CoC Builds Project Application Detailed Instructions

CoC Builds Competition

CPD-2600-DC-025A

U.S. Department of Housing and Urban Development
Community Planning and Development
Office of Special Needs Assistance Programs

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Introduction

This document provides detailed instructions to complete the Continuum of Care (CoC) Builds project application for funding available through the CPD-2600-DC-025A Notice of Funding Opportunity (NOFO). Through this NOFO, HUD will award funding to a project(s) to create new units of permanent supportive housing (PSH) for individuals and families experiencing homelessness where at least one member of the household has a disability.

HUD expects applicants to partner with housing, health, and supportive service agencies to leverage mainstream housing and healthcare resources as authorized by section 231 of the Department of Housing and Urban Development Appropriations Act, 2020 (42 U.S.C. 11364a, Public Law 116-94, approved December 20, 2019).

These instructions provide information for each question within the CoC Builds new project application in the electronic grants management system, *e-snaps*. Additional CoC Builds Program resources are located on HUD's website. Technical resources, created by HUD-approved technical assistance providers, such as **How to Access the Project Application** and an *e-snaps* technical walkthrough, are located on the **HUD Exchange**.

The following documents provide information regarding CoC Builds requirements for projects awarded in this NOFO:

- **Continuum of Care (CoC) Builds NOFO CPD-2600-DC-025A**
- **24 CFR part 578 (the Rule),**
- **Homeless Emergency Assistance and Rapid Transition to Housing Act,** and
- Your local CoC Program policy guidelines for submitting a project application to the CoC for review and selection.

If you have a question, submit it to one of the following two email addresses based on the question:

- Questions regarding information in these instructions may be submitted to **CoCBuilds@hud.gov**. HUD cannot assist you with answering specific application questions.
- Questions related to *e-snaps* functionality (e.g., password lockout, access to user's application account, updating Applicant Profile, other technical issues with submitting the application) must be submitted to ***e-snaps*@hud.gov**.

Important Reminders

1. **Capital Costs (new construction, acquisition, and rehabilitation) must be requested.** This NOFO specifically provides funding to create new units of PSH, and you may also request:
    a. No more than 20 percent of the total budget for eligible CoC Program Costs identified in the NOFO; and
    b. No more than 10 percent of the total budget for project administrative costs.
2. **HUD cannot correct project application errors.** Your project application must demonstrate compliance with the NOFO and the Rule.
3. **VAWA Budget Line.** The Violence Against Women Act (VAWA) Reauthorization Act of 2022 amended the HEARTH statute to clarify eligible costs for facilitating and coordinating activities to comply with the VAWA emergency transfer plan requirement and monitoring compliance with the protections of VAWA confidentiality requirements. The VAWA budget line is not exclusive to victim service providers.
4. **Rural Cost Budget Line.** You may request a rural budget line for the following activities only if the project is in an eligible rural geographic area:
    a. Short-term emergency lodging to include housing in motels or shelters, either by providing direct funding or through vouchers.
    b. Repairs to housing units where individuals and families experiencing homelessness will be housed, including housing units currently not fit for human habitation.
    c. Staff training to include professional development, skill development, and staff retention activities.
5. **FMR tables in *e-snaps*.** The FMR amounts in *e-snaps* are accurate FY 2026 FMRs based on the FMR area you select.
6. **System for Award Management (SAM.gov) Registration.** Your organization must have an active SAM.gov registration at the time of project application submission and conditional award. SAM.gov registration must be renewed annually so long as you receive and use CoC Builds funds. HUD verifies active SAM.gov registration prior to release of awarded funds, if your project is selected for conditional award HUD will withhold processing funds if your organization's SAM.gov registration is expired. You must also confirm your organization's Tax Identification Number (TIN), and Unique Entity Identifier (UEI) information is correct in both SAM.gov and the *e-snaps* Project Applicant Profile.

Project Applicant Profile

You must first access the **Project Applicant Profile** to review and complete or update information for your organizational contacts before you will have access to the application screens.

- Organizational Information must be reviewed and verify your organization's TIN and UEI numbers are correct.
- The Authorized Representative must be the person in the organization authorized to sign legal documents and legally obligate funds for the applicant's organization.
- The Secondary Contact must be the person who can address matters in the absence of the authorized contact and who has knowledge of the project application.

HUD will send an email to the authorized and secondary contacts if a curable deficiency is identified that will include instructions on how to resolve and the timeframe to respond to HUD.

HUD has added an Indirect Cost Information screen to the Project Applicant Profile that mirrors the Indirect Cost Rate Certification form (HUD-426). If your organization intends to include indirect cost with your application, you must complete this screen in the Project Applicant Profile and the information entered will appear on Screen 4N. Indirect Cost Information within your project application.

You must also complete the information for the **HUD-2880 Form, Applicant/Recipient Disclosure/ Update Report (HUD-2880)**. The information in this form is used to populate questions on Screen 1G and will automatically populate the total assistance requested from all your organization's project application(s).

To make changes to information populated from the profile, refer to the **Basic Instructions to Access a Project Applicant Profile** below, or if you need instructions on how to complete HUD-2880 form, refer to the additional instructions created by a HUD-approved technical assistance provider, available on the HUD Exchange, **How to Complete HUD 2880 in *e-snaps***.

All Projects – Part 1: HUD Forms and Certifications

Most information in Part 1 populates from the **Project Applicant Profile**. All other fields, including those in white or shaded in gray, are read-only, and either populated with information from your profile or other *e-snaps* data. You must review all the information to ensure accuracy and update where needed.

You must complete several HUD required forms in Part 1 of *e-snaps* before you have access to the project application. All other parts of an *e-snaps* project application will remain hidden until this information is completed and saved, including all checkboxes certifying signed forms. The '**Submission Summary**' screen will highlight any incomplete Part 1 screens that need further attention.

Part 1 of the project application includes the following forms:

SF-424: Application for Federal Assistance, Screens 1A-1F

HUD-2880: Applicant/Recipient Disclosure/Update Report, Screen 1G

HUD-50070: Certification for a Drug Free Workplace, Screen 1H

Certification Regarding Lobbying, Screen 1I

SF-LLL: Disclosure of Lobbying Activities, Screen 1J

SF-424B: Assurances for Non-Construction Projects, Screen 1K

SF-424D: Assurances for Construction Projects, Screen 1L

Basic Instructions to Access a Project Applicant Profile

1. Log into *e-snaps* at **https://esnaps.hud.gov/grantium/frontOffice.jsf** and select '**Applicants**' in the left menu of the main screen. If working on the project application, you must first select '**Save**' and then select '**Back to Submissions List**' to exit the project application and go back to the main menu. Select '**Applicants**' from the left menu to access the Project Applicant Profile using the following steps. **Note**: The '**View Applicant Profile**' link in the left menu leads to a read-only version of the profile and does not allow editing).
2. After selecting '**Applicants**', select the folder under '**Open**'. The list of project applicant profile screens will appear on the left menu.
3. Begin by opening the profile for editing by selecting '**6. Submission Summary**' from the left menu and then select the '**Edit**' button at the bottom of the screen. Once in edit mode, the entire profile can be updated.
4. After you have completed all updates and screens have been '**Saved**', return to '**6. Submission Summary**' and select the '**Complete**' button at the bottom of the screen.
5. Finally, select '**Back to Applicants List**' on the left menu, then select '**Submissions**' on the left menu of the *e-snaps* main screen to open a project application. The updated profile information should now appear in all Part 1 screens. If information is not shown as updated, most likely one of the steps above was not completed correctly.

SF-424: Application for Federal Assistance, Screens 1A-1F

Screen 1A. SF-424 Application Type

All questions on Screen 1A populate from *e-snaps* or the **Project Applicant Profile** and are read-only.

1. **Type of Submission.** No action required.
2. **Type of Application.** No action is required as this selection was made when you registered and created the project application in the Funding Opportunity. The only application type eligible under the CoC Builds NOFO is PH-PSH.
3. **Date Received.** No action required. The field automatically populates with the date you submit the project application to the CoC for review and possible selection as the application it will submit to HUD.
4. **Applicant Identifier and Federal Entity Identifier (4a).** No action required, leave this field blank.
5. **Federal Award Identifier (5).** No action required, leave these fields blank.
6. **Date Received by State.** No action required, leave this field blank.
7. **State Application Identifier.** No action required, leave this field blank.

Screen 1B. SF-424 Legal Applicant

All questions on Screen 1B populate from the **Project Applicant Profile**.

8. **Applicant.** Verify the accuracy of the organization's legal name, address, and contact person. The legal name must match the name of the organization's articles of incorporation or other legal governing authority. Do not list surrogate names, abbreviations, or acronyms.

Note: HUD will contact the person listed in field '**f**' if the project application has a curable deficiency(s). This field populates with the '**Alternate Contact**' located in the Project Applicant Profile and should be the person who is most knowledgeable with the project application.

Screen 1C. SF-424 Application Details

All questions on Screen 1C populate from *e-snaps* or the **Project Applicant Profile**.

9. **Type of Applicant.** No action required. Eligible CoC project applicants include nonprofits, state, local governments, instrumentalities of state or local government, Indian Tribes, and Tribally Designated Housing Entities (TDHEs), 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 (PHAs) as such terms are defined in 24 CFR 5.100.
10. **Name of Federal Agency.** No action required.
11. **Catalog of Federal Domestic Assistance Title and Listing.** No action required.
12. **Funding Opportunity Number and Title.** No action required.
13. **Competition Identification Number and Title.** Not applicable.

Screen 1D. SF-424 Congressional Districts

Some of the questions on Screen 1D are required, some are optional, and others are populated from *e-snaps*.

14. **Area(s) affected by the project (State(s) only). Required.** Indicate the state(s) where the project will add new units of PSH.
15. **Descriptive Title of Applicant's Project.** No action required. This field populates the name of the project you entered when you created the project from the Projects screen in *e-snaps*. To change the name:
    a. exit the application,
    b. go back to Projects on the left main menu,
    c. identify the correct project on the list of projects,
    d. open the project, and
    e. edit the name.

    Once the application is reopened from the Submissions screen, the updated project name will appear.
16. **Congressional District(s).** Some action required. HUD uses the district(s) selected here to report required project data and award amounts to members of Congress. For help locating the correct congressional district go to: **https://www.govtrack.us/congress/members/map**.

    16a. Applicant. No action required. The congressional district(s) listed here populated from the Project Applicant Profile.

    16b. Project. Required. Select The congressional district(s) in which the proposed project is expected to operate.
17. **Proposed Project. (Proposed Project Dates).** Required. Enter proposed start date and end date of the project. If awarded, HUD will confirm actual start and end dates prior to grant agreement.

18. **Estimated Funding.** No action required. The requested funding amount will be identified on the Summary Budget screen of the project application.

Screen 1E. SF-424 Compliance

You must complete all the questions on Screen 1E.

19. **Executive Order 12372**. Required. Project applications submitted under the CoC Builds NOFO are not subject to the provisions of Executive Order (EO)12372, *Intergovernmental Review of Federal Programs*.

Screen 1F. SF-424 Declaration

You must click the checkbox next to the 'I agree' statement. All fields are read-only and populated from the **Authorized Representative** listed in the **Project Applicant Profile.** By checking the box, you agree to all terms and conditions associated with this funding request and certify that the data and content in the project application (including all attachments) are true and correct. Screen 1F must identify the person authorized to act for your organization and assume the obligations imposed by all federal laws, program regulations, NOFO requirements, and conditions for a conditional grant award.

Screen 1G. HUD-2880: Applicant/Recipient Disclosure/Update Report

This screen populates with information entered into the Project Applicant Profile. If any of the information is incorrect you must return to the Project Applicant Profile to make corrections that you will see when you return to this screen.

Applicant/Recipient Disclosure/Update Report form HUD-2880 for CoC Program project applicants.

1. **Applicant/Recipient Name, Address, and Phone**. No action required. This information populates from the Authorized Representative screen of the Project Applicant Profile.
2. **Employer ID Number (EIN).** No action required. This information populates from the Organization Information screen of the Project Applicant Profile.
3. **HUD Program**. No action required. This field populates with '**Continuum of Care Builds**' which CoC Builds falls under.
4. **Amount of HUD Assistance Requested/Received**. No action required. This field remains blank in the Project Applicant Profile. The amount in this field will populate based on the total funds requested for this project application from the Summary Budget screen.
5. **State the name and location (street address, City and State) of the project or activity**. No action required. This field populates with the following message: "**Refer to project name, addresses and grant number entered into the attached project application**." The information this message references is located on the project application screen 1B. SF-424 Legal Applicant.

Form HUD-2880 Part I. Threshold Determinations–Project Applicant Only. Part I provides information to help you determine whether the remainder of the form must be completed.

1. **Are you applying for assistance for a specific project or activity.** No action required. This information populates with 'Yes'.

2. **Have you received, or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 – Sep. 30)? For further information, see 24 CFR Sec. 4.9.**

   The answer to this question must be provided via the Project Applicant Profile for the organization's total CoC Builds project application. If updates are needed to this question return to the **Project Applicant Profile**.

   Yes, you must complete Parts II and III of this form. For instructions for completing Parts II and III, refer to pages 2-3 of the **HUD-2880**. You must report any other government and non-government assistance involved in the project or activity for which assistance is sought (Part II), and you must report:

   - all developers, contractors, or consultants involved in the application for assistance or in the planning, development, or implementation of the project or activity, and
   - any person who has a financial interest in the project or activity.

   If you need to report more assistance than available on the screen, attach the information for this project application on Screen **5A. Attachments**.

   No, review the information, check the box '**I agree**.'

Certification: The '**I agree**' certification will appear at the bottom of the screen in the **Project Applicant Profile** and at the bottom of the copies of this form in all project applications your organization submits in *e-snaps*. You must certify in both the Project Applicant Profile and the project application that the information provided is accurate and complete.

Screen 1H. Certification of a Drug Free Workplace

The Form HUD-50070 populates information from the **Project Applicant Profile** and relevant data from the CoC Builds project application. **You must read and certify by checking the box toward the bottom of the screen**. Confirm the Authorized Representative information is accurate. If the information on this form is inaccurate, see the above **Basic Instructions to Access a Project Applicant Profile**.

Screen 1I. Certification Regarding Lobbying

Per 2 CFR part 200, all federal agencies must require submission of the Certification Regarding Lobbying form, which populates information from the **Project Applicant Profile** and relevant data from the CoC Builds project application. This form clarifies which organizations must select '**Yes**' on the next screen for the SF-LLL: Disclosure of Lobbing Activities form. **You must read and certify by checking the box toward the bottom of the screen**. Confirm the '**Authorized Representative'** information is accurate. If the information on this form is inaccurate, see the above **Basic Instructions to Access a Project Applicant Profile**.

*Please note: "Information on the Certification Regarding Lobbying screen and the SF-LLL screen do not apply to Tribes and TDHEs. These screens are mandatory and must be completed in order to submit the project application; however, HUD will not hold Tribes and TDHEs to the requirements

Screen 1J. SF-LLL: Disclosure of Lobbying Activities

The **SF-LLL** populates information from the **Project Applicant Profile** and relevant data from the CoC Builds project application. 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.

For further clarification or questions on the **SF-LLL**, see the full form instructions on HUD's website.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program? Select:

Yes, if your organization or subrecipient(s) are engaged in lobbying., Answer the questions as they appear on the screen. You must read, certify, and sign by checking the box toward the bottom of the screen (the check box will not appear until you answer the question above). Confirm the '**Authorized Representative**' information is accurate. If any information on this form is not accurate, see the above **Basic Instructions to Access a Project Applicant Profile**.

No, if your organization, and subrecipient(s) if applicable, is not engaged in lobbying associated with the CoC Program.

*Please note: "Information on the Certification Regarding Lobbying screen and the SF-LLL screen do not apply to Tribes and TDHEs. These screens are mandatory and must be completed in order to submit the project application; however, HUD will not hold Tribes and TDHEs to the requirements

Screen 1K. SF-424B: Assurances for Non-Construction Projects

Applicants and recipients are required to submit assurances of compliance with federal civil rights requirements. *(e.g.,* Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments Act of 1972, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 197, *see also* 24 CFR § 1.5, 3.115, 8.50, and 146.25). HUD accepts these assurances in the form of the SF-424B (Assurances of Non construction Programs) and SF-424D (Assurances for Construction Programs), which also require compliance with all general federal nondiscrimination requirements in the administration of the grant. Applications requesting funds for both non-construction programs and construction programs must submit both the SF-424B and SF-424D.

Screen 1L. SF-424D: Assurances for Construction Projects

Applicants and recipients are required to submit assurances of compliance with federal civil rights requirements. *(e.g.,* Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments Act of 1972, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 197, *see also* 24 CFR § 1.5, 3.115, 8.50, and 146.25). HUD accepts these assurances in the form SF-424D (Assurances for Construction Programs), which also require compliance with all general federal nondiscrimination requirements in the administration of the grant.

Whether or not this form is required is dependent upon the project applicant's response to the question:

Are you requesting CoC Program funds for construction costs in this application?

If the answer is **Yes**, project applicant must review all information and certify at the bottom of the screen.

If the answer is **No**, this form is not required.

All Projects – Part 2: Subrecipient Information and Recipient Experience

Screen 2A. Subrecipient(s) – *Attachment Requirement*

If your project application includes a subrecipient(s) that will perform part, or all the activities included in this project application, you must include the subrecipient(s) information on this screen and attach a copy of the subrecipient(s) nonprofit documentation on the **Attachments** screen. If this project will not include a subrecipient(s) you do not need to complete this screen.

For more information on the use of subrecipients and the difference between a subrecipient and a contractor, review the definition in 24 CFR 578.3, and recipient responsibilities in 24 CFR 578.23(c)(4)(11).

Select add to enter subrecipient information on the 2A Subrecipient Detailed screen(s). The primary '**Subrecipient**' screen will compile a list of all subrecipients entered in the detailed screens. All grey fields will calculate after you complete and save this screen. Select '**Save & Back to List**' to save the information and return to the primary screen. Select '**Save & Add Another**' to add information for another subrecipient.

To view and edit, select view . To delete, select .

You must identify the following information for each subrecipient:

a. **Organization Name**,

b. **Organization Type** (if nonprofit is selected you must upload the subrecipient's nonprofit documentation to the Attachment Screen 7A),

c. **Employer or Tax Identification Number**,

d. **Unique Entity Identifier,**

e. **Organization's Physical Address**,

f. **Organization's Congressional District(s)**,

g. **Is the subrecipient a faith-based organization**,

h. **Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?**

i. **Expected Subaward Amount**, and

j. **Contact Person.** The name and contact information of the person within the subrecipient organization who has the authority to act on the organization's behalf as it relates to carrying out the actions contracted by your organization.

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

You must describe your organization's capacity and experience, including subrecipient(s) as applicable, developers, and contractors, on Screen 2B.

1. **Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.** Required. Describe your organization, subrecipient(s) if applicable, and partner organizations (e.g., developers,

key contractors, subcontractors, service providers) have successfully utilized federal funds in other projects. Provide examples that illustrate experience such as:

(a) working with and addressing the target population(s) identified housing and supportive service needs,

(b) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation,

(c) identifying and securing matching funds from a variety of sources, and

(d) managing basic organization operations including financial accounting systems.

2. **Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.** Required. Include experience with leveraging all federal, state, local and private sector funds. If your organization has no experience leveraging other funds, include the phrase '**No experience leveraging other federal, state, local, or private sector funds**'.

3. **Describe your organization's (and subrecipient(s) if applicable) financial management structure.** Required. Include how your organization has a functioning accounting system that is operated in accordance with generally accepted accounting principles or has designated a fiscal agent that will maintain a functioning accounting system for your organization in accordance with generally accepted accounting principles. If your project application includes a subrecipient(s), include the subrecipient(s) fiscal control and accounting procedures to assure proper dispersal of and accounting for federal funds in accordance with the requirements of 2 CFR part 200.

4. **Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization?** Required. Select:

   Yes, your organization has unresolved HUD Monitoring **or** OIG Audit findings.

   No, there are no unresolved HUD Monitoring **or** OIG Audit findings. The HUD monitoring or OIG audit findings are not limited to just CoC Program funds, but to any funds that are in use from other HUD programs, (e.g., HOPWA, ESG).

   4a. Describe the unresolved monitoring or audit findings. If '**Yes**' was selected for question 4. provide a detailed explanation as to why the monitoring or audit finding(s) remain unresolved and the steps that have or will be taken towards resolution (e.g., responded to the HUD letter, but no final determination received).

Part 3: Permanent Supportive Housing (PSH) Project Information

CoC Builds Project Description

All questions on the Project Description screen must be completed for submission of this application.

1. **CoC Number and Name:** Required. Select the CoC Number and Name from the dropdown.
   a. **Selecting the correct CoC is critical**. The dropdown contains all CoCs that were registered in the FY 2025 CoC Program Registration process and are listed according to the CoC Number (e.g., NE-502) and CoC Name (e.g., Lincoln County CoC). Based on the selection made in this field, when '**Submit**' is selected on Screen 6B, *e-snaps* will send this project application to the selected CoC
   b. **Note:** You should only use the '**No CoC**' if you are submitting a Solo Appeal.

2. **CoC Collaborative Applicant Name:** Required. Select the name of the Collaborative Applicant for the CoC you intend to submit the project application. The dropdown for this field is based on the CoC Number and Name selected above with the CoC's designated Collaborative Applicant's name that registered during the FY 2025 CoC Program Registration process.
3. **Project Name:** No action required. This field populates from the *e-snaps* '**Project**' screens and is read-only. If the project name is incorrect, exit the project application screens and open the *e-snaps* '**Project**' screens by selecting '**Projects**' from the left menu to correct the information.
4. **Applicant Type:** Required. Select from the dropdown if your organization is:
    a. Non-Tribe – select if your organization is a nonprofit, state government, local government, PHA, etc.
    b. Tribe/TDHE – only select if you are a Tribe or Tribally Designated Housing Entity (TDHE) and will locate new units of permanent supportive housing on Tribal reservation or trust land.
5. **Project Status:** Required. This field should default to the '**Standard**' option for all applicants. If you are submitting a Solo Appeal as outlined in the NOFO, select '**Appeal**' to indicate your organization will submit a '**Solo Appeal**'. By selecting '**Appeal**', a new screen will appear on the left menu, Screen 6A '**Notice of Intent to Appeal**' and you must complete additional information and include the attachment noted in the Solo Appeal process.
6. **Component Type:** No action needed. This is set to PH-PSH as this is the only eligible component under the CoC Builds NOFO.
7. **Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database?** Required. Select:
    a. **Yes,** if your organization, or subrecipient, is a victim service provider defined in 24 CFR 578.3.
        i. **24 CFR 578.3**: ***Victim service provider*** means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.
    b. **No,** if your organization, or subrecipient, is not a victim service provider.
8. **Will funds requested in this new project application <u>replace</u> state or local government funds (24 CFR 578.87(a))?** Required. Select the appropriate response. CoC Builds funds should not be requested and cannot be awarded if used to replace state or local government funds.
    a. **Yes,** if this project is expected to replace state or local funds and not comply with this criterion.
    b. **No,** if this project will not replace state or local funds and will comply with this criterion.
9. **Will this project include replacement reserves in the Operating budget? *(Attachment Requirement)*** Required. For additional information **s**ee **Replacement Reserves FAQ #3678 on the HUD Exchange**. Select:
    a. **Yes**, if this project application includes an Operating budget and your organization intends to use some or all the CoC Program operating funds towards replacement reserves. Attach supporting documentation on Screen 5A that includes:
        i. total amount of funds that will be placed in reserve during the grant term,

ii. system(s) to be replaced that includes the useful like of the system(s), and

iii. repayment schedule that includes the payment amount.

b. **No**, if your organization does not intend to include an Operating budget or if an Operating budget is included, does not intend to use operating funds for replacement reserves.

10. **Is this project applying for Rural costs on screen 6A?** Required. Select Yes or No from the dropdown menu if your project plans to request rural costs. Rural costs may ONLY be used for rural areas and must be associated with a valid rural geographic code or Tribe/TDHE AIAN code. A project that serves both rural and non-rural areas may request a rural BLI for the project, however, the rural BLI can only be used in the rural geographic area.

    If yes, the following 3 tables will appear. Select the state(s), rural geo-code(s), and/or tribal geo-code(s), as needed for the rural geographic area(s) to be served by this project. Double click on your selection(s) or use the arrows between the tables to move "**Available Items**" to "**Selected Items**." If you need to select multiple areas, hold down the "**Ctrl**" key to make multiple selections.

    10a. Area(s) affected by the project (state(s) only):

    10b. Area(s) affected by the project (rural geo-code(s) only):

    10c. Area(s) affected by the project (tribal geo-code(s) only). Only select if the project will serve a Tribal reservation or trust land. If no Tribe or TDHE area will be served, do not make any choices.

11. **Applicant certifies that they will not engage in illegal racial discrimination. This is consistent with the requirements of 2 CFR 200.300(a).** Required. This certification is a threshold requirement for the CoC Builds funding opportunity; as outlined in the NOFO.

12. **Applicant certifies that they will not operate drug injection sites or "safe consumption sites" in violation of 21 U.S.C. 856(a)(1), knowingly permit the use or distribution of illicit drugs on property under their control in violation of 21 U.S.C. 856(a)(2), or knowingly distribute drug paraphernalia in violation of 21 USC 863. This is consistent with the objectives outlined in Section VII.A.4 and is consistent with the requirements of 2 CFR 200.300(a).** Required. This certification is a threshold requirement for the CoC Builds funding opportunity; as outlined in the NOFO.

13. **Will the proposed project use CoC Builds funds to add units to current properties already under construction or rehabilitation?** Required. If yes, the following 5 questions will appear.

    13a. Describe the amount and type of funds being used to construct or rehabilitate the property. Required.

    13b. Has the applicant obtained site control of the property? Required.

    13c. Has the applicant obtained a completed and approved environmental review for the property? Required.

    13d. Identify the owner of the property and their experience with construction or rehabilitation. Required.

    13e. Identify the number of units that will be added using CoC Builds funds. Required.

Rating Factor A - Unmet Need

A.i. Demonstrate that the proposed project fills a specific gap in the geographic area of the CoC that is unmet by existing PSH projects. For example, the project serves a specific subpopulation whose needs are currently unmet by existing PSH (e.g., elderly individuals), serves a geographic region without any existing PSH, or provides a service model that is different than what is provided currently by existing PSH in the geographic area (e.g., sober living). Points will be awarded for using qualitative or quantitative data to demonstrate the specific gap that is unmet and for describing how the proposed project will fill the specific gap that is unmet. Required.

Provide a narrative response to this rating factor, addressing all elements of the question.

Rating Factor B - Development Experience and Leveraging

B.i. Demonstrate that the applicant, developer, and relevant subrecipients have experience with at least one other project that has a similar scope and scale as the proposed project. Required.

Provide a narrative response to this rating factor, addressing all elements of the question.

B.ii. Demonstrate that the applicant, developer, and relevant subrecipients have experience leveraging resources similar to the funds being proposed in the current project. HUD will evaluate up to 3 examples of prior resource leveraging. Examples of resources that will be considered include Low Income Housing Tax Credits, HOME, CDBG, Section 108, Section 202, Section 811, and state, local or private resources. Required.

Populate the available table, to demonstrate experience leveraging resources similar to the funds being proposed in the current project.

Applicant/Developer/Subrecipient Name (max 100 characters)	Leveraging Resource (max 100 characters)	Description of Experience (max 2000 characters)

B.iii. Demonstrate the availability of low-income housing tax credit commitments, project-based rental assistance, and other State, local or private resources dedicated to the proposed project. Describe the dollar value of each of these commitments and describe the overall cost of the project, including the estimated cost per unit. In cases where the project includes more than one type of housing (e.g. townhouses and apartments), or has multiple sites, provide cost per unit information on each site or housing type to the extent possible. Required.

Populate the available table, to demonstrate the availability of low-income housing tax credit commitments, project-based rental assistance, and other State, local or private resources dedicated to the proposed project.

Project Site	Overall Cost of Project	Cost per Unit	Resource Committed to the Project	Description of Resource (max 2000 characters)	Dollar Value of Commitment

Rating Factor C - Experience Managing Homelessness Assistance

C.i. Demonstrate that the applicant and relevant subrecipients have experience operating at least one homelessness assistance program where one member of the household has a disability. Required.

Provide a narrative response to this rating factor, addressing all elements of the question.

C.ii. Describe your experience serving the specific population intended to be served in your application. Required.

Provide a narrative response to this rating factor, addressing all elements of the question.

Rating Factor D - Implementation Schedule

D.i. In the chart below enter the estimated beginning and ending dates for the requested capital costs associated with the project. Required.

Populate the available table, to provide relevant dates for the requested capital costs associated with the project.

Capital Cost	Estimated Begin Date	Estimated End Date
New Construction - date construction will begin and end.		
Acquisition - date property will be acquired (start and end date should be the same)		
Rehabilitation - date rehabilitation of the property will begin and end.		

D.ii. In the chart below enter the proposed schedule for the following. Required.

Populate the available table, to provide relevant dates for the milestones associated with the project.

Activity	Estimated Date
Site Control (property must already be identified)	
Environmental Review Completion	
Execution of Grant Agreement	
Anticipated date the jurisdiction will issue the occupancy certificate	
Date property will be available for homeless individuals and families to begin occupying units.	

Rating Factor E - Sustainable Operating Costs and Housing Coordination

E.i. Demonstrate that the project has a plan to support ongoing operating costs with non-CoC funding, if needed, including state, local, or private resources. Full points will be awarded to applicants who provide a specific timeline for transitioning away from CoC funds for renewable non-capital costs funded through this NOFO, towards non-CoC resources. Required.

Provide a narrative response to this rating factor, addressing all elements of the question.

E.ii. Demonstrate that the project will work with housing providers to leverage non-CoC funded housing resources to provide subsidies or assistance for the proposed units. If the project applicant is a housing provider that intends to leverage non-CoC funded resources for the provision of housing, full points will be awarded. Required.

Provide a narrative response to this rating factor, addressing all elements of the question.

Rating Factor F - Supportive Services and Healthcare Coordination

F.i. Demonstrate that 20% of your award, or an amount equal to 20% of your award through match or leveraging, will be used to coordinate with healthcare or social services providers for the provision of supportive services (case management, healthcare, life skills training, etc.) Required.

Provide a narrative response to this rating factor, addressing all elements of the question.

F.ii. Demonstrate that program participants will be required to participate in supportive services in a manner that fits their individual needs by providing language from program policies or supportive service agreements. Supportive service agreements must meet the requirement at 24 CFR 578.75(h). Required.

Provide a narrative response to this rating factor, addressing all elements of the question.

F.iii. Describe how the proposed project will coordinate with a healthcare organization to meet the medical needs of participants. Healthcare must be provided on-site or in close proximity and can be provided by a non-profit organization. Applicants must attach, in e-snaps, a letter of commitment or other formal written agreement with the healthcare organization referenced in the narrative response to receive full points. Required.

Provide a narrative response to this rating factor, addressing all elements of the question.

*Note: Applicants must attach, in *e-snaps*, a letter of commitment or other formal written agreement with the healthcare organization referenced in the narrative response to receive full points.

F.iv. Demonstrate that the proposed project has a plan in place to work with program participants who are able to maintain stable housing without subsidy or without the level of support that PSH provides, to help them move on from PSH. Required.

Provide a narrative response to this rating factor, addressing all elements of the question.

Rating Factor G - Meeting the Needs of the Elderly and Aging Subpopulation

G.i. Demonstrate that the CoC is working to meet the needs of elderly homeless individuals by identifying a project within the CoC (may include the proposed project) that prioritizes the elderly subpopulation (in accordance with 24 CFR 578.93(b)(2), and that does not discriminate on the basis of familial status); or a partnership the CoC has with an organization such as a provider of residential care, assisted living, or medical respite services. Required.

Provide a narrative response to this rating factor, addressing all elements of the question. Project applicants may need to collaborate with other provider agencies and the CoC Lead to respond to this rating factor.

Rating Factor H - Serving Veterans

H.i Demonstrate that the CoC is working to meet the needs of homeless Veterans by identifying a project within the CoC (may include the proposed project) that prioritizes the Veteran subpopulation (in accordance with 24 CFR 578.93(b)(2)), or a partnership the CoC has with an organization that serves homeless Veterans such as the VA. Required.

Provide a narrative response to this rating factor, addressing all elements of the question. Project applicants may need to collaborate with other provider agencies and the CoC Lead to respond to this rating factor.

Rating Factor I - Building Safe Communities

HUD has a vested interest in ensuring that all grantees are maximizing their potential Federal award to accomplish the program's purposes. To that end, to receive full points, project applicants should:

I.i. Demonstrate, by providing evidence, that the project applicant cooperates and does not interfere with or impede local efforts to advance the objectives below, and assists first responders in providing services to homeless individuals. Required.

Provide a narrative response to this rating factor, addressing all elements of the question.

*Note: Applicants must review the questions below in order to fully respond to the question above.

I.ii. Identify local laws, policies, or other practices that help or hinder the project applicant's ability to advance the objectives below and provide a plan explaining how the project applicant will leverage beneficial policies while overcoming the harmful effects of restrictive ones. If you cannot provide any mitigating steps, please explain why. Include qualitative and quantitative details in your response.

I.ii.a Quickly clear tents and encampments on public property and connect individuals who are camping in public with appropriate services. In your response, describe the current status of tents and encampments in the CoC's geographic area. Required.

Provide a narrative response to this rating factor, addressing all elements of the question. The project applicant may need to coordinate with the CoC Lead to provide responses to the above question.

I.ii.b Decrease the public use of illicit drugs and quickly connect individuals who are using illicit drugs in public with appropriate services and/or law enforcement. In your response, describe the current status of overdoses and illicit drug use in public spaces in the CoC's geographic area. Required.

Provide a narrative response to this rating factor, addressing all elements of the question. The project applicant may need to coordinate with the CoC Lead to provide responses to the above question.

I.ii.c Utilize standards that address homeless individuals who are a danger to themselves or others (e.g., involuntary commitment). Required.

Provide a narrative response to this rating factor, addressing all elements of the question. The project applicant may need to coordinate with the CoC Lead to provide responses to the above question.

I.ii.d Comprehensively share information, including location information, in accordance with the Sex Offender Registry and Notification Act (SORNA). Required.

Provide a narrative response to this rating factor, addressing all elements of the question. The project applicant may need to coordinate with the CoC Lead to provide responses to the above question.

Rating Factor J - Section 3 Requirement

J.i. Describe the actions that will be taken by project applicants to comply with Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) (Section 3) and HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very low-income persons, as well as contracting and other economic opportunities for business that provide economic opportunities to low- and very low-income persons. Required.

Provide a narrative response to this rating factor, addressing all elements of the question.

Policy Initiative Preference Points

Will any of the sites recorded in this project be located within an Opportunity Zone? Required.

If you select 'Yes' you must complete the Certification for Opportunity Zone Preference Points and attach to the application, in order to be considered for preference points.

Provide the policy or statement the CoC has in place to ensure that the projects submitted by the CoC will not operate drug injection sites or "safe consumption sites," knowingly distribute drug paraphernalia on or off of property under their control, knowingly permit the use or distribution of

illicit drugs on property under their control, or conduct, permit, encourage, or allow any of these activities under the pretext of "harm reduction." Not Required.

Applicants have the choice to provide a response to this prompt, in order to be considered for preference points. To receive full points, the policy or statement must:

a. Prohibit CoC-funded housing projects from operating drug injection sites or "safe consumption sites," knowingly distributing drug paraphernalia on or off of property under their control, knowingly permitting the use or distribution of illicit drugs on property under their control, or conducting any of these activities under the pretext of "harm reduction;"

b. Describe what remedies will be taken for CoC-funded housing projects determined by the CoC to be in violation of the above;

c. Encourage the provision of substance use disorder treatment and recovery housing within or outside of the CoC; and

d. Not restrict or prohibit CoC-funded housing projects that require program participants to be sober or to participate in treatment as a condition of assistance in accordance with 24 CFR 578.

PH-PSH Part 4: Budget Information

Screen 4A. Funding Request

Screen 4A provides the framework for creating your funding request.

1. **Will it be feasible for the project to be under grant agreement by September 15, 2026?** Required. Select:

   Yes, to indicate the project intends to have a signed grant agreement by September 15, 2026. All funds conditionally awarded under this NOFO must be obligated via grant agreement no later than September 15, 2026.

   No, the project does not intend to have a signed grant agreement by September 15, 2026. By selecting this response, you will not be able to submit this project application in *e-snaps*.

2. **Select a grant term.** Required. You may request a grant term between 2 to 5 years.

3. **Select the cost(s) for which funding is requested.** Required. Most of the funding requested must be for capital costs (new construction, rehabilitation, or acquisition). Any submitted project application that does not request capital costs will be automatically rejected. Additionally, if you are requesting other eligible CoC Program costs as outlined in the NOFO, you must ensure the amount requested does not exceed 20 percent of the total requested budget.

For each budget selected you will be asked to provide quantity, description, and amount of funds you are requesting. On each selected budget, indicate the numerical quantity associated with the selected cost and provide detailed information which will be reviewed to determine if the requested cost(s) are eligible and correctly associated with the activity.

*Note: New construction cannot be combined with acquisition or rehabilitation in the same site. However, if your application includes multiple sites where you or your subrecipient will acquire a property and you have a separate site where you or your subrecipient will rehabilitate a property you may request both types of capital costs.

You must attach evidence of site control (24 CFR 578.25(b)) for each site included. Evidence must be a deed or lease if requesting new construction or rehabilitation; or a purchase agreement if requesting acquisition. The owner, lessee, and purchaser shown on these documents must be the selected applicant or intended subrecipient identified in the project application.

Throughout the Budget Information portion of the application; applicants must provide the following information about each project site.

- **Name of Structure:** The name of your choosing for the structure related to the selected capital cost.
- **Street Address 1:** The location address of the structure.
- **Street Address 2:** Would most likely be used if the requested capital cost is located within a series of different buildings at the same main address; e.g., Building 1, Building C.
- **City:** The city where the structure is located.
- **County:** The county where the structure is located.
- **State:** The state where the structure is located from the dropdown.
- **Zip Code:** The zip code where the structure is located.
- **Site Control:** You must attach evidence of site control to the Site Control Attachment screen of this application. If you or your subrecipient will not be able to provide evidence of site control you cannot apply for these funds.

Screen 4B. New Construction Budget

If you selected New Construction (24 CFR 578.47) on Screen 4A, complete the information on this screen to request funds for new construction. **You, or your subrecipient, must have evidence of site control at the time you are completing this application.** Required.

The primary screen on Screen 4B will aggregate the new construction costs requested for each proposed project site to calculate the total for all costs requested. To add a site, select add to access the budget screens. The primary 4B screen will populate and update when new budget screens are added. To view and edit select view. To delete, select .

1. The information related to the structure on this screen should reflect the accurate information for the specific site on which the project will operate. Additionally, select:
    a. Housing Type to indicate the type of new permanent supportive housing units; and
    b. Indicate whether you or your subrecipient have evidence of site control which must be attached to the Site Control Attachment screen.
2. Quantity and Description will capture the new construction costs you, or your subrecipient, are requesting from HUD. The amount you enter is based on available CoC Builds funds for your CoC as outlined in Section I.A.2, Maximum Award, in the NOFO. Do not include information from other funding sources that are included in the project.

Screen 4C. Acquisition Budget

If you selected Acquisition (24 CFR 578.43) on Screen 4A, complete the information on this screen to request funds for acquisition. **You, or your subrecipient, must have evidence of site control at the time you are completing this application.** Required.

The primary screen on Screen 4CB will aggregate the acquisition costs requested for each proposed project site to calculate the total for all costs requested. To add a site, select add to access the budget screens. The primary 4C screen will populate and update when new budget screens are added. To view and edit select view . To delete, select .

1. You must enter the address of the actual site that has been acquired. Create a name for each site that you will recognize as it will populate the list on the primary screen and enter the Street Address, City, State, and Zip Code. Enter the number of units and beds, select the appropriate response housing type and site control, and then enter the estimated dates for each activity listed.

   The address must be the actual site of the acquired structure and not the administrative office of your organization or subrecipient. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants. Additionally, select:

   a. Housing Type to indicate the type of new permanent supportive housing units; and

   b. Indicate whether you or your subrecipient have evidence of site control which must be attached to the Site Control Attachment screen.

2. Quantity and Description are required and will capture the acquisition costs you, or your subrecipient, are requesting from HUD. The amount you enter is based on available CoC Builds funds for your CoC as outlined in the NOFO. Do not include information from other funding sources that are included in the project.

3. The total Annual Assistance Requested will automatically calculate when you click ‘Save’.

Screen 4D. Rehabilitation Budget

If you selected Rehabilitation (24 CFR 578.45) on Screen 4A, complete the information on this screen to request funds for rehabilitation. **You, or your subrecipient, must have evidence of site control at the time you are completing this application.** Required.

The primary screen on Screen 4D will aggregate the rehabilitation costs requested for each proposed project site to calculate the total for all costs requested. To add a site, select add to access the budget screens. The primary 4D screen will populate and update when new budget screens are added. To view and edit select view . To delete, select .

1. You must enter the address of the actual site that will be rehabilitated. Create a name for each site that you will recognize as it will populate the list on the primary screen and enter the Street Address, City, State, and Zip Code. Enter the number of units and beds, select the appropriate response housing type and site control, and then enter the estimated dates for each activity listed.

   The address must be the actual site of the structure to be rehabilitated and not the administrative office of your organization or subrecipient. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box,

organizational address, or other anonymous address as necessary to ensure the safety of participants. Additionally, select:

a. Housing Type to indicate the type of new permanent supportive housing units; and

b. Indicate whether you or your subrecipient have evidence of site control which must be attached to the Site Control Attachment screen.

2. Quantity and Description are required and will capture the acquisition costs you, or your subrecipient, are requesting from HUD. The amount you enter is based on available CoC Builds funds for your CoC as outlined in the NOFO. Do not include information from other funding sources that are included in the project.
3. The total Annual Assistance Requested will automatically calculate when you click 'Save'.

Screen 4E. Rental Assistance Budget

If you selected Rental Assistance (24 CFR 578.51(e)) on Screen 4A, the primary screen will aggregate the totals for each FMR area **or** rental assistance type listed on '**Rental Assistance Detail**' screens. Select add to access a new '**Rental Assistance Detail**' screen. All grey fields will calculate after you complete and save this screen. Select '**Save & Back to List**' or select '**Save & Add Another**'. To view and edit, select view . To delete, select .

Type of Rental Assistance: Required. Project-based rental assistance (PRA) is the only eligible selection on this screen. Program participants must reside in housing once completed. Program participants may not retain their rental assistance if they relocate to a unit outside the project,

Metropolitan or non-metropolitan Fair Market Rent area: Required. Select the correct FMR area(s) from the dropdown menu for the location(s) you are requesting funds. The list is sorted by state abbreviation, and most areas calculated by county or metropolitan area. The selected FMR area is used to populate the per unit rent amount in the FMR Area column on this screen. If your project provides units in more than one FMR area, you must create a separate '**Rental Assistance Budget Detail**' screen for each FMR area.

The **Rental Assistance Annual Budget** table accounts for the size of units, number of units requested, FMR for each unit size multiplied by 12 months to account for annual rent that is summarized by row in the '**Total Request**' column.

- **Size of units**: No action required. These options are system generated. The size of units are in line with the **FMR tables**; however, for clarification, the '**0-bedroom**' unit listed in *e-snaps* is the '**efficiency**' unit size on the FMR table and the FMR table does not include SRO units for which the per unit rent is calculated at 75 percent of the efficiency rate.
- **Number of units**: Required. For each unit size, enter the number of units for which funding is requested.
- **FMR:** No action required, the field is prepopulated with the FY 2025 FRM amount based on unit size.
- **12 Months:** No action required. These fields are populated to calculate the annual rent request.
- **Total Request**: No action required. This column populates with the total calculated amount from each row.
- **Total Units and Annual Assistance Requested**: No action required. This column calculates based on the sum of the total requests per unit size per year.

- **Grant Term**: No action required. This field populates based on the grant term selected on the '**6A. Funding Request**' screen.
- **Total Request for Grant Term**: No action required. This field calculates the total amount of funds you are requesting, multiplied by the selected grant term.

Screen 4F. Supportive Services Budget

If you selected Supportive Services (24 CFR 578.53) on Screen 4A, the supportive services listed are based on the eligible supportive services under the CoC Program that will be provided to program participants once they occupy the units.

See 24 CFR 578.53(e)(17) for information regarding direct provision of services that apply to the individual budget items (e.g., if funds will be used to pay for a cell phone for the case manager, the monthly cost of the cell phone, will be included on the Case Management line, if funds will be used to pay for staff time to drive program participants to appointments, the staff pro-rated salary, benefits, etc., will be included in the Transportation line). For this reason, you must provide detailed information on quantity and description for each eligible cost requested.

The itemized budget screen includes 17 eligible Supportive Services costs of which you can only request 16 costs:

1. Assessment of Service Needs	**10.** Life Skills
2. Assistance with Moving Costs	**11.** Mental Health Services
3. Case Management	**12.** Outpatient Health Services
4. Child Care	**13.** Outreach Services
5. Education Services	**14.** Substance Abuse Treatment Services
6. Employment Assistance	**15.** Transportation
7. Food	**16.** Utility Deposits
8. Housing/Counseling Services	
9. Legal Services	

Enter the quantity, detail, and budget request for each cost requested based. The total amounts calculate when you select '**Save**'.

- **Eligible Costs**: No action required.
- **Quantity AND Description**: Required. This field must provide a complete picture of how CoC Builds funds will be used in the project to assist program participants once they occupy the new units. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title–1 FTE @ $45,000 including fringe benefits of $X or 50 hours @ $25 per hour including fringe benefits of $X). Additionally, include any direct provision costs (24 CFR 578.53(e)(17)) for each line item (e.g., monthly use of cell phone to contact program participants @ $X per month.
- **Annual Assistance Requested**: Required. Enter the annual amount requested for eligible supportive services for a 12-month period. If you are requesting a multi-year grant term (e.g., 3 years), you will see the total request for the 3-year grant term request in the **Total Request for Grant Term** field.

- **Total Annual Assistance Requested**: No action required. This field calculates the total based on the sum for each eligible cost where you entered information.
- **Grant Term**: No action required. This field populates based on the grant term selected on the '4**A. Funding Request**' screen.
- **Total Request for Grant Term**: No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

Screen 4G. Operating Budget

If you selected Operating (24 CFR 578.55) on Screen 4A, the costs listed are based on the eligible costs. Operating costs are associated with the day-to-day operations of new units of permanent housing.

Note: If this screen includes '**Replacement Reserve**' as an expected operating cost, an additional question will populate on the Project Description Screen that must be answered prior to submission. For further details, refer to instructions on the Project Description in this guide.

The itemized budget screen includes 7 eligible Operating costs:

1. Maintenance and Repair	**5.** Electricity, Gas, and Water
2. Property Taxes and Insurance	**6.** Furniture
3. Replacement Reserve	**7.** Equipment
4. Building Security	

Enter the quantity, detail, and total budget request for each cost requested. The total amounts calculate when you select '**Save**'.

- **Eligible Costs**: No action required.
- **Quantity AND Description**: Required. This field must provide a complete picture of how CoC Builds funds will be used in the project once they are ready for program participants to occupy. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title–1 FTE @ $45,000 including fringe benefits of $X or 50 hours @ $25 per hour including fringe benefits of $X).
- **Annual Assistance Requested**: Required. Enter the annual amount requested for eligible operating costs for a 12-month period. If you are requesting a multi-year grant term (e.g., 3 years), you will see the total request for the grant term request in the **Total Request for Grant Term** field.
- **Total Annual Assistance Requested**: No action required. This field calculates based on the sum for each eligible cost where you entered information.
- **Grant Term**: No action required. This field populates based on the grant term selected on the '**4A. Funding Request**' screen.
- **Total Request for Grant Term**: No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

Screen 4H. HMIS Budget

If you selected HMIS (24 CFR 578.57) on Screen 4A, the HMIS costs listed are based on the eligible HMIS costs and must comply with HMIS requirements.

Since this project is not a dedicated HMIS request and you are not the HMIS Lead, you can request HMIS costs to contribute data to the CoC's designated HMIS is outlined in 24 CFR 578.57(a)(1)(i)-(x). This includes projects operated by Victim Service Providers to contribute data to a comparable database.

The itemized budget screen covers 5 eligible HMIS costs:

1. Equipment	**4.** Personnel
2. Software	**5.** Space and Operations
3. Services	

Enter the quantity, detail, and budget request for each cost requested. The total amounts calculate when you select '**Save**'.

- **Eligible Costs**: No action required.
- **Quantity AND Description**: Required. This field must provide a complete picture of how CoC Builds funds will be used in the project to assist program participants. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title–1 FTE @ $45,000 including fringe benefits of $X or 50 hours @ $25 per hour including fringe benefits of $X).
- **Annual Assistance Requested**: Required. Enter the annual amount requested for eligible HMIS activities to contribute to your CoC's HMIS for a 12-month period. If you are requesting a multi-year grant term (e.g., 3 years), you will see the total request for the grant term request in the **Total Request for Grant Term** field.
- **Total Annual Assistance Requested**: No action required. This field calculates based on the sum for each eligible cost where you entered information.
- **Grant Term**: No action required. This field populates based on the grant term selected on the '**4A. Funding Request**' screen.
- **Total Request for Grant Term**: No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

Screen 4I. VAWA Budget

The **Violence Against Women Act (VAWA) Reauthorization Act of 2022** clarified the use of CoC Program funds for VAWA eligible cost categories which are also eligible under the CoC Builds NOFO. The VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in *e-snaps* and LOCCS. The new BLI will be added to grant agreements and utilized as the other BLIs in *e-snaps* and LOCCS.

Eligible VAWA costs can be identified in one or both of the following VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:

- **Moving Costs**. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).

- **Travel Costs**. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
- **Security Deposits**. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- **Utilities**. Grant funds can be used to pay for the costs of establishing utility assistance in the safe unit the survivor is transferring to.
- **Housing Fees**. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- **Case Management**. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- **Housing Navigation**. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- **Technology to make an available unit safe**. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements. Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:

- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.

The VAWA BLI Total amount can be expended for any eligible VAWA cost identified above.

Enter the estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both eligible VAWA cost categories. The total amount calculates when you select '**Save**'.

- **Eligible Costs**: No action required.
- **Annual Assistance Requested**: Required. Enter the annual amount requested for eligible VAWA activities.
- **Total Annual Assistance Requested**: No action required. This field calculates based on the sum for each eligible cost where you entered information.
- **Grant Term**: No action required. This field populates based on the grant term selected on the '**4A. Funding Request**' screen.

- **Total Request for Grant Term**: No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

Screen 4J. Rural Budget

The CoC Program added eligible rural cost budget categories to be added in a new Rural Cost Budget Line Item (BLI). The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in *e-snaps* and LOCCS. There are three CoC Program rural cost categories that can be requested for your new Rural Cost BLI (for activities in eligible rural or tribal geocodes only).

- **Short-term emergency lodging** to include housing in motels or shelters, either by providing direct funding or through vouchers.
- **Repairs to housing units** in where individuals and families experiencing homelessness will be housed, including housing units
  currently not fit for human habitation.
- **Staff Training** to include professional development, skill development, and staff retention activities.

Enter the amount(s) you are requesting for this project's Short-term emergency lodging, Repairs to housing units, and Staff Training CoC Rural cost categories. The total amount calculates when you select '**Save**'.

- **CoC Rural BLI Total**: No action required. This field calculates based on the sum for each eligible cost where you entered information above.
- **Grant Term**: No action required. This field populates based on the grant term selected on the '**4A. Funding Request**' screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

Screen 4K. Sources of Match

You must complete the Sources of Match (24 CFR 578.73) screen for CoC Builds match requirements. If you plan to use program income as a match, you must provide an estimate of how much program income will be used.

The **Summary for Match** fields on this screen will populate once all match information is entered and saved on the **Sources of Match Detail** screen.

1. **Will this project generate program income described in 24 CFR 578.97 to use as Match for this project?** Required. Select:

   Yes, if your project plans to use program income as match, complete the next two questions.

   No, if your project will not use program income as match.

   1a. Briefly describe the source of the program income. Required if you selected '**Yes**' to question 1. Provide the source of program income with a brief description.

   1b. Estimate the amount of program income that will be used as Match for this project. Required if you selected '**Yes**' to question 1. Enter estimated amount.

Sources of Match Detail Screen(s): Enter match information on this screen based on the current commitments at the time of project application submission that will apply to the grant term if selected for

conditional award, not based on projections. Match contributions can be cash, in-kind, or a combination of both. Match must be no less than 25 percent of the total funding request, including Administration costs.

Example: If the '**Total Assistance Requested**' for a PH-PSH project is $2,500,000, your match amount must be a minimum of $625,000.

The summary table on the primary '**Sources of Match**' screen aggregates multiple cash and in-kind commitments entered in the '**Sources of Match Detail**' screens. To add a detail screen, select add and complete the mandatory fields. Select '**Save & Back to List**' to save the information and return to the primary screen. Select '**Save & Add Another**' to add another detail screen. To view and edit, select view . To delete, select .

You must complete this screen for each type of match commitment included in your project application. Once you have completed the **'Sources of Match Detail'** screen, return to the **'Sources of Match'** screen where you will see the total commitment amounts for Cash, In-Kind, and All, as applicable.

1. **Type of Commitment**: Required. Select Cash or In-Kind (non-cash) to indicate the type of contribution that describes this match commitment. If you include third-party in-kind match, you must attach MOU(s) documentation that confirms the in-kind match commitment.

   Cash, if you will use cash to satisfy the match requirement.

   In-Kind, if you will use the value of any real property, equipment, or services contributed to this project that are eligible costs under the CoC Program.

2. **Source**: Required. Select:

   Private, the match will be provided by a non-government entity.

   Government, the match will be provided by a government entity (e.g., HOME, CDBG) so long as the government funds do not prohibit their use as a match for another federal program.

3. **Name of Source**: Required. Enter the name of the organization providing the contribution. Be specific and include the office or grant program as applicable.

4. **Amount of Written Commitment**: Required. Enter the total dollar value of the contribution.

Screen 4L. Summary Budget

This screen summarizes the total funding request for a project application based on the budget screens completed. If you need to make an adjustment to any of the budget amounts shown on this screen, access the budget screen (e.g., Rental Assistance) to make an adjustment.

There is only one field on this screen you can edit, the '**Admin**' field. If you request Administrative Costs for this project, enter the amount of funds requested here. If you enter an amount in this field, you may be required to return to the **Sources of Match** screen to update the match amount for this project application. The total amounts are calculated by *e-snaps* when you select '**Save**'.

- **Admin:** Enter the amount of requested administrative funds. You can only request up to 10 percent of the amount listed in the field '**Sub-Total Costs Requested**'. If an ineligible Admin amount is entered, *e-snaps* will report an error when the screen is saved, '**The Administrative Costs exceed 10 percent of the Sub-Total Costs Requested**'. The error message will inform you of the maximum amount of administrative costs you can request, and you must update the **Admin** amount.

The summary budget also includes the amount of Cash, In-Kind, and Total Match entered on Screen 4K. To adjust match amounts, return to Screen 4K. If an ineligible match amount is entered, *e-snaps* will report an

error when the screen is saved, '**The Total Match amount is less than 25 percent**'. The error message will inform you of the minimum amount of match funds you are required to have for this project, and you must return to a '**Sources of Match Detail**' screen to make the necessary adjustments to increase the match amount for this project application.

Screen 4M. Breakout of BLI Costs

This screen is read-only and provides the percentage of eligible costs requested. Use this screen to ensure your total budget conforms to the NOFO requirements where most of the requested funding is for capital costs, no more than 20 percent of the total budget is dedicated to other eligible costs, and no more than 10 percent of the total budget is dedicated to admin costs.

Screen 4N. Indirect Costs Information

The information on this screen is populated based on the information you entered on the Indirect Cost Information screen in your Project Applicant Profile. However, there is one item you must complete on this screen:

***Certification of Authorized Representative for the Applicant/Recipient:** Required. You must check the box and click Save.

If the information needs to be revised, click 'Save' and navigate to View Applicant Profile from the left menu. Once you are in your Project Applicant Profile you will need to place your profile in edit mode:

1. Navigate to the Submission Summary screen and click Edit.
2. Next, navigate to Screen 5. Indirect Cost Information to update the information on the screen and select Save.
3. Navigate back to the Submission Summary screen and select Complete.

You must ensure you complete the final step by selecting Complete to ensure you will have access to continue working in your project application.

Part 5: Attachments and Certifications

Screen 5A. Attachments

While some of the attachments listed below may be attached to your Project Applicant Profile, or in the case of the Code of Conduct your organization is listed on HUD's Code of Conduct page, you must attach the documents to this screen as part of your project application. If the attachment is listed as required, you will not be able to submit your project application if the attachment is missing.

4. HUD-2991 – Certification of Consistency with the Consolidated Plan – Required
5. Recipient Code of Conduct – Required
6. Recipient Nonprofit Documentation – Required
7. Rating Factor F.iii Letter(s) of Commitment, Contract, Other Formal Written Commitment – Required
8. Subrecipient Nonprofit Documentation – Not required

9. HUD-2996, Certification for Opportunity Zone Preference Points – Required if you want to be considered for policy initiative preference points
10. Financial Feasibility/Underwriting – Not required
11. Subsidy Layering Review – Not required
12. Other – Not required
13. Other – Not Required
14. Other – Not Required

This screen includes three links that allow you to upload and attach supplementary information to your project application. While *e-snaps* will allow you to submit the project application without attaching supplementary documentation, below is a list of items that you should attach if your project application includes one or more of the following.

- **Subrecipients.** Attach nonprofit documentation for each nonprofit organization identified on Screen '**2A. Subrecipients**'. Nonprofit status is documented by submitting either: (1) a copy of the Internal Revenue Service (IRS) final determination letter providing tax-exempt status under Section 501(c)(3) of the IRS Code (preferred), or (2) a certification from a licensed CPA that the organization meets each component of the definition of a private nonprofit organization as defined by 24 CFR 578.3.
- **Third Party In-Kind Match.** If your project application includes third-party in-kind match commitment on the '**Sources of Match**' screen you have a separate '**5A Attachments**' screen that should be used to attach the required Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) between your organization and the organization providing the in-kind match. Documentation is required prior to issuance of the grant agreement if your renewal project is selected for conditional award.
- **Replacement Reserve.** If your project application will utilize replacement reserve as part of the CoC Program operating budget, you must attach supporting documentation that includes:
  - total amount of funds that will be placed in reserve during the grant term,
  - system(s) to be replaced that includes the useful life of the system(s), and
  - repayment schedule that includes the payment amount.
- **Federally Approved Indirect Cost Rate.** If your organization has a Federally approved indirect cost rate agreement as entered on Screen 4N. Indirect Costs Information, the approved agreement must be attached to this project application.

Failure to include the attachment for any of the above items that are part of the project application may result in delays in grant processing if selected for conditional award as this information must be sent to the local HUD CPD field office for review. If the information is attached, conditional awards can be processed timely.

Screen 5B. Site Control Attachment

You must attached evidence of site control:

1. New Construction or Rehabilitation requires deed or lease in the name of project applicant or subrecipient(s).
2. Acquisition requires purchase agreement in the name of the project applicant or subrecipient(s).

Screen 5C. Third-Party In-Kind Match Attachment Screen

If your project application includes third-party in-kind match commitment on the 'Sources of Match' screen you have a separate '5C. Third-Party In-Kind Match Attachment screen that should be used to attach the required Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) between your organization and the organization providing the in-kind match. Documentation is required prior to issuance of the grant agreement if your renewal project is selected for conditional award.

Screen 5D. CoC Rejection Letter Attachment Screen

This attachment screen will only be visible and required if you submit this project application as a Solo Appeal as outlined in the NOFO and 24 CFR 578.35.

Screen 5F. Certification

Screen 5F populates with the name and information of your organization's Authorized Representative from the **Project Applicant Profile**. You must read, certify, and sign by checking the box at the bottom of the screen to submit the project application. If your organization is a Public Housing Agency (PHA), you must also include the PHA number. By completing the certification, the Authorized Representative agrees to the terms and conditions provided on the screen, on behalf of your organization. To make changes to information populated from the profile, refer to the **Basic Instructions to Access a Project Applicant Profile** above.

Screen 6A. Notice of Intent to Appeal

This attachment screen is only visible and required if you selected '**No CoC**' for question 5 on the Project Description screen. This indicates that your new project application is not located within any existing CoC's geographic area, or you are submitting a Solo Appeal, and allows you to upload a completed, signed, and dated Certification of Consistency with the Consolidated Plan (HUD-2991) obtained from your state or local official with entitlement jurisdiction representing the geographical area in which the proposed project will be located. For HUD-2991 requirements see the CoC Builds NOFO.

This screen will only appear if you select '**Appeal**' to question '5**. Project Status**' on Screen '**Project Description**'. Complete the information for each question on this screen and attach a copy of the rejection letter on the **CoC Rejection Letter Attachment Screen** your organization received from the CoC.

1. **Was this project application submitted via *e-snaps* or independently?** Required. CoCs may require project application submission via *e-snaps* while other CoCs require project application submission via other methods (e.g., standard fillable Word forms, Excel spreadsheets). Select the appropriate response based on project application submission in the local CoC competition process:

   e-snaps – if you submitted this project application to the CoC for the local competition through *e-snaps.*

   Independently – if you submitted this project application to the CoC for the local competition through a different method.

2. **Was the project application submitted by the CoC's local submission deadline?** Required. Select '**Yes**' or '**No**' from the dropdown.

3. **Provide the reason(s) cited by the CoC for rejecting this project application.** Required. Use the text box to enter the reason provided by the CoC for the rejection of the project application. You will also need to attach a copy of the CoC's rejection letter to the **CoC Rejection Letter Attachment Screen.**
4. **Describe how the CoC did not permit reasonable participation in its process**: Required. Use the text box to describe how your organization attempted to participate in the local CoC planning process and the reason you believe your organization was denied the right to participate in a reasonable manner. Include examples and timelines where possible.
6. **Select the CoC Number and Name where this project resides:** Required. Select the CoC where the project resides. This identifies the CoC that rejected the project.
7. **Select the CoC Collaborative Applicant Name:** Required. Select the Collaborative Applicant name using the dropdown.

Once completed, this project application will be submitted directly to HUD for review, by passing the CoC. It is your responsibility to ensure all requirements are met for a Solo Appeal, including appropriate notifications as the CoC does have the opportunity to respond to Solo Appeals. All requirements outlined in the NOFO and 24 CFR 578.35(b) must be followed.

Screen 6B. Submission Summary

Screen 6B provides a summary of all project application screens and the '**Submit**' button. The '**Last Updated**' column provides the status of each screen listed, and the date the screen was completed. The '**Mandatory'** column indicates whether a screen must be fully completed to submit the project application to the Collaborative Applicant in *e-snaps.* After the **Project Applicant Profile** is confirmed accurate, all required project application screens are completed, and all appropriate attachments are uploaded, the project application can be submitted in *e-snap*s. All submitted project applications are sent to the CoC identified on the Project Description Screen. If '**No CoC**' is selected on the Project Description Screen, the project application will be sent directly to HUD for consideration.

The following table explains the columns on the Submission Summary page.

Complete	Page	Last Updated	Mandatory
-- = no information is required. ***Green*** √ = Ok ***Red X*** = incomplete screen.	Provides the name of each Screen.	***Date (MM/DD/YYY)*** = date information on the screen was updated and saved. ***Please Complete =*** *the screen identified has errors or has not been fully completed.* ***No Input Required*** = No information is required on this screen to submit.	***Yes*** = screen includes questions that must be answered to submit. ***No*** = screen does not include questions that must be answered to submit.

If the **Submission Summary** page has the following for each **Row**, you will be able to click **'Submit'** and your project application will be sent to your CoC for review, scoring and ranking. All project applications accepted and ranked by the CoC will be included in the CoC Consolidated Application once it is submitted to HUD by the application submission deadline in the NOFO.

- All green √ or -- in the **Complete** column, and
- Date (MM/DD/YYYY) in the **Last Updated** column.

After the application is submitted in *e-snaps*, use the '**export to PDF**' link to save the application as a PDF or to print a hard-copy of the application. The PDF version of the application serves as a record of submission.