FY2012 Continuum of Care Homeless Assistance Program: Project Applications in esnaps

The purpose of this document is to provide a summary of the forms and questions that project applicants must complete in its application submission.

Applicant Submission for Funding										
Form Title	New					Renewal				
*Note: Part and Form numbers may change depending on the component type.	PH	TH	SSO	HMIS	Planning	РН	TH	SSO	HMIS	SH
Before Starting	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
Part 1 - SF-424										
Form: 1A. Application Type	X	Х	Х	Х	X	X	Х	Х	Х	X
Form: 1B Legal Applicant	X	Х	Х	Х	X	Х	Х	Х	Х	Х
Form: 1C Application Details	X	Х	Х	Х	Х	Х	Х	Х	Х	Х
Form: 1D Congressional District(s)	X	Х	Х	Х	Х	Х	Х	Х	Х	Х
Form: 1E Compliance	X	Х	Х	Х	Х	Х	Х	Х	Х	Х
Form: 1F Declaration	X	Х	Х	Х	Х	Х	Х	Х	Х	X
Part 2 - Subrecipient Information										
Form: 2A. Subrecipients	X	Х	Х	Х		Х	Х	Х	Х	Х
Form: 2B. Experience of Applicant, Subrecipient(s), and Other Partners	X	Х	Х	Х						
Part 3 - Project Information										
Form: 3A. Project Detail	X	Х	Х	Х	Х	Х	Х	Х	Х	Х
Form: 3B. Description	X	Х	Х	Х	Х	Х	Х	Х	Х	Х
Form: 3C. Expansion	X	Х	Х							
Form: 3C. HMIS Expansion				Х						
Part 4 - Hsg, Srvs, and HMIS										
Form: 4A. Supportive Services for Participants	X	X	Х			X	Х	Х		X
Form: 4A. HMIS Standards				Х					Х	
Form: 4B. Housing Type and Location	Х	X				X	Х			Х
Subform: 4B Housing Type and Location Detail	Х	Х				Х	Х			Х
Form: 4B. SSO			Х					Х		
Form: 4B. HMIS Timetable				Х						
Form: 4C. HMIS Participation						X	Х	Х		Х
Part 5 - Participants and Outreach										
Form: 5A. Households	X	Х	Х			X	Х	Х		X
Form: 5B. Subpopulations	X	X	Х			X	X	Х		X
Form: 5C. Outreach	X	Х	Х			X	Х	Х		X
Form: 5D. Discharge Policy	X	Х	Х			Х	Х	Х		X
Part 6 - Performance Measures										
Form: 6A. Standards	X	Х	Х			X	Х	Х		X
Form: 5A. HMIS Standards									Х	
Form: 6B. Additional	X	X	Х			X	X	Х		X
Part 7 - Budget Information										
Form: Funding Request	X	Х	Х	Х	Х	Х	Х	Х	Х	Х
Form: Grant Consolidation						Х	Х	Х	Х	Х
Form: Acquisition/Rehabilitation/New Construction	X	Х	Х							
Subform: Acquisition/Rehabilitation/New Construction Budget Detail	Х	Х	Х							
Form: Leased Units	X	Х				Х	Х			X

X	Χ				Х	Χ			X
Х	Χ	X			Χ	Χ	Х		X
X	Χ	X			Χ	Χ	Х		X
X	Χ				Х	Χ			
X	Χ				Χ	Χ			
X	Χ				X	Χ			
X	Χ				Х	Х			
X	Χ	X			Χ	Χ	Х		X
X	Χ				X	Χ			X
X	Х	Х	Х		X	Χ	Х	X	X
X	Χ	X	Х		Χ	Χ	Х	Х	X
X	Χ	Х	Х	X	Х	Χ	Х	X	X
X	Х	X	Х	X	X	Х	Х	X	X
X	Х	X	Х	X	Х	Χ	Х	X	X
X	Х	Х	Х	X	Х	Х	Х	X	X
X	Χ	Х	Х	X	Χ	Х	Х	Х	Х
X	Х	Х	Х	Х	Х	Х	Х	Х	Х
	X	X	X	X	X	X	X	X	X

FY2012 Continuum of Care Homeless Assistance Program: Project Applications in esnaps

The purpose of this document is to provide a summary of the forms and questions that project applicant

Applicant Submission for Funding
Form: 1A
1. Type of Submission
2. Type of Application
3. Date Received
If Revision, select appropriate letter (s)
If "Other", specify
4. Applicant Identifier
5a. Federal Entity Identifier
(*) 5b. Federal Award Identifier
6. Date Received by State
7. State Application Identifier
Form: 1B
8. Applicant
a. Legal Name
b. Employer/Taxpayer Identification Number (EIN/TIN)
c. Organizational DUNS
d. Address
Street 1
Street 2
City
County
State
Country
Zip/Postal Code
e. Organizational Unit (optional)
Department Name
Division Name
f. Name and contact information of person to be contacted on matters involving this application
Prefix
First Name
Middle Name
Last Name
Siffix
Title
Organizational Affiliation
Telephone Number
Extension
Fax Number Email
Form: 1C
* 9. Type of Applicant:
If "Other" please specify:
10. Name of Federal Agency:
* 11. Catalog of Federal Domestic Assistance Title:
CFDA Number:
12. Funding Opportunity Number:

Title:
13. Competition Identification Number:
Title:
Form: 1D
* 14. Area(s) affected by the project (state(s) only): (for multiple selections hold CTRL+Ke
15. Descriptive Title of Applicant's Project:
16. Congressional District(s):
10. Congressional district(s).
* a. Applicant:
* b. Project: (for multiple selections hold CTRL+Key)
17. Proposed Project
* a. Start Date:
* b. End Date:
18. Estimated Funding (\$)
a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:
Form: 1E
* 19. Is the Application Subject to Review By State Executive Order 12372 Process?
If "YES", enter the date this application was made available to the State for review:
* 20. Is the Applicant delinquent on any Federal debt?
If "YES," provide an explanation:
Form: 1F
Du signification and submitting this confication. I contifue (1) to the statements contained in the list of
By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my
knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I
accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject
me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)
* I AGREE:
21. Authorized Representative
Prefix:
First Name:
Middle Name:
Last Name:
Suffix:
Title:
Telephone Number:
(Format: 123-456-7890)

	Fax Number:
	(Format: 123-456-7890)
	Email:
:	Signature of Authorized Representative:
	Date Signed:

populated with "Application". cannot be edited						
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populates with the date submitted; cannot be edited						
not applicable; leave blank; cannot be edited						
not applicable; leave blank; cannot be edited						
not applicable; leave blank; cannot be edited						
not applicable; leave blank; cannot be edited						
For renewals - mandatory; alphanumeric field; restricted to 15 characters						
not applicable; leave blank; cannot be edited						
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edited populated with "CoC Program"; cannot be edited						
populated with "14.267"; cannot be edited						
populated with "FR-XXXX-N-XX": cannot be edited						
populated with 1177070714707. Outlinet be cuited						

populated with "Continuum of Care Homeless Assistance Competition ": not applicable: leave blank: cannot be edited populated from Applicant Profile: cannot be edited mandatory: two multi-select list boxes: Available Items: includes all states and territories: Selected Items: displays applicant selected states and territories: drives the geographic areas available on form 4B -Populated with Project Name from application creation: cannot be edited mandatory; two drop down menus; Available Items: includes all congressional districts; Selected Items: displays applicant selected states and territories mandatory; two drop down menus; Available Items: includes all congressional districts; Selected Items: displays applicant selected states and territories mandatory; mm/dd/yyyy mandatory; mm/dd/yyyy not applicable; leave blank; cannot be edited -c. Program is not covered by E.O. 12372. mandatory if "Yes" to 19; mm/dd/yyyy mandatory; dropdown; select No or Yes mandatory if "Yes" to 20; alphanumeric text box mandatory; check box; if application is saved and this is not selected, the rest of the application should not be visible populated from Applicant Profile: cannot be edited populated from Applicant Profile: cannot be edited

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populated with "Considered signed upon in e-snaps"; cannot be edited
populated with date submitted in e-snaps" mm/dd/yyy; cannot be edited

The purpose of this document is to provide a summary of the forms and questions that project applicants must complete in its application submission.

- Subrecipient Information							
	This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information alread						
Form: 2A. Project Subrecipients	listed, select the view option.						
Total Expected Sub-Awards	readonly; field populates with a sum of expected sub-award fields from the detail subformlets						
Organization	readonly; column lists organization names from all detail subformlets						
Туре	readonly; column lists organization types from detail subformlets						
Sub-Award Amount	readonly; column lists organization sub-award from detail subformlets						
Subform: 2A. Project Subrecipients							
* a. Organization Name	mandatonง สมเด็จยะ Exercisation j.N. Nonprofit without 501(c)(3) IRS Status (Other than Institution of High						
* b. Organization Type	Education);X. Other (Specify)						
If "Other" please specify	mandatory if select X. Other (Specify); alphanumeric field						
* c. Employer or Tax Identification Number	mandatory: must be in format XX-XXXXXX						
* d. Organizational DUNS	mandatory; numeric; must be 9 digits						
PLUS 4	non-mandatory; numeric; must be 4 digits						
e. Physical Address							
* Street 1	mandatory; alphanumeric field;						
Street 2	non-mandatory; alphanumeric field;						
* City	mandatory; alphanumeric field;						
* State	mandatory; dropdown with all States and territories available						
* Zip Code	mandatory; nwoneduti-select list boxes; Available Items: includes all congressional districts; Selected Ite						
* f. Congressional District(s)	displays applicant selected states and territories						
* g. Is the subrecipient a Faith-Based Organization	mandatory; dropdown with No, Yes						
* h. Has the Subrecipient ever received a federal grant, either directly	managery, aropasin war vo, 100						
from a federal agency or through a State/local agency	mandatory; dropdown with No, Yes						
* i. Expected Sub-Award Amount:	mandatory; numeric						
j. Contact Person							
* Prefix	Honorable; Governor; Mayor; President; Judge; Father; Sister; Captain; Major; Monsignor; Deacon; Colonel; L Colonel; Bishop; Acting Governor; Pastor; Rabbi; Brig. General; Commissioner						
* First Name	mandatory; alphanumeric field;						
Middle Name	non-mandatory; alphanumeric field;						
* Last Name							
	mandatory; alphanumeric field;						
Suffix	non-mandatory; dropdown with: Jr.;Sr.;M.D.;D.D.S.;Ph.D.;Esq.;CSW;J.D.;MSW;LMSW;LCSW;Ed.D.						
* Title	mandatory; alphanumeric field;						
* E-mail Address	mandatory; alphanumeric field; must be valid email						
* Confirm E-mail Address	mandatory; alphanumeric field; must match previous field exactly						
* Phone Number	mandatory; numeric field; 10 or 11 numbers only						
Extension	non-mandatory; numeric field only						
Fax Number	non-mandatory; numeric field; 10 or 11 numbers only						
Documentation of the subrecipient's nonprofit status is required with the submission of this application.	Note at the bottom of the form						
Form: 2B. Experience of Applicant, Subrecipient(s), and Other Partners	I vote at the bottom of the form						
* 1. Describe the experience of the applicant and potential subrecipients (if any), in							
effectively utilizing federal funds and performing the activities proposed in the	mandatan yalahan masia fiald						
application, given funding and time limitations. * 2. Describe the experience of the applicant and potential subrecipients (if any) in	mandatory; alphanumeric field						
leveraging other Federal, State, local, and private sector funds.	mandatory; alphanumeric field						
* 3. Describe the basic organization and management structure of the applicant and							
subrecipients (if any). Include evidence of internal and external coordination and an							
adequate financial accounting system.	mandatory; alphanumeric field						
* 4a. Are there any unresolved monitoring or audit findings for any HUD grants							
(including ESG) operated by the applicant or potential subrecipients (if any)?							
If Yes, click "Save" to explain findings.	mandatory; dropdown with options: No, Yes						
4b. Describe the unresolved monitoring or audit findings.	mandatory if yes to 4a; alphanumeric field						
- Project Information							
Form: 3A. Project Detail							
onn. on Project Detail							
	mandatory; dropdown with options = CoC number and name, as identified in the CoC's registrat						
* 1a. CoC Number and Name:	submission. Include 'No CoC' as first option.						
The second of th	†						
* 1h. CoC Applicant Name:	mandatory; dropdown list dependent on selection of CoC Number and Name above; populated v						
* 1b. CoC Applicant Name:	associated CoC applicant names from registration						
2. Project Name:	readonly; populated with 2012 project name						

* 3. Project status:	Mandatory; dropdown with options = Standard, Appeal; default = Standard. If Appeal is selected, auto-save and display red warning message, "You have selected "Appeal" and therefore are designating this application as an appeal to the CoC's decision to not fund this project. To proceed, you must fill out an additional form, Part 9 - Notice of Intent to Appeal, and submit the details of your appeal to be considered for funding. If you are filling out this application for the first time, or are otherwise not intending to appeal a rejection, please select "Standard."" If Appeal is selected, Part 9 below is visible; Autosave is important. Warning message must be red
(**Form is auto populated. Change only if appealing a CoC rejection**)	and prominent.
* 4. Component Type:	New projects = mandatory; dropdown with options: PH, TH, SSO, HMIS
* 5. Is Energy Star used at one or more of the proposed properties?	mandatory; dropdown with options: Yes, No, Not applicable
* 6. Does this project use one or more properties that have been conveyed through the Title V process?	mandatory; dropdown with options: Yes, No
Form: 3B. Description	
* 1. Provide a description that addresses the entire scope of the proposed project .	mandatory; alphanumeric field
* 2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work	mandatory; alphanumeric field
 If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property. 	nonmandatory; alphanumeric field; visible for nonHMIS component projects
* 4. Do you plan on serving youth under category 3 of the HUD homeless definition, "unaccompanied youth and families with children who are defined as homeless under other federal statutes and who do not otherwise qualify as homeless under this definition"? (Your CoC must request and receive HUD approval before project applicants can serve youth under category 3) * 5. Will the project provide RRH?	mandatory; drop-down box with options: Yes or No mandatory; Drop down menu options; "Yes" or "No"; visible for PH component projects
* 6a. If applicable, indicate the type of rental assistance:	mandatory; dropdown with: N/A, PRA, SRA, TRA; N/A is the default
* 6b. Indicate the maximum length of rental assistance:	mandatory and visible only if select PRA, SRA, TRA in question above in 6a (6a. If applicable, indicate the type of rental assistance:); dropdown option = Up to 3 months; Up to 12 months; Up to 18 months; Up to 24 months; Unlimited assistance Visible for nonHMIS and nonSSO component projects
* 6c. Describe the method for determining the type, amount, and duration of rental assistance that participants can receive.	mandatory and visible only if select PRA, SRA, TRA in question 6a above; alphanumeric field Visible for nonHMIS and nonSSO component projects
* 7a. Will participants be required to live in a particular structure, unit, or locality, at some point during the participation of antiticipation project will implement this	mandatory; dropdown with: Yes, No; visible for PH component projects.
requirement.	mandatory if Yes to 7a on form 3B; alphanumeric field; visible for PH component projects.
* 8a. Will more than 16 persons live in one structure? (If yes, click on the "Save" button below to enter additional information.) * 8b. Describe the local market conditions that necessitate a project of this	Mandatory; drop-down with options Yes, No; set default to 'No'
size.	Visible and mandatory if "Yes" in question 8a; alphanumeric field
* 8c. Describe how the project will be integrated into the neighborhood.	Visible and mandatory if "Yes" in question 8a; alphanumeric field
Form: 3C. Expansion	
* 1. Will the project use an existing homeless facility or incorporate activities	
provided by an existing project?	mandatory; dropdown with: Yes, No
* Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Increase the number of homeless persons served	visible if Yes is selected to question #1. Available items include the following: -Increase the number of homeless persons served -Provide additional supportive services to homeless persons -Bring existing facilities up to state/local government health and safety standards -Replace the loss of nonrenewable funding (private, federal, other excluding state/local government) visible if Yes is selected in question above
* Indicate how the project is proposing to "increase the number of homeless persons served."	
Current level of effort # of persons served at a point-in-time # of units # of beds	
New Effort # of additional persons served at a point in time that this project will provide # of additional units this project will provide # of additional beds this project will provide Provide additional supportive services to homeless persons	mandatory, numeric fields; visible if selected in question above
* Indicate how the project is proposing to "provide additional suppositive seevises on the the real passes see indicated above.	Increase number of and/or expand variety of supportive services provided Increase frequency and/or intensity of supportive services mandatory, alphanumeric field;
Bring existing facilities up to state/local government health and safety standards	manuatory, apriamiment nero, visible if selected in question above
	· · ·

* Describe how the project is proposing to "bring the existing facility(ies) up to state/local government health and safety standards."	mandatory, alphanumeric field;
Replace the loss of nonrenewable funding (private, federal, other excluding state/local government)	visible if selected in question above
Indicate how the project is proposing to "replace the loss of non- renewable funding from private, federal, and/or other (excluding state/local government)."	
* a) What is the source of non-renewable funding (should indicate that funds are not controlled by the state or local government)?	mandatory, alphanumeric field; visible if the following option is selected: Replace the loss of naneaewalalphanding-forinate, festmali miletonsoludingb6ate/leaelgeveាepeate the loss of
* b) Why are the project funds non-renewable?	nonrenewable funding (private, federal, other excluding State/local government)
* c) On what date will the non-renewable funds expire?	mandatory, calendar field; mm/dd/yyyy format; visible if the following option is selected: Replace the inangianory ৰাজ্যুমানটোলটোলটোলটোলটোলটোলটোলটোলটোলটোলটোলটোলটোলট
* d) What steps were taken to obtain other funding sources?	nonrenewable funding (private, federal, other excluding State/local government)
* e) Why are CoC Program funds necessary to continue operating the project?	mandatory, alphanumeric field; visible if the following option is selected: Replace the loss of nonrenewable funding (private, federal, other excluding State/local government)
Part 4 - Hsg, Srvs, and HMIS	
Form: 4A. Supportive Services for Participants	visible for nonHMIS component projects
* 1. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families?	mandatory, dropdown = Yes, No, Not applicable; nonHMIS
* 2. Does the proposed project have a designated staff person to ensure that the	·
children are enrolled in school and receive educational services, as appropriate? * 3. Describe the reason(s) for non-compliance with educational laws, and the	mandatory, dropdown = Yes, No, Not applicable; nonHMIS
corrective action to be taken prior to grant agreement execution. * 4. Describe how participants will be assisted to obtain and remain in permanent	mandatory and visible if "No" to questions #1 or #2; alphanumeric text field; nonHMIS
housing.	mandatory; alphanumeric text field; nonHMIS
* 5. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.	mandatory; alphanumeric text field; nonHMIS
	mandatory; nonHMIS; Field mandatory; nonHMIS; column A = "Supportive Services" column to include the following rows in alpabetical order: Assistance with Moving Costs Case management Child care Education services Employment assistance and job training Food Housing search and counseling services Legal services Life skills training Mental health services Outpratch services Outpatient health services Substance abuse treatment services Transportation Utility deposits column B = "Select Frequency"; drop-down list for each of the above Supportive Services to include the following choices: Daily Weekly Bi-Monthly Quarterly
* 6. Specify the frequency of supportive services to be provided to project participants.	Bi-Weekly Does Not Apply
* 7. How accessible are basic community amenities (e.g., medical facilities, grocery store, recreation facilities, schools, etc.) to the project?	mandatory' nonHMIS; dropdown = Yes, very accessible Somewhat accessible Not accessible
Form: 4B. Housing Type and Location	The following list summarizes each housing site in the project. To add a housing site to the list, select the [+] licon. To view or update a housing site already listed, select the [view] icon.
Total Units:	readonly; sum units from all detail subformlets
Total Beds:	readonly; sum beds from all detail subformlets
Total CH Beds:	readonly; sum beds from all detail subformlets
Housing Type, Units, Beds, CH Beds	readonly; list populates with the units, beds, and CH beds for each detail subformlet
Subform: 4B. Housing Type and Location Detail	

Label at bottom				
Label at bottom				
grid must include at least one entry (equal to or greater than 1);Formlet visible for nonHMIS component projects				
mandatory; nonHMIS and NonSSO; many-to-many with available options = to 2012 geo areas (as provided by Yelena)				
mandatory; nonHMIS and NonSSO; dropdown with state selection from last year. mandatory; nonHMIS and NonSSO; numeric field				
mandatory; nonHMIS and NonSSO; alphanumeric field				
mandatory; nonHMIS and NonSSO; numeric field; CH Beds total must be equal to or less than Beds mandatory; nonHMIS and NonSSO; alphanumeric field nonmandatory; nonHMIS and NonSSO; alphanumeric field mandatory; nonHMIS and NonSSO; alphanumeric field mandatory; nonHMIS and NonSSO; alphanumeric field mandatory; nonHMIS and NonSSO; diphanumeric field mandatory; nonHMIS and NonSSO; mumeric field mandatory; nonHMIS and NonSSO; numeric field mandatory; nonHMIS and NonSSO; many-to-many with available options = to 2012 geo areas (as provided by Yelena) grid must include at least one entry (equal to or greater than 1);Formlet visible for nonHMIS				
mandatany popUMIS and NonCSO; alabanymaria field				
mandatory; nonHMIS and NonSSO; numeric field				
mandatory; nonHMIS and nonSSO; dropdown options with: Barracks Dormitory, shared or private rooms Shared housing Clustered apartments Scattered-site apartments (including efficiencies) Single family homes/townhouses/duplexes				

Instr	ctions: [show]	5B. Project Pa	rticipants - Subpop	oulations					
Institu	Person	s in Households v	vith at Least One A	dult and One Chil	d				
	Chronically Homeless Non-	Chronically Homeless	Non- Chronically Homeless	Chronic Substance	Persons with	Severely	Victims of Domestic		
Characteristics Disabled Adults over age 24	Veterans	Veterans	Veterans	Abuse	HIV/AIDS	Mentally III	Violence		
Non-disabled Adults over age 24 Disabled Adults ages 18-24									
Disabled Adults ages 18-24 Non-disabled Adults ages 18-24									
Disabled Children under age 18									
Non-disabled Children under age 18 Total Persons									
10001	,		,	,	,		,		
		Persons in Ho	useholds without (Children					
NAME OF THE OWNER, WHITE OF THE OWNER, WHITE OF THE OWNER, WHITE OWNER, WHITE OWNER, WHITE OWNER, WHITE OWNER,	Chronically Homeless Non-	Chronically Homeless	Chronically Homeless	Chronic Substance	Persons with	Severely	Victims of Domestic		
Characteristics Disabled Adults over age 24	Veterans	Veterans	Veterans	Abuse	HIV/AIDS	Mentally III	Violence		
Non-disabled Adults over age 24									
Disabled Adults ages 18-24 Non-disabled Adults ages 18-24									
Total Persons									
		Persons in Hor	seholds with Only Non-	Children					
	Chronically Homeless Non-	Chronically Homeless	Chronically Homeless	Chronic Substance	Persons with HIV/AIDS	Severely	Victims of Domestic		
Accompanied Disabled Children under age 18	Veterans	Veterans	Veterans	Abuse	HIV/AIDS	Mentally III	Violence		
Accompanied Non-disabled Children under age 18	,					J			
Unaccompanied Disabled Children under age 1	18								
Unaccompanied Non-disabled Children under age 18 Total Persons]	J.		
Total Persons	-	,	,	,	,	,	,		
Click Sav	e to automa	atically cal	culate totals	3				Label at bottom	
Form: 5C. Outr	each for	Participa	ants						
1. Ent	er the perc	entage of h	nomeless pe	erson(s) w	ho will be se	erved by th	е		
propo	sed project								
	Directly fro	m the stre	et or other	locations n	ot meant fo	r human h	abitation.	mandatory; numeric fiel	
			ncy shelter	S				mandatory; numeric fiel	
	Directly fro							mandatory; numeric fiel	a; max 3 aigits
			ising and pr emergency				neant for	mandatory; numeric fiel	d: may 2 digits
								mandatory; numeric fiel	d: max 3 digits
Persons at imminent risk of losing their night time residence. Homeless persons as defined under other federal statutes.							mandatory; numeric fiel		
Persons fleeing domestic violence.							mandatory; numeric fiel		
Total of above percentages							readonly; sum of all per	centage; error message if sum is more than 100%	
* 2. If	the total is	ess than 1	.00 percent.	identify th	e other loca	ation(s) and	d how the		
perso	ns meet HL								
statut								mandatory if total of abo	ove percentages does not equal 100%, nonHMIS; alphanumeric field
	Describe th	e outreach	plan to brir	ng these h	omeless pa	rticipants ir	nto the	()	annania fiald
projec	I.							(non-)mandatory; alpha	numeric field
Form, ED Dice	haraa Di	nnina D	oliov					. visible if applicant areas	
Form: 5D. Disc	narye Pic	unning P	Ulicy					visible ii applicant organ	nization is a government agency
* 1. H	as the state	or local go	overnment o	developed	or impleme	nted a disc	charge		
	ing policy o								
	oublicly-fund es, or ment								
funde	d programs	?	istitutions) i	nto nomer	23311633 01 1	IOD WCKII	iney-vento	mandatory, dropdown =	Yes, No, Not applicable; nonHMIS
Part 6 - Performance	Measure	25							
Form: 6A. Stan								visible for nonHMIS/Preve	ention component projects
* 1. Specify the universe a		r the hous	ing moscur	·o				VISIBLE TOT HOTH HVIIS/T TEVE	antion component projects
Click 'Save' to calculate th	e taraet pe	rcent (%).	iiig iiicasui	С.					
		. ,							and the second s
Housi	ng Measure							nermanent housing (sul	n permanent housing as of the end of the operating year or exiting to bsidized or unsubsidized) during the operating year.
riousi	Target (#)	,						mandatory, numeric val	
	Universe (#)						mandatory, numeric val	
	Target (%)							readonly; calculate perc	centage = target number divided by universal number
* 2. Choose one income-r	elated perfo	rmance m	easure fron	n below, ar	nd specify th	ne universe	e and		
target numbers for the goa	al.								
Click 'Save' to calculate th	e target pe	rcent (%).							
								. Dames	alder take in account their total income (force all accounts) and the second state of
								a. Persons age 18 and operating year or progra	older who increased their total income (from all sources) as of the end of the
								OR	
									ugh 61 who increased their earned income as of the end of the operating year
Incom	e Measure							or program exit.	
	Target (#)	#1						mandatory, numeric val	
	Universe (mandatory, numeric val	
	Target (%)							readonly, calculate perc	centage = target number divided by universal number
Form: 6B. Addi	tional De	rforman	co Moser	Iroc -					
Porm: 6B. Addi		HUHHIAII	cc weast	II C S					

[Parent Form Header]	
* 1. Specify the universe and target goal numbers for the proposed measure.	
a. Proposed Measure	mandatory, alphanumeric field
b. Target (#)	mandatory, numeric value
c. Universe (#)	mandatory, numeric value
d. Target (%)	readonly; calculate percentage = target number divided by universal number
* 2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g.	
data collected by the intake worker at entry and case manager at exit) proposed to	
measure results	mandatory, alphanumeric field
* 3. Specific data elements and formula proposed for calculating results	mandatory, alphanumeric field
* 4. Rationale for why the proposed measure is an appropriate indicator of	
performance for this program	mandatory, alphanumeric field
Part 7 - Budget Information	
•	
Form: Funding Request	
* 1. Is it feasible for the project to be under grant agreement by September 30, 2014?	mandatony drandown with Voc. No.
	mandatory; dropdown with Yes, No
* 2. Are special housing funds being requested for this project?	mandatory; dropdown with Yes, No; should be visible for prevention projects
(If Yes, click the 'Save' button to identify the project as a PH Bonus.)	
Special housing funding:	readonly; if Yes, populated with Permanent Housing
	Mandatory; dropdown options are:
	1 Year
	2 Years
	3 Years
	4 Years 5 Years
* 3. Select a grant term:	15 Years
* 4. Select the costs for which funding is being requested:	label
Acquisition/Rehabilitation/New Construction	checkbox; selection triggers Acquisition/Rehahabilitation/ New Construction budget form
Leased Units	
	checkbox; selection triggers Leased Units budget form
Leased Structures	checkbox; selection triggers Leased Structures budget form
Short-term/Medium-term Rental Assistance	checkbox; selection triggers Short-term/Medium-term Rental Assistance budget form
Long-term Rental Assistance	checkbox; selection triggers Long-term Rental Assistance budget form
Supportive Services	checkbox; selection triggers Supportive Services budget form
Operations	checkbox; selection triggers Operations budget form
HMIS	checkbox; selection triggers HMIS budget form
* 5. Is the project proposing to use funds reallocated from the CoC's annual renewal	. 33
burden?	mandatory; dropdown with Yes, No
Form: Acquisition/Rehabilitation/New Construction	budget visible if selected on funding request form
The following list summarizes the total request for each structure. To add a structure to the list, select	budget visible if selected on furnishing request form
the [+] icon. To view or update a structure already listed, select the [view] icon.	label
Total Acquisition	readonly, dollar (no cents) value field; sums total acquisition request from all structures
Total Acquisition Total Rehabilitation	readonly, dollar (no cents) value field; sums total acquisition request from all structures readonly, dollar (no cents) value field; sums total rehabilitation request from all structures
Total Acquisition Total Rehabilitation Total New Construction	readonly, dollar (no cents) value field; sums total acquisition request from all structures readonly, dollar (no cents) value field; sums total rehabilitation request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures
Total Acquisition Total Rehabilitation Total New Construction Total Assistance Requested:	readonly, dollar (no cents) value field; sums total acquisition request from all structures readonly, dollar (no cents) value field; sums total rehabilitation request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures readonly, dollar (no cents) value field; sums total request from all structures
Total Acquisition Total Rehabilitation Total New Construction Total Assistance Requested: Subform: Acquisition/Rehabilitation/New Construction Budget Detail	readonly, dollar (no cents) value field; sums total acquisition request from all structures readonly, dollar (no cents) value field; sums total rehabilitation request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures readonly, dollar (no cents) value field; sums total request from all structures Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new
Total Acquisition Total Rehabilitation Total New Construction Total Assistance Requested: Subform: Acquisition/Rehabilitation/New Construction Budget Detail Complete the following fields related to the funds being requested for acquisition,	readonly, dollar (no cents) value field; sums total acquisition request from all structures readonly, dollar (no cents) value field; sums total rehabilitation request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures readonly, dollar (no cents) value field; sums total request from all structures
Total Acquisition Total Rehabilitation Total New Construction Total Assistance Requested: Subform: Acquisition/Rehabilitation/New Construction Budget Detail	readonly, dollar (no cents) value field; sums total acquisition request from all structures readonly, dollar (no cents) value field; sums total rehabilitation request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures readonly, dollar (no cents) value field; sums total request from all structures Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new
Total Acquisition Total Rehabilitation Total New Construction Total Assistance Requested: Subform: Acquisition/Rehabilitation/New Construction Budget Detail Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new construction of the new project. *Name of Structure:	readonly, dollar (no cents) value field; sums total acquisition request from all structures readonly, dollar (no cents) value field; sums total rehabilitation request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures readonly, dollar (no cents) value field; sums total request from all structures Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new (2005) requested for acquisition, rehabilitation, and/or new (2005) representations of the new project.
Total Acquisition Total Rehabilitation Total New Construction Total Assistance Requested: Subform: Acquisition/Rehabilitation/New Construction Budget Detail Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new construction of the new project. * Name of Structure: * Street Address 1:	readonly, dollar (no cents) value field; sums total acquisition request from all structures readonly, dollar (no cents) value field; sums total rehabilitation request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures readonly, dollar (no cents) value field; sums total request from all structures Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new
Total Acquisition Total Rehabilitation Total New Construction Total Assistance Requested: Subform: Acquisition/Rehabilitation/New Construction Budget Detail Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new construction of the new project. *Name of Structure:	readonly, dollar (no cents) value field; sums total acquisition request from all structures readonly, dollar (no cents) value field; sums total rehabilitation request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures readonly, dollar (no cents) value field; sums total request from all structures Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new (2005) and the new project. Mandatory; alphanumeric field
Total Acquisition Total Rehabilitation Total New Construction Total Assistance Requested: Subform: Acquisition/Rehabilitation/New Construction Budget Detail Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new construction of the new project. * Name of Structure: * Street Address 1:	readonly, dollar (no cents) value field; sums total acquisition request from all structures readonly, dollar (no cents) value field; sums total rehabilitation request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures readonly, dollar (no cents) value field; sums total request from all structures Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new mandatory; alphanumeric field mandatory; alphanumeric field
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Total Acquisition Total Rehabilitation Total New Construction Total Assistance Requested: Subform: Acquisition/Rehabilitation/New Construction Budget Detail Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new construction of the new project. * Name of Structure: * Street Address 1: Street Address 2: * City: * State: * Zip Code: Assistance Requested 1. Acquisition 2. Rehabilitation 3. New Construction	readonly, dollar (no cents) value field; sums total acquisition request from all structures readonly, dollar (no cents) value field; sums total rehabilitation request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures readonly, dollar (no cents) value field; sums total request from all structures. Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new generation of the new project. mandatory; alphanumeric field mandatory; dropdown with States and US territories mandatory; numeric field mandatory; mandatory mandatory be able to enter up to 8 digits for dollar amounts - or \$99,999,999 as the mandatory; dollar value (no decimals)
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Total Acquisition Total Rehabilitation Total New Construction Total Assistance Requested: Subform: Acquisition/Rehabilitation/New Construction Budget Detail Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new construction of the new project. * Name of Structure: * Street Address 1: Street Address 2: * City: * State: * Zip Code: Assistance Requested 1. Acquisition 2. Rehabilitation 3. New Construction 4. Total Assistance Requested Click the 'Save' button to automatically calculate the Total Assistance Requested. Form: Leased Units	readonly, dollar (no cents) value field; sums total acquisition request from all structures readonly, dollar (no cents) value field; sums total rehabilitation request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures readonly, dollar (no cents) value field; sums total request from all structures. Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new generation of the new project. mandatory; alphanumeric field mandatory; dropdown with States and US territories mandatory; numeric field mandatory; mandatory mandatory be able to enter up to 8 digits for dollar amounts - or \$99,999,999 as the mandatory; dollar value (no decimals)
Total Acquisition Total Rehabilitation Total New Construction Total Assistance Requested: Subform: Acquisition/Rehabilitation/New Construction Budget Detail Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new construction of the new project. * Name of Structure: * Street Address 1: Street Address 2: * City: * State: * 2 jp Code: Assistance Requested 1. Acquisition 2. Rehabilitation 3. New Construction 4. Total Assistance Requested Click the 'Save' button to automatically calculate the Total Assistance Requested. Form: Leased Units The following list summarizes the funds being requested for one or more units leased for	readonly, dollar (no cents) value field; sums total acquisition request from all structures readonly, dollar (no cents) value field; sums total rehabilitation request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new groups fruction of the new project. mandatory; alphanumeric field mandatory; alphanumeric field mandatory; alphanumeric field mandatory; dropdown with States and US territories mandatory; dropdown with States and US territories mandatory; mumeric field The user should only be able to enter up to 8 digits for dollar amounts - or \$99,999,999 as the maximum. mandatory; dollar value (no decimals) mandatory; dollar value (no decimals) sums budget request for the structure
Total Acquisition Total Rehabilitation Total New Construction Total Assistance Requested: Subform: Acquisition/Rehabilitation/New Construction Budget Detail Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new construction of the new project. * Name of Structure: * Street Address 1: Street Address 2: * City: * State: * Zip Code: Assistance Requested 1. Acquisition 2. Rehabilitation 3. New Construction 4. Total Assistance Requested Click the 'Save' button to automatically calculate the Total Assistance Requested. Form: Leased Units The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the [+] icon. To view or update	readonly, dollar (no cents) value field; sums total acquisition request from all structures readonly, dollar (no cents) value field; sums total rehabilitation request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures readonly, dollar (no cents) value field; sums total request from all structures readonly, dollar (no cents) value field; sums total request from all structures. Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new gaggaruction of the new project. mandatory; alphanumeric field mandatory; alphanumeric field mandatory; alphanumeric field mandatory; dropdown with States and US territories mandatory; dropdown with States and US territories mandatory; dropdown with States and US territories mandatory; dropdown with states and us digits for dollar amounts - or \$99,999,999 as the maximum. mandatory; dollar value (no decimals) mandatory; dollar value (no decimals) mandatory; dollar value (no decimals) sums budget request for the structure budget visible if selected on funding request form
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Total Acquisition Total Rehabilitation Total New Construction Total Assistance Requested: Subform: Acquisition/Rehabilitation/New Construction Budget Detail Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new construction of the new project. * Name of Structure: * Street Address 1: Street Address 2: * City: * Street Address 2: * City: * State: * 7jp Code: Assistance Requested 1. Acquisition 2. Rehabilitation 3. New Construction 4. Total Assistance Requested Click the 'Save' button to automatically calculate the Total Assistance Requested. Form: Leased Units The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the [+] icon. To view or update information already listed, select the [ively icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term:	readonly, dollar (no cents) value field; sums total acquisition request from all structures readonly, dollar (no cents) value field; sums total rehabilitation request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures readonly, dollar (no cents) value field; sums total request from all structures complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new gaggruction of the new project. mandatory; alphanumeric field mandatory; alphanumeric field mandatory; alphanumeric field mandatory; dropdown with States and US territories mandatory; dropdown with States and US territories mandatory; dropdown with States and US territories mandatory; dollar value (no decimals) sums budget request for the structure budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased units budget detail readonly; calculates total annual assistance \$ from all leased units budget detail times the grant term readonly; calculates total annual assistance \$ from all leased units budget detail times the grant term
Total Acquisition Total New Construction Total Assistance Requested: Subform: Acquisition/Rehabilitation/New Construction Budget Detail Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new construction of the new project. * Name of Structure: * Street Address 1: Street Address 2: * City: * State: * Zip Code: Assistance Requested 1. Acquisition 2. Rehabilitation 3. New Construction 4. Total Assistance Requested Click the 'Save' button to automatically calculate the Total Assistance Requested. Form: Leased Units The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the [+] icon. To view or update information already listed, select the [view] icon. Total Annual Assistance Requested: Grant Term:	readonly, dollar (no cents) value field; sums total acquisition request from all structures readonly, dollar (no cents) value field; sums total rehabilitation request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures readonly, dollar (no cents) value field; sums total request from all structures complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new gaggruction of the new project. mandatory; alphanumeric field mandatory; alphanumeric field mandatory; alphanumeric field mandatory; dropdown with States and US territories mandatory; dropdown with States and US territories mandatory; dropdown with States and US territories mandatory; dollar value (no decimals) sums budget request for the structure budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased units budget detail readonly; calculates total annual assistance \$ from all leased units budget detail times the grant term readonly; calculates total annual assistance \$ from all leased units budget detail times the grant term
Total Acquisition Total Rehabilitation Total New Construction Total Assistance Requested: Subform: Acquisition/Rehabilitation/New Construction Budget Detail Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new construction of the new project. * Name of Structure: * Street Address 1: Street Address 2: * City: * State: * Zip Code: Assistance Requested 1. Acquisition 2. Rehabilitation 3. New Construction 4. Total Assistance Requested Click the 'Save' button to automatically calculate the Total Assistance Requested. Form: Leased Units The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the [+] icon. To view or update information already listed, select the [view] icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Request for Grant Term:	readonly, dollar (no cents) value field; sums total acquisition request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures readonly, dollar (no cents) value field; sums total request from all structures complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new project. mandatory; alphanumeric field mandatory; alphanumeric field mandatory; alphanumeric field mandatory; alphanumeric field mandatory; dollar value field mandatory; dollar value field mandatory; dollar value (no decimals) sums budget request for the structure budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased units budget detail times the grant term In the \$VIRT VISIBLE VISIBLE VISIBLE FIELD Paid Rent**
Total Acquisition Total New Construction Total Assistance Requested: Subform: Acquisition/Rehabilitation/New Construction Budget Detail Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new construction of the new project. * Name of Structure: * Street Address 1: Street Address 2: * City: * State: * Zip Code: Assistance Requested 1. Acquisition 2. Rehabilitation 3. New Construction 4. Total Assistance Requested Click the 'Save' button to automatically calculate the Total Assistance Requested. Form: Leased Units The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the [+] icon. To view or update information already listed, select the [view] icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Units: Subform: Leased Units Budget Detail	readonly, dollar (no cents) value field; sums total acquisition request from all structures readonly, dollar (no cents) value field; sums total rehabilitation request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures readonly, dollar (no cents) value field; sums total request from all structures Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new faggaruction of the new project. mandatory; alphanumeric field mandatory; alphanumeric field mandatory; alphanumeric field mandatory; alphanumeric field mandatory; dopdown with States and US territories mandatory; numeric field The user should only be able to enter up to 8 digits for dollar amounts - or \$99,999,999 as the maximum. mandatory; dollar value (no decimals) sums budget request for the structure budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased units budget detail times the grant term readonly; calculates total annual assistance \$ from all leased units budget detail times the grant term In the \$\frac{8000}{2000} \frac{1000}{2000} \frac{1000}{20
Total Acquisition Total New Construction Total Assistance Requested: Subform: Acquisition/Rehabilitation/New Construction Budget Detail Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new construction of the new project. * Name of Structure: * Street Address 1: Street Address 2: * City: * State: * 2p Code: Assistance Requested 1. Acquisition 2. Rehabilitation 3. New Construction 4. Total Assistance Requested Click the 'Save' button to automatically calculate the Total Assistance Requested. Form: Leased Units The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the [+] icon. To view or update information already listed, select the [view] icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Projects and the Sudget Detail * Metropolitan or non-metropolitan fair market rent area:	readonly, dollar (no cents) value field; sums total acquisition request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures readonly, dollar (no cents) value field; sums total request from all structures Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new project. mandatory; alphanumeric field mandatory; alphanumeric field mandatory; alphanumeric field mandatory; alphanumeric field mandatory; dollar value field mandatory; dollar value field mandatory; dollar value (no decimals) sums budget request for the structure budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased units budget detail times the grant term in the \$\frac{\pi}{2} \frac{\pi}{2} \fr
Total Acquisition Total New Construction Total Assistance Requested: Subform: Acquisition/Rehabilitation/New Construction Budget Detail Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new construction of the new project. *Name of Structure: *Street Address 1: Street Address 2: *City: *State: *Zip Code: Assistance Requested 1. Acquisition 2. Rehabilitation 3. New Construction 4. Total Assistance Requested Click the 'Save' button to automatically calculate the Total Assistance Requested. Form: Leased Units The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the [+] icon. To view or update information already listed, select the [view] icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Punits: Subform: Leased Units Budget Detail *Metropolitan or non-metropolitan fair market rent area: SRO	readonly, dollar (no cents) value field; sums total acquisition request from all structures readonly, dollar (no cents) value field; sums total rehabilitation request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures readonly, dollar (no cents) value field; sums total request from all structures Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new gagaruction of the new project. mandatory; alphanumeric field mandatory; alphanumeric field mandatory; alphanumeric field mandatory; dropdown with States and US territories mandatory; dropdown with States and US territories mandatory; dropdown with States and US territories mandatory; dollar value (no decimals) sums budget request for the structure budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased units budget detail times the grant term In the \$Wark 1980-wife flam readonly; calculates total annual assistance \$ from all leased units budget detail times the grant term In the \$Wark 1980-wife flam readonly; calculates total annual assistance \$ from all leased units budget detail times the grant term In the \$Wark 1980-wife flam readonly; calculates total annual assistance \$ from all leased units budget detail times the grant term In the \$Wark 1980-wife flam readonly salve flam readonly; calculates total annual assistance \$ from all leased units budget detail times the grant term In the \$Wark 1980-wife flam readonly the flam readonly the flam readonly; calculates total annual assistance and readonly the flam readonly; calculates total annual assistance and readonly the flam readonly; calculates total annual assistance and reado
Total Acquisition Total New Construction Total New Construction Total Assistance Requested: Subform: Acquisition/Rehabilitation/New Construction Budget Detail Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new construction of the new project. * Name of Structure: * Street Address 1: Street Address 2: * City: * State: * Zip Code: Assistance Requested 1. Acquisition 2. Rehabilitation 3. New Construction 4. Total Assistance Requested Click the 'Save' button to automatically calculate the Total Assistance Requested. Form: Leased Units The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the [+] Icon. To view or update information already listed, select the [view] Icon. Total Annual Assistance Requested: Grant Term: Total Units: Subform: Leased Units Budget Detail * Metropolitan or non-metropolitan fair market rent area: SRO Number of units (Applicant)	readonly, dollar (no cents) value field; sums total acquisition request from all structures readonly, dollar (no cents) value field; sums total rehabilitation request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures readonly, dollar (no cents) value field; sums total request from all structures. Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new factors are project. mandatory; alphanumeric field mandatory; dollar value (no decimals) sums budget request for the structure budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased units budget detail times the grant term readonly; calculates total annual assistance \$ from all leased units budget detail times the grant term in the \$\text{RPR Bishwill'EntertRel*AljBishgishate(s.All\text{RPS AljBishwill'EntertRel*AljBishgishate(s.All\text{RPS AljBishwill'EntertRel*AljBishgishate(s.All\text{RPS AljBishwill'EntertRel*AljBishgishate(s.All\text{RPS AljBishwill'EntertRel*AljBishwill'EntertRel*AljBishwill'EntertRel*AljBishwill'EntertRel*AljBishwill'EntertRel*AljBishwill'EntertRel*AljBishwill'EntertRel*AljBishwill'EntertRel*AljBishwill'EntertRel*AljBishwill'EntertRel*AljBishwill'EntertRel*AljBishwill'EntertRel*AljBishwill'EntertRel*AljBishwill'EntertRel*AljBishwill'EntertRel*AljBishwill'EntertRel*AljBishwill'EntertRe
Total Acquisition Total New Construction Total New Construction Total Assistance Requested: Subform: Acquisition/Rehabilitation/New Construction Budget Detail Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new construction of the new project. * Name of Structure: * Street Address 1: Street Address 2: * City: * State: * Zip Code: Assistance Requested 1. Acquisition 2. Rehabilitation 3. New Construction 4. Total Assistance Requested Click the 'Save' button to automatically calculate the Total Assistance Requested. Form: Leased Units The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the [+] icon. To view or update information already listed, select the [view] icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Punks Subform: Leased Units Budget Detail * Metropolitan or non-metropolitan fair market rent area: SRO	readonly, dollar (no cents) value field; sums total acquisition request from all structures readonly, dollar (no cents) value field; sums total rehabilitation request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures readonly, dollar (no cents) value field; sums total request from all structures Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new gagaruction of the new project. mandatory; alphanumeric field mandatory; alphanumeric field mandatory; alphanumeric field mandatory; dropdown with States and US territories mandatory; dropdown with States and US territories mandatory; dropdown with States and US territories mandatory; dollar value (no decimals) sums budget request for the structure budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased units budget detail times the grant term In the \$Wark 1980-wife flam readonly; calculates total annual assistance \$ from all leased units budget detail times the grant term In the \$Wark 1980-wife flam readonly; calculates total annual assistance \$ from all leased units budget detail times the grant term In the \$Wark 1980-wife flam readonly; calculates total annual assistance \$ from all leased units budget detail times the grant term In the \$Wark 1980-wife flam readonly salve flam readonly; calculates total annual assistance \$ from all leased units budget detail times the grant term In the \$Wark 1980-wife flam readonly the flam readonly the flam readonly; calculates total annual assistance and readonly the flam readonly; calculates total annual assistance and readonly the flam readonly; calculates total annual assistance and reado

12 months	readonly field; populated with 12 (months)
12 monars	readonly, dollar value (no cents) field; multiples number of units times FMR amount (or HUD paid rent
Total Request (Applicant)	times grant term
0 bedroom	
Number of Units (Applicant)	nonmandatory, numeric value
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	readonly field; populated with 12 (months)
	readonly, dollar value (no cents) field; multiples number of units times FMR amount (or HUD paid rent
Total Request (Applicant)	times grant term
1 bedroom	
Number of Units (Applicant)	nonmandatory, numeric value
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	readonly field; populated with 12 (months)
Total Request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount (or HUD paid rent times grant term
2 Bedrooms	unies grant term
Number of Units (Applicant)	nonmandatory, numeric value
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	readonly field; populated with 12 (months)
	readonly, dollar value (no cents) field; multiples number of units times FMR amount (or HUD paid rent
Total Request (Applicant)	times grant term
3 Bedrooms	
Number of Units (Applicant)	nonmandatory, numeric value
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	readonly field; populated with 12 (months)
	readonly, dollar value (no cents) field; multiples number of units times FMR amount (or HUD paid rent
Total Request (Applicant)	times grant term
4 Bedrooms	
Number of Units (Applicant)	nonmandatory, numeric value
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	readonly field; populated with 12 (months)
	readonly, dollar value (no cents) field; multiples number of units times FMR amount (or HUD paid rent
Total Request (Applicant)	times grant term
5 Bedrooms	
Number of Units (Applicant)	nonmandatory, numeric value
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	readonly field; populated with 12 (months)
	readonly, dollar value (no cents) field; multiples number of units times FMR amount (or HUD paid rent
Total Request (Applicant)	times grant term
6 Bedrooms	
Number of Units (Applicant)	nonmandatory, numeric value
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	readonly field; populated with 12 (months)
	readonly, dollar value (no cents) field; multiples number of units times FMR amount (or HUD paid rent
Total Request (Applicant)	times grant term
7 Bedrooms	
Number of Units (Applicant)	nonmandatory, numeric value
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	readonly field; populated with 12 (months)
Total Paguest (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount (or HUD paid rent
Total Request (Applicant)	times grant term
8 Bedrooms Number of Units (Applicant)	nonmandatory, numeric value
	nonmandatory, numeric value readonly field; populated with current FMR amount for the unit size
FMR (Applicant)	
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	readonly field; populated with 12 (months)
	readonly, dollar value (no cents) field; multiples number of units times FMR amount (or HUD paid rent
Total Request (Applicant)	times grant term
9 Bedrooms	
Number of Units (Applicant)	nonmandatory, numeric value
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
	readonly field; populated with 12 (months)
12 months	
	readonly, dollar value (no cents) field; multiples number of units times FMR amount (or HUD paid rent times grant term
12 months Total Request (Applicant)	readonly field; sums total number of units for all bedroom sizes and in a separate field (under the total
12 months Total Request (Applicant) Total units and annual assistance requested:	times grant term readonly field; sums total number of units for all bedroom sizes and in a separate field (under the total column) sum \$ total for each bedroom size
12 months Total Request (Applicant)	times grant term readonly field; sums total number of units for all bedroom sizes and in a separate field (under the total

Form: Leased Structures Budget The following list summarizes the funds being requested for one or more structures leased for operating the projects. To add information to the list, select the [+] icon. To view or update information already listed, select the [view] icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1: Street Address 2: * City: * State:	label readonly; sums total annual assistance \$ from all leased structures budget detail readonly; populated from funding request form. readonly; calculates total annual assistance \$ from all leased structures budget detail times the gran term readonly; sums number of structures mandatory; alphanumeric field
The following list summarizes the funds being requested for one or more structures leased for operating the projects. To add information to the list, select the [+] icon. To view or update information already listed, select the [view] icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1: Street Address 2: * City:	label readonly; sums total annual assistance \$ from all leased structures budget detail readonly; populated from funding request form. readonly; calculates total annual assistance \$ from all leased structures budget detail times the gran term readonly; sums number of structures
operating the projects. To add information to the list, select the [+] icon. To view or update information already listed, select the [view] icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1: Street Address 2: * City:	readonly; sums total annual assistance \$ from all leased structures budget detail readonly; populated from funding request form. readonly; calculates total annual assistance \$ from all leased structures budget detail times the gran term readonly; sums number of structures
Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1: Street Address 2: * City:	readonly; sums total annual assistance \$ from all leased structures budget detail readonly; populated from funding request form. readonly; calculates total annual assistance \$ from all leased structures budget detail times the gran term readonly; sums number of structures
Total Request for Grant Term: Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1: Street Address 2: * City:	readonly; calculates total annual assistance \$ from all leased structures budget detail times the gran term readonly; sums number of structures
Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1: Street Address 2: * City:	term readonly; sums number of structures
Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1: Street Address 2: * City:	readonly; sums number of structures
* Structure Name: * Street Address 1: Street Address 2: * City:	mandatory: alphanumeric field
* Street Address 1: Street Address 2: * City:	mandatory: alphanumeric field
Street Address 2: * City:	
* City:	mandatory; alphanumeric field
	nonmandatory; alphanumeric field mandatory; alphanumeric field
	mandatory; dropdown with States and US territories
* Zip Code:	mandatory; numeric field
* HUD Paid Rent (per month):	mandatory; dollar value (no decimals); must be > \$0 to submit the form
12 months Total annual request:	readonly field; populated with selected grant term (in months) readonly field; multiplies HUD paid rent amount times 12 months
Grant term	readonly; populated from funding request form.(in years)
Total request for grant term:	readonly field; multiplies HUD paid rent amount times selected grant term (in years)
TEXT	"Click the "Save" button to automatically calculate the Total Assistance Requested."
Form: Short-term/Medium-term Rental Assistance	
The following list summarizes the rental assistance funding request for the total term of the project.	
To add information to the list, select the [+] icon. To view or update information already listed, select the [view] icon.	label
Total Annual Assistance Requested:	readonly; sums total annual assistance \$ from all ST/MT RA budget detail
Grant Term:	readonly; populated from funding request form.
Total Request for Grant Term:	readonly; calculates total annual assistance \$ from all ST/MT RA budget detail times the grant term
Total Units:	sums total units from each ST/MT RA budget detail
Subform: Short-term/Medium-term Rental Assistance Budget Detail	
Type of rental assistance: Metropolitan or non-metropolitan fair market rent area:	mandatory; read only, cannot be edited; populates with information from form 3B mandatory; dropdown with FMR areas that are in effect at the time of application
SRO	mandatory, dropdown with Filirit areas that are in elect at the time of application
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant) 0 bedroom	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
1 bedroom # of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
2 Bedrooms # of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
3 Bedrooms	nonmondator, munorio volvo, un to A divito in Igraello
# of units (Applicant) FMR (Applicant)	nonmandatory, numeric value; up to 4 digits in length readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
4 Bedrooms	
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length readonly field; populated with current FMR amount for the unit size
FMR (Applicant) 12 Months	readonly field; populated with current FMR amount for the unit size readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
5 Bedrooms	
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months Total request (Applicant)	readonly field; populated automatically with 12 readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
6 Bedrooms	1.00001113, 301100 value (110 cents) neid, manapies number of units times Pivit amount times grant term
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant) 7 Bedrooms	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length

FMR (Applicant)	readonly field; populated with current FMR amount for the unit size		
12 Months	readonly field; populated automatically with 12		
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term		
8 Bedrooms			
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length		
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size		
12 Months	readonly field; populated automatically with 12		
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term		
9 Bedrooms			
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length		
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size		
12 Months	readonly field; populated automatically with 12		
Total request (Applicant)	readonly.fixbiles.unluncten appropriet in the readon of th		
Total Units and Annual Assistance Requested:	column) sum \$ total for each bedroom size		
Grant term:	readonly; populated from funding request form. (in years)		
Total Request for Grant Term:	readonly, dollar value (no cents) field; sums total request for all bedroom sizes		
Click the "Save" button to automatically calculate totals.			
Form: Long-term Rental Assistance	budget visible if selected on funding request form		

The following list summarizes the rental assistance funding request for the total term of the project.

Total Annual Assistance Requested:	readonly; sums total annual assistance \$ from all LTRA budget detail
Grant Term:	readonly; populated from funding request form.
Total Reguest for Grant Term:	readonly; populated from funding request form. readonly; calculates total annual assistance \$ from all LTRA budget detail times the grant term
Total Units:	sums total units from each LTRA budget detail
	Sums total units from each ETAA buuget detail
Subform: Long-term Rental Assistance Budget Detail Type of rental assistance:	mandatory; read only, cannot be edited; populates with information from form 3B
	mandatory, read only, cannot be edited, populates with information from 15th
Metropolitan or non-metropolitan fair market rent area:	mandatory; dropdown with FMR areas that are in effect at the time of application
SRO	mandatory, dropuowii with FMR areas that are in effect at the time of application
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant
0 bedroom	readonly, dollar value (no cents) held, multiples humber of units times FWIX amount times grant
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant
1 bedroom	readonly, dollar value (no cents) held, multiples number of units times FMR amount times grant
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
	readonly field; populated with current FMR amount for the unit size
FMR (Applicant)	
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant
2 Bedrooms	
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant
3 Bedrooms	
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant
4 Bedrooms	
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant
5 Bedrooms	
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant
6 Bedrooms	
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant
7 Bedrooms	
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant
8 Bedrooms	readonly, dollar value (no cents) lielu, multiples number oi units times FMR amount times grani
	and the state of t
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant) 12 Months	readonly field; populated with current FMR amount for the unit size readonly field; populated automatically with 12

Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
9 Bedrooms	nonmandatory, numeric value; up to 4 digits in length
# of units (Applicant) FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly. Medias value drag gentse field intuitiples neuroemos isets ainter EMED aracente interageant denor
Total Units and Annual Assistance Requested:	column) sum \$ total for each bedroom size
Grant Term:	readonly; populated from funding request form. (in years)
Total Request for Grant Term:	readonly, dollar value (no cents) field; sums total request for all bedroom sizes
Click the "Save" button to automatically calculate totals.	
Form: Supportive Services	budget visible if selected on funding request form
A description must be entered for Quantity. Any costs without a Quantity description will be removed	Table 1
rom the budget. 1. Assessment of Service Needs	label
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
Assistance with Moving Costs	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
3. Case Management	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested 4. Child Care	nonmandatory; dollar value (no cents); default is blank
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
5. Education Services	Trommandatory, donar value (no cents), deladit is blank
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
Employment Assistance	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
7. Food	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested 8. Housing/Counseling Services	nonmandatory; dollar value (no cents); default is blank
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
9. Legal Services	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
10. Life Skills	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested 11. Mental Health Services	nonmandatory; dollar value (no cents); default is blank
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
12. Outpatient Health Services	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
13. Outreach Services	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
14. Substance Abuse Treatment Services Quantity Description (max 400 characters)	annual data (mandata vifamount antonol for Annual Assistance Dominated), eleborous sistems
Annual Assistance Requested	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory; dollar value (no cents); default is blank
15. Transportation	Horimandatory, dollar value (no cents), derault is blank
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
16. Utility Deposits	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
Total Annual Assistance Requested:	readonly, dollar value (no cents) field; sums annual budget request indicated
Grant Term:	readonly field, numeric value; populated with selected grant term (in years)
Total Request for Grant Term:	readonly, dollar value (no cents) field; multiplies total annual assistance times selected grant term (in years)
·	years)
Click the "Save" button to automatically calculate totals.	
Form: Operating	hudget visible if colored on funding request for
· · ·	budget visible if selected on funding request form
A description must be entered for Quantity. Any costs without a Quantity description will be removed rom the budget.	label
1. Maintenance/Repair	10001
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
Property Taxes and Insurance	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
2. Property 1 axes and Insurance Quantity Description (max 400 characters) Annual Assistance Requested 3. Replacement Reserve	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory; dollar value (no cents); default is blank

Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
Building Security	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
5. Electricity, Gas, and Water	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
6. Furniture	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
7. Equipment (lease, buy)	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
Total Annual Assistance Requested:	readonly, dollar value (no cents) field; sums annual budget request indicated
Grant Term:	readonly field, numeric value; populated with selected grant term (in years)
	readonly, dollar value (no cents) field; multiplies total annual assistance times selected grant term (in
Total Request for Grant Term:	years)
Click the "Save" button to automatically calculate totals.	yearsy
Click the Save Batton to automatically ediculate totals.	
Form: HMIS	budget visible if selected on funding request form
	and a second a second and a second a second and a second
* A description must be entered for Quantity. Any costs without a Quantity description will be removed	
from the budget.	label
1. Equipment	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
2. Software	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
3. Services	Trommandatory, define value (no corney, default to stating
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
4. Personnel	normandatory, donar value (no cents), derault is blank
	and the second state of the second state of the Annual Assistance Deput state), also becomes in the
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
5. Space & Operations	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
Total Annual Assistance Requested:	readonly, dollar value (no cents) field; sums annual budget request indicated
Grant Term:	readonly field, numeric value; populated with selected grant term (in years)
	readonly, dollar value (no cents) field; multiplies total annual assistance times selected grant term (in
Total Request for Grant Term:	years)
	The following information appropriate the funding agree of the state to the state to the state of the state o
	The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the
Form: Summary Budget	available fields below.
Eligible Costs	
	readonly: \$ nonulated from subbudgets
	readonly; \$ populated from subbudgets readonly; \$ populated from subbudgets (2-8)
Annual Assistance Requested (Applicant)	readonly; \$ populated from subbudgets readonly; \$ populated from subbudgets (2-8)
Annual Assistance Requested (Applicant) Grant Term (Applicant)	readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (2-8)
Annual Assistance Requested (Applicant) Grant Term (Applicant) Total Assistance Requested for Grant Term (Applicant)	readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (1-8)
Annual Assistance Requested (Applicant) Grant Term (Applicant)	readonly; \$ populated from subbudgets (2-8) readonly, \$ populated from subbudgets (2-8)
Annual Assistance Requested (Applicant) Grant Term (Applicant) Total Assistance Requested for Grant Term (Applicant)	readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (1-8) readonly; numeric field; sum total requested for grant term \$ from each subbudget =
Annual Assistance Requested (Applicant) Grant Term (Applicant) Total Assistance Requested for Grant Term (Applicant)	readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (1-8) readonly; numeric field; sum total requested for grant term \$ from each subbudget = Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that
Annual Assistance Requested (Applicant) Grant Term (Applicant) Total Assistance Requested for Grant Term (Applicant)	readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (1-8) readonly; numeric field; sum total requested for grant term \$ from each subbudget = Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that exceeds 10% of "Sub-total Costs Requested". Message reads: "The maximum allowable Admin
Annual Assistance Requested (Applicant) Grant Term (Applicant) Total Assistance Requested for Grant Term (Applicant) 9. Sub-total Costs Requested	readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (1-8) readonly; numeric field; sum total requested for grant term \$ from each subbudget = Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that
Annual Assistance Requested (Applicant) Grant Term (Applicant) Total Assistance Requested for Grant Term (Applicant) 9. Sub-total Costs Requested 10. Admin (up to 10%)	readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (1-8) readonly; numeric field; sum total requested for grant term \$ from each subbudget = Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that exceeds 10% of "Sub-total Costs Requested". Message reads: "The maximum allowable Admin amount is [calculated 10%]" (in whole dollars). Round up if decimal is .5 or more, otherwise round down)
Annual Assistance Requested (Applicant) Grant Term (Applicant) Total Assistance Requested for Grant Term (Applicant) 9. Sub-total Costs Requested 10. Admin (up to 10%) 11. Total Assistance Plus Admin Requested	readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (1-8) readonly; numeric field; sum total requested for grant term \$ from each subbudget = Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that exceeds 10% of "Sub-total Costs Requested". Message reads: "The maximum allowable Admin amount is [calculated 10%]" (in whole dollars). Round up if decimal is .5 or more, otherwise round down) readonly; numeric field
Annual Assistance Requested (Applicant) Grant Term (Applicant) Total Assistance Requested for Grant Term (Applicant) 9. Sub-total Costs Requested 10. Admin (up to 10%) 11. Total Assistance Plus Admin Requested 12. Cash Match	readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (1-8) Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that exceeds 10% of "Sub-total Costs Requested". Message reads: "The maximum allowable Admin amount is (calculated 10%)" (in whole dollars). Round up if decimal is .5 or more, otherwise round down) readonly; numeric field numeric field
Annual Assistance Requested (Applicant) Grant Term (Applicant) Total Assistance Requested for Grant Term (Applicant) 9. Sub-total Costs Requested 10. Admin (up to 10%) 11. Total Assistance Plus Admin Requested	readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (1-8) readonly; numeric field; sum total requested for grant term \$ from each subbudget = Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that exceeds 10% of "Sub-total Costs Requested". Message reads: "The maximum allowable Admin amount is [calculated 10%]" (in whole dollars). Round up if decimal is .5 or more, otherwise round down) readonly; numeric field
Annual Assistance Requested (Applicant) Grant Term (Applicant) Total Assistance Requested for Grant Term (Applicant) 9. Sub-total Costs Requested 10. Admin (up to 10%) 11. Total Assistance Plus Admin Requested 12. Cash Match	readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (1-8) readonly; \$ populated from subbudgets (1-8) readonly; numeric field; sum total requested for grant term \$ from each subbudget = Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that exceeds 10% of "Sub-total Costs Requested". Message reads: "The maximum allowable Admin amount is (calculated 10%)" (in whole dollars). Round up if decimal is .5 or more, otherwise round down) readonly; numeric field numeric field numeric field
Annual Assistance Requested (Applicant) Grant Term (Applicant) Total Assistance Requested for Grant Term (Applicant) 9. Sub-total Costs Requested 10. Admin (up to 10%) 11. Total Assistance Plus Admin Requested 12. Cash Match	readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (1-8) readonly; \$ populated from subbudgets (1-8) readonly; \$ populated from subbudget = Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that exceeds 10% of "Sub-total Costs Requested". Message reads: "The maximum allowable Admin amount is (calculated 10%]" (in whole dollars). Round up if decimal is .5 or more, otherwise round down) readonly; numeric field numeric field readonly; numeric field; There should be an alert to make the user aware of the Total Match
Annual Assistance Requested (Applicant) Grant Term (Applicant) Total Assistance Requested for Grant Term (Applicant) 9. Sub-total Costs Requested 10. Admin (up to 10%) 11. Total Assistance Plus Admin Requested 12. Cash Match 13. In Kind Match	readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (1-8) readonly; \$ populated from subbudgets (1-8) readonly; \$ populated from subbudgets (1-8) readonly; numeric field; sum total requested for grant term \$ from each subbudget = Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that exceeds 10% of "Sub-total Costs Requested". Message reads: "The maximum allowable Admin amount is [calculated 10%]" (in whole dollars). Round up if decimal is .5 or more, otherwise round down) readonly; numeric field numeric field numeric field readonly; numeric field; There should be an alert to make the user aware of the Total Match requirement. Alert calculation = 25 % of "Total Assistance Plus Admin Requested" MINUS "Leased"
Annual Assistance Requested (Applicant) Grant Term (Applicant) Total Assistance Requested for Grant Term (Applicant) 9. Sub-total Costs Requested 10. Admin (up to 10%) 11. Total Assistance Plus Admin Requested 12. Cash Match 13. In Kind Match	readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (1-8) readonly; numeric field; sum total requested for grant term \$ from each subbudget = Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that exceeds 10% of "Sub-total Costs Requested". Message reads: "The maximum allowable Admin amount is [calculated 10%]" (in whole dollars). Round up if decimal is .5 or more, otherwise round down) readonly; numeric field numeric field readonly; numeric field; There should be an alert to make the user aware of the Total Match requirement. Alert calculation = 25 % of "Total Assistance Plus Admin Requested" MINUS "Leased Units" and "Leased Structures".
Annual Assistance Requested (Applicant) Grant Term (Applicant) Total Assistance Requested for Grant Term (Applicant) 9. Sub-total Costs Requested 10. Admin (up to 10%) 11. Total Assistance Plus Admin Requested 12. Cash Match 13. In Kind Match 14. Total Match 15. Total Budget	readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (1-8) readonly; \$ populated from subbudgets (1-8) readonly; \$ populated from subbudgets (1-8) readonly; numeric field; sum total requested for grant term \$ from each subbudget = Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that exceeds 10% of "Sub-total Costs Requested". Message reads: "The maximum allowable Admin amount is [calculated 10%]" (in whole dollars). Round up if decimal is .5 or more, otherwise round down) readonly; numeric field numeric field numeric field readonly; numeric field; There should be an alert to make the user aware of the Total Match requirement. Alert calculation = 25 % of "Total Assistance Plus Admin Requested" MINUS "Leased"
Annual Assistance Requested (Applicant) Grant Term (Applicant) Total Assistance Requested for Grant Term (Applicant) 9. Sub-total Costs Requested 10. Admin (up to 10%) 11. Total Assistance Plus Admin Requested 12. Cash Match 13. In Kind Match	readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (1-8) readonly; numeric field; sum total requested for grant term \$ from each subbudget = Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that exceeds 10% of "Sub-total Costs Requested". Message reads: "The maximum allowable Admin amount is [calculated 10%]" (in whole dollars). Round up if decimal is .5 or more, otherwise round down) readonly; numeric field numeric field readonly; numeric field; There should be an alert to make the user aware of the Total Match requirement. Alert calculation = 25 % of "Total Assistance Plus Admin Requested" MINUS "Leased Units" and "Leased Structures".
Annual Assistance Requested (Applicant) Grant Term (Applicant) Total Assistance Requested for Grant Term (Applicant) 9. Sub-total Costs Requested 10. Admin (up to 10%) 11. Total Assistance Plus Admin Requested 12. Cash Match 13. In Kind Match 14. Total Match 15. Total Budget	readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (1-8) readonly; numeric field; sum total requested for grant term \$ from each subbudget = Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that exceeds 10% of "Sub-total Costs Requested". Message reads: "The maximum allowable Admin amount is [calculated 10%]" (in whole dollars). Round up if decimal is .5 or more, otherwise round down) readonly; numeric field numeric field readonly; numeric field; There should be an alert to make the user aware of the Total Match requirement. Alert calculation = 25 % of "Total Assistance Plus Admin Requested" MINUS "Leased Units" and "Leased Structures".
Annual Assistance Requested (Applicant) Grant Term (Applicant) Total Assistance Requested for Grant Term (Applicant) 9. Sub-total Costs Requested 10. Admin (up to 10%) 11. Total Assistance Plus Admin Requested 12. Cash Match 13. In Kind Match 14. Total Match 15. Total Budget	readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (1-8) readonly; numeric field; sum total requested for grant term \$ from each subbudget = Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that exceeds 10% of "\$ub-total Costs Requested". Message reads: "The maximum allowable Admin amount is [calculated 10%]" (in whole dollars). Round up if decimal is .5 or more, otherwise round down) readonly; numeric field numeric field readonly; numeric field; There should be an alert to make the user aware of the Total Match requirement. Alert calculation = 25 % of "Total Assistance Plus Admin Requested" MINUS "Leased Units" and "Leased Structures".
Annual Assistance Requested (Applicant) Grant Term (Applicant) Total Assistance Requested for Grant Term (Applicant) 9. Sub-total Costs Requested 10. Admin (up to 10%) 11. Total Assistance Plus Admin Requested 12. Cash Match 13. In Kind Match 14. Total Match 15. Total Budget	readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (1-8) readonly; populated from subbudgets (1-8) Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that exceeds 10% of "Sub-total Costs Requested". Message reads: "The maximum allowable Admin amount is (calculated 10%)" (in whole dollars). Round up if decimal is .5 or more, otherwise round down) readonly; numeric field numeric field readonly; numeric field; There should be an alert to make the user aware of the Total Match requirement. Alert calculation = 25 % of "Total Assistance Plus Admin Requested" MINUS "Leased Units" and "Leased Structures". readonly; numeric field The following list summarizes the funds that will be used as leverage for
Annual Assistance Requested (Applicant) Grant Term (Applicant) Total Assistance Requested for Grant Term (Applicant) 9. Sub-total Costs Requested 10. Admin (up to 10%) 11. Total Assistance Plus Admin Requested 12. Cash Match 13. In Kind Match 14. Total Match 15. Total Budget Click the "Save" button to automatically calculate totals.	readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (1-8) readonly; numeric field; sum total requested for grant term \$ from each subbudget = Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that exceeds 10% of "Sub-total Costs Requested". Message reads: "The maximum allowable Admin amount is [calculated 10%]" (in whole dollars). Round up if decimal is .5 or more, otherwise round down) readonly; numeric field numeric field readonly; numeric field; There should be an alert to make the user aware of the Total Match requirement. Alert calculation = 25 % of "Total Assistance Plus Admin Requested" MINUS "Leased Units" and "Leased Structures". readonly; numeric field The following list summarizes the funds that will be used as leverage for the project. To add a leveraging source to the list, select the [+] icon. To view or update a leveraging
Annual Assistance Requested (Applicant) Grant Term (Applicant) Total Assistance Requested for Grant Term (Applicant) 9. Sub-total Costs Requested 10. Admin (up to 10%) 11. Total Assistance Plus Admin Requested 12. Cash Match 13. In Kind Match 14. Total Match 15. Total Budget Click the "Save" button to automatically calculate totals. Form: Sources of Leverage	readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (1-8) readonly; \$ populated from subbudgets (1-8) readonly; numeric field; sum total requested for grant term \$ from each subbudget = Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that exceeds 10% of "Sub-total Costs Requested". Message reads: "The maximum allowable Admin amount is [calculated 10%]" (in whole dollars). Round up if decimal is .5 or more, otherwise round down) readonly; numeric field numeric field numeric field readonly; numeric field; There should be an alert to make the user aware of the Total Match requirement. Alert calculation = 25 % of "Total Assistance Plus Admin Requested" MINUS "Leased Units" and "Leased Structures". readonly; numeric field The following list summarizes the funds that will be used as leverage for the project. To add a leveraging source to the list, select the [+] icon. To view or update a leveraging source to the list, select the [+] icon. To view or update a leveraging source already listed, select the [view] icon.
Annual Assistance Requested (Applicant) Grant Term (Applicant) Total Assistance Requested for Grant Term (Applicant) 9. Sub-total Costs Requested 10. Admin (up to 10%) 11. Total Assistance Plus Admin Requested 12. Cash Match 13. In Kind Match 14. Total Match 15. Total Budget Click the "Save" button to automatically calculate totals.	readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (1-8) readonly; \$ populated from subbudgets (1-8) readonly; numeric field; sum total requested for grant term \$ from each subbudget = Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that exceeds 10% of "Sub-total Costs Requested". Message reads: "The maximum allowable Admin amount is (calculated 10%)" (in whole dollars). Round up if decimal is .5 or more, otherwise round down) readonly; numeric field numeric field readonly; numeric field; There should be an alert to make the user aware of the Total Match requirement. Alert calculation = 25 % of "Total Assistance Plus Admin Requested" MINUS "Leased Units" and "Leased Structures". readonly; numeric field The following list summarizes the funds that will be used as leverage for the project. To add a leveraging source to the list, select the [+] icon. To view or update a leveraging source already listed, select the [view] icon. readonly; sum \$ amount from all cash commitments
Annual Assistance Requested (Applicant) Grant Term (Applicant) Total Assistance Requested for Grant Term (Applicant) 9. Sub-total Costs Requested 10. Admin (up to 10%) 11. Total Assistance Plus Admin Requested 12. Cash Match 13. In Kind Match 14. Total Match 15. Total Budget Click the "Save" button to automatically calculate totals. Form: Sources of Leverage Total Value of Cash Commitments Total Value of In-Kind Commitments	readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (1-8) readonly; \$ populated from subbudgets (1-8) readonly; numeric field; sum total requested for grant term \$ from each subbudget = Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that exceeds 10% of "Sub-total Costs Requested". Message reads: "The maximum allowable Admin amount is [calculated 10%]" (in whole dollars). Round up if decimal is .5 or more, otherwise round down) readonly; numeric field numeric field readonly; numeric field; There should be an alert to make the user aware of the Total Match requirement. Alert calculation = 25 % of "Total Assistance Plus Admin Requested" MINUS "Leased Units" and "Leased Structures". readonly; numeric field The following list summarizes the funds that will be used as leverage for the project. To add a leveraging source to the list, select the [+] icon. To view or update a leveraging source already listed, select the [view] icon.
Annual Assistance Requested (Applicant) Grant Term (Applicant) Total Assistance Requested for Grant Term (Applicant) 9. Sub-total Costs Requested 10. Admin (up to 10%) 11. Total Assistance Plus Admin Requested 12. Cash Match 13. In Kind Match 14. Total Match 15. Total Budget Click the "Save" button to automatically calculate totals.	readonly; \$ populated from subbudgets (2-8) readonly; \$ populated from subbudgets (1-8) readonly; \$ populated from subbudgets (1-8) readonly; numeric field; sum total requested for grant term \$ from each subbudget = Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that exceeds 10% of "Sub-total Costs Requested". Message reads: "The maximum allowable Admin amount is (calculated 10%)" (in whole dollars). Round up if decimal is .5 or more, otherwise round down) readonly; numeric field numeric field readonly; numeric field; There should be an alert to make the user aware of the Total Match requirement. Alert calculation = 25 % of "Total Assistance Plus Admin Requested" MINUS "Leased Units" and "Leased Structures". readonly; numeric field The following list summarizes the funds that will be used as leverage for the project. To add a leveraging source to the list, select the [+] icon. To view or update a leveraging source already listed, select the [view] icon. readonly; sum \$ amount from all cash commitments

* 1. Type of Commitment:	mandatory field; dropdown with: cash, in kind
* 2. Name the Source of the Commitment:	mandatory field; alphanumeric field
* 3. Type of Source:	mandatory field; dropdown with: Government, Private
* 4. Date of Written Commitment:	mandatory field; calendar field
* 5. Value of Written Commitment:	mandatory field; dollar value, no cents
art 8 - Attachments and Certification	
Form: 8A. Attachments	
[document attachment 1] Subrecipient Nonprofit Documentation	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx
[document attachment 2] Other Attachment(s)	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx
[document attachment 3] Other Attachment(s)	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx
CoC Rejection Letter	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx; visible only if selected "Appeal" on Form 3A; mandatory only if selected "Appeal" on Form 3A
Subform: Attachment Details	
Document Description	mandatory; alphanumeric text box
File Name	mandatory; "Choose File" link to explorer file selection; displays file name after selection
Document Type	display text 1) Subrecipient Nonprofit Documentation, 2)Other Attachment(s), or 3) Other Attachment(s); dependent on previous form selection
Maximum Size	2 MB
Allowable formats	txt, doc, zipx, docx, ZIP*, pdf, wpd, zip, xls, xlsx, rtf
Instructions	display text: Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be attached in e-snaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; for Other display text: Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file.
Subform: CoC Rejection Letter	visible only if selected "Appeal" on Form 3A
Document Description	mandatory; alphanumeric text box
File Name	mandatory; "Choose File" link to explorer file selection; displays file name after selection
Document Type	display text CoC Rejection Letter
Maximum Size	2 MB
Allowable formats	zip, xls, xlsx, pdf, mpp, rtf, txt, jpg, xlsm, zipx, doc, docx, ZIP*
Instructions	Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a referendocument is available on the e-snaps training site: www.hudhre.info/esnaps
Form: OD Applicant Contification	
Form: 8B. Applicant Certification Where the applicant is unable to certify to any of the statements in this	
certification, such applicant shall provide an explanation.	nonmandatory, alphanumeric field
Name of authorized certifying official:	readonly; populated with full name of authorized representative from applicant's e-snaps profile
Date:	readonly; populated with current date
Title:	readonly; populated with http://www.comparative.com/com/comparative.com/com/com/com/com/com/com/com/com/com/
Applicant organization:	profile
PHA number (for PHA applicants only):	nonmandatory, alphanumeric field
*I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	mandatory checkbox, selection allow submission of application in e-snaps
art O. Cummany	
art 9 - Summary	Ministra and Manager Name of the Control of the Con
Form: 9A Notice of Intent to Appeal	Visible only if selected "Appeal" on Form 3A
* 1. Check the following box to certify this form as your Notice of Intent to Appeal	mandatory; checkbox, selection allows submission of application in e-snaps
* 2. Was this project application first rejected by the CoC and then submitted OR submitted completely independently of the CoC's process?	mandatory; drop down Rejected, Independent, Default to Rejected
* 3. Was the project application submitted within the CoC's established submission deadline?	mandatory; drop down yes or no
* 4. Describe the reason(s) provided by the CoC explaining their rejection of the project.	mandatory; alphanumeric text box; visible if selected "Rejected" only
 * 4. Describe the reason(s) why the application was not submitted with the CoC's consolidated application. * 5. Describe how the CoC has not permitted reasonable participation in its 	mandatory; alphanumeric text box; visible if selected "Independent" only
* 5. Describe now the CoC has not permitted reasonable participation in its process.	mandatory; alphanumeric text box
	I
Form 9B: Submission Summary	
Form 9B: Submission Summary < ist and completion status of each form>	response option: n/a. system generated form listing and status
Form 9B: Submission Summary <list and="" completion="" each="" form="" of="" status=""> Applicant must click the submit button once all forms have a status of complete</list>	response option: n/a, system generated form listing and status response option: submit button

FY2012 Continuum of Care Homeless Assistance Program: Project Applications in esnaps
The purpose of this document is to provide a summary of the forms and questions that project applicants must complete in its application submission.

2 - Subrecipient Information					
·	This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information alread listed, select the view option.				
Total Expected Sub-Awards	readonly; field populates with a sum of expected sub-award fields from the detail subformlets				
Organization	readonly; column lists organization names from all detail subformlets				
Type	readonly; column lists organization types from detail subformlets				
Sub-Awaru Amount	readonly; column lists organization sub-award from detail subformlets				
Subform: 2A. Project Subrecipients					
* a. Organization Name	mendation of Higher Perisation); N. Nonprofit without 501(c)(3) IRS Status (Other than Institution of Hig				
* b. Organization Type	Education);X. Other (Specify)				
	mandatory if select X. Other (Specify); alphanumeric field				
	mandatory: must be in format XX-XXXXXXX				
* d. Organizational DUNS	mandatory; numeric; must be 9 digits				
	non-mandatory; numeric; must be 4 digits				
e. Physical Address					
	mandatory; alphanumeric field;				
Street 2	non-mandatory; alphanumeric field;				
* City	mandatory; alphanumeric field;				
* State	mandatory; dropdown with all States and territories available				
* Zip Code	mandatory; nwo retima:-select list boxes; Available Items: includes all congressional districts; Selected It				
* f. Congressional District(s)	displays applicant selected states and territories				
* g. Is the subrecipient a Faith-Based Organization	mandatory; dropdown with No, Yes				
* h. Has the Subrecipient ever received a federal grant, either directly	Land to the state of the New York				
from a federal agency or through a State/local agency	mandatory; dropdown with No, Yes				
* i. Expected Sub-Award Amount:	mandatory; numeric				
j. Contact Person	Honorable;Governor;Mayor;President;Judge;Father;Sister;Captain;Major;Monsignor;Deacon;Colonel;				
* Prefix	Colonel;Bishop;Acting Governor;Pastor;Rabbi;Brig. General;Commissioner				
* First Name	mandatory; alphanumeric field;				
Middle Name	non-mandatory; alphanumeric field;				
* Last Name	mandatory; alphanumeric field;				
Suffix	non-mandatory; dropdown with: Jr.;Sr.;M.D.;D.D.S.;Ph.D.;Esq.;CSW;J.D.;MSW;LMSW;LCSW;Ed.D.				
* Title	mandatory; alphanumeric field;				
* E-mail Address	mandatory; alphanumeric field; must be valid email				
* Confirm E-mail Address	mandatory; alphanumeric field; must match previous field exactly				
* Phone Number	mandatory; numeric field; 10 or 11 numbers only				
Extension	non-mandatory; numeric field only				
Fax Number	non-mandatory; numeric field; 10 or 11 numbers only				
Documentation of the subrecipient's nonprofit status is required with the submission of this application.	Note at the bottom of the form				
Form: 2B. Experience of Applicant, Subrecipient(s), and Other Partners					
* 1. Describe the experience of the applicant and potential subrecipients (if any), in					
effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.	mandatory; alphanumeric field				
* 2. Describe the experience of the applicant and potential subrecipients (if any) in	mandatory, alphanamene neid				
leveraging other Federal, State, local, and private sector funds.	mandatory; alphanumeric field				
* 3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.	mandatory, alphanumeric field				
* 4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)? If Yes, click "Save" to explain findings.	mandatory; dropdown with options: No, Yes				
4b. Describe the unresolved monitoring or audit findings.	mandatory if yes to 4a; alphanumeric field				
3 - Project Information					
Form: 3A. Project Detail					
* 1a. CoC Number and Name:	mandatory; dropdown with options = CoC number and name, as identified in the CoC's registra submission. Include 'No CoC' as first option.				
* 1b. CoC Applicant Name: 2. Project Name:	mandatory; dropdown list dependent on selection of CoC Number and Name above; populated w associated CoC applicant names from registration				
	readonly; populated with 2012 project name				

* 3. Project status:	Mandatory; dropdown with options = Standard, Appeal; default = Standard. If Appeal is selected, auto-save and display red warning message, "You have selected "Appeal" and therefore are designating this application as an appeal to the CoC's decision to not fund this project. To proceed, you must fill out an additional form, Part 9 - Notice of Intent to Appeal, and submit the details of your appeal to be considered for funding. If you are filling out this application for the first time, or are otherwise not intending to appeal a rejection, please select "Standard."" If Appeal is selected, Part 9 below is visible; Autosave is important. Warning message must be red
(**Form is auto populated. Change only if appealing a CoC rejection**)	and prominent.
* 4. Component Type:	New projects = mandatory; dropdown with options: PH, TH, SSO, HMIS
* 5. Is Energy Star used at one or more of the proposed properties?	mandatory; dropdown with options: Yes, No, Not applicable
* 6. Does this project use one or more properties that have been conveyed through the Title V process?	mandatory; dropdown with options: Yes, No
are ride v process:	mandatory, dropdown with options. 1 cs, No
Form: 3B. Description	
* 1. Provide a description that addresses the entire scope of the proposed project	mandatory; alphanumeric field
* 2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work	mandatory; alphanumeric field
If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.	nonmandatory; alphanumeric field; visible for nonHMIS component projects
* 4. Do you plan on serving youth under category 3 of the HUD homeless definition, "unaccompanied youth and families with children who are defined as homeless under other federal statutes and who do not otherwise qualify as homeless under this definition"? (Your CoC must request and receive HUD approval before project applicants can serve youth under category 3)	mandatory; drop-down box with options: Yes or No
* 5. Maximum number of months participants are allowed to be housed at the	
project site(s): (must not exceed 24 months)	Mandatory; alphanumeric text field
* 6a. If applicable, indicate the type of rental assistance:	mandatory; dropdown with: N/A, PRA, SRA, TRA; N/A is the default
* 6b. Indicate the maximum length of rental assistance:	mandatory and visible only if select PRA, SRA, TRA in question above in 6a (6a. If applicable, indicate the type of rental assistance:); dropdown option = Up to 3 months; Up to 12 months; Up to 18 months; Up to 24 months; Unlimited assistance Visible for nonHMIS and nonSSO component projects
* 6c. Describe the method for determining the type, amount, and duration of rental assistance that participants can receive.	mandatory and visible only if select PRA, SRA, TRA in question 6a above; alphanumeric field Visible for nonHMIS and nonSSO component projects
Form: 3C. Expansion	
* 1. Will the project use an existing homeless facility or incorporate activities	
provided by an existing project?	mandatory; dropdown with: Yes, No
* Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. Increase the number of homeless persons served	visible if Yes is selected to question #1. Available items include the following: -Increase the number of homeless persons served -Provide additional supportive services to homeless persons -Bring existing facilities up to state/local government health and safety standards -Replace the loss of nonrenewable funding (private, federal, other excluding state/local government) visible if selected in question above
·	visible il selected ili questioli above
* Indicate how the project is proposing to "increase the number of homeless persons served." Current level of effort # of persons served at a point-in-time # of units	
# of beds New Effort	
# of additional persons served at a point in time that this project will provide # of additional units this project will provide	
# of additional beds this project will provide	mandatory, numeric fields;
Provide additional supportive services to homeless persons	visible if selected in question above
* Indicate how the project is proposing to "provide additional supportible seevises of the the religious provides indicated above.	Increase number of and/or expand variety of supportive services provided Increase frequency and/or intensity of supportive services mandatory, alphanumeric field;
Bring existing facilities up to state/local government health and safety standards	visible if selected in question above
* Describe how the project is proposing to "bring the existing facility(ies) up to state/local government health and safety standards."	mandatory, alphanumeric field;
Replace the loss of nonrenewable funding (private, federal, other excluding state/local government)	visible if selected in question above

Indicate how the project is proposing to "replace the loss of non-	
renewable funding from private, federal, and/or other (excluding	
state/local government)."	
* a) What is the source of non-renewable funding (should indicate that	mandatory, alphanumeric field; visible if the following option is selected: Replace the loss of
funds are not controlled by the state or local government)?	mandaewaldephantings(private; testeralicatives) and proposed actives and proposed the loss of
* b) Why are the project funds non-renewable?	nonrenewable funding (private, federal, other excluding State/local government)
* c) On what date will the non-renewable funds expire?	mandatory, calendar field; mm/dd/yyyy format; visible if the following option is selected: Replace the lnasndaroograpswaldinducdiagd(prisate, ifederall)eking-gypteding ട്രിൽൽ മുവരണസലർട്ടം of
* d) What steps were taken to obtain other funding sources?	nonrenewable funding (private, federal, other excluding State/local government)
* e) Why are CoC Program funds necessary to continue operating the	mandatory, alphanumeric field; visible if the following option is selected: Replace the loss of
project?	nonrenewable funding (private, federal, other excluding State/local government)
project:	non-chewable forming (private, reacht, other excitating state/local government)
Dort 4. Hon Crup and HMIC	
Part 4 - Hsg, Srvs, and HMIS	
Form: 4A. Supportive Services for Participants	visible for nonHMIS component projects
* 1. Are the proposed project policies and practices consistent with the laws	Ver No. No. No. No. 100
related to providing education services to individuals and families?	mandatory, dropdown = Yes, No, Not applicable; nonHMIS
* 2. Does the proposed project have a designated staff person to ensure that the	mandaton, deandarin - Van Nei Net andiable, and IMIC
children are enrolled in school and receive educational services, as appropriate?	mandatory, dropdown = Yes, No, Not applicable; nonHMIS
* 3. Describe the reason(s) for non-compliance with educational laws, and the corrective action to be taken prior to grant agreement execution.	mandatory and visible if "No" to questions #1 or #2; alphanumeric text field; nonHMIS
	manuatory and visible if No. to questions #1 of #2, alphanument text field, nonlinens
* 4. Describe how participants will be assisted to obtain and remain in permanent housing.	mandatory; alphanumeric text field; nonHMIS
* 5. Describe specifically how participants will be assisted both to increase their	managery, apparament text nois, nonning
employment and/or income and to maximize their ability to live independently.	mandatory; alphanumeric text field; nonHMIS
employment under moonie und to maximize their ubinty to me macpendently.	managery, applications text field, floriding
	mandatory; nonHMIS; Field mandatory; nonHMIS;
	column A = 'Supportive Services' column to include the following rows in alpabetical order:
	Assistance with Moving Costs
	Case management
	Child care
	Education services
	Employment assistance and job training
	Food
	Housing search and counseling services
	Legal services
	Life skills training
	Mental health services
	Outpatient health services Outreach services
	Substance abuse treatment services
	Transportation
	Utility deposits
	column B = 'Select Frequency'; drop-down list for each of the above Supportive Services to include
	the following choices:
	Daily
	Weekly
	Bi-Monthly Monthly
	Monthly Quarterly
* 6. Specify the frequency of supportive services to be provided to project	Bi-Weekly
participants.	Does Not Apply
	mandatory' nonHMIS; dropdown =
	Yes, very accessible
* 7. How accessible are basic community amenities (e.g., medical facilities,	Somewhat accessible
grocery store, recreation facilities, schools, etc.) to the project?	Not accessible
, , , , , , , , , , , , , , , , , , ,	
	The following list summerizes each housing site in the present. To edd a housing site to the Potential State of the Following State of the Potential State of th
Form: 4B. Housing Type and Location	The following list summarizes each housing site in the project. To add a housing site to the list, select the [+] licon. To view or update a housing site already listed, select the [view] icon.
Total Units:	readonly; sum units from all detail subformlets
Total Beds:	readonly; sum beds from all detail subformlets
Total CH Beds:	readonly; sum beds from all detail subformlets
Housing Type, Units, Beds, CH Beds	readonly; list populates with the units, beds, and CH beds for each detail subformlet
riodoling Type, Office, Dedo, Off Dedo	poddony, not populated with the units, bedd, and on bedd for each detail subjoining
Subform: 4B. Housing Type and Location Detail	
Subjoint: 4D. Housing Type and Location Detail	
	mandatory; nonHMIS and nonSSO; dropdown options with:
	Barracks
	Dormitory, shared or private rooms
	Shared housing
	Clustered apartments Scattered-site apartments (including efficiencies)
* 1. Housing Type:	Scattered-site apartments (including efficiencies) Single family homes/townhouses/duplexes
1. Flouding Type.	origio ramily nomeorowimouses/duplexes

	ticipants at				beds ava	ilable for p	roject			
pai	* a. Unit:		u nousing	Sito.				mandatory; nonHMIS and NonSSO; numeric field		
	* b. Bed:	s:						mandatory; nonHMIS and NonSSO; numeric field		
	* c. CH E	Beds:						mandatory; nonHMIS and NonSSO; numeric field; CH Beds total must be equal to or less than Beds		
3. 4	ddress:									
0.7	* Street	1:						mandatory; nonHMIS a	nd NonSSO; alphanumeric field	
	Street 2:								S and NonSSO; alphanumeric field	
	* City: * State:							mandatory; nonHMIS at	nd NonSSO; alphanumeric field nd NonSSO; dropdown with state selection from last year.	
		stal Code:							nd NonSSO; dropdown with state selection from last year.	
* 4.	Select the		area(s) a	ssociated	with the a	ddress.		<u> </u>	nd NonSSO; many-to-many with available options = to 2012 geo areas (as	
(for	multiple se	lections ho	ld CTRL H	(ey)				provided by Yelena)		
Part 5 - Participant										
Form: 5A. Pro	oject Part	icipants	- House	enolas				_		
Tot	al Househol	lds and Ho	usehold c	haracteris	tics			grid must include at leas component projects	st one entry (equal to or greater than 1);Formlet visible for nonHMIS	
		SA. Project Parti	icipants - Househ	olds						
Instru	ctions: [show]									
Households H	ouseholds with <u>at Le</u>	ast One Adult	Adult Household	s without	Households with	Only	Total			
Total Number of Households	and One Ch	ild	Children		Children		0			
Characteristics	rsons in Households One Adult and Or	with <u>at Least</u> se Child	Adult Persons in F	louseholds P	ersons in Househo	olds with	Total			
Disabled Adults over age 24 Non-disabled Adults over age 24							0			
Disabled Adults ages 18-24				_ [0			
Non-disabled Adults ages 18-24 Accompanied Disabled Children under							0			
Accompanied Disabled Children under age 18 Accompanied Non-disabled Children under age 18 Unaccompanied Disabled Children							0			
							0			
under age 18							0			
Total Number of Adults over age 24 Total Number of Adults ages 18-24	0		0				0			
Total Number of Children under age 18	0				0		0			
Total Persons	. 0	one person in the F					0			
	At least	one person in the P	touseholds Grid n	ust be served.						
	ave to auto							Label at bottom		
Form: 5B. Pro	oject Part	icipants	- Subpo	pulatio					st one entry (ie. entry can be equal to (1)	
Form: 5B. Pro		icipants lds and Ho	- Subpousehold c	pulatio					st one entry (ie, entry can be equal to 0)	
Form: 5B. Pro	oject Part al Househol	icipants	- Subpousehold c	pulatio					st one entry (ie, entry can be equal to 0)	
Form: 5B. Pro	oject Part	icipants Ids and Ho	- Subpousehold c	pulatio haracteris	tics				st one entry (ie, entry can be equal to 0)	
Form: 5B. Pro Tot Instr Characteristics Dashled Adults over age 24	oject Part al Househol	icipants Ids and Ho	- Subpousehold c	pulatio haracteris	tics	Saverely Mentally III	Victims of Domestic Violence		st one entry (ie, entry can be equal to 0)	
Form: 5B. Pre Tot Instr Characteristics Characteristics or app 24 Non-dealded Adults over app 24 Non-dealded Adults over app 24 Non-dealded Adults aver app 24 Non-dealded Adults aver app 24 Non-dealded Adults aver app 24	oject Part al Househol	icipants Ids and Ho	- Subpousehold c	pulatio haracteris	tics	Saverely Mentally III	Victims of Domestic Violence		st one entry (ie, entry can be equal to 0)	
Form: 5B. Pre Tot Instr Characteristics Challed Adults over age 24 Challed Adults over age 24 Challed Adults ages 18-24 Characteristics ages 18-24	oject Part al Househol	icipants Ids and Ho	- Subpo usehold c	pulatio haracteris	tics	Severely Mentally III	Victims of Damestic Violence		st one entry (ie, entry can be equal to 0)	
Form: 5B. Pro Tot Tot Characteristics Calceled Adults over age 24 Touchded Adults over age 24 Coulcide Adults ages 18-74 Coulcide Adults ages 18-75 Coulcide Adults ages 18-19 Coulcide Colore under age 18 Touchded Colore under age 18	oject Part al Househol	icipants Ids and Ho	- Subpo usehold c	pulatio haracteris	tics	Saverely Mentally III	Victions of Demestic Violence		st one entry (ie, entry can be equal to 0)	
Form: 5B. Pro Tot Instr Characteristics Challed dufful over age 24 Non-dealded dufful over age 24 Non-dealded dufful over age 24 Non-dealded dufful age 18-24 Non-dealded dufful are 18-24 Non-dealded dufful are age 18	oject Part al Househol	icipants Ids and Ho	- Subpo usehold c	pulatio haracteris	tics	Severely Mentally III	Victims of Demostic Violence		st one entry (ie, entry can be equal to 0)	
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Form: 5B. Pro Tot Tot Shareteelists. Couleded Adults over age 24 Tour-desireded Adults over age 24 Tour-desireded Adults over age 24 Tour-desireded Adults age 28 12-34 Tour-desireded Adults age 12-34 Tour-desireded Adult	Chronically	icipants Ids and Ho	- Subpo usehold c	pulatio haracteris	Persons with HIV/AIDS	Severely Mentally III Severely Mentally III Severely Mentally III	Victims of Demestic Violence Victims of Victims of Victims of Observed Victims of Observed Victims of Observed Victims of Observed		st one entry (ie, entry can be equal to 0)	
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Form: 5B. Pro Tot Tot Total Characteristics. Condeted Adults over age 34 Non-disabled Adults over age 34 Non-disabled Adults over age 34 Non-disabled Adults ages 312-34 Non-disabled Adults ages 312-34 Non-disabled Adults ages 312-34 Non-disabled Adults ages 312-34 Non-disabled Children under age 13 Total Parsons Characteristics Cha	ctions: (show) persons Ctronically Homeless from Veterans Chronically Homeless from Veterans Chronically Homeless from Veterans	icipants Ids and Ho Sa. Project Partis In Households will In Households In Household I	- Subpote Usehold c Cipants Subpopol of the Cipants Su	pulation paracteris diations hult and One Child substance Advise Chronic Chronic Chronic Chronic Advise Advise Advise	Persons with HIV/AIDS Persons with HIV/AIDS Persons with HIV/AIDS	Severely Mentally III Severely Mentally III Severely	Victims of Demestic Violence Victims of Victims of Victims of Demestic Violence Victims of Demestic Violence	grid must include at leas	st one entry (ie, entry can be equal to 0)	
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Leased Units Leased Structures	checkbox, selection triggers Leased Onlis budget form				
	checkbox; selection triggers Leased Units budget form checkbox; selection triggers Leased Structures budget form				
Acquisition/Rehabilitation/New Construction	checkbox; selection triggers Acquisition/Rehahabilitation/ New Construction budget form				
* 4. Select the costs for which funding is being requested:	label				
* 3. Select a grant term:	5 Years 15 Years				
	4 Years 5 Years				
	3 Years				
	1 Year 2 Years				
	Mandatory; dropdown options are: 1 Year				
Special housing funding:	readonly; if Yes, populated with Permanent Housing				
(If Yes, click the 'Save' button to identify the project as a PH Bonus.)	mandatory; dropdown with Yes, No; should be visible for prevention projects				
2014? * 2. Are special housing funds being requested for this project?	mandatory; dropdown with Yes, No				
* 1. Is it feasible for the project to be under grant agreement by September 30,	and the state of the Mark No.				
Form: Funding Request					
Part 7 - Budget Information					
performance for this program	mandatory, alphanumeric field				
* 3. Specific data elements and formula proposed for calculating results * 4. Rationale for why the proposed measure is an appropriate indicator of	тапиатоту, акрпатители пени				
measure results * 3. Specific data elements and formula proposed for calculating results	mandatory, alphanumeric field mandatory, alphanumeric field				
data collected by the intake worker at entry and case manager at exit) proposed to					
* 2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g.					
Target (%)	readonly; calculate percentage = target number divided by universal number				
Universe (#)	mandatory, numeric value				
Proposed Measure Target (#)	mandatory, alphanumeric field mandatory, numeric value				
* 1. Specify the universe and target goal numbers for the proposed measure.	mandatan alaban masis field				
[Parent Form Header]					
[Parent Form List]					
Form: 6B. Additional Performance Measures	Formlet visible for nonHMIS component projects				
Taugut (70)	roadony, oaronado percentago – targot nambor divideo by aniversal namber				
Target (%)	readonly; calculate percentage = target number divided by universal number				
Target (#) Universe (#)	mandatory, numeric value mandatory, numeric value				
Income Measure	or program exit.				
	b. Persons age 18 through 61 who increased their earned income as of the end of the operating year				
	operating year or program exit. OR				
	a. Persons age 18 and older who increased their total income (from all sources) as of the end of the				
Click 'Save' to calculate the target percent (%).					
target numbers for the goal.					
*2. Choose one income-related performance measure from below, and specify the universe and	a got named by anti-out named				
Target (%)	readonly; calculate percentage = target number divided by universal number				
Target (#) Universe (#)	mandatory, numeric value mandatory, numeric value				
Housing Measure	a. Persons exiting to permanent housing (subsidized or unsubsidized) during the operating year.				
Click 'Save' to calculate the target percent (%).	T				
* 1. Specify the universe and target for the housing measure.					
Form: 6A. Standard	visible for nonHMIS/Prevention component projects				
Part 6 - Performance Measures					
funded programs?	mandatory, dropdown = Yes, No, Not applicable; nonHMIS				
from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento					
planning policy or protocol to prevent or reduce the number of persons discharged					
* 1. Has the state or local government developed or implemented a discharge					
Form: 5D. Discharge Planning Policy	visible if applicant organization is a government agency				
project.	(non-)mandatory, alphanoment neid				
(*) 3. Describe the outreach plan to bring these homeless participants into the project.	(non-)mandatory; alphanumeric field				
statutes.	mandatory if total of above percentages does not equal 100%, nonHMIS; alphanumeric field				
* 2. If the total is less than 100 percent, identify the other location(s) and how the persons meet HUD's definition of homeless and/or homeless under other federal					
Total of above percentages	readonly; sum of all percentage; error message if sum is more than 100%				
Persons fleeing domestic violence.	mandatory; numeric field; max 3 digits				
Homeless persons as defined under other federal statutes.	mandatory; numeric field; max 3 digits				
Persons at imminent risk of losing their night time residence.	mandatory; numeric field; max 3 digits				
From transitional housing and previously resided in a place not meant for human habitation or emergency shelters, or safe havens.	mandatory; numeric field; max 3 digits				
Directly from safe havens.	mandatory; numeric field; max 3 digits				
Directly from emergency shelters	mandatory; numeric field; max 3 digits				

Short-term/Medium-term Rental Assistance	checkbox; selection triggers Short-term/Medium-term Rental Assistance budget form				
Supportive Services	checkbox; selection triggers Supportive Services budget form				
Operations	checkbox; selection triggers Operations budget form				
HMIS	checkbox; selection triggers HMIS budget form				
Form: Acquisition/Rehabilitation/New Construction	budget visible if selected on funding request form				
The following list summarizes the total request for each structure. To add a structure to the list, select					
the [+] icon. To view or update a structure already listed, select the [view] icon.	label				
Total Acquisition	readonly, dollar (no cents) value field; sums total acquisition request from all structures				
Total Rehabilitation	readonly, dollar (no cents) value field; sums total rehabilitation request from all structures				
Total New Construction	readonly, dollar (no cents) value field; sums total new construction request from all structures				
Total Assistance Requested:	readonly, dollar (no cents) value field; sums total request from all structures				
Subform: Acquisition/Rehabilitation/New Construction Budget Detail	Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new				
Complete the following fields related to the funds being requested for acquisition,	capstruction of the new project.				
rehabilitation, and/or new construction of the new project.					
* Name of Structure:	mandatory; alphanumeric field				
* Street Address 1:	mandatory; alphanumeric field				
Street Address 2:	nonmandatory; alphanumeric field				
* City:	mandatory; alphanumeric field				
* State:	mandatory; dropdown with States and US territories				
* Zip Code:	mandatory; numeric field				
Assistance Requested	The user should only be able to enter up to 8 digits for dollar amounts - or \$99,999,999 as the maximum.				
1. Acquisition	mandatory; dollar value (no decimals)				
2. Rehabilitation	mandatory; dollar value (no decimals)				
New Construction	mandatory; dollar value (no decimals)				
Total Assistance Requested	sums budget request for the structure				
Click the 'Save' button to automatically calculate the Total Assistance Requested.					
Form: Leased Units	budget visible if selected on funding request form				
	badget visible if selected off failuling request form				
The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the [+] icon. To view or update					
information already listed, select the [view] icon.	label				
Total Annual Assistance Requested:	readonly; sums total annual assistance \$ from all leased units budget detail				
Grant Term:	readonly; populated from funding request form.				
Total Request for Grant Term:	readonly; calculates total annual assistance \$ from all leased units budget detail times the grant term				
Total Units:	In the swart belowite frem the carbers practical week of their "Number of Units" and "HUD Paid Rent"				
Subform: Leased Units Budget Detail	fields				
* Metropolitan or pon-metropolitan fair market root area:					
* Metropolitan or non-metropolitan fair market rent area:	mandatory; dropdown with FMR areas that are in effect at the time of application				
SRO					
SRO Number of units (Applicant)	nonmandatory, numeric value				
SRO Number of units (Applicant) FMR (Applicant)	nonmandatory, numeric value readonly field; populated with current FMR amount for the unit size				
SRO Number of units (Applicant) FMR (Applicant) HUD Paid Rent (Applicant)	nonmandatory, numeric value readonly field; populated with current FMR amount for the unit size nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field				
SRO Number of units (Applicant) FMR (Applicant)	nonmandatory, numeric value readonly field; populated with current FMR amount for the unit size nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field readonly field; populated with 12 (months)				
SRO Number of units (Applicant) FMR (Applicant) HUD Paid Rent (Applicant) 12 months	nonmandatory, numeric value readonly field; populated with current FMR amount for the unit size nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field readonly field; populated with 12 (month) readonly, dollar value (no cents) field; multiples number of units times FMR amount (or HUD paid ren				
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Metropolitan or non-metropolitan fair market rent area:	mandatory; dropdown with FMR areas that are in effect at the time of application
SRO	
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
0 bedroom	
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant) 1 bedroom	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
2 Bedrooms	readonly, dollar value (no cents) held, multiples number of drifts times PWN amount times grant term
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
3 Bedrooms	readonly, donar value (no cents) new, manapies namber of anies times i wit amount times grant term
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
4 Bedrooms	,,
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
5 Bedrooms	
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
6 Bedrooms	
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
7 Bedrooms	
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
8 Bedrooms	
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
9 Bedrooms	
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months Total request (Applicant)	readonly field; populated automatically with 12
Total request (Applicant)	readonly, rifoldes value drag gentse field intultiples betroen of weist aim of EMP aracunt time agrant detoral
Total Units and Annual Assistance Requested:	column) sum \$ total for each bedroom size
Grant term:	readonly; populated from funding request form. (in years)
Total Request for Grant Term:	readonly, dollar value (no cents) field; sums total request for all bedroom sizes
Click the "Save" button to automatically calculate totals.	
Form: Supportive Services	budget visible if selected on funding request form
* A description must be entered for Quantity. Any costs without a Quantity description will be removed	
from the budget.	label
Assessment of Service Needs	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
Assistance with Moving Costs	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
3. Case Management	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
4. Child Care	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
5. Education Services	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank

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6. Employment Assistance Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
7. Food	nonimandatory, donar value (no cents), deladit is blank
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
8. Housing/Counseling Services	normal action, donar value (no corne), donar to saim
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
9. Legal Services	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
10. Life Skills	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
11. Mental Health Services	2
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
12. Outpatient Health Services	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
13. Outreach Services	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
14. Substance Abuse Treatment Services	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
15. Transportation	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
16. Utility Deposits	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
Total Annual Assistance Requested:	readonly, dollar value (no cents) field; sums annual budget request indicated
Grant Term:	readonly field, numeric value; populated with selected grant term (in years)
	readonly, dollar value (no cents) field; multiplies total annual assistance times selected grant term (in
Total Request for Grant Term:	years)
Click the "Save" button to automatically calculate totals.	
Form: Operating	budget visible if selected on funding request form
* A description must be entered for Quantity. Any costs without a Quantity description will be removed	<u> </u>
from the budget.	label
1. Maintenance/Repair	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
Property Taxes and Insurance	•
Occapita Depositation (may 100 december)	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory; dollar value (no cents); default is blank
Annual Assistance Requested 3. Replacement Reserve	nonmandatory; dollar value (no cents); default is blank
Annual Assistance Requested 3. Replacement Reserve Quantity Description (max 400 characters)	nonmandatory; dollar value (no cents); default is blank nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested 3. Replacement Reserve Quantity Description (max 400 characters) Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
Annual Assistance Requested 3. Replacement Reserve Quantity Description (max 400 characters) Annual Assistance Requested 4. Building Security	nonmandatory; dollar value (no cents); default is blank nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory; dollar value (no cents); default is blank
Annual Assistance Requested 3. Replacement Reserve Quantity Description (max 400 characters) Annual Assistance Requested 4. Building Security Quantity Description (max 400 characters)	nonmandatory; dollar value (no cents); default is blank nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory; dollar value (no cents); default is blank nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested 3. Replacement Reserve Quantity Description (max 400 characters) Annual Assistance Requested 4. Building Security Quantity Description (max 400 characters) Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory; dollar value (no cents); default is blank
Annual Assistance Requested 3. Replacement Reserve Quantity Description (max 400 characters) Annual Assistance Requested 4. Building Security Quantity Description (max 400 characters) Annual Assistance Requested 5. Electricity, Gas, and Water	nonmandatory; dollar value (no cents); default is blank nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory; dollar value (no cents); default is blank nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory; dollar value (no cents); default is blank
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Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank		
2. Software	nonmandatory, donar value (no cents), detault is blank		
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text		
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank		
3. Services			
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text		
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank		
4. Personnel			
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text		
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank		
5. Space & Operations			
Quantity Description (max 400 characters) Annual Assistance Requested	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory; dollar value (no cents); default is blank		
Total Annual Assistance Requested:	readonly, dollar value (no cents) field; sums annual budget request indicated		
Grant Term:	readonly field, numeric value; populated with selected grant term (in years)		
Oranic Termi.			
Total Request for Grant Term:	readonly, dollar value (no cents) field; multiplies total annual assistance times selected grant term (in		
Total Request for Grant Term.	years)		
	The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the		
Form: Summary Budget	available fields below.		
Eliqible Costs	readonly; \$ populated from subbudgets		
Annual Assistance Requested (Applicant)	readonly; \$ populated from subbudgets (2-8)		
Grant Term (Applicant)	readonly; \$ populated from subbudgets (2-8)		
Total Assistance Requested for Grant Term (Applicant)	readonly; \$ populated from subbudgets (1-8)		
Sub-total Costs Requested	readonly; numeric field; sum total requested for grant term \$ from each subbudget =		
	Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that		
	exceeds 10% of "Sub-total Costs Requested". Message reads: "The maximum allowable Admin		
10. Admin (up to 1004)	amount is [calculated 10%]" (in whole dollars). Round up if decimal is .5 or more, otherwise round down)		
10. Admin (up to 10%) 11. Total Assistance Plus Admin Requested	readonly; numeric field		
12. Cash Match	numeric field		
13. In Kind Match	numeric field		
	readenly average field. These should be an elected make the year average of the Total Match		
	readonly; numeric field; There should be an alert to make the user aware of the Total Match requirement. Alert calculation = 25 % of "Total Assistance Plus Admin Requested" MINUS "Leased		
14. Total Match	Units" and "Leased Structures".		
15. Total Budget	readonly; numeric field		
Click the "Save" button to automatically calculate totals.	Todaemy, numerical		
,			
	The following list summarizes the funds that will be used as leverage for		
	the project. To add a leveraging source to the list, select the (+) icon. To view or update a leveraging		
Form: Sources of Leverage	source already listed, select the [view] icon.		
Total Value of Cash Commitments	readonly; sum \$ amount from all cash commitments		
Total Value of In-Kind Commitments	readonly; sum \$ amount from all in-kind commitments		
Total Value of All Commitments	readonly; sum \$ amount from all cash and in-kind commitments		
Subform: Leverage Detail			
* 1. Type of Commitment:	mandatory field; dropdown with: cash, in kind		
* 2. Name the Source of the Commitment:	mandatory field; alphanumeric field		
* 3. Type of Source:	mandatory field; dropdown with: Government, Private		
* 4. Date of Written Commitment:	mandatory field; calendar field		
* 5. Value of Written Commitment:	mandatory field; dollar value, no cents		
Part 8 - Attachments and Certification			
Form: 8A. Attachments			
[document attachment 1] Subrecipient Nonprofit Documentation	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx		
[document attachment 2] Other Attachment(s)	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx		
[document attachment 3] Other Attachment(s)	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx		
	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx; visible only if		
CoC Rejection Letter	selected "Appeal" on Form 3A; mandatory only if selected "Appeal" on Form 3A		
Subform: Attachment Details			
Document Description	mandatory; alphanumeric text box		
File Name	mandatory; "Choose File" link to explorer file selection; displays file name after selection		
	display text 1) Subrecipient Nonprofit Documentation, 2)Other Attachment(s), or 3) Other		
Document Type	Attachment(s); dependent on previous form selection		
Maximum Size	2 MB		
Allowable formats	txt, doc, zipx, docx, ZIP*, pdf, wpd, zip, xls, xlsx, rtf		
	State and Other State Name (Special State		
	display text: Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit		
	status must be attached in e-snaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; for		
	Other display text: Attachment any additional documentation supporting the project application. To		
Instructions	attach multiple documents, zip them into a single file.		
Subform: CoC Rejection Letter	visible only if selected "Appeal" on Form 3A		

Document Description	mandatory; alphanumeric text box				
File Name	mandatory; "Choose File" link to explorer file selection; displays file name after selection				
Document Type	display text CoC Rejection Letter				
Maximum Size	2 MB				
Allowable formats	zip, xls, xlsx, pdf, mpp, rtf, txt, jpg, xlsm, zipx, doc, docx, ZIP*				
Instructions	Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: www.hudhre.info/esnaps				
Form: 8A. Attachments					
[document attachment 1] Subrecipient Nonprofit Documentation	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx				
[document attachment 2] Other Attachment(s)	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx				
(accument attachment 2) outer rattachment(c)	anomatic attachment formatic, on, doc, doc, par, what, no, non, m, pp, pm, pp,				
[decompost esteeksment 2] Other Attackment(a)	allowable attachment formate but doe does not wond allowed his 710 nine.				
[document attachment 3] Other Attachment(s)	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx				
[decompate the shorest 4] CoC Dejection Letter	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx; visible only if				
[document attachment 4] CoC Rejection Letter	selected "Appeal" on Form 3A; mandatory only if selected "Appeal" on Form 3A				
Subform: Attachment Details					
Document Description File Name	mandatory; alphanumeric text box				
Document Type	mandatexxi "C sousce dijer"hinktop expluse cile solaction collection and the name of the salaction and				
Maximum Size	Attachment(s); dependent on previous form selection 2 MB				
Allowable formats	txt, doc, zipx, docx, ZIP*, pdf, wpd, zip, xls, xlsx, rtf				
Instructions	display text: Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be attached in e-snaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization, visible only for 1) Subrecipient Nonprofit Documentation; for Other display text: Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file.				
Form: 8B. Applicant Certification	<u></u>				
Where the applicant is unable to certify to any of the statements in this					
certification, such applicant shall provide an explanation.	nonmandatory, alphanumeric field				
Name of authorized certifying official:	readonly; populated with full name of authorized representative from applicant's e-snaps profile				
Date:	readonly; populated with current date				
Title:	readonly; populated with titipolidanutorgiandanoneseatutive/eomegaposearatisve-काञ्चाकृतार्विकार's e-snaps				
Applicant organization:	profile				
PHA number (for PHA applicants only):	nonmandatory, alphanumeric field				
* I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).	mandatory checkbox, selection allow submission of application in e-snaps				
rt 9 - Summary					
Form: 9A Notice of Intent to Appeal	Visible only if selected "Appeal" on Form 3A				
Form: 9A Notice of Intent to Appeal * 1. Check the following box to certify this form as your Notice of Intent to Appeal	Visible only if selected "Appeal" on Form 3A mandatory; checkbox, selection allows submission of application in e-snaps				
 * 1. Check the following box to certify this form as your Notice of Intent to Appeal * 2. Was this project application first rejected by the CoC and then submitted OR submitted completely independently of the CoC's process? * 3. Was the project application submitted within the CoC's established 	mandatory; checkbox, selection allows submission of application in e-snaps mandatory; drop down Rejected, Independent, Default to Rejected				
*1. Check the following box to certify this form as your Notice of Intent to Appeal *2. Was this project application first rejected by the CoC and then submitted OR submitted completely independently of the CoC's process? *3. Was the project application submitted within the CoC's established submission deadline? *4. Describe the reason(s) provided by the CoC explaining their rejection of the	mandatory; checkbox, selection allows submission of application in e-snaps mandatory; drop down Rejected, Independent, Default to Rejected mandatory; drop down yes or no				
*1. Check the following box to certify this form as your Notice of Intent to Appeal *2. Was this project application first rejected by the CoC and then submitted OR submitted completely independently of the CoC's process? *3. Was the project application submitted within the CoC's established submission deadline? *4. Describe the reason(s) provided by the CoC explaining their rejection of the project. *4. Describe the reason(s) why the application was not submitted with the CoC's	mandatory; checkbox, selection allows submission of application in e-snaps mandatory; drop down Rejected, Independent, Default to Rejected mandatory; drop down yes or no mandatory; alphanumeric text box; visible if selected "Rejected" only				
*1. Check the following box to certify this form as your Notice of Intent to Appeal *2. Was this project application first rejected by the CoC and then submitted OR submitted completely independently of the CoC's process? *3. Was the project application submitted within the CoC's established submission deadline? *4. Describe the reason(s) provided by the CoC explaining their rejection of the project. *4. Describe the reason(s) why the application was not submitted with the CoC's consolidated application. *5. Describe how the CoC has not permitted reasonable participation in its	mandatory; checkbox, selection allows submission of application in e-snaps mandatory; drop down Rejected, Independent, Default to Rejected mandatory; drop down yes or no mandatory; alphanumeric text box; visible if selected "Rejected" only mandatory; alphanumeric text box; visible if selected "Independent" only				
*1. Check the following box to certify this form as your Notice of Intent to Appeal *2. Was this project application first rejected by the CoC and then submitted OR submitted Completely independently of the CoC's process? *3. Was the project application submitted within the CoC's established submission deadline? *4. Describe the reason(s) provided by the CoC explaining their rejection of the project. *4. Describe the reason(s) why the application was not submitted with the CoC's consolidated application.	mandatory; checkbox, selection allows submission of application in e-snaps mandatory; drop down Rejected, Independent, Default to Rejected mandatory; drop down yes or no mandatory; alphanumeric text box; visible if selected "Rejected" only				
*1. Check the following box to certify this form as your Notice of Intent to Appeal *2. Was this project application first rejected by the CoC and then submitted OR submitted completely independently of the CoC's process? *3. Was the project application submitted within the CoC's established submission deadline? *4. Describe the reason(s) provided by the CoC explaining their rejection of the project. *4. Describe the reason(s) why the application was not submitted with the CoC's consolidated application. *5. Describe how the CoC has not permitted reasonable participation in its	mandatory; checkbox, selection allows submission of application in e-snaps mandatory; drop down Rejected, Independent, Default to Rejected mandatory; drop down yes or no mandatory; alphanumeric text box; visible if selected "Rejected" only mandatory; alphanumeric text box; visible if selected "Independent" only				
*1. Check the following box to certify this form as your Notice of Intent to Appeal *2. Was this project application first rejected by the CoC and then submitted OR submitted Completely independently of the CoC's process? *3. Was the project application submitted within the CoC's established submission deadline? *4. Describe the reason(s) provided by the CoC explaining their rejection of the project. *4. Describe the reason(s) why the application was not submitted with the CoC's consolidated application. *5. Describe how the CoC has not permitted reasonable participation in its process.	mandatory; checkbox, selection allows submission of application in e-snaps mandatory; drop down Rejected, Independent, Default to Rejected mandatory; drop down yes or no mandatory; alphanumeric text box; visible if selected "Rejected" only mandatory; alphanumeric text box; visible if selected "Independent" only				

FY2012 Continuum of Care Homeless Assistance Program: Project Applications in esnaps
The purpose of this document is to provide a summary of the forms and questions that project applicants must complete in its application submission.

2 - Subrecipient Information						
·	This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information alread listed, select the view option.					
Total Expected Sub-Awards	readonly; field populates with a sum of expected sub-award fields from the detail subformlets					
Organization	readonly; neid populates with a sum of expected sub-award fields from the detail subformlets readonly; column lists organization names from all detail subformlets					
Type	readonly; column lists organization names from all detail subformlets readonly; column lists organization types from detail subformlets					
Sub-Awaru Amount	readonly; column lists organization sub-award from detail subformlets					
Subform: 2A. Project Subrecipients						
* a. Organization Name	mendation ប្រទេសជាព្រងមេខាល់នៅលើស្វ៉ា;N. Nonprofit without 501(c)(3) IRS Status (Other than Institution of Higher					
* b. Organization Type	Education);X. Other (Specify)					
	mandatory if select X. Other (Specify); alphanumeric field					
	mandatory: must be in format XX-XXXXXXX					
* d. Organizational DUNS	mandatory; numeric; must be 9 digits					
	non-mandatory; numeric; must be 4 digits					
e. Physical Address						
	mandatory; alphanumeric field;					
Street 2	non-mandatory; alphanumeric field;					
* City	mandatory; alphanumeric field;					
* State	mandatory; dropdown with all States and territories available					
* Zip Code	mandatory; nwo retima:-select list boxes; Available Items: includes all congressional districts; Selected It					
* f. Congressional District(s)	displays applicant selected states and territories					
* g. Is the subrecipient a Faith-Based Organization	mandatory; dropdown with No, Yes					
* h. Has the Subrecipient ever received a federal grant, either directly	Land to the state of the New York					
from a federal agency or through a State/local agency	mandatory; dropdown with No, Yes					
* i. Expected Sub-Award Amount:	mandatory; numeric					
j. Contact Person	Honorable;Governor;Mayor;President;Judge;Father;Sister;Captain;Major;Monsignor;Deacon;Colonel;					
* Prefix	Colonel;Bishop;Acting Governor;Pastor;Rabbi;Brig. General;Commissioner					
* First Name	mandatory; alphanumeric field;					
Middle Name	non-mandatory; alphanumeric field;					
* Last Name	mandatory; alphanumeric field;					
Suffix	non-mandatory; dropdown with: Jr.;Sr.;M.D.;D.D.S.;Ph.D.;Esq.;CSW;J.D.;MSW;LMSW;LCSW;Ed.D.					
* Title	mandatory; alphanumeric field;					
* E-mail Address	mandatory; alphanumeric field; must be valid email					
* Confirm E-mail Address	mandatory; alphanumeric field; must match previous field exactly					
* Phone Number	mandatory; numeric field; 10 or 11 numbers only					
Extension	non-mandatory; numeric field only					
Fax Number	non-mandatory; numeric field; 10 or 11 numbers only					
Documentation of the subrecipient's nonprofit status is required with the submission of this application.	e Note at the bottom of the form					
Form: 2B. Experience of Applicant, Subrecipient(s), and Other Partners						
* 1. Describe the experience of the applicant and potential subrecipients (if any), in						
effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.	mandatory; alphanumeric field					
* 2. Describe the experience of the applicant and potential subrecipients (if any) in	mandatory, alphanamene neid					
leveraging other Federal, State, local, and private sector funds.	mandatory; alphanumeric field					
* 3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.	mandatory; alphanumeric field					
* 4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)? If Yes, click "Save" to explain findings.	mandatory; dropdown with options: No, Yes					
4b. Describe the unresolved monitoring or audit findings.	mandatory if yes to 4a; alphanumeric field					
3 - Project Information						
Form: 3A. Project Detail						
* 1a. CoC Number and Name:	mandatory; dropdown with options = CoC number and name, as identified in the CoC's registratio submission. Include 'No CoC' as first option.					
* 1b. CoC Applicant Name: 2. Project Name:	mandatory; dropdown list dependent on selection of CoC Number and Name above; populated associated CoC applicant names from registration					
	readonly; populated with 2012 project name					

	Mandaton, decadana vith antique - Chandard Annael, default - Chandard 16 Annael is selected
	Mandatory; dropdown with options = Standard, Appeal; default = Standard. If Appeal is selected, auto-save and display red warning message, "You have selected "Appeal" and therefore are
	designating this application as an appeal to the CoC's decision to not fund this project. To
	proceed, you must fill out an additional form, Part 9 - Notice of Intent to Appeal, and submit the
	details of your appeal to be considered for funding. If you are filling out this application for the
	first time, or are otherwise not intending to appeal a rejection, please select "Standard.""
* 3. Project status: (**Form is auto populated. Change only if appealing a CoC rejection**)	If Appeal is selected, Part 9 below is visible; Autosave is important. Warning message must be red and prominent.
* 4. Component Type:	New projects = mandatory; dropdown with options: PH, TH, SSO, HMIS
* 5. Is Energy Star used at one or more of the proposed properties?	mandatory; dropdown with options: Yes, No, Not applicable
	mandatory, dropdown with options. Tes, No. the applicable
* 6. Does this project use one or more properties that have been conveyed through the Title V process?	mandatory; dropdown with options: Yes, No
Form: 3B. Description	
* 1. Provide a description that addresses the entire scope of the proposed project .	mandatory; alphanumeric field
	27 mg
* 2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of	
all work	mandatory; alphanumeric field
	mandatory, aprianamente ned
3. If applicable, describe the proposed development activities and the	
responsibilities that the applicant and potential subrecipients (if any) will have in	College Colleg
developing, operating, and maintaining the property.	nonmandatory; alphanumeric field; visible for nonHMIS component projects
* 4. Do you plan on serving youth under category 3 of the HUD homeless	
definition, "unaccompanied youth and families with children who are defined as	
homeless under other federal statutes and who do not otherwise qualify as	
homeless under this definition"? (Your CoC must request and receive HUD	
approval before project applicants can serve youth under category 3)	mandatory; drop-down box with options: Yes or No
	27.
Form: 3C. Expansion	
·	
* 1. Will the project use an existing homeless facility or incorporate activities	mandatory; dropdown with: Yes, No
provided by an existing project?	manuatory, dropuowii with. res, No
	visible if Yes is selected to question #1.
	Available items include the following:
	-Increase the number of homeless persons served
	-Provide additional supportive services to homeless persons
* Select the activities below that describe the expansion project, and click on the	-Bring existing facilities up to state/local government health and safety standards
"Save" button below to provide additional details.	-Replace the loss of nonrenewable funding (private, federal, other excluding state/local government)
Increase the number of homeless persons served	visible if selected in question above
* Indicate how the project is proposing to "increase the number of	
homeless persons served."	
nomeless persons served.	
Current level of effort	
# of persons served at a point-in-time	
# of units	
# of beds	
# of beds	
New Effort	
# of additional persons served at a point in time that this project will	
provide	
# of additional units this project will provide	
# of additional beds this project will provide	mandatory, numeric fields;
Provide additional supportive services to homeless persons	visible if selected in question above
* Indicate how the project is proposing to "provide additional	Increase number of and/or expand variety of supportive services provided
suppositive arevisas da foetherse positives sensise irrede ase indicated	Increase frequency and/or intensity of supportive services
above.	mandatory, alphanumeric field;
Bring existing facilities up to state/local government health and safety	Later Washington and the second second second
standards	visible if selected in question above
* Describe how the project is proposing to "bring the existing facility(ies)	l
up to state/local government health and safety standards."	mandatory, alphanumeric field;
Replace the loss of nonrenewable funding (private, federal, other excluding	
state/local government)	visible if selected in question above
Indicate how the project is prescribe to Breaker 19 - 1	
Indicate how the project is proposing to "replace the loss of non-	
renewable funding from private, federal, and/or other (excluding state/local government)."	
Stateriocal government).	
* a) What is the source of non-renewable funding (should indicate that	mandatory, alphanumeric field; visible if the following option is selected: Replace the loss of
funds are not controlled by the state or local government)?	
* h) Why are the project finds are received to	nameanung blephandings for ivote, feel brief in other on wollinging bit at each grever mappeas be the loss of
* b) Why are the project funds non-renewable?	nonrenewable funding (private, federal, other excluding State/local government)
* c) On what date will the non-renewable	
funds expire?	mandatory, calendar field; mm/dd/yyyy format; visible if the following option is selected: Replace the
	lasa data op, renormable neutodiago (primatie, if other dull othing explicating setate electropise or the noise of
* d) What steps were taken to obtain other funding sources?	
* d) What steps were taken to obtain other funding sources?	lคระกษณะของๆ อาการพลฟากลับเอปและ(เกาะ์ระสะ เกียร์ตายีแอบาลการพลบาลเกาะ์ระสายเลยารถสายการพลบาลเกาะ์ระสายการที่ nonrenewable funding (private, federal, other excluding State/local government)
* d) What steps were taken to obtain other funding sources? * e) Why are CoC Program funds necessary to continue operating the	nsandangor angwaldin-funstings (private, fireferful) olinen-goplasing - Selectifies at gaveenment)ss of nonrenewable funding (private, federal, other excluding State/local government) mandatory, alphanumeric field; visible if the following option is selected: Replace the loss of
* d) What steps were taken to obtain other funding sources?	lคระกษณะของๆ อาการพลฟากลับเอปและ(เกาะ์ระสะ เกียร์ตายีแอบาลการพลบาลเกาะ์ระสายเลยารถสายการพลบาลเกาะ์ระสายการที่ nonrenewable funding (private, federal, other excluding State/local government)
* d) What steps were taken to obtain other funding sources? * e) Why are CoC Program funds necessary to continue operating the project?	nsandangor angwaldin-funstings (private, fireferful) olinen-goplasing - Selectifies at gaveenment)ss of nonrenewable funding (private, federal, other excluding State/local government) mandatory, alphanumeric field; visible if the following option is selected: Replace the loss of
* d) What steps were taken to obtain other funding sources? * e) Why are CoC Program funds necessary to continue operating the project? Part 4 - Hsg, Srvs, and HMIS	
* d) What steps were taken to obtain other funding sources? * e) Why are CoC Program funds necessary to continue operating the project? Part 4 - Hsg, Srvs, and HMIS	nsandangor angwaldin-funstings (private, fireferful) olinen-goplasing - Selectifies at gaveenment)ss of nonrenewable funding (private, federal, other excluding State/local government) mandatory, alphanumeric field; visible if the following option is selected: Replace the loss of

* 1. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families?	mandatory, dropdown = Yes, No, Not applicable; nonHMIS		
* 2. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?	mandatory, dropdown = Yes, No, Not applicable; nonHMIS		
* 3. Describe the reason(s) for non-compliance with educational laws, and the corrective action to be taken prior to grant agreement execution.	mandatory and visible if "No" to questions #1 or #2; alphanumeric text field; nonHMIS		
* 4. Describe how participants will be assisted to obtain and remain in permanent housing.	mandatory; alphanumeric text field; nonHMIS		
* 5. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.	mandatory; alphanumeric text field; nonHMIS		
* 6. Specify the frequency of supportive services to be provided to project participants. * 7. How accessible are basic community amenities (e.g., medical facilities, grocery store, recreation facilities, schools, etc.) to the project?	mandatory; nonHMIS; Field mandatory; nonHMIS; column A = 'Supportive Services' column to include the following rows in alpabetical order: Assistance with Moving Costs Case management Child care Education services Employment assistance and job training Food Housing search and counseling services Legal services Life skills training Mental health services Outpatient health services Outpatient health services Outpatance abuse treatment services Transportation Utility deposits column B = 'Select Frequency'; drop-down list for each of the above Supportive Services to include the following choices: Daily Weekly Bi-Monthly Monthly Monthly Quarterly Bi-Weekly Does Not Apply mandatory' non-HMIS; dropdown = Yes, very accessible Somewhat accessible Not accessible		
Form: 4B. Supportive Services Only			
* 1. Is this project a street outreach project? Click 'Save' to specify performance measures.	mandatory; dropdown with: Yes, No		
* 2. Are the project activities, including case management, related to a Housing Goal?	mandatory; dropdown with: Yes, No; visible only if select No to #1 above		
Part 5 - Participants and Outreach			
Form: 5A. Project Participants - Households			
Total Households and Household characteristics	grid must include at least one entry (equal to or greater than 1);Formlet visible for nonHMIS component projects		
Instructions: [chorn] Instructions: [chorn]			
Click Save to automatically calculate totals	Label at bottom		
Form: 5B. Project Participants - Subpopulations			

Total Households and Household characteristics					tics			grid must include at leas	st one entry (ie, entry can be equal to 0)
SB. Project Participants - Subpopulations Testructions: (show)									
Instru	ctions: [show] Persons	in Households w	ith at Least One A	dult and One Chile					
	Chronically	Chronically	Non- Chronically	Chronic			Victims of		
Characteristics	Homeless Non- Veterans	Homeless Veterans	Homeless Veterans	Substance Abuse	Persons with HIV/AIDS	Severely Mentally III	Domestic Violence		
Disabled Adults over age 24 Non-disabled Adults over age 24									
Disabled Adults ages 18-24	j——j								
Non-disabled Adults ages 18-24									
Disabled Children under age 18 Non-disabled Children under age 18									
Total Persons									
		Persons in Hou	useholds without (Children					
	Chronically Homeless Non-	Chronically	Chronically Homeless	Chronic	Deceme with	Savarahı	Victims of		
Characteristics Disabled Adults over age 24	Veterans	Veterans	Veterans	Abuse	HIV/AIDS	Mentally III	Violence		
Non-disabled Adults over age 24									
Disabled Adults ages 18-24									
Non-disabled Adults ages 18-24 Total Persons									
Total Persons	J J))				
		Persons in Hou	seholds with Only	Children					
	Chronically	Chronically	Non- Chronically	Chronic			Victims of		
Characteristics	Homeless Non- Veterans	Homeless Veterans	Homeless Veterans	Substance Abuse	Persons with HIV/AIDS	Severely Mentally III	Domestic Violence		
Accompanied Disabled Children under age 18 Accompanied Non-disabled Children under age									
18									
Unaccompanied Disabled Children under age 1: Unaccompanied Non-disabled Children under									
age 18 Total Persons									
Click Si	ave to auto	matically o	calculate to	otals				Label at bottom	
Form: 5C. Out									
	nter the pe					be served	by the		
prop	osed proje								
					ns not me	ant for hun	nan habitation.	mandatory; numeric field	
			rgency she	elters				mandatory; numeric field	
		from safe						mandatory; numeric field	d; max 3 digits
	From tra	nsitional h	nousing an	d previous	sly resided	in a place	not meant for		
					rs, or safe			mandatory; numeric field	
					r night time ther federa		ž.	mandatory; numeric field mandatory; numeric field	
			omestic vic		iller reuera	ii Siaiules.		mandatory; numeric field	
		above per		nence.					centage; error message if sum is more than 100%
+0				and delegat	6 . d d		s) and how the	readonly, sum of an perc	scritage, error message ir sum is more than 10070
							r other federal		
stati		100 0 00.		011101000 0		01000 01100	ii otiloi lodolai	mandatory if total of abo	ve percentages does not equal 100%, nonHMIS; alphanumeric field
(*) 3	. Describe	the outrea	ach plan to	bring thes	se homeles	ss participa	ints into the		<u> </u>
proj				•				(non-)mandatory; alphar	numeric field
Form: 5D. Dis	charge F	Planning	Policy					visible if applicant organi	ization is a government agency
+ 1	l loo the etc					la ana ana ata			
							a discharge sons discharge	4	
from	n publicly-fu	inded insti	itutions (e.	a. health c	are facilitie	es, foster o	are, correction	น์	
facil	ities, or me	ntal health					McKinney-Ven	o	
func	led prograr	ns?						mandatory, dropdown =	Yes, No, Not applicable; nonHMIS
Part 6 - Performano	e Measu	res							
Form: 6A. Sta	ndard							visible for nonHMIS/Prevention	component projects
* 1. Specify the universe		for the ho	ousing mea	asure.					The state of the s
Click 'Save' to calculate									
								B. B	(FO TH OH - DI)
								the operating year.	ousing (ES, TH, SH, or PH) as a result of the street outreach progam during
								the operating year.	
								1	
	ning Man	ıro						a Persona suitina (rmonant housing (auhaidized or unauhaidized) during the approximation
Hou	sing Measi								rmanent housing (subsidized or unsubsidized) during the operating year.
	Target (mandatory, numeric valu mandatory, numeric valu	
	Target (entage = target number divided by universal number
* 2. Chance i			mossiii	from hal-	u and ac-	oifu tha	ivoroo and	readonly, calculate perce	enage – angernamber divided by driiversal number
* 2. Choose one income target numbers for the g		normance	measure	ii oiii belol	w, anu spe	city trie un	iverse and		
Click 'Save' to calculate the target percent (%).									

	 a. Persons age 18 and older who increased their total income (from all sources) as of the end of the operating year or program exit. OR 				
Income Measure	b. Persons age 18 through 61 who increased their earned income as of the end of the operating year				
Target (#)	or program exit. mandatory, numeric value				
Universe (#)	mandatory, numeric value				
Target (%)	readonly; calculate percentage = target number divided by universal number				
* 2. Among persons who entered with an unmet need associated with a condition listed below, indicate					
how many received the services for that condition by the time they exited.					
Measure	Categories: Physical Disability Developmental Disability Chronic Health HIV/AIDS Mental Health Substance Abuse				
Target (#)	mandatory, numeric value				
Universe (#)	mandatory, numeric value				
Target (%)	readonly; calculate percentage = target number divided by universal number				
Form: 6B. Additional Performance Measures [Parent Form List]					
[Parent Form Header]					
* 1. Specify the universe and target goal numbers for the proposed measure.					
a. Proposed Measure	mandatory, alphanumeric field				
b. Target (#) c. Universe (#)	mandatory, numeric value mandatory, numeric value				
d. Target (%)	readonly; calculate percentage = target number divided by universal number				
* 2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results					
* 3. Specific data elements and formula proposed for calculating results	mandatory, alphanumeric field				
* 4. Rationale for why the proposed measure is an appropriate indicator of					
performance for this program	mandatory, alphanumeric field				
Part 7 - Budget Information					
Form: Funding Request	T				
* 1. Is it feasible for the project to be under grant agreement by September 30, 2014? * 2. Are special housing funds being requested for this project?	mandatory; dropdown with Yes, No				
(If Yes, click the 'Save' button to identify the project as a PH Bonus.)	mandatory; dropdown with Yes, No; should be visible for prevention projects				
Special housing funding:	readonly; if Yes, populated with Permanent Housing				
	Mandatory; dropdown options are:				
* 3. Select a grant term:	1 Year 2 Years 3 Years 4 Years 5 Years				
Select the costs for which funding is being requested:	1 Year 2 Years 3 Years 4 Years 5 Years 15 Years label				
Select the costs for which funding is being requested: Acquisition/Rehabilitation/New Construction	1 Year 2 Years 3 Years 4 Years 5 Years 15 Years 15 Years label checkbox; selection triggers Acquisition/Rehahabilitation/ New Construction budget form				
Select the costs for which funding is being requested: Acquisition/Rehabilitation/New Construction Leased Structures	1 Year 2 Years 3 Years 4 Years 5 Years 15 Years 15 Years label checkbox; selection triggers Acquisition/Rehahabilitation/ New Construction budget form checkbox; selection triggers Leased Structures budget form				
Select the costs for which funding is being requested: Acquisition/Rehabilitation/New Construction Leased Structures Supportive Services	1 Year 2 Years 3 Years 4 Years 5 Years 15 Years Is Vears label checkbox; selection triggers Acquisition/Rehahabilitation/ New Construction budget form checkbox; selection triggers Leased Structures budget form checkbox; selection triggers Supportive Services budget form				
Select the costs for which funding is being requested: Acquisition/Rehabilitation/New Construction Leased Structures Supportive Services HMIS	1 Year 2 Years 3 Years 4 Years 5 Years 15 Years 1s Years label checkbox; selection triggers Acquisition/Rehahabilitation/ New Construction budget form checkbox; selection triggers Leased Structures budget form checkbox; selection triggers Supportive Services budget form checkbox; selection triggers Supportive Services budget form checkbox; selection triggers HMIS budget form				
Select the costs for which funding is being requested: Acquisition/Rehabilitation/New Construction Leased Structures Supportive Services	1 Year 2 Years 3 Years 4 Years 5 Years 15 Years Is Vears label checkbox; selection triggers Acquisition/Rehahabilitation/ New Construction budget form checkbox; selection triggers Leased Structures budget form checkbox; selection triggers Supportive Services budget form				
4. Select the costs for which funding is being requested:	1 Year 2 Years 3 Years 3 Years 4 Years 5 Years 15 Years label checkbox; selection triggers Acquisition/Rehahabilitation/ New Construction budget form checkbox; selection triggers Leased Structures budget form checkbox; selection triggers Supportive Services budget form checkbox; selection triggers HMIS budget form checkbox; selection triggers HMIS budget form budget visible if selected on funding request form label readonly, dollar (no cents) value field; sums total acquisition request from all structures				
4. Select the costs for which funding is being requested:	1 Years 2 Years 3 Years 4 Years 5 Years 15 Years Isbel checkbox; selection triggers Acquisition/Rehahabilitation/ New Construction budget form checkbox; selection triggers Leased Structures budget form checkbox; selection triggers Supportive Services budget form checkbox; selection triggers HMIS budget form checkbox; selection triggers HMIS budget form budget visible if selected on funding request form label readonly, dollar (no cents) value field; sums total acquisition request from all structures readonly, dollar (no cents) value field; sums total rehabilitation request from all structures				
4. Select the costs for which funding is being requested:	1 Year 2 Years 3 Years 3 Years 4 Years 5 Years 15 Years 15 Years 1s Years 1abel checkbox; selection triggers Acquisition/Rehahabilitation/ New Construction budget form checkbox; selection triggers Leased Structures budget form checkbox; selection triggers Leased Structures budget form checkbox; selection triggers Leased Structures budget form checkbox; selection triggers HMIS budget form budget visible if selected on funding request form label readonly, dollar (no cents) value field; sums total acquisition request from all structures readonly, dollar (no cents) value field; sums total rehabilitation request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures				
4. Select the costs for which funding is being requested:	1 Year 2 Years 3 Years 3 Years 4 Years 5 Years 5 Years 15 Years 15 Years label checkbox; selection triggers Acquisition/Rehahabilitation/ New Construction budget form checkbox; selection triggers Leased Structures budget form checkbox; selection triggers Supportive Services budget form checkbox; selection triggers HMIS budget form checkbox; selection triggers HMIS budget form budget visible if selected on funding request form label readonly, dollar (no cents) value field; sums total acquisition request from all structures readonly, dollar (no cents) value field; sums total rehabilitation request from all structures readonly, dollar (no cents) value field; sums total rewords request from all structures readonly, dollar (no cents) value field; sums total rewords from all structures				
4. Select the costs for which funding is being requested:	1 Year 2 Years 3 Years 3 Years 4 Years 5 Years 15 Years 15 Years 1s Years 1abel checkbox; selection triggers Acquisition/Rehahabilitation/ New Construction budget form checkbox; selection triggers Leased Structures budget form checkbox; selection triggers Leased Structures budget form checkbox; selection triggers Leased Structures budget form checkbox; selection triggers HMIS budget form budget visible if selected on funding request form label readonly, dollar (no cents) value field; sums total acquisition request from all structures readonly, dollar (no cents) value field; sums total rehabilitation request from all structures readonly, dollar (no cents) value field; sums total new construction request from all structures				
4. Select the costs for which funding is being requested:	1 Years 2 Years 3 Years 4 Years 5 Years 15 Years 15 Years 16 Years 16 Years 1abel checkbox; selection triggers Acquisition/Rehahabilitation/ New Construction budget form checkbox; selection triggers Leased Structures budget form checkbox; selection triggers Supportive Services budget form checkbox; selection triggers HMIS budget form checkbox; selection triggers HMIS budget form budget visible if selected on funding request form label readonly, dollar (no cents) value field; sums total acquisition request from all structures readonly, dollar (no cents) value field; sums total rehabilitation request from all structures readonly, dollar (no cents) value field; sums total rewest from all structures readonly, dollar (no cents) value field; sums total rewest from all structures Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new				
4. Select the costs for which funding is being requested:	1 Year 2 Years 3 Years 3 Years 4 Years 5 Years 15 Years 15 Years 1abel checkbox; selection triggers Acquisition/Rehahabilitation/ New Construction budget form checkbox; selection triggers Leased Structures budget form checkbox; selection triggers Leased Structures budget form checkbox; selection triggers Leased Structures budget form checkbox; selection triggers HMIS budget form budget visible if selected on funding request form label readonly, dollar (no cents) value field; sums total acquisition request from all structures readonly, dollar (no cents) value field; sums total request from all structures readonly, dollar (no cents) value field; sums total request from all structures readonly, dollar (no cents) value field; sums total request from all structures readonly, dollar (no cents) value field; sums total request from all structures readonly, dollar (no tents) value field; sums total request from all structures readonly, dollar (no tents) value field; sums total request from all structures readonly, dollar (no tents) value field; sums total request from all structures				

* City:	mandatory; alphanumeric field
* State:	mandatory; dropdown with States and US territories
* Zip Code:	mandatory; numeric field
Audition Branchid	The user should only be able to enter up to 8 digits for dollar amounts - or \$99,999,999 as the
Assistance Requested 1. Acquisition	maximum. mandatory; dollar value (no decimals)
2. Rehabilitation	mandatory; dollar value (no decimals)
3. New Construction	mandatory; dollar value (no decimals)
4. Total Assistance Requested	sums budget request for the structure
Click the 'Save' button to automatically calculate the Total Assistance Requested.	
, , , , , , , , , , , , , , , , , , , ,	
Form: Leased Structures Budget	budget visible if selected on funding request form
The following list summarizes the funds being requested for one or more structures leased for	
operating the projects. To add information to the list, select the [+] icon. To view or update	
information already listed, select the [view] icon. Total Annual Assistance Requested:	label readonly; sums total annual assistance \$ from all leased structures budget detail
Grant Term:	
Total Request for Grant Term:	Feadenly; Barculated from #mritibledesusesides from all leased structures budget detail times the grant term
Total Structures:	readonly; sums number of structures
Subform: Leased Structures Budget Detail	
* Structure Name:	mandatory; alphanumeric field
* Street Address 1:	mandatory; alphanumeric field
Street Address 2:	nonmandatory; alphanumeric field
* City:	mandatory; alphanumeric field
* State:	mandatory; dropdown with States and US territories
* Zip Code:	mandatory; numeric field
* HUD Paid Rent (per month):	mandatory; dollar value (no decimals); must be > \$0 to submit the form
12 months	readonly field; populated with selected grant term (in months) readonly field; multiplies HUD paid rent amount times 12 months
Total annual request: Grant term	readonly; populated from funding request form.(in years)
	readonly field; multiplies HUD paid rent amount times selected grant term (in years)
Total request for grant term: TEXT	"Click the "Save" button to automatically calculate the Total Assistance Requested."
IEAI	Click the Save button to automatically calculate the Total Assistance Requested.
Form: Supportive Services	budget visible if selected on funding request form
* A description must be entered for Quantity. Any costs without a Quantity description will be removed	badget visible if selected off failuling request form
from the budget.	label
1. Assessment of Service Needs	Tabor Tabor
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
Assistance with Moving Costs	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
3. Case Management Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; (dollar value (no cents); default is blank
4. Child Care	Horimandatory, donar value (no centa), detault is blank
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
5. Education Services	
Quantity Description (max 400 characters)	
	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory; dollar value (no cents); default is blank
Annual Assistance Requested 6. Employment Assistance	nonmandatory; dollar value (no cents); default is blank
Annual Assistance Requested 6. Employment Assistance Quantity Description (max 400 characters)	nonmandatory; dollar value (no cents); default is blank nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested 6. Employment Assistance Quantity Description (max 400 characters) Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
Annual Assistance Requested 6. Employment Assistance Quantity Description (max 400 characters) Annual Assistance Requested 7. Food	nonmandatory; dollar value (no cents); default is blank nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory; dollar value (no cents); default is blank
Annual Assistance Requested 6. Employment Assistance Quantity Description (max 400 characters) Annual Assistance Requested 7. Food Quantity Description (max 400 characters)	nonmandatory; dollar value (no cents); default is blank nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory; dollar value (no cents); default is blank nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested 6. Employment Assistance Quantity Description (max 400 characters) Annual Assistance Requested 7. Food	nonmandatory; dollar value (no cents); default is blank nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory; dollar value (no cents); default is blank
Annual Assistance Requested 6. Employment Assistance Quantity Description (max 400 characters) Annual Assistance Requested 7. Food Quantity Description (max 400 characters) Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory; dollar value (no cents); default is blank nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested 6. Employment Assistance Quantity Description (max 400 characters) Annual Assistance Requested 7. Food Quantity Description (max 400 characters) Annual Assistance Requested 8. Housing/Counseling Services Quantity Description (max 400 characters) Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory; dollar value (no cents); default is blank nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory; dollar value (no cents); default is blank
Annual Assistance Requested 6. Employment Assistance Quantity Description (max 400 characters) Annual Assistance Requested 7. Food Quantity Description (max 400 characters) Annual Assistance Requested 8. Housing/Counseling Services Quantity Description (max 400 characters) Annual Assistance Requested 9. Legal Services Quantity Description (max 400 characters) Annual Assistance Requested 9. Legal Services	nonmandatory; dollar value (no cents); default is blank nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory; dollar value (no cents); default is blank nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory; dollar value (no cents); default is blank nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory; dollar value (no cents); default is blank
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Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
15. Transportation	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested 16. Utility Deposits	nonmandatory; dollar value (no cents); default is blank
Quantity Deposits Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; (mandatory in amount entered for Amount and Assistance Requested), alphandment text
17. Operating Costs	normandatory, donar value (no ecrits), deladit is blank
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
Total Annual Assistance Requested:	readonly, dollar value (no cents) field; sums annual budget request indicated
Grant Term:	readonly field, numeric value; populated with selected grant term (in years)
	readonly, dollar value (no cents) field; multiplies total annual assistance times selected grant term (in
Total Request for Grant Term:	years)
Click the "Save" button to automatically calculate totals.	
Form: HMIS	budget visible if selected on funding request form
1 OTHE THREE	badget visible it selected on randing request form
* A description must be entered for Quantity. Any costs without a Quantity description will be removed	
from the budget.	label
1. Equipment	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
2. Software	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
3. Services	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
4. Personnel	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
5. Space & Operations	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested Total Annual Assistance Requested:	nonmandatory; dollar value (no cents); default is blank readonly, dollar value (no cents) field; sums annual budget request indicated
Grant Term:	readonly, dollar value (no cents) field, sums annual budget request indicated readonly field, numeric value; populated with selected grant term (in years)
Giant Term.	, , , , , , , , , , , , , , , , , , , ,
Total Dequast for Crant Torm:	readonly, dollar value (no cents) field; multiplies total annual assistance times selected grant term (in
Total Request for Grant Term:	years)
	The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the
Form: Summary Budget	available fields below.
Eligible Costs	readonly; \$ populated from subbudgets
Annual Assistance Requested (Applicant)	readonly; \$ populated from subbudgets (2-8)
Grant Term (Applicant)	readonly; \$ populated from subbudgets (2-8)
Total Assistance Requested for Grant Term (Applicant)	readonly; \$ populated from subbudgets (1-8)
9. Sub-total Costs Requested	readonly; numeric field; sum total requested for grant term \$ from each subbudget =
	Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that
	exceeds 10% of "Sub-total Costs Requested". Message reads: "The maximum allowable Admin
10. Admin (up to 1004)	amount is [calculated 10%]" (in whole dollars). Round up if decimal is .5 or more, otherwise round
10. Admin (up to 10%)	down)
11. Total Assistance Plus Admin Requested	readonly; numeric field
12. Cash Match 13. In Kind Match	numeric field
13. III KIIIU MULLII	Humenc neid
	readonly; numeric field; There should be an alert to make the user aware of the Total Match
14. Total Match	requirement. Alert calculation = 25 % of "Total Assistance Plus Admin Requested" MINUS "Leased Units" and "Leased Structures".
15. Total Budget	readonly; numeric field
Click the "Save" button to automatically calculate totals.	
	The following list summarizes the funds that will be used as leverage for
Forms Sources of Loverego	the project. To add a leveraging source to the list, select the [+] icon. To view or update a leveraging
Form: Sources of Leverage	source already listed, select the [view] icon.
Total Value of Cash Commitments	readonly; sum \$ amount from all cash commitments
Total Value of All Commitments	readonly; sum \$ amount from all in-kind commitments
Total Value of All Commitments	readonly; sum \$ amount from all cash and in-kind commitments
Subform: Leverage Detail	Table days to the sale of the
*1 7 (0	mandatory field; dropdown with: cash, in kind
* 1. Type of Commitment:	
* 1. Type of Commitment: * 2. Name the Source of the Commitment: * 3. Type of Source:	mandatory field; alphanumeric field mandatory field; dropdown with: Government, Private

* 4. Date of Written Commitment:	mandatory field; calendar field
* 5. Value of Written Commitment:	mandatory field; dollar value, no cents
3. Value of Written Communent.	mandatory new, donar value, no cents
t 8 - Attachments and Certification	
Form: 8A. Attachments	
	allowable attachment formate; but doe door and want via viay off ain ZID ainy
[document attachment 1] Subrecipient Nonprofit Documentation	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx
[document attachment 2] Other Attachment(s)	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx
[document attachment 3] Other Attachment(s)	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx
	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx; visible only if
CoC Rejection Letter	selected "Appeal" on Form 3A; mandatory only if selected "Appeal" on Form 3A
Subform: Attachment Details	
Document Description	mandatory; alphanumeric text box
File Name	mandatory; "Choose File" link to explorer file selection; displays file name after selection
	display text 1) Subrecipient Nonprofit Documentation, 2)Other Attachment(s), or 3) Other
Document Type	Attachment(s); dependent on previous form selection
Maximum Size	2 MB
Allowable formats	txt, doc, zipx, docx, ZIP*, pdf, wpd, zip, xls, xlsx, rtf
Instructions	display text: Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be attached in e-snaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; for Other display text: Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file.
Subform: CoC Rejection Letter	visible only if selected "Appeal" on Form 3A
Document Description	mandatory; alphanumeric text box
File Name	mandatory; "Choose File" link to explorer file selection; displays file name after selection
THE HAMIE	mandatory, one contribution in the contribution, also playe the name and constitution
Document Type	display text CoC Rejection Letter
Maximum Size	2 MB
Allowable formats	zip, xls, xlsx, pdf, mpp, rtf, txt, jpg, xlsm, zipx, doc, docx, ZIP*
	Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a referen
Instructions	document is available on the e-snaps training site: www.hudhre.info/esnaps
Form: 8A. Attachments	
[document attachment 1] Subrecipient Nonprofit Documentation	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx
[document attachment 2] Other Attachment(s)	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx
[document attachment 3] Other Attachment(s)	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx
	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx; visible only if
[document attachment 4] CoC Rejection Letter	selected "Appeal" on Form 3A; mandatory only if selected "Appeal" on Form 3A
Subform: Attachment Details	
Document Description	mandatory; alphanumeric text box
File Name	mapidatoxx "C soone dijire ni nkoopen procedile selection zitapleve dile nemetet possipotioer
Document Type	Attachment(s); dependent on previous form selection
Maximum Size	2 MB
Allowable formats	txt, doc, zipx, docx, ZIP*, pdf, wpd, zip, xls, xlsx, rtf
	display text : Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit
Instructions	status must be attached in e-snaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; fo Other display text. Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file.
	subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; for Other display text: Attachment any additional documentation supporting the project application. To
Form: 8B. Applicant Certification	subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; for Other display text: Attachment any additional documentation supporting the project application. To
Form: 8B. Applicant Certification Where the applicant is unable to certify to any of the statements in this	subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; fo Other display text: Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file.
Form: 8B. Applicant Certification Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.	subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; fo Other display text: Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. nonmandatory, alphanumeric field
Form: 8B. Applicant Certification Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation. Name of authorized certifying official:	subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; fo Other display text. Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. nonmandatory, alphanumeric field readonly; populated with full name of authorized representative from applicant's e-snaps profile
Form: 8B. Applicant Certification Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation. Name of authorized certifying official: Date:	subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; fo Other., display text. Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. nonmandatory, alphanumeric field readonly; populated with full name of authorized representative from applicant's e-snaps profile readonly; populated with current date
Form: 8B. Applicant Certification Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation. Name of authorized certifying official: Date: Title:	subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; fo Other., display text. Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. nonmandatory, alphanumeric field readonly; populated with full name of authorized representative from applicant's e-snaps profile readonly; populated with current date
Form: 8B. Applicant Certification Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation. Name of authorized certifying official: Date: Title: Applicant organization:	subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; fo Other display text: Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. nonmandatory, alphanumeric field readonly; populated with full name of authorized representative from applicant's e-snaps profile readonly; populated with current date readonly; populated with tight authorized representative from applicant's e-snaps profile readonly; populated with tight authorized representative from applicant's e-snaps profile readonly; populated with tight authorized representative from applicant's e-snaps profile readonly; populated with significant/prigned-argonized representative from applicant's e-snaps profile readonly; populated with significant/prigned-argonized representative from applicant's e-snaps profile readonly; populated with significant/prigned-argonized representative from applicant's e-snaps profile readonly; populated with significant/prigned-argonized representative from applicant's e-snaps profile readonly; populated with significant/prigned-argonized representative from applicant's e-snaps profile readonly; populated with significant/prigned-argonized representative from applicant's e-snaps profile readonly; populated with significant/prigned-argonized representative from applicant's e-snaps profile readonly; populated with significant/prigned-argonized representative from applicant's e-snaps profile readonly; populated with significant from a profile readonly profile readonly populated with significant from a pr
Form: 8B. Applicant Certification Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation. Name of authorized certifying official: Date: Title:	subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; fo Other display text. Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. nonmandatory, alphanumeric field readonly; populated with full name of authorized representative from applicant's e-snaps profile readonly; populated with current date readonly; populated with sibindant/organizations/searchy
Form: 8B. Applicant Certification Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation. Name of authorized certifying official: Date: Title: Applicant organization: PHA number (for PHA applicants only): * I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).	subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; fo Other display text. Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. nonmandatory, alphanumeric field readonly; populated with full name of authorized representative from applicant's e-snaps profile readonly; populated with current date readonly; populated with sitipidianthogiandaraphaseauthwazeareapelientative-mapelienta
Form: 8B. Applicant Certification Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation. Name of authorized certifying official: Date: Title: Applicant organization: PHA number (for PHA applicants only): * I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).	subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; fo Other display text: Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. nonmandatory, alphanumeric field readonly; populated with full name of authorized representative from applicant's e-snaps profile readonly; populated with current date readonly; populated with sitipidiant/bigiand/araphaseauthwa/eara-pelientatis/e-snapspidiant's e-snap profile nonmandatory, alphanumeric field t
Form: 8B. Applicant Certification Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation. Name of authorized certifying official: Date: Title: Applicant organization: PHA number (for PHA applicants only): * I certify that I have been duly authorized by the applicant to submit this Applican Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001). * I Summary Form: 9A Notice of Intent to Appeal	subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; fo Other display text. Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. nonmandatory, alphanumeric field readonly; populated with full name of authorized representative from applicant's e-snaps profile readonly; populated with till name of authorized representative from applicant's e-snaps profile readonly; populated with tillipidianthygiandansycalumerized representative from applicant's e-snap profile nonmandatory, alphanumeric field to mandatory, alphanumeric field to work the profile nonmandatory
Form: 8B. Applicant Certification Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation. Name of authorized certifying official: Date: Title: Applicant organization: PHA number (for PHA applicants only): * I certify that I have been duly authorized by the applicant to submit this Applican Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001). * 1 - Summary Form: 9A Notice of Intent to Appeal * 1. Check the following box to certify this form as your Notice of Intent to Appeal	subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; fo Other display text. Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. nonmandatory, alphanumeric field readonly; populated with full name of authorized representative from applicant's e-snaps profile readonly; populated with current date readonly; populated with silpingant bogandarepresentative from applicant's e-snap profile nonmandatory, alphanumeric field t mandatory checkbox, selection allow submission of application in e-snaps
Form: 8B. Applicant Certification Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation. Name of authorized certifying official: Date: Title: Applicant organization: PHA number (for PHA applicants only): * I certify that I have been duly authorized by the applicant to submit this Applican Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001). 19 - Summary Form: 9A Notice of Intent to Appeal * 1. Check the following box to certify this form as your Notice of Intent to Appeal * 2. Was this project application first rejected by the CoC and then submitted OR submitted completely independently of the CoC's process?	subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; fo Other display text. Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. nonmandatory, alphanumeric field readonly; populated with full name of authorized representative from applicant's e-snaps profile readonly; populated with unrent date readonly; populated with titipledauthogiaedaraprosealatives/earn-specientalise-snapsofilent nonmandatory, alphanumeric field to mandatory, alphanumeric field to mandatory alphanumeric field to with titipledauthogiaedaraprosealatives/earn-specientalise-snapsofilents e-snapsofilents e-snaps
Form: 8B. Applicant Certification Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation. Name of authorized certifying official: Date: Title: Applicant organization: PHA number (for PHA applicants only): * I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001). 19 - Summary Form: 9A Notice of Intent to Appeal * 1. Check the following box to certify this form as your Notice of Intent to Appeal * 2. Was this project application first rejected by the CoC and then submitted OR	subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; fo Other display text: Attachment any additional documentation supporting the project application. T attach multiple documents, zip them into a single file. nonmandatory, alphanumeric field readonly; populated with full name of authorized representative from applicant's e-snaps profile readonly; populated with current date readonly; populated with siliping authorized representative from applicant's e-snap profile nonmandatory, alphanumeric field t mandatory, alphanumeric field t Wisible only if selected "Appeal" on Form 3A mandatory; checkbox, selection allows submission of application in e-snaps

* 4. Describe the reason(s) why the application was not submitted with the CoC's consolidated application.	mandatory; alphanumeric text box; visible if selected "Independent" only
* 5. Describe how the CoC has not permitted reasonable participation in its	
process.	mandatory; alphanumeric text box
Form 9B: Submission Summary	
<list and="" completion="" each="" form="" of="" status=""></list>	response option: n/a, system generated form listing and status
Applicant must click the submit button once all forms have a status of complete	response option: submit button

The purpose of this document is to provide a summary of the forms and questions that project applicants must complete in its application submission.

Dicant Submission for Funding	
Subrecipient mormation	This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information alread
Form: 2A. Project Subrecipients	listed, select the view option.
Total Expected Sub-Awards	readonly; field populates with a sum of expected sub-award fields from the detail subformlets
Organization	readonly; column lists organization names from all detail subformlets
Туре	readonly; column lists organization types from detail subformlets
Sub-Award Amount	readonly; column lists organization sub-award from detail subformlets
Cultivaria OA Dunia de Cultura inicada	
Subform: 2A. Project Subrecipients	mondatory alphanumeria fields
* a. Organization Name * b. Organization Type	M3DMaioN6PhhhaePieoisaielei; N. Nonprofit without 501(c)(3) IRS Status (Other than Institution of Hig Education);X. Other (Specify)
If "Other" please specify	mandatory if select X. Other (Specify); alphanumeric field
* c. Employer or Tax Identification Number	mandatory: must be in format XX-XXXXXXX
* d. Organizational DUNS	mandatory; numeric; must be 9 digits
PLUS 4	non-mandatory; numeric; must be 4 digits
e. Physical Address	non manadary, nameno, made be i digito
* Street 1	mandatory; alphanumeric field;
Street 2	non-mandatory; alphanumeric field;
* City	mandatory; alphanumeric field;
* State	mandatory; dropdown with all States and territories available
* Zip Code	mandatory; nwonexioni-select list boxes; Available Items: includes all congressional districts; Selected It
* f. Congressional District(s)	displays applicant selected states and territories
* g. Is the subrecipient a Faith-Based Organization	mandatory; dropdown with No, Yes
* h. Has the Subrecipient ever received a federal grant, either directly	
from a federal agency or through a State/local agency	mandatory; dropdown with No, Yes
* i. Expected Sub-Award Amount:	mandatory; numeric
j. Contact Person	Honorable;Governor;Mayor;President;Judge;Father;Sister;Captain;Major;Monsignor;Deacon;Colonel;
* Prefix	Colonel;Bishop;Acting Governor;Pastor;Rabbi;Brig. General;Commissioner
* First Name	mandatory; alphanumeric field;
Middle Name	non-mandatory; alphanumeric field;
* Last Name	mandatory; alphanumeric field;
Suffix	non-mandatory; dropdown with: Jr.;Sr.;M.D.;D.D.S.;Ph.D.;Esq.;CSW;J.D.;MSW;LMSW;LCSW;Ed.D.
* Title	mandatory; alphanumeric field;
* E-mail Address	mandatory; alphanumeric field; must be valid email
* Confirm E-mail Address	mandatory; alphanumeric field; must match previous field exactly
* Phone Number	mandatory; numeric field; 10 or 11 numbers only
Extension	non-mandatory; numeric field only
Fax Number	non-mandatory; numeric field; 10 or 11 numbers only
Documentation of the subrecipient's nonprofit status is required with the submission of this application.	Note at the bottom of the form
Form: 2B. Experience of Applicant, Subrecipient(s), and Other Partners	
* 1. Describe the experience of the applicant and potential subrecipients (if any), in	
effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.	mandatory; alphanumeric field
* 2. Describe the experience of the applicant and potential subrecipients (if any) in	Inalitatory, alphanument neit
leveraging other Federal, State, local, and private sector funds.	mandatory; alphanumeric field
* 3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.	mandatory; alphanumeric field
* 4a. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)? If Yes, click "Save" to explain findings.	mandatory; dropdown with options: No, Yes
4b. Describe the unresolved monitoring or audit findings.	mandatory if yes to 4a; alphanumeric field
B - Project Information	
Form: 3A. Project Detail	
* 1a. CoC Number and Name:	mandatory; dropdown with options = CoC number and name, as identified in the CoC's registra submission. Include 'No CoC' as first option.
* 1b. CoC Applicant Name:	mandatory; dropdown list dependent on selection of CoC Number and Name above; populated associated CoC applicant names from registration
2. Project Name:	readonly; populated with 2012 project name

details of your appeal to be considered for funding. If you are tilling out this application for the front make of the control of the proposed properties? *-2. Project status: ("Form 1s auto populated. Change only if appealing a CoC rejection") *		
(Pitroni is auto populated. Change only if appealing a Coc registration?) **Compared Type	* 3. Project status:	auto-save and display red warning message, "You have selected "Appeal" and therefore are designating this application as an appeal to the CoC's decision to not fund this project. To proceed, you must fill out an additional form, Part 9 - Notice of Intent to Appeal, and submit the details of your appeal to be considered for funding. If you are filling out this application for the first time, or are otherwise not intending to appeal a rejection, please select "Standard." " If Appeal is selected, Part 9 below is visible; Autosave is important. Warning message must be red
S. Is Energy. Salt used at one of more of the proposed properties? **A Does this project use on or more properties that have been conveyed through the Toky Upcoses? **Form: 3B. Description **1. Provide a description that addresses the entire scope of the proposed project. **2. Describe the estimated schedule for the proposed activities, the management job, and the method for assuring effective and durely completion of management job, and the method for assuring effective and durely completion of management job, and the method for assuring effective and durely completion of management job, and the method for assuring effective and durely completion of management job, and the method for assuring effective and durely completion of management job, and the method for assuring effective and durely completion of management job, and the method for assuring effective and durely completion of management job, and the method for assuring effective and durely completion of management job, and the method for assuring effective and durely completion of management job, and the method for assuring effective and durely completion of management job, and the method for assuring effective and durely completion of the CoCs ecousing HMIS* Cricial the Saver botton to speake the CoCs ecousing HMIS* Cricial the Saver botton to speake the following. **A justice of the proposed departion: **Like of the speaked for question after the following professors and the programs of the following in the proposed departion: **A justice of the proposed departion: **Like of the speaked for question above an advantagement job, and the following professors and programs. **A justice of the proposed for the proposed departion of the following: **A justice of the proposed for the proposed departion of the following: **A justice of the following: **A justice of the proposed for the following: **A justice of the following	(Form is auto populated. Change only if appealing a CoC rejection**)	and prominent.
**O Does this project use one or more properties that have been conveyed through the Title V process? Form: 38. Description **1. Provide a description that addresses the entire scope of the proposed project management plan, and the entered for assuring effective and invelopment of all work. **2. Description **1. Will be negatised funds increase the capacity of function of the CoC's existing HMIS? Click the "Sine" fultion to update the form. **2. Indicate the scope of the proposed expansion: **Click "Save" to update form. **2. Indicate the scope of the proposed expansion: **Click "Save" to update form. **3. What is the source of non-renewable funding, respond to the following **a.) What is the source of non-renewable funding? **4.) What is the source of non-renewable funding? **4.) What is the source of non-renewable funding source?? **4.) What steps were leaven to obtain other funding source?? **4.) What steps were leaven to obtain other funding source?? **6.) On what date will be non-renewable funds expire? **6.) On what date will be non-renewable funding source?? **8.) Description **1.) On what date will be non-renewable funds expire? **6.) One because the renewable funding source?? **8.) Description **1.) On what date will be non-renewable funds expire? **8.) Description **1.) On what date will be non-renewable funds expire? **1.) On what date will be non-renewable funds expire? **1.) On what date will be non-renewable funds expire? **3.) Description the expected funds in on-renewable funds source? **1.) On what date will be non-renewable funds expire? **3.) One provided of the proposed expension of the funding source?? **1.) Fundamental to the provided of the funding source? **3.) One provided in the funding source? **3.) One provided in the funding source? **3.) One provided in the fundamental source of the fundamental source? **3.) One provided in the fundamental source of the fundamental source? **3.) One provided in the fundamental source of the fundamental source? **3		
mandatory, droptown with options. Yes, No Form: 3B. Description 1 Position of Security of Mandatory and Programs of the proposed project of all overk. 1 Position is provided and shoulds for the proposed activities, the mandatory allynamuranic field field five is selected to question if II. 1-1 position in the score of the proposed oparation. 1-2 Indicate the score of the proposed oparation. 1-3 Indicate the score of the proposed oparation. 1-4 position from. 1-4 position from. 1-4 position from. 1-5 position from. 1-5 position from. 1-6 position from. 1-7 position from. 1-8 position from. 1-9 position from. 1-1 position from. 1-1 position from. 1-2 Indicate the score of the proposed deparation. 1-1 position from. 1-2 Indicate the score of the proposed oparation. 1-2 Indicate the score of the proposed oparation. 1-2 Indicate the score of the proposed deparation. 1-2 Indicate the score of the proposed oparation. 1-3 Position from. 1-4 position from. 1-4 position from. 1-5 position from. 1-5 position from. 1-6 position from. 1-7 position from. 1-8 position from. 1-9 position from. 1-1 position from from from from from from from from		mandatory; dropdown with options: Yes, No, Not applicable
Form: 3B. Description 1. Provide a description that addresses the entitle scope of the proposed activities. the all work. 2. Describe the estimated schedule for the proposed activities. the all work. Form: 3C. HMIS Expansion 1. With the region of the form on the common of the c		mandatan u dranda un with antiana. Van Na
*2 Provide a description that addresses the entire scope of the proposed administry. *2 Possorbe the estimated schedule for the proposed administry. *3 C. HMS Expansion *3 Will be requested funds increase the capacity or function of the CoC's existing HMS? Click the "Save" button to update the form. *2 Indicate the score of the proposed expansion: Click "Save" button to update the form. *2 Indicate the score of the proposed expansion: Click "Save" button to update the form. *3 What is the source of non-renewable funding? *4 What is the source of non-renewable funding? *4 What is the source of non-renewable funding? *5 Indicate the source of non-renewable funding? *4 What is the source of non-renewable funding? *5 What is the source of non-renewable funding? *6 What is the source of non-renewable funding? *7 On what dates will the non-renewable funding sources? *8 If increasing HMS functionally, respond to the following: *1 On section of the source of non-renewable funding sources? *1 On section of the source of non-renewable funding sources? *1 On section of the source of non-renewable funding sources? *1 On section of the source of non-renewable funding sources? *1 On section of the source of non-renewable funding sources? *2 Indicate the source of non-renewable funding sources? *3 What is the source of non-renewable funding sources? *4 What is the source of non-renewable funding sources? *4 On what dates will the non-renewable funding sources? *4 On what dates will be non-renewable funding sources? *4 On what dates were taken to obtain other funding sources? *4 On what dates will the non-renewable funding sources? *5 On renewable funding private, federal, on other excluding Statefocal government) *5 On renewable funding private, federal, or other excluding Statefocal government? *6 One renewable funding private, federal, or other excl	the fille v process?	mandatory, dropdown with options. Yes, No
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Mandatory drop-down with the following options: -Federal -State -Local Covernment field -Mandatory, alphanumeric field	Click 'Save' to update form.	Available items include the following: -Replace the loss of nonrenewable funding (private, federal, or other (excluding State/local funds)) -Increase HMIS functionality related to service information -Increase geographic coverage of HMIS -Increase the number of participating HMIS agencies and/or programs
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		HMIS coverage Rate." The second and third columns should be editable and limited to numeric characters that don't exceed 100. The row titles should read as follows: Emergency Shelter Transitional Housing Safe Haven

Part 4 - Hsg, Srvs, and HMIS	
Form: 4A. HMIS Standards	
* 1a. Is the HMIS currently programmed to collect all Universal Data Elements (UDE's) as set forth in the HMIS Data Standard Notice?	mandatory, dropdown = Yes, No
1b. If no, explain why and the planned steps for compliance. Max. 500 characters	non-mandatory; alphanumeric field;
* 2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, quarterly reports, data for CAPER/ESG reporting, etc). 2b. If no, explain why and the planned steps for compliance.	mandatory, dropdown = Yes, No
Max. 500 characters.	non-mandatory; alphanumeric field;
* 3. Is the HMIS currently able to track a client's progress across projects in the CoC?	mandatory, dropdown = Yes, No
* 4. Can the HMIS currently allow end users to search client records to determine if a client is actively receiving services in the CoC? * 5. Can the HMIS currently unduplicate client records within the HMIS?	mandatory, dropdown = Yes, No mandatory, dropdown = Yes, No
* 6. Does the HMIS Lead have a security officer?	mandatory, dropdown = Yes, No
* 7. Does your organization conduct a background check on all employees who access HMIS or view HMIS data?	mandatory, dropdown = Yes, No
* 8. Does the HMIS Lead conduct Security Training and follow up on security standards on a regular basis?	mandatory, dropdown = Yes, No
	Mandatory, dropdown menu with: -Within 24 hours -Within 1 week -Within 2 weeks -Within 1 month
* 9. How long does it take to remove access rights to former HMIS users?	-Longer than 1 month
Form: 4B. HMIS Training	
* Indicate the last training date or proposed training date for each HMIS training, as applicable.	2 columns are displayed: -Activity -Enter date of last training or proposed next training (mm/yyyy)
	Activity Categories: Basic Computer Training HMIS Software Training for Sys Admin HMIS Software Training Data Quality Training Security Training Privacy/Ethics Training HMIS PIT Count Training Other (must specify) (include 3 text fields for user-specification of other activities)
Dant C. Not Applicable for UNIC	
Part 5 - Not Applicable for HMIS	
Part 6 - Not Applicable for HMIS	
Part 7 - Budget Information	
Form: Funding Request	
* 1. Is it feasible for the project to be under grant agreement by September 30, 2014?	mandatory; dropdown with Yes, No
* 2. Are special housing funds being requested for this project? (If Yes, click the 'Save' button to identify the project as a PH Bonus.)	mandatory; dropdown with Yes, No;
Special housing funding:	readonly; if Yes, populated with HMIS Bonus
*3. Select a grant term:	Mandatory; dropdown options are: 1 Year 2 Years 3 Years 4 Years 5 Years 15 Years
* 5. Is the project proposing to use funds reallocated from the CoC's annual	
renewal burdén?	mandatory; dropdown with Yes, No
Form: HMIS Budget	
* A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget. 1. Equipment	label
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
2. Software	

Quantity Description (max 400 characters)	
Annual Andrews Brown 1	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
3. Services	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
4. Personnel	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
5. Space & Operations	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
Total Annual Assistance Requested:	readonly, dollar value (no cents) field; sums annual budget request indicated
Grant Term:	readonly field, numeric value; populated with selected grant term (in years)
	readonly, dollar value (no cents) field; multiplies total annual assistance times selected grant term (in
Total Request for Grant Term:	years)
	7.007
Form: Summary Budget	The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.
Eligible Costs	readonly; \$ populated from subbudgets
Annual Assistance Requested (Applicant)	readonly; \$ populated from subbudgets (2-8)
Grant Term (Applicant)	readonly; \$ populated from subbudgets (2-8)
Total Assistance Requested for Grant Term (Applicant)	readonly; \$ populated from subbudgets (2-6)
9. Sub-total Costs Requested	readonly; numeric field; sum total requested for grant term \$ from each subbudget =
3. Junitotai Costs Nequesteu	
10. Admin (up to 10%) 11. Total Assistance Plus Admin Requested	Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that exceeds 10% of "Sub-total Costs Requested". Message reads: "The maximum allowable Admin amount is [calculated 10%]" (in whole dollars). Round up if decimal is .5 or more, otherwise round down)
11. Total Assistance Plus Admin Requested 12. Cash Match	readonly; numeric field numeric field
12. Cash Match 13. In Kind Match	numeric field
13. III KIND MAICH	nument nea
14. Total Match 15. Total Budget	readonly; numeric field; There should be an alert to make the user aware of the Total Match requirement. Alert calculation = 25 % of "Total Assistance Plus Admin Requested" MINUS "Leased Units" and "Leased Structures". readonly; numeric field
Click the "Save" button to automatically calculate totals.	
	The following list summarizes the funds that will be used as leverage for
Form: Sources of Leverage Total Value of Cash Commitments	the project. To add a leveraging source to the list, select the [+] icon. To view or update a leveraging source already listed, select the [view] icon. readjob; sum S. amount from all cash commitments.
Total Value of Cash Commitments	source already listed, select the [view] icon. readonly; sum \$ amount from all cash commitments
Total Value of Cash Commitments Total Value of In-Kind Commitments	source already listed, select the [view] icon. readonly; sum \$ amount from all cash commitments readonly; sum \$ amount from all in-kind commitments
Total Value of Cash Commitments Total Value of In-Kind Commitments Total Value of All Commitments	source already listed, select the [view] icon. readonly; sum \$ amount from all cash commitments
Total Value of Cash Commitments Total Value of In-Kind Commitments Total Value of All Commitments Subform: Leverage Detail	source already listed, select the [view] icon. readonly; sum \$ amount from all cash commitments readonly; sum \$ amount from all in-kind commitments readonly; sum \$ amount from all cash and in-kind commitments
Total Value of Cash Commitments Total Value of In-Kind Commitments Total Value of All Commitments Subform: Leverage Detail *1. Type of Commitment:	source already listed, select the [view] icon. readonly; sum \$ amount from all cash commitments readonly; sum \$ amount from all in-kind commitments readonly; sum \$ amount from all cash and in-kind commitments mandatory field; dropdown with: cash, in kind
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Instructions Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a document is available on the e-snaps training site: www.hudhre.info/esnaps Form: 8B. Applicant Certification Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation. Name of authorized certifying official: Date: Title: Applicant organization: Applicant organization: PHA number (for PHA applicants only): *I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001). Part 9 - Summary Form: 9A Notice of Intent to Appeal *1. Check the following box to certify this form as your Notice of Intent to Appeal *2. Was this project application first rejected by the CoC and then submitted OR	Maximum Size	2 MB
Instructions document is available on the e-snaps training site: www.hudhre.info/esnaps Form: 8B. Applicant Certification Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation. Name of authorized certifying official: Date: Title: Applicant organization: PHA number (for PHA applicants only): PHA number (for PHA applicants only): *I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001). Part 9 - Summary Form: 9A Notice of Intent to Appeal *1. Check the following box to certify this form as your Notice of Intent to Appeal *2. Was this project application first rejected by the CoC and then submitted OR	Allowable formats	zip, xls, xlsx, pdf, mpp, rtf, txt, jpg, xlsm, zipx, doc, docx, ZIP*
Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation. Name of authorized certifying official: Date: Title: Applicant organization: PHA number (for PHA applicants only): PHA number (for PHA applicants only): *I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001). *Part 9 - Summary Form: 9A Notice of Intent to Appeal *1. Check the following box to certify this form as your Notice of Intent to Appeal *2. Was this project application first rejected by the CoC and then submitted OR	Instructions	Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: www.hudhre.info/esnaps
Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation. Name of authorized certifying official: Date: Title: Applicant organization: PHA number (for PHA applicants only): PHA number (for PHA applicants only): 1 certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001). Part 9 - Summary Form: 9A Notice of Intent to Appeal *1. Check the following box to certify this form as your Notice of Intent to Appeal *2. Was this project application first rejected by the CoC and then submitted OR	Form: 9P Applicant Cartification	
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Date: Title: readonly; populated with current date Applicant organization: PHA number (for PHA applicants only): 1 certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001). Part 9 - Summary Form: 9A Notice of Intent to Appeal *1. Check the following box to certify this form as your Notice of Intent to Appeal *2. Was this project application first rejected by the CoC and then submitted OR	certification, such applicant shall provide an explanation.	nonmandatory, alphanumeric field
Title: Applicant organization: PHA number (for PHA applicants only): *I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001). *Part 9 - Summary Form: 9A Notice of Intent to Appeal *1. Check the following box to certify this form as your Notice of Intent to Appeal *2. Was this project application first rejected by the CoC and then submitted OR	Name of authorized certifying official:	readonly; populated with full name of authorized representative from applicant's e-snaps profile
Applicant organization: PHA number (for PHA applicants only): * I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001). * Porm: 9A Notice of Intent to Appeal * 1. Check the following box to certify this form as your Notice of Intent to Appeal * 2. Was this project application first rejected by the CoC and then submitted OR		
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*I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001). Part 9 - Summary Form: 9A Notice of Intent to Appeal *1. Check the following box to certify this form as your Notice of Intent to Appeal *2. Was this project application first rejected by the CoC and then submitted OR		
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Form: 9A Notice of Intent to Appeal *1. Check the following box to certify this form as your Notice of Intent to Appeal *2. Was this project application first rejected by the CoC and then submitted OR	Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative	
Form: 9A Notice of Intent to Appeal *1. Check the following box to certify this form as your Notice of Intent to Appeal *2. Was this project application first rejected by the CoC and then submitted OR	t 9 - Summary	
*1. Check the following box to certify this form as your Notice of Intent to Appeal *2. Was this project application first rejected by the CoC and then submitted OR	· · · · · · · · · · · · · · · · · · ·	Visible only if selected "Appeal" on Form 3A
* 2. Was this project application first rejected by the CoC and then submitted OR		
	* 2. Was this project application first rejected by the CoC and then submitted OR	
* 3. Was the project application submitted within the CoC's established submission deadline? mandatory; drop down yes or no	* 3. Was the project application submitted within the CoC's established	
* 4. Describe the reason(s) provided by the CoC explaining their rejection of the project. * 4. Describe the reason(s) provided by the CoC explaining their rejection of the mandatory; alphanumeric text box; visible if selected "Rejected" only		
* 4. Describe the reason(s) why the application was not submitted with the CoC's consolidated application. * An Describe the reason(s) why the application was not submitted with the CoC's mandatory; alphanumeric text box; visible if selected "Independent" only	* 4. Describe the reason(s) why the application was not submitted with the CoC's	
* 5. Describe how the CoC has not permitted reasonable participation in its process. mandatory; alphanumeric text box		mandatory; alphanumeric text box
Form 9B: Submission Summary	Form 9R: Submission Summany	
FUTTI 95: SUDIMISSION SUMMARY 		response option: n/a, system generated form listing and status
Applicant must click the submit button once all forms have a status of complete Applicant must click the submit button once all forms have a status of complete response option: submit button		
Appearant most show the dealant button once an forma have a stated or complete response opition, saumit button	Approach must shok the submit button once all forms have a status of complete	Tooponio opiioni oddinii duttori

FY2012 Continuum of Care Homeless Assistance Program: Project Applications in esnaps
The purpose of this document is to provide a summary of the forms and questions that project applicants must complete in its application submission.

2 - Subrecipient Information	
Form: 2A. Project Subrecipients	This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information alread listed, select the view option.
Total Expected Sub-Awards	readonly; field populates with a sum of expected sub-award fields from the detail subformlets
Organization	readonly; column lists organization names from all detail subformlets
Туре	readonly; column lists organization types from detail subformlets
Sub-Award Amount	readonly; column lists organization sub-award from detail subformlets
Subform: 2A. Project Subrecipients	
* a. Organization Name	mandatonvaral manufaction of Higher Laguisation of Higher than Institution of Higher than Institution of Higher Laguisation of Higher Laguis (Other than Institution of Higher Laguis L
* b. Organization Type	Education);X. Other (Specify)
If "Other" please specify	mandatory if select X. Other (Specify); alphanumeric field
* c. Employer or Tax Identification Number	mandatory: must be in format XX-XXXXXXX
* d. Organizational DUNS	mandatory; numeric; must be 9 digits
PLUS 4	non-mandatory; numeric; must be 4 digits
e. Physical Address	
* Street 1	mandatory; alphanumeric field;
Street 2	non-mandatory; alphanumeric field;
	mandatory; alphanumeric field;
* State	mandatory; dropdown with all States and territories available
* Zip Code	mandatory; rwo retirdi-select list boxes; Available Items: includes all congressional districts; Selected I
* f. Congressional District(s)	displays applicant selected states and territories
* g. Is the subrecipient a Faith-Based Organization	mandatory; dropdown with No, Yes
* h. Has the Subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency	mandatory; dropdown with No, Yes
* i. Expected Sub-Award Amount:	mandatory; numeric
j. Contact Person	Honorable; Governor; Mayor; President; Judge; Father; Sister; Captain; Major; Monsignor; Deacon; Colonel Governor; Mayor; President; Judge; Father; Sister; Captain; Major; Monsignor; Deacon; Colonel Governor; Mayor; President; Judge; Father; Sister; Captain; Major; Monsignor; Deacon; Colonel Governor; Mayor; President; Judge; Father; Sister; Captain; Major; Monsignor; Deacon; Colonel Governor; Mayor; President; Judge; Father; Sister; Captain; Major; Monsignor; Deacon; Colonel Governor; Mayor; President; Judge; Father; Sister; Captain; Major; Monsignor; Deacon; Colonel Governor; Mayor; President; Major; Monsignor; Mons
* Prefix	Colonel;Bishop;Acting Governor;Pastor;Rabbi;Brig. General;Commissioner
* First Name	mandatory; alphanumeric field;
Middle Name	non-mandatory; alphanumeric field;
* Last Name	mandatory; alphanumeric field;
Suffix	non-mandatory; dropdown with: Jr.;Sr.;M.D.;D.D.S.;Ph.D.;Esq.;CSW;J.D.;MSW;LMSW;LCSW;Ed.D.
* Title	mandatory; alphanumeric field;
* E-mail Address	mandatory; alphanumeric field; must be valid email
* Confirm E-mail Address	mandatory; alphanumeric field; must match previous field exactly
* Phone Number	mandatory; numeric field; 10 or 11 numbers only
Extension	non-mandatory; numeric field only
Fax Number	non-mandatory; numeric field; 10 or 11 numbers only
Documentation of the subrecipient's nonprofit status is required with the submission of this application.	Note at the bottom of the form
- Project Information	
Form: 3A. Project Detail	
Expiring Grant Number:	and an address a place as service to a to address field
(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	non-mandatory; alphanumeric text entry field
* 2a. CoC Number and Name:	mandatory; dropdown with options = CoC number and name, as identified in the CoC's registr submission. Include 'No CoC' as first option.
	mandatory; dropdown list dependent on selection of CoC Number and Name above; populated
	associated CoC applicant names from registration
* 2b. CoC Applicant Name:	
* 2b. CoC Applicant Name: 3. Project Name:	readonly; populated with 2012 project name
* 2b. CoC Applicant Name: 3. Project Name:	readonly; populated with 2012 project name Mandatory; dropdown with options = Standard, Appeal; default = Standard. If Appeal is select auto-save and display red warning message, "You have selected "Appeal" and therefore ar designating this application as an appeal to the CoC's decision to not fund this project. proceed, you must fill out an additional form, Part 9 - Notice of Intent to Appeal, and sudetails of your appeal to be considered for funding. If you are filling out this application first time, or are otherwise not intending to appeal a rejection, please select "Standard."
4. Project status: ("Form is auto populated. Change only if appealing a CoC rejection**)	Mandatory; dropdown with options = Standard, Appeal; default = Standard. If Appeal is select auto-save and display red warning message, "You have selected "Appeal" and therefore ar designating this application as an appeal to the CoC's decision to not fund this project. proceed, you must fill out an additional form, Part 9 - Notice of Intent to Appeal, and details of your appeal to be considered for funding. If you are filling out this application first time, or are otherwise not intending to appeal a rejection, please select "Standard." If Appeal is selected, Part 9 below is visible; Autosave is important. Warning message must b and prominent.
* 4. Project status: (**Form is auto populated. Change only if appealing a CoC rejection**) * 5. Component Type:	Mandatory; dropdown with options = Standard, Appeal; default = Standard. If Appeal is select auto-save and display red warning message, "You have selected "Appeal" and therefore ar designating this application as an appeal to the CoC's decision to not fund this project, proceed, you must fill out an additional form, Part 9 - Notice of Intent to Appeal, and sut details of your appeal to be considered for funding. If you are filling out this application first time, or are otherwise not intending to appeal a rejection, please select "Standard." If Appeal is selected, Part 9 below is visible; Autosave is important. Warning message must b and prominent. mandatory; dropdown with options: PH, SH, TH, SSO, HMIS
* 4. Project status: (**Form is auto populated. Change only if appealing a CoC rejection**) * 5. Component Type: * 6. Is Energy Star used at one or more of the proposed properties?	Mandatory; dropdown with options = Standard, Appeal; default = Standard. If Appeal is select auto-save and display red warning message, "You have selected "Appeal" and therefore at designating this application as an appeal to the CoC's decision to not fund this project proceed, you must fill out an additional form, Part 9 - Notice of Intent to Appeal, and sut details of your appeal to be considered for funding. If you are filling out this application first time, or are otherwise not intending to appeal a rejection, please select "Standard." If Appeal is selected, Part 9 below is visible; Autosave is important. Warning message must b and prominent.
* 4. Project status: (**Form is auto populated. Change only if appealing a CoC rejection**) * 5. Component Type:	Mandatory; dropdown with options = Standard, Appeal; default = Standard. If Appeal is select auto-save and display red warning message, "You have selected "Appeal" and therefore ar designating this application as an appeal to the CoC's decision to not fund this project, proceed, you must fill out an additional form, Part 9 - Notice of Intent to Appeal, and sut details of your appeal to be considered for funding. If you are filling out this application first time, or are otherwise not intending to appeal a rejection, please select "Standard." If Appeal is selected, Part 9 below is visible; Autosave is important. Warning message must b and prominent. mandatory; dropdown with options: PH, SH, TH, SSO, HMIS
* 4. Project status: ("Form is auto populated. Change only if appealing a CoC rejection**) * 5. Component Type: * 6. Is Energy Star used at one or more of the proposed properties? * 7. Does this project use one or more properties that have been conveyed through	Mandatory; dropdown with options = Standard, Appeal; default = Standard. If Appeal is select auto-save and display red warning message, "You have selected "Appeal" and therefore at designating this application as an appeal to the CoC's decision to not fund this project. proceed, you must fill out an additional form, Part 9 - Notice of Intent to Appeal, and details of your appeal to be considered for funding. If you are filling out this application first time, or are otherwise not intending to appeal a rejection, please select "Standard." If Appeal is selected, Part 9 below is visible; Autosave is important. Warning message must b and prominent. mandatory; dropdown with options: PH, SH, TH, SSO, HMIS mandatory; dropdown with options: Yes, No, Not applicable

* 2. Do you plan on serving youth under category 3 of the HUD homeless definition, "unaccompanied youth and families with children who are defined as homeless under other federal statutes and who do not otherwise qualify as homeless under this definition"? (Your CoC must request and receive HUD	
approval before project applicants can serve youth under category 3)	mandatory; drop-down box with options: Yes or No
* 3. Will the project provide RRH?	mandatory; Drop down menu options; "Yes" or "No"; visible for PH component projects
* 4a. If applicable, indicate the type of rental assistance:	mandatory; dropdown with: N/A, PRA, SRA, TRA; N/A is the default
* 4b. Indicate the maximum length of rental assistance:	mandatory and visible only if select PRA, SRA, TRA in question above in 4a (4a. If applicable, indicate the type of rental assistance:); dropdown option = Up to 3 months; Up to 12 months; Up to 18 months; Up to 24 months; Unlimited assistance Visible for nonHMIS and nonSSO component projects
* 4c. Describe the method for determining the type, amount, and duration of rental assistance that participants can receive.	mandatory and visible only if select PRA, SRA, TRA in question 4a above; alphanumeric field Visible for nonHMIS and nonSSO component projects
* 4d. Was the project originally awarded with a leased units budget line item that is now being converted to rental assistance? (This change must have been pre- approved and listed on the final HUD-approved GiW)	
n de la lange	
Part 4 - Hsg, Srvs, and HMIS	
Form: 4A. Supportive Services for Participants	visible for nonHMIS component projects
* 1. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families?	mandatory, dropdown = Yes, No, Not applicable; nonHMIS
* 2. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?	mandatory, dropdown = Yes, No, Not applicable; nonHMIS
* 3. Describe the reason(s) for non-compliance with educational laws, and the	
corrective action to be taken prior to grant agreement execution.	mandatory and visible if "No" to questions #1 or #2; alphanumeric text field; nonHMIS
Form: 4B. Housing Type and Location Total Units:	The following list summarizes each housing site in the project. To add a housing site to the list, select the [+] icon. To view or update a housing site already listed, select the [view] icon. readonly; sum units from all detail subformlets
Total Beds:	readonly; sum beds from all detail subformlets
Total CH Beds:	readonly; sum beds from all detail subformlets
Housing Type, Units, Beds, CH Beds	readonly; list populates with the units, beds, and CH beds for each detail subformlet
	7, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,
	mandatory; nonHMIS and nonSSO; dropdown options with: Barracks Dormitory, shared or private rooms
*1. Housing Type:	Shared housing Clustered apartments Scattered-site apartments (including efficiencies) Single family homes/townhouses/duplexes
Indicate the maximum number of units and beds available for project	
participants at the selected housing site.	
* a. Units:	mandatory; nonHMIS and NonSSO; numeric field
* b. Beds:	mandatory; nonHMIS and NonSSO; numeric field
* c. CH Beds:	mandatory; nonHMIS and NonSSO; numeric field; CH Beds total must be equal to or less than Beds
2 Address.	
3. Address:	mandatory; nonHMIS and NonSSO; alphanumeric field
* Street 1: Street 2:	nonmandatory; nonHMIS and NonSSO; alphanumeric field
* City:	mandatory; nonHMIS and NonSSO; alphanumeric field
* State:	mandatory; nonHMIS and NonSSO; dropdown with state selection from last year.
* Zip/Postal Code:	mandatory; nonHMIS and NonSSO; numeric field
	mandatory; nonHMIS and NonSSO; many-to-many with available options = to 2012 geo areas (as
* 4. Select the geographic area(s) associated with the address. (for multiple selections hold CTRL Key)	provided by Yelena)
Form: 4C. HMIS Participation	
* 1. Does this project provide client level data to HMIS at least annually?	
Click on the "Save" button below to enter additional information.	mandatory, dropdown = Yes, No
If "Yes" to #1	
* 2a. Indicate the number of clients served from 1/1/2011 - 12/31/2011	Visible and mandatory if Yes to question #1; numeric (no decimal) field; number of clients cannot exceed 90,000,000,000,000,000.000.
* 2b. Of the clients served from 1/1/2011 - 12/31/2011, indicate the number reported in the HMIS.	Visible and mandatory if Yes to question #1; numeric (no decimal) field; number of clients cannot exceed 90,000,000,000,000,000.
If "No" to #1	

* 2a. Indicate the reason for non-participation in the HMIS. Click on the "Save" button below to enter additional information. * 2b. Of the clients served from 1/1/2011 - 12/31/2011, indicate the number	Visible and mandatory if No to question #1; Multi-select with Available and Selected Items interface. Available Items are: Federal Law prohibits State Law prohibits New project not yet operational Other
reported in the HMIS.	Visible and mandatory if No to question #1; numeric (no decimal) field
3. Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.' Please add a value for each cell below. If there are no values to report for a cell, please enter "0". Part 5 - Participants and Outreach	Visible and mandatory if "Yes" is selected in question #1 3 columns: Data Quality (labels) Null or Missing Values (%) - numeric data entry; value <= 100 Don't Know or Refused (%) - numeric data entry; value <= 100 Data Quality label categories are as follows: Name Social Security Number Date of Birth Ethnicity Race Gender Veteran Status Disabling Condition Residence Prior to Prog. Entry Zip Code of Last Permanent Address
Form: 5A. Project Participants - Households	
Form: 5A. Project Participants - Households Total Households and Household characteristics	grid must include at least one entry (equal to or greater than 1);Formlet visible for nonHMIS component projects
Total Households and Household characteristics	
Total Households and Household characteristics SA, Project Perticipants - Households with Date of Market Children Households - Households with at Least One Adult - Adult Households stilling - Children Tetal Invested of Received of Received on Adult - Adult Households stilling - Children Tetal Adult Persons in Households with Date - Children Tetal Children Persons in Households with Date - Children Tetal Children Persons in Households with Date - Children Tetal Children Persons in Households with Date - Children Tetal Children Persons in Households with Date - Children Tetal Children Te	
Total Households and Household characteristics Instructions Chima Chima	component projects

		5B. Project Par	rticipants - Subpop	ulations				
	Person	s in Households v	vith at Least One A Non-	dult and One Chil	d			
Characteristics	Chronically Homeless Non- Veterans	Chronically Homeless Veterans	Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	
Disabled Adults over age 24								
Non-disabled Adults over age 24 Disabled Adults ages 18-24								
Non-disabled Adults ages 18-24								
Disabled Children under age 18 Non-disabled Children under age 18								
Total Persons								
		Persons in Ho	useholds without (Non-	Children				
	Chronically Homeless Non-	Chronically Homeless	Chronically Homeless	Chronic Substance	Persons with	Severely	Victims of Domestic	
Characteristics Disabled Adults over age 24	Veterans	Veterans	Veterans	Abuse	HIV/AIDS	Mentally III	Violence	
Non-disabled Adults over age 24								
Disabled Adults ages 18-24 Non-disabled Adults ages 18-24								
Total Persons								
		Persons in Hou	seholds with Only	Children				
	Chronically Homeless Non-	Chronically Homeless	Chronically Homeless	Chronic Substance	Persons with HIV/AIDS	Severely	Victims of Domestic	
Accompanied Disabled Children under age 18	Veterans	Veterans	Veterans	Abuse	HIV/AIDS	Mentally III	Violence	
Accompanied Non-disabled Children under age 18								
Unaccompanied Disabled Children under age 18	В							
Unaccompanied Non-disabled Children under age 18 Total Persons			1					
TOTAL PERSONS		,	,	,	,	,	,	
Click Save	to automa	tically calci	ulate totals					Label at bottom
Form: 5C. Outre	ach							
1. Ente	r the perce	ntage of ho	meless pe	rson(s) who	o will be ser	ved by the		
	ed project f							
				cations no	t meant for	numan hai	oitation.	mandatory; numeric field; max 3 digits
	Directly from							mandatory; numeric field; max 3 digits
	Directly from							mandatory; numeric field; max 3 digits
					sided in a pl safe haven		eant for	mandatory; numeric field; max 3 digits
					t time resid			mandatory; numeric field; max 3 digits
					ederal statu			mandatory; numeric field; max 3 digits
					Jacrai Stata			mandatory; numeric field; max 3 digits
Persons fleeing domestic violence. Total of above percentages							readonly; sum of all percentage; error message if sum is more than 100%	
				dentify the	other locat	ion(s) and	how the	, , , , , , , , , , , , , , , , , , , ,
person	s meet HUI	D's definition	n of homel	ess and/or	homeless u	inder other	federal	
statute	S.							mandatory if total of above percentages does not equal 100%, nonHMIS; alphanumeric field
		outreach p	olan to bring	these hor	neless part	cipants into	o the	
project.								(non-)mandatory; alphanumeric field
Form, ED Disch	orgo Dol	iov						visible if and least acceleration is a consument access.
Form: 5D. Disch	large Poi	icy						visible if applicant organization is a government agency
* 1. Ha	s the state	or local go	vernment d	eveloped o	r implemen	ted a disch	arge	
plannin	g policy or	protocol to	prevent or	reduce the	number of	persons di	scharged	
					acilities, fost ssness or H			
	programs?		ilitutions) in	to nomeres	3311033 01 11	OD WICKIIII	iey-verito	mandatory, dropdown = Yes, No, Not applicable; nonHMIS
	p. og.aa.							
Part 6 - Performance	Measure:	S						
Form: 6A. Stand								visible for nonHMIS/Prevention component projects
* 1. Specify the universe ar		the housir	ng measure					VOLUME TO THE THE TOTAL OF THE PROJECT OF THE PROJE
Click 'Save' to calculate the								
								a. Persons remaining in permanent housing as of the end of the operating year or exiting to
Housin	g Measure							permanent housing (subsidized or unsubsidized) during the operating year of exiting to
	Target (#)							mandatory, numeric value
	Universe (#)						mandatory, numeric value
•	Target (%)							readonly; calculate percentage = target number divided by universal number
* 2. Choose one income-re	lated perfor	mance me	asure from	below, and	d specify the	universe	and	
target numbers for the goal								
Click 'Save' to calculate the	target per	eiii (%).						
								a. Persons age 18 and older who increased their total income (from all sources) as of the end of the
								operating year or program exit.
								OR
								b. Persons age 18 through 61 who increased their earned income as of the end of the operating year
	Measure							or program exit.
	Target (#) Universe (#	1						mandatory, numeric value mandatory, numeric value
		,						
	Target (%)							readonly; calculate percentage = target number divided by universal number
								Specify up to three additional measures on which the project will report performance in the Annual
Form: 6B. Addit	ional Per	formanc	e Measu	res				Specify up to three additional measures on which the project will report performance in the Annual Performance Report (APR).
								Statement (Coport Villary):

[Parent Form List]	
[Parent Form Header]	
* 1. Specify the universe and target goal numbers for the proposed measure.	
a. Proposed Measure	mandatory, alphanumeric field
b. Target (#)	mandatory, numeric value
c. Universe (#)	mandatory, numeric value
d. Target (%)	readonly; calculate percentage = target number divided by universal number
* 2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g.	,
data collected by the intake worker at entry and case manager at exit) proposed to	
measure results	mandatory, alphanumeric field
* 3. Specific data elements and formula proposed for calculating results	mandatory, alphanumeric field
* 4. Rationale for why the proposed measure is an appropriate indicator of	and the state of t
performance for this program	mandatory, alphanumeric field
Part 7 - Budget Information	
Form: Funding Reguestive restrictive covenant on one or more of the project	
properties?	mandatory; dropdown with Yes, No
* 2. Was the original project awarded funding (in part or whole) under a special	
housing initiative?	mandatory; dropdown with Yes, No;
* 3. Are the requested renewal funds reduced from the previous award using	mandatany drandow with Van Na
reallocation?	mandatory; dropdown with Yes, No;
Select a grant term: Select the costs for which funding is being requested:	Read-only, auto populated with 1 year; cannot change
5. Select the costs for which funding is being requested: Leased Units	checkbox; selection triggers Leased Units budget form
Leased Structures	checkbox; selection triggers Leased Onlis budget form checkbox; selection triggers Leased Structures budget form
Short-term/Medium-term Rental Assistance	checkbox; selection triggers Short-term/Medium-term Rental Assistance budget form
Long-term Rental Assistance	checkbox; selection triggers Snort-term/metalan-term Rental Assistance budget form
Supportive Services	checkbox; selection triggers Supportive Services budget form
Operations	checkbox; selection triggers Operations budget form
HMIS	checkbox; selection triggers HMIS budget form
Time	ononibon, colonion angertonic
Form: Leased Units	budget visible if selected on funding request form
	budget visible if selected on funding request form
The following list summarizes the funds being requested for one or more units leased for operating the projects. To add information to the list, select the [+] icon. To view or update	
information already listed, select the [view] icon.	label
Total Annual Assistance Requested:	readonly; sums total annual assistance \$ from all leased units budget detail
Grant Term:	readonly; populated from funding request form.
Total Request for Grant Term:	readonly; calculates total annual assistance \$ from all leased units budget detail times the grant term
Total Units:	sums total units from each leased units budget detail
Total onto.	Enter the appropriate values in the "Number of Units" and "HUD Paid Rent" fields, before clicking on the
Subform: Leased Units Budget Detail	"Save" button to auto-populate the "Number of Months" and "Total Rent" columns.
* Metropolitan or non-metropolitan fair market rent area:	mandatory; dropdown with FMR areas that are in effect at the time of application
SRO	
Number of units (Applicant)	nonmandatory, numeric value
, ,	
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	readonly, field aponulated by the on this liples number of units times FMR amount (or HUD paid rent)
Total Request (Applicant)	times grant term
0 bedroom	
Number of Units (Applicant)	nonmandatory, numeric value
FAID (Applicant)	and only fields and detect with assessed FMD area out for the unit size
FMR (Applicant) HUD Paid Rent (Applicant)	readonly field; populated with current FMR amount for the unit size nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	
Total Request (Applicant)	readenly, fieldla populet (សេសម៉ាង នៃ) នៃ១០១៤ number of units times FMR amount (or HUD paid rent) times grant term
1 bedroom	unes grant term
Number of Units (Applicant)	nonmandatory, numeric value
· · · · · · · · · · · · · · · · · · ·	
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	readonly, fieldia Poลเน่อใจเงงเป็กเร็ง ก็เยเต็กเหล่าเกี่ยว number of units times FMR amount (or HUD paid rent)
Total Request (Applicant)	times grant term
2 Bedrooms	
Number of Units (Applicant)	nonmandatory, numeric value
FMD (Applicate)	and the field and the death of the court FMB and the state of the stat
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant) 12 months	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months Total Request (Applicant)	readonly, fieldlaponuleteเง็บช่ยกは外 field nths)tiples number of units times FMR amount (or HUD paid rent)
Total Request (Applicant) 3 Bedrooms	times grant term
Number of Units (Applicant)	nonmandatory, numeric value
Number of Office (Applicable)	nonmandatory, numeric value
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	readonly, fieldlapoauletedovelth এই field nths)tiples number of units times FMR amount (or HUD paid rent)
	times grant term
Total Request (Applicant)	

4 Bedrooms	
Number of Units (Applicant)	nonmandatory, numeric value
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant) 12 months	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
	readenly, fieldia Poule (no with 13) field this field this interest of units times FMR amount (or HUD paid re
Total Request (Applicant) 5 Bedrooms	times grant term
Number of Units (Applicant)	nonmandatory, numeric value
Number of Offits (Applicant)	nonmanuatory, numeric value
FAID (Assellment)	THE CONTRACTOR OF THE CONTRACT
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	Feadenly, field a Pond a feb the field of t
Total Request (Applicant)	times grant term
6 Bedrooms	
Number of Units (Applicant)	nonmandatory, numeric value
EMD (Applicant)	readonly field; populated with current FMR amount for the unit size
FMR (Applicant) HUD Paid Rent (Applicant)	
12 months	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
	readonly, fieldiaponulates with ែវ field phila tiples number of units times FMR amount (or HUD paid re
Total Request (Applicant)	times grant term
7 Bedrooms	
Number of Units (Applicant)	nonmandatory, numeric value
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	readenly, fieldla populateល់ម៉ោស់ ខែមិន្ត្រាម៉ាំងាំ iples number of units times FMR amount (or HUD paid n
Total Request (Applicant)	times grant term
8 Bedrooms	
Number of Units (Applicant)	nonmandatory, numeric value
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
	7 11 1
LILID Daid Boot (Applicant)	announdator, della (an anta) field, manimum value – della value in FMD field
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	FEARIORLY, fieldfapopulated with 13 fearith Striples number of units times FMR amount (or HUD paid re
Total Request (Applicant)	times grant term
9 Bedrooms	
and the second s	
Number of Units (Applicant)	nonmandatory, numeric value
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	readonly, fieldiapoalulet අත්තර්ණ இ field phalitiples number of units times FMR amount (or HUD paid re
Total Request (Applicant)	treaco grafile for sums total number of units for all bedroom sizes and in a separate field (under the to
Total units and annual assistance requested	column) sum \$ total for each bedroom size
Grant term	readonly field, populated with Renewal default of 1 Year
Total request for grant term	
	readonly, dollar value (no cents) field; sums total request for all bedroom sizes
TEXT	readonly, dollar value (no cents) field; sums total request for all bedroom sizes Click the "Save" button to automatically calculate totals
TEXT Form: Leased Structures Budget	Click the "Save" button to automatically calculate totals
TEXT Form: Leased Structures Budget he following list summarizes the funds being requested for one or more structures leased for	Click the "Save" button to automatically calculate totals
TEXT Form: Leased Structures Budget he following list summarizes the funds being requested for one or more structures leased for perating the projects. To add information to the list, select the [+] icon. To view or update	Click the "Save" button to automatically calculate totals budget visible if selected on funding request form
TEXT Form: Leased Structures Budget he following list summarizes the funds being requested for one or more structures leased for perating the projects. To add information to the list, select the [+] icon. To view or update formation already listed, select the [view] icon.	Click the "Save" button to automatically calculate totals budget visible if selected on funding request form label
TEXT Form: Leased Structures Budget he following list summarizes the funds being requested for one or more structures leased for perating the projects. To add information to the list, select the [+] icon. To view or update formation already listed, select the (ivew) icon. Total Annual Assistance Requested:	Click the "Save" button to automatically calculate totals budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased structures budget detail
TEXT Form: Leased Structures Budget he following list summarizes the funds being requested for one or more structures leased for perating the projects. To add information to the list, select the [+] icon. To view or update formation already listed, select the [view] icon.	Click the "Save" button to automatically calculate totals budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased structures budget detail readonly; populated from funding request form.
TEXT Form: Leased Structures Budget he following list summarizes the funds being requested for one or more structures leased for perating the projects. To add information to the list, select the [+] icon. To view or update formation already listed, select the [view] icon. Total Annual Assistance Requested: Grant Term:	Click the "Save" button to automatically calculate totals budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased structures budget detail readonly; populated from funding request form.
TEXT Form: Leased Structures Budget the following list summarizes the funds being requested for one or more structures leased for perating the projects. To add information to the list, select the [+] icon. To view or update formation already listed, select the [wew] icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term:	Click the "Save" button to automatically calculate totals budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased structures budget detail readonly; populated from funding request form. readonly; calculates total annual assistance \$ from all leased structures budget detail times the graterm
TEXT Form: Leased Structures Budget he following list summarizes the funds being requested for one or more structures leased for perating the projects. To add information to the list, select the [+] icon. To view or update formation already listed, select the [wew] icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Structures:	Click the "Save" button to automatically calculate totals budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased structures budget detail readonly; populated from funding request form. readonly; calculates total annual assistance \$ from all leased structures budget detail times the gra
TEXT Form: Leased Structures Budget he following list summarizes the funds being requested for one or more structures leased for perating the projects. To add information to the list, select the [+] icon. To view or update formation already listed, select the [view] icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Structures: Subform: Leased Structures Budget Detail	Click the "Save" button to automatically calculate totals budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased structures budget detail readonly; populated from funding request form. readonly; calculates total annual assistance \$ from all leased structures budget detail times the graterm readonly; sums number of structures
TEXT Form: Leased Structures Budget he following list summarizes the funds being requested for one or more structures leased for perating the projects. To add information to the list, select the [+] icon. To view or update formation already listed, select the [view] icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Structures: Subform: Leased Structures Budget Detail * Structure Name:	Click the "Save" button to automatically calculate totals budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased structures budget detail readonly; populated from funding request form. readonly; calculates total annual assistance \$ from all leased structures budget detail times the graterm readonly; sums number of structures mandatory; alphanumeric field
TEXT Form: Leased Structures Budget he following list summarizes the funds being requested for one or more structures leased for perating the projects. To add information to the list, select the [+] icon. To view or update formation already listed, select the [wiew] icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1:	Click the "Save" button to automatically calculate totals budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased structures budget detail readonly; populated from funding request form. readonly; calculates total annual assistance \$ from all leased structures budget detail times the graterm readonly; sums number of structures mandatory; alphanumeric field mandatory; alphanumeric field
TEXT Form: Leased Structures Budget he following list summarizes the funds being requested for one or more structures leased for perating the projects. To add information to the list, select the [+] icon. To view or update formation already listed, select the [view] icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1: Street Address 2:	Click the "Save" button to automatically calculate totals budget visible if selected on funding request form label
TEXT Form: Leased Structures Budget he following list summarizes the funds being requested for one or more structures leased for perating the projects. To add information to the list, select the [+] icon. To view or update formation already listed, select the [wiew] icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1:	Click the "Save" button to automatically calculate totals budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased structures budget detail readonly; populated from funding request form. readonly; calculates total annual assistance \$ from all leased structures budget detail times the graterm readonly; sums number of structures mandatory; alphanumeric field mandatory; alphanumeric field
TEXT Form: Leased Structures Budget he following list summarizes the funds being requested for one or more structures leased for perating the projects. To add information to the list, select the [+] icon. To view or update formation already listed, select the [view] icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1: Street Address 2:	Click the "Save" button to automatically calculate totals budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased structures budget detail readonly; populated from funding request form. readonly; calculates total annual assistance \$ from all leased structures budget detail times the graterm readonly; sums number of structures mandatory; alphanumeric field mandatory; alphanumeric field monmandatory; alphanumeric field
TEXT Form: Leased Structures Budget he following list summarizes the funds being requested for one or more structures leased for perating the projects. To add information to the list, select the [+] icon. To view or update formation already listed, select the [view] icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1: Street Address 2:	Click the "Save" button to automatically calculate totals budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased structures budget detail readonly; populated from funding request form. readonly; calculates total annual assistance \$ from all leased structures budget detail times the graterm readonly; sums number of structures mandatory; alphanumeric field mandatory; alphanumeric field monmandatory; alphanumeric field
TEXT Form: Leased Structures Budget he following list summarizes the funds being requested for one or more structures leased for perating the projects. To add information to the list, select the [+] icon. To view or update formation already listed, select the [wiew] icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1: Street Address 2: * City:	Click the "Save" button to automatically calculate totals budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased structures budget detail readonly; populated from funding request form. readonly; calculates total annual assistance \$ from all leased structures budget detail times the graterm readonly; sums number of structures mandatory; alphanumeric field mandatory; alphanumeric field monmandatory; alphanumeric field mandatory; alphanumeric field mandatory; alphanumeric field
TEXT Form: Leased Structures Budget he following list summarizes the funds being requested for one or more structures leased for perating the projects. To add information to the list, select the [+] icon. To view or update formation already listed, select the [view] icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1: Street Address 2:	Click the "Save" button to automatically calculate totals budget visible if selected on funding request form label
TEXT Form: Leased Structures Budget he following list summarizes the funds being requested for one or more structures leased for perating the projects. To add information to the list, select the [+] icon. To view or update formation already listed, select the (view) icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1: Street Address 2: * City: * State:	Click the "Save" button to automatically calculate totals budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased structures budget detail readonly; populated from funding request form. readonly; calculates total annual assistance \$ from all leased structures budget detail times the graterm readonly; sums number of structures mandatory; alphanumeric field mandatory; dropdown with States and US territories
TEXT Form: Leased Structures Budget he following list summarizes the funds being requested for one or more structures leased for perating the projects. To add information to the list, select the [+] icon. To view or update formation already listed, select the [wiew] icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1: Street Address 2: * City:	Click the "Save" button to automatically calculate totals budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased structures budget detail readonly; populated from funding request form. readonly; calculates total annual assistance \$ from all leased structures budget detail times the graterm readonly; sums number of structures mandatory; alphanumeric field mandatory; alphanumeric field monmandatory; alphanumeric field mandatory; alphanumeric field mandatory; alphanumeric field
TEXT Form: Leased Structures Budget he following list summarizes the funds being requested for one or more structures leased for perating the projects. To add information to the list, select the [+] icon. To view or update formation already listed, select the [view] icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1: Street Address 2: * City: * State: * Zip Code:	Click the "Save" button to automatically calculate totals budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased structures budget detail readonly; populated from funding request form. readonly; calculates total annual assistance \$ from all leased structures budget detail times the graterm readonly; sums number of structures mandatory; alphanumeric field mandatory; alphanumeric field nonmandatory; alphanumeric field mandatory; alphanumeric field mandatory; alphanumeric field mandatory; alphanumeric field mandatory; numeric field mandatory; alphanumeric field mandatory; alphanumeric field
TEXT Form: Leased Structures Budget he following list summarizes the funds being requested for one or more structures leased for perating the projects. To add information to the list, select the [+] icon. To view or update formation already listed, select the [view] icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Structure Address 1: Street Address 2: * City: * State: * Zip Code: * HUD Paid Rent (per month):	Click the "Save" button to automatically calculate totals budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased structures budget detail readonly; populated from funding request form. readonly; calculates total annual assistance \$ from all leased structures budget detail times the graterm readonly; sums number of structures mandatory; alphanumeric field mandatory; dollar value (no decimals); must be > \$0 to submit the form
TEXT Form: Leased Structures Budget ne following list summarizes the funds being requested for one or more structures leased for operating the projects. To add information to the list, select the [+] icon. To view or update formation already listed, select the (ivew) icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1: Street Address 2: * City: * State: * Zip Code: * HUD Paid Rent (per month): 12 months	Click the "Save" button to automatically calculate totals budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased structures budget detail readonly; populated from funding request form. readonly; calculates total annual assistance \$ from all leased structures budget detail times the graterm readonly; sums number of structures mandatory; alphanumeric field mandatory; dollar value (no decimals); must be > \$0 to submit the form readonly field; populated with selected grant term (in months)
TEXT Form: Leased Structures Budget ne following list summarizes the funds being requested for one or more structures leased for perating the projects. To add information to the list, select the [+] icon. To view or update formation already listed, select the [view] icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1: Street Address 2: * City: * State: * Zip Code: * HUD Paid Rent (per month): 12 months Total annual request:	Click the "Save" button to automatically calculate totals budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased structures budget detail readonly; populated from funding request form. readonly; calculates total annual assistance \$ from all leased structures budget detail times the graterm readonly; sums number of structures mandatory; alphanumeric field mandatory; dropdown with States and US territories mandatory; numeric field mandatory; dollar value (no decimals); must be > \$0 to submit the form readonly field; multiplies HUD paid rent amount times 12 months) readonly field; multiplies HUD paid rent amount times 12 months
TEXT Form: Leased Structures Budget he following list summarizes the funds being requested for one or more structures leased for perating the projects. To add information to the list, select the [+] icon. To view or update formation already listed, select the (livew) icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Structure Address 1: Street Address 2: * City: * State: * Zip Code: * HUD Paid Rent (per month): 12 months Total annual request: Grant term	Click the "Save" button to automatically calculate totals budget visible if selected on funding request form label
TEXT Form: Leased Structures Budget he following list summarizes the funds being requested for one or more structures leased for perating the projects. To add information to the list, select the [+] icon. To view or update formation already listed, select the [wiew] icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1:	Click the "Save" button to automatically calculate totals budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased structures budget detail readonly; populated from funding request form. readonly; calculates total annual assistance \$ from all leased structures budget detail times the gra term readonly; sums number of structures mandatory; alphanumeric field mandatory; alphanumeric field mandatory; alphanumeric field mandatory; alphanumeric field mandatory; dropdown with States and US territories mandatory; numeric field mandatory; dollar value (no decimals); must be > \$0 to submit the form readonly field; populated with selected grant term (in months) readonly field; populated with Renewal default of 1 Year readonly field, multiplies HUD paid rent amount times selected grant term (in years)
TEXT Form: Leased Structures Budget the following list summarizes the funds being requested for one or more structures leased for perating the projects. To add information to the list, select the [+] icon. To view or update formation already listed, select the [view] icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Structure Name: * Street Address 1: Street Address 2: * City: * State: * 2ip Code: * HUD Paid Rent (per month): 12 months Total annual request: Grant term	Click the "Save" button to automatically calculate totals budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased structures budget detail readonly; populated from funding request form. readonly; calculates total annual assistance \$ from all leased structures budget detail times the graterm readonly; sums number of structures mandatory; alphanumeric field mandatory; dollar value (no decimals); must be > \$0 to submit the form readonly field; populated with selected grant term (in months) readonly field, populated with selected grant term (in months) readonly field, populated with selected grant term (in months) readonly field, populated with selected grant term (in months) readonly field, populated with Renewal default of 1 Year

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the [+] icon. To view or update information already listed, select the [view] icon. readonly; sums total annual assistance \$ from all ST/MT RA budget detail Total Annual Assistance Requested: Grant Term: readonly; populated from funding request form. Total Request for Grant Term: readonly; calculates total annual assistance \$ from all ST/MT RA budget detail times the grant term Total Units: sums total units from each ST/MT RA budget detail Subform: Short-term/Medium-term Rental Assistance Budget Detail Type of rental assistance: mandatory; read only, cannot be edited; populates with information from form 3B * Metropolitan or non-metropolitan fair market rent area: mandatory; dropdown with FMR areas that are in effect at the time of application # of units (Applicant) nonmandatory, numeric value; up to 4 digits in length FMR (Applicant) readonly field; populated with current FMR amount for the unit size 12 Months readonly field; populated automatically with 12 Total request (Applicant) readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term 0 bedroom # of units (Applicant) nonmandatory, numeric value; up to 4 digits in length FMR (Applicant) readonly field; populated with current FMR amount for the unit size 12 Months readonly field; populated automatically with 12 Total request (Applicant) readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term 1 bedroom # of units (Applicant) nonmandatory, numeric value; up to 4 digits in length FMR (Applicant) readonly field; populated with current FMR amount for the unit size 12 Months readonly field; populated automatically with 12 readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term Total request (Applicant) 2 Bedrooms nonmandatory, numeric value; up to 4 digits in length # of units (Applicant) FMR (Applicant) readonly field; populated with current FMR amount for the unit size 12 Months readonly field: populated automatically with 12 readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term Total request (Applicant) 3 Bedrooms # of units (Applicant) nonmandatory, numeric value; up to 4 digits in length FMR (Applicant) readonly field; populated with current FMR amount for the unit size 12 Months readonly field; populated automatically with 12 readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term Total request (Applicant) 4 Bedrooms # of units (Applicant) nonmandatory, numeric value; up to 4 digits in length readonly field; populated with current FMR amount for the unit size FMR (Applicant) 12 Months readonly field: populated automatically with 12 Total request (Applicant) readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term 5 Bedrooms # of units (Applicant) nonmandatory, numeric value; up to 4 digits in length FMR (Applicant) readonly field; populated with current FMR amount for the unit size readonly field; populated automatically with 12 12 Months Total request (Applicant) readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term 6 Bedrooms nonmandatory, numeric value; up to 4 digits in length # of units (Applicant) FMR (Applicant) readonly field; populated with current FMR amount for the unit size 12 Months readonly field; populated automatically with 12 readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term Total request (Applicant) 7 Bedrooms # of units (Applicant) nonmandatory, numeric value; up to 4 digits in length readonly field; populated with current FMR amount for the unit size FMR (Applicant) 12 Months readonly field; populated automatically with 12 Total request (Applicant) readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term 8 Redrooms # of units (Applicant) nonmandatory, numeric value; up to 4 digits in length FMR (Applicant) readonly field; populated with current FMR amount for the unit size readonly field; populated automatically with 12 12 Months readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term Total request (Applicant) 9 Bedrooms # of units (Applicant) nonmandatory, numeric value; up to 4 digits in length readonly field; populated with current FMR amount for the unit size FMR (Applicant) 12 Months readonly field; populated automatically with 12

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the [+] icon. To view or update information already listed, select

Total request (Applicant)

Total Request for Grant Term:

Grant term:

Form: Long-term Rental Assistance

Total Units and Annual Assistance Requested:

Click the "Save" button to automatically calculate totals.

readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term

readonly, dollar value (no cents) field; sums total request for all bedroom sizes

column) sum \$ total for each bedroom size readonly field, populated with Renewal default of 1 Year

budget visible if selected on funding request form

the [view] icon.	label
Total Annual Assistance Requested:	readonly; sums total annual assistance \$ from all LTRA budget detail
Grant Term:	readonly; populated from funding request form.
Total Request for Grant Term:	readonly; calculates total annual assistance \$ from all LTRA detail times the grant term
Total Units:	sums total units from each LTRA budget detail
Subform: Long-term Rental Assistance Budget Detail	

Type of rental assistance:	mandatory; read only, cannot be edited; populates with information from form 3B
* Metropolitan or non-metropolitan	and the standard of the FND constitution to the standard of th
fair market rent area: SRO	mandatory; dropdown with FMR areas that are in effect at the time of application
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
0 bedroom	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
1 bedroom	
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant) 2 Bedrooms	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
3 Bedrooms	readony, denta value (no sono) nela, malapee namber er ame ameer mit ameer mit ameer grant term
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
4 Bedrooms	
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
5 Bedrooms	
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
6 Bedrooms	nonmondator, numericustra del dicita in locatio
# of units (Applicant) FMR (Applicant)	nonmandatory, numeric value; up to 4 digits in length readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
7 Bedrooms	readonly, dollar value (no cents) held, matapies number of units affect with amount affect grant term
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
8 Bedrooms	
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
9 Bedrooms	
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
Total Units and Annual Assistance Requested:	column) sum \$ total for each bedroom size
Grant Term:	readonly field, populated with Renewal default of 1 Year
Total Request for Grant Term: Click the "Save" button to automatically calculate the Total Annual Assistance	readonly, dollar value (no cents) field; sums total request for all bedroom sizes
requested.	
·	
Form: Supportive Services	budget visible if selected on funding request form
	paages visible ii selected on landing request form
* A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.	lahal
from the budget. 1. Assessment of Service Needs	label
	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Quantity Description (max 400 characters)	
Annual Assistance Requested 2. Assistance with Moving Costs	nonmandatory; dollar value (no cents); default is blank
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
3. Case Management	nonmandatory, donar value (no cents), detault is blank
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
4. Child Care	normanatory, some value (no conta), ucitatit is blank

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Annual Assistance Requested Total Annual Assistance Requested: Grant Term:	noninanualory (manualory ii amount entereu ioi Annuai Assistance Requesteu), alphanument text
Total Annual Assistance Requested: Grant Term:	paperandatory, dellar value (no conta); default in blank
Grant Term:	nonmandatory; dollar value (no cents); default is blank
Total Request for Grant Term:	readonly, dollar value (no cents) field; sums annual budget request indicated
Lotal Request for Grant Lerm:	readonly, fieblia po ลเม่อ เครื่องเล่า เรียกเล่า ลเกราะ (in
Cliable Il Carrie by the automatically calculate totals	years)
Click the "Save" button to automatically calculate totals.	
Form: Operating	budget visible if selected on funding request form
* A description must be entered for Quantity. Any costs without a Quantity description will be removed	
from the budget.	label
Maintenance/Repair	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
Property Taxes and Insurance	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
3. Replacement Reserve	7
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
4. Building Security	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
5. Electricity, Gas, and Water	nonmandatory, donar value (no cents), deladit is blank
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Quantity Description (max 400 characters) Annual Assistance Requested	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory; dollar value (no cents); default is blank
Annual Assistance Requested 6. Furniture	nonmanuatory, utiliar value (no cents), uerauit is Diank
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
7. Equipment (lease, buy)	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
Total Annual Assistance Requested:	readonly, dollar value (no cents) field; sums annual budget request indicated
Grant Term:	readonly field, populated with Renewal default of 1 Year
Total Request for Grant Term:	years)
Click the "Save" button to automatically calculate totals.	
Form: HMIS	budget visible if selected on funding request form
	,
* A description must be entered for Quantity. Any costs without a Quantity description will be removed	
from the budget.	label
-	

1. Equipment	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
2. Software	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested 3. Services	nonmandatory; dollar value (no cents); default is blank
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Quantity Description (max 400 characters)	nonmandatory (mandatory ir amount entered for Annual Assistance Requested), alphanument text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
4. Personnel	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
5. Space & Operations	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
Total Annual Assistance Requested:	readonly, dollar value (no cents) field; sums annual budget request indicated
Grant Term:	readonly field, populated with Renewal default of 1 Year
	readonly, dollar value (no cents) field; multiplies total annual assistance times selected grant term (in
Total Request for Grant Term:	years)
	· ·
	<u>'</u>
	The following information summarizes the funding request for the total term of the project. However,
	the appropriate amount of cash and in-kind match and administrative costs must be entered in the
Form: Summary Budget	available fields below.
Eligible Costs	readonly; \$ populated from subbudgets
Annual Assistance Requested (Applicant)	readonly; \$ populated from subbudgets (1-7)
Grant Term (Applicant)	readonly; \$ populated from subbudgets (1-7)
Total Assistance Requested for Grant Term (Applicant)	readonly; \$ populated from subbudgets (1-7)
8. Sub-total Costs Requested	readonly; numeric field; sum total requested for grant term \$ from each subbudget =
o. oub total oosto requested	
	Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that
	exceeds 10% of "Sub-total Costs Requested". Message reads: "The maximum allowable Admin amount is [calculated 10%]" (in whole dollars). Round up if decimal is .5 or more, otherwise round
9. Admin (up to 10%)	down)
10. Total Assistance Plus Admin Requested	readonly; numeric field
11. Cash Match	numeric field
12. In Kind Match	requeriented requeriented Alert calculation = 25 % of "Total Assistance Plus Admin Requested" MINUS "Leased
13. Total Match	
14. Total Budget	
	Units" and "Leased Structures".
	readonly; numeric field
14. Total Budget Click the "Save" button to automatically calculate totals.	
	readonly; numeric field
	readonly; numeric field The following list summarizes the funds that will be used as leverage for
Click the "Save" button to automatically calculate totals.	readonly; numeric field The following list summarizes the funds that will be used as leverage for the project. To add a leveraging source to the list, select the [+] icon. To view or update a leveraging
Click the "Save" button to automatically calculate totals. Form: Sources of Leverage	readonly; numeric field The following list summarizes the funds that will be used as leverage for the project. To add a leveraging source to the list, select the [+] icon. To view or update a leveraging source already listed, select the [view] icon.
Click the "Save" button to automatically calculate totals. Form: Sources of Leverage Total Value of Cash Commitments	readonly; numeric field The following list summarizes the funds that will be used as leverage for the project. To add a leveraging source to the list, select the [+] icon. To view or update a leveraging source adready listed, select the [view] icon. readonly; sum \$ amount from all cash commitments
Click the "Save" button to automatically calculate totals. Form: Sources of Leverage Total Value of Cash Commitments Total Value of In-Kind Commitments	readonly; numeric field The following list summarizes the funds that will be used as leverage for the project. To add a leveraging source to the list, select the [+] icon. To view or update a leveraging source already listed, select the [view] icon. readonly; sum \$ amount from all in-kind commitments readonly; sum \$ amount from all in-kind commitments
Click the "Save" button to automatically calculate totals. Form: Sources of Leverage Total Value of Cash Commitments	readonly; numeric field The following list summarizes the funds that will be used as leverage for the project. To add a leveraging source to the list, select the [+] icon. To view or update a leveraging source adready listed, select the [view] icon. readonly; sum \$ amount from all cash commitments
Click the "Save" button to automatically calculate totals. Form: Sources of Leverage Total Value of Cash Commitments Total Value of In-Kind Commitments	readonly; numeric field The following list summarizes the funds that will be used as leverage for the project. To add a leveraging source to the list, select the [+] icon. To view or update a leveraging source already listed, select the [view] icon. readonly; sum \$ amount from all in-kind commitments readonly; sum \$ amount from all in-kind commitments
Click the "Save" button to automatically calculate totals. Form: Sources of Leverage Total Value of Cash Commitments Total Value of In-Kind Commitments Total Value of All Commitments Subform: Leverage Detail	readonly; numeric field The following list summarizes the funds that will be used as leverage for the project. To add a leveraging source to the list, select the [+] icon. To view or update a leveraging source already listed, select the [view] icon. readonly; sum \$ amount from all cash commitments readonly; sum \$ amount from all in-kind commitments readonly; sum \$ amount from all in-kind commitments
Click the "Save" button to automatically calculate totals. Form: Sources of Leverage Total Value of Cash Commitments Total Value of In-Kind Commitments Total Value of All Commitments	readonly; numeric field The following list summarizes the funds that will be used as leverage for the project. To add a leveraging source to the list, select the [+] icon. To view or update a leveraging source already listed, select the [view] icon. readonly; sum \$ amount from all in-kind commitments readonly; sum \$ amount from all in-kind commitments
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Click the "Save" button to automatically calculate totals. Form: Sources of Leverage Total Value of Cash Commitments Total Value of In-Kind Commitments Total Value of All Commitments Subform: Leverage Detail	readonly; numeric field The following list summarizes the funds that will be used as leverage for the project. To add a leveraging source to the list, select the [+] icon. To view or update a leveraging source already listed, select the [view] icon. readonly; sum \$ amount from all cash commitments readonly; sum \$ amount from all in-kind commitments readonly; sum \$ amount from all in-kind commitments
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Click the "Save" button to automatically calculate totals. Form: Sources of Leverage Total Value of Cash Commitments Total Value of In-Kind Commitments Total Value of All Commitments Subform: Leverage Detail * 1. Type of Commitment: * 2. Name the Source of the Commitment: * 3. Type of Source: 4. Date of Written Commitment: * 5. Value of Written Commitment: art 8 - Attachments and Certification Form: 8A. Attachments [document attachment 1] Subrecipient Nonprofit Documentation [document attachment 2] Other Attachment(s)	readonly; numeric field The following list summarizes the funds that will be used as leverage for the project. To add a leveraging source to the list, select the [+] icon. To view or update a leveraging source already listed, select the [view] icon. readonly; sum \$ amount from all cash commitments readonly; sum \$ amount from all in-kind commitments readonly; sum \$ amount from all cash and in-kind commitments mandatory field; dropdown with: cash, in kind mandatory field; dropdown with: Government, Private non-mandatory field; calendar field mandatory field; dollar value, no cents allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx
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	1
	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx; visible only if selected "Yes" to question 4D on Form 3B; mandatory only if selected "Yes" to question 4D on Form
Commitment Letter	3B
Subform: Attachment Details	
Document Description	mandatory; alphanumeric text box
File Name	mandatory; "Choose File" link to explorer file selection; displays file name after selection
Document Type	display text 1) Subrecipient Nonprofit Documentation, 2)Other Attachment(s), or 3) Other Attachment(s); dependent on previous form selection
Maximum Size	2 MB
Allowable formats	txt, doc, zipx, docx, ZIP*, pdf, wpd, zip, xls, xlsx, rtf
Instructions	display text: Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be attached in e-snaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; for Other display text: Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file.
Subform: CoC Rejection Letter	visible only if selected "Appeal" on Form 3A
Document Description	mandatory; alphanumeric text box
File Name	mandatory; "Choose File" link to explorer file selection; displays file name after selection
Document Type	display text CoC Rejection Letter
Maximum Size	2 MB
Allowable formats	zip, xls, xlsx, pdf, mpp, rtf, txt, jpg, xlsm, zipx, doc, docx, ZIP*
Instructions	Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: www.hudhre.info/esnaps
Subform: Commitment Letter	visible only if selected "Yes" to question 4D on Form 3B
Document Description	mandatory; alphanumeric text box
File Name	mandatory; "Choose File" link to explorer file selection; displays file name after selection
Document Type	display text Commitment Letter
Maximum Size	2 MB
Allowable formats	xls, xlsx, xlsm, doc, docx, pdf, mpp, rtf, txt, jpq, zip, zipx, ZIP
Instructions	Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: www.hudhre.info/esnaps
Form: 8B. Applicant Certification	
Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.	nonmandatory, alphanumeric field
Name of authorized certifying official:	readonly; populated with full name of authorized representative from applicant's e-snaps profile
Date:	readonly; populated with current date
Title:	readonly; populated with title เพื่อเพื่อสนใหญ่สนยือสนาตารเจานสนับสะโดยการของเรื่องเรื่องกล้าง e-snaps
Applicant organization:	profile
PHA number (for PHA applicants only):	nonmandatory, alphanumeric field
* I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).	
Part 9 - Summary	
Form: 9A Notice of Intent to Appeal	Visible only if selected "Appeal" on Form 3A
* 1. Check the following box to certify this form as your Notice of Intent to Appeal	mandatory; checkbox, selection allows submission of application in e-snaps
* 2. Was this project application first rejected by the CoC and then submitted OR	manuatory, checkbox, selection allows submission of application in e-shaps
*2. Was this project application first rejected by the CoC and then submitted OR submitted completely independently of the CoC's process?	mandatory; drop down Rejected, Independent, Default to Rejected

The purpose of this document is to provide a summary of the forms and questions that project applicants must complete in its application submission.

2 - Subrecipient Information	
Form: 2A. Project Subrecipients	This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information alread listed, select the view option.
Total Expected Sub-Awards	readonly; field populates with a sum of expected sub-award fields from the detail subformlets
Organization	readonly; column lists organization names from all detail subformlets
Туре	readonly; column lists organization types from detail subformlets
Sub-Award Amount	readonly; column lists organization sub-award from detail subformlets
Subform: 2A. Project Subrecipients	
* a. Organization Name	Mandato การสามารถเลือนเลือนเลือน Nonprofit without 501(c)(3) IRS Status (Other than Institution of High
* b. Organization Type	Education);X. Other (Specify)
If "Other" please specify	mandatory if select X. Other (Specify); alphanumeric field
*c. Employer or Tax Identification Number	mandatory: must be in format XX-XXXXXXX
* d. Organizational DUNS	mandatory; numeric; must be 9 digits
PLUS 4 e. Physical Address	non-mandatory; numeric; must be 4 digits
* Street 1	mandatory; alphanumeric field;
Street 2	non-mandatory; alphanumeric field;
* City	mandatory; alphanumeric field;
* State	mandatory; dropdown with all States and territories available
* Zip Code	mandatory; (wone)(%)-select list boxes; Available Items: includes all congressional districts; Selected Ite
* f. Congressional District(s)	displays applicant selected states and territories
* g. Is the subrecipient a Faith-Based Organization	mandatory; dropdown with No, Yes
* h. Has the Subrecipient ever received a federal grant, either directly	7, - 4,
from a federal agency or through a State/local agency	mandatory; dropdown with No, Yes
* i. Expected Sub-Award Amount:	mandatory; numeric
j. Contact Person	Honorable;Governor;Mayor;President;Judge;Father;Sister;Captain;Major;Monsignor;Deacon;Colonel;L
* Prefix	Colonel;Bishop;Acting Governor;Pastor;Rabbi;Brig. General;Commissioner
* First Name	mandatory; alphanumeric field;
Middle Name	non-mandatory; alphanumeric field;
* Last Name	mandatory; alphanumeric field;
Suffix	non-mandatory; dropdown with: Jr.;Sr.;M.D.;D.D.S.;Ph.D.;Esq.;CSW;J.D.;MSW;LMSW;LCSW;Ed.D.
* Title	mandatory; alphanumeric field;
* E-mail Address * Confirm E-mail Address	mandatory; alphanumeric field; must be valid email mandatory; alphanumeric field; must match previous field exactly
* Phone Number	mandatory; alphanumenic field; fluor 11 numbers only
Extension	non-mandatory; numeric field only
	· · · · · · · · · · · · · · · · · · ·
Fax Number	non-mandatory; numeric field; 10 or 11 numbers only
Documentation of the subrecipient's nonprofit status is required with the submission of this application.	Note at the bottom of the form
2 Project Information	
3 - Project Information Form: 3A. Project Detail	
Expiring Grant Number:	
(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	non-mandatory; alphanumeric text entry field
	mandatory; dropdown with options = CoC number and name, as identified in the CoC's registrate
* 2a. CoC Number and Name:	submission. Include 'No CoC' as first option.
	mandatory; dropdown list dependent on selection of CoC Number and Name above; populated
* 2b. CoC Applicant Name:	associated CoC applicant names from registration
3. Project Name:	readonly; populated with 2012 project name
	Mandatan dandam with outline - Charley Annal, data it - Charley It
	Mandatory; dropdown with options = Standard, Appeal; default = Standard. If Appeal is selecte auto-save and display red warning message, "You have selected "Appeal" and therefore are
	designating this application as an appeal to the CoC's decision to not fund this project.
	proceed, you must fill out an additional form, Part 9 - Notice of Intent to Appeal, and subj
	details of your appeal to be considered for funding. If you are filling out this application first time, or are otherwise not intending to appeal a rejection, please select "Standard.""
* 4. Project status:	If Appeal is selected, Part 9 below is visible; Autosave is important. Warning message must be
(**Form is auto populated. Change only if appealing a CoC rejection**)	and prominent.
* 5. Component Type:	mandatory; dropdown with options: PH, SH, TH, SSO, HMIS
. "	mandatory; dropdown with options: Yes, No, Not applicable
* 6. Is Energy Star used at one or more of the proposed properties?	
* 7. Does this project use one or more properties that have been conveyed through	and the state of t
	mandatory; dropdown with options: Yes, No, Not applicable
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Part 4 - Hsg, Srvs, and HMIS Form: 4A. Supportive Services for Participants 1. Are the proposed project positives and practices consistent with the laws related to providing education services to Individuals and families? 2. Does the proposed project proper or designated staff prevent to errain the designation of the designation services to Individuals and families? 3. Describe the reason(s) for non-compliance with educational taws, and the corrective action to be taken prior to grant agreement execution. Form: 4B. Housing Type and Location Total Units: Total Units: Total CH Beds: Total CH		
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* City: * State: * Zip/Postal Code: * 4. Select the geographic area(s) associated with the address. (for multiple selections hold CTRL Key) Form: 4C. HMIS Participation * 1. Does this project provide client level data to HMIS at least annually? Click on the "Save" button below to enter additional information. # 1. The state: * Zip/Postal Code: * A. Select the geographic area(s) associated with the address. (for multiple selections hold CTRL Key) # 2. Does this project provide client level data to HMIS at least annually? Click on the "Save" button below to enter additional information. # 2a. Indicate the number of clients served from 1/1/2011 - 12/31/2011 * 2a. Indicate the number of clients served from 1/1/2011 - 12/31/2011 * 2b. Of the clients served from 1/1/2011 - 12/31/2011, indicate the number reported in the HMIS. # Visible and mandatory if Yes to question #1; numeric (no decimal) field; number of clients cannot exceed 90,000,000,000,000. Visible and mandatory if Yes to question #1; numeric (no decimal) field; number of clients cannot exceed 90,000,000,000,000. * Visible and mandatory if Yes to question #1; numeric (no decimal) field; number of clients cannot exceed 90,000,000,000,000.	Indicate the maximum number of units and beds available for project participants at the selected housing site. *a. Units: * b. Beds: * c. CH Beds:	Barracks Dornitory, shared or private rooms Shared housing Clustered apartments Scattered-site apartments (including efficiencies) Single family homes/townhouses/duplexes mandatory; nonHMIS and NonSSO; numeric field mandatory; nonHMIS and NonSSO; numeric field mandatory; nonHMIS and NonSSO; numeric field; CH Beds total must be equal to or less than Beds
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If "No" to #1	2. Indicate the maximum number of units and beds available for project participants at the selected housing site. * a. Units: * b. Beds: * c. CH Beds: 3. Address: * Street 1: Street 2: * City: * State: * Zip/Postal Code: * 4. Select the geographic area(s) associated with the address. (for multiple selections hold CTRL Key) Form: 4C. HMIS Participation * 1. Does this project provide client level data to HMIS at least annually? Click on the "Save" button below to enter additional information. If "Yes" to #1 * 2a. Indicate the number of clients served from 1/1/2011 - 12/31/2011 * 2b. Of the clients served from 1/1/2011 - 12/31/2011, indicate the number	Barracks Dormitory, shared or private rooms Shared housing Clustered apartments Scattered-site apartments (including efficiencies) Single family homes/townhouses/duplexes mandatory; nonHMIS and NonSSO; numeric field mandatory; nonHMIS and NonSSO; numeric field mandatory; nonHMIS and NonSSO; numeric field; CH Beds total must be equal to or less than Beds mandatory; nonHMIS and NonSSO; alphanumeric field nonmandatory; nonHMIS and NonSSO; alphanumeric field mandatory; nonHMIS and NonSSO; alphanumeric field mandatory; nonHMIS and NonSSO; alphanumeric field mandatory; nonHMIS and NonSSO; numeric field mandatory; nonHMIS and NonSSO; numeric field mandatory; nonHMIS and NonSSO; many-to-many with available options = to 2012 geo areas (as provided by Yelena) mandatory, dropdown = Yes, No Visible and mandatory if Yes to question #1; numeric (no decimal) field; number of clients cannot visible and mandatory if Yes to question #1; numeric (no decimal) field; number of clients cannot Visible and mandatory if Yes to question #1; numeric (no decimal) field; number of clients cannot
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	2. Indicate the maximum number of units and beds available for project participants at the selected housing site. * a. Units: * b. Beds: * c. CH Beds: 3. Address: * Street 1: Street 2: * City: * State: * Zip/Postal Code: * 4. Select the geographic area(s) associated with the address. (for multiple selections hold CTRL Key) Form: 4C. HMIS Participation * 1. Does this project provide client level data to HMIS at least annually? Click on the "Save" button below to enter additional information. If "Yes" to #1 * 2a. Indicate the number of clients served from 1/1/2011 - 12/31/2011 * 2b. Of the clients served from 1/1/2011 - 12/31/2011, indicate the number reported in the HMIS.	Barracks Dormitory, shared or private rooms Shared housing Clustered apartments Scattered-site apartments (including efficiencies) Single family homes/townhouses/duplexes mandatory; nonHMIS and NonSSO; numeric field mandatory; nonHMIS and NonSSO; numeric field mandatory; nonHMIS and NonSSO; numeric field; CH Beds total must be equal to or less than Beds mandatory; nonHMIS and NonSSO; alphanumeric field nonmandatory; nonHMIS and NonSSO; alphanumeric field mandatory; nonHMIS and NonSSO; alphanumeric field mandatory; nonHMIS and NonSSO; alphanumeric field mandatory; nonHMIS and NonSSO; numeric field mandatory; nonHMIS and NonSSO; numeric field mandatory; nonHMIS and NonSSO; many-to-many with available options = to 2012 geo areas (as provided by Yelena) mandatory, dropdown = Yes, No Visible and mandatory if Yes to question #1; numeric (no decimal) field; number of clients cannot visible and mandatory if Yes to question #1; numeric (no decimal) field; number of clients cannot Visible and mandatory if Yes to question #1; numeric (no decimal) field; number of clients cannot

* 2a. Indicate the reason for non-participation in the HMIS. Click on the "Save" button below to enter additional information.	Visible and mandatory if No to question #1; Multi-select with Available and Selected Items interface. Available Items are: Federal Law prohibits State Law prohibits New project not yet operational Other			
* 2b. Of the clients served from 1/1/2011 - 12/31/2011, indicate the number reported in the HMIS.				
 Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values'.' Please add a value for each cell below. If there are no values to report for a cell, please enter "0". 	Visible and mandatory if "Yes" is selected in question #1 3 columns: Data Quality (labels) Null or Missing Values (%) - numeric data entry; value <= 100 Don't Know or Refused (%) - numeric data entry; value <= 100 Data Quality label categories are as follows: Name Social Security Number Date of Birth Ethnicity Race Gender Veteran Status Disabling Condition Residence Prior to Prog. Entry Zip Code of Last Permanent Address			
Part 5 - Participants and Outreach				
Form: 5A. Project Participants - Households				
Total Households and Household characteristics	grid must include at least one entry (equal to or greater than 1);Formlet visible for nonHMIS component projects			
SA. Project Participants - Households				
Sectoractions: (Johns) Households with at Last Core Adult of the Children And Households stilling. And Households still				
Trotal Number of Adults over age 24				

18 Total Persons	•			0	0			
	At least one person in	the Households Grid must be s	served.					
C	lick Save to automatically	calculate totals				Label at bottom		
Form: 5B	. Project Participan	ts - Subpopu	lations					
	Total Households and I	Household chara	cteristics			grid must include at leas	st one entry (ie, entry can be equal to 0)	

		5B. Project Par	rticipants - Subpop	ulations				
Persons in Households with at Least One Adult and One Child Non-								
Characteristics	Chronically Homeless Non- Veterans	Chronically Homeless Veterans	Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally III	Victims of Domestic Violence	
Disabled Adults over age 24								
Non-disabled Adults over age 24 Disabled Adults ages 18-24								
Non-disabled Adults ages 18-24								
Disabled Children under age 18 Non-disabled Children under age 18								
Total Persons								
		Persons in Ho	useholds without (Non-	Children				
	Chronically Homeless Non-	Chronically Homeless	Chronically Homeless	Chronic Substance	Persons with	Severely	Victims of Domestic	
Characteristics Disabled Adults over age 24	Veterans	Veterans	Veterans	Abuse	HIV/AIDS	Mentally III	Violence	
Non-disabled Adults over age 24								
Disabled Adults ages 18-24 Non-disabled Adults ages 18-24								
Total Persons								
Persons in Households with Only Children								
	Chronically Homeless Non-	Chronically Homeless	Chronically Homeless	Chronic Substance	Persons with HIV/AIDS	Severely	Victims of Domestic	
Accompanied Disabled Children under age 18	Veterans	Veterans	Veterans	Abuse	HIV/AIDS	Mentally III	Violence	
Accompanied Non-disabled Children under age 18								
Unaccompanied Disabled Children under age 18	В							
Unaccompanied Non-disabled Children under age 18 Total Persons			1					
TOTAL PERSONS		,	,	,	,	,	,	
Click Save	to automa	tically calci	ulate totals					Label at bottom
Form: 5C. Outre	ach							
1. Ente	r the perce	ntage of ho	meless pe	rson(s) who	o will be ser	ved by the		
	ed project f							
				cations no	t meant for	numan hai	oitation.	mandatory; numeric field; max 3 digits
	Directly from							mandatory; numeric field; max 3 digits
	Directly from							mandatory; numeric field; max 3 digits
					sided in a pl safe haven		eant for	mandatory; numeric field; max 3 digits
					t time resid			mandatory; numeric field; max 3 digits
					ederal statu			mandatory; numeric field; max 3 digits
					Jacrai Stata			mandatory; numeric field; max 3 digits
Persons fleeing domestic violence. Total of above percentages								readonly; sum of all percentage; error message if sum is more than 100%
* 2. If the total is less than 100 percent, identify the other location(s) and how the								, , , , , , , , , , , , , , , , , , , ,
persons meet HUD's definition of homeless and/or homeless under other federal								
statutes.								mandatory if total of above percentages does not equal 100%, nonHMIS; alphanumeric field
(*) 3. Describe the outreach plan to bring these homeless participants into the								
project.								(non-)mandatory; alphanumeric field
Form, ED Disch	orgo Dol	iov					visible if and locat acceleration is a consument access.	
Form: 5D. Disch	large Poi	icy					visible if applicant organization is a government agency	
* 1. Ha	s the state	or local go	vernment d	eveloped o	r implemen	ted a disch	arge	
plannin	g policy or	protocol to	prevent or	reduce the	number of	persons di	scharged	
					acilities, fost			
facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs?							iey-verito	mandatory, dropdown = Yes, No, Not applicable; nonHMIS
turided programs.								
Part 6 - Performance	Measure:	S						
Form: 6A. Stand								visible for nonHMIS/Prevention component projects
* 1. Specify the universe ar		the housir	ng measure					VOLUME TO THE THE TOTAL OF THE PROJECT OF THE PROJE
Click 'Save' to calculate the								
								a. Persons remaining in permanent housing as of the end of the operating year or exiting to
Housin	g Measure							permanent housing (subsidized or unsubsidized) during the operating year of exiting to
	Target (#)							mandatory, numeric value
	Universe (#)						mandatory, numeric value
•	Target (%)							readonly; calculate percentage = target number divided by universal number
* 2. Choose one income-re	lated perfor	mance me	asure from	below, and	d specify the	universe	and	
target numbers for the goal								
Click 'Save' to calculate the	target per	eiii (%).						
								a. Persons age 18 and older who increased their total income (from all sources) as of the end of the
								operating year or program exit.
								OR
								b. Persons age 18 through 61 who increased their earned income as of the end of the operating year
	Measure							or program exit.
	Target (#) Universe (#	1						mandatory, numeric value mandatory, numeric value
		,						
	Target (%)							readonly; calculate percentage = target number divided by universal number
								Specify up to three additional measures on which the project will report performance in the Annual
Form: 6B. Addit	ional Per	formanc	e Measu	res				Specify up to three additional measures on which the project will report performance in the Annual Performance Report (APR).
								Statement (Coport Villary):

[Parent Form List]	
[Parent Form Header]	
* 1. Specify the universe and target goal numbers for the proposed measure.	
a. Proposed Measure	mandatory, alphanumeric field
b. Target (#)	mandatory, numeric value
c. Universe (#)	mandatory, numeric value
d. Target (%)	readonly; calculate percentage = target number divided by universal number
* 2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g.,	
data collected by the intake worker at entry and case manager at exit) proposed to	
measure results	mandatory, alphanumeric field
* 3. Specific data elements and formula proposed for calculating results	mandatory, alphanumeric field
* 4. Rationale for why the proposed measure is an appropriate indicator of	and the state of t
performance for this program	mandatory, alphanumeric field
Part 7 - Budget Information	
Form: Funding Reguestive restrictive covenant on one or more of the project	
properties?	mandatory; dropdown with Yes, No
* 2. Was the original project awarded funding (in part or whole) under a special	
housing initiative?	mandatory; dropdown with Yes, No;
* 3. Are the requested renewal funds reduced from the previous award using	
reallocation?	mandatory; dropdown with Yes, No;
4. Select a grant term:	Read-only, auto populated with 1 year; cannot change
Select the costs for which funding is being requested:	label
Leased Units	checkbox; selection triggers Leased Units budget form
Leased Structures Short-term/Medium-term Rental Assistance	checkbox; selection triggers Leased Structures budget form checkbox; selection triggers Short-term/Medium-term Rental Assistance budget form
Supportive Services	checkbox; selection triggers Short-term/Medium-term Rental Assistance budget form checkbox; selection triggers Supportive Services budget form
Operations	checkbox; selection triggers Operations budget form
HMIS	checkbox; selection triggers Operations budget form
нмір	Checkbox, Selection (riggers minis budget form
Form: Leased Units	hadra de la facilitat de la fa
	budget visible if selected on funding request form
The following list summarizes the funds being requested for one or more units leased for	
operating the projects. To add information to the list, select the [+] icon. To view or update	label.
information already listed, select the [view] icon.	label
Total Annual Assistance Requested: Grant Term:	readonly; sums total annual assistance \$ from all leased units budget detail
Grant Term:	readonly; populated from funding request form.
Total Request for Grant Term:	readonly; calculates total annual assistance \$ from all leased units budget detail times the grant term
Total Units:	sums total units from each leased units budget detail
Total onto:	Enter the appropriate values in the "Number of Units" and "HUD Paid Rent" fields, before clicking on the
Subform: Leased Units Budget Detail	"Save" button to auto-populate the "Number of Months" and "Total Rent" columns.
* Metropolitan or non-metropolitan fair market rent area:	mandatory; dropdown with FMR areas that are in effect at the time of application
SRO	mandatory, dropdown with twice are an enecet at the time of application
Number of units (Applicant)	nonmandatory, numeric value
The state of the s	
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	readonly, field apopulated with the field that tiples number of units times FMR amount (or HUD paid rent
Total Request (Applicant)	times grant term
0 bedroom	
Number of Units (Applicant)	nonmandatory, numeric value
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months Total Request (Applicant)	readonly feedlapoalule (arbwitch field the liples number of units times FMR amount (or HUD paid rent
Total Request (Applicant)	times grant term
1 hadroom	
1 bedroom	nonmondatory numeric value
1 bedroom Number of Units (Applicant)	nonmandatory, numeric value
Number of Units (Applicant)	
Number of Units (Applicant) FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
Number of Units (Applicant) FMR (Applicant) HUD Paid Rent (Applicant)	readonly field; populated with current FMR amount for the unit size nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
Number of Units (Applicant) FMR (Applicant) HUD Paid Rent (Applicant) 12 months	readonly field; populated with current FMR amount for the unit size nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field feadenly febriapoខារាងទេស់«ម៉េងម៉េង ខែមាខាអិស្សិរខ្លាន number of units times FMR amount (or HUD paid rent
Number of Units (Applicant) FMR (Applicant) HUD Paid Rent (Applicant) 12 months Total Request (Applicant)	readonly field; populated with current FMR amount for the unit size nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
Number of Units (Applicant) FMR (Applicant) HUD Paid Rent (Applicant) 12 months Total Request (Applicant) 2 Bedrooms	readonly field; populated with current FMR amount for the unit size nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field readenly field(a)
Number of Units (Applicant) FMR (Applicant) HUD Paid Rent (Applicant) 12 months Total Request (Applicant)	readonly field; populated with current FMR amount for the unit size nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field feadenly febriapoខារាងទេស់«ម៉េងម៉េង ខែមាខាអិស្សិរខ្លាន number of units times FMR amount (or HUD paid rent
Number of Units (Applicant) FMR (Applicant) HUD Paid Rent (Applicant) 12 months Total Request (Applicant) 2 Bedrooms Number of Units (Applicant) FMR (Applicant)	readonly field; populated with current FMR amount for the unit size nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field readenly field(ap value (no cents) field; maximum value = dollar value in FMR field readenly field(ap value field) field; field(ap value field) field; populated with current FMR amount for the unit size
Number of Units (Applicant) FMR (Applicant) HUD Paid Rent (Applicant) 12 months Total Request (Applicant) 2 Bedrooms Number of Units (Applicant) FMR (Applicant) HUD Paid Rent (Applicant)	readonly field; populated with current FMR amount for the unit size nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field readenly fieldapoandate(か必許多 (1997) This hiples number of units times FMR amount (or HUD paid rent times grant term nonmandatory, numeric value readonly field; populated with current FMR amount for the unit size nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
Number of Units (Applicant) FMR (Applicant) HUD Paid Rent (Applicant) 12 months Total Request (Applicant) 2 Bedrooms Number of Units (Applicant) FMR (Applicant) HUD Paid Rent (Applicant) 12 months	readonly field; populated with current FMR amount for the unit size nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field F8den
Number of Units (Applicant) FMR (Applicant) HUD Paid Rent (Applicant) 12 months Total Request (Applicant) 2 Bedrooms Number of Units (Applicant) FMR (Applicant) HUD Paid Rent (Applicant) 12 months Total Request (Applicant)	readonly field; populated with current FMR amount for the unit size nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field readenly (始相)
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Number of Units (Applicant) FMR (Applicant) HUD Paid Rent (Applicant) 12 months Total Request (Applicant) 2 Bedrooms Number of Units (Applicant) FMR (Applicant) HUD Paid Rent (Applicant) 12 months Total Request (Applicant) 3 Bedrooms Number of Units (Applicant)	readonly field; populated with current FMR amount for the unit size nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field readenly fieldapoardate(%)检验器 使用空情脉iples number of units times FMR amount (or HUD paid rent times grant term nonmandatory, numeric value readonly field; populated with current FMR amount for the unit size nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field readonly fieldlapoardate(%)检验器 field/hSkiples number of units times FMR amount (or HUD paid rent times grant term nonmandatory, numeric value
Number of Units (Applicant) FMR (Applicant) HUD Paid Rent (Applicant) 12 months Total Request (Applicant) 2 Bedrooms Number of Units (Applicant) FMR (Applicant) HUD Paid Rent (Applicant) 12 months Total Request (Applicant) 3 Bedrooms Number of Units (Applicant) FMR (Applicant) 1 FMR (Applicant) 3 Request (Applicant) Total Request (Applicant) 3 Redrooms Number of Units (Applicant)	readonly field; populated with current FMR amount for the unit size nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field readenly fieldiapoarulated w说证证券 (如即特殊的 number of units times FMR amount (or HUD paid rent times grant term nonmandatory, numeric value readonly field; populated with current FMR amount for the unit size nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field readonly fieldiapoarulated with current FMR amount for the unit size nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field readonly fieldiapoarulated with size nonmandatory, numeric value readonly field; populated with current FMR amount for the unit size
Number of Units (Applicant) FMR (Applicant) HUD Paid Rent (Applicant) 12 months Total Request (Applicant) 2 Bedrooms Number of Units (Applicant) FMR (Applicant) HUD Paid Rent (Applicant) 12 months Total Request (Applicant) 12 months Total Request (Applicant) 3 Bedrooms Number of Units (Applicant) FMR (Applicant) FMR (Applicant) FMR (Applicant)	readonly field; populated with current FMR amount for the unit size nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field readenly field;apoaulated with 4% 使用的 field in maximum value = dollar value in FMR amount (or HUD paid rent times grant term nonmandatory, numeric value readonly field; populated with current FMR amount for the unit size nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field readonly field;apoaulated with current field in maximum value = dollar value in FMR amount (or HUD paid rent times grant term nonmandatory, numeric value readonly field; populated with current FMR amount for the unit size nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
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Number of Units (Applicant) FMR (Applicant) HUD Paid Rent (Applicant) 12 months Total Request (Applicant) 2 Bedrooms Number of Units (Applicant) FMR (Applicant) HUD Paid Rent (Applicant) 12 months Total Request (Applicant) 12 months Total Request (Applicant) 3 Bedrooms Number of Units (Applicant) FMR (Applicant) FMR (Applicant) FMR (Applicant)	readonly field; populated with current FMR amount for the unit size nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field readenly field;apoaulated with 4% 使用的 field in maximum value = dollar value in FMR amount (or HUD paid rent times grant term nonmandatory, numeric value readonly field; populated with current FMR amount for the unit size nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field readonly field;apoaulated with current field in maximum value = dollar value in FMR amount (or HUD paid rent times grant term nonmandatory, numeric value readonly field; populated with current FMR amount for the unit size nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field

Number of Units (Applicant)	nonmandatory, numeric value
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	
Total Request (Applicant)	readonly fieldlaponulatគ្រប់ទៅក់ដេ? (ខេមហាមិន)tiples number of units times FMR amount (or HUD paid rei times grant term
5 Bedrooms	times grant term
Number of Units (Applicant)	nonmandatory, numeric value
Number of Offics (Applicant)	normanuatory, numeric vaide
EMD (Applicant)	readonly field; populated with current FMR amount for the unit size
FMR (Applicant) HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	
Total Request (Applicant)	Feadenly field a Populate (
	times grant term
6 Bedrooms Number of Units (Applicant)	nonmandatory, numeric value
Number of Offics (Applicant)	nonmanuatory, numeric vaide
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	readonly, feddlaponuletes beeths) field pths) tiples number of units times FMR amount (or HUD paid rei
Total Request (Applicant)	times grant term
7 Bedrooms	times grant term
Number of Units (Applicant)	nonmandatory, numeric value
Number of Offics (Applicant)	nonmandatory, numeric value
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	readenly, feedlaponuleterb wein ែវ feed pithe)tiples number of units times FMR amount (or HUD paid re
Total Request (Applicant)	times grant term
8 Bedrooms	
Number of Units (Applicant)	nonmandatory, numeric value
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	FEARBORLY, field apport let 4th with 137 https:// field apport field appoint fearborners from the field appoint for HUD paid rer
Total Request (Applicant)	times grant term
9 Bedrooms	
Number of Units (Applicant)	normandator, numeria valua
	nonmandatory, numeric value
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	readenly, fieldlaponulate្រាប់ម៉ោង ពីមាខារ៉ាក់នៅtiples number of units times FMR amount (or HUD paid rer
Total Request (Applicant)	tieaco grafie let sums total number of units for all bedroom sizes and in a separate field (under the total
Total units and annual assistance requested	column) sum \$ total for each bedroom size
Grant term	readonly; populated from funding request form.
Total request for grant term	readonly, dollar value (no cents) field; sums total request for all bedroom sizes
TEXT	Click the "Save" button to automatically calculate totals
Form: Leased Structures Budget	budget visible if selected on funding request form
The following list summarizes the funds being requested for one or more structures leased for operating the projects. To add information to the list, select the [+] icon. To view or update nformation already listed, select the [view] icon. Total Annual Assistance Requested:	label readonly; sums total annual assistance \$ from all leased structures budget detail
Grant Term:	readonly; papulated from amdiapassiveridors from all leased structures budget detail times the grant
Total Request for Grant Term:	term
	reagoniv: sums number of structures
Total Structures:	readonly; sums number of structures
Total Structures: Subform: Leased Structures Budget Detail	
Total Structures: Subform: Leased Structures Budget Detail * Structure Name:	mandatory; alphanumeric field
Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1:	mandatory; alphanumeric field mandatory; alphanumeric field
Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1: Street Address 2:	mandatory; alphanumeric field mandatory; alphanumeric field nonmandatory; alphanumeric field
Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1:	mandatory; alphanumeric field mandatory; alphanumeric field
Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1: Street Address 2:	mandatory; alphanumeric field mandatory; alphanumeric field nonmandatory; alphanumeric field
Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1: Street Address 2:	mandatory; alphanumeric field mandatory; alphanumeric field nonmandatory; alphanumeric field
Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1: Street Address 2: * City:	mandatory; alphanumeric field mandatory; alphanumeric field nonmandatory; alphanumeric field mandatory; alphanumeric field
Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1: Street Address 2:	mandatory; alphanumeric field mandatory; alphanumeric field nonmandatory; alphanumeric field
Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1: Street Address 2: * City: * State:	mandatory; alphanumeric field mandatory; alphanumeric field nonmandatory; alphanumeric field mandatory; alphanumeric field mandatory; alphanumeric field mandatory; dropdown with States and US territories
Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1: Street Address 2: * City:	mandatory; alphanumeric field mandatory; alphanumeric field nonmandatory; alphanumeric field mandatory; alphanumeric field
Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1: Street Address 2: * City: * State: * Zip Code:	mandatory; alphanumeric field mandatory; alphanumeric field nonmandatory; alphanumeric field mandatory; alphanumeric field mandatory; alphanumeric field mandatory; dropdown with States and US territories mandatory; numeric field
Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1: Street Address 2: * City: * State: * Zip Code: * HUD Paid Rent (per month):	mandatory; alphanumeric field mandatory; alphanumeric field nonmandatory; alphanumeric field nonmandatory; alphanumeric field mandatory; alphanumeric field mandatory; dropdown with States and US territories mandatory; numeric field mandatory; dollar value (no decimals); must be > \$0 to submit the form
Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1: Street Address 2: * City: * State: * Zip Code: * HUD Paid Rent (per month): 12 months	mandatory; alphanumeric field mandatory; alphanumeric field nonmandatory; alphanumeric field mandatory; alphanumeric field mandatory; alphanumeric field mandatory; dropdown with States and US territories mandatory; numeric field mandatory; dollar value (no decimals); must be > \$0 to submit the form readonly field; populated with selected grant term (in months)
Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1: Street Address 2: * City: * State: * State: * Zip Code: * HUD Paid Rent (per month): 12 months Total annual request:	mandatory; alphanumeric field mandatory; alphanumeric field nonmandatory; alphanumeric field mandatory; alphanumeric field mandatory; alphanumeric field mandatory; dropdown with States and US territories mandatory; numeric field mandatory; dollar value (no decimals); must be > \$0 to submit the form readonly field; populated with selected grant term (in months) readonly field; multiplies HUD paid rent amount times 12 months
Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1: Street Address 2: * City: * State: * Zip Code: * HUD Paid Rent (per month): 12 months Total annual request: Grant term	mandatory; alphanumeric field mandatory; alphanumeric field nonmandatory; alphanumeric field mandatory; alphanumeric field mandatory; alphanumeric field mandatory; dropdown with States and US territories mandatory; dropdown with States and US territories mandatory; numeric field mandatory; dollar value (no decimals); must be > \$0 to submit the form readonly field; populated with selected grant term (in months) readonly field; multiplies HUD paid rent amount times 12 months readonly field, populated with Renewal default of 1 Year
Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1: Street Address 2: * City: * State: * Zip Code: * HUD Paid Rent (per month): 12 months Total annual request: Grant term Total request for grant term:	mandatory; alphanumeric field mandatory; alphanumeric field nonmandatory; alphanumeric field mandatory; alphanumeric field mandatory; alphanumeric field mandatory; dropdown with States and US territories mandatory; mumeric field mandatory; numeric field mandatory; dollar value (no decimals); must be > \$0 to submit the form readonly field; populated with selected grant term (in months) readonly field; multiplies HUD paid rent amount times 12 months readonly field, populated with Renewal default of 1 Year readonly field; multiplies HUD paid rent amount times selected grant term (in years)
Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1: Street Address 2: * City: * State: * Zip Code: * HUD Paid Rent (per month): 12 months Total annual request: Grant term	mandatory; alphanumeric field mandatory; alphanumeric field nonmandatory; alphanumeric field mandatory; alphanumeric field mandatory; alphanumeric field mandatory; dropdown with States and US territories mandatory; dropdown with States and US territories mandatory; numeric field mandatory; dollar value (no decimals); must be > \$0 to submit the form readonly field; populated with selected grant term (in months) readonly field; multiplies HUD paid rent amount times 12 months readonly field, populated with Renewal default of 1 Year
Total Structures: Subform: Leased Structures Budget Detail * Structure Name: * Street Address 1: Street Address 2: * City: * State: * Zip Code: * HUD Paid Rent (per month): 12 months Total annual request: Grant term Total request for grant term:	mandatory; alphanumeric field mandatory; alphanumeric field nonmandatory; alphanumeric field mandatory; alphanumeric field mandatory; alphanumeric field mandatory; dropdown with States and US territories mandatory; mumeric field mandatory; numeric field mandatory; dollar value (no decimals); must be > \$0 to submit the form readonly field; populated with selected grant term (in months) readonly field; multiplies HUD paid rent amount times 12 months readonly field, populated with Renewal default of 1 Year readonly field; multiplies HUD paid rent amount times selected grant term (in years)

To add information to the list, select the [+] icon. To view or update information already listed, select the [view] icon.

| Label |

Total Association of Demonstration	The state of the s
Total Annual Assistance Requested: Grant Term:	readonly; sums total annual assistance \$ from all ST/MT RA budget detail readonly; populated from funding request form.
Total Request for Grant Term:	readonly; calculates total annual assistance \$ from all ST/MT RA budget detail times the grant term
Total Units:	sums total units from each ST/MT RA budget detail
Subform: Short-term/Medium-term Rental Assistance Budget Detail	
Type of rental assistance:	mandatory; read only, cannot be edited; populates with information from 3B
* Metropolitan or non-metropolitan fair market rent area: SRO	mandatory; dropdown with FMR areas that are in effect at the time of application
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
0 bedroom	
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant) 12 Months	readonly field; populated with current FMR amount for the unit size readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
1 bedroom	readon), denta valde (no conto) neid, matapies namber of anto ame an earlier and an earlier
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
2 Bedrooms # of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
# of units (Applicant) FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
3 Bedrooms	
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12 readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
Total request (Applicant) 4 Bedrooms	readonly, dollar value (no cents) field, multiples number of units times FMR amount times grant term
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
5 Bedrooms	
# of units (Applicant) FMR (Applicant)	nonmandatory, numeric value; up to 4 digits in length readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
6 Bedrooms	<u> </u>
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months Total request (Applicant)	readonly field; populated automatically with 12 readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
7 Bedrooms	readonly, dollar value (no cents) field, multiples number of drifts times risk amount times grant term
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
8 Bedrooms	
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months Total request (Applicant)	readonly field; populated automatically with 12 readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
9 Bedrooms	Todassiny, dollar value (no conta) neta, malapies number of units times rivin amount times grant term
# of units (Applicant)	nonmandatory, numeric value; up to 4 digits in length
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
12 Months	readonly field; populated automatically with 12
Total request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount times grant term
Total Units and Annual Assistance Requested:	column) sum \$ total for each bedroom size
Grant term: Total Request for Grant Term:	readonly field, populated with Renewal default of 1 Year readonly, dollar value (no cents) field; sums total request for all bedroom sizes
Click the "Save" button to automatically calculate totals.	readony, donar value (no cents) neid, sums total request for all bedroom sizes
Form: Supportive Services	budget visible if selected on funding request form
A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.	
Assessment of Service Needs	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
	nonmandatory; dollar value (no cents); default is blank
Annual Assistance Requested	
Assistance with Moving Costs	
	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory; dollar value (no cents); default is blank

Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
4. Child Care	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Quantity Description (max 400 characters)	
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
5. Education Services	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
6. Employment Assistance	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; (mandatory in amount entered for Amida Assistance Requested), apprairument text
	nonmandatory, dollar value (no cents), delauit is blank
7. Food	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
8. Housing/Counseling Services	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
	normandatory, donar value (no cents), delatat is blank
9. Legal Services	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
10. Life Skills	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
	normandatory, donar value (no centa), default is blank
11. Mental Health Services	and the first day of the first state of the first s
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
12. Outpatient Health Services	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
	normandatory, aonar value (no centa), deraut is biarik
13. Outreach Services	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
14. Substance Abuse Treatment Services	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Quality 2000-pass (state of the pass of th	
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
	nonmandatory, donar value (no cents), default is blank
15. Transportation	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
16. Utility Deposits	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
Total Annual Assistance Requested:	readonly, dollar value (no cents) field; sums annual budget request indicated
Grant Term:	readonly เรียงใสดของเมื่อสุดของเล็กเรือกอเพลาโดยโดยเรื่องใช้เสียสกายสา assistance times selected grant term (in
	years)
Total Request for Grant Term:	
	• •
Total Request for Grant Term:	
Total Request for Grant Term: Click the "Save" button to automatically calculate totals.	
Total Request for Grant Term: Click the "Save" button to automatically calculate totals. Form: Operating	budget visible if selected on funding request form
Total Request for Grant Term: Click the "Save" button to automatically calculate totals. Form: Operating * A description must be entered for Quantity. Any costs without a Quantity description will be removed	budget visible if selected on funding request form
Total Request for Grant Term: Click the "Save" button to automatically calculate totals. Form: Operating * A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.	
Total Request for Grant Term: Click the "Save" button to automatically calculate totals. Form: Operating * A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget. 1. Maintenance/Repair	budget visible if selected on funding request form
Total Request for Grant Term: Click the "Save" button to automatically calculate totals. Form: Operating * A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget. 1. Maintenance/Repair	budget visible if selected on funding request form
Total Request for Grant Term: Click the "Save" button to automatically calculate totals. Form: Operating * A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget. 1. Maintenance/Repair Quantity Description (max 400 characters)	budget visible if selected on funding request form label nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Total Request for Grant Term: Click the "Save" button to automatically calculate totals. Form: Operating * A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget. 1. Maintenance/Repair Quantity Description (max 400 characters) Annual Assistance Requested	budget visible if selected on funding request form
Total Request for Grant Term: Click the "Save" button to automatically calculate totals. Form: Operating * A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget. 1. Maintenance/Repair Quantity Description (max 400 characters) Annual Assistance Requested 2. Property Taxes and Insurance	budget visible if selected on funding request form label nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory; dollar value (no cents); default is blank
Total Request for Grant Term: Click the "Save" button to automatically calculate totals. Form: Operating *A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget. 1. Maintenance/Repair Quantity Description (max 400 characters) Annual Assistance Requested 2. Property Taxes and Insurance Quantity Description (max 400 characters)	budget visible if selected on funding request form label nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory; dollar value (no cents); default is blank nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Total Request for Grant Term: Click the "Save" button to automatically calculate totals. Form: Operating * A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget. 1. Maintenance/Repair Quantity Description (max 400 characters) Annual Assistance Requested 2. Property Taxes and Insurance Quantity Description (max 400 characters) Annual Assistance Requested Annual Assistance Requested	budget visible if selected on funding request form label nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory; dollar value (no cents); default is blank
Total Request for Grant Term: Click the "Save" button to automatically calculate totals. Form: Operating * A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget. 1. Maintenance/Repair Quantity Description (max 400 characters) Annual Assistance Requested 2. Property Taxes and Insurance Quantity Description (max 400 characters) Annual Assistance Requested 3. Replacement Reserve	budget visible if selected on funding request form label nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory, dollar value (no cents); default is blank nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory; dollar value (no cents); default is blank
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Total Request for Grant Term: Click the "Save" button to automatically calculate totals. Form: Operating * A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget. 1. Maintenance/Repair Quantity Description (max 400 characters) Annual Assistance Requested 2. Property Taxes and Insurance Quantity Description (max 400 characters) Annual Assistance Requested 3. Replacement Reserve Quantity Description (max 400 characters)	budget visible if selected on funding request form label nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory; dollar value (no cents); default is blank nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory; dollar value (no cents); default is blank nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
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Form: HMIS	budget visible if selected on funding request form				
* A description must be entered for Quantity. Any costs without a Quantity description will be removed					
from the budget.	label				
1. Equipment					
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text				
Annual Assistance Requested 2. Software	nonmandatory; dollar value (no cents); default is blank				
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text				
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank				
3. Services					
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text				
Annual Assistance Requested	population dellar value (no conto): default is blank				
4. Personnel	nonmandatory; dollar value (no cents); default is blank				
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text				
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank				
5. Space & Operations					
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text				
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank				
Total Annual Assistance Requested:	readonly, dollar value (no cents) field; sums annual budget request indicated				
Grant Term:	readonly field, populated with Renewal default of 1 Year				
Total Request for Grant Term:	readonly, dollar value (no cents) field; multiplies total annual assistance times selected grant term (in years)				
	The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the				
Form: Summary Budget	available fields below.				
Eligible Costs	readonly; \$ populated from subbudgets				
Annual Assistance Requested (Applicant)	readonly; \$ populated from subbudgets (1-7)				
Grant Term (Applicant)	readonly; \$ populated from subbudgets (1-7)				
Total Assistance Requested for Grant Term (Applicant)	readonly; \$ populated from subbudgets (1-7)				
Sub-total Costs Requested	readonly; numeric field; sum total requested for grant term \$ from each subbudget =				
9. Admin (up to 10%)	Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that exceeds 10% of "Sub-total Costs Requested". Message reads: "The maximum allowable Admin amount is [calculated 10%]" (in whole dollars). Round up if decimal is .5 or more, otherwise round down) readonly purpose field.				
10. Total Assistance Plus Admin Requested	readonly; numeric field numeric field				
11. Cash Match 12. In Kind Match	reutoreichierld: Alert calculation = 25 % of "Total Assistance Plus Admin Requested" MINUS "Leased				
13. Total Match	Units" and "Leased Structures".				
14. Total Budget	readonly; numeric field				
Click the "Save" button to automatically calculate totals.					
Form: Sources of Leverage	The following list summarizes the funds that will be used as leverage for the project. To add a leveraging source to the list, select the [+] icon. To view or update a leveraging source already listed, select the [view] icon.				
Total Value of Cash Commitments	readonly; sum \$ amount from all cash commitments				
Total Value of In-Kind Commitments Total Value of All Commitments	readonly; sum \$ amount from all in-kind commitments readonly; sum \$ amount from all cash and in-kind commitments				
Subform: Leverage Detail	readony, sain y amount nom an eash and meand communents				
	mandatory field: drondown with: each, in kind				
* 1. Type of Commitment:	mandatory field; dropdown with: cash, in kind				
* 2. Name the Source of the Commitment:	mandatory field; alphanumeric field				
* 3. Type of Source:	mandatory field; dropdown with: Government, Private				
Date of Written Commitment:	non-mandatory field; calendar field				
* 5. Value of Written Commitment:	mandatory field; dollar value, no cents				
Part 8 - Attachments and Certification					
Form: 8A. Attachments					
	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx				
[document attachment 1] Subrecipient Nonprofit Documentation					
[document attachment 2] Other Attachment(s)	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx				
	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx; visible only if				

	1
	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx; visible only if selected "Yes" to question 4D on Form 3B; mandatory only if selected "Yes" to question 4D on Form
Commitment Letter	3B
Subform: Attachment Details	
Document Description	mandatory; alphanumeric text box
File Name	mandatory; "Choose File" link to explorer file selection; displays file name after selection
Document Type	display text 1) Subrecipient Nonprofit Documentation, 2)Other Attachment(s), or 3) Other Attachment(s); dependent on previous form selection
Maximum Size	2 MB
Allowable formats	txt, doc, zipx, docx, ZIP*, pdf, wpd, zip, xls, xlsx, rtf
Instructions	display text: Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be attached in e-snaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; for Other display text: Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file.
Subform: CoC Rejection Letter	visible only if selected "Appeal" on Form 3A
Document Description	mandatory; alphanumeric text box
File Name	mandatory; "Choose File" link to explorer file selection; displays file name after selection
Document Type	display text CoC Rejection Letter
Maximum Size	2 MB
Allowable formats	zip, xls, xlsx, pdf, mpp, rtf, txt, jpg, xlsm, zipx, doc, docx, ZIP*
Instructions	Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: www.hudhre.info/esnaps
Subform: Commitment Letter	visible only if selected "Yes" to question 4D on Form 3B
Document Description	mandatory; alphanumeric text box
File Name	mandatory; "Choose File" link to explorer file selection; displays file name after selection
Document Type	display text Commitment Letter
Maximum Size	2 MB
Allowable formats	xls, xlsx, xlsm, doc, docx, pdf, mpp, rtf, txt, jpq, zip, zipx, ZIP
Instructions	Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: www.hudhre.info/esnaps
Form: 8B. Applicant Certification	
Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.	nonmandatory, alphanumeric field
Name of authorized certifying official:	readonly; populated with full name of authorized representative from applicant's e-snaps profile
Date:	readonly; populated with current date
Title:	readonly; populated with title เพื่อเพื่อสนใหญ่สนยือสนาตารเจานสนับสะโดยการของเรื่องเรื่องกล้าง e-snaps
Applicant organization:	profile
PHA number (for PHA applicants only):	nonmandatory, alphanumeric field
* I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).	
Part 9 - Summary	
Form: 9A Notice of Intent to Appeal	Visible only if selected "Appeal" on Form 3A
* 1. Check the following box to certify this form as your Notice of Intent to Appeal	mandatory; checkbox, selection allows submission of application in e-snaps
* 2. Was this project application first rejected by the CoC and then submitted OR	manuatory, checkbox, selection allows submission of application in e-shaps
*2. Was this project application first rejected by the CoC and then submitted OR submitted completely independently of the CoC's process?	mandatory; drop down Rejected, Independent, Default to Rejected

The purpose of this document is to provide a summary of the forms and questions that project applicants must complete in its application submission.

plicant Submission for Funding 2 - Subrecipient Information	
	This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information alread listed, select the view option.
	readonly; field populates with a sum of expected sub-award fields from the detail subformlets
Organization	readonly; column lists organization names from all detail subformlets
	readonly; column lists organization types from detail subformlets
	readonly; column lists organization sub-award from detail subformlets
Subform: 2A. Project Subrecipients	, , , , , , , , , , , , , , , , , , , ,
* a. Organization Name	mandatons alphanumaric fields at Alexander without FO1 (a)(2) IDC Chatter (Other than Institution of Ulin
	៣១៧៧ថាសេ គឺរាព្វាធិម្ម ២៤ ខែ តែខែអឺ]: N. Nonprofit without 501(c)(3) IRS Status (Other than Institution of High Education);X. Other (Specify)
If "Other" please specify	mandatory if select X. Other (Specify); alphanumeric field
* c. Employer or Tax Identification Number	mandatory: must be in format XX-XXXXXXX
* d. Organizational DUNS	mandatory; numeric; must be 9 digits
PLUS 4	non-mandatory; numeric; must be 4 digits
e. Physical Address	
* Street 1	mandatory; alphanumeric field;
Street 2	non-mandatory; alphanumeric field;
	mandatory; alphanumeric field;
	mandatory; dropdown with all States and territories available
	mandatory; two provinces elect list boxes; Available Items: includes all congressional districts; Selected Ite
* f. Congressional District(s)	displays applicant selected states and territories
* g. Is the subrecipient a Faith-Based Organization	mandatory; dropdown with No, Yes
* h. Has the Subrecipient ever received a federal grant, either directly	mandatory, diopatini marrio, 100
from a federal agency or through a State/local agency	mandatory; dropdown with No, Yes
	mandatory; numeric
	Honorable;Governor;Mayor;President;Judge;Father;Sister;Captain;Major;Monsignor;Deacon;Colonel;I
* Prefix	Colonel;Bishop;Acting Governor;Pastor;Rabbi;Brig. General;Commissioner
* First Name	mandatory; alphanumeric field;
Middle Name	non-mandatory; alphanumeric field;
* Last Name	mandatory; alphanumeric field;
Suffix	non-mandatory; dropdown with: Jr.;Sr.;M.D.;D.D.S.;Ph.D.;Esq.;CSW;J.D.;MSW;LMSW;LCSW;Ed.D.
* Title	mandatory; alphanumeric field;
* E-mail Address	mandatory; alphanumeric field; must be valid email
* Confirm E-mail Address	mandatory; alphanumeric field; must match previous field exactly
	mandatory; numeric field; 10 or 11 numbers only non-mandatory; numeric field only
	· · · · · · · · · · · · · · · · · · ·
Fax Number	non-mandatory; numeric field; 10 or 11 numbers only
Documentation of the subrecipient's nonprofit status is required with the submission of this application.	Note at the bottom of the form
3 - Project Information	
Form: 3A. Project Detail	
Expiring Grant Number: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	non-mandatory; alphanumeric text entry field
* 2a. CoC Number and Name:	mandatory; dropdown with options = CoC number and name, as identified in the CoC's registra submission. Include 'No CoC' as first option.
A Ch. Co. C. Annille and Manage	mandatory; dropdown list dependent on selection of CoC Number and Name above; populated
* 2b. CoC Applicant Name:	associated CoC applicant names from registration
3. Project Name:	readonly; populated with 2012 project name
	Mandatory; dropdown with options = Standard, Appeal; default = Standard. If Appeal is selecte auto-save and display red warning message, "You have selected "Appeal" and therefore are designating this application as an appeal to the CoC's decision to not fund this project. To proceed, you must fill out an additional form, Part 9 - Notice of Intent to Appeal, and sub
	details of your appeal to be considered for funding. If you are filling out this application first time, or are otherwise not intending to appeal a rejection, please select "Standard.""
* 4. Project status: (**Form is auto populated. Change only if appealing a CoC rejection**)	details of your appeal to be considered for funding. If you are filling out this application first time, or are otherwise not intending to appeal a rejection, please select "Standard." If Appeal is selected, Part 9 below is visible; Autosave is important. Warning message must be and prominent.
(**Form is auto populated. Change only if appealing a CoC rejection**) * 5. Component Type:	details of your appeal to be considered for funding. If you are filling out this application first time, or are otherwise not intending to appeal a rejection, please select "Standard."" If Appeal is selected, Part 9 below is visible; Autosave is important. Warning message must be and prominent. mandatory; dropdown with options: PH, SH, TH, SSO, HMIS
(**Form is auto populated. Change only if appealing a CoC rejection**) * 5. Component Type: * 6. Is Energy Star used at one or more of the proposed properties?	details of your appeal to be considered for funding. If you are filling out this application first time, or are otherwise not intending to appeal a rejection, please select "Standard." If Appeal is selected, Part 9 below is visible; Autosave is important. Warning message must be and prominent.
(**Form is auto populated. Change only if appealing a CoC rejection**) * 5. Component Type:	details of your appeal to be considered for funding. If you are filling out this application first time, or are otherwise not intending to appeal a rejection, please select "Standard."" If Appeal is selected, Part 9 below is visible; Autosave is important. Warning message must be and prominent. mandatory; dropdown with options: PH, SH, TH, SSO, HMIS
(**Form is auto populated. Change only if appealing a CoC rejection**) * 5. Component Type: * 6. Is Energy Star used at one or more of the proposed properties? * 7. Does this project use one or more properties that have been conveyed through	details of your appeal to be considered for funding. If you are filling out this application first time, or are otherwise not intending to appeal a rejection, please select "Standard."" If Appeal is selected, Part 9 below is visible; Autosave is important. Warning message must be and prominent. mandatory; dropdown with options: PH, SH, TH, SSO, HMIS mandatory; dropdown with options: Yes, No, Not applicable

* 2. Do you plan on serving youth under category 3 of the HUD homeless definition, "unaccompanied youth and families with children who are defined as homeless under other federal statutes and who do not otherwise qualify as homeless under this definition"? (Your CoC must request and receive HUD approval before project applicants can serve youth under category 3)	mandatory; drop-down box with options: Yes or No
Part 4 - Hsg, Srvs, and HMIS	
Form: 4A. Supportive Services for Participants	visible for nonHMIS component projects
* 1. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families?	mandatory, dropdown = Yes, No, Not applicable; nonHMIS
* 2. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?	mandatory, dropdown = Yes, No, Not applicable; nonHMIS
* 3. Describe the reason(s) for non-compliance with educational laws, and the corrective action to be taken prior to grant agreement execution.	mandatory and visible if "No" to questions #1 or #2; alphanumeric text field; nonHMIS
Form: 4B. Supportive Services Only	
* 1. Is this project a street outreach project? Click 'Save' to specify performance measures.	mandatory; dropdown with: Yes, No
2. Are the project activities, including case management, related to a Housing Goal?	mandatory; dropdown with: Yes, No; visible only if select No to #1 above
Joui.	,, ,, ,, ,, ,, ,, ,, ,, ,, ,,,,,,,
Form: 4C. HMIS Participation	
* 1. Does this project provide client level data to HMIS at least annually?	
Click on the "Save" button below to enter additional information.	mandatory, dropdown = Yes, No
If "Yes" to #1	
* 2a. Indicate the number of clients served from 1/1/2011 - 12/31/2011	Visible and mandatory if Yes to question #1; numeric (no decimal) field; number of clients cannot exceed 90,000,000,000,000,000.
* 2b. Of the clients served from 1/1/2011 - 12/31/2011, indicate the number reported in the HMIS.	Visible and mandatory if Yes to question #1; numeric (no decimal) field; number of clients cannot exceed 90,000,000,000,000,000,000.
If "No" to #1	
* 2a. Indicate the reason for non-participation in the HMIS. Click on the "Save" button below to enter additional information.	Visible and mandatory if No to question #1; Multi-select with Available and Selected Items interface. Available Items are: Federal Law prohibits State Law prohibits New project not yet operational Other
*2b. Of the clients served from 1/1/2011 - 12/31/2011, indicate the number reported in the HMIS.	Visible and mandatory if No to question #1; numeric (no decimal) field
Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.' Please add a value for each cell below. If there are no values to report for a cell, please enter "0".	Visible and mandatory if "Yes" is selected in question #1 3 columns: Data Quality (labels) Null or Missing Values (%) - numeric data entry; value <= 100 Don't Know or Refused (%) - numeric data entry; value <= 100 Data Quality label categories are as follows: Name Social Security Number Date of Birth Ethnicity Race Gender Veteran Status Disabling Condition Residence Prior to Prog. Entry Zip Code of Last Permanent Address
Part F. Participants and Outreach	
Part 5 - Participants and Outreach	
Form: 5A. Project Participants - Households Total Households and Household characteristics	grid must include at least one entry (equal to or greater than 1);Formlet visible for nonHMIS component projects
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	SA. Pro	oject Participant	s - Households						
Ir	structions: [show]								
Households	Households with <u>at Least</u> One A and One Child	Adult Adult	Households withou Children	Househo Cl	ilds with <u>Only</u> hildren	Total			
Total Number of Households						0			
Characteristics	Persons in Households with at L One Adult and One Child	east Adult I	Persons in Househol without Children	ts Persons in F	Households with Children	Total			
Disabled Adults over age 24						0			
Non-disabled Adults over age 24						0			
Disabled Adults ages 18-24 Non-disabled Adults ages 18-24						0	-		
Non-disabled Adults ages 18-24 Accompanied Disabled Children under age 18						0			
age 18 Accompanied Non-disabled Children		_		_					
Accompanied Non-disabled Children under age 18 Unaccompanied Disabled Children under age 18		-=		-					
under age 18 Unaccompanied Non-disabled Children		==		_					
Unaccompanied Non-disabled Children under age 18						j 0			
Total Number of Adults over age 24	0		0			0			
Total Number of Adults ages 18-24	0		0			0			
Total Number of Children under age 18	0				0	0			
Total Persons	0		0		0	0			
1	At least one perso	on in the Housel	olds Grid must be s	erved.					
Click	Save to automatic	ally calcu	ilate totals					Label at bottom	
				otions				Ease a sottom	
	Project Participa								
Т	otal Households ar							grid must include at leas	t one entry (ie, entry can be equal to 0)
	:	5B. Project Par	ticipants - Subpop	ulations					
	Persons in	Households w	ith at Least One A	dult and One Child					
	Chronically	Chronically	Non- Chronically	Chronic			Victims of		
Characteristics	Homeless Non- Veterans	Homeless Veterans	Homeless Veterans	Substance	Persons with HIV/AIDS	Severely Mentally III	Domestic Violence		
Disabled Adults over age 24									
Non-disabled Adults over age 24									
Disabled Adults ages 18-24									
Non-disabled Adults ages 18-24 Disabled Children under age 18									
Non-disabled Children under age 18									
Total Persons								Ť	
		Persons in Hor	seholds without C	hildren					
	Chronically	Chronically	Non- Chronically	Chronic			Victims of		
Characteristics	Homeless Non- Veterans	Homeless Veterans	Homeless Veterans	Substance Abuse	Persons with HIV/AIDS	Severely Mentally III	Domestic Violence		
Disabled Adults over age 24									
Non-disabled Adults over age 24									
Disabled Adults ages 18-24 Non-disabled Adults ages 18-24									
Non-disabled Adults ages 18-24 Total Persons									
TOTAL PERSONS						, , ,			
		Persons in Hou	seholds with Only	Children					
			Non-						
Characteristics	Chronically Homeless Non-	Chronically Homeless	Chronically Homeless	Chronic Substance	Persons with HIV/AIDS	Severely	Victims of Domestic		
Accompanied Disabled Children under	Veterans or age 18	Veterans	Veterans	Abuse	HIV/AIDS	Mentally III	Violence	_	
Accompanied Non-disabled Children 18	under age							=	
								=	
Unaccompanied Non-disabled Childre age 18	en under							=	
Total Persons									
1.									
Click	Save to automatic	ally calci	ilate totals					Label at bottom	
O.I.O.	Cave to automatio	ouny ounoc	nate totalo					Euser at Bottom	
Farm. FC (Nutura a a la								
Form: 5C. C									
1	. Enter the percentage	age of ho	meless per	son(s) who	will be se	rved by the			
p	roposed project for								
	Directly from			cations not	t meant for	human hab	itation.	mandatory; numeric field	
	Directly from							mandatory; numeric field	
	Directly from:	safe have	ens.					mandatory; numeric field	d; max 3 digits
	From transitio	onal hous	ing and pre	viously res	ided in a p	lace not me	ant for	·	
	human habita	ation or er	nergency s	helters, or	safe haver	is.		mandatory; numeric field	d; max 3 digits
	Persons at im							mandatory; numeric field	
	Homeless per							mandatory; numeric field	
	Persons fleeir							mandatory; numeric field	
Total of above percentages								centage; error message if sum is more than 100%	
								, , cam or an perc	
* 2. If the total is less than 100 percent, identify the other location(s) and how the persons meet HUD's definition of homeless and/or homeless under other federal									
		s ueiinitio	ii oi nomele	ะรร สกัต/or	nomeless	unuer otner	reuerai	mandatory if total of abo	ve percentages does not equal 100%, nonHMIS; alphanumeric field
	tatutes.	unione - t-	dan te to d	Alega - I		dalaaate tee	. Ale o	manuatory ii totai of abo	ve percentages ades not equal 100%, nonnivirs, alphanument nell
	3. Describe the o	utreach p	nan to bring	tnese non	neiess part	icipants into	tne	(non)mandatan - t-t	arranda field
p	roject.							(non-)mandatory; alphar	iumeno neiu
Form: 5D. D	Discharge Polic	y						visible if applicant organi	ization is a government agency
				and and	. Sacrat	and a first			
	1. Has the state or								
p	lanning policy or pr	otocol to	prevent or	eauce the	number of	persons dis	scnarged		
Į II	om publicly-funded acilities, or mental h	u ii iStitutio	ris (e.g. nei	aui Care Ta o homolos	enoce or '	iei care, coi	ov-Vonta		
16	unded programs?	icaiii iiiS	acuuons) III	o nomeres	oricos UI H	INICKIIIII	cy-venio	mandatory drondown =	Yes, No, Not applicable; nonHMIS
	anaca programs?							mandatory, dropdowii –	100, 110, 110t applicable, notil inito
Part 6 - Performa	ince Measures								

Form: 6A. Standard	visible for nonHMIS/Prevention component projects
* 1. Specify the universe and target for the housing measure.	visible for nonHMIS/Prevention component projects
^ 1. Specify the universe and target for the housing measure. Click 'Save' to calculate the target percent (%).	
J. C.	
	a December alone di inter hanciara (FC TIL CIL es DII) es a secult of the atrest autres ab accesso di visa
	 a. Persons placed into housing (ES, TH, SH, or PH) as a result of the street outreach progam during the operating year.
	and operating year.
Housing Measure	a. Persons exiting to permanent housing (subsidized or unsubsidized) during the operating year.
Target (#)	mandatory, numeric value
Universe (#)	mandatory, numeric value
Target (%)	readonly; calculate percentage = target number divided by universal number
* 2. Choose one income-related performance measure from below, and specify the universe and	
target numbers for the goal.	
Click 'Save' to calculate the target percent (%).	
	a. Persons age 18 and older who increased their total income (from all sources) as of the end of the
	operating year or program exit.
	OR OR
	b. Persons age 18 through 61 who increased their earned income as of the end of the operating year
Income Measure	or program exit.
Target (#) Universe (#)	mandatory, numeric value mandatory, numeric value
Target (%)	
	readonly; calculate percentage = target number divided by universal number
* 2. Among persons who entered with an unmet need associated with a condition listed below, indicate how many received the services for that condition by the time they exited.	
The many received the convices for that contained by the time they extrem	<u> </u>
	Catananian
	Categories: Physical Disability
	Developmental Disability
	Chronic Health
	HIV/AIDS
Measure	Mental Health
	Substance Abuse
Target (#)	mandatory, numeric value
Universe (#) Target (%)	mandatory, numeric value readonly; calculate percentage = target number divided by universal number
raiger (70)	readonly, calculate percentage – target number divided by universal number
Form: 6B. Additional Performance Measures	Specify up to three additional measures on which the project will report performance in the Annual Performance Report (APR).
Form: 6B. Additional Performance Measures [Parent Form List]	Specify up to three additional measures on which the project will report performance in the Annual Performance Report (APR).
Form: 6B. Additional Performance Measures [Parent Form List] [Parent Form Header]	Specify up to three additional measures on which the project will report performance in the Annual Performance Report (APR).
[Parent Form List] [Parent Form Header] *1. Specify the universe and target goal numbers for the proposed measure.	Specify up to three additional measures on which the project will report performance in the Annual Performance Report (APR).
[Parent Form List] [Parent Form Header] * 1. Specify the universe and target goal numbers for the proposed measure. a. Proposed Measure	Performance Report (APR). mandatory, alphanumeric field
[Parent Form List] [Parent Form Header] *1. Specify the universe and target goal numbers for the proposed measure. a. Proposed Measure b. Target (#)	Performance Report (APR). mandatory, alphanumeric field mandatory, numeric value
[Parent Form List] [Parent Form Header] *1. Specify the universe and target goal numbers for the proposed measure. a. Proposed Measure b. Target (#) c. Universe (#)	Performance Report (APR). mandatory, alphanumeric field mandatory, numeric value mandatory, numeric value
[Parent Form List] [Parent Form Header] *1. Specify the universe and target goal numbers for the proposed measure. a. Proposed Measure b. Target (#) c. Universe (#) d. Target (%)	Performance Report (APR). mandatory, alphanumeric field mandatory, numeric value
[Parent Form List] [Parent Form Header] * 1. Specify the universe and target goal numbers for the proposed measure. a. Proposed Measure b. Target (#) c. Universe (#) d. Target (%) * 2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g.,	Performance Report (APR). mandatory, alphanumeric field mandatory, numeric value mandatory, numeric value
[Parent Form List] [Parent Form Header] * 1. Specify the universe and target goal numbers for the proposed measure. a. Proposed Measure b. Target (#) c. Universe (#) d. Target (%) * 2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to	Performance Report (APR). mandatory, alphanumeric field mandatory, numeric value mandatory, numeric value readonly; calculate percentage = target number divided by universal number
[Parent Form List] [Parent Form Header] * 1. Specify the universe and target goal numbers for the proposed measure. a. Proposed Measure b. Target (#) c. Universe (#) d. Target (%) * 2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results	Performance Report (APR). mandatory, alphanumeric field mandatory, numeric value mandatory, numeric value mandatory, numeric value readonly; calculate percentage = target number divided by universal number mandatory, alphanumeric field
[Parent Form List] [Parent Form Header] * 1. Specify the universe and target goal numbers for the proposed measure. a. Proposed Measure b. Target (#) c. Universe (#) d. Target (%) * 2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results * 3. Specific data elements and formula proposed for calculating results	Performance Report (APR). mandatory, alphanumeric field mandatory, numeric value mandatory, numeric value readonly; calculate percentage = target number divided by universal number
[Parent Form List] [Parent Form Header] * 1. Specify the universe and target goal numbers for the proposed measure. a. Proposed Measure b. Target (#) c. Universe (#) d. Target (%) * 2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results	Performance Report (APR). mandatory, alphanumeric field mandatory, numeric value mandatory, numeric value mandatory, numeric value readonly; calculate percentage = target number divided by universal number mandatory, alphanumeric field
[Parent Form List] [Parent Form Header] * 1. Specify the universe and target goal numbers for the proposed measure. a. Proposed Measure b. Target (#) c. Universe (#) d. Target (%) * 2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results * 3. Specific data elements and formula proposed for calculating results * 4. Rationale for why the proposed measure is an appropriate indicator of	Performance Report (APR). mandatory, alphanumeric field mandatory, numeric value mandatory, numeric value readonly; calculate percentage = target number divided by universal number mandatory, alphanumeric field mandatory, alphanumeric field
[Parent Form List] [Parent Form Header] * 1. Specify the universe and target goal numbers for the proposed measure. a. Proposed Measure b. Target (#) c. Universe (#) d. Target (%) * 2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results * 3. Specific data elements and formula proposed for calculating results * 4. Rationale for why the proposed measure is an appropriate indicator of performance for this program	Performance Report (APR). mandatory, alphanumeric field mandatory, numeric value mandatory, numeric value readonly; calculate percentage = target number divided by universal number mandatory, alphanumeric field mandatory, alphanumeric field
[Parent Form List] [Parent Form Header] * 1. Specify the universe and target goal numbers for the proposed measure. a. Proposed Measure b. Target (#) c. Universe (#) d. Target (%) * 2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results * 3. Specific data elements and formula proposed for calculating results * 4. Rationale for why the proposed measure is an appropriate indicator of performance for this program	Performance Report (APR). mandatory, alphanumeric field mandatory, numeric value mandatory, numeric value readonly; calculate percentage = target number divided by universal number mandatory, alphanumeric field mandatory, alphanumeric field
[Parent Form List] [Parent Form Header] * 1. Specify the universe and target goal numbers for the proposed measure. a. Proposed Measure b. Target (#) c. Universe (#) d. Target (%) * 2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results * 3. Specific data elements and formula proposed for calculating results * 4. Rationale for why the proposed measure is an appropriate indicator of performance for this program Part 7 - Budget Information Form: Funding Requestive restrictive covenant on one or more of the project	mandatory, alphanumeric field mandatory, numeric value mandatory, numeric value mandatory, numeric value readonly; calculate percentage = target number divided by universal number mandatory, alphanumeric field mandatory, alphanumeric field mandatory, alphanumeric field
[Parent Form List] [Parent Form Header] *1. Specify the universe and target goal numbers for the proposed measure. a. Proposed Measure b. Target (#) c. Universe (#) d. Target (%) *2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results *3. Specific data elements and formula proposed for calculating results *4. Rationale for why the proposed measure is an appropriate indicator of performance for this program Part 7 - Budget Information Form: Funding Requestive restrictive covenant on one or more of the project properties?	Performance Report (APR). mandatory, alphanumeric field mandatory, numeric value mandatory, numeric value readonly; calculate percentage = target number divided by universal number mandatory, alphanumeric field mandatory, alphanumeric field
[Parent Form List] [Parent Form Header] * 1. Specify the universe and target goal numbers for the proposed measure. a. Proposed Measure b. Target (#) c. Universe (#) d. Target (%) * 2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results * 3. Specific data elements and formula proposed for calculating results * 4. Rationale for why the proposed measure is an appropriate indicator of performance for this program Part 7 - Budget Information Form: Funding Requestive restrictive covenant on one or more of the project	mandatory, alphanumeric field mandatory, numeric value mandatory, numeric value mandatory, numeric value readonly; calculate percentage = target number divided by universal number mandatory, alphanumeric field mandatory, alphanumeric field mandatory, alphanumeric field
[Parent Form List] [Parent Form Header] * 1. Specify the universe and target goal numbers for the proposed measure. a. Proposed Measure b. Target (#) c. Universe (#) d. Target (%) * 2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results * 3. Specific data elements and formula proposed for calculating results * 4. Rationale for why the proposed measure is an appropriate indicator of performance for this program Part 7 - Budget Information Form: Funding Requestive restrictive covenant on one or more of the project properties? * 2. Was the original project awarded funding (in part or whole) under a special housing initiative? 4. Select a grant term:	mandatory, alphanumeric field mandatory, numeric value mandatory, numeric value readonly, calculate percentage = target number divided by universal number mandatory, alphanumeric field
Parent Form List Parent Form Header *1. Specify the universe and target goal numbers for the proposed measure. a. Proposed Measure b. Target (#) c. Universe (#) d. Target (%) *2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results *3. Specific data elements and formula proposed for calculating results *4. Rationale for why the proposed measure is an appropriate indicator of performance for this program Part 7 - Budget Information Form: Funding Requestive restrictive covenant on one or more of the project properties? *2. Was the original project awarded funding (in part or whole) under a special housing initiative? 4. Select a grant term: 5. Select the costs for which funding is being requested:	mandatory, alphanumeric field mandatory, numeric value mandatory, numeric value mandatory, calculate percentage = target number divided by universal number mandatory, alphanumeric field mandatory, alphanumeric field mandatory, alphanumeric field mandatory, alphanumeric field mandatory, dropdown with Yes, No mandatory; dropdown with Yes, No; Read-only, auto populated with 1 year; cannot change label
Parent Form List Parent Form Header *1. Specify the universe and target goal numbers for the proposed measure. a. Proposed Measure b. Target (#) c. Universe (#) d. Target (%) *2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results *3. Specific data elements and formula proposed for calculating results *4. Rationale for why the proposed measure is an appropriate indicator of performance for this program Part 7 - Budget Information Form: Funding Requestive restrictive covenant on one or more of the project properties? *2. Was the original project awarded funding (in part or whole) under a special housing initiative? 4. Select a grant term: 5. Select the costs for which funding is being requested: Leased Structures	mandatory, alphanumeric field mandatory, numeric value mandatory, numeric value mandatory, numeric value mandatory, calculate percentage = target number divided by universal number mandatory, alphanumeric field mandatory, alphanumeric field mandatory, alphanumeric field mandatory, dropdown with Yes, No mandatory; dropdown with Yes, No; Read-only, auto populated with 1 year; cannot change label checkbox, selection triggers Leased Structures budget form
Parent Form List Parent Form Header *1. Specify the universe and target goal numbers for the proposed measure. a. Proposed Measure b. Target (#) c. Universe (#) d. Target (%) *2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results *3. Specific data elements and formula proposed for calculating results *4. Rationale for why the proposed measure is an appropriate indicator of performance for this program Part 7 - Budget Information	mandatory, alphanumeric field mandatory, numeric value mandatory, numeric value mandatory, numeric value readonly, calculate percentage = target number divided by universal number mandatory, alphanumeric field mandatory, alphanumeric field mandatory, alphanumeric field mandatory, alphanumeric field mandatory, dropdown with Yes, No mandatory; dropdown with Yes, No; Read-only, auto populated with 1 year; cannot change label checkbox, selection triggers Leased Structures budget form checkbox, selection triggers Housing Relocation & Stabilization budget form
[Parent Form List] [Parent Form Header] *1. Specify the universe and target goal numbers for the proposed measure. a. Proposed Measure b. Target (#) c. Universe (#) d. Target (#) d. Target (%) *2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results *3. Specific data elements and formula proposed for calculating results *4. Rationale for why the proposed measure is an appropriate indicator of performance for this program Part 7 - Budget Information Form: Funding Requestive restrictive covenant on one or more of the project properties? *2. Was the original project awarded funding (in part or whole) under a special housing initiative? 4. Select a grant term: 5. Select the costs for which funding is being requested: Leased Structures Housing Relocation & Stabilitation Supportive Services	mandatory, alphanumeric field mandatory, numeric value mandatory, numeric value mandatory, calculate percentage = target number divided by universal number mandatory, alphanumeric field mandatory, dropdown with Yes, No mandatory; dropdown with Yes, No; Read-only, auto populated with 1 year; cannot change label checkbox; selection triggers Leased Structures budget form checkbox; selection triggers Housing Relocation & Stabilization budget form checkbox; selection triggers Housing Relocation & Stabilization budget form checkbox; selection triggers Supportive Services budget form
Parent Form List Parent Form Header *1. Specify the universe and target goal numbers for the proposed measure. a. Proposed Measure b. Target (#) c. Universe (#) d. Target (%) *2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results *3. Specific data elements and formula proposed for calculating results *4. Rationale for why the proposed measure is an appropriate indicator of performance for this program Part 7 - Budget Information	mandatory, alphanumeric field mandatory, numeric value mandatory, numeric value mandatory, numeric value readonly, calculate percentage = target number divided by universal number mandatory, alphanumeric field mandatory, alphanumeric field mandatory, alphanumeric field mandatory, alphanumeric field mandatory, dropdown with Yes, No mandatory; dropdown with Yes, No; Read-only, auto populated with 1 year; cannot change label checkbox, selection triggers Leased Structures budget form checkbox, selection triggers Housing Relocation & Stabilization budget form
[Parent Form List] [Parent Form Header] * 1. Specify the universe and target goal numbers for the proposed measure. a. Proposed Measure b. Target (#) c. Universe (#) d. Target (%) * 2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results * 3. Specific data elements and formula proposed for calculating results * 4. Rationale for why the proposed measure is an appropriate indicator of performance for this program Part 7 - Budget Information Form: Funding Requestive restrictive covenant on one or more of the project properties? * 2. Was the original project awarded funding (in part or whole) under a special housing initiative? 4. Select a grant term: 5. Select the costs for which funding is being requested: Leased Structures Housing Relocation & Stabilitation Supportive Services HMIS	mandatory, alphanumeric field mandatory, numeric value mandatory, numeric value mandatory, alphanumeric field mandatory, dropdown with Yes, No mandatory; dropdown with Yes, No; Read-only, auto populated with 1 year; cannot change label checkbox; selection triggers Leased Structures budget form checkbox; selection triggers Supportive Services budget form checkbox; selection triggers HMIS budget form checkbox; selection triggers HMIS budget form
[Parent Form List] [Parent Form Header] *1. Specify the universe and target goal numbers for the proposed measure. a. Proposed Measure b. Target (#) c. Universe (#) d. Target (#) d. Target (%) *2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results *3. Specific data elements and formula proposed for calculating results *4. Rationale for why the proposed measure is an appropriate indicator of performance for this program Part 7 - Budget Information Form: Funding Requestive restrictive covenant on one or more of the project properties? *2. Was the original project awarded funding (in part or whole) under a special housing initiative? 4. Select a grant term: 5. Select the costs for which funding is being requested: Leased Structures Housing Relocation & Stabilitation Supportive Services	mandatory, alphanumeric field mandatory, numeric value mandatory, numeric value mandatory, calculate percentage = target number divided by universal number mandatory, alphanumeric field mandatory, dropdown with Yes, No mandatory; dropdown with Yes, No; Read-only, auto populated with 1 year; cannot change label checkbox; selection triggers Leased Structures budget form checkbox; selection triggers Housing Relocation & Stabilization budget form checkbox; selection triggers Housing Relocation & Stabilization budget form checkbox; selection triggers Supportive Services budget form
[Parent Form List] [Parent Form Header] *1. Specify the universe and target goal numbers for the proposed measure. a. Proposed Measure b. Target (%) c. Universe (#) d. Target (%) *2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results *3. Specific data elements and formula proposed for calculating results *4. Rationale for why the proposed measure is an appropriate indicator of performance for this program Part 7 - Budget Information Form: Funding Reguest.ive restrictive covenant on one or more of the project properties? *2. Was the original project awarded funding (in part or whole) under a special housing initiative? 4. Select a grant term: 5. Select the costs for which funding is being requested: Leased Structures Housing Relocation & Stabilitation Supportive Services HMIS Form: Leased Structures Budget The following list summarizes the funds being requested for one or more structures leased for	mandatory, alphanumeric field mandatory, numeric value mandatory, numeric value mandatory, numeric value readonly; calculate percentage = target number divided by universal number mandatory, alphanumeric field mandatory, alphanumeric field mandatory, alphanumeric field mandatory; dropdown with Yes, No mandatory; dropdown with Yes, No; Read-only, auto populated with 1 year; cannot change label checkbox; selection triggers Housing Relocation & Stabilization budget form checkbox; selection triggers Supportive Services budget form checkbox; selection triggers HMIS budget form
[Parent Form List] [Parent Form Header] *1. Specify the universe and target goal numbers for the proposed measure. a. Proposed Measure b. Target (#) c. Universe (#) d. Target (%) *2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results *3. Specific data elements and formula proposed for calculating results *4. Rationale for why the proposed measure is an appropriate indicator of performance for this program Part 7 - Budget Information Form: Funding Requestive restrictive covenant on one or more of the project properties? *2. Was the original project awarded funding (in part or whole) under a special housing initiative? 4. Select a grant term: 5. Select the costs for which funding is being requested:	mandatory, alphanumeric field mandatory, numeric value mandatory, numeric value mandatory, alphanumeric field mandatory, dropdown with Yes, No mandatory, dropdown with Yes, No; Read-only, auto populated with 1 year; cannot change label checkbox; selection triggers Leased Structures budget form checkbox; selection triggers Housing Relocation & Stabilization budget form checkbox; selection triggers HMIS budget form checkbox; selection triggers HMIS budget form budget visible if selected on funding request form
Parent Form Lest Parent Form Header *1. Specify the universe and target goal numbers for the proposed measure. a. Proposed Measure b. Target (*) c. Universe (*) d. Target (*) *2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results *3. Specific data elements and formula proposed for calculating results *4. Rationale for why the proposed measure is an appropriate indicator of performance for this program Part 7 - Budget Information	mandatory, alphanumeric field mandatory, numeric value mandatory, numeric value mandatory, calculate percentage = target number divided by universal number mandatory, alphanumeric field mandatory, dropdown with Yes, No mandatory; dropdown with Yes, No; Read-only, auto populated with 1 year; cannot change label checkbox; selection triggers Leased Structures budget form checkbox; selection triggers Housing Relocation & Stabilization budget form checkbox; selection triggers Husis profitive Services budget form checkbox; selection triggers HMIS budget form checkbox; selection triggers HMIS budget form checkbox; selection triggers HMIS budget form
Parent Form Header	mandatory, alphanumeric field mandatory, numeric value mandatory, numeric value mandatory, numeric value mandatory, calculate percentage = target number divided by universal number mandatory, alphanumeric field mandatory, alphanumeric field mandatory, alphanumeric field mandatory, alphanumeric field mandatory, dropdown with Yes, No mandatory; dropdown with Yes, No; Read-only, auto populated with 1 year; cannot change label checkbox, selection triggers Leased Structures budget form checkbox; selection triggers Housing Relocation & Stabilization budget form checkbox; selection triggers Supportive Services budget form checkbox; selection triggers HMIS budget form budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased structures budget detail
Parent Form Header *1. Specify the universe and target goal numbers for the proposed measure. a. Proposed Measure b. Target (#) c. Universe (#) d. Target (%) *2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g., data collected by the intake worker at entry and case manager at exit) proposed to measure results *3. Specific data elements and formula proposed for calculating results *4. Rationale for why the proposed measure is an appropriate indicator of performance for this program	mandatory, alphanumeric field mandatory, numeric value mandatory, numeric value mandatory, numeric value mandatory, alphanumeric field mandatory, dropdown with Yes, No mandatory, dropdown with Yes, No; Read-only, auto populated with 1 year; cannot change label checkbox; selection triggers Leased Structures budget form checkbox; selection triggers HMIS budget form budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased structures budget detail times the grant
Parent Form Header	mandatory, alphanumeric field mandatory, numeric value mandatory, numeric value mandatory, numeric value mandatory, calculate percentage = target number divided by universal number mandatory, alphanumeric field mandatory, alphanumeric field mandatory, alphanumeric field mandatory, alphanumeric field mandatory, dropdown with Yes, No mandatory; dropdown with Yes, No; Read-only, auto populated with 1 year; cannot change label checkbox, selection triggers Leased Structures budget form checkbox; selection triggers Housing Relocation & Stabilization budget form checkbox; selection triggers Supportive Services budget form checkbox; selection triggers HMIS budget form budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased structures budget detail

Subform: Leased Structures Budget Detail	
* Structure Name:	mandatory; alphanumeric field
* Street Address 1:	mandatory; alphanumeric field
Street Address 2:	nonmandatory; alphanumeric field
* City:	mandatory; alphanumeric field
* State:	mandatany drandawa with States and LIS territories
State.	mandatory; dropdown with States and US territories
* Zip Code:	mandatory; numeric field
2.0 0000.	mandatory, numeric note
* HUD Paid Rent (per month):	mandatory; dollar value (no decimals); must be > \$0 to submit the form
12 months	readonly field; populated with selected grant term (in months)
Total annual request:	readonly field; multiplies HUD paid rent amount times 12 months
Grant term	readonly; populated from funding request form.(in years)
Total request for grant term:	readonly field; multiplies HUD paid rent amount times selected grant term (in years)
TEXT	"Click the "Save" button to automatically calculate the Total Assistance Requested."
Form: Supportive Services	budget visible if selected on funding request form
* A description must be entered for Quantity. Any costs without a Quantity description will be removed	
from the budget.	label
Assessment of Service Needs	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
Assistance with Moving Costs	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
Case Management	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
4. Child Care	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
5. Education Services	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
Employment Assistance	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
7. Food	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
Housing/Counseling Services	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
9. Legal Services	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
10. Life Skills	annual datas (mandatas if amount outside for Amount Amount of the Committee of the Committe
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
11. Mental Health Services	nonmandatory (mandatory if amount entered for Amount Assistance Description), elaborated
Quantity Description (max 400 characters) Annual Assistance Requested	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory; dollar value (no cents); default is blank
12. Outpatient Health Services	nonmanuatory, uonar value (no cents), uerault is Diatik
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory (mandatory if amount entered for Annual Assistance Requested); aiphanumeric text nonmandatory; dollar value (no cents); default is blank
13. Outreach Services	nonmanuatory, utiliar value (no cents), uerault is Diatik
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
	nonmandatory; dollar value (no cents); default is blank
Annual Assistance Requested 14. Substance Abuse Treatment Services	nonmanuatory, utiliar value (no cents), uerault is Diatik
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Quantity Description (max 400 characters)	nonmandatory (mandatory ir amount officied for Affilial Assistance Nequestery, alphanument text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
15. Transportation	nonnandatory, sonar value (no centa), delatale la biank
	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Quantity Description (max 400 characters) Annual Assistance Requested	
Annual Assistance Requested 16. Utility Deposits	nonmandatory; dollar value (no cents); default is blank
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested 17. Operating Costs	nonmandatory; dollar value (no cents); default is blank
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Quantity Description (max 400 characters) Annual Assistance Requested	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory; dollar value (no cents); default is blank
Total Annual Assistance Requested:	readonly, dollar value (no cents), deladit is blank readonly, dollar value (no cents) field; sums annual budget request indicated
Grant Term:	readonly, dollar value (no cents) lield, soms annual budget request indicated readonly field, numeric value; populated with Renewal default of 1 Year
Giant Icilii.	reacony neio, nomene value, populateu with nellewal deladit di 1 Teal

readonly, dollar value (no cents) field; multiplies total annual assistance times selected grant term (in Total Request for Grant Term Click the "Save" button to automatically calculate totals. Form: HMIS budget visible if selected on funding request form * A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget. lahel 1. Equipment nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text Quantity Description (max 400 characters) Annual Assistance Requested nonmandatory; dollar value (no cents); default is blank Quantity Description (max 400 characters) nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text Annual Assistance Requested nonmandatory; dollar value (no cents); default is blank Services Quantity Description (max 400 characters) nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory; dollar value (no cents); default is blank Annual Assistance Requested 4 Personnel Quantity Description (max 400 characters) nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text Annual Assistance Requested nonmandatory; dollar value (no cents); default is blank Space & Operations Quantity Description (max 400 characters) nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text Annual Assistance Requested nonmandatory; dollar value (no cents); default is blank readonly, dollar value (no cents) field; sums annual budget request indicated Total Annual Assistance Requested: Grant Term: readonly field, numeric value; populated with Renewal default of 1 Year readonly, dollar value (no cents) field; multiplies total annual assistance times selected grant term (in Total Request for Grant Term: The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below Form: Summary Budget readonly; \$ populated from subbudgets Annual Assistance Requested (Applicant) readonly; \$ populated from subbudgets (1-7) Grant Term (Applicant) readonly: \$ populated from subbudgets (1-7) Total Assistance Requested for Grant Term (Applicant) readonly; \$ populated from subbudgets (1-7) 8. Sub-total Costs Requested readonly; numeric field; sum total requested for grant term \$ from each subbudget = Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that exceeds 10% of "Sub-total Costs Requested". Message reads: "The maximum allowable Admin amount is [calculated 10%]" (in whole dollars). Round up if decimal is .5 or more, otherwise round 9. Admin (up to 10%) down) 10. Total Assistance Plus Admin Requested readonly; numeric field 11 Cash Match numeric field 12. In Kind Match regneria field Alert calculation = 25 % of "Total Assistance Plus Admin Requested" MINUS "Leased 13. Total Match Units" and "Leased Structures" 14. Total Budget readonly; numeric field Click the "Save" button to automatically calculate totals. The following list summarizes the funds that will be used as leverage for the project. To add a leveraging source to the list, select the [+] icon. To view or update a leveraging Form: Sources of Leverage source already listed, select the [view] icon. Total Value of Cash Commitments readonly; sum \$ amount from all cash commitments Total Value of In-Kind Commitments readonly; sum \$ amount from all in-kind commitments Total Value of All Commitments readonly; sum \$ amount from all cash and in-kind commitments Subform: Leverage Detail * 1. Type of Commitment: mandatory field; dropdown with: cash, in kind * 2. Name the Source of the Commitment: mandatory field; alphanumeric field * 3. Type of Source: mandatory field; dropdown with: Government, Private 4. Date of Written Commitment: non-mandatory field; calendar field * 5. Value of Written Commitment: mandatory field: dollar value, no cents rt 8 - Attachments and Certification Form: 8A. Attachments [document attachment 1] Subrecipient Nonprofit Documentation allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx [document attachment 2] Other Attachment(s) allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx

allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx

[document attachment 3] Other Attachment(s)

	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx; visible only if				
CoC Rejection Letter	selected "Appeal" on Form 3A; mandatory only if selected "Appeal" on Form 3A				
Subform: Attachment Details					
Document Description	mandatory; alphanumeric text box				
File Name	mandatory; "Choose File" link to explorer file selection; displays file name after selection				
Document Type	display text 1) Subrecipient Nonprofit Documentation, 2)Other Attachment(s), or 3) Other Attachment(s); dependent on previous form selection				
Maximum Size	2 MB				
Allowable formats	txt, doc, zipx, docx, ZIP*, pdf, wpd, zip, xls, xlsx, rtf				
Instructions	display text: Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be attached in e-snaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; for Other display text. Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file.				
Subform: CoC Rejection Letter	visible only if selected "Appeal" on Form 3A				
Document Description	mandatory; alphanumeric text box				
File Name	mandatory; "Choose File" link to explorer file selection; displays file name after selection				
Document Type	display text CoC Rejection Letter				
Maximum Size	2 MB				
Allowable formats	zip, xls, xlsx, pdf, mpp, rtf, txt, jpq, xlsm, zipx, doc, docx, ZIP*				
Instructions	Multiple files may be attached as a single zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: www.hudhre.info/esnaps				
Form: 8B. Applicant Certification					
Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.	nonmandatory, alphanumeric field				
Name of authorized certifying official:	readonly; populated with full name of authorized representative from applicant's e-snaps profile				
Date:	readonly; populated with current date				
Title:	readonly; populated with tiple lideauthogizad ampressentation acome applicantiave - ลอดคุณ pp. เมื่อเป็นแรง e-snaps				
Applicant organization:	profile				
PHA number (for PHA applicants only):	nonmandatory, alphanumeric field				
* I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).	mandatory checkbox, selection allow submission of application in e-snaps				
Part 9 - Summary	1				
Form: 9A Notice of Intent to Appeal	Visible only if selected "Appeal" on Form 3A				
* 1. Check the following box to certify this form as your Notice of Intent to Appeal	mandatory; checkbox, selection allows submission of application in e-snaps				
*2. Was this project application first rejected by the CoC and then submitted OR submitted completely independently of the CoC's process?	mandatory; drop down Rejected, Independent, Default to Rejected				

The purpose of this document is to provide a summary of the forms and questions that project applicants must complete in its application submission.

2 - Subrecipient Information	
Form: 2A. Project Subrecipients	This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information alread listed, select the view option.
Total Expected Sub-Awards	readonly, field populates with a sum of expected sub-award fields from the detail subformlets
Organization	readonly; column lists organization names from all detail subformlets
Туре	readonly; column lists organization types from detail subformlets
Sub-Award Amount	readonly; column lists organization sub-award from detail subformlets
Subform: 2A. Project Subrecipients	
* a. Organization Name	mendatonงสมาชิกสมาชิทสาชิกสมาชิกสิมาชิกสมาชิกสมาชิกสิมาชิกสิมาชิกสิมาชิกสิมาชิกสิมาชิกสิมาชิกสิมาชิกสิมาชิกสิมา
* b. Organization Type	Education);X. Other (Specify)
If "Other" please specify	mandatory if select X. Other (Specify); alphanumeric field
* c. Employer or Tax Identification Number	mandatory: must be in format XX-XXXXXXX
* d. Organizational DUNS	mandatory; numeric; must be 9 digits
PLUS 4	non-mandatory; numeric; must be 4 digits
e. Physical Address	
* Street 1	mandatory; alphanumeric field;
Street 2	non-mandatory; alphanumeric field;
* City	mandatory; alphanumeric field;
* State	mandatory; dropdown with all States and territories available
* Zip Code	mandatory; rwoverion-select list boxes; Available Items: includes all congressional districts; Selected It
* f. Congressional District(s)	displays applicant selected states and territories
* g. Is the subrecipient a Faith-Based Organization	mandatory; dropdown with No, Yes
 * h. Has the Subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency 	mandatory; dropdown with No, Yes
* i. Expected Sub-Award Amount: j. Contact Person * Prefix	mandatory; numeric Honorable; Governor; Mayor; President; Judge; Father; Sister; Captain; Major; Monsignor; Deacon; Colonel; Colonel; Bishop; Acting Governor; Pastor; Rabbi; Brig. General; Commissioner
* First Name	mandatory; alphanumeric field;
Middle Name	non-mandatory; alphanumeric field;
* Last Name	mandatory; alphanumeric field;
Suffix	non-mandatory; dropdown with: Jr.;Sr.;M.D.;D.D.S.;Ph.D.;Esq.;CSW;J.D.;MSW;LMSW;LCSW;Ed.D.
* Title	mandatory; alphanumeric field;
* E-mail Address	mandatory; alphanumeric field; must be valid email
* Confirm E-mail Address	mandatory; alphanumeric field; must match previous field exactly
* Phone Number	mandatory; numeric field; 10 or 11 numbers only
Extension	non-mandatory; numeric field only
Fax Number	non-mandatory; numeric field; 10 or 11 numbers only
	non-mandatory, numeric field, 10 or 11 numbers only
Documentation of the subrecipient's nonprofit status is required with the submission of this application.	Note at the bottom of the form
2. Project Information	
3 - Project Information Form: 3A. Project Detail	
Expiring Grant Number: (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	non-mandatory; alphanumeric text entry field
* 2a. CoC Number and Name:	mandatory, dropdown with options = CoC number and name, as identified in the CoC's registra submission. Include 'No CoC' as first option.
* 2b. CoC Applicant Name:	mandatory; dropdown list dependent on selection of CoC Number and Name above; populated associated CoC applicant names from registration
3. Project Name:	readonly; populated with 2012 project name
	Mandatory; dropdown with options = Standard, Appeal; default = Standard. If Appeal is selecte auto-save and display red warning message, "You have selected "Appeal" and therefore are designating this application as an appeal to the CoC's decision to not fund this project, proceed, you must fill out an additional form, Part 9 - Notice of Intent to Appeal, and sub details of your appeal to be considered for funding. If you are filling out this application first time, or are otherwise not intending to appeal a rejection, please select "Standard."
* 4. Project status: (**Form is auto populated. Change only if appealing a CoC rejection**)	and prominent.
(**Form is auto populated. Change only if appealing a CoC rejection**) * 5. Component Type:	and prominent. mandatory; dropdown with options: PH, SH, TH, SSO, HMIS
(**Form is auto populated. Change only if appealing a CoC rejection**) * 5. Component Type: * 6. Is Energy Star used at one or more of the proposed properties?	and prominent.
(**Form is auto populated. Change only if appealing a CoC rejection**) * 5. Component Type:	and prominent. mandatory; dropdown with options: PH, SH, TH, SSO, HMIS
(**Form is auto populated. Change only if appealing a CoC rejection**) * 5. Component Type: * 6. Is Energy Star used at one or more of the proposed properties? * 7. Does this project use one or more properties that have been conveyed through	mandatory; dropdown with options: PH, SH, TH, SSO, HMIS mandatory; dropdown with options: Yes, No, Not applicable

Part 4 - Hsg, Srvs, and HMIS					
Form: 4A. HMIS Standards					
* 1a. Is the HMIS currently programmed to collect all Universal Data Elements (UDE's) as set forth in the HMIS Data Standard Notice?	mandatory, dropdown = Yes, No				
1b. If no, explain why and the planned steps for compliance. Max. 500 characters	non-mandatory; alphanumeric field;				
* 2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, quarterly reports, data for CAPER/ESG reporting, etc).	mandatory, dropdown = Yes, No				
If no, explain why and the planned steps for compliance. Max. 500 characters.	non-mandatory; alphanumeric field;				
* 3. Is the HMIS currently able to track a client's progress across projects in the CoC?	mandatory, dropdown = Yes, No				
* 4. Can the HMIS currently allow end users to search client records to determine if a client is actively receiving services in the CoC?	mandatory, dropdown = Yes, No				
* 5. Can the HMIS currently unduplicate client records within the HMIS?	mandatory, dropdown = Yes, No				
* 6. Does the HMIS Lead have a security officer? * 7. Does your organization conduct a background check on all employees who	mandatory, dropdown = Yes, No				
access HMIS or view HMIS data? * 8. Does the HMIS Lead conduct Security Training and follow up on security	mandatory, dropdown = Yes, No				
standards on a regular basis?	mandatory, dropdown = Yes, No				
* 9. How long does it take to remove access rights to former HMIS users?	Mandatory, dropdown menu with:Within 24 hoursWithin 1 weekWithin 1 weeksWithin 1 monthLonger than 1 month				
Part 5 - Not Applicable for HMIS					
Part 6 - Not Applicable for HMIS					
art 7 - Budget Information					
Form: Funding Request					
* 2. Was the original project awarded funding (in part or whole) under a special	mandatany drandoum with Voc. No.				
housing initiative? * 3. Are the requested renewal funds reduced from the previous award using	mandatory; dropdown with Yes, No;				
reallocation?	mandatory; dropdown with Yes, No;				
4. Select a grant term:	Read-only, auto populated with 1 year; cannot change				
Form: HMIS	budget visible if selected on funding request form				
A description must be entered for Quantity. Any costs without a Quantity description will be removed om the budget.	label				
1. Equipment					
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric tex				
Annual Assistance Requested 2. Software	nonmandatory; dollar value (no cents); default is blank				
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric tex				
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank				
3. Services					
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric tex				
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank				
4. Personnel					
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric tex				
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank				
5. Space & Operations					
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric tex				
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank				
Total Annual Assistance Requested:	readonly, dollar value (no cents) field; sums annual budget request indicated				
Grant Term:	readonly field, numeric value; populated with Renewal default of 1 Year				
Total Request for Grant Term:	readonly, dollar value (no cents) field; multiplies total annual assistance times selected grant term vears)				
· · · · · · · · · · · · · · · · · · ·)···· 1				
					

Form: Summary Budget	The following information summarizes the funding request for the total term of the project. However the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.					
Eligible Costs	readonly; \$ populated from subbudgets					
Annual Assistance Requested (Applicant)	readonly; \$ populated from subbudgets (1-7)					
Grant Term (Applicant)	readonly; \$ populated from subbudgets (1-7)					
Total Assistance Requested for Grant Term (Applicant)	readonly; \$ populated from subbudgets (1-7)					
8. Sub-total Costs Requested	readonly; numeric field; sum total requested for grant term \$ from each subbudget =					
o. out total costs requested	Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that					
9. Admin (up to 10%)	exceeds 10% of "Sub-total Costs Requested". Message reads: "The maximum allowable Admin amount is [calculated 10%]" (in whole dollars). Round up if decimal is .5 or more, otherwise round down)					
10. Total Assistance Plus Admin Requested	readonly; numeric field					
11. Cash Match	numeric field					
12. In Kind Match	reinnerented Alert calculation = 25 % of "Total Assistance Plus Admin Requested" MINUS "Leased					
13. Total Match	Units" and "Leased Structures".					
14. Total Budget	readonly; numeric field					
Click the "Save" button to automatically calculate totals.						
Form: Sources of Leverage	The following list summarizes the funds that will be used as leverage for the project. To add a leveraging source to the list, select the [+] icon. To view or update a leveraging source already listed, select the [view] icon.					
Total Value of Cash Commitments	readonly; sum \$ amount from all cash commitments					
Total Value of In-Kind Commitments	readonly; sum \$ amount from all in-kind commitments					
Total Value of All Commitments	readonly; sum \$ amount from all cash and in-kind commitments					
Subform: Leverage Detail						
* 1. Type of Commitment:	mandatory field; dropdown with: cash, in kind					
* 2. Name the Source of the Commitment:	mandatory field; alphanumeric field					
* 3. Type of Source:	mandatory field; dropdown with: Government, Private					
Date of Written Commitment:	non-mandatory field; calendar field					
* 5. Value of Written Commitment:	mandatory field; dollar value, no cents					
rt 8 - Attachments and Certification						
Form: 8A. Attachments						
	allowable attachment formats but doe door adf and allowed at air 710 air.					
[document attachment 1] Subrecipient Nonprofit Documentation	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx					
[document attachment 2] Other Attachment(s)	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx					
[document attachment 3] Other Attachment(s)	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx					
CoC Rejection Letter	allowable attachment formats: bt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx; visible only if selected "Appeal" on Form 3A; mandatory only if selected "Appeal" on Form 3A					
Subform: Attachment Details						
Document Description	mandatory; alphanumeric text box					
File Name	mandatory; "Choose File" link to explorer file selection; displays file name after selection					
	display text 1) Subrecipient Nonprofit Documentation, 2)Other Attachment(s), or 3) Other					
Document Type						
	Attachment(s); dependent on previous form selection					
Maximum Size	2 MB					
Maximum Size Allowable formats						
	2 MB bxl, doc, zipx, docx, ZIP*, pdf, wpd, zip, xls, xlsx, rtf display text: Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be attached in e-snaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; for Other display text: Attachment any additional documentation supporting the project application. To					
Allowable formats Instructions	2 MB txt, doc, zipx, docx, ZIP*, pdf, wpd, zip, xls, xlsx, rtf display text: Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be attached in e-snaps; if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; for Other display text: Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file.					
Allowable formats Instructions Subform: CoC Rejection Letter	2 MB txt, doc, zipx, docx, ZIP*, pdf, wpd, zip, xls, xlsx, rtf display text: Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be attached in e-snaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization, visible only for 1) Subrecipient Nonprofit Documentation; for Other display text: Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. visible only if selected "Appeal" on Form 3A					
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Allowable formats Instructions Subform: CoC Rejection Letter Document Description	2 MB btl, doc, zipx, docx, ZIP*, pdf, wpd, zip, xls, xlsx, rtf display text: Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be attached in e-snaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; for Other display text: Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. visible only if selected "Appeal" on Form 3A mandatory; alphanumeric text box					
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Allowable formats Instructions Subform: CoC Rejection Letter Document Description File Name Document Type Maximum Size Allowable formats Instructions	2 MB txt, doc, zipx, docx, ZIP*, pdf, wpd, zip, xls, xlsx, rtf display text: Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be attached in e-snaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; for Other display text: Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. visible only if selected "Appeal" on Form 3A mandatory; diphanumeric text box mandatory; "Choose File" link to explorer file selection; displays file name after selection display text CoC Rejection Letter 2 MB zip, xls, xlsx, pdf, mpp, rff, txt, jpg, xlsm, zipx, doc, docx, ZIP* Multiple files may be attached as a single, zip file. For instructions on how to use, zip files, a referen					
Allowable formats Instructions Subform: CoC Rejection Letter Document Description File Name Document Type Maximum Size Allowable formats Instructions Form: 8B. Applicant Certification	2 MB txt, doc, zipx, docx, ZIP*, pdf, wpd, zip, xls, xlsx, rtf display text: Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be attached in e-snaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; for Other display text: Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. visible only if selected "Appeal" on Form 3A mandatory; alphanumeric text box mandatory; "Choose File" link to explorer file selection; displays file name after selection display text CoC Rejection Letter 2 MB zip, xls, xlsx, pdf, mpp, rff, txt, jpg, xlsm, zipx, doc, docx, ZIP* Multiple files may be attached as a single, zip file. For instructions on how to use, zip files, a referen					
Allowable formats Instructions Subform: CoC Rejection Letter Document Description File Name Document Type Maximum Size Allowable formats Instructions	2 MB txt, doc, zipx, docx, ZIP*, pdf, wpd, zip, xls, xlsx, rtf display text: Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be attached in e-snaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; for Other display text: Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. visible only if selected "Appeal" on Form 3A mandatory; alphanumeric text box mandatory; "Choose File" link to explorer file selection; displays file name after selection display text CoC Rejection Letter 2 MB zip, xls, xlsx, pdf, mpp, rff, txt, jpg, xlsm, zipx, doc, docx, ZIP* Multiple files may be attached as a single, zip file. For instructions on how to use, zip files, a referen					
Instructions Subform: CoC Rejection Letter Document Description File Name Document Type Maximum Size Allowable formats Instructions Form: 8B. Applicant Certification Where the applicant is unable to certify to any of the statements in this	2 MB Ixt, doc, zipx, docx, ZIP*, pdf, wpd, zip, xls, xlsx, rtf display text: Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be attached in e-snaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; for Other display text: Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. visible only if selected "Appeal" on Form 3A mandatory; alphanumeric text box mandatory; iPchoose File" link to explorer file selection; displays file name after selection display text CoC Rejection Letter 2 MB zip, xls, xlsx, pdf, mpp, rtf, txt, jpg, xlsm, zipx, doc, docx, ZIP* Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a referent document is available on the e-snaps training site: www.hudhre.info/esnaps					
Instructions Subform: CoC Rejection Letter Document Description File Name Document Type Maximum Size Allowable formats Instructions Form: 8B. Applicant Certification Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation. Name of authorized certifying official: Date:	2 MB txt, doc, zipx, docx, ZIP*, pdf, wpd, zip, xls, xlsx, rtf display text: Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be attached in e-snaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; for Other display text: Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. visible only if selected "Appeal" on Form 3A mandatory; alphanumeric text box mandatory; "Choose File" link to explorer file selection; displays file name after selection display text CoC Rejection Letter 2 MB zip, xls, xlsx, pdf, mpp, rtf, bt, jpg, xlsm, zipx, doc, docx, ZIP* Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a referent document is available on the e-snaps training site: www.hudhre.info/esnaps nonmandatory, alphanumeric field readonly; populated with full name of authorized representative from applicant's e-snaps profile readonly; populated with current date					
Instructions Subform: CoC Rejection Letter Document Description File Name Document Type Maximum Size Allowable formats Instructions Form: 8B. Applicant Certification Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation. Name of authorized certifying official: Date: Title:	2 MB bxl, doc, zipx, docx, ZIP*, pdf, wpd, zip, xls, xlsx, rtf display text: Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be attached in e-snaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; for Other display text: Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. visible only if selected "Appeal" on Form 3A mandatory; alphanumeric text box mandatory; "Choose File" link to explorer file selection; displays file name after selection display text CoC Rejection Letter 2 MB zip, Xls, xlsx, pdf, mpp, rtf, bt, jpg, xlsm, zipx, doc, docx, ZIP* Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a referent document is available on the e-snaps training site: www.hudhre.info/esnaps nonmandatory, alphanumeric field readonly; populated with full name of authorized representative from applicant's e-snaps profile readonly; populated with current date					
Instructions Subform: CoC Rejection Letter Document Description File Name Document Type Maximum Size Allowable formats Instructions Form: 8B. Applicant Certification Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation. Name of authorized certifying official: Date:	2 MB bxt, doc, zipx, docx, ZIP*, pdf, wpd, zip, xls, xlsx, rtf display text: Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be attached in e-snaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; for Other display text. Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. visible only if selected "Appeal" on Form 3A mandatory; glhanumeric text box mandatory; "Choose File" link to explorer file selection; displays file name after selection display text CoC Rejection Letter 2 MB zip, xls, xlsx, pdf, mpp, rtf, txt, jpg, xlsm, zipx, doc, docx, ZIP* Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: www.hudhre.info/esnaps					

* I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).	
Part 9 - Summary	
Form: 9A Notice of Intent to Appeal	Visible only if selected "Appeal" on Form 3A
* 1. Check the following box to certify this form as your Notice of Intent to Appeal	mandatory; checkbox, selection allows submission of application in e-snaps
* 2. Was this project application first rejected by the CoC and then submitted OR submitted completely independently of the CoC's process?	mandatory; drop down Rejected, Independent, Default to Rejected

The purpose of this document is to provide a summary of the forms and questions that project applicants must complete in its application submission.

- Subrecipient Information	
	This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already
	listed, select the view option.
Total Expected Sub-Awards	readonly; field populates with a sum of expected sub-award fields from the detail subformlets
Organization	readonly; column lists organization names from all detail subformlets
Туре	readonly; column lists organization types from detail subformlets
Sub-Award Amount	readonly; column lists organization sub-award from detail subformlets
Subform: 2A. Project Subrecipients	
* a. Organization Name	mendation)ថ្ងៃក្រុងពួកមួយខែងខែ៧; N. Nonprofit without 501(c)(3) IRS Status (Other than Institution of Hig
* b. Organization Type	Education);X. Other (Specify)
If "Other" please specify	mandatory if select X. Other (Specify); alphanumeric field
* c. Employer or Tax Identification Number	mandatory: must be in format XX-XXXXXX
* d. Organizational DUNS	mandatory; numeric; must be 9 digits
PLUS 4	non-mandatory; numeric; must be 4 digits
e. Physical Address	
	mandatory; alphanumeric field;
	non-mandatory; alphanumeric field;
	mandatory; alphanumeric field;
	mandatory; dropdown with all States and territories available
* Zip Code	mandatory; two retion:-select list boxes; Available Items: includes all congressional districts; Selected I
* f. Congressional District(s)	displays applicant selected states and territories
* g. Is the subrecipient a Faith-Based Organization	mandatory; dropdown with No, Yes
* h. Has the Subrecipient ever received a federal grant, either directly	
from a federal agency or through a State/local agency	mandatory; dropdown with No, Yes
* i. Expected Sub-Award Amount:	mandatory; numeric
j. Contact Person	Honorable;Governor;Mayor;President;Judge;Father;Sister;Captain;Major;Monsignor;Deacon;Colonel
* Prefix	Colonel;Bishop;Acting Governor;Pastor;Rabbi;Brig. General;Commissioner
* First Name	mandatory; alphanumeric field;
Middle Name	non-mandatory; alphanumeric field;
* Last Name	mandatory; alphanumeric field;
Suffix	non-mandatory; dropdown with: Jr.;Sr.;M.D.;D.D.S.;Ph.D.;Esq.;CSW;J.D.;MSW;LMSW;LCSW;Ed.D.
* Title	mandatory; alphanumeric field;
* E-mail Address	mandatory; alphanumeric field; must be valid email
* Confirm E-mail Address	mandatory; alphanumeric field; must match previous field exactly
* Phone Number	mandatory; numeric field; 10 or 11 numbers only
Extension	non-mandatory; numeric field only
	non-mandatory; numeric field; 10 or 11 numbers only
Fax Number Documentation of the subrecipient's nonprofit status is required with the submission of this application.	Note at the bottom of the form
·	
- Project Information	
Form: 3A. Project Detail	
Expiring Grant Number:	
(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	non-mandatory; alphanumeric text entry field manuacity, uropudwir with options – coc number and name, as identified in the cocs registra
* 2a. CoC Number and Name:	submission. Include 'No CoC' as first option.
	manuatory, dropdown list dependent off selection of GGC Number and Name above, populated
* 2b. CoC Applicant Name:	associated CoC applicant names from registration
3. Project Name:	readonly; populated with 2012 project name
 * 4. Project status: (**Form is auto populated. Change only if appealing a CoC rejection**) 	If Appeal is selected, Part 9 below is visible; Autosave is important. Warning message must b and prominent.
* 5. Component Type:	mandatory; dropdown with options: PH, SH, TH, SSO, HMIS
* 6. Is Energy Star used at one or more of the proposed properties?	mandatory; dropdown with options: Yes, No, Not applicable
* 7. Does this project use one or more properties that have been conveyed through the Title V process?	mandatory; dropdown with options: Yes, No, Not applicable
Form: 3B. Description	
* 1. Provide a description that addresses the entire scope of the proposed project .	mandatory; alphanumeric field
1. Frovide a description that addresses the entire scope of the proposed project.	manadory, apriariument neid
- Hsq, Srvs, and HMIS	
Form: 4A. Supportive Services for Participants	visible for nonHMIS component projects
* 1. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families?	wisible for non-HMIs component projects mandatory, dropdown = Yes, No, Not applicable; nonHMIS
*2. Does the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?	mandatory, dropdown = Yes, No, Not applicable; nonHMIS mandatory, dropdown = Yes, No, Not applicable; nonHMIS

	The fellowing list assessment and besides size in the assistant. To add a basisian size to the list appearable [1]			
Form: 4B. Housing Type and Location	The following list summarizes each housing site in the project. To add a housing site to the list, select the [+] icon. To view or update a housing site already listed, select the [view] icon.			
Total Units:	readonly; sum units from all detail subformlets			
Total Beds:	readonly; sum beds from all detail subformlets			
Total CH Beds:	readonly; sum beds from all detail subformlets			
Housing Type, Units, Beds, CH Beds	readonly; list populates with the units, beds, and CH beds for each detail subformlet			
Subform: 4B. Housing Type and Location Detail				
	mandatory; nonHMIS and nonSSO; dropdown options with:			
	Barracks			
	Dormitory, shared or private rooms Shared housing,			
	Single Room Occupancy (SRO) units			
	Clustered apartments			
* 1. Housing Type:	Scattered-site apartments (including efficiencies) Single family homes/townhouses/duplexes			
Indicate the maximum number of units and beds available for project				
participants at the selected housing site.				
* a. Units:	mandatory; nonHMIS and NonSSO; numeric field			
* b. Beds:	mandatory; nonHMIS and NonSSO; numeric field			
* c. CH Beds:	mandatory; nonHMIS and NonSSO; numeric field; CH Beds total must be equal to or less than Beds			
3. Address:				
* Street 1:	mandatory; nonHMIS and NonSSO; alphanumeric field			
Street 2:	nonmandatory; nonHMIS and NonSSO; alphanumeric field			
* City:	mandatory; nonHMIS and NonSSO; alphanumeric field			
* State:	mandatory; nonHMIS and NonSSO; dropdown with state selection from last year.			
* Zip/Postal Code:	mandatory; nonHMIS and NonSSO; numeric field			
* 4. Select the geographic area(s) associated with the address. (for multiple selections hold CTRL Key)	mandatory; nonHMIS and NonSSO; many-to-many with available options = to 2012 geo areas (as provided by Yelena)			
Form: 4C. HMIS Participation	provided by reletia)			
* 1. Does this project provide client level data to HMIS at least annually?				
Click on the "Save" button below to enter additional information.	mandatory, dropdown = Yes, No			
16 10 4 - 11 4 - 11 4				
If "Yes" to #1	Visible and mandatory if Yes to question #1; numeric (no decimal) field; number of clients cannot			
* 2a. Indicate the number of clients served from 1/1/2011 - 12/31/2011	exceed 90.000.000.000.000.000.			
* 2b. Of the clients served from 1/1/2011 - 12/31/2011, indicate the number	Visible and mandatory if Yes to question #1; numeric (no decimal) field; number of clients cannot			
reported in the HMIS.	exceed 90,000,000,000,000.			
If "No" to #1				
	Visible and mandatory if No to question #1; Multi-select with Available and Selected Items interface.			
	Available Items are:			
	Federal Law prohibits State Law prohibits			
* 2a. Indicate the reason for non-participation in the HMIS.	New project not yet operational			
Click on the "Save" button below to enter additional information.	Other			
* 2b. Of the clients served from 1/1/2011 - 12/31/2011, indicate the number				
reported in the HMIS.	Visible and mandatory if No to question #1; numeric (no decimal) field			
	Visible and mandatory if "Yes" is selected in question #1			
	visible and manualory ii i es is selected in question #1			
	3 columns:			
	Data Quality (labels) Null or Missing Values (%) - numeric data entry; value <= 100			
	Don't Know or Refused (%) - numeric data entry; value <= 100			
	Date Overlike label actoroxica ave as follows:			
	Data Quality label categories are as follows: Name			
	Social Security Number			
	Date of Birth			
	Ethnicity Race			
	Gender			
2. Indicate in the grid below the percentage of LIMIC client records with law II as	Veteran Status			
Indicate in the grid below the percentage of HMIS client records with 'null or missing values' or 'unknown values.' Please add a value for each cell below. If	Disabling Condition Residence Prior to Prog. Entry			
there are no values to report for a cell, please enter "0".	Zip Code of Last Permanent Address			
Part 5 - Participants and Outreach				
Form: 5A. Project Participants - Households				
	grid must include at least one entry (equal to or greater than 1);Formlet visible for nonHMIS			
Total Households and Household characteristics	component projects			

	54	A. Project Participa	ants - Households						
	Instructions: [show]								
Households Total Number of Households	Households with at Least C and One Child	Adult Ad	Children	n Househ	children	Total			
Total Number of Households						,			
Characteristics	Persons in Households with One Adult and One Ch	atteast Adu	It Persons in Househo without Children	Persons in Onl	Households with Children	Total	_		
Disabled Adults over age 24 Non-disabled Adults over age 24						0			
Disabled Adults ages 18-24						0			
						0			
Accompanied Disabled Children under age 18						0			
Non-disabled Adults ages 18-24 Accompanied Disabled Children under age 18 Accompanied Non-disabled Children under age 18 Unaccompanied Disabled Children						0			
Unaccompanied Disabled Children under age 18						0			
Unaccompanied Non-disabled Children under age 18						0			
Total Number of Adults over age 24						0			
Total Number of Adults ages 18-24	0		0			0			
Total Number of Children under age 18	0				0	0			
Total Persons	0		0		0	0			
	At least one	person in the Hou	seholds Grid must be :	erved.					
Clia	k Save to automa	atically col	nulate tetale					Label at bottom	
				latia :				Laver at DOLLOTT	
	Project Partic								
<u> </u>	Total Households							grid must include at leas	st one entry (ie, entry can be equal to 0)
			articipants - Subpo						
	Person	ns in Households	with at Least One A	dult and One Chil	d			_	
	Chronically	Chronically	Non- Chronically	Chronic			Victims of		
Characteristics	Veterans	Veterans	Veterans	Abuse	HIV/AIDS	Mentally III	Violence		
Disabled Adults over age 24 Non-disabled Adults over age 24									
Non-disabled Adults over age 24 Disabled Adults ages 18-24									
Non-disabled Adults ages 18-24									
Disabled Children under age 18									
Non-disabled Children under age 1	18								
Total Persons		J	J]]			
		Persons in t	touseholds without	Children					
			Non-						
	Chronically Homeless Non-	Chronically Homeless	Chronically Homeless	Substance Substance	Persons with HIV/AIDS	Severely	Victims of Domestic		
Characteristics Disabled Adults over age 24	Veterans	Veterans	Veterans	Abuse	HIV/AIDS	Mentally III	Violence	-	
Non-disabled Adults over age 24	Í	j –	i			i i			
Disabled Adults ages 18-24									
Non-disabled Adults ages 18-24 Total Persons									
Total Persons		,	J.		,	, , ,			
		Persons in H	ouseholds with Only	Children					
			Non-						
Characteristics	Chronically Homeless Non-	- Chronically Homeless	Homeless	Substance	Persons with HIV/AIDS	Severely	Domestic		
Accompanied Disabled Children und	der age 18	Veterans	Veterans	Abuse	HIV/AIDS	Mentally III	Violence	-	
Accompanied Non-disabled Children	n under age								
Unaccompanied Disabled Children u									
Unaccompanied Non-disabled Child age 18	ren under								
Total Persons									
Clic	k Save to automa	atically cal	culate totals					Label at bottom	
Form: 5C.	Outreach								
	1. Enter the perce	entage of h	nomeless pe	rson(s) wh	o will be se	rved by the			
	proposed project	for each o	f the following	g locations	3.				
			et or other lo		t meant for	human hat	itation.	mandatory; numeric fiel	
			ncy shelters					mandatory; numeric field	
L	Directly fro	m safe ha	vens.					mandatory; numeric field	
	From trans	itional hou	ising and pre	eviously res	sided in a p	lace not me	ant for		
	human hab	itation or	emergency s	helters, or	safe haver	ns.		mandatory; numeric field	d; max 3 digits
			risk of losing					mandatory; numeric field	d; max 3 digits
			s defined un					mandatory; numeric field	
	Persons fle	eeing dom	estic violenc	e.				mandatory; numeric field	d; max 3 digits
	Total of ab								centage; error message if sum is more than 100%
,	2. If the total is l			identify the	other loca	tion(s) and I	now the		•
	persons meet HU	D's definit	ion of homel	ess and/or	homeless	under other	federal		
	statutes.	_ 5 40	01 11011101	4.14/01				mandatory if total of abo	ove percentages does not equal 100%, nonHMIS; alphanumeric field
	(*) 3. Describe the	outreach	plan to hrine	these ho	neless nar	ticinants into	the		, grant and the state of the st
	project.		FIGURE STREET	, 1101	pan			(non-)mandatory; alpha	numeric field
	,							(),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Form: 5D	Discharge Pol	licv						visible if applicant cross	I nization is a government agency
								visible ii applicatii organ	nzadori is a government agency
	1. Has the state								
	planning policy or	protocol t	o prevent or	reduce the	number of	f persons di	scharged		
1	from publicly-fund	led institut	ions (e.g. he	alth care fa	acilities, fos	ster care, co	rrectional		
!	facilities, or menta	ai nealth ir	istitutions) in	to nomeles	sness or F	100 McKinn	ey-vento		Vec No Not emiliable, seel IMIC
	funded programs	′						mandatory, dropdown =	Yes, No, Not applicable; nonHMIS
	ance Measure								

Form: 6A. Standard	sights for and IMC/December approach are into
* 1. Specify the universe and target for the housing and income measures.	visible for nonHMIS/Prevention component projects
Click 'Save' to calculate the target percent (%).	
	a Devenue remaining in the Cofe Herring program on of the and of the appealing
	a. Persons remaining in the Safe Haven program as of the end of the operating year or exiting to permanent housing (subsidized or unsubsidized)
Housing Measure	during the operating year.
Target (#)	mandatory, numeric value
Universe (#)	mandatory, numeric value
Target (%)	readonly; calculate percentage = target number divided by universal number
Jacobs Manages	a. Persons age 18 and older who maintained or increased their total income
Income Measure Target (#)	(from all sources) as of the end of the operating year or program exit. mandatory, numeric value
Universe (#)	mandatory, numeric value
Target (%)	readonly; calculate percentage = target number divided by universal number
	Specify up to three additional measures on which the project will report performance in the Annual Performance Report (APR).
Form: 6B. Additional Performance Measures	Performance Report (APR).
[Parent Form List] [Parent Form Header]	
* 1. Specify the universe and target goal numbers for the proposed measure.	
a. Proposed Measure	mandatory, alphanumeric field
b. Target (#)	mandatory, numeric value
c. Universe (#)	mandatory, numeric value
d. Target (%)	readonly; calculate percentage = target number divided by universal number
* 2. Data Source (e.g., data recorded in HMIS) and method of data collection (e.g.	
data collected by the intake worker at entry and case manager at exit) proposed to measure results	mandatory, alphanumeric field
* 3. Specific data elements and formula proposed for calculating results	mandatory, alphanumeric field
* 4. Rationale for why the proposed measure is an appropriate indicator of	
performance for this program	mandatory, alphanumeric field
Part 7 - Budget Information	
Form: Funding Requestative restrictive covenant on one or more of the project	
properties?	mandatory; dropdown with Yes, No
* 2. Was the original project awarded funding (in part or whole) under a special	
housing initiative?	mandatory; dropdown with Yes, No;
* 3. Are the requested renewal funds reduced from the previous award using reallocation?	mandatory; dropdown with Yes, No;
4. Select a grant term:	Read-only, auto populated with 1 year; cannot change
Select the costs for which funding is being requested:	label
Leased Units	checkbox; selection triggers Leased Units budget form
Leased Structures	checkbox; selection triggers Leased Structures budget form
Supportive Services Operations	checkbox; selection triggers Supportive Services budget form checkbox; selection triggers Operations budget form
HMIS	checkbox; selection triggers Operations budget form
TIMIS	Checkbox, Selection triggers riving budget form
Form: Leased Units	budget visible if selected on funding request form
The following list summarizes the funds being requested for one or more units leased for	
operating the projects. To add information to the list, select the [+] icon. To view or update	
information already listed, select the [view] icon.	label
Total Annual Assistance Requested:	readonly; sums total annual assistance \$ from all leased units budget detail
Grant Term:	readonly; populated from funding request form.
Total Request for Grant Term:	readonly; calculates total annual assistance \$ from all leased units budget detail times the grant term
Total Units:	sums total units from each leased units budget detail
	Enter the appropriate values in the "Number of Units" and "HUD Paid Rent" fields, before clicking on the
Subform: Leased Units Budget Detail	"Save" button to auto-populate the "Number of Months" and "Total Rent" columns.
* Metropolitan or non-metropolitan fair market rent area:	mandatory; dropdown with FMR areas that are in effect at the time of application
SRO SRO	
Number of units (Applicant)	nonmandatory, numeric value
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	Feadenly, fieblia PORIVIet (Fib. With 15) field this tiples number of units times FMR amount (or HUD paid rent
Total Request (Applicant)	times grant term
0 bedroom	
Number of Units (Applicant)	nonmandatory, numeric value
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	Feadenly, feeda Pondered by the feadenth of the feadenly feeden feadenly feeda amount (or HUD paid rent
Total Request (Applicant)	times grant term
1 bedroom	
Number of Units (Applicant)	nonmandatory, numeric value
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
7 FF A	

HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	readonly, fieldla Poalulate becein এই field the litiples number of units times FMR amount (or HUD paid rent)
Total Request (Applicant)	times grant term
2 Bedrooms Number of Units (Applicant)	nonmandatory, numeric value
Number of Offics (Applicant)	nonmandatory, numeric value
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	readenly field a PORN a thick the Principles number of units times FMR amount (or HUD paid rent)
Total Request (Applicant)	times grant term
3 Bedrooms	
Number of Units (Applicant)	nonmandatory, numeric value
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	readenly,fieldlapoaluletនាមួយម៉ោះទៀតនៅព្រះអាទាំងliples number of units times FMR amount (or HUD paid rent)
Total Request (Applicant)	times grant term
4 Bedrooms	
Number of Units (Applicant)	nonmandatory, numeric value
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	readonly, fieldlapoaluletម្រាប់ម៉ោះទៀវ field ្រាងទៀវiples number of units times FMR amount (or HUD paid rent)
Total Request (Applicant)	times grant term
5 Bedrooms	nonmondatory numeric value
Number of Units (Applicant)	nonmandatory, numeric value
CAAD (Annliannt)	seeded, field, seedleted with suggest CMD on the first the control of
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	readonly, fieldlapoaulate的weints} field phisitiples number of units times FMR amount (or HUD paid rent)
Total Request (Applicant) 6 Bedrooms	times grant term
	nonmandatory, numeric value
Number of Units (Applicant)	nonmandatory, numeric value
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	readenly, feedlapoaldeterbede
Total Request (Applicant)	times grant term
7 Bedrooms	unes granterm
Number of Units (Applicant)	nonmandatory, numeric value
realises of Office (Applicant)	normandacory, numeric value
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	readonly, feetal apopulate to each head, indeed the street of units times FMR amount (or HUD paid rent)
Total Request (Applicant)	times grant term
8 Bedrooms	and grant term
Number of Units (Applicant)	nonmandatory, numeric value
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
1 WIT (Applicant)	readonly neta, populated with editerit risk amount for the disk size
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	readonly field; populated with 12 (months)
	readonly, dollar value (no cents) field; multiples number of units times FMR amount (or HUD paid rent
Total Request (Applicant)	times grant term
9 Bedrooms	
Number of Units (Applicant)	nonmandatory, numeric value
FMR (Applicant)	readonly field; populated with current FMR amount for the unit size
HUD Paid Rent (Applicant)	nonmandatory, dollar (no cents) field; maximum value = dollar value in FMR field
12 months	readonly, febilapoaulet(no cents) neio, maximum value = donar value in FMR neio readonly, febilapoaulet(no cents) neio, maximum value = donar value in FMR neion readonly, febilapoaulet(no cents) neio, maximum value = donar value in FMR neion readonly, febilapoaulet(no cents) neio, maximum value = donar value in FMR neion
Total Request (Applicant)	FERROR SINANE METERS ums total number of units for all bedroom sizes and in a separate field (under the total
Total Request (Applicant) Total units and annual assistance requested	FERROMFATE INTERMEDIATE INTERME
Total Request (Applicant) Total units and annual assistance requested Grant term	Figure 6479 figures total number of units for all bedroom sizes and in a separate field (under the total column) sum \$ total for each bedroom size readonly field, populated with Renewal default of 1 Year
Total Request (Applicant) Total units and annual assistance requested Grant term Total request for grant term	FROM \$100 In a separate field (under the total column) sum \$ total for each bedroom size readonly field, populated with Renewal default of 1 Year readonly, dollar value (no cents) field; sums total request for all bedroom sizes
Total Request (Applicant) Total units and annual assistance requested Grant term Total request for grant term TEXT	FROM \$100 In the total column sum \$100 In total number of units for all bedroom sizes and in a separate field (under the total column) sum \$100 In each bedroom size readonly field, populated with Renewal default of \$1\$ Year readonly, dollar value (no cents) field; sums total request for all bedroom sizes Click the "Save" button to automatically calculate totals
Total Request (Applicant) Total units and annual assistance requested Grant term Total request for grant term TEXT Form: Leased Structures Budget	FROM \$100 In the field (under the total column) sum \$ total number of units for all bedroom sizes and in a separate field (under the total column) sum \$ total for each bedroom size readonly field, populated with Renewal default of 1 Year readonly, dollar value (no cents) field; sums total request for all bedroom sizes
Total Request (Applicant) Total units and annual assistance requested Grant term Total request for grant term TEXT Form: Leased Structures Budget The following list summarizes the funds being requested for one or more structures leased for	FROM \$100 In the total column sum \$100 In total number of units for all bedroom sizes and in a separate field (under the total column) sum \$100 In each bedroom size readonly field, populated with Renewal default of \$1\$ Year readonly, dollar value (no cents) field; sums total request for all bedroom sizes Click the "Save" button to automatically calculate totals
Total Request (Applicant) Total units and annual assistance requested Grant term Total request for grant term TEXT Form: Leased Structures Budget The following list summarizes the funds being requested for one or more structures leased for operating the projects. To add information to the list, select the [+] icon. To view or update	Figure 66/9/16/18/18/ums total number of units for all bedroom sizes and in a separate field (under the total column) sum \$ total for each bedroom size readonly field, populated with Renewal default of 1 Year readonly, dollar value (no cents) field; sums total request for all bedroom sizes Click the "Save" button to automatically calculate totals budget visible if selected on funding request form
Total Request (Applicant) Total units and annual assistance requested Grant term Total request for grant term TEXT Form: Leased Structures Budget The following list summarizes the funds being requested for one or more structures leased for operating the projects. To add information to the list, select the [+] icon. To view or update information already listed, select the (well) icon.	Figure 6476-ber 940ms total number of units for all bedroom sizes and in a separate field (under the total column) sum \$ total for each bedroom size readonly field, populated with Renewal default of 1 Year readonly, dollar value (no cents) field; sums total request for all bedroom sizes Click the "Save" button to automatically calculate totals budget visible if selected on funding request form
Total Request (Applicant) Total units and annual assistance requested Grant term Total request for grant term Text Form: Leased Structures Budget The following list summarizes the funds being requested for one or more structures leased for operating the projects. To add information to the list, select the [+] icon. To view or update information already listed, select the [view] icon. Total Annual Assistance Requested:	Fieads 6ff-9ft-8ff-9ft-9ft strain to the total column) sum \$ total for each bedroom size column) sum \$ total for each bedroom size readonly field, populated with Renewal default of 1 Year readonly, dollar value (no cents) field; sums total request for all bedroom sizes Click the "Save" button to automatically calculate totals budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased structures budget detail
Total Request (Applicant) Total units and annual assistance requested Grant term Total request for grant term TEXT Form: Leased Structures Budget The following list summarizes the funds being requested for one or more structures leased for operating the projects. To add information to the list, select the [+] icon. To view or update information already listed, select the [view] icon. Total Annual Assistance Requested: Grant Term:	IRRADOS FOR INFORMATION IRRADOS IN IRRADOS INTERNACIONES IN IRRADOS IN IRRADOS INTERNACIONES IN IRRADOS INTERNACIONES IN IRRADOS INTERNACIONES IN IRRADOS INTERNACIONES INTERNACIONE
Total Request (Applicant) Total units and annual assistance requested Grant term Total request for grant term TEXT Form: Leased Structures Budget The following list summarizes the funds being requested for one or more structures leased for operating the projects. To add information to the list, select the [+] icon. To view or update information already listed, select the (well) icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term:	ieaasisishikeraums total number of units for all bedroom sizes and in a separate field (under the total column) sum \$ total for each bedroom size readonly field, populated with Renewal default of 1 Year readonly, dollar value (no cents) field; sums total request for all bedroom sizes Click the "Save" button to automatically calculate totals budget visible if selected on funding request form label readonly; sums total annual assistance \$ from all leased structures budget detail readonly; psiculated from funding request form all leased structures budget detail times the grant term
Total Request (Applicant) Total units and annual assistance requested Grant term Total request for grant term Total request for grant term TEXT Form: Leased Structures Budget The following list summarizes the funds being requested for one or more structures leased for operating the projects. To add information to the list, select the [+] icon. To view or update information already listed, select the [view] icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Structures:	IRRADOS FOR INFORMATION IRRADOS IN IRRADOS INTERNACIONES IN IRRADOS IN IRRADOS INTERNACIONES IN IRRADOS INTERNACIONES IN IRRADOS INTERNACIONES IN IRRADOS INTERNACIONES INTERNACIONE
Total Request (Applicant) Total units and annual assistance requested Grant term Total request for grant term TEXT Form: Leased Structures Budget The following list summarizes the funds being requested for one or more structures leased for operating the projects. To add information to the list, select the [+] icon. To view or update information already listed, select the [view] icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Structures: Subform: Leased Structures Budget Detail	IRRADOS IRRA
Total Request (Applicant) Total units and annual assistance requested Grant term Total request for grant term TEXT Form: Leased Structures Budget The following list summarizes the funds being requested for one or more structures leased for operating the projects. To add information to the list, select the [+] icon. To view or update information already listed, select the (well) icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Structures: Subform: Leased Structures Budget Detail * Structure Name:	Fields of the field from the form of the field of the f
Total Request (Applicant) Total units and annual assistance requested Grant term Total request for grant term TEXT Form: Leased Structures Budget The following list summarizes the funds being requested for one or more structures leased for operating the projects. To add information to the list, select the [+] icon. To view or update information already listed, select the [wew] icon. Total Annual Assistance Requested: Grant Term: Total Request for Grant Term: Total Structures: Sulform: Leased Structures Budget Detail * Structure Name: * Street Address 1:	Fieads 66 File File Thums total number of units for all bedroom sizes and in a separate field (under the total column) sum \$ total for each bedroom size readonly field, populated with Renewal default of 1 Year readonly, dollar value (no cents) field; sums total request for all bedroom sizes Click the "Save" button to automatically calculate totals
Total Request (Applicant) Total units and annual assistance requested Grant term Total request for grant term TEXT Form: Leased Structures Budget The following list summarizes the funds being requested for one or more structures leased for operating the projects. To add information to the list, select the [+] icon. To view or update information already listed, select the [wew] icon. Total Annual Assistance Requested: Grant Term: Total Structures: Total Structures: Subform: Leased Structures Budget Detail * Structure Name:	Fields of the field from the form of the field of the f

* City:	mandatory; alphanumeric field			
* State:	mandatory; dropdown with States and US territories			
* Zip Code:	mandatory; numeric field			
* HUD Paid Rent (per month):	mandatory; dollar value (no decimals); must be > \$0 to submit the form			
12 months Total annual request:	readonly field; populated with selected grant term (in months) readonly field; multiplies HUD paid rent amount times 12 months			
Grant term	readonly field, moniples 600 paid rent amount times 12 months readonly field, populated with Renewal default of 1 Year			
Total request for grant term:	readonly field; multiplies HUD paid rent amount times selected grant term (in years)			
TEXT	"Click the "Save" button to automatically calculate the Total Assistance Requested."			
1-111				
Form: Supportive Services	budget visible if selected on funding request form			
	Sudget visible is selected on failuring request form			
*A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.	label			
Assessment of Service Needs	idoci			
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text			
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank			
Assistance with Moving Costs	· present and a second			
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text			
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank			
3. Case Management				
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text			
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank			
4. Child Care				
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text			
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank			
5. Education Services				
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text			
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank			
6. Employment Assistance				
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text			
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank			
7. Food				
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text			
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank			
8. Housing/Counseling Services Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text			
Annual Assistance Requested	nonmandatory; (mandatory ir amount entered for Annual Assistance Requested), alphandment text			
9. Legal Services	Horimandatory, donar value (no cents), deradit is blank			
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text			
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank			
10. Life Skills	normandatory, donar value (no corney), donari to blank			
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text			
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank			
11. Mental Health Services				
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text			
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank			
12. Outpatient Health Services				
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text			
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank			
13. Outreach Services				
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text			
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank			
14. Substance Abuse Treatment Services				
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text			
Angual Assistance Degreeated	popmondatory dellar value (no conto); default in him.			
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank			
15. Transportation				
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text			
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank			
16. Utility Deposits Ougatity Description (may 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text			
Quantity Description (max 400 characters) Annual Assistance Requested	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text nonmandatory; dollar value (no cents); default is blank			
Total Annual Assistance Requested:	readonly, dollar value (no cents), deladit is blank readonly, dollar value (no cents) field; sums annual budget request indicated			
Grant Term:	readonly, feddlapoaldetetoweth යි provide the same annual budget request molecated readonly, feddlapoaldetetoweth යි provide a same annual assistance times selected grant term (in			
Total Request for Grant Term:	readonly, reconary वार्ण क्षाराङ्गा कार्यमा प्रमाणिक प्रकार स्थापाया assistance times selected grant term (in years)			
Click the "Save" button to automatically calculate totals.	, some,			
Short and States states in automatically calculate totals.				
Form: Operating	budget visible if selected on funding request form			
*A description must be entered for Quantity. Any costs without a Quantity description will be removed	budget visible it selected on funding request forfff			
A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.	lahel			
1. Maintenance/Repair	***************************************			
antonanoon opan				

Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
2. Property Taxes and Insurance	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
3. Replacement Reserve	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
Building Security	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
5. Electricity, Gas, and Water	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
6. Furniture	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
7. Equipment (lease, buy)	nonmandatory, donar value (no cents), detadat is blank
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
Total Annual Assistance Requested:	readonly, dollar value (no cents) field; sums annual budget request indicated
Grant Term:	readonly field, populated with Renewal default of 1 Year
Total Request for Grant Term:	years)
Click the "Save" button to automatically calculate totals.	
Form: HMIS	budget visible if selected on funding request form
A description must be entered for Quantity. Any costs without a Quantity description will be removed	
rom the budget.	label
1. Equipment	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
2. Software	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
3. Services	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Quantity 2000 plan (max 100 on a dotto)	normalisatory (mandatory in amount officered for rundary bootstribe requested); alphanament text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
4. Personnel	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
5. Space & Operations	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric text
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
Total Annual Assistance Requested:	readonly, dollar value (no cents) field; sums annual budget request indicated
Grant Term:	readonly field, populated with Renewal default of 1 Year
	readonly, dollar value (no cents) field; multiplies total annual assistance times selected grant term (in
Total Request for Grant Term:	years)
Total Requestion Grant Torris	,/
	The following information summarizes the furdice control for the total form of the project Users and
	The following information summarizes the funding request for the total term of the project. However, the appropriate amount of each and in kind match and administrative costs must be extend in the
Form: Summary Budget	the appropriate amount of cash and in-kind match and administrative costs must be entered in the
Form: Summary Budget	The following information summarizes the funding request for the total term of the project. However, the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.
Form: Summary Budget	the appropriate amount of cash and in-kind match and administrative costs must be entered in the
Form: Summary Budget	the appropriate amount of cash and in-kind match and administrative costs must be entered in the
·	the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below.
Eligible Costs	the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below. readonly; \$ populated from subbudgets
Eligible Costs Annual Assistance Requested (Applicant)	the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below. readonly; \$ populated from subbudgets readonly; \$ populated from subbudgets (1-7)
Eligible Costs Annual Assistance Requested (Applicant) Grant Term (Applicant)	the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below. readonly; \$ populated from subbudgets readonly; \$ populated from subbudgets (1-7) readonly; \$ populated from subbudgets (1-7)
Eligible Costs Annual Assistance Requested (Applicant)	the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below. readonly; \$ populated from subbudgets readonly; \$ populated from subbudgets (1-7)
Eligible Costs Annual Assistance Requested (Applicant) Grant Term (Applicant)	the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below. readonly; \$ populated from subbudgets readonly; \$ populated from subbudgets (1-7) readonly; \$ populated from subbudgets (1-7)
Eligible Costs Annual Assistance Requested (Applicant) Grant Term (Applicant)	the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below. readonly; \$ populated from subbudgets readonly; \$ populated from subbudgets (1-7) readonly; \$ populated from subbudgets (1-7)
Eligible Costs Annual Assistance Requested (Applicant) Grant Term (Applicant) Total Assistance Requested for Grant Term (Applicant)	the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below. readonly; \$ populated from subbudgets readonly; \$ populated from subbudgets (1-7) readonly; \$ populated from subbudgets (1-7) readonly; \$ populated from subbudgets (1-7)
Eligible Costs Annual Assistance Requested (Applicant) Grant Term (Applicant)	the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below. readonly; \$ populated from subbudgets readonly; \$ populated from subbudgets (1-7) readonly; \$ populated from subbudgets (1-7) readonly; \$ populated from subbudgets (1-7) readonly; numeric field; sum total requested for grant term \$ from each subbudget =
Eligible Costs Annual Assistance Requested (Applicant) Grant Term (Applicant) Total Assistance Requested for Grant Term (Applicant)	the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below. readonly; \$ populated from subbudgets readonly; \$ populated from subbudgets (1-7) readonly; \$ populated from subbudgets (1-7) readonly; \$ populated from subbudgets (1-7) readonly; numeric field; sum total requested for grant term \$ from each subbudget = Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that
Eligible Costs Annual Assistance Requested (Applicant) Grant Term (Applicant) Total Assistance Requested for Grant Term (Applicant)	the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below. readonly; \$ populated from subbudgets readonly; \$ populated from subbudgets (1-7) readonly; numeric field; sum total requested for grant term \$ from each subbudget = Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that exceeds 10% of "Sub-total Costs Requested". Message reads: "The maximum allowable Admin
Eligible Costs Annual Assistance Requested (Applicant) Grant Term (Applicant) Total Assistance Requested for Grant Term (Applicant) 8. Sub-total Costs Requested	readonly; \$ populated from subbudgets readonly; \$ populated from subbudgets (1-7) readonly; a populated from subbudgets (1-7) readonly; a populated from subbudgets (1-8) readonly; a populated from
Eligible Costs Annual Assistance Requested (Applicant) Grant Term (Applicant) Total Assistance Requested for Grant Term (Applicant) 8. Sub-total Costs Requested 9. Admin (up to 10%)	the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below. readonly; \$ populated from subbudgets readonly; \$ populated from subbudgets (1-7) readonly; numeric field; sum total requested for grant term \$ from each subbudget = Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that exceeds 10% of "Sub-total Costs Requested". Message reads: "The maximum allowable Admin amount is [calculated 10%]" (in whole dollars). Round up if decimal is .5 or more, otherwise round down)
Eligible Costs Annual Assistance Requested (Applicant) Grant Term (Applicant) Total Assistance Requested for Grant Term (Applicant) 8. Sub-total Costs Requested 9. Admin (up to 10%) 10. Total Assistance Plus Admin Requested	readonly; \$ populated from subbudgets readonly; \$ populated from subbudgets (1-7) readonly; numeric field; sum total requested for grant term \$ from each subbudget = Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that exceeds 10% of "Sub-total Costs Requested". Message reads: "The maximum allowable Admin amount is [calculated 10%]" (in whole dollars). Round up if decimal is .5 or more, otherwise round down) readonly; numeric field
Eligible Costs Annual Assistance Requested (Applicant) Grant Term (Applicant) Total Assistance Requested for Grant Term (Applicant) 8. Sub-total Costs Requested 9. Admin (up to 10%)	the appropriate amount of cash and in-kind match and administrative costs must be entered in the available fields below. readonly; \$ populated from subbudgets readonly; \$ populated from subbudgets (1-7) readonly; numeric field; sum total requested for grant term \$ from each subbudget = Numeric field; alert (and submission condition) to prevent user from submitting with an Admin \$ that exceeds 10% of "Sub-total Costs Requested". Message reads: "The maximum allowable Admin amount is [calculated 10%]" (in whole dollars). Round up if decimal is .5 or more, otherwise round down)

	requirement. Alert calculation = 25 % of "Total Assistance Plus Admin Requested" MINUS "Leased
13. Total Match	Units" and "Leased Structures".
14. Total Budget	readonly; numeric field
Click the "Save" button to automatically calculate totals.	
	The following list summarizes the funds that will be used as leverage for
Farms Courses of Louiseans	the project. To add a leveraging source to the list, select the [+] icon. To view or update a leveraging
Form: Sources of Leverage	source already listed, select the [view] icon.
Total Value of Cash Commitments	readonly; sum \$ amount from all cash commitments
Total Value of In-Kind Commitments	readonly; sum \$ amount from all in-kind commitments
Total Value of All Commitments	readonly; sum \$ amount from all cash and in-kind commitments
Subform: Leverage Detail	
* 1. Type of Commitment:	mandatory field; dropdown with: cash, in kind
* 2. Name the Source of the Commitment:	mandatory field; alphanumeric field
* 3. Type of Source:	mandatory field; dropdown with: Government, Private
Date of Written Commitment:	non-mandatory field; calendar field
* 5. Value of Written Commitment:	mandatory field; dollar value, no cents
Part 8 - Attachments and Certification	
Form: 8A. Attachments	
[document attachment 1] Subrecipient Nonprofit Documentation	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx
[document attachment 1] Subrecipient Nonprolit Documentation	allowable attachment formats. Ixt, doc, docx, pur, wpu, xis, xisx, rti, zip, zip, zipx
[document attachment 2] Other Attachment(s)	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx
[document attachment 3] Other Attachment(s)	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx
CoC Rejection Letter	allowable attachment formats: txt, doc, docx, pdf, wpd, xls, xlsx, rtf, zip, ZIP, zipx; visible only if selected "Appeal" on Form 3A; mandatory only if selected "Appeal" on Form 3A
CoC Rejection Letter	Selected Appear on Form SA, mandatory only it selected Appear on Form SA
Subform: Attachment Details	
Document Description	mandatory; alphanumeric text box
File Name	mandatory; "Choose File" link to explorer file selection; displays file name after selection
Document Type	display text 1) Subrecipient Nonprofit Documentation, 2)Other Attachment(s), or 3) Other Attachment(s); dependent on previous form selection
Maximum Size	2 MB
Allowable formats	txt, doc, zipx, docx, ZIP*, pdf, wpd, zip, xls, xlsx, rtf
Allowable formats	txt, doc, zipx, docx, zir , pui, wpa, zip, xis, xisx, tti
	display text : Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit
	display text: Subrecipient Nonprofit Documentation: Documentation of the subrecipient's nonprofit status must be attached in e-snaps, if the applicant and subrecipient are different entities, and the
	status must be attached in e-snaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; for
Instructions	status must be attached in e-snaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; for Other display text: Attachment any additional documentation supporting the project application. To
Instructions	status must be attached in e-snaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; for Other display text: Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file.
Subform: CoC Rejection Letter	status must be attached in e-shaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; for Other display text. Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. visible only if selected "Appeal" on Form 3A
Subform: CoC Rejection Letter Document Description	status must be attached in e-snaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; for Other display text: Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. Visible only if selected "Appeal" on Form 3A mandatory, alphanumeric text box
Subform: CoC Rejection Letter	status must be attached in e-shaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; for Other display text. Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. visible only if selected "Appeal" on Form 3A
Subform: CoC Rejection Letter Document Description File Name	status must be attached in e-shaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; for Other display text. Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. visible only if selected "Appeal" on Form 3A mandatory; alphanumeric text box mandatory; "Choose File" link to explorer file selection; displays file name after selection
Subform: CoC Rejection Letter Document Description File Name Document Type	status must be attached in e-snaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization, visible only for 1) Subrecipient Nonprofit Documentation; for Other display text: Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. visible only if selected "Appeal" on Form 3A mandatory; alphanumeric text box mandatory; "Choose File" link to explorer file selection; displays file name after selection display text CoC Rejection Letter
Subform: CoC Rejection Letter Document Description File Name Document Type Maximum Size	status must be attached in e-shaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; for Other display text. Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. visible only if selected "Appeal" on Form 3A mandatory; alphanumeric text box mandatory; "Choose File" link to explorer file selection; displays file name after selection display text CoC Rejection Letter 2 MB
Subform: CoC Rejection Letter Document Description File Name Document Type	status must be attached in e-shaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; for Other display text. Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. visible only if selected "Appeal" on Form 3A mandatory, alphanumeric text box mandatory; "Choose File" link to explorer file selection; displays file name after selection display text CoC Rejection Letter 2 MB zip, xls, xlsx, pdf, mpp, rtf, txt, jpg, xlsm, zipx, doc, docx, ZIP*
Subform: CoC Rejection Letter Document Description File Name Document Type Maximum Size Allowable formats	status must be attached in e-shaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization, visible only for 1) Subrecipient Nonprofit Documentation; for Other display text: Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. visible only if selected "Appeal" on Form 3A mandatory; alphanumeric text box mandatory; "Choose File" link to explorer file selection; displays file name after selection display text CoC Rejection Letter 2 MB zip, xls, xlsx, pdf, mpp, rff, txt, jpg, xlsm, zipx, doc, docx, ZIP* Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference
Subform: CoC Rejection Letter Document Description File Name Document Type Maximum Size	status must be attached in e-shaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization, visible only for 1) Subrecipient Nonprofit Documentation; for Other display text. Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. visible only if selected "Appeal" on Form 3A mandatory, alphanumeric text box mandatory; "Choose File" link to explorer file selection; displays file name after selection display text CoC Rejection Letter 2 MB zip, xls, xlsx, pdf, mpp, rff, txt, jpg, xlsm, zipx, doc, docx, ZIP*
Subform: CoC Rejection Letter Document Description File Name Document Type Maximum Size Allowable formats Instructions	status must be attached in e-shaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; for Other display text. Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. visible only if selected "Appeal" on Form 3A mandatory; alphanumeric text box mandatory; "Choose File" link to explorer file selection; displays file name after selection display text CoC Rejection Letter 2 MB zip, xls, xlsx, pdf, mpp, rft, txt, jpg, xlsm, zipx, doc, docx, ZIP* Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference
Subform: CoC Rejection Letter Document Description File Name Document Type Maximum Size Allowable formats Instructions Form: 8B. Applicant Certification	status must be attached in e-shaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; for Other display text. Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. visible only if selected "Appeal" on Form 3A mandatory; alphanumeric text box mandatory; "Choose File" link to explorer file selection; displays file name after selection display text CoC Rejection Letter 2 MB zip, xls, xlsx, pdf, mpp, rft, txt, jpg, xlsm, zipx, doc, docx, ZIP* Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference
Subform: CoC Rejection Letter Document Description File Name Document Type Maximum Size Allowable formats Instructions Form: 8B. Applicant Certification Where the applicant is unable to certify to any of the statements in this	status must be attached in e-shaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization, visible only for 1) Subrecipient Nonprofit Documentation; for Other display text: Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. visible only if selected "Appeal" on Form 3A mandatory; alphanumeric text box mandatory; "Choose File" link to explorer file selection; displays file name after selection display text CoC Rejection Letter 2 MB zip, xls, xlsx, pdf, mpp, rtf, txt, jpg, xlsm, zipx, doc, docx, ZIP* Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: www.hudhre.info/esnaps
Subform: CoC Rejection Letter Document Description File Name Document Type Maximum Size Allowable formats Instructions Form: 8B. Applicant Certification Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.	status must be attached in e-shaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization, visible only for 1) Subrecipient Nonprofit Documentation; for Other display text. Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. visible only if selected "Appeal" on Form 3A mandatory, alphanumeric text box mandatory; "Choose File" link to explorer file selection; displays file name after selection display text CoC Rejection Letter 2 MB zip, xls, xlsx, pdf, mpp, rdf, bt, jpg, xlsm, zipx, doc, docx, ZIP* Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: www.hudhre.info/esnaps
Subform: CoC Rejection Letter Document Description File Name Document Type Maximum Size Allowable formats Instructions Form: 8B. Applicant Certification Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation. Name of authorized certifying official:	status must be attached in e-shaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization; visible only for 1) Subrecipient Nonprofit Documentation; for Other display text: Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. visible only if selected "Appeal" on Form 3A mandatory; alphanumeric text box mandatory; "Choose File" link to explorer file selection; displays file name after selection display text CoC Rejection Letter 2 MB zip, xls, xlsx, pdf, mpp, rff, txt, jpg, xlsm, zipx, doc, docx, ZIP* Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: www.hudhre.info/esnaps
Subform: CoC Rejection Letter Document Description File Name Document Type Maximum Size Allowable formats Instructions Form: 8B. Applicant Certification Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation. Name of authorized certifying official: Date:	status must be attached in e-shaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization, visible only for 1) Subrecipient Nonprofit Documentation; for Other display text. Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. visible only if selected "Appeal" on Form 3A mandatory, alphanumeric text box mandatory; "Choose File" link to explorer file selection; displays file name after selection display text CoC Rejection Letter 2 MB zip, xls, xlsx, pdf, mpp, rtf, txt, jpg, xlsm, zipx, doc, docx, ZIP* Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: www.hudhre.info/esnaps nonmandatory, alphanumeric field readonly, populated with full name of authorized representative from applicant's e-snaps profile readonly, populated with current date
Subform: CoC Rejection Letter Document Description File Name Document Type Maximum Size Allowable formats Instructions Form: 8B. Applicant Certification Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation. Name of authorized certifying official: Date: Title:	status must be attached in e-shaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization, visible only for 1) Subrecipient Nonprofit Documentation; for Other display text. Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. visible only if selected "Appeal" on Form 3A mandatory; alphanumeric text box mandatory; alphanumeric text box mandatory; "Choose File" link to explorer file selection; displays file name after selection display text CoC Rejection Letter 2 MB zip, xls, xlsx, pdf, mpp, rff, txt, jpg, xlsm, zipx, doc, docx, ZiP* Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: www.hudhre.info/esnaps nonmandatory, alphanumeric field readonly; populated with full name of authorized representative from applicant's e-snaps profile readonly; populated with current date readonly; populated with till name of authorized representative from applicant's e-snaps profile readonly; populated with sitenticant for authorized representative from applicant's e-snaps profile readonly; populated with sitenticant for authorized representative from applicant's e-snaps profile readonly; populated with sitenticant for authorized representative from applicant's e-snaps profile readonly; populated with sitenticant for authorized representative from applicant's e-snaps profile readonly; populated with sitenticant for authorized representative from applicant's e-snaps
Subform: CoC Rejection Letter Document Description File Name Document Type Maximum Size Allowable formats Instructions Form: 8B. Applicant Certification Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation. Name of authorized certifying official: Date: Title: Applicant organization:	status must be attached in e-shaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization, visible only for 1) Subrecipient Nonprofit Documentation; for Other display text: Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. visible only if selected "Appeal" on Form 3A mandatory; alphanumeric text box mandatory; "Choose File" link to explorer file selection; displays file name after selection display text CoC Rejection Letter 2 MB zip, xls, xlsx, pdf, mpp, rff, txt, jpg, xlsm, zipx, doc, docx, ZIP* Multiple files may be attached as a single .zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: www.hudhre.info/esnaps nonmandatory, alphanumeric field readonly; populated with full name of authorized representative from applicant's e-snaps profile readonly; populated with current date readonly; populated with tillendautoriand.
Subform: CoC Rejection Letter Document Description File Name Document Type Maximum Size Allowable formats Instructions Form: 8B. Applicant Certification Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation. Name of authorized certifying official: Date: Title: Applicant organization: PHA number (for PHA applicants only):	status must be attached in e-shaps, if the applicant and subrecipient are different entities, and the subrecipient is a nonprofit organization, visible only for 1) Subrecipient Nonprofit Documentation; for Other display text. Attachment any additional documentation supporting the project application. To attach multiple documents, zip them into a single file. visible only if selected "Appeal" on Form 3A mandatory; alphanumeric text box mandatory; "Choose File" link to explorer file selection; displays file name after selection display text CoC Rejection Letter 2 MB zip, xls, xlsx, pdf, mpp, rtf, txt, jpg, xlsm, zipx, doc, docx, ZIP* Multiple files may be attached as a single zip file. For instructions on how to use .zip files, a reference document is available on the e-snaps training site: www.hudhre.info/esnaps nonmandatory, alphanumeric field readonly; populated with current date readonly; populated with file name of authorized representative from applicant's e-snaps profile readonly; populated with file name of authorized representative from applicant's e-snaps profile readonly; populated with file name of authorized representative from applicant's e-snaps profile readonly; populated with file name of authorized representative from applicant's e-snaps profile nonmandatory, alphanumeric field
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FY2012 Continuum of Care Homeless Assistance Program: Project Applications in esnaps

Applicant Submission for Funding	
art 2 - Project Information Form: 2A. Project Detail	
FOIII. ZA. FIOJELI DELAII	mandatory; dropdown with options = CoC number and name, as identified in the CoC's registration
1a. CoC Number and Name	submission.
1b. CoC Applicant Name:	mandatory; dropdown list dependent on selection of CoC Number and Name above; populated w associated CoC applicant names from registration
2. Project name:	readonly; populated with 2012 project name
Component type:	"CoC Planning Project Application" populated and set to readonly
Form: 2B. Project Description	
* 1. Provide a description that addresses the entire scope of the proposed project.	mandatory; alphanumeric field
* 2. Describe the estimated schedule for the proposed activities, the management plan, and the	
method for assuring effective and timely completion of all work. * 3. How will the requested funds improve the CoC's ability to evaluate the outcome of CoC and	mandatory; alphanumeric field
ESG projects? * 4. How will the planning activities continue beyond the expiration of HUD financial assistance?	mandatory; alphanumeric field
" 4. now will the planning activities continue beyond the expiration of nob linancial assistance?	mandatory; alphanumeric field
art 3 - Budget	
Form: 3A. Funding Request *1. Is it feasible for the project to be under grant agreement by September 30, 2014?	mandatory; dropdown with Yes, No
* 1. Is it reasible for the project to be under grant agreement by September 30, 2014?	mandatory, dropdown with Fes, No
2. Select a grant term:	mandatory; dropdown with 1 year, 2 years, 3 years, 4 years 5 years(automatically 1 year for renew
A description must be entered for Quantity. Any costs without a Quantity description will be removed from the	label
dget. Eligible Costs	labei
Eligible Costs	
Coordination Activities	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric te
Annual Assistance Requested 2. Project Evaluation	nonmandatory; dollar value (no cents); default is blank
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric te
Annual Assistance Requested 3. Project Monitoring Activities	nonmandatory; dollar value (no cents); default is blank
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric te
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
Participation in the Consolidated Plan Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric te
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
5. CoC Application Activities	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric te
Annual Assistance Requested 6. Determining Geographical Area to Be Served by the CoC	nonmandatory; dollar value (no cents); default is blank
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric te
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
Developing a CoC System Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric te
Annual Assistance Requested	nonmandatory; dollar value (no cents); default is blank
HUD Compliance Activities	
Quantity Description (max 400 characters)	nonmandatory (mandatory if amount entered for Annual Assistance Requested); alphanumeric ter
Annual Assistance Requested Total Costs Requested	nonmandatory; dollar value (no cents); default is blank readonly; numeric field; sum total requested for grant term \$ from each subbudget =
Cash Match In Kind Match	numeric field
III Airiu Matteri	numeno neio
	readonly; numeric field; alert to make the user aware of the Total Match requirement. Alert calcu
Total Match Total Budget	= 25 % of "Total Costs Requested". readonly; numeric field
Click the "Save" button to automatically calculate totals.	readonly, numeric nead
	The following list summarizes the funds that will be used as leverage for
Form: Sources of Leverage	the project. To add a leveraging source to the list, select the I+1 icon. To view or undate a levera
Form: Sources of Leverage	source already listed, select the [view] icon.
Total Value of Cash Commitments	readonly; sum \$ amount from all cash commitments
Total Value of Cash Commitments Total Value of In-Kind Commitments Total Value of All Commitments	source already listed, select the [view] icon.
Total Value of Cash Commitments Total Value of In-Kind Commitments Total Value of Al Commitments Subform: Leverage Detail	source already listed, select the [view] icon. readonly, sum \$ amount from all cash commitments readonly; sum \$ amount from all in-kind commitments readonly; sum \$ amount from all in-kind commitments
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Total Value of Cash Commitments Total Value of In-Kind Commitments Total Value of AI Commitments Total Value of AI Commitments Subform: Leverage Detail *Type of Commitments: * Name the Source of the Commitment: * Type of Source:	source afready listed, select the [view] icon. readonly, suns a amount from all cash commitments readonly, sum 8 amount from all in-kind commitments readonly, sum 8 amount from all in-kind commitments readonly, sum 8 amount from all in-kind commitments dropdown with: cash, in kind alpharumeric field dropdown with: Covernment, Private
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Allowable formats	txt, doc, zipx, docx, ZIP*, pdf, wpd, zip, xls, xlsx, rtf
Instructions	display text: for Other display text: Attach any additional documentation supporting the project application. To attach multiple documents, zip them into a single file.
Form: 6B. Certification	
D. Explanation.	nonmandatory, alphanumeric field
Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.	nonmandatory, alphanumeric field
Name of authorized certifying official:	readonly; populated with full name of authorized representative from applicant's e-snaps profile
Date:	populated with current date
Title:	readonly; populated with title of authorized representative from applicant's e-snaps profile
Applicant organization:	readonly; populated with applicant organization of authorized representative from applicant's e-sn profile
PHA number (for PHA applicants only):	nonmandatory, alphanumeric field
*I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, fictious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).	mandatory checkbox, selection allow submission of application in e-snaps
art 7 - Summary	
Form: Submission Summary	
<list and="" completion="" each="" form="" of="" status=""></list>	response option: n/a, system generated form listing and status
Applicant must click the submit button once all forms have a status of complete	response option: submit button
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