CoC Renewal Project Application Detailed Instructions

Fiscal Year 2026 CoC Program Competition

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 for organizations completing the Fiscal Year (FY) 2026 Continuum of Care (CoC) Program Renewal Project Applications for funding available through the Notice of Funding Opportunity (NOFO).

These instructions provide information for each question within renewal project applications in the electronic grants management system called *e-snaps*. Additional CoC Program guides and resources are located on The Department of Housing and Urban Development's **(HUD) website**.

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

- **FY 2026 CoC Program Competition NOFO (NOFO),**
- **Code of Federal Regulations**
- **H.R.558 - 100th Congress (1987-1988): Stewart B. McKinney Homeless Assistance Act | Congress.gov | Library of Congress,** and
- **Your Local CoC Program policy guidelines for submitting a renewal project application to the CoC or its designated committee or subcommittee.**

*All renewal project applications must comply with the current grant agreement, or grant agreement as amended and the requirements in the Rule.

Additionally, the following items provide information that will be helpful as you complete your renewal project application:

- FY 2026 Grant Inventory Worksheet (GIW), distributed to CoCs by HUD in 2026; including Budget Line Items (BLIs) for each renewal project.
- Questions regarding information in these instructions may be submitted to **CoCNOFO@hud.gov**; however, HUD cannot assist a project applicant with completing its application.
- Questions related to *e-snaps* functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to **e-snaps@hud.gov**.

Project applicants can find additional information on **HUD's website** regarding the CoC Program requirements. The **HUD Exchange** also includes unofficial CoC Program information developed by technical assistance providers.

This set of detailed instructions mirrors the eight parts of the project application in *e-snaps* as listed below and in Table 1.

- Parts 1 and 2 are the same regardless of the project type.
- The visibility of *e-snaps* screens and questions for Parts 3 through 6 are dependent on the project type selected and are separated for each of the following eligible renewal project types:
    - **PH-PSH: Permanent Supportive Housing**
    - **PH-RRH: Rapid Re-Housing**
    - **Joint Transitional Housing (TH) and Permanent Housing (PH) –Rapid Re-Housing (RRH)**
    - **TH: Transitional Housing**
    - **SH: Safe Haven**
    - **SSO: Supportive Services Only (Coordinated Entry)**

- **HMIS: Homeless Management Information Systems**

- Parts 7 and 8 are the same regardless of the project type.

Finally, the renewal project application cannot be used to make changes to your renewal project. All substantive changes for the project such as population served, number of units and beds, shifts in Budget Line Items (BLIs) of 10 percent or more, etc. must be submitted, reviewed, and approved by your local HUD field office representative.

What's New

1. CoCs may apply for Transitional Housing and Supportive Service Only projects including street outreach. This NOFO provides a set-aside of $1,300,000,000 for new projects with a priority for Transitional Housing and Supportive Service Only projects. CoCs may use the Transition Grant process described in Sec. II.B.3.k to create new projects. HUD reminds CoCs that individuals living in Permanent Housing may be eligible for Transitional Housing (see HUD guidance) and encourages CoCs to assess the unique needs of individuals and families to provide appropriate assistance to meet their needs.

2. Tier 1 is set at 60 percent of the CoC's Annual Renewal Demand (ARD).

3. HUD will competitively renew or replace YHDP projects.

4. CoCs may apply for bonus projects in an amount of up to 15% of the CoC's Final Pro-Rata Need (FPRN). Unless otherwise described in Sec. II.B.3.c, the CoC Bonus will be no less than $500,000 and no more than $5,000,000. The CoC Bonus funding structure can be found in Sec. II.B.3.c

5. The four components that will be funded through this CoC Program Competition are fully described at 24 CFR 578.37 and include: (a). Transitional Housing; (b). Supportive Services Only; (c). Permanent Housing; and (d). HMIS.

Additionally, HUD will allow renewal project applications for Joint TH/PH-RRH component projects, which combine two existing program components in a single project (see section III.G.5 of this NOFO for more information). HUD will not accept new Joint TH/PH-RRH component project applications.

6. Pursuant to the Consolidated Appropriations Act, 2026 recipients of CoC Program funds, including funds awarded under this NOFO and prior CoC Program Competition NOFOs may establish preferences for:

- Elderly individuals and families. For purposes of establishing preferences under this allowance, HUD is defining elderly as 55 and older.
- Disabled individuals or families as defined by section 401(10) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(10)).

When implementing these preferences, all other federal fair housing and nondiscrimination requirements apply.

7. Unsheltered and Rural Set Aside projects renewing for the first time. In the FY2026 CoC Competition, Special NOFO projects are able to renew for the first time (if eligible). Applicants should be aware of important requirements and availabilities in the system:

- **Rural Set Aside BLIs** are not eligible under the FY26 CoC NOFO. Any funds earmarked for these BLIs must either be moved to the Rural cost BLI or to another eligible CoC BLI in the project application.
- **Unsheltered projects** can request the regular Rural Cost BLI.

8. Reallocation of funding originally awarded to serve specific populations. If a new project is being created with reallocated funds that were originally awarded to a YHDP or DV Bonus project, the new

project must continue to serve the same population as the project being reallocated. See Section I.A.3.d. of the NOFO for more information. Applicants should be aware of the following specific restrictions on using funding reallocated from DV Renewal projects (projects originally awarded with, or subsequently expanded with, DV Bonus funding):

9. DV Renewal projects that have an SSO-CE component cannot be reallocated.

10. Reallocated DV Renewal funding cannot be used to expand a CoC Renewal grant.

11. DV Renewal projects cannot consolidate with CoC Renewal projects.

12. Cost of Living Adjustments for Conditionally Selected Grants. The Consolidated Appropriations Act, 2024 authorizes HUD to make reasonable cost of living adjustments to renewal amounts to help afford increasing cost of operations due to inflation. HUD will adjust amounts for the supportive services and HMIS Costs budget lines for renewing projects based on the most recent three-year average of changes in State Quarterly Census of Employment and Wages (QCEW) for the category Social Assistance (NAICS 624). Please note that HUD is only authorized to make these adjustments for Renewal projects. Supportive Services and HMIS budgets for all New projects, including Planning, YHDP Replacement, and YHDP Reallocation, will not be adjusted.

Important Reminders

1. HUD cannot correct project application errors. Your project application must demonstrate compliance with the Rule and NOFO and you are responsible for submitting a project under the appropriate type and funding stream according to the FY 2026 NOFO and 24 CFR part 578 (except as otherwise provided in the NOFO). Please note that compliance with the NOFO and the Rule includes compliance with all applicable Federal statutes relating to nondiscrimination (also included on your SF-424B/F-424D assurances). See 24 CFR 578.93 for more details of Fair Housing and Equal Opportunity requirements for the CoC program.

2. VAWA Budget Line. The Violence Against Women Act (VAWA) Reauthorization Act of 2022 amended the HEARTH statute to clarify CoC Program eligible costs for facilitating and coordinating activities to comply with the VAWA emergency transfer plan requirement (34 U.S.C. 12491(e)) and monitoring compliance with the protections of the VAWA confidentiality requirements (34 U.S.C. 12491(c)(4)).

The VAWA BLI is available in all project types, except for planning and UFA costs, regardless of grantee type or sub-population focus. The VAWA BLI is **NOT** exclusive to victim service providers (VSPs) or DV Bonus projects. All eligible projects will technically include a VAWA BLI (even if the project chooses to keep that BLI at $0), to help expedite minor budget changes later in the grant should a situation arise where a project needs to quickly move funds to the VAWA BLI, e.g., for an unexpected emergency transfer.

See the CoC NOFO for more details on VAWA BLI allowable costs. SSO-CE projects may use this BLI to budget for activities to facilitate emergency transfers in accordance with the CoC's emergency transfer plan, or for activities to ensure compliance with VAWA confidentiality requirements. Emergency transfers should be conducted in accordance with the CoC's emergency transfer plan, which must meet the requirements laid out in 24 CFR 578.99(j)(8) and 24 CFR 5.2005(e). To extent that the CoC's plan uses a coordinated approach to assessing and facilitating emergency transfer requests (including having a local victim service provider assess and facilitate all emergency transfer requests centrally), it is allowable to use the VAWA BLI within an SSO-CE project to do so.

3. Rural Cost Budget Line. In the FY 2026 CoC Program NOFO, applicants can request a Rural Cost Budget line item (BLI) for the following activities (only in eligible rural geocodes):

- **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.

4. **FMR tables in e-snaps.** The FMR amounts shown in the e-snaps application tables are accurate FY 2026 FMRs for the FMR areas you select. If your project application is selected for conditional award, updates based on the FMRs in effect as of the application submission deadline will be applied to these calculations based on your eligible BLI total. The adjusted amount will be shown in your new award total with exact amounts seen in this e-snaps table at post award.

5. **Calculating input for Units/Beds/Households/Persons:** When determining the correct input for Units, Beds, Households, and Persons, please note that these reflect the ***full capacity*** of the program on a ***single night*** (not the total throughout the course of the project period). This should include capacity directly supported by CoC Program funds or eligible match funds in any way, including units supported only by CoC Program supportive services funds without CoC Program leasing, operating, or rental assistance funds. The reported number of units and beds on Screen 4B should not be higher than the number of households (units), and persons (beds) as listed on Screens 5A and 5B.

6. **Domestic Violence, Dating Violence, Sexual Assault, and Stalking projects.** ***Due to funding restrictions in appropriations, DV Bonus projects must exclusively serve the households of survivors of domestic violence, dating violence, sexual assault, or stalking.*** Projects that focus on other populations, including survivors of human trafficking, are not eligible for this restricted funding unless the project will be limited specifically to survivors of domestic violence, dating violence, sexual assault, and/or stalking. See Section I.B.2.b.(6) of the NOFO for more information. DV Reallocation projects (new projects created with funding reallocated from projects originally awarded as DV Bonus projects) must exclusively serve the DV Bonus eligible population. DV Renewals (renewal projects originally awarded with DV Bonus funds **or** expanded with DV Reallocation funds) must continue to exclusively serve the DV Bonus eligible population.

7. **Transition Grant:** In the FY 2026 CoC Program Competition you can request to transition eligible renewal project(s) from their original component(s) to another eligible component. To utilize the transition grant process, you must fully or partially reallocate the renewal project(s) funds that will transition to the new component and you must submit a new project application in *e-snaps*. Eligible components for new projects in the transition process are PH-PSH, PH-RRH, SSO-CE, and HMIS. See Section II.B.3.f. (reallocation) and Section II.B.3.k. (transition grant) of the NOFO for additional information and requirements, including notification to the CoC of your organization's intent to use the transition grant process.

Note: If you are using the transition grant process you cannot consolidate or expand a project that is transitioning.

8. **System for Award Management (SAM) Registration.** Your organization must have an active SAM registration at the time of project application submission and conditional award. The SAM registration must be renewed annually so long as you receive CoC Program funds. HUD verifies that your organization has an active SAM registration prior to release of awarded funds, if conditionally selected for award, and will withhold processing funds if your organization's SAM registration has expired. You

must also confirm your organization's Employer/Tax Identification Number (TIN) and Unique Entity Identifier (UEI/SAM) information is correct in both SAM.gov and the *e-snaps* Project Applicant Profile.

9. **Expansion Process.** Your organization can submit a new project application to expand an existing renewal project that is also being submitted for renewal funding, with reallocated funds. To request the expansion of an existing renewal project through the new project application process, see Section II.B.3.i of the NOFO. New Project Application Screens in *e-snaps.* **Note: the same renewal project may NOT be part of both a consolidation and an expansion in the same application**. If a renewal is submitted for both consolidation and renewal, HUD will treat the application only as an expansion and reject the consolidation.

Renewal Project Application Screens in e-snaps

In the table below, all white cells marked with an **'X'** indicate the screens that can be accessed based on the project type of your project application. Grey cells indicate screens that are not accessible for each project type.

Table 1: Screens in *e-snaps* for Renewal Project Application

Screen Title	Renewal Project Types						
	PH-PSH	PH-RRH	Joint TH-and PH:RRH	TH	SSO	HMIS	SH
Before Starting	X	X	X	X	X	X	X
Part 1 – Forms and Certification							
1A. SF-424 Application Type	X	X	X	X	X	X	X
1B. SF-424 Legal Applicant	X	X	X	X	X	X	X
1C. SF-424 Application Details	X	X	X	X	X	X	X
1D. SF-424 Congressional District(s)	X	X	X	X	X	X	X
1E. SF-424 Compliance	X	X	X	X	X	X	X
1F. SF-424 Declaration	X	X	X	X	X	X	X
1G. HUD-2880	X	X	X	X	X	X	X
1H. HUD-50070	X	X	X	X	X	X	X
1I. Certification Regarding Lobbying	X	X	X	X	X	X	X
1J. SF-LLL	X	X	X	X	X	X	X
1K. SF-424B: Non-Construction	X	X	X	X	X	X	X
Submit without Changes	X	X	X	X	X	X	X
Recipient Performance	X	X	X	X	X	X	X
Grant Consolidation or Expansion Grant	X	X	X	X	X	X	X
Part 2 – Subrecipient Information							
2A. Subrecipients	X	X	X	X	X	X	X
Part 3 – Project Information							
3A. Project Detail	X	X	X	X	X	X	X
3B. Description	X	X	X	X	X	X	X
3C. DedicatedPLUS	X						
Part 4 – Housing, Services, and HMIS							
4A. Supportive Services for Participants	X	X	X	X	X		X
4A. HMIS Standards						X	
4B. Housing Type and Location	X	X	X	X			X
Part 5 – Participants							
5A. Households	X	X	X	X	X		X

Screen Title	Renewal Project Types						
	PH-PSH	PH-RRH	Joint TH-and PH:RRH	TH	SSO	HMIS	SH
5B. Subpopulations	X	X	X	X	X		X
Part 6 – Budget Information							
6A. Funding Request	X	X	X	X	X	X	X
6B. Leased Units	X		X	X			X
6C. Rental Assistance	X	X	X	X			
6D. Sources of Match	X	X	X	X	X	X	X
6E. Summary Budget	X	X	X	X	X	X	X
Part 7 – Attachments and Certification							
7A. Attachments	X	X	X	X	X	X	X
CoC Rejection Letter	X	X	X	X	X	X	X
Con Plan Cert	X	X	X	X	X	X	X
7B. Certification	X	X	X	X	X	X	X
Part 8 – Submission Summary							
8A. Notice of Intent to Appeal	X	X	X	X	X	X	X
8B. Submission Summary	X	X	X	X	X	X	X

Project Applicant Profile

Before accessing and completing a project application, you should access the **Project Applicant Profile** to complete information for your organizational contacts, particularly:

- Authorized Representative must be the person in the organization authorized to sign legal documents and legally obligate funds for the applicant's organization.
- Secondary Contact, the person who can address matters in the absence of the authorized contact and who has knowledge of the project application.

Should HUD need to contact your organization to resolve a curable deficiency these are the two people who will receive the email notification with instructions on how to resolve and the timeframe required for resolution.

Additionally, you must complete the information for the **HUD-2880 Form, Applicant/Recipient Disclosure/ Update Report**. 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 Form HUD-2880, refer to the additional instructions created by a HUD-approved technical assistance provider, available on the HUD Exchange, **Project Applicant Profile Navigational Guide** and **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 the profile or other *e-snaps* data. You must review all information to ensure accuracy and update as 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. Important, if working on the project application 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 in 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**' in the left menu, then select '**Submissions**' in the left menu of the *e-snaps* main screen to open a project application. The updated profile information should now appear on all Part 1 screens. If information is not showing 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

Only question 5b and the checkbox that follows it on Screen 1A are editable. All other questions 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 required as this selection was made when you 'registered' and created the project application in the **Funding Opportunity**. The six *e-snaps* Funding Opportunities include:

   (1) Renewal Project Application

   (2) New Project Application

   (3) YHDP Renewal Project Application

   (4) YHDP Replacement/Reallocation Project Application

   (5) CoC Planning Project Application

(6) UFA Costs

If the field is incorrect, return to the *e-snaps* Funding Opportunity screen and create another project application using the correct Funding Opportunity. For instructions for 'registering' an *e-snaps* Funding Opportunity refer to the guide **Accessing the CoC Program Project Application in e-snaps.**

3. **Date Received**. No action required. This field automatically populates with the date when you '**Submit**' the project application on the '**Submission Summary**' screen to send to the CoC for review, rating, and ranking.

4. **Applicant Identifier**. No action required, leave this field blank.

5a. **Federal Entity Identifier**. No action required, leave this field blank.

5b. **Federal Award Identifier**. No action required, leave this field 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.** Ensure the accuracy of the organization's legal name, address, and contact person. The legal name must match the name on 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 any curable deficiencies. This field populates with the '**Alternate Contact**' located in the Project Applicant Profile who 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 (CFDA) Title and Number**. No action required.

12. **Funding Opportunity Number**. No action required.

- **Funding Opportunity Title**. No action required.

13. **Competition Identification Number**. Not applicable.

- **Competition Identification 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 operate and serve persons experiencing homelessness as defined by 24 CFR 578.3.

15. **Descriptive Title of Applicant's Project**. No action required. This field populates with the name entered when you created the project from the '**Projects**' screens in *e-snaps*. To change the name,

exit the application, go back to '**Projects**' on the left main menu, identify the correct project on the list of projects, open the project and edit the name. Once the application is reopened from the '**Submissions**' screen, the updated project name will appear.

16. **Congressional District(s).** No 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 populate 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/end dates prior to grant agreement.

18. **Estimate funding ($).** No action required. The requested funding amount will be identified on the '**Summary Budget**' screen of this project application.

Screen 1E. SF-424 Compliance

You must complete all questions on Screen 1E.

19. **Executive Order 12372**. Required. Project applications submitted in the CoC Program Competition are subject to the provisions of Executive Order (EO)12372, *Intergovernmental Review of Federal Programs*. This EO allows each State to designate an entity to perform this function. A list of states that have chosen to review applications, along with State Points of Contact (SPOC) are available at: SPOC-list-as-of-July-2026.pdf. If you will have projects in more than one state, you must check each state against the SPOC list as one state may require review while other states may not require review.

    On Screen 1E, select '**a**' or '**b**' to indicate whether the application was selected for review by the state(s) in which the project operates (or will operate).

    '**a**' indicates the state requires review of the application and enter the date on which the application was made available to the state(s). In cases where the SPOC has not reviewed an application prior to the application submission deadline, you must submit the application to meet the CoC Program Competition application deadline for funding consideration.

    '**b**' indicates your organization is located within a state(s) that has chosen not to participate in EO 12372 or this project application has not been selected for review by the state(s), therefore, this CoC project application is not applicable in your state(s).

20. **Delinquent debt**. Required. On Screen 1E, select '**Yes**' or '**No**' to indicate whether your organization owes debt to any federal agency. Consistent with 31 U.S.C. 3720B and 28 U.S.C. 3201I, if your organization has an outstanding federal debt, it is not eligible to receive HUD funds, unless one of the following applies:

    - a negotiated repayment schedule is established, and the repayment schedule is not delinquent, or
    - other arrangements satisfactory to HUD are made prior to HUD awarding funds.

    An explanation of any debt owed, and the repayment arrangements must be provided on Screen 1E. If arrangements satisfactory to HUD cannot be completed within 90 days of notification of the conditional award, HUD may rescind the conditional award.

Screen 1F. SF-424 Declaration

On Screen 1F, you must click the checkbox next to the 'I agree' statement. All fields are read-only and are 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. Form HUD-2880: Applicant/Recipient Disclosure/Update Report

This screen populates with information entered in 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.

The Form HUD-2880 uses federal terminology that does not clearly match terminology used for the CoC Program and project applications. For CoC Program purposes, HUD is clarifying the meaning of '**specific project or activity**' and '**this application**' in Part 1 of the HUD-2880, questions 1 and 2. The legal requirements of the HUD-2880 as related to the CoC Program mean: any single organization/applicant equals one application for all accumulated project applications, regardless of how many individual project applications are submitted in the CoC Program Competition. Therefore, information in an *e-snaps* HUD-2880 includes the total amount of all the project applications applying for funds in the CoC Program Competition. For example, if organization XYZ is submitting three separate project applications at $100,000 each for a total amount of $300,000, then an answer of '**Yes**' is required in Part 1 question 2 of the HUD-2880–as organization XYZ expects to receive assistance in excess of $200,000. Since the total amount of funds requested by your organization exceeds $200,000 for all project applications submitted, you must complete Parts II and III of the HUD-2880.

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**. You should confirm the EIN populated correctly, as an incorrect EIN will delay your organization's ability to sign the grant agreement if selected for conditional award. EINs are confirmed by HUD prior to releasing funds to the electronic Line of Credit Control System (eLOCCS) and will be withheld from processing if the EIN is incorrect.
3. **HUD Program**. No action required. This field populates with '**Continuum of Care Program**'.
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, 3A. Project Detail, and 4B. Housing Type and Location.

Form HUD-2880 Part I. Threshold Determinations–Project Applicants 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 in the Project Applicant Profile for all an organization's accumulated total of CoC Program project applications. 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 **How to Complete HUD 2880 in *e-snaps***.. 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 listing to this project application on Screen **7A. 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. Form HUD-50070: Certification of a Drug Free Workplace

Form HUD-50070 populates information from the **Project Applicant Profile** and relevant data from the FY 2024/2025 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 information on this form is inaccurate, see page 5 above for the **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 FY 2024/2025 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 information on this form is inaccurate, see page 5 above for the **Basic Instructions to Access a Project Applicant Profile**.

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

The SF-LLL populates information from the **Project Applicant Profile** and relevant data from the FY 2024 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: Disclosure of Lobbying Activities

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 page 5 for **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.

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

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 Nonconstruction Programs), which also require compliance with all general federal nondiscrimination requirements in the administration of the grant.

Screen 1M. Project Eligibility Certification

On Screen 1M, click the checkbox next to the two statements. By checking the box, you agree to the terms and conditions associated with those statements.

All Projects – Submit Without Changes Screen

Your renewal project information must match the FY 2026 renewal project application unless changes were required by HUD before grant agreement execution, or your organization requested a grant agreement amendment. If your project does not have changes from the FY 2025 submission you can submit your FY 2026 renewal project application with no changes, other than those required annually. If this is a first-time renewal project, you must complete the entire renewal project application.

- to the renewal project application (e.g., units, unit configuration, population served, BLIs).

You must ensure your FY 2026 renewal project application mirrors the final HUD approved information in either the grant agreement or grant agreement amendment.

Data can be imported into a FY 2026 renewal project application from the original FY 2024 new or renewal project application. Note: previous years post award updates made in esnaps C1.9a are not brought forward and recipients must look carefully that FY 2024 updates are manually entered into your FY 2026 project applications. If you choose not to import FY 2024 information, *e-snaps* will automatically be set to '**Make Changes**' and all questions on each screen must be updated.

You must navigate to the **Submit Without Changes Screen** in *e-snaps*.

1. **Are the requested renewal funds reduced from the previous award due to reallocation?** Select:
   Yes, if this renewal project is submitted with a reduced budget from the previous award due to a partial reallocation.

   No, if the budget information is the same as the previous Competition year.

2. **Do you wish to submit this application without making changes?** Required. Select

- '**Submit without Changes**' if no changes are needed from the previous year's application submission reviewed and approved by HUD. This will leave Parts 2 through 6 of the application in read-only mode and indicates to HUD that you have not made changes and are requesting to renew your project application per the project details as imported from your prior year's new or renewal project application into the FY 2024 project application.
- '**Make Changes**' if:
    - you did not import last year's application data, this question will automatically be set and cannot be edited,
    - you need to make changes due to a condition(s) placed on last year's application that impacts the renewal information (e.g., BLIs, 100 percent dedicated beds, population), or
    - executed grant agreement amendment affecting the renewal project information.

3. **Specify which screens require changes by clicking the checkbox next to the name and then click the 'Save' button:** This screen has a list that includes all the screens available to your project in Parts 2 through 6. Select the checkboxes for each screen where you will make changes. Once '**Save**' is selected, the check marked screen(s) will be available for editing. As needed, the following description of changes is required. If you checked a box in error, and did not actually make any changes, explain this in the text box.

   You have selected 'Make Changes' to Question 2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate). Enter a description of the changes being made to this renewal application and include the reason (e.g., result of a condition placed by HUD on last year's project, due to an executed grant agreement amendment).

   The following *e-snaps* screens can be edited for required annual updates and do not affect your ability to select '**Submit without Changes**':

   - **Submission Without Changes**
       - Question 1
       - Question 2
   - **Recipient Performance** – review and update all questions.
   - **Renewal Grant Consolidation or Renewal Grant Expansion**
       - Question 1
   - **3A. Project Detail**
       - Question 2b
       - Question 9 Rural budget designation.
   - **6A. Funding Request**
       - Review questions related to VAWA budget.
       - Review questions related to Rural budget.
   - **6D. Sources of Match**
       - Update match if needed.
   - **6E. Summary Budget**
       - Review VAWA budget.
       - Review Rural budget.

- **7A. Attachments**
  - See checklist to determine if you need to include an attachment(s)
- **7B. Certification**
  - Review information on the screen and certify.

All other screens in Part 2 through Part 6 are '**Read-Only**' and should be reviewed for accuracy, including any updates that were made to the FY 2024 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits are needed to any screens other than the mandatory screens and questions noted above, you should select '**Submit Without Changes**' in **Part 8**. If you imported data and need to make updates to the information on one or more screens, navigate to **Part 8: 'Submission Without Changes'** Screen, select '**Make Changes**', and check the box next to the screen title(s) to unlock the screen(s) for editing. After you select the screen(s) you want to edit, click '**Save**' and the screen(s) will be available for editing. Once you check a box and click **'Save,'** you cannot uncheck the box.

All Projects – Recipient Performance Screen

The following questions are designed to inform HUD of your project's performance related to statutory and regulatory requirements and provide an opportunity to explain the reason these requirements were not met. HUD Headquarters verifies the information provided on this screen with the HUD CPD field offices.

1. **Did you submit your previous year's Annual Performance Report (APR) on time?** Required. APRs are due within 90 days after the grant term expires. Select:

   Yes, if you submitted the APR for this project within 90 days after the grant term expiration date to the SAGE website.

   No, if you did not submit the APR for this project within 90 days after the grant term expiration date to the SAGE website. You must provide an explanation below.

   1a. If you did not submit your APR on time to the SAGE website, provide an explanation. Required if you selected '**No**' to question 1.

2. **Do you have any unresolved HUD Monitoring and/or OIG Audit finding(s) concerning any previous grant term related to this renewal project request?** Required. This question is not limited to the most recent grant period and is applicable to any HUD-funded grant (e.g., CoC Program, ESG, HOPWA) for your organization. Required. Select:

   Yes, this renewal project has unresolved HUD Monitoring or OIG Audit finding(s).

   No, there are no unresolved HUD Monitoring or OIG Audit finding(s).

   2a. If yes was selected, provide the date HUD or OIG issued the oldest unresolved finding(s): Required if you selected '**Yes**' to question 2, use the calendar icon to select the date that HUD issued the oldest unresolved finding.

   2b. Explain why the finding(s) remains unresolved: Required if you selected '**Yes**' to question 2 and 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).

3. **Do you draw funds quarterly for your current renewal project?** Required. The CoC Program requires that funds be drawn quarterly. Select:

   Yes, to indicate your organization draws CoC Program funds quarterly, at a minimum, for your current grant.

No, to indicate your organization does not draw CoC Program funds quarterly for your current grant.

3a. If no was selected, explain why CoC Program funds are not drawn quarterly. Required if you selected '**No**' to question 3 and provide an explanation as to why your organization does not draw CoC Program funds quarterly.

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Required. Select:

Yes, if funds have been recaptured by HUD due to a balance remaining after the grant term expired.

No, if your organization expended 100 percent of all grant funds, or if this project is in its first year of a 1-year grant term and has not yet expired.

4a. If HUD recaptured funds provide an explanation. Required if you selected **Yes** to question 4, provide an explanation as to why the total awarded funds were not expended during the previous completed grant term.

All Projects – Renewal Grant Consolidation or Renewal Grant Expansion Screen

You can request grant consolidation through the renewal project application process **or** request adding funds from a new expansion project application to your renewal project application; however, you cannot do both in the same year. The following information provides the process of entering information for a consolidation or expansion request.

Grant Consolidation Process and Questions

The Consolidation process allows you to request **two to ten** eligible renewal projects of the same component and type (e.g., PH-PSH) to consolidate into a single project. If each renewal project application submitted is approved and selected for conditional award, HUD will combine the information from the individual project applications into a single consolidated renewal project which will be the renewal project with the earliest start date. Consolidation requests for an organization that includes different components or types (e.g., TH and PH-RRH) will be denied.

Defining surviving and terminating PINs:

Surviving PIN is associated with the renewal project application that has an earlier start date.

Terminating PIN is associated with the renewal project(s) where the operating start date is later than that of the surviving PIN.

Important Note: If the individual projects that are part of the consolidation have the same operating start dates (e.g., all projects operating start dates are April 1st), enter the oldest PIN as the terminating grant. For example: AK0001 and AK0005 are both PH-PSH projects that request consolidation approval and both projects have the same operating start date of April 1st.

- AK0001 will be identified as the surviving PIN (lowest and oldest PIN), and
- AK0005 will be identified as the terminating PIN (highest and newer PIN).

1. Is this renewal project application requesting to consolidate or expand? Select the appropriate response:

Yes, you will complete the information as noted below.

No, click **'Next'** or **'Save & Next'** to access the next screen.

2. Is this renewal project application the surviving or terminating grant? Required. HUD will use the information provided, based on the selection of Survivor or Terminating, to ensure the projects identified are consolidated correctly. You must ensure the information is accurate prior to submission. Select:

- **Survivor**: Select and enter the surviving project. This project must have the earliest start date. You must complete the information requested in the table.
- **Terminating:** Select one or more project(s), up to 9, that will terminate and be merged into the surviving project if this consolidation request is approved.

2a. Eligible SURVIVING PIN. Enter the PIN number of the project application identified as surviving. HUD will consolidate the units and BLIs of this project into the surviving project.

2b. Enter the Operating Start Date ('PoP Start' in eLOCCS) and Expiration Date ('PoP End' in eLOCCS) in the appropriate columns. Use the calendar icon or enter the start date and end date.

To make sure you are entering the PINs correctly, refer to your current grant agreement or your CoC's Grant Inventory Worksheet (GIW).

You must enter the PIN information correctly as this is how HUD will match the individual renewal project applications that are part of the consolidation request. Failure to do this will negate the consolidation request and HUD will award the projects individually if selected for funding.

Only the first two columns of the first row populate if you selected Survivor to question 2., you must complete the third, fourth, and fifth columns. For each project that will be part of the consolidation, enter the information for each project in each row, completing all columns. For example, if you request four projects to consolidate into one, the first row is the information about the surviving project and rows two through three will each include information for the terminating projects. One row equals one project.

Consolidation Table

Row	Surviving PIN or Terminating PIN	Project Identification Number (PIN) i.e., the first 6 characters of the grant number	Period of Performance Date ('POP Start' in eLOCCS)	Period of Performance Date ('POP End' in eLOCCS)
1	**Surviving** – Read-only	PIN – Read-only	Use the calendar icon or enter the start date as MM/DD/YYYY.	Use the calendar icon or enter the end date as MM/DD/YYYY.
2 – 10	Select terminating PIN.	Enter the PIN of the terminating project(s).	Use the calendar icon or enter the start date as MM/DD/YYYY.	Use the calendar icon or enter the end date as MM/DD/YYYY.

3. Renewal Consolidation Summary:

Total Number of Grants in the Consolidation: Indicates the number of projects that are included in this consolidation request.

You should confirm the PIN and start and end dates for each project included in the consolidation request before submitting this consolidation request. The information included on this screen is used by HUD to match the consolidation request for each project listed.

Renewal Expansion Process and Questions

This process allows you to indicate your organization wants to expand an existing renewal project by submitting a new project application that if selected for conditional award will have the new funds added to this renewal project, if also selected for conditional award. To submit a request to add new expansion funds to your existing eligible renewal project, you must complete and submit your renewal project application and create and submit a new project application (see the New Project Application Detailed Instructions for

creating a new project application). If both this renewal project application and the new project application are approved (passing all eligibility and quality threshold requirements) and selected for conditional award by HUD, the information from the new project will be added to the renewal project before it is available for field office review. See the NOFO for additional information and criteria.

The renewal and new projects must be the same project type, and the new project must have a 1-year grant term and funding request. The only types of eligible renewal projects that can use the expansion process are:

- PH-PSH,
- PH-RRH*,
- TH*:
- SSO-CE only*, and
- Dedicated HMIS.

*Indicates the only eligible project types that can be expanded using DV Reallocation funds.

Note: Requests for capital costs (i.e., new constructions, rehabilitation, or acquisition) are ineligible and will be rejected in the expansion process; however, they will be considered as a stand-alone new project.

You cannot use the expansion process to provide existing program participants with the **same** housing and services funded through the CoC Program. Therefore, an expansion project must:

a. serve new program participants,

b. provide existing program participants with an expanded level of services,

c. provide existing program participants with facilities that meet health and safety standards,

d. provide the same activities that are CoC Program-eligible but were previously paid for by a different eligible non-renewable source. Applicants are prohibited from using CoC Program funds to replace state or local funds previously used, or designated for use, to assist persons experiencing homelessness, for more information refer to 24 CFR 578.87(a),

e. provide expanded coordinated entry services to new and existing program participants, only eligible for SSO-CE, or

f. provide expanded HMIS activities, only eligible for HMIS Leads.

Follow the steps below for the expansion process:

Stand-alone Renewal: Submit your eligible renewal project application that includes the activities and budgets from the current grant agreement, or grant agreement as amended. The project name of the stand-alone renewal project application should match the project name on the FY 2026 GIW (e.g., Liberty House).

Stand-alone New: Create and submit your new project application that includes the activities and budgets for the newly expanded portion of the project that you want added to this renewal project if approved and selected for conditional award. The name for the stand-alone new project application should have the same name as this stand-alone renewal project with the addition of '**Expansion**' at the end (e.g., Liberty House → Liberty House Expansion).

For '**Stand-Alone Renewal**' use the instructions below.

For '**Stand-Alone New**' use the CoC New Project Application Detailed Instructions for Screen 3C for the specific component type to which you are applying.

1. **Is this renewal project application requesting to consolidate or expand?** Select the appropriate response:

Yes, complete information as noted below.

No, click **'Next' or 'Save & Next'** to access the next screen**.**

2. If you answered yes to question 1, complete each row for the following headings as indicated in the table:

3. Expansion Table

Row	Stand-Alone Renewal or Stand-Alone New	Project Name	Project Identification Number (PIN) i.e., the first 6 characters of the grant number
1	Read-only, populated based on selection of '**Yes**' to question 1	Enter the name of this renewal project (e.g., Liberty House)	Read-only, populated from screen 1A. SF-424 Application Type, question 5a or 5b
2	Select '**Stand-Alone New**'	Enter the name of the new project, preferably, the same name of this renewal project with '**Expansion**' added (e.g., Liberty House– Expansion)	No action, the field will populate with NA when you select '**Save**' or '**Save & Next**'
3	Only complete if you will submit another new project application to expand this renewal, otherwise, leave this row blank	Enter the name of the new project, preferably, the same name of this renewal project with '**Expansion**' added (e.g., Liberty House– Expansion)	No action, the field will populate with NA when you select '**Save**' or '**Save & Next**'

4. Renewal Expansion Summary:

Total Number of Grants in the Expansion: Indicates the number of project applications that are included in this:

- 2 = stand-alone renewal and one stand-alone new, or
- 3 = stand-alone renewal and two stand-alone new.

All Projects – Part 2: Subrecipient Information

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, recipient responsibilities in 24 CFR 578.23I(4)(11), and the *Characteristics Indicative of a Subrecipient* in the July 24, 2015: Using Contractors in ESG and CoC Programs located on the HUD Exchange at https://www.hud.gov/sites/dfiles/CPD/documents/SNAPS-Shots-Using-Contractors-in-ESG-and-CoC-Programs.pdf .

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** (nonprofit documentation must be uploaded to the Attachment Screen 7A if applicable),

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

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

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

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

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

h. **Expected Subaward Amount**, **and**

i. **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.

All Projects – Part 3 through Part 6

The detailed instructions for Parts 3- 6 are separated by eligible renewal project types:

- **Permanent Housing-Permanent Supportive Housing (PH-PSH).**
- **Permanent Housing-Rapid Re-Housing (PH-RRH).**
- **Joint Transitional Housing and Permanent Housing-Rapid Re-Housing (Joint TH/PH-RRH).**
- **Transitional Housing (TH).**
- **Safe Haven (SH).**
- **Supportive Services Only (SSO, including SSO-Coordinated Entry (CE), and**
- **Homeless Management Information System (HMIS)**.

All Projects – Part 7: Attachments and Certification

Part 7 is available in all project applications to upload attachments and complete the certification. In addition, if you select '**Appeal**' or '**No CoC**' on Screen 3A, two additional attachment screens will appear.

Screen 7A. Attachments

This screen includes three links that allow you to upload and attach supplementary information to the 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:

- **Subrecipient Nonprofit Documentation.** 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 501I(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 '**7A 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.

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.

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 Section X.C of the NOFO and 24 CFR 578.35.

'No CoC' Consolidated Plan Certification Attachment Screen

This attachment screen is only visible and required if you selected '**No CoC**' for questions 2 and 3 on **Screen 3A**. 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 form HUD-2991 requirements see Section IV.F.3.e. of the 2024/2025 NOFO. The form can be found here: https://www.hud.gov/sites/dfiles/OCHCO/documents/2991.pdf

Screen 7B. Certification

Screen 7B 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.

All Projects – Part 8: Solo Appeal and Submission Summary

Part 8 may include '**8A Notice of Intent to Appeal**' screen if a Solo Applicant selected '**Appeal**' on **Screen 3A**. Screen '**8B Submission Summary**' is available for all project applications.

If you intend to submit a Solo Application you must recreate the project application originally submitted to the CoC; however, on screen **3A. Project Detail** you will select '**No CoC**' for question 2 **CoC Number and Name** and then select '**Appeal**' for question **3. Project Status**. This will give you access to screen **8A. Notice of Intent to Appeal** which must be completed. To complete the Solo Appeal project application, you must attach a signed and dated HUD-2991 from the CoC's local jurisdiction. You are responsible for obtaining this form for the Solo Appeal project application from the local jurisdiction, not the CoC. If you did not submit the initial project application via *e-snaps* as the CoC conducts its local competition outside of *e-snaps*, you will create the renewal project application for the component according to these instructions.

Note: Solo Appeal project applications must be submitted in e-snaps by the application submission due date in the NOFO.

Screen 8A. Notice of Intent to Appeal – *Attachment Requirement*

This screen will only appear if you select '**Appeal**' to question '**3. Project Status**' on screen '**3A. Project Detail**'. 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.*

   Independent – 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 ability to participate in a reasonable manner. Include examples and timelines where possible.
5. **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.
6. **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, bypassing 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 Section VIII.D.3.a.1 of the NOFO and 24 CFR 578.35(b) must be followed.

Screen 8B. Submission Summary

Screen 8B 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-snaps*. All submitted project applications are sent to the CoC identified on Screen 3A. If '**No CoC**' is selected on Screen 3A, 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.

Select the following links to review the detailed instructions for the appropriate project type:

- **PH-PSH: Permanent Supportive Housing**
- **PH-RRH: Rapid Re-Housing**
- **Joint Transitional Housing (TH) and Permanent Housing (PH) –Rapid Re-Housing (RRH)**
- **TH: Transitional Housing**
- **SSO: Supportive Services Only**
- **SH: Safe Haven**
- **HMIS: Homeless Management Information Systems**

Permanent Housing – Permanent Supportive Housing (PSH) Renewal Project Applications

RETURN to All Projects Part 2 through Part 8

The following instructions apply to **Permanent Housing (PH)–Permanent Supportive Housing (PSH)** project applications in accordance with PH-PSH requirements in 24 CFR 578.37(a)(1)(i).

PH-PSH Part 3: Project Information

PH-PSH Screen 3A. Project Detail

All questions on Screen 3A must be completed for submission of this project application.

1. **Expiring grant Project Identification Number (PIN):** No action required. This field populates with the PIN number from the '**Federal Award Identifier**' field on Screen 1A. This field is read-only. If it is incorrect, go back to Screen 1A to correct errors.

2. **CoC Number and Name:** Required. Select the CoC Number and Name from the dropdown. **Selecting the correct CoC is critical**. The dropdown contains all CoCs that were registered in the FY 2026 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 8B, *e-snaps* will send this project application to the CoC selected.

   Note: You should only use the '**No CoC**' option in instances where a project is in a geographic area not claimed by any CoC or you are submitting a Solo Appeal.

3. **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 2026 CoC Program Registration process.

4. **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.

5. **Project Status:** Required. This field defaults to the '**Standard**' option and should only be changed to '**Appeal**' if your organization will submit a Solo Appeal. If you select '**Appeal**,' Screen 8A '**Notice of Intent to Appeal**' will appear on the left menu and you must complete additional information and include the attachment noted in the Solo Appeal process, see instructions for Screen 8A above.

6. **Component Type:** Required. Select '**PH**'. This selection must match the previously approved information for this project that is under the grant agreement, or grant agreement as amended.

   6a. Select the type of PH project? Required. Select '**PSH**' from the dropdown menu.

7. **Was this project previously awarded as an Unsheltered Homelessness Set Aside or a Rural Set Aside?** Required. Select:

   Yes, if your project was awarded as an Unsheltered Homelessness Set Aside or a Rural Set Aside

   No, if your project was not awarded as an Unsheltered Homelessness Set Aside or Rural Set Aside

   7a. Please select what type this project was previously awarded. Required if Yes to question #7. Select:

   - **Unsheltered Homelessness Set Aside**
   - **Rural Set Aside**

7b. If Rural please select the appropriate geocodes your community will be covering:

Area(s) affected by the project (state(s) only):

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

Area(s) affected by the project (tribal geo-code(s) only). Only make a selection if the project will serve a tribal area. If no tribal area will be served, leave this field blank. Do not make any selections.

8. Will this project include replacement reserves in the Operating budget? (***Attachment Requirement)*** Required if "Operating" is selected on Screen 6A Funding Request. For additional information see **Replacement Reserves FAQ #3678 on the HUD Exchange**. Select:

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 7A 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 like of the system(s), and
- repayment schedule that includes the payment amount.

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.

9. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? Required. Select:

Yes, if your organization, or subrecipient, is a victim service provider defined in 24 CFR 578.3.

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.

No, if your organization, or subrecipient, is not a victim service provider.

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. **(Note**: Rural costs may ONLY be used for rural areas and must be associated with a valid rural or tribal geo-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:

(Rural costs ONLY) 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 make a selection if the project will serve a tribal area. If no tribal area will be served, leave this field blank. Do not make any selections.

PH-PSH Screen 3B. Description

All questions on Screen 3B are required and provide HUD with a detailed description of the project.

1. **Provide a description that addresses the entire scope of the proposed project.** Required. Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used.

   The information in this description must align with the information entered in other screens of the application. Additionally, if your project implements service participation requirements or beyond what is typically included in a lease agreement, describe those requirements and how they will be implemented.

2. **Check the appropriate box(es) if this project will have a specific subpopulation focus. (Select ALL that apply)** Required. Check the appropriate boxes to indicate this project will focus on one or more specific subpopulations. The boxes checked should match the information provided in the project description. If this project does not have a specific subpopulation focus, select '**N/A – Project Serves All Subpopulations**'. If a subpopulation focus for your organization is not listed, check the box next to '**Other**' and enter the subpopulation in the text box provided.

   - **N/A – Project Serves All Subpopulations**
   - **Veterans**
   - **Youth (under age 25)**
   - **Families**
   - **Survivors**: Persons who have experienced trauma or a lack of safety due to domestic violence, dating violence, sexual assault, stalking, human trafficking or other dangerous, traumatic, or life-threatening conditions. (**Note**: this field includes all people in households eligible to be served with DV Bonus funds but may also include survivors who do not meet the narrower definition of DV Bonus eligibility
   - **Substance Use Disorders**
   - **Mental Illness**
   - **HIV/AIDS**
   - **Chronic Homelessness**
   - **Other**

PH-PSH Screen 3C. DedicatedPLUS

This screen has a single required question to indicate if the project will dedicate 100 percent of beds to individuals and families experiencing chronic homelessness or who meet the criteria of DedicatedPLUS. If DedicatedPLUS is selected, your project can still dedicate beds to individuals and families experiencing chronic homelessness on Screen 4B, and those CH dedicated beds must operate in accordance with the FY 2024 CoC Program Competition NOFO.

Renewal PSH projects can change the classification of their project through the project application to be DedicatedPLUS. This includes projects where 100 percent of the beds are currently dedicated to individuals and families experiencing chronic homelessness. In addition, renewal projects that selected DedicatedPLUS in a previous year's CoC project application may change to 100 percent dedicated in the FY 2024 project

application. If you select 100 percent dedicated or DedicatedPLUS, the project must adhere to the FY 2024 NOFO for whichever type is selected. Renewal projects that previously selected DedicatedPLUS or 100 percent dedicated should not select '**N/A**' in the FY 2024 project application.

1. **Is this project '100% Dedicated', 'DedicatedPLUS', or 'N/A'? (Only select 'N/A' if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness or meets the definition of 'non-dedicated permanent supportive housing beds' in the NOFO Section III.G.8)**. Required. All renewal PSH projects must select one of the following:

100% Dedicated indicates the project is serving only those individuals and families who meet the definition of chronically homeless in 24 CFR 578.3. If you select '**100% Dedicated**' all vacancies must be filled with program participants who meet the definition of chronically homeless.

DedicatedPLUS indicates that 100 percent of the beds will be dedicated to serving individuals, households with children, and unaccompanied youth (including pregnant and parenting youth) that at intake meet one of the following categories:

(a) experiencing chronic homelessness, meaning they qualify as "chronically homeless" as defined in 24 CFR 578.3;

(b) residing in a TH 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 TH project;

(c) residing in a place not meant for human habitation, emergency shelter, or Safe Haven and had been admitted and enrolled in a PH project within the last year but were unable to maintain a housing placement and met the definition of chronically homeless as defined by 24 CFR 578.3 prior to entering the project;

(d) residing in transitional housing funded by a Joint TH/PH-RRH component project and who were experiencing chronic homelessness as defined by 24 CFR 578.3;

(e) residing and has resided in a place not meant for human habitation, Safe Haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions and the individual or head of household meets the definition of 'homeless individual with a disability; or

(f) 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.

NA indicates A Permanent Supportive Housing bed within a CoC's geographic area that is not currently classified as dedicated for use by chronically homeless individuals and families or as DedicatedPLUS according to section III.G.8 in the NOFO.

PH-PSH Part 4: Housing and Services

PH-PSH Screen 4A. Supportive Services for Program Participants

The supportive services on this screen should match the previously approved services for this project that is under grant agreement, or grant agreement as amended.

1. **For all supportive services available to program participants, indicate who will provide them and how often they will be provided:** Required. From the list of supportive services provided, select the service(s) provided by your project to program participants from, your organization (Applicant), subrecipient(s), partner organization(s), or non-partner organization(s) (e.g., Workforce

Board). You should select all services that will be provided to program participants to assist them in exiting homelessness, not just the costs for which you are requesting from HUD in this project application.

If more than one '**Provider**' or '**Frequency**' is relevant for a single service, select the provider and frequency that is used most. If more than one provider offers the service equally as often, choose the provider according to the following order: (1) Applicant, (2) Subrecipient, (3) Partner, and (4) Non-Partner.

Provider: For the supportive services listed, select one of the following as applicable:

- **'Applicant'** indicates your organization will provide the supportive service,
- **'Subrecipient'** indicates the subrecipient(s) listed on Screen 2A. Project Subrecipients will provide the service,
- **'Partner'** indicates an organization other than a subrecipient of CoC Program funds, but with whom a formal agreement or (MOU) was signed to provide the service, or
- **'Non-Partner'** indicates a specific organization with whom no formal agreement was established regularly provides the service to program participants.

Frequency: Required. For each supportive service selected, use the dropdown to indicate how often the service is provided to program participants. If two frequencies are equally common, select the interval that is most frequent, (e.g., both weekly and monthly are equally common– select weekly).

PH-PSH Screen 4B. Housing Type and Location

This screen captures the number of Units, Beds, and Dedicated CH Beds for each housing type and location and should match the previously approved information for this project that is under the grant agreement or grant agreement as amended. **Exception:** If this is a renewal project that is being reduced due to reallocation, you may reduce the information on this screen due to the lower budget amount.

Note: When determining the correct input for Units and Beds, please note that these reflect the full capacity of the program on a single night (not the total throughout the course of the project period).This should include capacity directly supported by CoC Program funds or eligible match funds in any way, including units supported only by CoC Program supportive services funds without CoC Program leasing, operating, or rental assistance funds. The reported number of units and beds should not be higher than the number of households (units), and persons (beds) entered on Screen 5A and Screen 5B.

The primary 4B screen provides a summary of the units and beds included in the project according to the following categories:

Total Units, all **units** in the project, regardless of size.

Total Beds, all "**beds**" **(or spaces for participants)** in the project, regardless of unit configuration.

Total Dedicated CH Beds, all CH beds **dedicated** to individuals and families experiencing chronic homelessness.

The summary table on the primary 4B screen aggregates the individual '**Housing Type and Location 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 .

1. **Housing type:** Required. Select the type of housing structures where program participants will be housed. If more than one housing type is used you will complete a '**Housing Type and Location**

Detail' screen for each type (e.g., both SRO and Clustered Apartments you will enter the information twice, once for each housing type). Select from the following housing types:

- **Shared housing**: Two or more unrelated people share a house or apartment who are not members of the same household. Each unit must contain private space for each individual, plus common space for shared use by the residents of the unit. Projects cannot use zero or one-bedroom units for shared housing.
- **Single Room Occupancy (SRO) units**: Individuals have private sleeping or living room which may contain a private kitchen and bath, or shared, dormitory style facilities.
- **Clustered apartments**: Individuals or families have a self-contained housing unit located within a building or complex that houses both persons with special needs (e.g., persons formerly experiencing homelessness, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV) and persons without special needs.
- **Scattered-site apartments (including efficiencies)**: Individuals or families have a self-contained apartment. Apartments are scattered throughout the community.
- **Single family homes/townhouses/duplexes**: Individuals or families have a self-contained, single-family home, townhouse, or duplex that is located throughout the community.

2. **Indicate the maximum number of Units and Beds available for program participants at the selected housing site:** Required. For this type of housing, enter the total number of units and beds.

   2a. Units: Enter the total number of units available at **full capacity** on a **single night** in the selected housing type and location.

   2b. Beds: Enter the total number of beds available at **full capacity** on a **single night** in the selected housing type and location.

   2c. How many beds in '2b. Beds' are dedicated to persons experiencing chronic homelessness? Required. If you selected '**100% Dedicated**' to question #8 on Screen 3B. Project Description, you must enter all beds as dedicated to individuals and families experiencing chronic homelessness. If you select '**DedicatedPLUS**' you can enter the number of beds that will be dedicated CH, but this is not required so long as all program participants who enter the project meet the '**DedicatedPLUS**' requirements of the NOFO.

   If your project has dedicated CH beds to serve families experiencing chronic homelessness, you will enter all beds for the household as CH bed

Note: A zero bedroom or efficiency must be indicated as 1 unit, 1 bedroom, and 1 bed. In addition, the number of units and beds listed on Screen 4B must be equal to or greater than the total number of units requested in the budget, Part 6 in this guide, and the number of beds **should correlate** to the number and characteristics of persons that the project is expected to serve as recorded on Screens 5A and 5B.

3. **Address**: Required. You must enter the address of all properties for which funding is requested. For scattered site and single-family housing, or for projects that have units at multiple locations, enter the address where most of the beds will be located. If the project uses tenant-based rental assistance, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office.

   Important Note: 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.

4. **Select the geographic area associated with this address**: Required. Select the geographic area(s) associated with the address entered for this project. The geographic areas listed are limited by the state(s) selected on Screen 1D of the application. If you need to select multiple areas due to units located in more than one city or county, hold down the '**Ctrl**' key to make multiple selections.

PH-PSH Part 5: Program Participants

PH-PSH Screen 5A. Program Participants – Persons and Households

The information on this screen captures program participant information that includes the number of households the project serves, the characteristics of those households, and the number of persons for each household type, as applicable.

The numbers entered for this table on Screen 5A. should match the previously approved information for this project that is under the grant agreement or grant agreement as amended. **Exception**: If your renewal project is being reduced due to reallocation, you may reduce the numbers proportionally to match the lower budget amount.

Note: When determining the correct input for Units and Beds, please note that these reflect the full capacity of the program on a single night (not the total throughout the course of the project period). This should include capacity directly supported by CoC Program funds or eligible match funds in any way, including units supported only by CoC Program supportive services funds without CoC Program leasing, operating, or rental assistance funds. The reported number of units and beds on Screen 4B should not be higher than the number of households (units), and persons (beds) entered here.

Households	Households with at Least One Adult & One Child*	Adult Households without Children	Households with Only Children	Total
Total Number of Households	Total number of households that include at least one adult who is 18 or older and one child who is under the age of 18	Total number of households where everyone is 18 or older	Total number of households where everyone is under the age of 18	This field automatically populates the total number of households entered on this row
Characteristics				
Persons over age 24	Number of all adults who are 24 years old and older for this household type	Number of all adults who are 24 years old and older for this household type	Does not apply for the household type	Total based on the numbers entered on this row
Persons ages 18-24	Number of all youth who are between the ages of 18 and 24 for this household type	Number of all youth who are between the ages of 18 and 24 for this household type	Does not apply for this household type	Total based on the numbers entered on this row
Accompanied Children under age 18	Number of all children who are under the age of 18 for this household type	Does not apply for this household type	Number of all children who are under the age of 18 for this household type (children who are accompanied by a parent or legal guardian who is also under the age of 18)	Total based on the numbers entered on this row
Unaccompanied Children under age 18	Does not apply for this household type	Does not apply for this household type	Numerical entry of all children not accompanied by an adult under the age of 18	Total based on the numbers entered on this row
Total Persons	This field automatically populates the total number for this household type	This field automatically populates the total	This field automatically populates the total	This field automatically

		number for this household type	number for this household type	populates the total persons

*If your project serves both **Persons over age 24** and **Persons ages 18-24,** the numbers entered for both must match the number entered under **Households with at Least One Adult and One Child.** For example, if your project serves 10 households with adults over the age of 24 and 5 households with persons between the ages of 18 and 24, these two fields added together must equal 15.

PH-PSH Screen 5B. Program Participants – Subpopulations

The following table appears on this screen to capture the subpopulation information for the households entered on Screen 5A and are based on a single point in time. Referring to Screen 5A, for each household where numbers were entered, enter those numbers in the appropriate column for that section. You will only enter numbers in the categories where you entered numbers on Screen 5A and the numbers in this table must match the numbers from the table on Screen 5A.

If the numbers for all three sections of this table do not match and correlate to Screen 5A, you will receive an error message to correct the information entered on this screen.

PH-PSH Special Requirements:

100% Dedicated, if 100% Dedicated was selected on Screen 3B, all household numbers must be entered under the **'Chronically Homeless' (CH)** column for the appropriate household and must:

- match the number of beds entered for question '**2b. Beds**' on Screen 4B, and
- the head of household must have a qualifying disability and meet the definition of chronically homeless in 24 CFR 578.3.

Disability, all PH-PSH projects require that at least one household member has a qualifying disability (see 42 U.S.C.423(d).

100% Dedicated or DedicatedPLUS, the head of household must have a qualifying disability and meet the definition of chronic homelessness at 24 CFR 587.3 or the definition of DedicatedPLUS in the NOFO.

To complete the columns correctly, the following rules apply for all three household types:

- The numbers entered for the following columns ***cannot be duplicated*** within these three subpopulations:
  - **CH (Not Veterans)**–number of chronically homeless non-veterans which must match the number of beds entered for question **'2b. Beds'** on Screen 4B. Do not include chronically homeless veterans, or
  - **CH Veterans** –number of chronically homeless veterans, regardless of discharge reason, or
  - **Veterans (Not CH)**– number of veterans who do not meet the chronically homeless definition.
- The numbers entered for the following columns ***can be duplicated*** (i.e., participants may be counted under more than one of the following categories) and should reflect the estimated subpopulations program participants fall under:
  - **Substance Use Disorders,**
  - **HIV/AIDS,**
  - **Mental Illness,**
  - **Survivors**: Persons who have experienced trauma or a lack of safety due to domestic violence, dating violence, sexual assault, stalking, human trafficking or other dangerous,

traumatic, or life-threatening conditions. (**Note**: this field includes all people in households eligible to be served with DV Bonus funds but may also include survivors who do not meet the narrower definition of DV Bonus eligibility. For more information on subpopulation eligible to be served in DV Bonus projects, see Section I.B.2.b.6 of the NOFO for more information.)

- **Physical Disability,**
- **Developmental Disability, and**
- **Persons Not Represented by a Listed Subpopulation.** For this last item, you will be required to enter a description of program participants who fall into this category that will appear at the bottom of the table on this screen.

Persons in Households with at Least One Adult and One Child										
Characteristics	**CH (Not Veterans)**	**CH Veterans**	**Veterans (Not CH)**	**Substance Use Disorders**	**HIV/ AIDS**	**Mental Illness**	**Survivors**	**Physical Disability**	**Developmental Disability**	**Persons Not Represented by a Listed Subpopulation**
Persons over age 24										
Persons ages 18-24										
Children under age 18		**N/A**	**N/A**							
Total Persons										
Persons in Households without Children										
Characteristics	**CH (Not Veterans)**	**CH Veterans**	**Veterans (Not CH)**	**Substance Use Disorders**	**HIV/ AIDS**	**Mental Illness**	**Survivors**	**Physical Disability**	**Developmental Disability**	**Persons Not Represented by a Listed Subpopulation**
Persons over age 24										
Persons ages 18-24										
Total Persons										
Persons in Households with Only Children										
Characteristics	**CH (Not Veterans)**	**CH Veterans**	**Veterans (Not CH)**	**Substance Use Disorders**	**HIV/ AIDS**	**Mental Illness**	**Survivors**	**Physical Disability**	**Developmental Disability**	**Persons Not Represented by a Listed Subpopulation**
Accompanied Children under age 18		**N/A**	**N/A**							
Unaccompanied Children under age 18		**N/A**	**N/A**							
Total Persons										

PH-PSH Part 6: Budgets

This section captures the budget information for the renewal project application. Funding requests must match the current grant agreement, grant agreement as amended, or budget reductions if the CoC is reducing funds through reallocation.

PH-PSH renewal project applications only have two BLIs that accept updates on individual budget screens.

- Leased Units (24 CFR 578.49), and
- Rental Assistance Units (24 CFR 578.51).

If changes are needed to the following BLIs, you can update the total BLI amounts on the **Summary Budget** table for the following:

- Leased Structures (24 CFR 578.49),
- Supportive Services (24 CFR 578.53),
- Operating (24 CFR 578.55),
- HMIS (24 CFR 578.57),
- VAWA (Section IV.B.4 of the CoC NOFO)
- Rural (Section IV.B.5 of CoC NOFO)
- Administrative Costs (24 CFR 578.59).

IMPORTANT: Rural Set Aside through the Special CoC NOFO Competition that are applying for renewal may only request costs that are eligible under the CoC Program. This means the following costs are no longer eligible in projects originally awarded under the Rural Set Aside:

a. Rent or utility assistance after 2 months of nonpayment of rent or utilities to prevent eviction or loss of utility service are no longer eligible. Funds may no longer be used to pay rent or utility arrear payments up to 6 months on behalf of program participants residing in permanent housing.

b. Emergency food and clothing assistance. Costs for providing clothing to program participants are not eligible. Costs for providing meals or groceries are an eligible supportive service (24 CFR 578.53(e)(7) and must now be classified on the supportive services budget line item.

c. Costs associated with making use of Federal Inventory property programs to house individuals and families experiencing homelessness are no longer eligible. Federal Inventory property programs means the Use of Federal Real Property to Assist the Homeless program authorized by title V of the Act, and implemented by 24 CFR part 581, and the Single-Family Property Disposition Program authorized by section 204(g) of the National Housing Act (12. U.S.C. 1710(g)) and implemented at 24 CFR part 291.

Applicants may move funds currently allocated to these costs in their current grant agreement to other eligible CoC Program costs through the project application.

Costs for funding repairs, repairs necessary to make housing habitable to be used for transitional or permanent housing, emergency short-term lodging costs, and capacity building activities remain eligible; however, these costs must now be classified as Rural Costs (as identified in paragraph 5 below). Applicants may move funds currently allocated to these costs in their current grant agreement to the Rural Costs BLI through the project application.

IMPORTANT Project Application Budget Policies. The following renewal project application budget policies apply unless you have a fully executed grant agreement amendment for your current grant prior to this year's application deadline (August 26, 2026).

- **You can request to shift budget amounts of up to 10 percent of one BLI to another BLI**.

These types of shifts are especially important to accommodate any budget reductions if your Annual Renewal Amount (ARA) is reduced for any reason; but especially if the reduction is due to the CoC decision to reduce the project budget via the reallocation process or to accommodate shifting of funds into the CoC VAWA BLI or the CoC Rural BLI.

Note: If your renewal project application is submitted with a reduced ARA, either through the reallocation process or due to an error, the project's ARA is permanently reduced.

HUD requires CoC Program budget expenditures to be used for eligible costs as outlined in 24 CFR part 578. Actual expenditures will be reviewed during HUD field office monitoring or OIG audits and ineligible expenditures could result in your organization repaying HUD for any ineligible expenditures. Please remember:

- **You cannot request** an increase in a renewal project's total Annual Renewal Amount (ARA).
- **You cannot request** any shifting of funds of more than 10 percent of one BLI to another BLI, unless it is due to reallocation as noted above. If a reduction of more than 10 percent of any given BLI is identified in a project application, all amounts will be returned to those shown in eLOCCS.
- **You cannot request** a change in the configuration counts in units or bedrooms in the Rental Assistance BLI; unless it is part of an amendment or as noted above due to reallocation. To clarify, it is important to remember at this point in a renewal grant's life cycle, the unit and bedroom counts for a Rental Assistance BLI are first and foremost financial calculations**,** and for a variety of reasons may diverge from the units and beds counts used to track performance as listed on the *e-snaps* screen 4B table of a project application. HUD does not expect Rental Assistance BLI configurations to always remain the same as unit and bed counts used for a project's performance base counts on the screen 4B table.

PH-PSH Screen 6A. Funding Request

This screen requests information if your renewal project intends to identify VAWA costs and/or to use indirect costs for the BLI(s) requesting renewal funds.

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

Note: the VAWA BLI is **not** limited to DV Bonus projects or other projects focused on survivors. It can be requested by any project regardless of population served in order to meet the emergency transfer and confidentiality requirements of VAWA for covered housing providers.

Eligible CoC VAWA costs can be identified in one or both of the following CoC 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 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 CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

Enter the combined estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above. The total amount calculates when you select '**Save**'.

1. **Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer per Section IV.B.4.a of the NOFO?** Required. Select '**Yes**' or '**No**' to indicate whether the project will use grant funds to provide VAWA emergency transfer facilitation.
2. **Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA requirements per Section IV.B.4.b of the NOFO?** Required. Select '**Yes**' or '**No**' to indicate whether the project will use grant funds to provide for VAWA confidentiality requirements.

Rural Cost Budget: In FY2026, the CoC Program has added eligible rural cost budget categories to be added in a new CoC 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 eLOCCS. There are three CoC Program rural cost categories that can be requested for your CoC Rural Cost BLI.

- **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.
- **Staff Training** to include professional development, skill development, and staff retention activities.

3. **Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section IV.B.5 of the NOFO?**

   Yes, if your project will use the Rural Cost BLI.

   No, if your project will not use the Rural Cost BLI.

4. **Renewal Grant Term**: No action required. This field populates with '**1-Year**' and is read-only.

5. **Select the costs for which funding is requested:** Required. Check the box(s) for the Budget Line Items (BLIs) your project requests funds (see 24 CFR 578, Subpart D, Program Components and Eligible Costs and 24 CFR 578.87I–Restriction on Combining Funds to ensure eligible use of funds). Selection must match your current grant agreement, or grant agreement as amended, other than shifts of up to 10% of an existing BLI into another BLI.

PH-PSH Screen 6B. Leased Units Budget

You have access to this budget if you check '**Leased Units**' on Screen 6A. The primary screen will aggregate the total assistance requested and total units requested for each FMR area listed on a '**Leased Units Budget Detail**' screen. To add another '**Leased Units Budget Detail**' screen, select add . 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 or select '**Save & Add Another**'. To view and edit, select view . To delete, select .

Metropolitan or non-metropolitan Fair Market Rent area: Required. Select 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 '**Leased Units Budget Detail**' screen for each FMR area.

- **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 you are requesting funds.
- **FMR: No action required but it is important to understand that due to *e-snaps* limitations for the FY 2026 project applications, this table will show FY 2026 FMR amounts.** The FMR amounts shown in *e-snaps* application tables for both a Leasing BLI and a Rental Assistance BLI are **FY 2026 FMRs** for the FMR areas you selected above. If your project application is selected for conditional award, updates based on the FMRs in effect as of the application submission deadline will be applied to these calculations based on your eligible BLI total. The adjusted amount will be shown in your new award total with exact amounts seen in this e-snaps table at post award.

- **HUD Paid Rent (Actual amount requested can be less than FMRs)**: Enter the amount you are requesting for each unit and bedroom. The amount entered cannot exceed the FMR amount under '**FMR Area**', which for this year are the **FY 2026 FMRs**. For a renewal project application, unit and bedroom counts should not be changing in this Leasing BLI table. However, you can maintain or lower your financial request using full FY 2026 FMRs or using '**Actual**' less than FMR amounts entered into the '**HUD Paid Rent**' column. When you choose to enter amounts less than FMR, the expectation of serving the same level of service is expected even when you decrease this BLI total amount by following the "10 percent or less shift rule" to move 'excess' funds into other BLIs, including into the new VAWA and Rural BLIs.

  Note: For renewal project applications the *e-snaps* tables for Leasing BLI and Rental Assistance BLI become your calculated financial base and not the primary base counts of units and beds. For a renewal project application, the unit and bedroom counts in Leasing BLIs and Rental Assistance BLI should remain the same. When you choose to reduce the amount of funds in the BLI total, this is done by entering in the lower financial request as '**Actuals**' less than FMR and not by adjusting units/bedrooms in this financial table. Therefore, the base for financial calculations remains the same in this table for a calculated financial BLI change and counts for a performance base may diverge from the unit and beds counts on *e-snaps* screen 4B and household and person counts on *e-snaps* screen 5A.

- **12 Months:** No action required. These fields are populated with the value 12 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 with '**1-Year**' and is read-only.
- **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.

PH-PSH Screen 6C. Rental Assistance Budget

You have access to this budget if you check '**Rental Assistance'** on Screen 6A. 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. Select the type of rental assistance from the dropdown:

- PRA – project-based rental assistance where program participants must reside in housing provided through a contract with the owner of an existing structure whereby the owner agrees to lease subsidized units to program participants. Program participants may not retain their rental assistance if they relocate to a unit outside the project.
- SRA – sponsor-based rental assistance where program participants must reside in housing owned or leased by a sponsor organization and arranged through a contract between the recipient and the sponsor organization.
- TRA – tenant-based rental assistance where program participants select any appropriately sized unit within the CoC's geographic area, although recipients or subrecipients may restrict the location under certain circumstances to ensure the availability of the appropriate supportive services. Except

for program participants may not retain their rental assistance if they relocate to a unit outside the CoC's geographic area.

If you have more than one rental assistance type for the project, you must create a separate detailed budget screen for each rental assistance type, even if they are in the same FMR area. For example, if the project consists of 10 PRA units and 10 TRA units in County A, you must submit two '**Rental Assistance Budget Detail**' screens for County A–one for the 10 PRA units and one for the 10 TRA units.

Metropolitan or non-metropolitan Fair Market Rent area: Required. Select 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.

Does the project applicant request rental assistance funding for less than the areas per unit size Fair Market Rents? Required. Renewing rental assistance projects may request rental assistance at an amount less than FMR*. See the NOFO for information regarding FMR adjustments for project applications that request FMR rental assistance versus project applications that request less than FMR. Select:

Yes, if you are requesting rental assistance funds less than FMR.

No, if you are requesting rental assistance funds at FMR.

**You must ensure the amount of rental assistance requested below the published FMR is sufficient to cover all rental assistance costs as HUD cannot provide funds beyond what is awarded through the CoC Program Competition. Therefore, you should only use this option if your project consistently has remaining grant funds at the end of the operating year for several years. Because tenant contributions are not always consistent, you should carefully consider requesting a lower amount based solely on assumptions made around tenant contribution.*

The **Rental Assistance Annual Budget** table accounts for the size of units, number of units being requested, FMR for each unit size, and HUD Paid Rent that is multiplied by 12 months to account for annual rent and summarized by row in the **Total Request** column. The number of units for each unit size on this table must match your current grant agreement, or grant agreement as amended. You cannot change the size and number of units through the project application (e.g., you cannot change from 3, 1-bedroom units to 2, 2-bedroom units or vice versa).

- **Size of units**: No action required. These options are system generated. The size of units are in line with the FY 2026 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. This information must match the previously approved information for this project that is under the grant agreement, or grant agreement as amended.
- **FMR: No action required but it is important to understand that due to *e-snaps* limitations for the FY 2026 project applications, this table will show FY 2026 FMR amounts.** The FMR amounts shown in *e-snaps* application tables for both a Leasing BLI and a Rental Assistance BLI are **FY 2026 FMRs** for the FMR areas you selected above. If your project application is selected for conditional award, updates based on the FMRs in effect as of the application submission deadline will be applied to these calculations based on your eligible BLI total. The adjusted amount will be shown in your new award total with exact amounts seen in this e-snaps table at post award.
- **HUD Paid Rent (Actual amount requested can be less than FMRs)**: Enter the amount you are requesting for each unit and bedroom. The amount entered cannot exceed the FMR amount under '**FMR Area**', which for this year are the **FY 2026 FMRs**. For a renewal project application, unit

and bedroom counts should not be changing in this Rental Assistance BLI table. However, you can maintain or lower your financial request using full FY 2026 FMRs or using '**Actual**' less than FMR amounts entered into the '**HUD Paid Rent**' column. When you choose to enter amounts less than FMR, the expectation of serving the same level of service is expected even when you decrease this BLI total amount by following the "10 percent or less shift rule" to move 'excess' funds into other BLIs, including into the new VAWA and Rural BLIs.

Note: For renewal project applications the *e-snaps* tables for Leasing BLI and Rental Assistance BLI become your calculated financial base and not the primary base counts of units and beds. For a renewal project application, the unit and bedroom counts in Leasing BLIs and Rental Assistance BLI should remain the same. When you choose to reduce the amount of funds in the BLI total, this is done by entering in the lower financial request as '**Actuals**' less than FMR and not by adjusting units/bedrooms in this financial table. Therefore, the base for financial calculations remains the same in this table for a calculated financial BLI change and counts for a performance base may diverge from the unit and beds counts on *e-snaps* screen 4B and household and person counts on *e-snaps* screen 5A.

- **12 Months**: No action required. These fields populate with the value 12 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 with '**1-Year**' and is read-only.
- **Total Request for Grant Term**: No action required. The total rental assistance request is based on the information entered on this screen.

PH-PSH Screen 6D. Sources of Match

You must complete the '**Sources of Match**' screen. See 24 CFR 578.73 for CoC Program match requirements. If you plan to use program income as 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' screens**.

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' screens(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 request, including Administration costs, but excluding Leasing costs (i.e., Leased Units and Leased Structures). If your match amount exceeds 25

percent, HUD expects you to produce the higher amount included in the project application if selected for conditional award.

Example: If the '**Total Assistance Requested**' for a PH-PSH project is $100,000 without leasing costs, then you must match funds of no less than $25,000.

The summary table on the primary '**Sources of Match**' screen aggregates the 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 you want to include with your project application. Once completed with this **'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 Match Commitment**: Required. Select '**Cash**' or '**In-Kind'** (non-cash) to indicate the type of contribution that describes this match commitment. If applications include third-party in-kind match, you need to 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., HUD-VASH (VA Supportive Housing program)) 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.

PH-PSH Screen 6E. Summary Budget

This screen summarizes the total funding request for the 1-year renewal project. All requested amounts must match the current grant agreement, or grant agreement as amended. The exception is if this renewal project was reduced through the reallocation process and will have a lower total budget. The total amounts are calculated by *e-snaps* when you select '**Save**'.

The following fields can be updated:

- **Leased Structures,**
- **Supportive Services,**
- **Operating,**
- **HMIS,**
- **VAWA,**
- **Rural and,**
- **Admin**, Enter the amount of administrative funds requested. You can only request up to 10 percent of the amount listed in the field '**Sub-Total Costs Requested**'. If an ineligible 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.

Note: The Consolidated Appropriations Act, 2025 authorizes HUD to make reasonable cost of living adjustments to renewal amounts to help afford increasing cost of operations due to inflation. Your application should reflect BLIs based on previously awarded amounts. HUD will apply this adjustment to the Supportive Services and HMIS Costs BLIs for renewal projects that are conditionally awarded.

The summary budget also includes the amount of Cash, In-Kind, and Total Match entered on Screen 6D. To adjust match amounts, return to Screen 6D. 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.

Indirect Cost Information

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

The Indirect Cost Form uses federal terminology that does not clearly match terminology used for the CoC Program and project applications. For CoC Program purposes, HUD is clarifying the meaning of "**specific project or activity**" and "**this application**" in the Indirect Cost Form. The legal requirements of the Indirect Cost Form as related to the CoC Program mean: any single organization/applicant equals one application for all accumulated project applications; regardless of how many individual project applications are submitted in a CoC Program Competition. Therefore, information in an *e-snaps* Indirect Cost Form includes the total amount of all the project applications applying for funds in the FY 2024/2025 CoC Program Competition. For example, if organization XYZ submits three separate project applications, *e-snaps* will pull from the same Project Applicant Profile, and all three projects will have the same Indirect Cost Form.

Indirect Cost Information for Award Applicant/Recipient.

1. **Federal Program/Assistance Listing Program Title**. No action required. This field populates with "**Continuum of Care Program**".
2. **Applicant/Recipient Name**. No action required. This information populates from the "**Authorized Representative**" screen of the **Project Applicant Profile**.
3. **Indirect Cost Rate Information for the Applicant/Recipient**. No action required. This field pulls the checkbox that was selected on the Project Profile. If Checkbox #3 was selected, the indirect cost table also gets pulled
4. **Submission Type.** No action required. Defaults to Initial Submission
5. **Effective date(s).** No Action required
6. **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 a CoC Program Competition. You must certify in both the Project Applicant Profile and the project application that the information provided is accurate and complete.

Permanent Housing – Rapid Re-Housing (RRH) Renewal Project Applications

RETURN to All Projects Part 2 through Part 8

The following instructions apply to **Permanent Housing (PH)–Rapid Re-Housing (RRH)** projects in accordance with **PH-RRH** requirements in 24 CFR 578.37(a)(1)(ii).

PH-RRH Part 3: Project Information

PH-RRH Screen 3A. Project Detail

All questions on Screen 3A must be completed for submission of this project application.

1. **Expiring Grant Project Identification Number (PIN):** No action required. This field populates with the PIN number from the '**Federal Award Identifier**' field on Screen 1A. This field is read-only. If it is incorrect, go back to Screen 1A to correct errors.

2. **CoC Number and Name:** Required. Select the CoC Number and Name from the dropdown. **Selecting the correct CoC is critical**. The dropdown contains all CoCs that were registered in the FY 2026 CoC Program Registration process and is 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 8B, *e-snaps* will send this project application to the CoC selected.

   Note: You should only use the '**No CoC**' option in instances where a project is in a geographic area not claimed by any CoC or you are submitting a Solo Appeal.

3. **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 2026 CoC Program Registration process.

4. **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.

5. **Project Status:** Required. This field defaults to the '**Standard**' option and should only be changed to '**Appeal**' if your organization will submit a Solo Appeal. If you select '**Appeal**,' Screen 8A '**Notice of Intent to Appeal**' will appear on the left menu and you must complete additional information and include the attachment noted in the Solo Appeal process, see instructions for Screen 8A above.

6. **Component Type:** Required. Select '**PH**'. This selection must match the previously approved information for this project that is under the grant agreement, or grant agreement as amended.

   6a. Select the type of PH project? Required. Select '**RRH**' from the dropdown menu.

   Note: The only type of rental assistance permitted for a PH-RRH project is TRA, tenant-based rental assistance.

7. **Was this project previously awarded as an Unsheltered Homelessness Set Aside or a Rural Set Aside?** Required. Select:

   Yes, if your project was awarded as an Unsheltered Homelessness Set Aside or a Rural Set Aside

   No, if your project was not awarded as an Unsheltered Homelessness Set Aside or Rural Set Aside

7a. Please select what type this project was previously awarded. Required if Yes to question #7. Select:

- **Unsheltered Homelessness Set Aside**

- **Rural Set Aside**

7b. If Rural please select the appropriate geocodes your community will be covering:

Area(s) affected by the project (state(s) only):

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

Area(s) affected by the project (tribal geo-code(s) only). Only make a selection if the project will serve a tribal area. If no tribal area will be served, leave this field blank. Do not make any selections.

9. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? Required. Select:

Yes, if your organization, or subrecipient, is a victim service provider defined in 24 CFR 578.3.

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.

No, if your organization, or subrecipient, is not a victim service provider.

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. (**Note:** rural costs may ONLY be used for rural areas and must be associated with a valid rural or tribal geo-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:

(Rural costs ONLY) 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 make a selection if the project will serve a tribal area. If no tribal area will be served, leave this field blank. Do not make any selections.

PH-RRH Screen 3B. Description

All questions on Screen 3B are required and provide HUD with a detailed description of the project.

1. Provide a description that addresses the entire scope of the proposed project. Required. Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used.

The information in this description must align with the information entered in other screens of the application. Additionally, if your project implements any service participation requirements or requirements that go beyond what is typically included in a lease agreement, describe those requirements and how they will be implemented.

2. Check the appropriate box(es) if this project will have a specific subpopulation focus. (Select ALL that apply) Required. Check the appropriate boxes to indicate this project will focus on one or more specific subpopulations. The box(s) checked should match the information provided in the

project description. If this project does not have a specific subpopulation focus, select '**N/A – Project Serves All Subpopulations**'. If a subpopulation focus for your organization is not listed, check the box next to '**Other**' and enter the subpopulation in the text box provided.

- **N/A – Project Serves All Subpopulations**
- **Veterans**
- **Youth (under age 25)**
- **Families**
- **Survivors**: Persons who have experienced trauma or a lack of safety due to domestic violence, dating violence, sexual assault, stalking, human trafficking or other dangerous, traumatic, or life-threatening conditions. (**Note**: this field includes all people in households eligible to be served with DV Bonus funds but may also include survivors who do not meet the narrower definition of DV Bonus eligibility.)
- **Substance Use Disorders**
- **Mental Illness**
- **HIV/AIDS**
- **Chronic Homelessness**
- **Other**

PH-RRH Part 4: Housing and Services

PH-RRH Screen 4A. Supportive Services for Program Participants

The supportive services on this screen should match the previously approved services for this project that is under grant agreement, or grant agreement as amended.

1. **For all supportive services available to program participants, indicate who will provide them and how often they will be provided:** Required. From the list of supportive services provided, select the service(s) provided by your project to program participants from, your organization (Applicant), subrecipient(s), partner organization(s), or non-partner organization(s) (e.g., Workforce Board). You should select all services that will be provided to program participants to assist them in exiting homelessness, not just the costs for which you are requesting from HUD in this project application.

   If more than one '**Provider**' or '**Frequency**' is relevant for a single service, select the provider and frequency that is used most. If more than one provider offers the service equally as often, choose the provider according to the following order: (1) Applicant, (2) Subrecipient, (3) Partner, and (4) Non-Partner.

   Provider: For the supportive services listed, select one of the following as applicable:

   - **'Applicant'** indicates your organization will provide the supportive service,
   - **'Subrecipient'** indicates the subrecipient(s) listed on Screen 2A. Project Subrecipients will provide the service,
   - **'Partner'** indicates an organization other than a subrecipient of CoC Program funds, but with whom a formal agreement or (MOU) was signed to provide the service, or
   - **'Non-Partner'** indicates a specific organization with whom no formal agreement was established regularly provides the service to program participants.

Frequency: Required. For each supportive service selected, use the dropdown to indicate how often the service is provided to program participants. If two frequencies are equally common, select the interval that is most frequent, (e.g., both weekly and monthly are equally common–select weekly).

PH-RRH Screen 4B. Housing Type and Location

This screen captures the number of Units and Beds for each housing type and location and should match the previously approved information for this project that is under the grant agreement or grant agreement as amended. **Exception**: If this is a renewal project that is being reduced due to reallocation, you can reduce the information on this screen due to the lower budget amount.

Note: When determining the correct input for Units and Beds, please note that these reflect the full capacity of the program on a single night (not the total throughout the course of the project period). This should include capacity directly supported by CoC Program funds or eligible match funds in any way, including units supported only by CoC Program supportive services funds without CoC Program leasing, operating, or rental assistance funds. The reported number of units and beds should not be higher than the number of households (units), and persons (beds) entered on Screen 5A and Screen 5B.

- **Total Units,** all **units** in the project, regardless of size.
- **Total Beds,** all "**beds**" **(or spaces for participants)** in the project, regardless of unit configuration

The summary table on the primary 4B screen aggregates the individual '**Housing Type and Location 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 .

1. **Housing type:** Required. Select the type of housing structures where program participants will be housed. If more than one housing type is used you will complete a '**Housing Type and Location Detail**' screen for each type (e.g., both SRO and Clustered Apartments you will enter the information twice, once for each housing type). Select from the following housing types:
    - **Shared housing**: Two or more unrelated people share a house or apartment who are not members of the same household. Each unit must contain private space for each individual, plus common space for shared use by the residents of the unit. Projects cannot use zero or one-bedroom units for shared housing.
    - **Single Room Occupancy (SRO) units**: Individuals have private sleeping or living room which may contain a private kitchen and bath, or shared, dormitory style facilities.
    - **Clustered apartments**: Individuals or families have a self-contained housing unit located within a building or complex that houses both persons with special needs (e.g., persons formerly experiencing homelessness, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV) and persons without special needs.
    - **Scattered-site apartments (including efficiencies)**: Individuals or families have a self-contained apartment. Apartments are scattered throughout the community.
    - **Single family homes/townhouses/duplexes**: Individuals or families have a self-contained, single-family home, townhouse, or duplex that is located throughout the community.
2. **Indicate the maximum number of Units and Beds available for program participants at the selected housing site.** Required. For this type of housing, enter the total number of units and beds.

    2a. Units: Enter the total number of units available at full capacity on a single night in the selected housing type and location.

2b. Beds: Enter the total number of beds available at full capacity on a single night in the selected housing type and location.

Note: A zero bedroom or efficiency must be indicated as 1 unit, 1 bedroom, and 1 bed. In addition, the number of units and beds listed on Screen 4B must be equal to or greater than the total number of units requested in the budget, Part 6 in this guide, and the number of beds **should correlate** to the number and characteristics of persons that the project is expected to serve as recorded on Screens 5A and 5B.

3. **Address:** Required. Since PH-RRH projects use tenant-based rental assistance (TRA) and the address for scattered-site or single-family homes cannot be identified at the time of application, enter the address for the project's administration office.

   Important Note: 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.

4. **Select the geographic area associated with this address**: Required. Select the geographic area(s) associated with the address entered for this project. The geographic areas listed are limited by the state(s) selected on Screen 1D of the application. If you need to select multiple areas due to units located in more than one city or county, hold down the '**Ctrl**' key to make multiple selections.

PH-RRH Part 5: Program Participants

PH-RRH Screen 5A. Program Participants - Persons and Households

The information on this screen captures program participant information that includes the number of households the project serves, the characteristics of those households, and the number of persons for each household type, as applicable.

The numbers entered for this table on Screen 5A. should match the previously approved information for this project that is under the grant agreement or grant agreement as amended. **Exception**: If your renewal project is being reduced due to reallocation, you can reduce the numbers proportionally to match the lower budget amount.

Note: When determining the correct input for this screen, please note that these reflect the full capacity of the program on a single night (not the total throughout the course of the project period). This should include capacity directly supported by CoC Program funds or eligible match funds in any way, including units supported only by CoC Program supportive services funds without CoC Program leasing, operating, or rental assistance funds. The reported number of units and beds on Screen 4B should not be higher than the number of households (units), and persons (beds) entered here.

Households	Households with at Least One Adult & One Child*	Adult Households without Children	Households with Only Children	Total
Total Number of Households	Total number of households that include at least one adult who is 18 or older and one child who is under the age of 18	Total number of households where everyone is 18 or older	Total number of households where everyone is under the age of 18	This field automatically populates the total number of households entered on this row
Characteristics				
Persons over age 24	Number of all adults who are 24 years old and older for this household type	Number of all adults who are 24 years old and older for this household type	Does not apply for the household type	Total based on the numbers entered on this row

Persons ages 18-24	Number of all youth who are between the ages of 18 and 24 for this household type	Number of all youth who are between the ages of 18 and 24 for this household type	Does not apply for this household type	Total based on the numbers entered on this row
Accompanied Children under age 18	Number of all children who are under the age of 18 for this household type	Does not apply for this household type	Number of all children who are under the age of 18 for this household type (children who are accompanied by a parent or legal guardian who is also under the age of 18)	Total based on the numbers entered on this row
Unaccompanied Children under age 18	Does not apply for this household type	Does not apply for this household type	Numerical entry of all children not accompanied by an adult under the age of 18	Total based on the numbers entered on this row
Total Persons	This field automatically populates the total number for this household type	This field automatically populates the total number for this household type	This field automatically populates the total number for this household type	This field automatically populates the total persons

*If your project serves both Persons over age 24 and Persons ages 18-24, the numbers entered for both must match the number entered under Households with at Least One Adult and One Child. For example, if your project serves 10 households with adults over the age of 24 and 5 households with persons between the ages of 18 and 24, these two fields added together must equal 15. PH-RRH Screen 5B. Program Participants - Subpopulations

The following table appears on this screen to capture the subpopulation information for the households entered on Screen 5A and are based on a single point in time. Referring to Screen 5A, for each household where numbers were entered, enter those numbers in the appropriate column for that section. You will only enter numbers in the categories where you entered numbers on Screen 5A and the numbers in this table must match the numbers from the table on Screen 5A.

If the numbers for all three sections of this table do not match and correlate to Screen 5A, you will receive an error message to correct the information entered on this screen.

To complete the columns correctly, the following rules apply for all three household types:

- The numbers entered for the following columns ***cannot be duplicated*** within these three subpopulations:
    - **CH (Not Veterans)**–number of chronically homeless non-veterans which must match the number of beds entered for question **'2b. Beds'** on Screen 4B. Do not include chronically homeless veterans, or
    - **CH Veterans** –number of chronically homeless veterans, regardless of discharge reason, or
    - **Veterans (Not CH)**– number of veterans who do not meet the chronically homeless definition.
- The numbers entered for the following columns ***can be duplicated*** (i.e., participants may be counted under more than one of the following categories) and should reflect the estimated subpopulations program participants fall under:
    - **Substance Use Disorders,**
    - **HIV/AIDS,**
    - **Mental Illness,**

- **Survivors,** Persons who have experienced trauma or a lack of safety due to domestic violence, dating violence, sexual assault, stalking, human trafficking or other dangerous, traumatic, or life-threatening conditions. (**Note**: this field includes all people in households eligible to be served with DV Bonus funds but may also include survivors who do not meet the narrower definition of DV Bonus eligibility.)
- **Physical Disability,**
- **Developmental Disability, and**
- **Persons Not Represented by a Listed Subpopulation.** For this last item, you will be required to enter a description of program participants who fall into this category that will appear at the bottom of the table on this screen.

Persons in Households with at Least One Adult and One Child										
Characteristics	**CH (Not Veterans)**	**CH Veterans**	**Veterans (Not CH)**	**Substance Use Disorders**	**HIV/ AIDS**	**Mental Illness**	**Survivors**	**Physical Disability**	**Developmental Disability**	**Persons Not Represented by a Listed Subpopulation**
Persons over age 24										
Persons ages 18-24										
Children under age 18		**N/A**	**N/A**							
Total Persons										
Persons in Households without Children										
Characteristics	**CH (Not Veterans)**	**CH Veterans**	**Veterans (Not CH)**	**Substance Use Disorders**	**HIV/ AIDS**	**Mental Illness**	**Survivors**	**Physical Disability**	**Developmental Disability**	**Persons Not Represented by a Listed Subpopulation**
Persons over age 24										
Persons ages 18-24										
Total Persons										
Persons in Households with Only Children										
Characteristics	**CH (Not Veterans)**	**CH Veterans**	**Veterans (Not CH)**	**Substance Use Disorders**	**HIV/ AIDS**	**Mental Illness**	**Survivors**	**Physical Disability**	**Developmental Disability**	**Persons Not Represented by a Listed Subpopulation**
Accompanied Children under age 18		**N/A**	**N/A**							
Unaccompanied Children under age 18		**N/A**	**N/A**							
Total Persons										

PH-RRH Part 6: Budgets

This section captures the budget information for the renewal project application. Funding requests must match the current grant agreement, grant agreement as amended, or budget reductions if the CoC is reducing funds through reallocation.

PH-RRH renewal project applications only have one BLI that accepts updates on individual budget screens.

- Rental Assistance Units (24 CFR 578.51).

If changes are needed to the following BLIs, you can update the total BLI amounts on the **Summary Budget** table for the following:

- Supportive Services (24 CFR 578.53),
- HMIS (24 CFR 578.57),
- VAWA (Section IV.B.4 of CoC NOFO)
- Rural (Section IV.B.5 of CoC NOFO)
- Administrative Costs (24 CFR 578.59)

NOTE: Projects originally awarded under the Rural Set Aside through the Special CoC NOFO Competition that are applying for renewal may only request costs that are eligible under the CoC Program. This means the following costs are no longer eligible in projects originally awarded under the Rural Set Aside:

a. Rent or utility assistance after 2 months of nonpayment of rent or utilities to prevent eviction or loss of utility service are no longer eligible. Funds may no longer be used to pay rent or utility arrear payments up to 6 months on behalf of program participants residing in permanent housing.

b. Emergency food and clothing assistance. Costs for providing clothing to program participants are not eligible. Costs for providing meals or groceries are an eligible supportive service (24 CFR 578.53(e)(7) and must now be classified on the supportive services budget line item.

c. Costs associated with making use of Federal Inventory property programs to house individuals and families experiencing homelessness are no longer eligible. Federal Inventory property programs means the Use of Federal Real Property to Assist the Homeless program authorized by title V of the Act, and implemented by 24 CFR part 581, and the Single-Family Property Disposition Program authorized by section 204(g) of the National Housing Act (12. U.S.C. 1710(g)) and implemented at 24 CFR part 291.

Applicants may move funds currently allocated to these costs in their current grant agreement to other eligible CoC Program costs through the project application.

Costs for funding repairs, repairs necessary to make housing habitable to be used for transitional or permanent housing, emergency short-term lodging costs, and capacity building activities remain eligible; however, these costs must now be classified as Rural Costs. Applicants may move funds currently allocated to these costs in their current grant agreement to the Rural Costs BLI through the project application.

IMPORTANT Project Application Budget Policies. The following renewal project application budget policies apply unless you have a fully executed grant agreement amendment for your current grant prior to this year's application deadline (August 26,2026).

- **You can request to shift budget amounts of up to 10 percent of one BLI to another BLI**.

These types of shifts are especially important to accommodate any budget reductions if your Annual Renewal Amount (ARA) is reduced for any reason; but especially if the reduction is due to the CoC decision to reduce the project budget via the reallocation process or to accommodate shifting of funds into the CoC VAWA BLI or the CoC Rural BLI.

Note: If your renewal project application is submitted with a reduced ARA, either through the reallocation process or due to an error, the project's ARA is permanently reduced.

HUD requires CoC Program budget expenditures to be used for eligible costs as outlined in 24 CFR part 578. Actual expenditures will be reviewed during HUD field office monitoring or OIG audits and ineligible expenditures could result in your organization repaying HUD for any ineligible expenditures. Please remember:

- **You cannot request** an increase in a renewal project's total Annual Renewal Amount (ARA).
- **You cannot request** any shifting of funds of more than 10 percent of one BLI to another BLI, unless it is due to reallocation as noted above. If a reduction of more than 10 percent of any given BLI is identified in a project application, all amounts will be returned to those shown in eLOCCS.
- **You cannot request** a change in the configuration counts in units or bedrooms in the Rental Assistance BLI; unless it is part of an amendment or as noted above due to reallocation. To clarify, it is important to remember at this point in a renewal grant's life cycle, the unit and bedroom counts for a Rental Assistance BLI are first and foremost financial calculations**,** and for a variety of reasons may diverge from the units and beds counts used to track performance as listed on the *e-snaps* screen 4B table of a project application. HUD does not expect Rental Assistance BLI configurations to always remain the same as unit and bed counts used for a project's performance base counts on the screen 4B table.

PH-RRH Screen 6A. Funding Request

This screen requests information about your renewal project and the BLI(s) requesting renewal funds.

Note: the VAWA BLI is **not** limited to DV Bonus projects or other projects focused on survivors. It can be requested by any project regardless of population served in order to meet the emergency transfer and confidentiality requirements of VAWA for covered housing providers.

Eligible CoC VAWA costs can be identified in one or both of the following CoC 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 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 CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

Enter the combined estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above. The total amount calculates when you select '**Save**'.

1. **Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer per Section IV.B.4.a of the NOFO?** Required. Select '**Yes**' or '**No**' to indicate whether the project will use grant funds to provide VAWA emergency transfer facilitation.
2. **Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA requirements per Section IV.B.4.b of the NOFO?** Required. Select '**Yes**' or '**No**' to indicate whether the project will use grant funds to provide for VAWA confidentiality requirements.

Rural Cost Budget: In FY2026, the CoC Program has added eligible rural cost budget categories to be added in a new CoC 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 eLOCCS. There are three CoC Program rural cost categories that can be requested for your CoC Rural Cost BLI.

- **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.
- **Staff Training** to include professional development, skill development, and staff retention activities.

3. **Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section IV.B.5 of the NOFO?**

   Yes, if your project will use the Rural Cost BLI.

   No, if your project will not use the Rural Cost BLI.

4. **Renewal Grant Term**: No action required. This field populates with '**1-Year**' and is read-only.

5. **Select the costs for which funding is requested:** Required. Check the box(s) for the Budget Line Items (BLIs) your project requests funds (see 24 CFR 578, Subpart D, Program Components and Eligible Costs and 24 CFR 578.87I–Restriction on Combining Funds to ensure eligible use of funds). Selection must match your current grant agreement, or grant agreement as amended, other than shifts of up to 10% of an existing BLI into another BLI.

PH-RRH Screen 6C. Rental Assistance Budget

You have access to this budget if you check '**Rental Assistance'** on Screen 6A. 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. For PH-RRH projects, tenant-based rental assistance (TRA) is the required default:

- TRA – tenant-based rental assistance where program participants select any appropriately sized unit within the CoC's geographic area, although recipients or subrecipients may restrict the location under certain circumstances to ensure the availability of the appropriate supportive services. Except for survivors of domestic violence, dating violence, sexual assault, and/or stalking, program participants may not retain their rental assistance if they relocate to a unit outside the CoC's geographic area.

Metropolitan or non-metropolitan Fair Market Rent area: Required. Select 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.

Does the project applicant request rental assistance funding for less than the areas per unit size Fair Market Rents? Required. Renewing rental assistance projects may request rental assistance at an amount less than FMR*. See the NOFO for information regarding FMR adjustments for project applications that request FMR rental assistance versus project applications that request less than FMR. Select:

Yes, if you are requesting rental assistance funds less than FMR.

No, if you are requesting rental assistance funds at FMR.

**You must ensure the amount of rental assistance requested below the published FMR is sufficient to cover all rental assistance costs as HUD cannot provide funds beyond what is awarded through the CoC Program Competition. Therefore, you should only use this option if your project consistently has remaining grant funds at the end of the operating year for several years. Because tenant contributions are not always consistent, you should carefully consider requesting a lower amount based solely on assumptions made around tenant contribution.*

The **Rental Assistance Annual Budget** table accounts for the size of units, number of units being requested, FMR for each unit size, and HUD Paid Rent that is multiplied by 12 months to account for

annual rent and summarized by row in the **Total Request** column. The number of units for each unit size on this table must match your current grant agreement, or grant agreement as amended. You cannot change the size and number of units through the project application (e.g., you cannot change from 3, 1-bedroom units to 2, 2-bedroom units or vice versa).

- **Size of units**: No action required. These options are system generated. The size of units are in line with theFY 2026 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. This information must match the previously approved information for this project that is under the grant agreement, or grant agreement as amended.
- **FMR: No action required but it is important to understand that due to *e-snaps* limitations for the FY 2026 project applications, this table will show FY 2026 FMR amounts.** The FMR amounts shown in *e-snaps* application tables for both a Leasing BLI and a Rental Assistance BLI are **FY 2026 FMRs** for the FMR areas you selected above. If your project application is selected for conditional award, updates based on the FMRs in effect as of the application submission deadline will be applied to these calculations based on your eligible BLI total. The adjusted amount will be shown in your new award total with exact amounts seen in this e-snaps table at post award.
- **HUD Paid Rent (Actual amount requested can be less than FMRs)**: Enter the amount you are requesting for each unit and bedroom. The amount entered cannot exceed the FMR amount under '**FMR Area**', which for this year are the **FY 2026 FMRs**. For a renewal project application, unit and bedroom counts should not be changing in this Rental Assistance BLI table. However, you can maintain or lower your financial request using full FY 2026 FMRs or using '**Actual**' less than FMR amounts entered into the '**HUD Paid Rent**' column. When you choose to enter amounts less than FMR, the expectation of serving the same level of service is expected even when you decrease this BLI total amount by following the "10 percent or less shift rule" to move 'excess' funds into other BLIs, including into the new VAWA and Rural BLIs.

  Note: For renewal project applications the *e-snaps* tables for Leasing BLI and Rental Assistance BLI become your calculated financial base and not the primary base counts of units and beds. For a renewal project application, the unit and bedroom counts in Leasing BLIs and Rental Assistance BLI should remain the same. When you choose to reduce the amount of funds in the BLI total, this is done by entering in the lower financial request as '**Actuals**' less than FMR and not by adjusting units/bedrooms in this financial table. Therefore, the base for financial calculations remains the same in this table for a calculated financial BLI change and counts for a performance base may diverge from the unit and beds counts on *e-snaps* screen 4B and household and person counts on *e-snaps* screen 5A.
- **12 Months**: No action required. These fields populate with the value 12 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 with '**1-Year**' and is read-only.
- **Total Request for Grant Term**: No action required. The total rental assistance request is based on the information entered on this screen.

PH-RRH Screen 6D. Sources of Match

You must complete the '**Sources of Match**' screen. See 24 CFR 578.73 for CoC Program match requirements. If you plan to use program income as 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' screens**.

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' screens(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 request, including Administration costs, but excluding Leasing costs (i.e., Leased Units and Leased Structures). If your match amount exceeds 25 percent, HUD expects you to produce the higher amount included in the project application if selected for conditional award.

Example: If the **'Total Assistance Requested'** for a PH-RRH project is $100,000, then you must match funds no less than $25,000.

The summary table on the primary '**Sources of Match**' screen aggregates the 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 you want to include with your project application. Once completed with this **'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 Match Commitment**: Required. Select '**Cash**' or '**In-Kind**' (non-cash) to indicate the type of contribution that describes this match commitment. If applications include third-party in-kind match, you need to 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., HUD-VASH (VA Supportive Housing program)) so long as the government funds do not prohibit their use as 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. **Value of Written Commitment**: Required. Enter the total dollar value of the contribution.

PH-RRH Screen 6E. Summary Budget

This screen summarizes the total funding request for the 1-year renewal project. All requested amounts must match the current grant agreement, or grant agreement as amended. The exception is if this renewal project was reduced through the reallocation process and will have a lower total budget. The total amounts are calculated by *e-snaps* when you select '**Save**'.

The following fields can be updated:

- **Supportive Services,**
- **HMIS,**
- **VAWA,**
- **Rural and,**
- **Admin**: Enter the amount of requested administrative funds. You can only request up to 10 percent of the amount listed in the field '**6. Sub-Total Costs Requested**'. If an ineligible 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.

Note: The Consolidated Appropriations Act, 2024 authorizes HUD to make reasonable cost of living adjustments to renewal amounts to help afford increasing cost of operations due to inflation. Your application should reflect BLIs based on previously awarded amounts. HUD will apply this adjustment to the Supportive Services and HMIS Costs BLIs for renewal projects that are conditionally awarded

The summary budget also includes the amount of Cash, In-Kind, and Total Match entered on Screen 6D. To adjust match amounts, return to Screen 6D. 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.

Indirect Cost Information

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

The Indirect Cost Form uses federal terminology that does not clearly match terminology used for the CoC Program and project applications. For CoC Program purposes, HUD is clarifying the meaning of "**specific project or activity**" and "**this application**" in the Indirect Cost Form. The legal requirements of the Indirect Cost Form as related to the CoC Program mean: any single organization/applicant equals one application for all accumulated project applications; regardless of how many individual project applications are submitted in a CoC Program Competition. Therefore, information in an *e-snaps* Indirect Cost Form includes the total amount of all the project applications applying for funds in the FY 2026 CoC Program Competition. For example, if organization XYZ submits three separate project applications, esnaps will pull from the same Project Applicant Profile, and all three projects will have the same Indirect Cost Form.

Indirect Cost Information for Award Applicant/Recipient.

1. **Federal Program/Assistance Listing Program Title**. No action required. This field populates with "**Continuum of Care Program**".
2. **Applicant/Recipient Name**. No action required. This information populates from the "**Authorized Representative**" screen of the **Project Applicant Profile**.
3. **Indirect Cost Rate Information for the Applicant/Recipient**. No action required. This field pulls the checkbox that was selected on the Project Profile. If Checkbox #3 was selected, the indirect cost table also gets pulled
4. **Submission Type.** No action required. Defaults to Initial Submission
5. **Effective date(s).** No Action required
6. **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 a CoC Program Competition. You must certify in both the Project Applicant Profile and the project application that the information provided is accurate and complete.

Joint Transitional Housing and PH-Rapid Rehousing Renewal Project Applications

RETURN to All Projects Part 2 through Part 8

The following instructions apply to **Joint Transitional Housing (TH) and Permanent Housing (PH) – Rapid Re-Housing (RRH)** projects in accordance with TH and PH-RRH requirements in 24 CFR 578.37(a)(1)(ii) and (2) and the NOFO.

Joint TH and PH-RRH Part 3: Project Information

Joint TH and PH-RRH Screen 3A. Project Detail

All questions on Screen 3A must be completed for submission of this project application.

1. **Expiring Grant Project Identification Number (PIN):** No action required. This field populates with the PIN number from the '**Federal Award Identifier**' field on Screen 1A. This field is read-only. If it is incorrect, go back to Screen 1A to correct errors.

2. **CoC Number and Name:** Required. Select the CoC Number and Name from the dropdown. **Selecting the correct CoC is critical**. The dropdown contains all CoCs that were registered in the FY 2026 CoC Program Registration process and is 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 8B, *e-snaps* will send this project application to the CoC selected.

   Note: You should only use the '**No CoC**' option in instances where a project is in a geographic area not claimed by any CoC or you are submitting a Solo Appeal.

3. **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 2026 CoC Program Registration process.

4. **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.

5. **Project Status:** Required. This field defaults to the '**Standard**' option and should only be changed to '**Appeal**' if your organization will submit a Solo Appeal. If you select '**Appeal**,' Screen 8A '**Notice of Intent to Appeal**' will appear on the left menu and you must complete additional information and include the attachment noted in the Solo Appeal process, see instructions for Screen 8A above.

6. **Component Type:** Required. Select '**JOINT TH and PH-RRH**'. This selection must match the previously approved information for this project that is under the grant agreement, or grant agreement as amended.

7. **Was this project previously awarded as an Unsheltered Homelessness Set Aside or a Rural Set Aside?** Required. Select:

   Yes, if your project was awarded as an Unsheltered Homelessness Set Aside or a Rural Set Aside

   No, if your project was not awarded as an Unsheltered Homelessness Set Aside or Rural Set Aside

7a. **Please select what type this project was previously awarded.** Required if Yes to question #7. Select:

   - **Unsheltered Homelessness Set Aside**
   - **Rural Set Aside**

7b. If Rural please select the appropriate geocodes your community will be covering:

Area(s) affected by the project (state(s) only):

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

Area(s) affected by the project (tribal geo-code(s) only). Only make a selection if the project will serve a tribal area. If no tribal area will be served, leave this field blank. Do not make any selections.

8. Does this project include Replacement Reserves in the Operating budget? (***Attachment Requirement)*** Required if "Operating" is selected on 6A Funding Request. Select:

Yes, if your project application for the TH portion of the project has an Operating BLI and your organization intends to use some or all the operating funds towards replacement reserves and attach supporting documentation on screen 7A 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.

No, if your organization does not intend to use operating funds for replacement reserves.

9. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? Required. Select:

Yes, if your organization, or subrecipient, is a victim service provider defined in 24 CFR 578.3.

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.

No, if your organization, or subrecipient, is not a victim service provider.

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. (**Note:** rural costs may ONLY be used for rural areas and must be associated with a valid rural or tribal geo-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:

(Rural costs ONLY) 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 make a selection if the project will serve a tribal area. If no tribal area will be served, leave this field blank. Do not make any selections.

Joint TH and PH-RRH Screen 3B. Description

All questions on Screen 3B are required and provide HUD with a detailed description of the project.

1. Provide a description that addresses the entire scope of the proposed project. Required. Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project

outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used.

Important: Joint TH and PH-RRH projects MUST include both transitional housing and rapid re-housing services. Both housing types must be available to all participants, and projects may not require participation in transitional housing before accessing rapid rehousing. The project description must clearly describe how both types of housing will be provided, even some of the housing will be provided with non-CoC funding.

The information in this description must align with the information entered in other screens of the application. Additionally, if your project implements service participation requirements or beyond what is typically included in a lease agreement, describe those requirements and how they will be implemented.

Your description must also include the process used so program participants can choose the type of housing they want as they can choose either TH or PH-RRH.

If CoC Program funds are not requested for both TH and PH-RRH units in this project application, the description must include the number of TH or PH-RRH units that will be utilized by the project from other funding source(s) and include details of how TH and PH-RRH assistance will be provided for all program participants under this Joint component. For example, if TH units are requested in this application and PH-RRH units will not be funded with CoC Program funds (i.e., ESG), the description must include information as to where the funds for the PH-RRH units will come from, and if provided by a separate organization, provide organizational information and source funding for these units and the number of units supported.

2. Check the appropriate box(es) if this project will have a specific subpopulation focus. (Select ALL that apply) Required. Check the appropriate boxes to indicate this project will focus on one or more specific subpopulations. The boxes checked should match the information provided in the project description. If this project does not have a specific subpopulation focus, select '**N/A - Project Serves All Subpopulations**'. If a subpopulation focus for your organization is not listed, check the box next to '**Other**' and enter the subpopulation in the text box provided.

- **N/A – Project Serves All Subpopulations**
- **Veterans**
- **Youth (under age 25)**
- **Families**
- **Survivors**: Persons who have experienced trauma or a lack of safety due to domestic violence, dating violence, sexual assault, stalking, human trafficking or other dangerous, traumatic, or life-threatening conditions. (**Note**: this field includes all people in households eligible to be served with DV Bonus funds but may also include survivors who do not meet the narrower definition of DV Bonus eligibility.
- **Substance Use Disorders**
- **Mental Illness**
- **HIV/AIDS**
- **Chronic Homelessness**
- **Other**

Joint TH and PH-RRH Part 4: Housing and Services

Joint TH and PH-RRH Screen 4A. Supportive Services for Program Participants

The supportive services on this screen should match the previously approved services for this project that is under grant agreement, or grant agreement as amended.

1. **For all supportive services available to program participants, indicate who will provide them and how often they will be provided:** Required. From the list of supportive services provided, select the service(s) provided by your project to program participants from, your organization (Applicant), subrecipient(s), partner organization(s), or non-partner organization(s) (e.g., Workforce Board). You should select all services that will be provided to program participants to assist them in exiting homelessness, not just the costs for which you are requesting from HUD in this project application.

   If more than one '**Provider**' or '**Frequency**' is relevant for a single service, select the provider and frequency that is used most. If more than one provider offers the service equally as often, choose the provider according to the following order: (1) Applicant, (2) Subrecipient, (3) Partner, and (4) Non-Partner.

   Provider: For the supportive services listed, select one of the following as applicable:

   - **'Applicant'** indicates your organization will provide the supportive service,
   - **'Subrecipient'** indicates the subrecipient(s) listed on Screen 2A. Project Subrecipients will provide the service,
   - **'Partner'** indicates an organization other than a subrecipient of CoC Program funds, but with whom a formal agreement or (MOU) was signed to provide the service, or
   - **'Non-Partner'** indicates a specific organization with whom no formal agreement was established regularly provides the service to program participants.

   Frequency: Required. For each supportive service selected, use the dropdown to indicate how often the service is provided to program participants. If two frequencies are equally common, select the interval that is most frequent, (e.g., both weekly and monthly are equally common–select weekly).

Joint TH and PH-RRH Screen 4B. Housing Type and Location

This screen captures the number of units and beds for both the TH and PH-RRH portions of this project and should match the previously approved information for this project that is under the grant agreement, or grant agreement as amended. **Exception**: If this is a renewal project being reduced due to reallocation you can reduce the information on this screen due to the lower budget amount.

You must enter information for both the TH and PH-RRH portions on the 'Housing Type and Location and Detail' screen of this project, even if one of the housing types will be funded through other source(s) rather than through the CoC Program. You will have a minimum of two entries, one for TH and one for PH-RRH.

Additionally, you must ensure your project has sufficient units and beds for both housing types to allow program participants the choice of housing they prefer as you cannot direct a program participant to one type of housing over the other. The total numbers reported must reflect the total units and total beds at full capacity on a single night for both the TH and PH-RRH portions of the project. This includes units supported only by CoC Program supportive services funds without CoC Program leasing, operating, or rental assistance funds.

Note: When determining the correct input for Units and Beds, please note that these reflect the full capacity of the program on a single night (not the total throughout the course of the project period).–This should include capacity directly supported by CoC Program funds or eligible match funds in any way, including units supported only by CoC Program supportive services funds without CoC Program leasing, operating, or rental assistance funds. The reported number of units and beds should not be higher than the number of households (units), and persons (beds) entered on Screen 5A and Screen 5B.

The primary 4B screen provides a summary of the units and beds included in the project according to the following categories for which all cells must have a number greater than '**0**':

	TH	PH-RRH		Total
Total Units:				
Total Beds:				

- **Total Units,** all **units** in the project, regardless of size.
- **Total Beds,** all "**beds**" **(or spaces for participants)** in the project, regardless of unit configuration.

The summary table on the primary 4B screen aggregates the individual '**Housing Type and Location 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 .

At a minimum you will complete two separate '**Housing Type and Location Detail**' screens, one for the TH portion of the project and one for the PH-RRH portion of the project.

1. Is this housing type for the TH portion or RRH portion of the project? Required. Select:

- **TH,** indicates you are completing the information on this screen for the TH portion of the project, or
- **RRH,** indicates you are completing the information on this screen for the PH-RRH portion of the project.

1a. Does this TH portion of the project have private rooms per household? Select:

Yes, if the units in the TH portion of the project have private rooms per household.

No, if households do not have private rooms and must share sleeping spaces with other households.

2. Housing type: Required. Report the type of housing structures where program participants are housed. Each housing type must be listed individually. If more than one housing type for each housing portion of this project is used you must complete a '**Housing Type and Location Detail**' for each (e.g., if the TH portion will use both Scattered-site and Clustered apartments, you will complete this screen twice for the TH portion in addition to the RRH portion).

Select from the following housing types.

- **Shared housing**: Two or more unrelated people share a house or apartment who are not members of the same household. Each unit must contain private space for each individual, plus common space for shared use by the residents of the unit. Projects cannot use zero or one-bedroom units for shared housing.
- **Single Room Occupancy (SRO) units**: Individuals have private sleeping or living room which may contain a private kitchen and bath, or shared, dormitory style facilities.
- **Clustered apartments**: Individuals or families have a self-contained housing unit located within a building or complex that houses both persons with special needs (e.g., persons

formerly experiencing homelessness, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV) and persons without special needs.

- **Scattered-site apartments (including efficiencies)**: Individuals or families have a self-contained apartment. Apartments are scattered throughout the community.
- **Single family homes/townhouses/duplexes**: Individuals or families have a self-contained, single-family home, townhouse, or duplex that is located throughout the community.

3. What is the funding source for these units and beds? Using the dropdown, select the appropriate type of funding:

- **CoC,**
- **ESG,**
- **Section 8,**
- **HUD-VASH,**
- **Mixed Funding, or**
- **Other**.

If multiple funding sources are used for this housing type and location (e.g., CoC and HUD-VASH), select '**Mixed Funding**'. If you selected '**Mixed Funding**' or '**Other**,' enter detailed information in the textbox that appears with this selection.

4. Indicate the maximum number of Units and Beds available for program participants at the selected housing site: Required. For this type of housing, enter the total number of units and beds.

4a. Units: Enter the total number of units available at full capacity on a single night in the selected housing type and location.

4b. Beds: Enter the total number of beds available at full capacity on a single night in the selected housing type and location.

Note: A zero bedroom or efficiency must be indicated as 1 unit, 1 bedroom, and 1 bed. In addition, the number of units and beds listed on Screen 4B must be equal to or greater than the total number of units requested in the budget, Part 6 in this guide, and the number of beds **should correlate** to the number and characteristics of persons that the project is expected to serve as recorded on Screens 5A and 5B.

5. Address: Required. Enter the address for all properties for which funding is requested. If the location is not yet known, enter the expected location of the housing units. For scattered site and single-family housing, or for projects that have units at multiple locations, you should enter the address where the majority of units and beds will be located. Where the project uses tenant-based rental assistance, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for your administration office.

Important Note: 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.

6. Select the geographic area associated with this address: Required. Select the geographic area(s) associated with the address entered for this project. The geographic areas listed are limited by the state(s) selected on Screen 1D of the application. If you need to select multiple areas due to units located in more than one city or county, hold down the '**Ctrl**' key to make multiple selections.

If you entered information for the TH units and beds first, repeat the steps above to enter information for the PH-RRH units and beds or vice versa.

Joint TH and PH-RRH Part 5: Program Participants

Joint TH and PH-RRH Screen 5A. Program Participants - Persons and Households

The information on this screen captures program participant information that includes the number of households the project serves, the characteristics of those households, and the number of persons for each household type, as applicable.

The numbers entered for this table on Screen 5A. should match the previously approved information for this project that is under the grant agreement or grant agreement as amended. **Exception**: If your renewal project is being reduced due to reallocation, you may reduce the numbers proportionally to match the lower budget amount.

Note: When determining the correct input for Units and Beds, please note that these reflect the full capacity of the program on a single night (not the total throughout the course of the project period). This should include capacity directly supported by CoC Program funds or eligible match funds in any way, including units supported only by CoC Program supportive services funds without CoC Program leasing, operating, or rental assistance funds. The reported number of units and beds on Screen 4B should not be higher than the number of households (units), and persons (beds) entered here.

Households	Households with at Least One Adult & One Child*	Adult Households without Children	Households with Only Children	Total
Total Number of Households	Total number of households that include at least one adult who is 18 or older and one child who is under the age of 18	Total number of households where everyone is 18 or older	Total number of households where everyone is under the age of 18	This field automatically populates the total number of households entered on this row
Characteristics				
Persons over age 24	Number of all adults who are 24 years old and older for this household type	Number of all adults who are 24 years old and older for this household type	Does not apply for the household type	Total based on the numbers entered on this row
Persons ages 18-24	Number of all youth who are between the ages of 18 and 24 for this household type	Number of all youth who are between the ages of 18 and 24 for this household type	Does not apply for this household type	Total based on the numbers entered on this row
Accompanied Children under age 18	Number of all children who are under the age of 18 for this household type	Does not apply for this household type	Number of all children who are under the age of 18 for this household type (children who are accompanied by a parent or legal guardian who is also under the age of 18)	Total based on the numbers entered on this row
Unaccompanied Children under age 18	Does not apply for this household type	Does not apply for this household type	Numerical entry of all children not accompanied by an adult under the age of 18	Total based on the numbers entered on this row
Total Persons	This field automatically populates the total number for this household type	This field automatically populates the total number for this household type	This field automatically populates the total number for this household type	This field automatically populates the total persons

*If your project serves both **Persons over age 24** and **Persons ages 18-24,** the numbers entered for both must match the number entered under **Households with at Least One Adult and One Child.** For example, if your project serves 10 households with adults over the age of 24 and 5 households with persons between the ages of 18 and 24, these two fields added together must equal 15.

Joint TH and PH-RRH Screen 5B. Program Participants - Subpopulations

The following table appears on this screen to capture the subpopulation information for the households entered on Screen 5A and are based on a single point in time. Referring to Screen 5A, for each household where numbers were entered, enter those numbers in the appropriate column for that section. You will only enter numbers in the categories where you entered numbers on Screen 5A and the numbers in this table must match the numbers from the table on Screen 5A.

If the numbers for all three sections of this table do not match and correlate to Screen 5A, you will receive an error message to correct the information entered on this screen.

To complete the columns correctly, the following rules apply for all three household types:

- The numbers entered for the following columns ***cannot be duplicated*** within these three subpopulations:
    - **CH (Not Veterans)**–number of chronically homeless non-veterans which must match the number of beds entered for question **'2b. Beds'** on Screen 4B. Do not include chronically homeless veterans, or
    - **CH Veterans** –number of chronically homeless veterans, regardless of discharge reason, or
    - **Veterans (Not CH)**– number of veterans who do not meet the chronically homeless definition.
- The numbers entered for the following columns ***can be duplicated*** (i.e., participants may be counted under more than one of the following categories) and should reflect the estimated subpopulations program participants fall under:
    - **Substance Use Disorders,**
    - **HIV/AIDS,**
    - **Mental Illness,**
    - **Survivors,** Persons who have experienced trauma or a lack of safety due to domestic violence, dating violence, sexual assault, stalking, human trafficking or other dangerous, traumatic, or life-threatening conditions. (**Note**: this field includes all people in households eligible to be served with DV Bonus funds but may also include survivors who do not meet the narrower definition of DV Bonus eligibility. For more information on subpopulation eligible to be served in DV Bonus projects, see Section I.B.2.b.6 of the NOFO for more information.),
    - **Physical Disability,**
    - **Developmental Disability, and**
    - **Persons Not Represented by a Listed Subpopulation.** For this last item, you will be required to enter a description of program participants who fall into this category that will appear at the bottom of the table on this screen.

Persons in Households with at Least One Adult and One Child										
Characteristics	**CH (Not Veterans)**	**CH Veterans**	**Veterans (Not CH)**	**Substance Use Disorders**	**HIV/ AIDS**	**Mental Illness**	**Survivors**	**Physical Disability**	**Developmental Disability**	**Persons Not Represented by a Listed Subpopulation**
Persons over age 24										
Persons ages 18-24										

Children under age 18		**N/A**	**N/A**							
Total Persons										
Persons in Households without Children										
Characteristics	**CH (Not Veterans)**	**CH Veterans**	**Veterans (Not CH)**	**Substance Use Disorders**	**HIV/ AIDS**	**Mental Illness**	**Survivors**	**Physical Disability**	**Developmental Disability**	**Persons Not Represented by a Listed Subpopulation**
Persons over age 24										
Persons ages 18-24										
Total Persons										
Persons in Households with Only Children										
Characteristics	**CH (Not Veterans)**	**CH Veterans**	**Veterans (Not CH)**	**Substance Use Disorders**	**HIV/ AIDS**	**Mental Illness**	**Survivors**	**Physical Disability**	**Developmental Disability**	**Persons Not Represented by a Listed Subpopulation**
Accompanied Children under age 18		**N/A**	**N/A**							
Unaccompanied Children under age 18		**N/A**	**N/A**							
Total Persons										

Joint TH and PH-RRH Part 6: Budgets

This section captures the budget information for the renewal project application. Funding requests must match the current grant agreement, grant agreement as amended, or budget reductions if the CoC is reducing funds through reallocation.

Joint TH and PH-RRH renewal project applications only have two BLIs that accept updates on individual budget screens.

- Leased Units (24 CFR 578.49), and
- Rental Assistance Units (24 CFR 578.51).

If changes are needed to the following BLIs, you can update the total BLI amounts on the **Summary Budget** table for the following:

- Leased Structures (24 CFR 578.49),
- Supportive Services (24 CFR 578.53),
- Operating (24 CFR 578.55),
- HMIS (24 CFR 578.57)
- VAWA (Section IV.B.4 of CoC NOFO)
- Rural (Section IV.B.5 of CoC NOFO)

- Administrative Costs (24 CFR 578.59).

NOTE: Projects originally awarded under the Rural Set Aside through the Special CoC NOFO Competition that are applying for renewal may only request costs that are eligible under the CoC Program. This means the following costs are no longer eligible in projects originally awarded under the Rural Set Aside:

a. Rent or utility assistance after 2 months of nonpayment of rent or utilities to prevent eviction or loss of utility service are no longer eligible. Funds may no longer be used to pay rent or utility arrear payments up to 6 months on behalf of program participants residing in permanent housing.

b. Emergency food and clothing assistance. Costs for providing clothing to program participants are not eligible. Costs for providing meals or groceries are an eligible supportive service (24 CFR 578.53(e)(7) and must now be classified on the supportive services budget line item.

c. Costs associated with making use of Federal Inventory property programs to house individuals and families experiencing homelessness are no longer eligible. Federal Inventory property programs means the Use of Federal Real Property to Assist the Homeless program authorized by title V of the Act, and implemented by 24 CFR part 581, and the Single-Family Property Disposition Program authorized by section 204(g) of the National Housing Act (12. U.S.C. 1710(g)) and implemented at 24 CFR part 291.

Applicants may move funds currently allocated to these costs in their current grant agreement to other eligible CoC Program costs through the project application.

Costs for funding repairs, repairs necessary to make housing habitable to be used for transitional or permanent housing, emergency short-term lodging costs, and capacity building activities remain eligible; however, these costs must now be classified as Rural Costs (as identified in paragraph 5 below). Applicants may move funds currently allocated to these costs in their current grant agreement to the Rural Costs BLI through the project application.

IMPORTANT Project Application Budget Policies. The following renewal project application budget policies apply unless you have a fully executed grant agreement amendment for your current grant prior to this year's application deadline (August 26, 2026).

- **You can request to shift budget amounts of up to 10 percent of one BLI to another BLI**.

These types of shifts are especially important to accommodate any budget reductions if your Annual Renewal Amount (ARA) is reduced for any reason; but especially if the reduction is due to the CoC decision to reduce the project budget via the reallocation process or to accommodate shifting of funds into the CoC VAWA BLI or the CoC Rural BLI.

Note: If your renewal project application is submitted with a reduced ARA, either through the reallocation process or due to an error, the project's ARA is permanently reduced.

HUD requires CoC Program budget expenditures to be used for eligible costs as outlined in 24 CFR part 578. Actual expenditures will be reviewed during HUD field office monitoring or OIG audits and ineligible expenditures could result in your organization repaying HUD for any ineligible expenditures. Please remember:

- **You cannot request** an increase in a renewal project's total Annual Renewal Amount (ARA).
- **You cannot request** any shifting of funds of more than 10 percent of one BLI to another BLI, unless it is due to reallocation as noted above. If a reduction of more than 10 percent of any given BLI is identified in a project application, all amounts will be returned to those shown in eLOCCS.
- **You cannot request** a change in the configuration counts in units or bedrooms in the Rental Assistance BLI; unless it is part of an amendment or as noted above due to reallocation. To clarify, it is important to remember at this point in a renewal grant's life cycle, the unit and bedroom counts for a Rental Assistance BLI are first and foremost financial calculations**,** and for a variety of reasons

may diverge from the units and beds counts used to track performance as listed on the *e-snaps* screen 4B table of a project application. HUD does not expect Rental Assistance BLI configurations to always remain the same as unit and bed counts used for a project's performance base counts on the screen 4B table.

Joint TH and PH-RRH Screen 6A. Funding Request

This screen requests information if your renewal project intends to use indirect costs and the BLI(s) requesting renewal funds.

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

Note: the VAWA BLI is **not** limited to DV Bonus projects or other projects focused on survivors. It can be requested by any project regardless of population served in order to meet the emergency transfer and confidentiality requirements of VAWA for covered housing providers.

Eligible CoC VAWA costs can be identified in one or both of the following CoC 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 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 CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

Enter the combined estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above. The total amount calculates when you select '**Save**'.

1. **Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer per Section IV.B.4.a of the NOFO?** Required. Select '**Yes**' or '**No**' to indicate whether the project will use grant funds to provide VAWA emergency transfer facilitation.
2. **Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA requirements per Section IV.B.4.b of the NOFO?** Required. Select '**Yes**' or '**No**' to indicate whether the project will use grant funds to provide for VAWA confidentiality requirements.

Rural Cost Budget: In FY2026, the CoC Program has added eligible rural cost budget categories to be added in a new CoC 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 eLOCCS. There are three CoC Program rural cost categories that can be requested for your CoC Rural Cost BLI.

- **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.
- **Staff Training** to include professional development, skill development, and staff retention activities.

3. **Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section IV.B.5 of the NOFO?**

   Yes, if your project will use the Rural Cost BLI.

   No, if your project will <u>not</u> use the Rural Cost BLI.

4. **Renewal Grant Term**: No action required. This field populates with '**1-Year**' and is read-only.
5. **Select the costs for which funding is requested:** Required. Check the box(s) for the Budget Line Items (BLIs) your project requests funds (see 24 CFR 578, Subpart D, Program Components and Eligible Costs and 24 CFR 578.87I–Restriction on Combining Funds to ensure eligible use of

funds). Selection must match your current grant agreement, or grant agreement as amended, other than shifts of up to 10% of an existing BLI into another BLI.

Joint TH and PH-RRH Screen 6B. Leased Units Budget

Note: Joint projects can only request these costs if related to the TH portion of the project; these costs are ineligible for the PH-RRH portion.

You have access to this budget if you check '**Leased Units**' on Screen 6A. **You can only request leased units for the TH portion of this Joint project**. The primary screen will aggregate the total assistance requested and total units requested for each FMR area listed on a '**Leased Units Budget Detail**' screen. To add another '**Leased Units Budget Detail**' screen, select add . 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 or select '**Save & Add Another**'. To view and edit, select view . To delete, select .

Metropolitan or non-metropolitan Fair Market Rent area: Required. Select 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 '**Leased Units Budget Detail**' screen for each FMR area.

- **Size of units**: No action required. These options are system generated. The size of units are in line with theFMR 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 you are requesting funds.
- **FMR: No action required but it is important to understand that due to *e-snaps* limitations for the FY 2026 project applications, this table will show FY 2026 FMR amounts.** The FMR amounts shown in *e-snaps* application tables for both a Leasing BLI and a Rental Assistance BLI are **FY 2026 FMRs** for the FMR areas you selected above. If your project application is selected for conditional award, updates based on the FMRs in effect as of the application submission deadline will be applied to these calculations based on your eligible BLI total. The adjusted amount will be shown in your new award total with exact amounts seen in this e-snaps table at post award.
- **HUD Paid Rent (Actual amount requested can be less than FMRs)**: Enter the amount you are requesting for each unit and bedroom. The amount entered cannot exceed the FMR amount under '**FMR Area**', which for this year are the **FY 2026 FMRs**. For a renewal project application, unit and bedroom counts should not be changing in this Leasing BLI table. However, you can maintain or lower your financial request using full FY 2025 FMRs or using '**Actual**' less than FMR amounts entered into the '**HUD Paid Rent**' column. When you choose to enter amounts less than FMR, the expectation of serving the same level of service is expected even when you decrease this BLI total amount by following the "10 percent or less shift rule" to move 'excess' funds into other BLIs, including into the new VAWA and Rural BLIs.
- **Note:** For renewal project applications the *e-snaps* tables for Leasing BLI and Rental Assistance BLI become your calculated financial base and not the primary base counts of units and beds. For a renewal project application, the unit and bedroom counts in Leasing BLIs and Rental Assistance BLI should remain the same. When you choose to reduce the amount of funds in the BLI total, this is done by entering in the lower financial request as '**Actuals**' less than FMR and not by adjusting units/bedrooms in this financial table. Therefore, the base for financial calculations remains the same in this table for a calculated financial BLI change and counts for a performance base may diverge

from the unit and beds counts on *e-snaps* screen 4B and household and person counts on *e-snaps* screen 5A.

- **12 Months:** No action required. These fields are populated with the value 12 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 with '**1-Year**' and is read-only.
- **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.

Joint TH and PH-RRH Screen 6C. Rental Assistance Budget

Note: Joint projects can only request these costs if related to the PH-RRH portion of the project. Also please be aware that the only eligible type of rental assistance is TRA.

You have access to this budget if you select '**Rental Assistance'** on Screen 6A. 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. Select the type of rental assistance from the dropdown:

- PRA – project-based rental assistance where program participants must reside in housing provided through a contract with the owner of an existing structure whereby the owner agrees to lease subsidized units to program participants. Program participants may not retain their rental assistance if they relocate to a unit outside the project. (TH portion of the project).
- SRA – sponsor-based rental assistance where program participants must reside in housing owned or leased by a sponsor organization and arranged through a contract between the recipient and the sponsor organization. (TH portion of the project).
- TRA – tenant-based rental assistance where program participants select any appropriately sized unit within the CoC's geographic area, although recipients or subrecipients may restrict the location under certain circumstances to ensure the availability of the appropriate supportive services.

If you have more than one rental assistance type for the project, you must create a separate detail budget screen for each rental assistance type, even if they are in the same FMR area. For example, if the project consists of 10 PRA units and 10 TRA units in County A, you must submit two '**Rental Assistance Budget Detail**' screens for County A–one for the 10 PRA units and one for the 10 TRA units.

Metropolitan or non-metropolitan Fair Market Rent area: Required. Select 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.

Does the project applicant request rental assistance funding for less than the areas per unit size Fair Market Rents? Required. Renewing rental assistance projects may request rental assistance at an amount less than FMR*. See the NOFO for information regarding FMR adjustments for project applications that request FMR rental assistance versus project applications that request less than FMR. Select:

Yes, if you are requesting rental assistance funds less than FMR.

No, if you are requesting rental assistance funds at FMR.

**You must ensure the amount of rental assistance requested below the published FMR is sufficient to cover all rental assistance costs as HUD cannot provide funds beyond what is awarded through the CoC Program Competition. Therefore, you should only use this option if your project consistently has remaining grant funds at the end of the operating year for several years. Because tenant contributions are not always consistent, you should carefully consider requesting a lower amount based solely on assumptions made around tenant contribution.*

The **Rental Assistance Annual Budget** table accounts for the size of units, number of units being requested, FMR for each unit size, and HUD Paid Rent that is multiplied by 12 months to account for annual rent and summarized by row in the **Total Request** column. The number of units for each unit size on this table must match your current grant agreement, or grant agreement as amended. You cannot change the size and number of units through the project application (e.g., you cannot change from 3, 1-bedroom units to 2, 2-bedroom units or vice versa).

- **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. This information must match the previously approved information for this project that is under the grant agreement, or grant agreement as amended.
- **FMR: No action required but it is important to understand that due to *e-snaps* limitations for the FY 2026 project applications, this table will show FY2026 FMR amounts.** The FMR amounts shown in *e-snaps* application tables for both a Leasing BLI and a Rental Assistance BLI are **FY 2026 FMRs** for the FMR areas you selected above. If your project application is selected for conditional award, updates based on the FMRs in effect as of the application submission deadline will be applied to these calculations based on your eligible BLI total. The adjusted amount will be shown in your new award total with exact amounts seen in this e-snaps table at post award.
- **HUD Paid Rent (Actual amount requested can be less than FMRs)**: Enter the amount you are requesting for each unit and bedroom. The amount entered cannot exceed the FMR amount under '**FMR Area**', which for this year are the **FY 2026 FMRs**. For a renewal project application, unit and bedroom counts should not be changing in this Rental Assistance BLI table. However, you can maintain or lower your financial request using full FY 2026 FMRs or using '**Actual**' less than FMR amounts entered into the '**HUD Paid Rent**' column. When you choose to enter amounts less than FMR, the expectation of serving the same level of service is expected even when you decrease this BLI total amount by following the "10 percent or less shift rule" to move 'excess' funds into other BLIs, including into the new VAWA and Rural BLIs.

  Note: For renewal project applications the *e-snaps* tables for Leasing BLI and Rental Assistance BLI become your calculated financial base and not the primary base counts of units and beds. For a renewal project application, the unit and bedroom counts in Leasing BLIs and Rental Assistance BLI should remain the same. When you choose to reduce the amount of funds in the BLI total, this is done by entering in the lower financial request as '**Actuals**' less than FMR and not by adjusting units/bedrooms in this financial table. Therefore, the base for financial calculations remains the same in this table for a calculated financial BLI change and counts for a performance base may diverge from the unit and beds counts on *e-snaps* screen 4B and household and person counts on *e-snaps* screen 5A.

- **12 Months**: No action required. These fields populate with the value 12 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 with '**1-Year**' and is read-only.
- **Total Request for Grant Term**: No action required. The total rental assistance request is based on the information entered on this screen.

Joint TH and PH-RRH Screen 6D. Sources of Match

You must complete the '**Sources of Match**' screen. See 24 CFR 578.73 for CoC Program match requirements. If you plan to use program income as 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**s.

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' screens(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 request, including Administration costs, but excluding Leasing costs (i.e., Leased Units and Leased Structures). If your match amount exceeds 25 percent, HUD expects you to produce the higher amount included in the project application if selected for conditional award.

Example: If the '**Total Assistance Requested**' for a Joint TH and PH-RRH project is $100,000 without leasing costs, then you must match funds of no less than $25,000.

The summary table on the primary '**Sources of Match**' screen aggregates the 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 you want to include with your project application. Once completed with this **'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 Match Commitment**: Required. Select '**Cash**' or '**In-Kind**' (non-cash) to indicate the type of contribution that describes this match commitment. If applications include third-party in-kind match, you need to 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., HUD-VASH (VA Supportive Housing program)) so long as the government funds do not prohibit their use as 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. **Value of Written Commitment**: Required. Enter the total dollar value of the contribution.

Joint TH and PH-RRH Screen 6E. Summary Budget

This screen summarizes the total funding request for the 1-year renewal project. All requested amounts must match the current grant agreement, or grant agreement as amended. The exception is if this renewal project was reduced through the reallocation process and will have a lower total budget. The total amounts are calculated by *e-snaps* when you select '**Save**'.

The following fields can be updated:

- **Leased Structures,**
- **Supportive Services,**
- **Operating,**
- **HMIS,**
- **VAWA,**
- **Rural and,**
- **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 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 6D. To adjust match amounts, return to Screen 6D. 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.

Indirect Cost Information

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

The Indirect Cost Form uses federal terminology that does not clearly match terminology used for the CoC Program and project applications. For CoC Program purposes, HUD is clarifying the meaning of "**specific project or activity**" and "**this application**" in the Indirect Cost Form. The legal requirements of the

Indirect Cost Form as related to the CoC Program mean: any single organization/applicant equals one application for all accumulated project applications; regardless of how many individual project applications are submitted in a CoC Program Competition. Therefore, information in an *e-snaps* Indirect Cost Form includes the total amount of all the project applications applying for funds in the FY 2024/2025 CoC Program Competition. For example, if organization XYZ submits three separate project applications, *e-snaps* will pull from the same Project Applicant Profile, and all three projects will have the same Indirect Cost Form.

Indirect Cost Information for Award Applicant/Recipient.

1. **Federal Program/Assistance Listing Program Title**. No action required. This field populates with "**Continuum of Care Program**".
2. **Applicant/Recipient Name**. No action required. This information populates from the "**Authorized Representative**" screen of the **Project Applicant Profile**.
3. **Indirect Cost Rate Information for the Applicant/Recipient**. No action required. This field pulls the checkbox that was selected on the Project Profile. If Checkbox #3 was selected, the indirect cost table also gets pulled
4. **Submission Type.** No action required. Defaults to Initial Submission
5. **Effective date(s).** No Action required
6. **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 a CoC Program Competition. You must certify in both the Project Applicant Profile and the project application that the information provided is accurate and complete.

Transitional Housing (TH) Renewal Project Applications

RETURN to All Projects Part 2 through Part 8

The following instructions apply to **Transitional Housing (TH)** projects in accordance with **TH** requirements in 24 CFR 578.37(a)(2).

TH Part 3: Project Information

TH Screen 3A. Project Detail

All questions on Screen 3A must be completed for submission of this project application.

1. **Expiring Grant Project Identification Number (PIN):** No action required. This field populates with the PIN number from the '**Federal Award Identifier**' field on Screen 1A. This field is read-only. If it is incorrect, go back to Screen 1A to correct errors.
2. **CoC Number and Name:** Required. Select the CoC Number and Name from the dropdown. **Selecting the correct CoC is critical**. The dropdown contains all CoCs that were registered in the FY 2026 CoC Program Registration process and is 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 8B, *e-snaps* will send this project application to the CoC selected.

   Note: You should only use the '**No CoC**' option in instances where a project is in a geographic area not claimed by any CoC or you are submitting a Solo Appeal.
3. **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 2026 CoC Program Registration process.
4. **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.
5. **Project Status:** Required. This field defaults to the '**Standard**' option and should only be changed to '**Appeal**' if your organization will submit a Solo Appeal. If you select '**Appeal**,' Screen 8A '**Notice of Intent to Appeal**' will appear on the left menu and you must complete additional information and include the attachment noted in the Solo Appeal process, see instructions for Screen 8A above.
6. **Component Type:** Required. Select '**TH**'. This selection must match the previously approved information for this project that is under the grant agreement, or grant agreement as amended.
7. **Was this project previously awarded as an Unsheltered Homelessness Set Aside or a Rural Set Aside?** No response required. TH was not an eligible component under the Unsheltered Homelessness Set Aside or a Rural Set Aside.
8. **Will this project include replacement reserves in the Operating budget? (*Attachment Requirement)*?** Required if selected "Operating" on 6A Funding Request. For additional information see **Replacement Reserves FAQ #3678 on the HUD Exchange.** Select:

   Yes, if your project application has an Operating BLI and your organization intends to use some or all the operating funds towards replacement reserves and attach supporting documentation on screen 7A 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.

No, if your organization does not intend to use operating funds for replacement reserves.

9. **Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** Required. Select:

   Yes, if your organization, or subrecipient, is a victim service provider defined in 24 CFR 578.3.

   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.

   No, if your organization, or subrecipient, is not a victim service provider.

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. (**Note:** rural costs may ONLY be used for rural areas and must be associated with a valid rural or tribal geo-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:

    (Rural costs ONLY) 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 make a selection if the project will serve a tribal area. If no tribal area will be served, leave this field blank. Do not make any selections.

TH Screen 3B. Description

All questions on Screen 3B are required and provide HUD with a detailed description of the project.

1. **Provide a description that addresses the entire scope of the proposed project.** Required. Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used.

   The information in this description must align with the information entered in other screens of the application. Additionally, if your project implements service participation requirements or beyond what is typically included in a lease agreement, describe those requirements and how they will be implemented.

2. **Check the appropriate box(es) if this project will have a specific subpopulation focus. (Select ALL that apply)** Required. Check the appropriate boxes to indicate this project will focus on one or more specific subpopulations. The boxes checked should match the information provided in the project description. If this project does not have a specific subpopulation focus, select '**N/A - Project Serves All Subpopulations**'. If a subpopulation focus for your organization is not listed, check the box next to '**Other**' and enter the subpopulation in the text box provided.

   - **N/A – Project Serves All Subpopulations**
   - **Veterans**

- **Youth (under age 25)**
- **Families**
- **Survivors**: Persons who have experienced trauma or a lack of safety due to domestic violence, dating violence, sexual assault, stalking, human trafficking or other dangerous, traumatic, or life-threatening conditions. (**Note**: this field includes all people in households eligible to be served with DV Bonus funds but may also include survivors who do not meet the narrower definition of DV Bonus eligibility).
- **Substance Use Disorders**
- **Mental Illness**
- **HIV/AIDS**
- **Chronic Homelessness**
- **Other**

TH Part 4: Housing and Services

TH Screen 4A. Supportive Services for Program Participants

The supportive services on this screen should match the previously approved services for this project that is under grant agreement, or grant agreement as amended.

1. **For all supportive services available to program participants, indicate who will provide them and how often they will be provided:** Required. From the list of supportive services provided, select the service(s) provided by your project to program participants from, your organization (Applicant), subrecipient(s), partner organization(s), or non-partner organization(s) (e.g., Workforce Board). You should select all services that will be provided to program participants to assist them in exiting homelessness, not just the costs for which you are requesting from HUD in this project application.

   If more than one '**Provider**' or '**Frequency**' is relevant for a single service, select the provider and frequency that is used most. If more than one provider offers the service equally as often, choose the provider according to the following order: (1) Applicant, (2) Subrecipient, (3) Partner, and (4) Non-Partner.

   Provider: For the supportive services listed, select one of the following as applicable:

   - **'Applicant'** indicates your organization will provide the supportive service,
   - **'Subrecipient'** indicates the subrecipient(s) listed on Screen 2A. Project Subrecipients will provide the service,
   - **'Partner'** indicates an organization other than a subrecipient of CoC Program funds, but with whom a formal agreement or (MOU) was signed to provide the service, or
   - **'Non-Partner'** indicates a specific organization with whom no formal agreement was established regularly provides the service to program participants.

   Frequency: Required. For each supportive service selected, use the dropdown to indicate how often the service is provided to program participants. If two frequencies are equally common, select the interval that is most frequent, (e.g., both weekly and monthly are equally common–select weekly).

TH Screen 4B. Housing Type and Location

This screen captures the number of Units and Beds for each housing type and location and should match the previously approved information for this project that is under the grant agreement or grant agreement as amended. **Exception**: If this is a renewal project that is being reduced due to reallocation, you can reduce the information on this screen due to the lower budget amount.

Note: When determining the correct input for Units and Beds, please note that these reflect the full capacity of the program on a single night (not the total throughout the course of the project period).This should include capacity directly supported by CoC Program funds or eligible match funds in any way, including units supported only by CoC Program supportive services funds without CoC Program leasing, operating, or rental assistance funds. The reported number of units and beds should not be higher than the number of households (units), and persons (beds) entered on Screen 5A and Screen 5B.The primary 4B screen provides a summary of the units and beds included in the project according to the following categories:

- **Total Units,** all **units** in the project, regardless of size.
- **Total Beds,** all "**beds**" **(or spaces for participants)** in the project, regardless of unit configuration.

The summary table on the primary 4B screen aggregates the individual '**Housing Type and Location 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  .

1. **Housing type:** Required. Select the type of housing structures where program participants will be housed. If more than one housing type is used you will complete a '**Housing Type and Location Detail**' screen for each type (e.g., both SRO and Clustered Apartments you will enter the information twice, once for each housing type). Select from the following housing types:
    - **Shared housing**: Two or more unrelated people share a house or apartment who are not members of the same household. Each unit must contain private space for each individual, plus common space for shared use by the residents of the unit. Projects cannot use zero or one-bedroom units for shared housing.
    - **Single Room Occupancy (SRO) units**: Individuals have private sleeping or living room which may contain a private kitchen and bath, or shared, dormitory style facilities.
    - **Clustered apartments**: Individuals or families have a self-contained housing unit located within a building or complex that houses both persons with special needs (e.g., persons formerly experiencing homelessness, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV) and persons without special needs.
    - **Scattered-site apartments (including efficiencies)**: Individuals or families have a self-contained apartment. Apartments are scattered throughout the community.
    - **Single family homes/townhouses/duplexes**: Individuals or families have a self-contained, single-family home, townhouse, or duplex that is located throughout the community.
2. **Indicate the maximum number of Units and Beds available for program participants at the selected housing site.** Required. For this type of housing, enter the total number of units and beds.
    - **Units:** Enter the total number of units available at full capacity on a single night in the selected housing type and location.
    - **Beds:** Enter the total number of beds available at full capacity on a single night in the selected housing type and location.

    Note: A zero bedroom or efficiency must be indicated as 1 unit, 1 bedroom, and 1 bed. In addition, the number of units and beds listed on Screen 4B must be equal to or greater than the total number

of units requested in the budget, Part 6 in this guide, and the number of beds **should correlate** to the number and characteristics of persons that the project is expected to serve as recorded on Screens 5A and 5B.

3. **Address**: Required. Enter the address for all properties for which funding is requested. If the location is not yet known, enter the expected location of the housing units. For scattered site and single-family housing, or for projects that have units at multiple locations, you should enter the address where the majority of units and beds will be located. If the project uses tenant-based rental assistance, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for your administration office.

   Important Note: 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.

4. **Select the geographic area associated with this address**: Required. Select the geographic area(s) associated with the address entered for this project. The geographic areas listed are limited by the state(s) selected on Screen 1D of the application. If you need to select multiple areas due to units located in more than one city or county, hold down the '**Ctrl**' key to make multiple selections.

TH Part 5: Program Participants

TH Screen 5A. Program participants - Persons and Households

The information on this screen captures program participant information that includes the number of households the project serves, the characteristics of those households, and the number of persons for each household type, as applicable.

The numbers entered for this table on Screen 5A. should match the previously approved information for this project that is under the grant agreement or grant agreement as amended. **Exception**: If your renewal project is being reduced due to reallocation, you may reduce the numbers proportionally to match the lower budget amount.

Note: When determining the correct input for Units and Beds, please note that these reflect the full capacity of the program on a single night (not the total throughout the course of the project period). This should include capacity directly supported by CoC Program funds or eligible match funds in any way, including units supported only by CoC Program supportive services funds without CoC Program leasing, operating, or rental assistance funds. The reported number of units and beds on Screen 4B should not be higher than the number of households (units), and persons (beds) entered here.

Households	Households with at Least One Adult & One Child*	Adult Households without Children	Households with Only Children	Total
Total Number of Households	Total number of households that include at least one adult who is 18 or older and one child who is under the age of 18	Total number of households where everyone is 18 or older	Total number of households where everyone is under the age of 18	This field automatically populates the total number of households entered on this row
Characteristics				
Persons over age 24	Number of all adults who are 24 years old and older for this household type	Number of all adults who are 24 years old and older for this household type	Does not apply for the household type	Total based on the numbers entered on this row
Persons ages 18-24	Number of all youth who are between the ages of 18	Number of all youth who are between the	Does not apply for this household type	Total based on the numbers entered on this row

	and 24 for this household type	ages of 18 and 24 for this household type		
Accompanied Children under age 18	Number of all children who are under the age of 18 for this household type	Does not apply for this household type	Number of all children who are under the age of 18 for this household type (children who are accompanied by a parent or legal guardian who is also under the age of 18)	Total based on the numbers entered on this row
Unaccompanied Children under age 18	Does not apply for this household type	Does not apply for this household type	Numerical entry of all children not accompanied by an adult under the age of 18	Total based on the numbers entered on this row
Total Persons	This field automatically populates the total number for this household type	This field automatically populates the total number for this household type	This field automatically populates the total number for this household type	This field automatically populates the total persons

*If your project serves both **Persons over age 24** and **Persons ages 18-24,** the numbers entered for both must match the number entered under **Households with at Least One Adult and One Child.** For example, if your project serves 10 households with adults over the age of 24 and 5 households with persons between the ages of 18 and 24, these two fields added together must equal 15.

TH Screen 5B. Program Participants - Subpopulations

The following table appears on this screen to capture the subpopulation information for the households entered on Screen 5A and are based on a single point in time. Referring to Screen 5A, for each household where numbers were entered, enter those numbers in the appropriate column for that section. You will only enter numbers in the categories where you entered numbers on Screen 5A and the numbers in this table must match the numbers from the table on Screen 5A.

If the numbers for all three sections of this table do not match and correlate to Screen 5A, you will receive an error message to correct the information entered on this screen.

To complete the columns correctly, the following rules apply for all three household types:

- The numbers entered for the following columns ***cannot be duplicated*** within these three subpopulations:
    - **CH (Not Veterans)**–number of chronically homeless non-veterans which must match the number of beds entered for question **'2b. Beds'** on Screen 4B. Do not include chronically homeless veterans, or
    - **CH Veterans** –number of chronically homeless veterans, regardless of discharge reason, or
    - **Veterans (Not CH)**– number of veterans who do not meet the chronically homeless definition.
- The numbers entered for the following columns ***can be duplicated*** (i.e., participants may be counted under more than one of the following categories) and should reflect the estimated subpopulations program participants fall under:
    - **Substance Use Disorders,**
    - **HIV/AIDS,**
    - **Mental Illness,**
    - **Survivors,** Persons who have experienced trauma or a lack of safety due to domestic violence, dating violence, sexual assault, stalking, human trafficking or other dangerous,

traumatic, or life-threatening conditions. (**Note**: this field includes all people in households eligible to be served with DV Bonus funds but may also include survivors who do not meet the narrower definition of DV Bonus eligibility.)

- **Physical Disability,**
- **Developmental Disability, and**
- **Persons Not Represented by a Listed Subpopulation.** For this last item, you will be required to enter a description of program participants who fall into this category that will appear at the bottom of the table on this screen.

Persons in Households with at Least One Adult and One Child										
Characteristics	**CH (Not Veterans)**	**CH Veterans**	**Veterans (Not CH)**	**Substance Use Disorders**	**HIV/ AIDS**	**Mental Illness**	**Survivors**	**Physical Disability**	**Developmental Disability**	**Persons Not Represented by a Listed Subpopulation**
Persons over age 24										
Persons ages 18-24										
Children under age 18		**N/A**	**N/A**							
Total Persons										
Persons in Households without Children										
Characteristics	**CH (Not Veterans)**	**CH Veterans**	**Veterans (Not CH)**	**Substance Use Disorders**	**HIV/ AIDS**	**Mental Illness**	**Survivors**	**Physical Disability**	**Developmental Disability**	**Persons Not Represented by a Listed Subpopulation**
Persons over age 24										
Persons ages 18-24										
Total Persons										
Persons in Households with Only Children										
Characteristics	**CH (Not Veterans)**	**CH Veterans**	**Veterans (Not CH)**	**Substance Use Disorders**	**HIV/ AIDS**	**Mental Illness**	**Survivors**	**Physical Disability**	**Developmental Disability**	**Persons Not Represented by a Listed Subpopulation**
Accompanied Children under age 18		**N/A**	**N/A**							
Unaccompanied Children under age 18		**N/A**	**N/A**							
Total Persons										

TH Part 6: Budgets

This section captures the budget information for the renewal project application. Funding requests must match the current grant agreement, grant agreement as amended, or budget reductions if the CoC is reducing funds through reallocation.

TH renewal project applications only have two BLIs that accept updates on individual budget screens.

- Leased Units (24 CFR 578.49), and
- Rental Assistance Units (24 CFR 578.51).

If changes are needed to the following BLIs, you can update the total BLI amounts on the **Summary Budget** table for the following:

- Leased Structures (24 CFR 578.49),
- Supportive Services (24 CFR 578.53),
- Operating (24 CFR 578.55),
- HMIS (24 CFR 578.57),
- VAWA (Section IV.B.4 of CoC NOFO)
- Rural (Section IV.B.5 of CoC NOFO)
- Administrative Costs (24 CFR 578.59).

IMPORTANT Project Application Budget Policies. The following renewal project application budget policies apply unless you have a fully executed grant agreement amendment for your current grant prior to this year's application deadline (August 26, 2026).

- **You can request to shift budget amounts of up to 10 percent of one BLI to another BLI**.

These types of shifts are especially important to accommodate any budget reductions if your Annual Renewal Amount (ARA) is reduced for any reason; but especially if the reduction is due to the CoC decision to reduce the project budget via the reallocation process or to accommodate shifting of funds into the CoC VAWA BLI or the CoC Rural BLI.

Note: If your renewal project application is submitted with a reduced ARA, either through the reallocation process or due to an error, the project's ARA is permanently reduced.

HUD requires CoC Program budget expenditures to be used for eligible costs as outlined in 24 CFR part 578. Actual expenditures will be reviewed during HUD field office monitoring or OIG audits and ineligible expenditures could result in your organization repaying HUD for any ineligible expenditures. Please remember:

- **You cannot request** an increase in a renewal project's total Annual Renewal Amount (ARA).
- **You cannot request** any shifting of funds of more than 10 percent of one BLI to another BLI, unless it is due to reallocation as noted above. If a reduction of more than 10 percent of any given BLI is identified in a project application, all amounts will be returned to those shown in eLOCCS.
- **You cannot request** a change in the configuration counts in units or bedrooms in the Rental Assistance BLI; unless it is part of an amendment or as noted above due to reallocation. To clarify, it is important to remember at this point in a renewal grant's life cycle, the unit and bedroom counts for a Rental Assistance BLI are first and foremost financial calculations**,** and for a variety of reasons may diverge from the units and beds counts used to track performance as listed on the *e-snaps* screen 4B table of a project application. HUD does not expect Rental Assistance BLI configurations

to always remain the same as unit and bed counts used for a project's performance base counts on the screen 4B table.

TH Screen 6A. Funding Request

This screen requests information if your renewal project intends to use indirect costs and the BLI(s) requesting renewal funds.

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Note: the VAWA BLI is **not** limited to DV Bonus projects or other projects focused on survivors. It can be requested by any project regardless of population served in order to meet the emergency transfer and confidentiality requirements of VAWA for covered housing providers.

Eligible CoC VAWA costs can be identified in one or both of the following CoC 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 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 CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

Enter the combined estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above. The total amount calculates when you select '**Save**'.

1. **Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer per Section IV.B.4.a of the NOFO?** Required. Select '**Yes**' or '**No**' to indicate whether the project will use grant funds to provide VAWA emergency transfer facilitation.
2. **Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA requirements per Section IV.B.4.b of the NOFO?** Required. Select '**Yes**' or '**No**' to indicate whether the project will use grant funds to provide for VAWA confidentiality requirements.

Rural Cost Budget: In FY2026, the CoC Program has added eligible rural cost budget categories to be added in a new CoC 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 eLOCCS. There are three CoC Program rural cost categories that can be requested for your CoC Rural Cost BLI.

- **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.
- **Staff Training** to include professional development, skill development, and staff retention activities.

3. **Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section IV.B.5 of the NOFO?**

   Yes, if your project will use the Rural Cost BLI.

   No, if your project will <u>not</u> use the Rural Cost BLI.

4. **Renewal Grant Term**: No action required. This field populates with '**1-Year**' and is read-only.
5. **Select the costs for which funding is requested:** Required. Check the box(s) for the Budget Line Items (BLIs) your project requests funds (see 24 CFR 578, Subpart D, Program Components and Eligible Costs and 24 CFR 578.87I–Restriction on Combining Funds to ensure eligible use of funds). <u>Selection must match your current grant agreement, or grant agreement as amended</u>, other than shifts of up to 10% of an existing BLI into another BLI.

TH Screen 6B. Leased Units Budget

You have access to this budget if you check '**Leased Units**' on Screen 6A. The primary screen will aggregate the total assistance requested and total units requested for each FMR area listed on a '**Leased**

Units Budget Detail' screen. To add another '**Leased Units Budget Detail**' screen, select add  . 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 or select '**Save & Add Another**'. To view and edit, select view  . To delete, select  .

Metropolitan or non-metropolitan Fair Market Rent area: Required. Select 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 '**Leased Units Budget Detail**' screen for each FMR area.

- **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 you are requesting funds.
- **FMR: No action required but it is important to understand that due to *e-snaps* limitations for the FY 2026 project applications, this table will show FY 2026 FMR amounts.** The FMR amounts shown in *e-snaps* application tables for both a Leasing BLI and a Rental Assistance BLI are **FY 2026 FMRs** for the FMR areas you selected above. If your project application is selected for conditional award, updates based on the FMRs in effect as of the application submission deadline will be applied to these calculations based on your eligible BLI total. The adjusted amount will be shown in your new award total with exact amounts seen in this e-snaps table at post award.
- **HUD Paid Rent (Actual amount requested can be less than FMRs)**: Enter the amount you are requesting for each unit and bedroom. The amount entered cannot exceed the FMR amount under '**FMR Area**', which for this year are the **FY 2026 FMRs**. For a renewal project application, unit and bedroom counts should not be changing in this Leasing BLI table. However, you can maintain or lower your financial request using full FY 2026 FMRs or using '**Actual**' less than FMR amounts entered into the '**HUD Paid Rent**' column. When you choose to enter amounts less than FMR, the expectation of serving the same level of service is expected even when you decrease this BLI total amount by following the "10 percent or less shift rule" to move 'excess' funds into other BLIs, including into the new VAWA and Rural BLIs.

  Note: For renewal project applications the *e-snaps* tables for Leasing BLI and Rental Assistance BLI become your calculated financial base and not the primary base counts of units and beds. For a renewal project application, the unit and bedroom counts in Leasing BLIs and Rental Assistance BLI should remain the same. When you choose to reduce the amount of funds in the BLI total, this is done by entering in the lower financial request as '**Actuals**' less than FMR and not by adjusting units/bedrooms in this financial table. Therefore, the base for financial calculations remains the same in this table for a calculated financial BLI change and counts for a performance base may diverge from the unit and beds counts on *e-snaps* screen 4B and household and person counts on *e-snaps* screen 5A.
- **12 Months:** No action required. These fields are populated with the value 12 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 with '**1-Year**' and is read-only.
- **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.

TH Screen 6C. Rental Assistance Budget

You have access to this budget if you select '**Rental Assistance'** on Screen 6A. 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. Select the type of rental assistance from the dropdown:

- PRA – project-based rental assistance where program participants must reside in housing provided through a contract with the owner of an existing structure whereby the owner agrees to lease subsidized units to program participants. Program participants may not retain their rental assistance if they relocate to a unit outside the project,
- SRA – sponsor-based rental assistance where program participants must reside in housing owned or leased by a sponsor organization and arranged through a contract between the recipient and the sponsor organization, or
- TRA – tenant-based rental assistance where program participants select any appropriately sized unit within the CoC's geographic area, although recipients or subrecipients may restrict the location under certain circumstances to ensure the availability of the appropriate supportive services.

If you have more than one rental assistance type for the project, you must create a separate detail budget screen for each rental assistance type, even if they are in the same FMR area. For example, if the project consists of 10 PRA units and 10 TRA units in County A, you must submit two '**Rental Assistance Budget Detail**' screens for County A–one for the 10 PRA units and one for the 10 TRA units.

Metropolitan or non-metropolitan Fair Market Rent area: Required. Select 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.

Does the project applicant request rental assistance funding for less than the areas per unit size Fair Market Rents? Required. Renewing rental assistance projects may request rental assistance at an amount less than FMR*. See the NOFO for information regarding FMR adjustments for project applications that request FMR rental assistance versus project applications that request less than FMR. Select:

Yes, if you are requesting rental assistance funds less than FMR.

No, if you are requesting rental assistance funds at FMR.

**You must ensure the amount of rental assistance requested below the published FMR is sufficient to cover all rental assistance costs as HUD cannot provide funds beyond what is awarded through the CoC Program Competition. Therefore, you should only use this option if your project consistently has remaining grant funds at the end of the operating year for several years. Because tenant contributions are not always consistent, you should carefully consider requesting a lower amount based solely on assumptions made around tenant contribution.*

The **Rental Assistance Annual Budget** table accounts for the size of units, number of units being requested, FMR for each unit size, and HUD Paid Rent that is multiplied by 12 months to account for

annual rent and summarized by row in the **Total Request** column. The number of units for each unit size on this table must match your current grant agreement, or grant agreement as amended. You cannot change the size and number of units through the project application (e.g., you cannot change from 3, 1-bedroom units to 2, 2-bedroom units or vice versa).

- **Size of units**: No action required. These options are system generated. The size of units are in line with theFMR 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. This information must match the previously approved information for this project that is under the grant agreement, or grant agreement as amended.
- **FMR: No action required but it is important to understand that due to *e-snaps* limitations for the FY 2026 project applications, this table will show FY 2026 FMR amounts.** The FMR amounts shown in *e-snaps* application tables for both a Leasing BLI and a Rental Assistance BLI are **FY 2026 FMRs** for the FMR areas you selected above. If your project application is selected for conditional award, updates based on the FMRs in effect as of the application submission deadline will be applied to these calculations based on your eligible BLI total. The adjusted amount will be shown in your new award total with exact amounts seen in this e-snaps table at post award.
- **HUD Paid Rent (Actual amount requested can be less than FMRs)**: Enter the amount you are requesting for each unit and bedroom. The amount entered cannot exceed the FMR amount under '**FMR Area**', which for this year are the **FY 2026 FMRs**. For a renewal project application, unit and bedroom counts should not be changing in this Rental Assistance BLI table. However, you can maintain or lower your financial request using full FY 2026 FMRs or using '**Actual**' less than FMR amounts entered into the '**HUD Paid Rent**' column. When you choose to enter amounts less than FMR, the expectation of serving the same level of service is expected even when you decrease this BLI total amount by following the "10 percent or less shift rule" to move 'excess' funds into other BLIs, including into the new VAWA and Rural BLIs.

  Note: For renewal project applications the *e-snaps* tables for Leasing BLI and Rental Assistance BLI become your calculated financial base and not the primary base counts of units and beds. For a renewal project application, the unit and bedroom counts in Leasing BLIs and Rental Assistance BLI should remain the same. When you choose to reduce the amount of funds in the BLI total, this is done by entering in the lower financial request as '**Actuals**' less than FMR and not by adjusting units/bedrooms in this financial table. Therefore, the base for financial calculations remains the same in this table for a calculated financial BLI change and counts for a performance base may diverge from the unit and beds counts on *e-snaps* screen 4B and household and person counts on *e-snaps* screen 5A.
- **12 Months**: No action required. These fields populate with the value 12 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 with '**1-Year**' and is read-only.
- **Total Request for Grant Term**: No action required. The total rental assistance request is based on the information entered on this screen.

TH Screen 6D. Sources of Match

You must complete the '**Sources of Match**' screen. See 24 CFR 578.73 for CoC Program 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' screens**.

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 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' screens(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 request, including Administration costs, but excluding Leasing costs (i.e., Leased Units and Leased Structures). If your match amount exceeds 25 percent, HUD expects you to produce the higher amount included in the project application if selected for conditional award.

Example: If the '**Total Assistance Requested**' for a TH project is $100,000 without leasing costs, then you must match funds of no less than $25,000.

The summary table on the primary '**Sources of Match**' screen aggregates the 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 you want to include with your project application. Once completed with this **'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 Match Commitment**: Required. Select '**Cash**' or '**In-Kind**'(non-cash) to indicate the type of contribution that describes this match commitment. If applications include third-party in-kind match, you need to 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., HUD-VASH (VA Supportive Housing program)) 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. **Value of Written Commitment**: Required. Enter the total dollar value of the contribution.

TH Screen 6E. Summary Budget

This screen summarizes the total funding request for the 1-year renewal project. All requested amounts must match the current grant agreement, or grant agreement as amended. The exception is if this renewal project was reduced through the reallocation process and will have a lower total budget. The total amounts are calculated by *e-snaps* when you select '**Save**'.

The following fields can be updated:

- **Leased Structures,**
- **Supportive Services,**
- **Operating,**
- **HMIS,**
- **VAWA,**
- **Rural and,**
- **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 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 6D. To adjust match amounts, return to Screen 6D. 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.

Indirect Cost Information

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

The Indirect Cost Form uses federal terminology that does not clearly match terminology used for the CoC Program and project applications. For CoC Program purposes, HUD is clarifying the meaning of "**specific project or activity**" and "**this application**" in the Indirect Cost Form. The legal requirements of the Indirect Cost Form as related to the CoC Program mean: any single organization/applicant equals one application for all accumulated project applications; regardless of how many individual project applications are submitted in a CoC Program Competition. Therefore, information in an *e-snaps* Indirect Cost Form includes the total amount of all the project applications applying for funds in the FY 2024/2025 CoC Program Competition. For example, if organization XYZ submits three separate project applications, esnaps

will pull from the same Project Applicant Profile, and all three projects will have the same Indirect Cost Form.

Indirect Cost Information for Award Applicant/Recipient.

1. **Federal Program/Assistance Listing Program Title**. No action required. This field populates with "**Continuum of Care Program**".
2. **Applicant/Recipient Name**. No action required. This information populates from the "**Authorized Representative**" screen of the **Project Applicant Profile**.
3. **Indirect Cost Rate Information for the Applicant/Recipient**. No action required. This field pulls the checkbox that was selected on the Project Profile. If Checkbox #3 was selected, the indirect cost table also gets pulled
4. **Submission Type.** No action required. Defaults to Initial Submission
5. **Effective date(s).** No Action required
6. **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 a CoC Program Competition. You must certify in both the Project Applicant Profile and the project application that the information provided is accurate and complete.

Safe Haven (SH) Renewal Project Applications

RETURN to All Projects Part 2 through Part 8

The following instructions apply to **Safe Haven (SH)** projects as stated in the FY 2024/2025 CoC Program Competition NOFO, so long as this project continues to operate this type of housing as identified in your most recently amended grant agreement signed before August 31, 2012.

SH Part 3: Project Information

SH Screen 3A. Project Detail

All questions on Screen 3A must be completed for submission of this project application.

1. **Expiring Grant Project Identification Number (PIN):** No action required. This field populates with the PIN number from the '**Federal Award Identifier**' field on Screen 1A. This field is read-only. If it is incorrect, go back to Screen 1A to correct errors.

2. **CoC Number and Name:** Required. Select the CoC Number and Name from the dropdown. **Selecting the correct CoC is critical**. The dropdown contains all CoCs that were registered in the FY 2026 CoC Program Registration process and is 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 8B, *e-snaps* will send this project application to the CoC selected.

   Note: You should only use the '**No CoC**' option in instances where a project is in a geographic area not claimed by any CoC or you are submitting a Solo Appeal.

3. **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 2026 CoC Program Registration process.

4. **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.

5. **Project Status:** Required. This field defaults to the '**Standard**' option and should only be changed to '**Appeal**' if your organization will submit a Solo Appeal. If you select '**Appeal**,' Screen 8A '**Notice of Intent to Appeal**' will appear on the left menu and you must complete additional information and include the attachment noted in the Solo Appeal process, see instructions for Screen 8A above.

6. **Component Type:** Required. Select '**SH**'. See the **Safe Haven Fact Sheet** on the HUD Exchange the requirements of this component. This selection must match the previously approved information for this project that is under the grant agreement, or grant agreement as amended.

7. **Was this project previously awarded as an Unsheltered Homelessness Set Aside or a Rural Set Aside?** No response required. SH was not an eligible component under the Unsheltered Homelessness Set Aside or a Rural Set Aside.

8. **Will this project include replacement reserves in the Operating budget?** (***Attachment Requirement)*** Required if selected "Operating" on 6A Funding Request**.** For additional information see **Replacement Reserves FAQ #3678 on the HUD Exchange.** Select:

   Yes, if your project application has an Operating BLI and your organization intends to use some or all the operating funds towards replacement reserves and attach supporting documentation on screen 7A 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.

No, if your organization 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. (**Note:** rural costs may ONLY be used for rural areas and must be associated with a valid rural or tribal geo-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:

    (Rural costs ONLY) 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 make a selection if the project will serve a tribal area. If no tribal area will be served, leave this field blank. Do not make any selections.

SH Screen 3B. Description

All questions on Screen 3B are required and provide HUD with a detailed description of the project.

1. **Provide a description that addresses the entire scope of the proposed project.** Required. Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used.

    The information in this description must align with the information entered in other screens of the application. Additionally, if your project implements service participation requirements or beyond what is typically included in a lease agreement, describe those requirements and how they will be implemented.

2. **Check the appropriate box(es) if this project will have a specific subpopulation focus. (Select ALL that apply)** Required. Check the appropriate boxes to indicate this project will focus on one or more specific subpopulations. The box(s) checked should match the information provided in the project description. If this project does not have a specific subpopulation focus, select '**N/A - Project Serves All Subpopulations**'. If a subpopulation focus for your organization is not listed, check the box next to '**Other**' and enter the subpopulation in the text box provided.

    Note: SH projects must **s**elect the subpopulation focus of '**Mental Illness**' as this type of project can only serve hard-to-reach persons experiencing homelessness with severe mental illness who come primarily from the streets and have been unable or unwilling to participate in housing or supportive services.

    - **N/A – Project Serves All Subpopulations**
    - **Veterans**
    - **Youth (under age 25)**
    - **Families**

- **Survivors**: Persons who have experienced trauma or a lack of safety due to domestic violence, dating violence, sexual assault, stalking, human trafficking or other dangerous, traumatic, or life-threatening conditions. (**Note**: this field includes all people in households eligible to be served with DV Bonus funds but may also include survivors who do not meet the narrower definition of DV Bonus eligibility
- **Substance Use Disorders**
- **Mental Illness**
- **HIV/AIDS**
- **Chronic Homelessness**
- **Other**

SH Part 4: Housing and Services

SH Screen 4A. Supportive Services for Program Participants

The supportive services on this screen should match the previously approved services for this project that is under grant agreement, or grant agreement as amended.

1. **For all supportive services available to program participants, indicate who will provide them and how often they will be provided:** Required. From the list of supportive services provided, select the service(s) provided by your project to program participants from, your organization (Applicant), subrecipient(s), partner organization(s), or non-partner organization(s) (e.g., Workforce Board). You should select all services that will be provided to program participants to assist them in exiting homelessness, not just those that may be requested in the project application.

   If more than one '**Provider**' or '**Frequency**' is relevant for a single service, select the provider and frequency that is used most. If more than one provider offers the service equally as often, choose the provider according to the following order: (1) Applicant, (2) Subrecipient, (3) Partner, and (4) Non-Partner.

   Provider: For the supportive services listed, select one of the following as applicable:

   - **'Applicant'** indicates your organization will provide the supportive service,
   - **'Subrecipient'** indicates the subrecipient(s) listed on Screen 2A. Project Subrecipients will provide the service,
   - **'Partner'** indicates an organization other than a subrecipient of CoC Program funds, but with whom a formal agreement or (MOU) was signed to provide the service, or
   - **'Non-Partner'** indicates a specific organization with whom no formal agreement was established regularly provides the service to program participants.

   Frequency: Required. For each supportive service selected, use the dropdown to indicate how often the service is provided to program participants. If two frequencies are equally common, select the interval that is most frequent, (e.g., both weekly and monthly are equally common–select weekly).

SH Screen 4B. Housing Type and Location

This screen captures the number of Units and Beds for each housing type and location and should match the previously approved information for this project that is under the grant agreement or grant agreement as amended. If this is a renewal project that is being reduced due to reallocation, you can reduce the information on this screen due to the lower budget amount.

Note: When determining the correct input for Units and Beds, please note that these reflect the full capacity of the program on a single night (not the total throughout the course of the project period).This should include capacity directly supported by CoC Program funds or eligible match funds in any way, including units supported only by CoC Program supportive services funds without CoC Program leasing, operating, or rental assistance funds. The reported number of units and beds should not be higher than the number of households (units), and persons (beds) entered on Screen 5A and Screen 5B. The primary 4B screen provides a summary of the units and beds included in the project according to the following categories:

Total Units, all **units** in the project, regardless of size.

Total Beds, all "**beds**" **(or spaces for participants)** in the project, regardless of unit configuration.

The summary table on the primary 4B screen aggregates the individual '**Housing Type and Location 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  .

1. **Housing type:** Required. Select the type of housing structures where program participants will be housed. If more than one housing type is used you will complete a '**Housing Type and Location Detail**' screen for each type (e.g., both SRO and Clustered Apartments you will enter the information twice, once for each housing type). Select from the following housing types:
   - **Shared housing**: Two or more unrelated people share a house or apartment who are not members of the same household. Each unit must contain private space for each individual, plus common space for shared use by the residents of the unit. Projects cannot use zero or one-bedroom units for shared housing.
   - **Single Room Occupancy (SRO) units**: Individuals have private sleeping or living room which may contain a private kitchen and bath, or shared, dormitory style facilities.
   - **Clustered apartments**: Individuals or families have a self-contained housing unit located within a building or complex that houses both persons with special needs (e.g., persons formerly experiencing homelessness, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV) and persons without special needs.
   - **Scattered-site apartments (including efficiencies)**: Individuals or families have a self-contained apartment. Apartments are scattered throughout the community.
   - **Single family homes/townhouses/duplexes**: Individuals or families have a self-contained, single-family home, townhouse, or duplex that is located throughout the community.
2. **Indicate the maximum number of Units and Beds available for program participants at the selected housing site.** Required. For this type of housing, enter the total number of units and beds.
   - **Units:** Enter the total number of units available at full capacity on a single night in the selected housing type and location.
   - **Beds:** Enter the total number of beds available at full capacity on a single night in the selected housing type and location.

   Note: A zero bedroom or efficiency must be indicated as 1 unit, 1 bedroom, and 1 bed. In addition, the number of units and beds listed on Screen 4B must be equal to or greater than the total number of units requested in the budget, Part 6 in this guide, and the number of beds **should correlate** to the number and characteristics of persons that the project is expected to serve as recorded on Screens 5A and 5B.
3. **Address**: Required. Enter the address for all properties for which funding is requested. If the location is not yet known, enter the expected location of the housing units. For scattered-site and single-family housing, or for projects that have units at multiple locations, you should enter the address

where the majority of units and beds will be located. If the project uses tenant-based rental assistance, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for your administration office.

Important Note: 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.

4. **Select the geographic area associated with this address**: Required. Select the geographic area(s) associated with the address entered for this project. The geographic areas listed are limited by the state(s) selected on Screen 1D of the application. If you need to select multiple areas due to units located in more than one city or county, hold down the '**Ctrl**' key to make multiple selections.

SH Part 5: Program Participants

SH Screen 5A. Program participants - Persons and Households

The information on this screen captures program participant information that includes the number of households the project serves, the characteristics of those households, and the number of persons for each household type, as applicable.

The numbers entered for this table on Screen 5A. should match the previously approved information for this project that is under the grant agreement or grant agreement as amended. **Exception**: If your renewal project is being reduced due to reallocation, you may reduce the numbers proportionally to match the lower budget amount.

Note: When determining the correct input for Units and Beds, please note that these reflect the full capacity of the program on a single night (not the total throughout the course of the project period). This should include capacity directly supported by CoC Program funds or eligible match funds in any way, including units supported only by CoC Program supportive services funds without CoC Program leasing, operating, or rental assistance funds. The reported number of units and beds on Screen 4B should not be higher than the number of households (units), and persons (beds) entered here.

Households	Households with at Least One Adult & One Child*	Adult Households without Children	Households with Only Children	Total
Total Number of Households	Total number of households that include at least one adult who is 18 or older and one child who is under the age of 18	Total number of households where everyone is 18 or older	Total number of households where everyone is under the age of 18	This field automatically populates the total number of households entered on this row
Characteristics				
Persons over age 24	Number of all adults who are 24 years old and older for this household type	Number of all adults who are 24 years old and older for this household type	Does not apply for the household type	Total based on the numbers entered on this row
Persons ages 18-24	Number of all youth who are between the ages of 18 and 24 for this household type	Number of all youth who are between the ages of 18 and 24 for this household type	Does not apply for this household type	Total based on the numbers entered on this row
Accompanied Children under age 18	Number of all children who are under the age of 18 for this household type	Does not apply for this household type	Number of all children who are under the age of 18 for this household type (children who are accompanied by a parent or legal guardian who is also under the age of 18)	Total based on the numbers entered on this row

Unaccompanied Children under age 18	Does not apply for this household type	Does not apply for this household type	Numerical entry of all children not accompanied by an adult under the age of 18	Total based on the numbers entered on this row
Total Persons	This field automatically populates the total number for this household type	This field automatically populates the total number for this household type	This field automatically populates the total number for this household type	This field automatically populates the total persons

*If your project serves both **Persons over age 24** and **Persons ages 18-24,** the numbers entered for both must match the number entered under **Households with at Least One Adult and One Child.** For example, if your project serves 10 households with adults over the age of 24 and 5 households with persons between the ages of 18 and 24, these two fields added together must equal 15.

SH Screen 5B. Program Participants - Subpopulations

The following table appears on this screen to capture the subpopulation information for the households entered on Screen 5A and are based on a single point in time. Referring to Screen 5A, for each household where numbers were entered, enter those numbers in the appropriate column for that section. You will only enter numbers in the categories where you entered numbers on Screen 5A and the numbers in this table must match the numbers from the table on Screen 5A.

If the numbers for all three sections of this table do not match and correlate to Screen 5A, you will receive an error message to correct the information entered on this screen.

To complete the columns correctly, the following rules apply for all three household types:

- The numbers entered for the following columns ***cannot be duplicated*** within these three subpopulations:
    - **CH (Not Veterans)**–number of chronically homeless non-veterans which must match the number of beds entered for question **'2b. Beds'** on Screen 4B. Do not include chronically homeless veterans, or
    - **CH Veterans** –number of chronically homeless veterans, regardless of discharge reason, or
    - **Veterans (Not CH)**– number of veterans who do not meet the chronically homeless definition.
- The numbers entered for the following columns ***can be duplicated*** (i.e., participants may be counted under more than one of the following categories) and should reflect the estimated subpopulations program participants fall under:
    - **Substance Use Disorders,**
    - **HIV/AIDS,**
    - **Mental Illness,**
    - **Survivors,** Persons who have experienced trauma or a lack of safety due to domestic violence, dating violence, sexual assault, stalking, human trafficking or other dangerous, traumatic, or life-threatening conditions. (**Note**: this field includes all people in households eligible to be served with DV Bonus funds but may also include survivors who do not meet the narrower definition of DV Bonus eligibility.)
    - **Physical Disability,**
    - **Developmental Disability, and**

- **Persons Not Represented by a Listed Subpopulation.** For this last item, you will be required to enter a description of program participants who fall into this category that will appear at the bottom of the table on this screen.

Persons in Households with at Least One Adult and One Child										
Characteristics	**CH (Not Veterans)**	**CH Veterans**	**Veterans (Not CH)**	**Substance Use Disorders**	**HIV/ AIDS**	**Mental Illness**	**Survivors**	**Physical Disability**	**Developmental Disability**	**Persons Not Represented by a Listed Subpopulation**
Persons over age 24										
Persons ages 18-24										
Children under age 18		**N/A**	**N/A**							
Total Persons										
Persons in Households without Children										
Characteristics	**CH (Not Veterans)**	**CH Veterans**	**Veterans (Not CH)**	**Substance Use Disorders**	**HIV/ AIDS**	**Mental Illness**	**Survivors**	**Physical Disability**	**Developmental Disability**	**Persons Not Represented by a Listed Subpopulation**
Persons over age 24										
Persons ages 18-24										
Total Persons										
Persons in Households with Only Children										
Characteristics	**CH (Not Veterans)**	**CH Veterans**	**Veterans (Not CH)**	**Substance Use Disorders**	**HIV/ AIDS**	**Mental Illness**	**Survivors**	**Physical Disability**	**Developmental Disability**	**Persons Not Represented by a Listed Subpopulation**
Accompanied Children under age 18		**N/A**	**N/A**							
Unaccompanied Children under age 18		**N/A**	**N/A**							
Total Persons										

SH Part 6: Budgets

This section captures the budget information for the renewal project application. Funding requests must match the current grant agreement, grant agreement as amended, or budget reductions if the CoC is reducing funds through reallocation.

SH renewal project applications only have two BLIs that accept updates on individual budget screens.

- Leased Units (24 CFR 578.49), and
- Rental Assistance Units (24 CFR 578.51).

If changes are needed to the following BLIs, you can update the total BLI amounts on the **Summary Budget** table for the following:

- Leased Structures (24 CFR 578.49),
- Supportive Services (24 CFR 578.53),
- Operating (24 CFR 578.55),
- HMIS (24 CFR 578.57),
- VAWA (Section IV.B.4 of CoC NOFO)
- Rural (Section IV.B.5of CoC NOFO)
- Administrative Costs (24 CFR 578.59).

IMPORTANT Project Application Budget Policies. The following renewal project application budget policies apply unless you have a fully executed grant agreement amendment for your current grant prior to this year's application deadline (August 26, 2026).

- **You can request to shift budget amounts of up to 10 percent of one BLI to another BLI**.

These types of shifts are especially important to accommodate any budget reductions if your Annual Renewal Amount (ARA) is reduced for any reason; but especially if the reduction is due to the CoC decision to reduce the project budget via the reallocation process or to accommodate shifting of funds into the CoC VAWA BLI or the CoC Rural BLI.

Note: If your renewal project application is submitted with a reduced ARA, either through the reallocation process or due to an error, the project's ARA is permanently reduced.

HUD requires CoC Program budget expenditures to be used for eligible costs as outlined in 24 CFR part 578. Actual expenditures will be reviewed during HUD field office monitoring or OIG audits and ineligible expenditures could result in your organization repaying HUD for any ineligible expenditures. Please remember:

- **You cannot request** an increase in a renewal project's total Annual Renewal Amount (ARA).
- **You cannot request** any shifting of funds of more than 10 percent of one BLI to another BLI, unless it is due to reallocation as noted above. If a reduction of more than 10 percent of any given BLI is identified in a project application, all amounts will be returned to those shown in eLOCCS.
- **You cannot request** a change in the configuration counts in units or bedrooms in the Rental Assistance BLI; unless it is part of an amendment or as noted above due to reallocation. To clarify, it is important to remember at this point in a renewal grant's life cycle, the unit and bedroom counts for a Rental Assistance BLI are first and foremost financial calculations**,** and for a variety of reasons may diverge from the units and beds counts used to track performance as listed on the *e-snaps* screen 4B table of a project application. HUD does not expect Rental Assistance BLI configurations to always remain the same as unit and bed counts used for a project's performance base counts on the screen 4B table.

SH Screen 6A. Funding Request

This screen requests information if your renewal project intends to use indirect costs and the BLI(s) requesting renewal funds.

Note: the VAWA BLI is **not** limited to DV Bonus projects or other projects focused on survivors. It can be requested by any project regardless of population served in order to meet the emergency transfer and confidentiality requirements of VAWA for covered housing providers.

Eligible CoC VAWA costs can be identified in one or both of the following CoC 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 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 CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

Enter the combined estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories on the summary budget screen. The CoC VAWA BLI Total amount can be

expended for any eligible CoC VAWA cost identified above. The total amount calculates when you select '**Save**'.

1. **Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer per Section IV.B.4.a of the NOFO?** Required. Select '**Yes**' or '**No**' to indicate whether the project will use grant funds to provide VAWA emergency transfer facilitation.
2. **Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA requirements per Section IV.B.4.b of the NOFO?** Required. Select '**Yes**' or '**No**' to indicate whether the project will use grant funds to provide for VAWA confidentiality requirements.

Rural Cost Budget: In FY2026, the CoC Program has added eligible rural cost budget categories to be added in a new CoC 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 eLOCCS. There are three CoC Program rural cost categories that can be requested for your CoC Rural Cost BLI.

- **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.
- **Staff Training** to include professional development, skill development, and staff retention activities.

3. **Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section IV.B.5 of the NOFO?**

   Yes, if your project will use the Rural Cost BLI.

   No, if your project will not use the Rural Cost BLI.

4. **Renewal Grant Term**: No action required. This field populates with '**1-Year**' and is read-only.
5. **Select the costs for which funding is requested:** Required. Check the box(s) for the Budget Line Items (BLIs) your project requests funds (see 24 CFR 578, Subpart D, Program Components and Eligible Costs and 24 CFR 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds). Selection must match your current grant agreement, or grant agreement as amended.

SH Screen 6B. Leased Units Budget

You have access to this budget if you check '**Leased Units**' on Screen 6A. The primary screen will aggregate the total assistance requested and total units requested for each FMR area listed on a '**Leased Units Budget Detail**' screen. To add another '**Leased Units Budget Detail**' screen, select add . 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 or select '**Save & Add Another**'. To view and edit, select view . To delete, select .

Metropolitan or non-metropolitan Fair Market Rent area: Required. Select 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 '**Leased Units Budget Detail**' screen for each FMR area.

- **Size of units**: No action required. These options are system generated. The size of units are in line with theFMR 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 you are requesting funds.
- **FMR: No action required but it is important to understand that due to *e-snaps* limitations for the FY 2026 project applications, this table will show FY2026 FMR amounts.** The FMR amounts shown in *e-snaps* application tables for both a Leasing BLI and a Rental Assistance BLI are **FY 2026 FMRs** for the FMR areas you selected above. If your project application is selected for conditional award, updates based on the FMRs in effect as of the application submission deadline will be applied to these calculations based on your eligible BLI total. The adjusted amount will be shown in your new award total with exact amounts seen in this e-snaps table at post award.
- **HUD Paid Rent (Actual amount requested can be less than FMRs)**: Enter the amount you are requesting for each unit and bedroom. The amount entered cannot exceed the FMR amount under '**FMR Area**', which for this year are the FY 2026 FMRs For a renewal project application, unit and bedroom counts should not be changing in this Leasing BLI table. However, you can maintain or lower your financial request using full FY 2026 FMRs or using '**Actual**' less than FMR amounts entered into the '**HUD Paid Rent**' column. When you choose to enter amounts less than FMR, the expectation of serving the same level of service is expected even when you decrease this BLI total amount by following the "10 percent or less shift rule" to move 'excess' funds into other BLIs, including into the new VAWA and Rural BLIs.
- **Note:** For renewal project applications the *e-snaps* tables for Leasing BLI and Rental Assistance BLI become your calculated financial base and not the primary base counts of units and beds. For a renewal project application, the unit and bedroom counts in Leasing BLIs and Rental Assistance BLI should remain the same. When you choose to reduce the amount of funds in the BLI total, this is done by entering in the lower financial request as '**Actuals**' less than FMR and not by adjusting units/bedrooms in this financial table. Therefore, the base for financial calculations remains the same in this table for a calculated financial BLI change and counts for a performance base may diverge from the unit and beds counts on *e-snaps* screen 4B and household and person counts on *e-snaps* screen 5A.
- **12 Months:** No action required. These fields are populated with the value 12 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 with '**1-Year**' and is read-only.
- **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.

SH Screen 6D. Sources of Match

You must complete the '**Sources of Match**' screen. See 24 CFR 578.73 for CoC Program 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' screens**.

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' screens(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 request, including Administration costs, but excluding Leasing costs (i.e., Leased Units and Leased Structures). If your match amount exceeds 25 percent, HUD expects you to produce the higher amount included in the project application if selected for conditional award.

Example: If the '**Total Assistance Requested**' for an SH project is $100,000 without leasing costs, then you must match funds of no less than $25,000.

The summary table on the primary '**Sources of Match**' screen aggregates the 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 you want to include with your project application. Once completed with this **'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 Match Commitment**: Required. Select '**Cash**' or '**In-Kind**'(non-cash) to indicate the type of contribution that describes this match commitment. If applications include third-party in-kind match, you need to 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., HUD-VASH (VA Supportive Housing program)) 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. **Value of Written Commitment**: Required. Enter the total dollar value of the contribution.

SH Screen 6E. Summary Budget

This screen summarizes the total funding request for the 1-year renewal project. All requested amounts must match the current grant agreement, or grant agreement as amended. The exception is if this renewal project was reduced through the reallocation process and will have a lower total budget. The total amounts are calculated by *e-snaps* when you select '**Save**'.

The following fields can be updated:

- **Leased Structures,**
- **Supportive Services,**
- **Operating,**
- **HMIS,**
- **VAWA,**
- **Rural and,**
- **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 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 6D. To adjust match amounts, return to Screen 6D. 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.

Indirect Cost Information

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

The Indirect Cost Form uses federal terminology that does not clearly match terminology used for the CoC Program and project applications. For CoC Program purposes, HUD is clarifying the meaning of "**specific project or activity**" and "**this application**" in the Indirect Cost Form. The legal requirements of the Indirect Cost Form as related to the CoC Program mean: any single organization/applicant equals one application for all accumulated project applications; regardless of how many individual project applications are submitted in a CoC Program Competition. Therefore, information in an *e-snaps* Indirect Cost Form includes the total amount of all the project applications applying for funds in the FY 2024/2025 CoC Program Competition. For example, if organization XYZ submits three separate project applications, esnaps will pull from the same Project Applicant Profile, and all three projects will have the same Indirect Cost Form.

Indirect Cost Information for Award Applicant/Recipient.

1. **Federal Program/Assistance Listing Program Title**. No action required. This field populates with "**Continuum of Care Program**".
2. **Applicant/Recipient Name**. No action required. This information populates from the "**Authorized Representative**" screen of the **Project Applicant Profile**.

3. **Indirect Cost Rate Information for the Applicant/Recipient**. No action required. This field pulls the checkbox that was selected on the Project Profile. If Checkbox #3 was selected, the indirect cost table also gets pulled

4. **Submission Type.** No action required. Defaults to Initial Submission

5. **Effective date(s).** No Action required

6. **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 a CoC Program Competition. You must certify in both the Project Applicant Profile and the project application that the information provided is accurate and complete.

Supportive Services (SSO) Renewal Project Applications

RETURN to All Projects Part 2 through Part 8

The following instructions apply to Supportive Services Only (SSO) projects in accordance with SSO requirements in 24 CFR 578.37(3).

SSO Part 3: Project Information

SSO Screen 3A. Project Detail

All questions on Screen 3A must be completed for submission of this project application.

1. **Expiring Grant Project Identification Number (PIN):** No action required. This field populates with the PIN number from the '**Federal Award Identifier**' field on Screen 1A. This field is read-only. If it is incorrect, go back to Screen 1A to correct errors.

2. **CoC Number and Name:** Required. Select the CoC Number and Name from the dropdown. **Selecting the correct CoC is critical**. The dropdown contains all CoCs that were registered in the FY 2026 CoC Program Registration process and is 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 8B, *e-snaps* will send this project application to the CoC selected.

   Note: You should only use the '**No CoC**' option in instances where a project is in a geographic area not claimed by any CoC or you are submitting a Solo Appeal.

3. **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 2026 CoC Program Registration process.

4. **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.

5. **Project Status:** Required. This field defaults to the '**Standard**' option and should only be changed to '**Appeal**' if your organization will submit a Solo Appeal. If you select '**Appeal**,' Screen 8A '**Notice of Intent to Appeal**' will appear on the left menu and you must complete additional information and include the attachment noted in the Solo Appeal process, see instructions for Screen 8A above.

6. **Component Type:** Required. Select '**SSO**'. This selection must match the previously approved information for this project that is under the grant agreement, or grant agreement as amended.

   6a. Select the type of SSO project: Required. Select the type of SSO project for this renewal project from the dropdown menu. As with component changes, you cannot change the type of supportive services (e.g., change from street outreach to coordinated entry) through the project application process.

   - **Street Outreach.** Offers services necessary to reach unsheltered homeless individuals and families to connect them with emergency shelter, housing, or critical services and provide urgent non-facility-based care to those who are unwilling or unable to access emergency shelter, housing, or an appropriate health facility.

   - **Housing Project or Housing Structure Specific.** Services provided in a structure, or structures, at one central site, or in multiple buildings at scattered sites where services are delivered. The services provided are associated with housing outcomes and is not limited to serving program participants of one or more specific residential projects.

- **Coordinated Entry (CE).** Administers the CoC's centralized or coordinated entry process to coordinate assessment and referral of individuals and families seeking housing or services, including the use of a comprehensive and standardized assessment tool. See **CPD-17-01: *Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System*** (*Coordinated Entry Notice*) for full information and requirements. If your project is submitted as a coordinated entry project you must adhere to all requirements in the Rule and the *Coordinated Entry Notice*.
- **Stand-alone Supportive Services.** Addresses the special needs of program participants (e.g., childcare, employment assistance, transportation services) and has associated housing outcomes and is not limited to providing services from one or more housing-related projects.

7. Was this project previously awarded as an Unsheltered Homelessness Set Aside or a Rural Set Aside? Required. Select:

Yes, if your project was awarded as an Unsheltered Homelessness Set Aside or a Rural Set Aside

No, if your project was not awarded as an Unsheltered Homelessness Set Aside or Rural Set Aside

7a. Please select what type this project was previously awarded. Required if Yes to question #7. Select:

- **Unsheltered Homelessness Set Aside**
- **Rural Set Aside**

7b. If Rural please select the appropriate geocodes your community will be covering:

Area(s) affected by the project (state(s) only):

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

Area(s) affected by the project (tribal geo-code(s) only). Only make a selection if the project will serve a tribal area. If no tribal area will be served, leave this field blank. Do not make any selections.

9. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? Required. Select:

Yes, if your organization, or subrecipient, is a victim service provider defined in 24 CFR 578.3.

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.

No, if your organization, or subrecipient, is <u>not</u> a victim service provider.

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. (**Note:** rural costs may ONLY be used for rural areas and must be associated with a valid rural or tribal geo-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:

(Rural costs ONLY) 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 make a selection if the project will serve a tribal area. If no tribal area will be served, leave this field blank. Do not make any selections.

SSO Screen 3B. Description

All questions on Screen 3B are required and provide HUD with a detailed description of the project.

1. **Provide a description that addresses the entire scope of the proposed project.** Required. Provide a detailed description of the scope of the project including the target population(s) to be served, project plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used. The information in this description must align with the information entered in other screens of the application.
2. **Check the appropriate box(es) if this project will have a specific subpopulation focus. (Select ALL that apply)** Required. Check the appropriate boxes to indicate this project will focus on one or more specific subpopulations. The boxes checked should match the information provided in the project description. If this project does not have a specific subpopulation focus, select '**N/A - Project Serves All Subpopulations**'. If a subpopulation focus for your organization is not listed, check the box next to '**Other**' and enter the subpopulation in the text box provided.
    - **N/A – Project Serves All Subpopulations**
    - **Veterans**
    - **Youth (under age 25)**
    - **Families**
    - **Survivors**: Persons who have experienced trauma or a lack of safety due to domestic violence, dating violence, sexual assault, stalking, human trafficking or other dangerous, traumatic, or life-threatening conditions. (**Note**: this field includes all people in households eligible to be served with DV Bonus funds but may also include survivors who do not meet the narrower definition of DV Bonus eligibility
    - **Substance Use Disorders**
    - **Mental Illness**
    - **HIV/AIDS**
    - **Chronic Homelessness**
    - **Other**

The following set of questions will only be visible and must be completed if you selected Coordinated Entry to question 6a. on screen 3A.

4. **As a renewal SSO-Coordinated Entry project update the following questions**. For requirements associated with these questions, refer to 17-01cpdn.pdf, Notice CPD-17-01: *Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System*.

    4a. Will the coordinated entry process cover the CoC's entire geographic area? See Section II.B.1 of the *Coordinated Entry Notice* for additional information. Select:

    Yes, if the funding request from this project will be used to meet this requirement.

    No, funds from this project will not meet this requirement.

4b. Will the coordinated entry process be affirmatively marketed and easily accessible by individuals and families seeking assistance? Required for coordinated entry project applications. The CoC's coordinated entry must be affirmatively marketed and easily accessible by individuals and families seeking housing and services. Select:

Yes, if the CoC's coordinated entry is affirmatively marketed to those least likely to apply for housing and services in the absence of special outreach.

No, if the coordinated entry does not meet the criteria.

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. Required for coordinated entry project applications. Use the textbox provided to describe the advertisement strategy that will ensure coordinated entry will be accessible to individuals and families with the highest barriers to accessing assistance including persons with disabilities, and persons with limited English proficiency (see 24 CFR 578.93(c)). Using bullets instead of full paragraphs is appropriate.

4d. Does the coordinated entry process use a comprehensive, standardized assessment process?

Required for coordinated entry project applications. See Sections I.C.4 and II.B.2 of the *Coordinated Entry Notice* for additional information. Select:

Yes, if the standardized assessment process meets the criteria.

No, if the standardized assessment does not meet the criteria.

4e. Describe the referral process and how the coordinated entry process ensures program participants are directed to appropriate housing and services. See Section II.B.3 of the *Coordinated Entry Notice* for additional information. Describe how the referral process for homelessness resources is coordinated with CoC and ESG providers according to the CoC's written Coordinated Entry process. Using bullets instead of full paragraphs is appropriate.

4f. If the coordinated entry process includes differences in access, entry, assessment, or referral for certain subpopulations, are those differences limited only to the following five groups: (1) adults without children, (2) adults accompanied by children, (3) unaccompanied youth, (4) households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking), and (5) persons at risk of homelessness? Select:

Yes, if the CoC only limits differences identified to the five groups permitted in Section II.B.2 of the *Coordinated Entry Notice*.

No, if it does not meet this criteria and limits differences in access, entry, assessment, or referral for more than the five groups permitted.

SSO Part 4: Services

SSO Screen 4A. Supportive Services for Program Participants

The supportive services on this screen should match the previously approved services for this project that is under grant agreement, or grant agreement as amended.

Note: If '**Coordinated Entry**' is selected, you are not required to complete this section and it will not appear.

1. **For all supportive services available to program participants, indicate who will provide them and how often they will be provided:** Required. From the list of supportive services provided, select the service(s) provided by your project to program participants from, your organization

(Applicant), subrecipient(s), partner organization(s), or non-partner organization(s) (e.g., Workforce Board). You should select all services that will be provided to program participants to assist them in exiting homelessness, not just those that may be requested in the project application.

If more than one '**Provider**' or '**Frequency**' is relevant for a single service, select the provider and frequency that is used most. If more than one provider offers the service equally as often, choose the provider according to the following order: (1) Applicant, (2) Subrecipient, (3) Partner, and (4) Non-Partner.

Provider: For the supportive services listed, select one of the following as applicable:

- **'Applicant'** indicates your organization will provide the supportive service,
- **'Subrecipient'** indicates the subrecipient(s) listed on Screen 2A. Project Subrecipients will provide the service,
- **'Partner'** indicates an organization other than a subrecipient of CoC Program funds, but with whom a formal agreement or (MOU) was signed to provide the service, or
- **'Non-Partner'** indicates a specific organization with whom no formal agreement was established regularly provides the service to program participants.

Frequency: Required. For each supportive service selected, use the dropdown to indicate how often the service is provided to program participants. If two frequencies are equally common, select the interval that is most frequent, (e.g., both weekly and monthly are equally common–select weekly).

SSO Part 5: Program Participants

In Part 5 of the SSO application, HUD expects you to provide details regarding the program participants who will be served, including basic household and subpopulation data, as well as outreach data.

Note: If '**Coordinated Entry**' is selected, you are not required to complete this section and it will not appear.

SSO Screen 5A. Program Participants - Persons and Households

The information on this screen captures program participant information that includes the number of households the project serves, the characteristics of those households, and the number of persons for each household type, as applicable.

The numbers entered for this table on Screen 5A. should match the previously approved information for this project that is under the grant agreement or grant agreement as amended. **Exception**: If your renewal project is being reduced due to reallocation, you may reduce the numbers proportionally to match the lower budget amount.

Note: When determining the correct input for Units and Beds, please note that these reflect the full capacity of the program on a single night (not the total throughout the course of the project period). This should include capacity directly supported by CoC Program funds or eligible match funds in any way, including units supported only by CoC Program supportive services funds without CoC Program leasing, operating, or rental assistance funds. The reported number of units and beds on Screen 4B should not be higher than the number of households (units), and persons (beds) entered here.

Households	Households with at Least One Adult & One Child*	Adult Households without Children	Households with Only Children	Total
Total Number of Households	Total number of households that include at least one adult who is 18	Total number of households where everyone is 18 or older	Total number of households where	This field automatically populates the total

	or older and one child who is under the age of 18		everyone is under the age of 18	number of households entered on this row
Characteristics				
Persons over age 24	Number of all adults who are 24 years old and older for this household type	Number of all adults who are 24 years old and older for this household type	Does not apply for the household type	Total based on the numbers entered on this row
Persons ages 18-24	Number of all youth who are between the ages of 18 and 24 for this household type	Number of all youth who are between the ages of 18 and 24 for this household type	Does not apply for this household type	Total based on the numbers entered on this row
Accompanied Children under age 18	Number of all children who are under the age of 18 for this household type	Does not apply for this household type	Number of all children who are under the age of 18 for this household type (children who are accompanied by a parent or legal guardian who is also under the age of 18)	Total based on the numbers entered on this row
Unaccompanied Children under age 18	Does not apply for this household type	Does not apply for this household type	Numerical entry of all children not accompanied by an adult under the age of 18	Total based on the numbers entered on this row
Total Persons	This field automatically populates the total number for this household type	This field automatically populates the total number for this household type	This field automatically populates the total number for this household type	This field automatically populates the total persons

*If your project serves both **Persons over age 24** and **Persons ages 18-24,** the numbers entered for both must match the number entered under **Households with at Least One Adult and One Child.** For example, if your project serves 10 households with adults over the age of 24 and 5 households with persons between the ages of 18 and 24, these two fields added together must equal 15.

SSO Screen 5B. Program Participants - Subpopulations

The following table appears on this screen to capture the subpopulation information for the households entered on Screen 5A and are based on a single point in time. Referring to Screen 5A, for each household where numbers were entered, enter those numbers in the appropriate column for that section. You will only enter numbers in the categories where you entered numbers on Screen 5A and the numbers in this table must match the numbers from the table on Screen 5A.

If the numbers for all three sections of this table do not match and correlate to Screen 5A, you will receive an error message to correct the information entered on this screen.

To complete the columns correctly, the following rules apply for all three household types:

- The numbers entered for the following columns ***cannot be duplicated*** within these three subpopulations:
    - **CH (Not Veterans)**–number of chronically homeless non-veterans which must match the number of beds entered for question **'2b. Beds'** on Screen 4B. Do not include chronically homeless veterans, or
    - **CH Veterans** –number of chronically homeless veterans, regardless of discharge reason, or
    - **Veterans (Not CH)**– number of veterans who do not meet the chronically homeless definition.

- The numbers entered for the following columns ***can be duplicated*** (i.e., participants may be counted under more than one of the following categories) and should reflect the estimated subpopulations program participants fall under:
    - **Substance Use Disorders,**
    - **HIV/AIDS,**
    - **Mental Illness,**
    - **Survivors,** Persons who have experienced trauma or a lack of safety due to domestic violence, dating violence, sexual assault, stalking, human trafficking or other dangerous, traumatic, or life-threatening conditions. (**Note**: this field includes all people in households eligible to be served with DV Bonus funds but may also include survivors who do not meet the narrower definition of DV Bonus eligibility.) I.B.2.b.6 of the NOFO for more
    - **Physical Disability,**
    - **Developmental Disability, and**
    - **Persons Not Represented by a Listed Subpopulation.** For this last item, you will be required to enter a description of program participants who fall into this category that will appear at the bottom of the table on this screen.

Persons in Households with at Least One Adult and One Child										
Characteristics	**CH (Not Veterans)**	**CH Veterans**	**Veterans (Not CH)**	**Substance Use Disorders**	**HIV/ AIDS**	**Mental Illness**	**Survivors**	**Physical Disability**	**Developmental Disability**	**Persons Not Represented by a Listed Subpopulation**
Persons over age 24										
Persons ages 18-24										
Children under age 18		**N/A**	**N/A**							
Total Persons										
Persons in Households without Children										
Characteristics	**CH (Not Veterans)**	**CH Veterans**	**Veterans (Not CH)**	**Substance Use Disorders**	**HIV/ AIDS**	**Mental Illness**	**Survivors**	**Physical Disability**	**Developmental Disability**	**Persons Not Represented by a Listed Subpopulation**
Persons over age 24										
Persons ages 18-24										
Total Persons										
Persons in Households with Only Children										
Characteristics	**CH (Not Veterans)**	**CH Veterans**	**Veterans (Not CH)**	**Substance Use Disorders**	**HIV/ AIDS**	**Mental Illness**	**Survivors**	**Physical Disability**	**Developmental Disability**	**Persons Not Represented by a Listed Subpopulation**

Accompanied Children under age 18		**N/A**	**N/A**							
Unaccompanied Children under age 18		**N/A**	**N/A**							
Total Persons										

SSO Part 6: Budgets

This section captures the budget information for the renewal project application. Funding requests must match the current grant agreement, grant agreement as amended, or budget reductions if the CoC is reducing funds through reallocation.

NOTE: Your application should reflect 1-year Term and 1-year of funding. Though the FY2024/2025 CoC Competition NOFO covers two years (FY2024 and FY2025), the funding will be disbursed as two one-year budget periods. Your application in e-snaps must reflect only one year of funding.

SSO renewal project applications are not required to update individual detailed budget screens. If changes are needed to the following BLIs, you can update the total BLI amounts on the '**Summary Budget'** table for the following:

- Leased Structures (24 CFR 578.49),
- Supportive Services (24 CFR 578.53),
- HMIS (24 CFR 578.57),
- VAWA (Section IV.B.4 of CoC NOFO)
- Rural (Section IV.B.5 of CoC NOFO)
- Administrative Costs (24 CFR 578.59).

NOTE: Projects originally awarded under the Rural Set Aside through the Special CoC NOFO Competition that are applying for renewal may only request costs that are eligible under the CoC Program. This means the following costs are no longer eligible in projects originally awarded under the Rural Set Aside:

a. Rent or utility assistance after 2 months of nonpayment of rent or utilities to prevent eviction or loss of utility service are no longer eligible. Funds may no longer be used to pay rent or utility arrear payments up to 6 months on behalf of program participants residing in permanent housing.

b. Emergency food and clothing assistance. Costs for providing clothing to program participants are not eligible. Costs for providing meals or groceries are an eligible supportive service (24 CFR 578.53(e)(7) and must now be classified on the supportive services budget line item.

c. Costs associated with making use of Federal Inventory property programs to house individuals and families experiencing homelessness are no longer eligible. Federal Inventory property programs means the Use of Federal Real Property to Assist the Homeless program authorized by title V of the Act, and implemented by 24 CFR part 581, and the Single-Family Property Disposition Program authorized by section 204(g) of the National Housing Act (12. U.S.C. 1710(g)) and implemented at 24 CFR part 291.

Applicants may move funds currently allocated to these costs in their current grant agreement to other eligible CoC Program costs through the project application.

Costs for funding repairs, repairs necessary to make housing habitable to be used for transitional or permanent housing, emergency short-term lodging costs, and capacity building activities remain eligible; however, these costs must now be classified as Rural Costs. Applicants may move funds

currently allocated to these costs in their current grant agreement to the Rural Costs BLI through the project application.

IMPORTANT Project Application Budget Policies. The following renewal project application budget policies apply unless you have a fully executed grant agreement amendment for your current grant prior to this year's application deadline (August 26, 2026).

- **You can request to shift budget amounts of up to 10 percent of one BLI to another BLI**.

These types of shifts are especially important to accommodate any budget reductions if your Annual Renewal Amount (ARA) is reduced for any reason; but especially if the reduction is due to the CoC decision to reduce the project budget via the reallocation process or to accommodate shifting of funds into the CoC VAWA BLI or the CoC Rural BLI.

Note: If your renewal project application is submitted with a reduced ARA, either through the reallocation process or due to an error, the project's ARA is permanently reduced.

HUD requires CoC Program budget expenditures to be used for eligible costs as outlined in 24 CFR part 578. Actual expenditures will be reviewed during HUD field office monitoring or OIG audits and ineligible expenditures could result in your organization repaying HUD for any ineligible expenditures. Please remember:

- **You cannot request** an increase in a renewal project's total Annual Renewal Amount (ARA).
- **You cannot request** any shifting of funds of more than 10 percent of one BLI to another BLI, unless it is due to reallocation as noted above. If a reduction of more than 10 percent of any given BLI is identified in a project application, all amounts will be returned to those shown in eLOCCS.
- **You cannot request** a change in the configuration counts in units or bedrooms in the Rental Assistance BLI; unless it is part of an amendment or as noted above due to reallocation. To clarify, it is important to remember at this point in a renewal grant's life cycle, the unit and bedroom counts for a Rental Assistance BLI are first and foremost financial calculations**,** and for a variety of reasons may diverge from the units and beds counts used to track performance as listed on the *e-snaps* screen 4B table of a project application. HUD does not expect Rental Assistance BLI configurations to always remain the same as unit and bed counts used for a project's performance base counts on the screen 4B table.

SSO Screen 6A. Funding Request

This screen requests information if your renewal project intends to use indirect costs and the BLI(s) requesting renewal funds.

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Note: the VAWA BLI is **not** limited to DV Bonus projects or other projects focused on survivors. It can be requested by any project regardless of population served in order to meet the emergency transfer and confidentiality requirements of VAWA for covered housing providers.

Eligible CoC VAWA costs can be identified in one or both of the following CoC 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 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 CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

Enter the combined estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above. The total amount calculates when you select '**Save**'.

1. **Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer per Section IV.B.4.a of the NOFO?** Required. Select '**Yes**' or '**No**' to indicate whether the project will use grant funds to provide VAWA emergency transfer facilitation.
2. **Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA requirements per Section**

IV.B.4.b of the NOFO? Required. Select '**Yes**' or '**No**' to indicate whether the project will use grant funds to provide for VAWA confidentiality requirements.

Rural Cost Budget: In FY2026, the CoC Program has added eligible rural cost budget categories to be added in a new CoC 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 eLOCCS. There are three CoC Program rural cost categories that can be requested for your CoC Rural Cost BLI.

- **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.
- **Staff Training** to include professional development, skill development, and staff retention activities.

3. Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section IV.B.5 of the NOFO?

Yes, if your project will use the Rural Cost BLI.

No, if your project will <u>not</u> use the Rural Cost BLI.

4. Renewal Grant Term: No action required. This field populates with '**1-Year**' and is read-only.

5. Select the costs for which funding is requested: Required. Check the box(s) for the Budget Line Items (BLIs) your project requests funds (see 24 CFR 578, Subpart D, Program Components and Eligible Costs and 24 CFR 578.87I–Restriction on Combining Funds to ensure eligible use of funds). <u>Selection must match your current grant agreement, or grant agreement as amended</u>, other than shifts of up to 10% of an existing BLI into another BLI.

SSO Screen 6D. Sources of Match

You must complete the '**Sources of Match**' screen. See 24 CFR 578.73 for CoC Program 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' screens**.

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 complete the next two questions.

No, if your project will <u>not</u> 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.

'**<u>Sources of Match Detail' screens(s)</u>**: 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 request, including Administration costs, but excluding Leasing costs (i.e., Leased Units and Leased Structures). If your match amount exceeds 25

percent, HUD expects you to produce the higher amount included in the project application if selected for conditional award.

Example: If the '**Total Assistance Requested**' for a SSO project is $100,000, then you must match funds no less than $25,000.

The summary table on the primary '**Sources of Match**' screen aggregates the 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 you want to include with your project application. Once completed with this **'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 Match Commitment**: Required. Select '**Cash**' or '**In-Kind**'(non-cash) to indicate the type of contribution that describes this match commitment. If applications include third-party in-kind match, you need to 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., HUD-VASH (VA Supportive Housing program)) 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. **Value of Written Commitment**: Required. Enter the total dollar value of the contribution.

SSO Screen 6E. Summary Budget

This screen summarizes the total funding request for the 1-year renewal project. All requested amounts must match the current grant agreement, or grant agreement as amended. The exception is if this renewal project was reduced through the reallocation process and will have a lower total budget. The total amounts are calculated by *e-snaps* when you select '**Save**'.

The following fields can be updated:

- **Supportive Services,**
- **HMIS,**
- **VAWA,**
- **Rural and,**
- **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 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 6D. To adjust match amounts, return to Screen 6D. 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.

Indirect Cost Information

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

The Indirect Cost Form uses federal terminology that does not clearly match terminology used for the CoC Program and project applications. For CoC Program purposes, HUD is clarifying the meaning of "**specific project or activity**" and "**this application**" in the Indirect Cost Form. The legal requirements of the Indirect Cost Form as related to the CoC Program mean: any single organization/applicant equals one application for all accumulated project applications; regardless of how many individual project applications are submitted in a CoC Program Competition. Therefore, information in an *e-snaps* Indirect Cost Form includes the total amount of all the project applications applying for funds in the FY 2024/2025 CoC Program Competition. For example, if organization XYZ submits three separate project applications, esnaps will pull from the same Project Applicant Profile, and all three projects will have the same Indirect Cost Form.

Indirect Cost Information for Award Applicant/Recipient.

1. **Federal Program/Assistance Listing Program Title**. No action required. This field populates with "**Continuum of Care Program**".
2. **Applicant/Recipient Name**. No action required. This information populates from the "**Authorized Representative**" screen of the **Project Applicant Profile**.
3. **Indirect Cost Rate Information for the Applicant/Recipient**. No action required. This field pulls the checkbox that was selected on the Project Profile. If Checkbox #3 was selected, the indirect cost table also gets pulled
4. **Submission Type.** No action required. Defaults to Initial Submission
5. **Effective date(s).** No Action required
6. **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 a CoC Program Competition. You must certify in both the Project Applicant Profile and the project application that the information provided is accurate and complete.

Dedicated Homeless Management Information Systems (HMIS) Renewal Project Applications

RETURN to All Projects Part 2 through Part 8

The following instructions apply to dedicated **Homeless Management Information Systems (HMIS)** projects in accordance with **HMIS** requirements in 24 CFR 578.37(4). Dedicated HMIS projects can only be carried out by the HMIS Lead, which is the recipient or subrecipient of an HMIS grant, and that is listed on the HMIS Lead form in the CoC Applicant Profile in *e-snaps*.

HMIS Part 3: Project Information

HMIS Screen 3A. Project Detail

All questions on Screen 3A must be completed for submission of this project application.

1. **Expiring Grant Project Identification Number (PIN):** No action required. This field populates with the PIN number from the '**Federal Award Identifier**' field on Screen 1A. This field is read-only. If it is incorrect, go back to Screen 1A to correct errors.
2. **CoC Number and Name:** Required. Select the CoC Number and Name from the dropdown. **Selecting the correct CoC is critical**. The dropdown contains all CoCs that were registered in the FY 2026 CoC Program Registration process and is 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 8B, *e-snaps* will send this project application to the CoC selected.

   Note: You should only use the '**No CoC**' option in instances where a project is in a geographic area not claimed by any CoC or you are submitting a Solo Appeal.
3. **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 2026 CoC Program Registration process.
4. **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.
5. **Project Status:** Required. This field defaults to the '**Standard**' option and should only be changed to '**Appeal**' if your organization will submit a Solo Appeal. If you select '**Appeal**,' Screen 8A '**Notice of Intent to Appeal**' will appear on the left menu and you must complete additional information and include the attachment noted in the Solo Appeal process, see instructions for Screen 8A above.
6. **Component Type:** Required. Select '**HMIS**'. This selection must match the previously approved information for this project that is under the grant agreement or grant agreement as amended.
7. **Was this project previously awarded as an Unsheltered Homelessness Set Aside or a Rural Set Aside?** Required. Select:

   Yes, if your project was awarded as an Unsheltered Homelessness Set Aside or a Rural Set Aside

   No, if your project was not awarded as an Unsheltered Homelessness Set Aside or Rural Set Aside

7a. Please select what type this project was previously awarded. Required if Yes to question #7. Select:

- **Unsheltered Homelessness Set Aside**
- **Rural Set Aside**

7b. If Rural please select the appropriate geocodes your community will be covering:

Area(s) affected by the project (state(s) only):

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

Area(s) affected by the project (tribal geo-code(s) only). Only make a selection if the project will serve a tribal area. If no tribal area will be served, leave this field blank. Do not make any selections.

9. **Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?** Required. Select:

   Yes, if your organization, or subrecipient, is a victim service provider defined in 24 CFR 578.3.

   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.

   No, if your organization, or subrecipient, is not a victim service provider.

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. (**Note:** rural costs may ONLY be used for rural areas and must be associated with a valid rural or tribal geo-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:

    (Rural costs ONLY) 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 make a selection if the project will serve a tribal area. If no tribal area will be served, leave this field blank. Do not make any selections.

HMIS Screen 3B. Description

All questions on Screen 3B are required and provide HUD with a detailed description of the project.

1. **Provide a description that addresses the entire scope of the proposed project.** Required. Provide a detailed description of the scope of the project including the community needs, the design and implementation of the HMIS system, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used. The information you provide in this narrative must align with the information entered in other screens of the application.

HMIS Part 4: Implementation of HMIS

HMIS Screen 4A. HMIS Standards

All questions on Screen 4A are required and should be answered based on the current configuration of the dedicated HMIS project. For more information on HMIS Data Standards applicable for all HMIS projects, go to **HMIS Data Standards**.

HMIS Universal Data Elements

1. Name	**6.** Deleted	**11.** Destination

2. Social Security Number	**7.** Veteran Status	**12.** Relationship to Head of Household
3. Date of Birth	**8.** Disabling Condition	**13.** Client Location
4. Race	**9.** Project Start Date	**14.** Housing Move-in Date
5. Ethnicity	**10.** Project Exit Date	**15.** Prior Living Situation

1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the 2026 HMIS Data Standard Manual? Required. Select:

Yes, if the HMIS collects all required UDEs.

No, if the HMIS cannot or does not collect all required UDEs.

1a. If no, explain why and the planned steps for correction: Required if '**No**' was selected for question 1a. If the HMIS does not capture all UDEs provide an explanation that includes the UDE(s) not collected by the HMIS, the reason the UDE(s) are not captured, the specific steps the HMIS Lead, working with the CoC, will take to come into compliance, and how funds from this project application will result in full compliance with this requirement.

2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Report (APR)/CoC reporting, Consolidated Annual Performance and Evaluation Report (CAPER)/ESG reporting, Longitudinal System Analysis (LSA)/Annual Homeless Assessment Report, System Performance Measures (SPM), and Data Quality Table, etc.) Required. Select:

Yes, the HMIS produces all HUD-required reports and provides data as needed for HUD reporting.

No, the HMIS does not produce all HUD-required reports.

2a. If no, explain why and the planned steps for correction: Required if '**No**' was selected for question 2a. If the HMIS does not have this capacity, provide an explanation that includes the reports that cannot be produced, the reason, the specific steps the HMIS Lead, working with the CoC, will take to come into compliance, and how funds from this project application will result in full compliance with this requirement.

3. Is your HMIS capable of generating all reports required by Federal partners including HUD, VA, and HHS? Required. Select:

Yes, the HMIS produces all reports required by Federal partners.

No, the HMIS does not produce all the reports required by Federal partners.

3a. If no, explain why and the planned steps for correction. Required if '**No**' was selected for question 3a. If the HMIS does not have this capacity provide an explanation that includes the reports that cannot be produced, the reason, the specific steps the HMIS Lead, working with the CoC, will take to come into compliance, and how funds from this project application will result in full compliance with this requirement.

4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC? Required. Select:

Yes, the HMIS can deduplicate client records.

No, the HMIS cannot deduplicate client records or if the HMIS will soon include this capacity.

5. Describe your organizations process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures? Required. In the text box provided,

describe your CoC's process for updating your HMIS Governance Charters and HMIS Policies and Procedures.

6. **Who is responsible for ensuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?** Required. In the text box provided, describe who is responsible for insuring the HMIS implementation meets all privacy and security standards.

7. **Do you update your Privacy Notice annually and provide a copy to all HMIS users?** Required. Select:

   Yes, the HMIS Lead conducts security training and follows up with recipients and subrecipient organizations.

   No, the HMIS Lead does not conduct security training or follow-up with recipients **and** subrecipients.

8. **What is the CoC's policy and procedures for managing a breach of Personally Identifiable Information (PII) in HMIS?** Required. In the text box provided, describe the CoC's policy and procedures for managing a breach of PII.

HMIS Part 6: Budgets

This section captures the budget information for the renewal project application. Funding requests must match the current grant agreement, grant agreement as amended, or budget reductions if the CoC is reducing funds through reallocation.

NOTE: Your application should reflect 1-year Term and 1-year of funding. Though the FY2024/2025 CoC Competition NOFO covers two years (FY2024 and FY2025), the funding will be disbursed as two one-year budget periods. Your application in e-snaps must reflect only one year of funding.

HMIS renewal project applications are not required to update individual detailed budget screens. If changes are needed to the following BLIs, you can update the total BLI amounts on the **Summary Budget** table for the following:

- HMIS (24 CFR 578.57),
- VAWA (Section III.B.4.a.(3) (a) & Section III.B.4.a.(3) (b) of CoC NOFO) and,
- Administrative Costs (24 CFR 578.59).
- VAWA (Section IV.B.4 of CoC NOFO)
- Rural (Section IV.B.4 of CoC NOFO)
- Administrative Costs (24 CFR 578.59).

NOTE: Projects originally awarded under the Rural Set Aside through the Special CoC NOFO Competition that are applying for renewal may only request costs that are eligible under the CoC Program. This means the following costs are no longer eligible in projects originally awarded under the Rural Set Aside:

a. Rent or utility assistance after 2 months of nonpayment of rent or utilities to prevent eviction or loss of utility service are no longer eligible. Funds may no longer be used to pay rent or utility arrear payments up to 6 months on behalf of program participants residing in permanent housing.

b. Emergency food and clothing assistance. Costs for providing clothing to program participants are not eligible. Costs for providing meals or groceries are an eligible supportive service (24 CFR 578.53(e)(7) and must now be classified on the supportive services budget line item.

c. Costs associated with making use of Federal Inventory property programs to house individuals and families experiencing homelessness are no longer eligible. Federal Inventory property programs means the Use of Federal Real Property to Assist the Homeless program authorized by title V of the Act, and implemented by 24 CFR part 581, and the Single-Family Property Disposition Program authorized by section 204(g) of the National Housing Act (12. U.S.C. 1710(g)) and implemented at 24 CFR part 291.

Applicants may move funds currently allocated to these costs in their current grant agreement to other eligible CoC Program costs through the project application.

Costs for funding repairs, repairs necessary to make housing habitable to be used for transitional or permanent housing, emergency short-term lodging costs, and capacity building activities remain eligible; however, these costs must now be classified as Rural Costs. Applicants may move funds currently allocated to these costs in their current grant agreement to the Rural Costs BLI through the project application.

IMPORTANT Project Application Budget Policies. The following renewal project application budget policies apply unless you have a fully executed grant agreement amendment for your current grant prior to this year's application deadline (August 26, 2026).

- **You can request to shift budget amounts of up to 10 percent of one BLI to another BLI**.

These types of shifts are especially important to accommodate any budget reductions if your Annual Renewal Amount (ARA) is reduced for any reason; but especially if the reduction is due to the CoC decision to reduce the project budget via the reallocation process or to accommodate shifting of funds into the CoC VAWA BLI or the CoC Rural BLI.

Note: If your renewal project application is submitted with a reduced ARA, either through the reallocation process or due to an error, the project's ARA is permanently reduced.

HUD requires CoC Program budget expenditures to be used for eligible costs as outlined in 24 CFR part 578. Actual expenditures will be reviewed during HUD field office monitoring or OIG audits and ineligible expenditures could result in your organization repaying HUD for any ineligible expenditures. Please remember:

- **You cannot request** an increase in a renewal project's total Annual Renewal Amount (ARA).
- **You cannot request** any shifting of funds of more than 10 percent of one BLI to another BLI, unless it is due to reallocation as noted above. If a reduction of more than 10 percent of any given BLI is identified in a project application, all amounts will be returned to those shown in eLOCCS.
- **You cannot request** a change in the configuration counts in units or bedrooms in the Rental Assistance BLI; unless it is part of an amendment or as noted above due to reallocation. To clarify, it is important to remember at this point in a renewal grant's life cycle, the unit and bedroom counts for a Rental Assistance BLI are first and foremost financial calculations**,** and for a variety of reasons may diverge from the units and beds counts used to track performance as listed on the *e-snaps* screen 4B table of a project application. HUD does not expect Rental Assistance BLI configurations to always remain the same as unit and bed counts used for a project's performance base counts on the screen 4B table.

HMIS Screen 6A. Funding Request

This screen requests information if your renewal project intends to use indirect costs and the BLI(s) requesting renewal funds.

The **Violence Against Women Act (VAWA) Reauthorization Act of 2022** clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in *e-snaps* and eLOCCS. The new BLI

will be added to grant agreements and utilized the same as other CoC Program BLIs in *e-snaps* and eLOCCS.

Note: the VAWA BLI is **not** limited to DV Bonus projects or other projects focused on survivors. It can be requested by any project regardless of population served in order to meet the emergency transfer and confidentiality requirements of VAWA for covered housing providers.

Eligible CoC VAWA costs can be identified in one or both of the following CoC 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 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 CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

Enter the combined estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above. The total amount calculates when you select '**Save**'.

1. **Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer per Section IV.B.4.a of the NOFO?** Required. Select '**Yes**' or '**No**' to indicate whether the project will use grant funds to provide VAWA emergency transfer facilitation.
2. **Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA requirements per Section IV.B.4.b of the NOFO?** Required. Select '**Yes**' or '**No**' to indicate whether the project will use grant funds to provide for VAWA confidentiality requirements.

Rural Cost Budget: In FY2026, the CoC Program has added eligible rural cost budget categories to be added in a new CoC 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 eLOCCS. There are three CoC Program rural cost categories that can be requested for your CoC Rural Cost BLI.

- **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.
- **Staff Training** to include professional development, skill development, and staff retention activities.

3. **Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section IV.B.5 of the NOFO?**

   Yes, if your project will use the Rural Cost BLI.

   No, if your project will <u>not</u> use the Rural Cost BLI.

4. **Renewal Grant Term**: No action required. This field populates with '**1-Year**' and is read-only.
5. **Select the costs for which funding is requested:** Required. Check the box(s) for the Budget Line Items (BLIs) your project requests funds (see 24 CFR 578, Subpart D, Program Components and Eligible Costs and 24 CFR 578.87I–Restriction on Combining Funds to ensure eligible use of funds). <u>Selection must match your current grant agreement, or grant agreement as amended</u>, other than shifts of up to 10% of an existing BLI into another BLI.

HMIS Screen 6D. Sources of Match

You must complete the '**Sources of Match**' screen. See 24 CFR 578.73 for CoC Program 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' screens**.

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 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' screens(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 request, including Administration costs, but excluding Leasing costs (i.e., Leased Units and Leased Structures). If your match amount exceeds 25 percent, HUD expects you to produce the higher amount included in the project application if selected for conditional award.

Example: If the **'Total Assistance Requested'** for a HMIS project is $100,000, then you must match funds no less than $25,000.

The summary table on the primary '**Sources of Match**' screen aggregates the 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 you want to include with your project application. Once completed with this **'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 Match Commitment**: Required. Select '**Cash**' or '**In-Kind**' (non-cash) to indicate the type of contribution that describes this match commitment. If applications include third-party in-kind match, you need to 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., HUD-VASH (VA Supportive Housing program)) 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. **Value of Written Commitment**: Required. Enter the total dollar value of the contribution.

HMIS Screen 6E. Summary Budget

This screen summarizes the total funding request for the 1-year renewal project. All requested amounts must match the current grant agreement, or grant agreement as amended. The exception is if this renewal project was reduced through the reallocation process and will have a lower total budget. The total amounts are calculated by *e-snaps* when you select '**Save**'.

The following fields can be updated:

- **HMIS,**
- **VAWA,**
- **Rural and,**
- **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 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.

Note: The Consolidated Appropriations Act, 2024 authorizes HUD to make reasonable cost of living adjustments to renewal amounts to help afford increasing cost of operations due to inflation. Your application should reflect BLIs based on previously awarded amounts. HUD will apply this adjustment to the Supportive Services and HMIS Costs BLIs for renewal projects that are conditionally awarded.

The summary budget also includes the amount of Cash, In-Kind, and Total Match entered on Screen 6D. To adjust match amounts, return to Screen 6D. 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.

Indirect Cost Information

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

The Indirect Cost Form uses federal terminology that does not clearly match terminology used for the CoC Program and project applications. For CoC Program purposes, HUD is clarifying the meaning of "**specific project or activity**" and "**this application**" in the Indirect Cost Form. The legal requirements of the Indirect Cost Form as related to the CoC Program mean: any single organization/applicant equals one application for all accumulated project applications; regardless of how many individual project applications are submitted in a CoC Program Competition. Therefore, information in an *e-snaps* Indirect Cost Form includes the total amount of all the project applications applying for funds in the FY 2024/2025 CoC Program Competition. For example, if organization XYZ submits three separate project applications, esnaps will pull from the same Project Applicant Profile, and all three projects will have the same Indirect Cost Form.

Indirect Cost Information for Award Applicant/Recipient.

1. **Federal Program/Assistance Listing Program Title**. No action required. This field populates with "**Continuum of Care Program**".
2. **Applicant/Recipient Name**. No action required. This information populates from the "**Authorized Representative**" screen of the **Project Applicant Profile**.

3. **Indirect Cost Rate Information for the Applicant/Recipient**. No action required. This field pulls the checkbox that was selected on the Project Profile. If Checkbox #3 was selected, the indirect cost table also gets pulled
4. **Submission Type.** No action required. Defaults to Initial Submission
5. **Effective date(s).** No Action required
6. **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 a CoC Program Competition. You must certify in both the Project Applicant Profile and the project application that the information provided is accurate and complete.

For more information concerning the FY 2026 CoC Program Competition, visit HUD's website.