete Page Last Updated Mandatory | | | | |
|------------------------------------|--|--------------------------------------|---|-----------------------|-----------|--|
| Project Application 021 | Applicant must click the submit button once all forms have a status of Complete. | | | | | |
| licant Name: and County of San | | Complete | Page | Last Updated | Mandatory | |
| iclsco llcant Number: | | + | (Deview "Leat | 7 No Input Required | No | |
| 10829 | | - | / | No Input Required | No | |
| t Name: Project Application | | ~ | Updated" | No Input Required | No | |
| 2021 Number: | | 1 | column | 06/01/2021 | Yes | |
|) | | 1 | 1E. SP-424 Compliance | 06/01/2021 | Yes | |
| and the lines | | 1 | 1F. SF-424 Declaration | 06/01/2021 | Yes | |
| Project Application | | 1 | 1G. HUD 2880 | 06/01/2021 | Yes | |
| 9 New Detailed | | 1 | 1H. HUD 50070 | 06/01/2021 | Yes | |
| tions | | 1 | 11. Cert, Lobbying | 06/01/2021 | Yes | |
| Starting | | 1 | 11. SF-UL | 06/02/2021 | Yes | |
| - Forms | | × | 2A. Subrecipients | Please Complete | Yes | |
| SF-424 Application | | × | 28. Expenence | Please Complete | Yes | |
| SF-424 Legal | P. i. i. | × | 3A. Project Detail | Please Complete | Yes | |
| SF-424 Application | Review for | X | 3B. Description | Please Complete | Yes | |
| F-424 | red "X" | 1 | 3C. Expansion | 06/04/2021 | Yes | |
| sional District(s) | | × | 4A. Services | Please Complete | Yes | |
| SF-424 ance | | × | 4B. Housing Type | Please Complete | Yes | |
| F-424 Declaration | | × | SA. Households | Please Complete | Yes | |
| HUD 2880 HUD 50070 | | - | 58. Subpopulations | No Input Required | No | |
| Cert, Lobbying | | × | 6A. Funding Request | Please Complete | Yes | |
| F-LLL Recipient and | | × | 6G. Operating | Please Complete | Yes | |
| pient Information Subrecipients | | × | 61. Match | Please Complete | Yes | |
| Experience | | +- | 6J. Summary Budget | No Input Required | No | |
| Project ation | | - | 7A. Attachment(s) | No Input Required | No | |
| Project Detail | | - | 7A. In-Kind MOU Attachment | No Input Required | No | |
| Description Expansion | | × | 7D. Certification | Please Complete | Yes | |
| Housing, | | | | | | |
| , and HMIS ervices | | Notes: | | | | |
| lousing Type | | DUNS exten | number must be only 9 digits sion | , or 13 digits with a | 4-digit | |
| - Participants Households | Review Notes | | ubrecipients list contains 1 inc a value greater than zero for a | | nilestone | |
| Subpopulations | | Please | e enter all values for at least o | | | |
| Budget | | At lea | plete line items. st 1 Geo must be selected | and and the | | |
| Funding Request | | | ousing Type list contains 1 inc st one person in the Househol | | red. | |
| Operating Match | | Total | Assistance Requested Amount atch list contains 2 incomplete | has to be greater th | an \$0. | |
| Summary Budget | | - 01. Ma | aton nat contains 2 meditiplete | itempi [14] | | |
| - Attachment(s) & cation | | | Back | Next | | |
| Attachment(s) | | | Export to P | DF | | |
| In Kind MOU nent | | | Get PDF Vie | wer | | |
| | | | | | | |

Steps

- Review your Submission Summary screen to determine which Project Application form needs to be completed. For the item(s) that state "Please Complete," either select the link under the "Page" column or select the item on the left menu bar.
- 2. Complete the screen, saving the information on each screen.
- 3. Return to the Submission Summary screen and select the "Submit" button.

What the "Last Updated" column tells you. A date identifies a form with complete information for all required fields. It is the most recent date on which the completed form was saved.

- "Please Complete" identifies a form with information missing in one or more required fields.
- "No Input Required" identifies the form that are not required for completion by all projects. You are strongly encouraged to double-check these forms to ensure that all appropriate project information is completed.

What the "Notes" section at the bottom of the screen tells you. Notes are not a standard section on the "Submission Summary" screen, so you will not see this section all the time.

- If Notes appear on the screen, they are located under the two-column list and above the navigational buttons.
- The Notes provide information on the errors in the Project Application. Some Notes include a link to the applicable form and error(s).
- **NOTE**: If you are still unable to submit the New Project Application after following these instructions, please submit a question to the HUD Exchange Ask A Question, at: <u>https://www.hudexchange.info/get-assistance/my-question/</u>, under the e-snaps Reporting System.

In the question field, please provide specific details regarding the issue you are encountering while trying to submit and provide a screenshot whenever possible.

Updating the Applicant Profile

If an Applicant needs to edit the Project Applicant Profile in order to correct information, the Applicant must do the following:

- 1. Select "Back to Submissions List."
- 2. Select "Applicants" in the left menu bar.
- 3. Ensure your Applicant name is selected in the dropdown menu at the top of the screen.
- 4. Select the "Open Folder" icon 👼 to the left of the Applicant Name.
- 5. Select "Submission Summary" on the left menu bar.
- 6. Select the "Edit" button.
- 7. Navigate to the applicable screen(s), make the edits, and select "Save."
- 8. Select "Submission Summary" on the left menu bar and select the "Complete" button.
- 9. Selects "Back to Applicants List" on the left menu bar.
- 10. Select "Submissions" on the left menu bar.
- 11. Select the orange folder to enter the Project Application. The change should have pulled forward.
 - **NOTE:** The "View Applicant Profile" link in the left menu bar, within the project application, is intended only to view the Project Applicant Profile and not to make any updates.

Project Application Changes

If changes need to be made to the Project Applications, the Collaborative Applicant will send the project back to the Project Applicant. Project Applicants may need to change the Project Application if they find an error or if the Collaborative Applicant requests that a change is made to one or more of the forms. The following action steps must be taken by the Collaborative Applicant and Project Applicant.

Steps—Who

- Either Collaborative Applicant or Project Applicant
 If a submitted Project Application needs to be changed, contact must be made between the Project Applicant and the Collaborative Applicant (via email or phone,) outside of e-snaps.
 If a Project Applicant determines that a change is necessary, the Project Applicant should contact the Collaborative Applicant and request that it "send," or release, the Project Application back to the Applicant.
 - If the Collaborative Applicant requests a change, the Collaborative Applicant should contact the applicant.
- 2. Collaborative The Collaborative Applicant will notify the Project Applicant (via email or phone) Applicant that the Project Application has been sent back for changes.
- 3. Project After the Project Application has been sent back for amendment, any person who is an authorized e-snaps user with the Project Applicant's organization will be able to reopen the project.
 - The following actions are taken by the applicant once the Collaborative Applicant has released the Project Application:
 - Log in to e-snaps.
 - Select "Submissions" on the left menu bar.
 - Find the Project Application that was sent back to the applicant.
 - Review the list under the Project Name column, or use the Project Name dropdown menu and "Filter" button.
 - The Project Name for the Project Application will be listed, but it will no longer have a date under the "Date Submitted" column.
 - Select the "Open Folder" icon icon to the left of the project with no submission date.
 - Make the required change(s), saving each form as it is revised.
 - Select the "Submit" button.
 - Notify the Collaborative Applicant that the Project Application has been re-submitted.
- 4. Collaborative After the Project Applicant has re-submitted the Project Application, the Collaborative Applicant must update the CoC Priority Listing for the Project Application to reappear on the appropriate project screen in the CoC Priority Listings.

Next Steps

Congratulations on submitting your New Project Application!

At this point, your project application has been submitted to the Collaborative Applicant, as indicated on screen "3A. Project Detail" questions 1a and 1b. Notifications are **not** provided through *e-snaps* to the Collaborative Applicant, so you should notify them that the application has been submitted.

The Collaborative Applicant will review every project application and approve and rank or reject the project applications prior to submitting them as part of the CoC Priority Listing to HUD for the FY 2021 CoC Program Competition. Please make sure you keep in contact with the organization in case any amendments need to be made.

For additional resources go to the HUD.gov and e-snaps webpages at:

- <u>https://www.hud.gov/program_offices/comm_planning/coc/competition</u>
- <u>https://www.hudexchange.info/programs/e-snaps/</u>