

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.

<b>Applicant Submission for Funding</b>										
Form Title <small>*Note: Part and Form numbers may change depending on the component type.</small>	New					Renewal				
	PH	TH	SSO	HMIS	Planning	PH	TH	SSO	HMIS	SH
<b>Before Starting</b>	X	X	X	X	X	X	X	X	X	X
<b>Part 1 - SF-424</b>										
<b>Form: 1A. Application Type</b>	X	X	X	X	X	X	X	X	X	X
<b>Form: 1B Legal Applicant</b>	X	X	X	X	X	X	X	X	X	X
<b>Form: 1C Application Details</b>	X	X	X	X	X	X	X	X	X	X
<b>Form: 1D Congressional District(s)</b>	X	X	X	X	X	X	X	X	X	X
<b>Form: 1E Compliance</b>	X	X	X	X	X	X	X	X	X	X
<b>Form: 1F Declaration</b>	X	X	X	X	X	X	X	X	X	X
<b>Part 2 - Subrecipient Information</b>										
<b>Form: 2A. Subrecipients</b>	X	X	X	X		X	X	X	X	X
<b>Form: 2B. Experience of Applicant, Subrecipient(s), and Other Partners</b>	X	X	X	X						
<b>Part 3 - Project Information</b>										
<b>Form: 3A. Project Detail</b>	X	X	X	X	X	X	X	X	X	X
<b>Form: 3B. Description</b>	X	X	X	X	X	X	X	X	X	X
<b>Form: 3C. Expansion</b>	X	X	X							
<b>Form: 3C. HMIS Expansion</b>				X						
<b>Part 4 - Hsg, Srvs, and HMIS</b>										
<b>Form: 4A. Supportive Services for Participants</b>	X	X	X			X	X	X		X
<b>Form: 4A. HMIS Standards</b>				X					X	
<b>Form: 4B. Housing Type and Location</b>	X	X				X	X			X
<b>Subform: 4B Housing Type and Location Detail</b>	X	X				X	X			X
<b>Form: 4B. SSO</b>			X					X		
<b>Form: 4B. HMIS Timetable</b>				X						
<b>Form: 4C. HMIS Participation</b>						X	X	X		X
<b>Part 5 - Participants and Outreach</b>										
<b>Form: 5A. Households</b>	X	X	X			X	X	X		X
<b>Form: 5B. Subpopulations</b>	X	X	X			X	X	X		X
<b>Form: 5C. Outreach</b>	X	X	X			X	X	X		X
<b>Form: 5D. Discharge Policy</b>	X	X	X			X	X	X		X
<b>Part 6 - Performance Measures</b>										
<b>Form: 6A. Standards</b>	X	X	X			X	X	X		X
<b>Form: 5A. HMIS Standards</b>									X	
<b>Form: 6B. Additional</b>	X	X	X			X	X	X		X
<b>Part 7 - Budget Information</b>										
<b>Form: Funding Request</b>	X	X	X	X	X	X	X	X	X	X
<b>Form: Grant Consolidation</b>						X	X	X	X	X
<b>Form: Acquisition/Rehabilitation/New Construction</b>	X	X	X							
<b>Subform: Acquisition/Rehabilitation/New Construction Budget Detail</b>	X	X	X							
<b>Form: Leased Units</b>	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
<b>2. Type of Application</b>
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:
<b>Form: 1D</b>
* 14. Area(s) affected by the project (state(s) only): (for multiple selections hold CTRL+Key)
15. Descriptive Title of Applicant's Project:
16. 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:
<b>Form: 1E</b>
* 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:
<b>Form: 1F</b>
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:

ts must complete in its application submission.

populated with "Application". cannot be edited
<b>populated automatically from the type of application opened</b>
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
not applicable; leave blank; cannot be edited
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populated from Applicant Profile: cannot be edited
populated with "Department of Housing and Urban Development"; cannot be 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 from Applicant Profile: cannot be edited
populated from Applicant Profile: cannot be edited
populated from Applicant Profile: cannot be edited
populated with "Considered signed upon in e-snaps"; cannot be edited
populated with date submitted in e-snaps" mm/dd/yyyy; cannot be edited



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**Applicant Submission for Funding**

**Part 2 - Subrecipient Information**

<b>Form: 2A. Project Subrecipients</b>		<b>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.</b>
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-Award Amount		readonly; column lists organization sub-award from detail subformlets

<b>Subform: 2A. Project Subrecipients</b>	
* a. Organization Name	mandatory; alphanumeric field
* b. Organization Type	mandatory; dropdown with options: N. Nonprofit without 501(c)(3) IRS Status (Other than Institution of Higher 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 PLUS 4	mandatory; numeric; must be 9 digits
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; numeric; select list boxes; Available Items: includes all congressional districts; Selected Items: displays applicant selected states and territories
* f. Congressional District(s)	mandatory; dropdown with No, Yes
* 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; Lt. Colonel; Bishop; Acting Governor; Pastor; Rabbi; Brig. General; Commissioner
* Prefix	mandatory; alphanumeric field;
* 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 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

**Part 3 - Project Information**

<b>Form: 3A. Project Detail</b>	
* 1a. CoC Number and Name:	mandatory; dropdown with options = CoC number and name, as identified in the CoC's registration submission. Include 'No CoC' as first option.
* 1b. CoC Applicant Name:	mandatory; dropdown list dependent on selection of CoC Number and Name above; populated with associated CoC applicant names from registration
2. Project Name:	readonly; populated with 2012 project name

<p>* 3. Project status: (**Form is auto populated. Change only if appealing a CoC rejection**)</p>	<p>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.""</p> <p>If Appeal is selected, Part 9 below is visible; Autosave is important. Warning message must be red and prominent.</p>
<p>* 4. Component Type:</p>	<p>New projects = mandatory; dropdown with options: PH, TH, SSO, HMIS</p>
<p>* 5. Is Energy Star used at one or more of the proposed properties?</p>	<p>mandatory; dropdown with options: Yes, No, Not applicable</p>
<p>* 6. Does this project use one or more properties that have been conveyed through the Title V process?</p>	<p>mandatory; dropdown with options: Yes, No</p>
<p><b>Form: 3B. Description</b></p>	
<p>* 1. Provide a description that addresses the entire scope of the proposed project .</p>	<p>mandatory; alphanumeric field</p>
<p>* 2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work</p>	<p>mandatory; alphanumeric field</p>
<p>3. 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.</p>	<p>nonmandatory; alphanumeric field; visible for nonHMIS component projects</p>
<p>* 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)</p>	<p>mandatory; drop-down box with options: Yes or No</p>
<p>* 5. Will the project provide RRH?</p>	<p>mandatory; Drop down menu options; "Yes" or "No"; visible for PH component projects</p>
<p>* 6a. If applicable, indicate the type of rental assistance:</p>	<p>mandatory; dropdown with: N/A, PRA, SRA, TRA; N/A is the default</p>
<p>* 6b. Indicate the maximum length of rental assistance:</p>	<p>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</p>
<p>* 6c. Describe the method for determining the type, amount, and duration of rental assistance that participants can receive.</p>	<p>mandatory and visible only if select PRA, SRA, TRA in question 6a above; alphanumeric field Visible for nonHMIS and nonSSO component projects</p>
<p>* 7a. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? If so, describe the structure, unit, or locality, and the project will implement this requirement.</p>	<p>mandatory; dropdown with: Yes, No; visible for PH component projects.</p>
<p>* 7b. Will more than 16 persons live in one structure? (If yes, click on the "Save" button below to enter additional information.)</p>	<p>Mandatory; drop-down with options Yes, No; set default to 'No'</p>
<p>* 8b. Describe the local market conditions that necessitate a project of this size.</p>	<p>Visible and mandatory if "Yes" in question 8a; alphanumeric field</p>
<p>* 8c. Describe how the project will be integrated into the neighborhood.</p>	<p>Visible and mandatory if "Yes" in question 8a; alphanumeric field</p>
<p><b>Form: 3C. Expansion</b></p>	
<p>* 1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?</p>	<p>mandatory; dropdown with: Yes, No</p>
<p>* Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details.</p>	<p>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)</p>
<p>Increase the number of homeless persons served</p>	<p>visible if selected in question above</p>
<p>* Indicate how the project is proposing to "increase the number of homeless persons served." <b>Current level of effort</b> # of persons served at a point-in-time # of units # of beds</p>	
<p><b>New Effort</b> # 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</p>	<p>mandatory, numeric fields;</p>
<p>Provide additional supportive services to homeless persons</p>	<p>visible if selected in question above</p>
<p>* Indicate how the project is proposing to "provide additional supportive services to the homeless persons served" as indicated above.</p>	<p>Increase number of and/or expand variety of supportive services provided Increase frequency and/or intensity of supportive services</p>
<p>Bring existing facilities up to state/local government health and safety standards</p>	<p>mandatory, alphanumeric field;</p>
<p></p>	<p>visible if selected in question above</p>

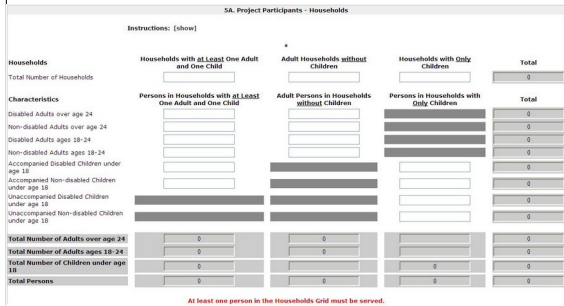
* Describe how the project is proposing to "bring the existing facility(ies) up to state/local government health and safety standards."	mandatory, alphanumeric field;
Replace the loss of nonrenewable funding (private, federal, other excluding state/local government)	visible if selected in question above
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 nonrenewable funding (private, federal, other excluding State/local government)
* b) Why are the project funds non-renewable?	mandatory, alphanumeric field; visible if the following option is selected: Replace the loss of 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 loss of nonrenewable funding (private, federal, other excluding State/local government)
* d) What steps were taken to obtain other funding sources?	mandatory, alphanumeric field; visible if the following option is selected: Replace the loss of 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, Svcs, and HMIS**

<b>Form: 4A. Supportive Services for Participants</b>	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
* 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.	mandatory; nonHMIS; Field mandatory; nonHMIS;  column A = 'Supportive Services' column to include the following rows in alphabetical 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 Quarterly 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
<b>Form: 4B. Housing Type and Location</b>	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
<b>Subform: 4B. Housing Type and Location Detail</b>	

	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
* 1. Housing Type:	
2. 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)

**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
	

Click Save to automatically calculate totals	Label at bottom
<b>Form: 5B. Project Participants - Subpopulations</b>	
Total Households and Household characteristics	grid must include at least one entry (ie, entry can be equal to 0)

5B. Project Participants - Subpopulations							
Instructions: [show]							
Persons in Households with at Least One Adult and One Child							
Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	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							
<b>Total Persons</b>							
Persons in Households without Children							
Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	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							
<b>Total Persons</b>							
Persons in Households with Only Children							
Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence
Accompanied Disabled Children under age 18							
Accompanied Non-disabled Children under age 18							
Unaccompanied Disabled Children under age 18							
Unaccompanied Non-disabled Children under age 18							
<b>Total Persons</b>							
Click Save to automatically calculate totals				Label at bottom			
<b>Form: 5C. Outreach for Participants</b>							
1. Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations.							
Directly from the street or other locations not meant for human habitation.				mandatory; numeric field; max 3 digits			
Directly from emergency shelters				mandatory; numeric field; max 3 digits			
Directly from safe havens.				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			
Persons at imminent risk of losing their night time residence.				mandatory; numeric field; max 3 digits			
Homeless persons as defined under other federal statutes.				mandatory; numeric field; max 3 digits			
Persons fleeing domestic violence.				mandatory; numeric field; max 3 digits			
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			
<b>Form: 5D. Discharge Planning Policy</b>							
				visible if applicant organization is a government agency			
* 1. Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs?				mandatory; dropdown = Yes, No, Not applicable; nonHMIS			
<b>Part 6 - Performance Measures</b>							
<b>Form: 6A. Standard</b>							
* 1. Specify the universe and target for the housing measure. Click 'Save' to calculate the target percent (%).				visible for nonHMIS/Prevention component projects			
Housing Measure				a. Persons remaining in permanent housing as of the end of the operating year or 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 (%).							
Income Measure				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 or program exit.			
Target (#)				mandatory; numeric value			
Universe (#)				mandatory; numeric value			
Target (%)				readonly; calculate percentage = target number divided by universal number			
<b>Form: 6B. Additional Performance Measures</b>							
[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
<b>Part 7 - Budget Information</b>	
<b>Form: Funding Request</b>	
* 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.) Special housing funding:	mandatory; dropdown with Yes, No; should be visible for prevention projects readonly; if Yes, populated with Permanent Housing
* 3. Select a grant term:	Mandatory; dropdown options are: 1 Year 2 Years 3 Years 4 Years 5 Years 15 Years
* 4. Select the costs for which funding is being requested:	label
Acquisition/Rehabilitation/New Construction	checkbox; selection triggers Acquisition/Rehabilitation/ 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 burden?	mandatory; dropdown with Yes, No
<b>Form: Acquisition/Rehabilitation/New Construction</b>	
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.	
Total Acquisition	label 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
<b>Subform: Acquisition/Rehabilitation/New Construction Budget Detail</b>	
Complete the following fields related to the funds being requested for acquisition, 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)
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.	
<b>Form: Leased Units</b>	
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.	
Total Annual Assistance Requested:	label 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 sum total units from each leased unit budget detail "Number of Units" and "HUD Paid Rent" fields
<b>Subform: Leased Units Budget Detail</b>	
* 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; 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
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)
Total Request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount (or HUD paid rent) 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	
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
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)
Total Request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount (or HUD paid rent) 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)
Total Request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount (or HUD paid rent) 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)
Total Request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount (or HUD paid rent) 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)
Total Request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount (or HUD paid rent) 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 Request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount (or HUD paid rent) 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	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
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 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
Total units and annual assistance requested:	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
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

<b>Form: Leased Structures Budget</b>	
	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.	
	label
Total Annual Assistance Requested:	readonly; sums total annual assistance \$ from all leased structures budget detail
Grant Term:	readonly; populated from funding request form.
Total Request for Grant Term:	readonly; calculates total annual assistance \$ from all leased structures budget detail times the grant term
Total Structures:	readonly; sums number of structures
<b>Subform: Leased Structures Budget Detail</b>	
* 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)
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."

<b>Form: Short-term/Medium-term Rental Assistance</b>	
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
<b>Subform: Short-term/Medium-term Rental Assistance Budget Detail</b>	
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
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; multiplies 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; multiplies 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; multiplies 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; multiplies 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
Total request (Applicant)	readonly, dollar value (no cents) field; multiplies 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; multiplies 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; multiplies 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; multiplies 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	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:	readonly, dollar value (no cents) field; 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.	
<b>Form: Long-term Rental Assistance</b>	budget visible if selected on funding request form

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 LTRA budget detail
Grant Term:	readonly; populated from funding request form.
Total Request for Grant Term:	readonly; calculates total annual assistance \$ from all LTRA budget detail times the grant term
Total Units:	sums total units from each LTRA budget detail
<b>Subform: Long-term Rental Assistance Budget Detail</b>	
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
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)	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	
# 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	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; 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.	
<b>Form: Supportive Services</b>	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. 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
2. 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
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; 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	
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)
Total Request for Grant Term:	readonly, dollar value (no cents) field; multiplies total annual assistance times selected grant term (in years)
Click the "Save" button to automatically calculate totals.	
<b>Form: Operating</b>	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. 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
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
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	
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)
Total Request for Grant Term:	readonly, dollar value (no cents) field; multiplies total annual assistance times selected grant term (in years)
Click the "Save" button to automatically calculate totals.	
<b>Form: HMS</b>	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	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)
Total Request for Grant Term:	readonly, dollar value (no cents) field; multiplies total annual assistance times selected grant term (in years)
<b>Form: Summary Budget</b>	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 (1-8)
9. Sub-total Costs Requested	readonly; numeric field; sum total requested for grant term \$ from each subbudget =
10. 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)
11. Total Assistance Plus Admin Requested	readonly; numeric field
12. Cash Match	numeric field
13. In Kind Match	numeric field
14. 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 Units" and "Leased Structures".
15. Total Budget	readonly; numeric field
Click the "Save" button to automatically calculate totals.	
<b>Form: Sources of Leverage</b>	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
<b>Subform: Leverage Detail</b>	

* 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
<b>Part 8 - Attachments and Certification</b>	
<b>Form: 8A. Attachments</b>	
[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
<b>Subform: Attachment Details</b>	
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.
<b>Subform: CoC Rejection Letter</b>	
Document Description	visible only if selected "Appeal" on Form 3A
File Name	mandatory; alphanumeric text box
	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, xlsx, 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: <a href="http://www.hudhre.info/esnaps">www.hudhre.info/esnaps</a>
<b>Form: 8B. Applicant Certification</b>	
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 of authorized representative from applicant's e-snaps profile
Applicant organization:	readonly; populated with name of organization from applicant's e-snaps 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, fictitious, 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
<b>Part 9 - Summary</b>	
<b>Form: 9A Notice of Intent to Appeal</b>	
<b>Visible only if selected "Appeal" on Form 3A</b>	
* 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.	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
<b>Form 9B: Submission Summary</b>	
<List and completion status of each form>	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

**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**

**Part 2 - Subrecipient Information**

<b>Form: 2A. Project Subrecipients</b>	
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-Award Amount	readonly; column lists organization sub-award from detail subformlets

**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.**

<b>Subform: 2A. Project Subrecipients</b>	
* a. Organization Name	mandatory; alphanumeric field
* b. Organization Type	mandatory; dropdown with options: N. Nonprofit without 501(c)(3) IRS Status (Other than Institution of Higher 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 PLUS 4	mandatory; numeric; must be 9 digits
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; numeric; select list boxes; Available Items: includes all congressional districts; Selected Items: displays applicant selected states and territories
* f. Congressional District(s)	mandatory; dropdown with No, Yes
* 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; Lt. Colonel; Bishop; Acting Governor; Pastor; Rabbi; Brig. General; Commissioner
* Prefix	mandatory; alphanumeric field;
* 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

<b>Form: 2B. Experience of Applicant, Subrecipient(s), and Other Partners</b>	
* 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 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

**Part 3 - Project Information**

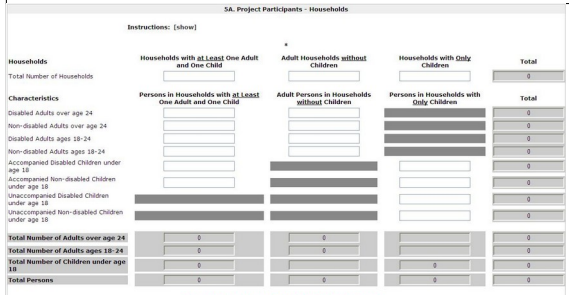
<b>Form: 3A. Project Detail</b>	
* 1a. CoC Number and Name:	mandatory; dropdown with options = CoC number and name, as identified in the CoC's registration submission. Include 'No CoC' as first option.
* 1b. CoC Applicant Name:	mandatory; dropdown list dependent on selection of CoC Number and Name above; populated with associated CoC applicant names from registration
2. Project Name:	readonly; populated with 2012 project name

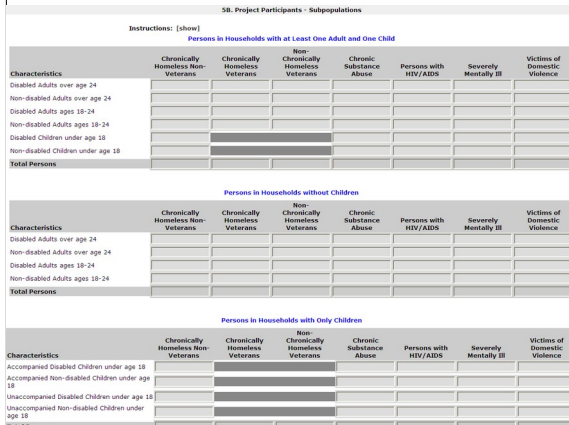
<p>* 3. Project status: (**Form is auto populated. Change only if appealing a CoC rejection**)</p>	<p>Mandatory; dropdown with options = Standard, Appeal; default = Standard. If Appeal is selected, auto-save and display red warning message, "You have selected "Appeal" and therefore are designating this 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.""</p> <p>If Appeal is selected, Part 9 below is visible; Autosave is important. Warning message must be red and prominent.</p>
<p>* 4. Component Type:</p>	<p>New projects = mandatory; dropdown with options: PH, TH, SSO, HMIS</p>
<p>* 5. Is Energy Star used at one or more of the proposed properties?</p>	<p>mandatory; dropdown with options: Yes, No, Not applicable</p>
<p>* 6. Does this project use one or more properties that have been conveyed through the Title V process?</p>	<p>mandatory; dropdown with options: Yes, No</p>
<p><b>Form: 3B. Description</b></p>	
<p>* 1. Provide a description that addresses the entire scope of the proposed project.</p>	<p>mandatory; alphanumeric field</p>
<p>* 2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work</p>	<p>mandatory; alphanumeric field</p>
<p>3. 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.</p>	<p>nonmandatory; alphanumeric field; visible for nonHMIS component projects</p>
<p>* 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)</p>	<p>mandatory; drop-down box with options: Yes or No</p>
<p>* 5. Maximum number of months participants are allowed to be housed at the project site(s); (must not exceed 24 months)</p>	<p>Mandatory; alphanumeric text field</p>
<p>* 6a. If applicable, indicate the type of rental assistance:</p>	<p>mandatory; dropdown with: N/A, PRA, SRA, TRA; N/A is the default</p>
<p>* 6b. Indicate the maximum length of rental assistance:</p>	<p>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</p>
<p>* 6c. Describe the method for determining the type, amount, and duration of rental assistance that participants can receive.</p>	<p>mandatory and visible only if select PRA, SRA, TRA in question 6a above; alphanumeric field Visible for nonHMIS and nonSSO component projects</p>
<p><b>Form: 3C. Expansion</b></p>	
<p>* 1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?</p>	<p>mandatory; dropdown with: Yes, No</p>
<p>* Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details.</p>	<p>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)</p>
<p>Increase the number of homeless persons served</p>	<p>visible if selected in question above</p>
<p>* Indicate how the project is proposing to "increase the number of homeless persons served."  <b>Current level of effort</b> # of persons served at a point-in-time # of units # of beds  <b>New Effort</b> # 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</p>	<p>mandatory, numeric fields;</p>
<p>Provide additional supportive services to homeless persons</p>	<p>visible if selected in question above</p>
<p>* Indicate how the project is proposing to "provide additional supportive services to the homeless persons served" increase indicated above.</p>	<p>Increase number of and/or expand variety of supportive services provided Increase frequency and/or intensity of supportive services</p>
<p>Bring existing facilities up to state/local government health and safety standards</p>	<p>mandatory, alphanumeric field;</p>
<p>Bring existing facilities up to state/local government health and safety standards</p>	<p>visible if selected in question above</p>
<p>* Describe how the project is proposing to "bring the existing facility(ies) up to state/local government health and safety standards."</p>	<p>mandatory, alphanumeric field;</p>
<p>Replace the loss of nonrenewable funding (private, federal, other excluding state/local government)</p>	<p>visible if selected in question above</p>

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 nonrenewable funding (private, federal, other excluding State/local government)
* b) Why are the project funds non-renewable?	mandatory, alphanumeric field; visible if the following option is selected: Replace the loss of 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 loss of nonrenewable funding (private, federal, other excluding State/local government)
* d) What steps were taken to obtain other funding sources?	mandatory, alphanumeric field; visible if the following option is selected: Replace the loss of 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)
<b>Part 4 - Hsg, Svcs, and HMIS</b>	
<b>Form: 4A. Supportive Services for Participants</b>	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
* 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.	mandatory; nonHMIS; Field mandatory; nonHMIS;  column A = 'Supportive Services' column to include the following rows in alphabetical 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 Quarterly 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
<b>Form: 4B. Housing Type and Location</b>	
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
<b>Subform: 4B. Housing Type and Location Detail</b>	
* 1. Housing Type:	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

2. 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)

**Part 5 - Participants and Outreach**

<b>Form: 5A. Project Participants - Households</b>	
Total Households and Household characteristics	grid must include at least one entry (equal to or greater than 1);Formlet visible for nonHMIS component projects
	
Click Save to automatically calculate totals	Label at bottom

<b>Form: 5B. Project Participants - Subpopulations</b>	
Total Households and Household characteristics	grid must include at least one entry (ie, entry can be equal to 0)
	
Click Save to automatically calculate totals	Label at bottom

<b>Form: 5C. Outreach for Participants</b>	
1. Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations.	
Directly from the street or other locations not meant for human habitation.	mandatory; numeric field; max 3 digits



Directly from emergency shelters	mandatory; numeric field; max 3 digits
Directly from safe havens.	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
Persons at imminent risk of losing their night time residence.	mandatory; numeric field; max 3 digits
Homeless persons as defined under other federal statutes.	mandatory; numeric field; max 3 digits
Persons fleeing domestic violence.	mandatory; numeric field; max 3 digits
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: 5D. Discharge Planning Policy** visible if applicant organization is a government agency

* 1. Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs?	mandatory, dropdown = Yes, No, Not applicable; nonHMIS
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**Part 6 - Performance Measures**

**Form: 6A. Standard** visible for nonHMIS/Prevention component projects

\* 1. Specify the universe and target for the housing measure. Click 'Save' to calculate the target percent (%).

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 (%).

Income Measure	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 or program exit.
Target (#)	mandatory, numeric value
Universe (#)	mandatory, numeric value
Target (%)	readonly; calculate percentage = target number divided by universal number

**Form: 6B. Additional Performance Measures** Formlet visible for nonHMIS component projects

[Parent Form List]

[Parent Form Header]

* 1. Specify the universe and target goal numbers for the proposed measure.	
Proposed Measure	mandatory, alphanumeric field
Target (#)	mandatory, numeric value
Universe (#)	mandatory, numeric value
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?	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; should be visible for prevention projects readonly; if Yes, populated with Permanent Housing
Special housing funding:	
* 3. Select a grant term:	Mandatory; dropdown options are: 1 Year 2 Years 3 Years 4 Years 5 Years 15 Years
* 4. Select the costs for which funding is being requested:	label
Acquisition/Rehabilitation/New Construction	checkbox; selection triggers Acquisition/Rehabilitation/ 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
Supportive Services	checkbox; selection triggers Supportive Services budget form
Operations	checkbox; selection triggers Operations budget form
HMS	checkbox; selection triggers HMS budget form
<b>Form: Acquisition/Rehabilitation/New Construction</b>	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.	
Total Acquisition	label 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
<b>Subform: Acquisition/Rehabilitation/New Construction Budget Detail</b>	Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new construction of the new project.
Complete the following fields related to the funds being requested for acquisition, 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)
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.	
<b>Form: Leased Units</b>	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.	
Total Annual Assistance Requested:	label 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 "Number of Units" field, the value is calculated from the "Number of Units" and "HUD Paid Rent" fields
<b>Subform: Leased Units Budget Detail</b>	
* 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; 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
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)
Total Request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount (or HUD paid rent) 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	
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
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)
Total Request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount (or HUD paid rent) 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)
Total Request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount (or HUD paid rent) 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)
Total Request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount (or HUD paid rent) 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)
Total Request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount (or HUD paid rent) 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 Request (Applicant)	readonly, dollar value (no cents) field; multiples number of units times FMR amount (or HUD paid rent) 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	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
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 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
Total units and annual assistance requested:	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
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
<b>Form: Leased Structures Budget</b>	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:		readonly; populated from funding request form.
Total Request for Grant Term:		readonly; calculates total annual assistance \$ from all leased structures budget detail times the grant term
Total Structures:		readonly; sums number of structures
<b>Subform: Leased Structures Budget Detail</b>		
* 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)
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."
<b>Form: Short-term/Medium-term Rental Assistance</b>		

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.

Total Annual Assistance Requested:	label	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
<b>Subform: Short-term/Medium-term Rental Assistance Budget Detail</b>		
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
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)	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	
# 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	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:	readonly, dollar value (no cents) field; sum of units times FMR amount times grant term
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.	
<b>Form: Supportive Services</b>	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. 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
2. 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

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; 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	
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)
Total Request for Grant Term:	readonly, dollar value (no cents) field; multiplies total annual assistance times selected grant term (in years)
Click the "Save" button to automatically calculate totals.	

<b>Form: Operating</b>	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. 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
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
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	
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)
Total Request for Grant Term:	readonly, dollar value (no cents) field; multiplies total annual assistance times selected grant term (in years)
Click the "Save" button to automatically calculate totals.	

<b>Form: HMIS</b>	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	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)
Total Request for Grant Term:	readonly; dollar value (no cents) field; multiplies total annual assistance times selected grant term (in years)
<b>Form: Summary Budget</b>	
Eligible Costs	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.
Annual Assistance Requested (Applicant)	readonly; \$ populated from subbudgets
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 =
10. 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)
11. Total Assistance Plus Admin Requested	readonly; numeric field
12. Cash Match	numeric field
13. In Kind Match	numeric field
14. 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 Units" and "Leased Structures".
15. Total Budget	readonly; numeric field
Click the "Save" button to automatically calculate totals.	
<b>Form: Sources of Leverage</b>	
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
<b>Subform: Leverage Detail</b>	
* 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
<b>Part 8 - Attachments and Certification</b>	
<b>Form: 8A. Attachments</b>	
[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
<b>Subform: Attachment Details</b>	
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.
<b>Subform: CoC Rejection Letter</b>	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, xlsx, 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: <a href="http://www.hudhre.info/esnaps">www.hudhre.info/esnaps</a>
<b>Form: 8A. Attachments</b>	
[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
[document attachment 4] 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
<b>Subform: Attachment Details</b>	
Document Description	mandatory; alphanumeric text box
File Name	mandatory; "Choose File" link to explorer file selection; displays file name after selection
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.
<b>Form: 8B. Applicant Certification</b>	
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 of authorized representative from applicant's e-snaps profile
Applicant organization:	readonly; populated with name of applicant's e-snaps 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, fictitious, 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
<b>Part 9 - Summary</b>	
<b>Form: 9A Notice of Intent to Appeal</b>	
<b>Visible only if selected "Appeal" on Form 3A</b>	
* 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.	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
<b>Form 9B: Submission Summary</b>	
<List and completion status of each form>	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

**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**

**Part 2 - Subrecipient Information**

<b>Form: 2A. Project Subrecipients</b>		<b>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.</b>
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-Award Amount		readonly; column lists organization sub-award from detail subformlets

<b>Subform: 2A. Project Subrecipients</b>	
* a. Organization Name	mandatory; alphanumeric field
* b. Organization Type	mandatory; dropdown with options: N. Nonprofit without 501(c)(3) IRS Status (Other than Institution of Higher 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; numeric; select list boxes; Available Items: includes all congressional districts; Selected Items: displays applicant selected states and territories
* f. Congressional District(s)	
* 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; Lt. Colonel; Bishop; Acting Governor; Pastor; Rabbi; Brig. General; Commissioner
* Prefix	mandatory; alphanumeric field;
* 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

<b>Form: 2B. Experience of Applicant, Subrecipient(s), and Other Partners</b>	
* 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 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

**Part 3 - Project Information**

<b>Form: 3A. Project Detail</b>	
* 1a. CoC Number and Name:	mandatory; dropdown with options = CoC number and name, as identified in the CoC's registration submission. Include 'No CoC' as first option.
* 1b. CoC Applicant Name:	mandatory; dropdown list dependent on selection of CoC Number and Name above; populated with associated CoC applicant names from registration
2. Project Name:	readonly; populated with 2012 project name



<p>* 3. Project status: (**Form is auto populated. Change only if appealing a CoC rejection**)</p>	<p>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.""</p> <p>If Appeal is selected, Part 9 below is visible; Autosave is important. Warning message must be read and prominent.</p>
<p>* 4. Component Type:</p>	<p>New projects = mandatory; dropdown with options: PH, TH, SSO, HMIS</p>
<p>* 5. Is Energy Star used at one or more of the proposed properties?</p>	<p>mandatory; dropdown with options: Yes, No, Not applicable</p>
<p>* 6. Does this project use one or more properties that have been conveyed through the Title V process?</p>	<p>mandatory; dropdown with options: Yes, No</p>
<p><b>Form: 3B. Description</b></p>	
<p>* 1. Provide a description that addresses the entire scope of the proposed project.</p>	<p>mandatory; alphanumeric field</p>
<p>* 2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work</p>	<p>mandatory; alphanumeric field</p>
<p>3. 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.</p>	<p>nonmandatory; alphanumeric field; visible for nonHMIS component projects</p>
<p>* 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)</p>	<p>mandatory; drop-down box with options: Yes or No</p>
<p><b>Form: 3C. Expansion</b></p>	
<p>* 1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?</p>	<p>mandatory; dropdown with: Yes, No</p>
<p>* Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details.</p>	<p>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)</p>
<p>Increase the number of homeless persons served</p>	<p>visible if selected in question above</p>
<p>* Indicate how the project is proposing to "increase the number of homeless persons served."  <b>Current level of effort</b> # of persons served at a point-in-time # of units # of beds  <b>New Effort</b> # 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</p>	<p>mandatory, numeric fields;</p>
<p>Provide additional supportive services to homeless persons</p>	<p>visible if selected in question above</p>
<p>* Indicate how the project is proposing to "provide additional supportive services to the homeless persons served" as indicated above.</p>	<p>Increase number of and/or expand variety of supportive services provided Increase frequency and/or intensity of supportive services</p>
<p>Bring existing facilities up to state/local government health and safety standards</p>	<p>mandatory, alphanumeric field;</p>
<p>* Describe how the project is proposing to "bring the existing facility(ies) up to state/local government health and safety standards."</p>	<p>visible if selected in question above</p>
<p>Replace the loss of nonrenewable funding (private, federal, other excluding state/local government)</p>	<p>mandatory, alphanumeric field;</p>
<p>Indicate how the project is proposing to "replace the loss of non-renewable funding from private, federal, and/or other (excluding state/local government)."</p>	<p>visible if selected in question above</p>
<p>* a) What is the source of non-renewable funding (should indicate that funds are not controlled by the state or local government)?</p>	<p>mandatory, alphanumeric field; visible if the following option is selected: Replace the loss of nonrenewable funding (private, federal, other excluding State/local government)</p>
<p>* b) Why are the project funds non-renewable?</p>	<p>mandatory, alphanumeric field; visible if the following option is selected: Replace the loss of nonrenewable funding (private, federal, other excluding State/local government)</p>
<p>* c) On what date will the non-renewable funds expire?</p>	<p>mandatory, calendar field; mm/dd/yyyy format; visible if the following option is selected: Replace the loss of nonrenewable funding (private, federal, other excluding State/local government)</p>
<p>* d) What steps were taken to obtain other funding sources?</p>	<p>mandatory, alphanumeric field; visible if the following option is selected: Replace the loss of nonrenewable funding (private, federal, other excluding State/local government)</p>
<p>* e) Why are CoC Program funds necessary to continue operating the project?</p>	<p>mandatory, alphanumeric field; visible if the following option is selected: Replace the loss of nonrenewable funding (private, federal, other excluding State/local government)</p>
<p><b>Part 4 - Hsg, Svcs, and HMIS</b></p>	
<p><b>Form: 4A. Supportive Services for Participants</b></p>	<p>visible for nonHMIS component projects</p>

* 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
	<p>mandatory; nonHMIS; Field mandatory; nonHMIS;</p> <p>column A = 'Supportive Services' column to include the following rows in alphabetical 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</p> <p>column B = 'Select Frequency'; drop-down list for each of the above Supportive Services to include the following choices:            Daily            Weekly            Bi-Monthly            Monthly            Quarterly            Bi-Weekly            Does Not Apply</p>
* 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; 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																																																																																
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**Form: 5B. Project Participants - Subpopulations**

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**Form: 5C. Outreach for Participants**

1. Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations.	
Directly from the street or other locations not meant for human habitation.	mandatory; numeric field; max 3 digits
Directly from emergency shelters	mandatory; numeric field; max 3 digits
Directly from safe havens.	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
Persons at imminent risk of losing their night time residence.	mandatory; numeric field; max 3 digits
Homeless persons as defined under other federal statutes.	mandatory; numeric field; max 3 digits
Persons fleeing domestic violence.	mandatory; numeric field; max 3 digits
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: 5D. Discharge Planning Policy**

visible if applicant organization is a government agency
* 1. Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs?
mandatory, dropdown = Yes, No, Not applicable; nonHMIS

**Part 6 - Performance Measures**

**Form: 6A. Standard**

visible for nonHMIS/Prevention component projects

\* 1. Specify the universe and target for the housing measure. Click 'Save' to calculate the target percent (%).

	a. Persons placed into housing (ES, TH, SH, or PH) as a result of the street outreach program during the operating year.
<b>Housing Measure</b>	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 (%).

Income Measure	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 or program exit.
Target (#)	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
<b>Form: 6B. Additional Performance Measures</b>	
[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
<b>Part 7 - Budget Information</b>	
<b>Form: Funding Request</b>	
* 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; <b>should be visible for prevention projects</b>
Special housing funding:	readonly; if Yes, populated with Permanent Housing
* 3. Select a grant term:	Mandatory; dropdown options are: 1 Year 2 Years 3 Years 4 Years 5 Years 15 Years
4. Select the costs for which funding is being requested:	label
Acquisition/Rehabilitation/New Construction	checkbox; selection triggers Acquisition/Rehabilitation/ New Construction budget form
Leased Structures	checkbox; selection triggers Leased Structures budget form
Supportive Services	checkbox; selection triggers Supportive Services budget form
HMIS	checkbox; selection triggers HMIS budget form
<b>Form: Acquisition/Rehabilitation/New Construction</b>	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.	
Total Acquisition	label
Total Rehabilitation	readonly, dollar (no cents) value field; sums total acquisition request from all structures
Total New Construction	readonly, dollar (no cents) value field; sums total rehabilitation request from all structures
Total Assistance Requested:	readonly, dollar (no cents) value field; sums total new construction request from all structures
<b>Subform: Acquisition/Rehabilitation/New Construction Budget Detail</b>	Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new construction of the new project.
Complete the following fields related to the funds being requested for acquisition, rehabilitation, and/or new construction of the new project.	Complete the following fields related to the funds being requested for acquisition, 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)
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:	label	readonly; based on Annual Assistance Requested
Total Request for Grant Term:	term	readonly; based on Annual Assistance Requested
Total Structures:	label	readonly; sums number of structures
<b>Subform: Leased Structures Budget Detail</b>		
* 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)	
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.

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
2. 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
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; 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		
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
17. Operating 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
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)
Click the "Save" button to automatically calculate totals.	
<b>Form: HMIS</b>	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	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)
Total Request for Grant Term:	readonly, dollar value (no cents) field; multiplies total annual assistance times selected grant term (in years)
<b>Form: Summary Budget</b>	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 (1-8)
9. Sub-total Costs Requested	readonly; numeric field; sum total requested for grant term \$ from each subbudget =
10. 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
11. Total Assistance Plus Admin Requested	readonly; numeric field
12. Cash Match	numeric field
13. In Kind Match	numeric field
14. 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 Units" and "Leased Structures".
15. Total Budget	readonly; numeric field
Click the "Save" button to automatically calculate totals.	
<b>Form: Sources of Leverage</b>	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
<b>Subform: Leverage Detail</b>	
* 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
<b>Part 8 - Attachments and Certification</b>	
<b>Form: 8A. Attachments</b>	
[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
<b>Subform: Attachment Details</b>	
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.
<b>Subform: CoC Rejection Letter</b>	
Document Description	visible only if selected "Appeal" on Form 3A
File Name	mandatory; alphanumeric text box
Document Type	display text CoC Rejection Letter
Maximum Size	2 MB
Allowable formats	zip, xls, xlsx, pdf, mpp, rtf, txt, jpg, xlsx, 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: <a href="http://www.hudhre.info/esnaps">www.hudhre.info/esnaps</a>
<b>Form: 8A. Attachments</b>	
[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
[document attachment 4] 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
<b>Subform: Attachment Details</b>	
Document Description	mandatory; alphanumeric text box
File Name	mandatory; "Choose File" link to explorer file selection; displays file name after selection
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.
<b>Form: 8B. Applicant Certification</b>	
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 of authorized representative from applicant's e-snaps profile
Applicant organization:	readonly; populated with name of applicant organization from applicant's e-snaps 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, fictitious, 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
<b>Part 9 - Summary</b>	
<b>Form: 9A Notice of Intent to Appeal</b>	
<b>Visible only if selected "Appeal" on Form 3A</b>	
* 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.	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
<b>Form 9B: Submission Summary</b>	
<List and completion status of each form>	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



**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**

**Part 2 - Subrecipient Information**

<b>Form: 2A. Project Subrecipients</b>	
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-Award Amount	readonly; column lists organization sub-award from detail subformlets

**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.**

<b>Subform: 2A. Project Subrecipients</b>	
* a. Organization Name	mandatory; alphanumeric field
* b. Organization Type	mandatory; alphanumeric field; N. Nonprofit without 501(c)(3) IRS Status (Other than Institution of Higher 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 PLUS 4	mandatory; numeric; must be 9 digits
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; numeric; must be 5 digits
* f. Congressional District(s)	mandatory; two multi-select list boxes; Available Items: includes all congressional districts; Selected Items: 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; Lt. Colonel; Bishop; Acting Governor; Pastor; Rabbi; Brig. General; Commissioner
* Prefix	mandatory; alphanumeric field;
* 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

<b>Form: 2B. Experience of Applicant, Subrecipient(s), and Other Partners</b>	
* 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 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

**Part 3 - Project Information**

<b>Form: 3A. Project Detail</b>	
* 1a. CoC Number and Name:	mandatory; dropdown with options = CoC number and name, as identified in the CoC's registration submission. Include "No CoC" as first option.
* 1b. CoC Applicant Name:	mandatory; dropdown list dependent on selection of CoC Number and Name above; populated with associated CoC applicant names from registration
2. Project Name:	readonly; populated with 2012 project name

<p>* 3. Project status: (**Form is auto populated. Change only if appealing a CoC rejection**)</p>	<p>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.""</p> <p>If Appeal is selected, Part 9 below is visible; Autosave is important. Warning message must be read and prominent.</p>
<p>* 4. Component Type:</p>	<p>New projects = mandatory; dropdown with options: PH, TH, SSO, HMIS</p>
<p>* 5. Is Energy Star used at one or more of the proposed properties?</p>	<p>mandatory; dropdown with options: Yes, No, Not applicable</p>
<p>* 6. Does this project use one or more properties that have been conveyed through the Title V process?</p>	<p>mandatory; dropdown with options: Yes, No</p>
<p><b>Form: 3B. Description</b></p>	
<p>* 1. Provide a description that addresses the entire scope of the proposed project..</p>	<p>mandatory; alphanumeric field</p>
<p>* 2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work</p>	<p>mandatory; alphanumeric field</p>
<p><b>Form: 3C. HMIS Expansion</b></p>	
<p>* 1. Will the requested funds increase the capacity or function of the CoC's existing HMIS? Click the "Save" button to update the form.</p>	<p>mandatory; dropdown with: Yes, No</p>
<p>* 2. Indicate the scope of the proposed expansion: Click "Save" to update form.</p> <p>If replacing the loss of nonrenewable funding, respond to the following:</p>	<p>visible if Yes is selected to question #1. 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</p>
<p>* a) What is the source of non-renewable funding?</p>	<p>Mandatory drop-down with the following options: -Federal -State -Local Government -Private -Other</p>
<p>* b) Why are the project funds non-renewable?</p>	<p>mandatory, alphanumeric field</p>
<p>* c) On what date will the non-renewable funds expire?</p>	<p>mandatory, calendar field; mm/dd/yyyy format; visible if the following option is selected: Replace the loss of nonrenewable funding (private, federal, other excluding State/local government)</p>
<p>* d) What steps were taken to obtain other funding sources?</p>	<p>mandatory, alphanumeric field</p>
<p>If increasing HMIS functionality, respond to the following:</p>	<p>visible if selected in question above</p>
<p>* a) Describe the increased functionality.</p>	<p>mandatory, alphanumeric field</p>
<p>If increasing the geographic coverage of HMIS, respond to the following:</p>	<p>visible if selected in question above</p>
<p>If increasing the number of participating agencies and/or programs, respond to the following:</p>	<p>Mandatory; many-to-many with available options = to 2012 geo areas</p>
<p>visible if selected in question above</p>	<p>visible if selected in question above</p>
<p>a) Identify the additional participants and how many participants and/or programs that were added.</p>	<p>Table with two columns. The first column has the row titles (identified below) and the second column is empty and the applicant can enter only numeric characters. The last row (Total) should sum the columns above it and will be read only. Row Titles: Emergency Solutions Grant (ESG) Other HUD HUD-Veterans Affairs Supportive Housing (HUD-VASH) Supportive Services for Veteran Families (SSVF) Other Department of Veterans Affairs (VA) Runaway and Homeless Youth (RHY) Projects for Assistance in Transition from Homelessness (PATH) Other Department of Health and Human Services (HHS) Faith-based Other Total</p>
<p>b) Identify the expected increase in HMIS coverage rate that will result from this expansion.</p>	<p>Table with three columns. The first column header will read, "Component Types," the second column header will read, "Current HMIS Coverage Rate," and the third column header will read, "Expected 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 Permanent Housing</p>

Part 4 - Hsg, Svcs, and HMIS	
<b>Form: 4A. HMIS Standards</b>	
* 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
2b. 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?	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
* 9. How long does it take to remove access rights to former HMIS users?	Mandatory, dropdown menu with: -Within 24 hours -Within 1 week -Within 2 weeks -Within 1 month -Longer than 1 month
<b>Form: 4B. HMIS Training</b>	
* 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)
<b>Part 5 - Not Applicable for HMIS</b>	
<b>Part 6 - Not Applicable for HMIS</b>	
<b>Part 7 - Budget Information</b>	
<b>Form: Funding Request</b>	
* 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; readonly; if Yes, populated with HMIS Bonus
Special housing funding:	
* 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 burden?	mandatory; dropdown with Yes, No
<b>Form: HMIS Budget</b>	
* 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
<b>3. Services</b>	
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
<b>4. Personnel</b>	
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
<b>5. Space &amp; Operations</b>	
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)
<b>Form: Summary Budget</b>	
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 =
10. 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)
11. Total Assistance Plus Admin Requested	readonly; numeric field
12. Cash Match	numeric field
13. In Kind Match	numeric field
14. 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 Units" and "Leased Structures".
15. Total Budget	readonly; numeric field
Click the "Save" button to automatically calculate totals.	
<b>Form: Sources of Leverage</b>	
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
<b>Subform: Leverage Detail</b>	
* 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
<b>Part 8 - Attachments and Certification</b>	
<b>Form: 8A. Attachments</b>	
[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
<b>Subform: Attachment Details</b>	
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.
<b>Subform: CoC Rejection Letter</b>	
Document Description	visible only if selected "Appeal" on Form 3A
File Name	mandatory; alphanumeric text box 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, xlsx, 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: <a href="http://www.hudhre.info/esnaps">www.hudhre.info/esnaps</a>
<b>Form: 8A. Attachments</b>	
[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
<b>Subform: Attachment Details</b>	
Document Description	mandatory; alphanumeric text box
File Name	mandatory; "Choose File" link to explorer file selection; displays file name after selection
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.
<b>Subform: CoC Rejection Letter</b>	
Document Description	visible only if selected "Appeal" on Form 3A
File Name	mandatory; alphanumeric text box
Document Type	display text CoC Rejection Letter
Maximum Size	2 MB
Allowable formats	zip, xls, xlsx, pdf, mpp, rtf, txt, jpg, xlsx, 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: <a href="http://www.hudhre.info/esnaps">www.hudhre.info/esnaps</a>
<b>Form: 8B. Applicant Certification</b>	
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 of authorized representative from applicant's e-snaps profile
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, fictitious, 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
<b>Part 9 - Summary</b>	
<b>Form: 9A Notice of Intent to Appeal</b>	
<b>Visible only if selected "Appeal" on Form 3A</b>	
* 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.	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
<b>Form 9B: Submission Summary</b>	
<List and completion status of each form>	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

**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**

**Part 2 - Subrecipient Information**

<b>Form: 2A. Project Subrecipients</b>		<b>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.</b>
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-Award Amount		readonly; column lists organization sub-award from detail subformlets

<b>Subform: 2A. Project Subrecipients</b>	
* a. Organization Name	mandatory; alphanumeric field
* b. Organization Type	mandatory; dropdown with options: N. Nonprofit without 501(c)(3) IRS Status (Other than Institution of Higher 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 PLUS 4	mandatory; numeric; must be 9 digits
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; two digit select list boxes; Available Items: includes all congressional districts; Selected Items: displays applicant selected states and territories
* f. Congressional District(s)	mandatory; dropdown with No, Yes
* 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; Lt. Colonel; Bishop; Acting Governor; Pastor; Rabbi; Brig. General; Commissioner
* Prefix	mandatory; alphanumeric field;
* 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

**Part 3 - Project Information**

<b>Form: 3A. Project Detail</b>	
1. 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 registration submission. Include "No CoC" as first option.
* 2b. CoC Applicant Name:	mandatory; dropdown list dependent on selection of CoC Number and Name above; populated with 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**)	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."
* 5. Component Type:	If Appeal is selected, Part 9 below is visible; Autosave is important. Warning message must be red and prominent.
* 6. Is Energy Star used at one or more of the proposed properties?	mandatory; dropdown with options: PH, SH, TH, SSO, HMIS
* 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
<b>Form: 3B. Description</b>	
* 1. Provide a description that addresses the entire scope of the proposed project.	mandatory; alphanumeric field

* 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 RRR?	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)	Mandatory and visible only if select PRA, SRA, TRA above in 4a; Dropdown with options Yes, No; default to No;
<b>Part 4 - Hsg, Svcs, and HMIS</b>	
<b>Form: 4A. Supportive Services for Participants</b>	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
<b>Form: 4B. Housing Type and Location</b>	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
<b>Subform: 4B. Housing Type and Location Detail</b>	
* 1. Housing Type:	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
2. 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)
<b>Form: 4C. HMIS Participation</b>	
* 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.
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

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".

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 non-HMIS component projects

5A. Project Participants - Households

Instructions: [show]

Households	Households with at least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Characteristics	Persons in Households with at least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Disabled Adults over age 24	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Non-disabled Adults over age 24	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disabled Adults ages 18-24	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Non-disabled Adults ages 18-24	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Accompanied Disabled Children under age 18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unaccompanied Non-disabled Children under age 18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unaccompanied Disabled Children under age 18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unaccompanied Non-disabled Children under age 18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Number of Adults over age 24	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Number of Adults ages 18-24	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Number of Children under age 18	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Persons	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

At least one person in the Households Grid must be served.

Click Save to automatically calculate totals

Label at bottom

**Form: 5B. Project Participants - Subpopulations**

Total Households and Household characteristics

grid must include at least one entry (ie, entry can be equal to 0)



5B. Project Participants - Subpopulations							
Persons in Households with at Least One Adult and One Child							
Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	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							
<b>Total Persons</b>							
Persons in Households without Children							
Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	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							
<b>Total Persons</b>							
Persons in Households with Only Children							
Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence
Accompanied Disabled Children under age 18							
Accompanied Non-disabled Children under age 18							
Unaccompanied Disabled Children under age 18							
Unaccompanied Non-disabled Children under age 18							
<b>Total Persons</b>							

Click Save to automatically calculate totals

Label at bottom

**Form: 5C. Outreach**

1. Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations.	
Directly from the street or other locations not meant for human habitation.	mandatory; numeric field; max 3 digits
Directly from emergency shelters	mandatory; numeric field; max 3 digits
Directly from safe havens.	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
Persons at imminent risk of losing their night time residence.	mandatory; numeric field; max 3 digits
Homeless persons as defined under other federal statutes.	mandatory; numeric field; max 3 digits
Persons fleeing domestic violence.	mandatory; numeric field; max 3 digits
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%; alphanumeric field
(*) 3. Describe the outreach plan to bring these homeless participants into the project.	(non-)mandatory; alphanumeric field

**Form: 5D. Discharge Policy**

visible if applicant organization is a government agency	
* 1. Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs?	mandatory; dropdown = Yes, No, Not applicable; nonHMIS

**Part 6 - Performance Measures**

**Form: 6A. Standard**

visible for nonHMIS/Prevention component projects

\* 1. Specify the universe and target for the housing measure.  
Click 'Save' to calculate the target percent (%).

Housing Measure	a. Persons remaining in permanent housing as of the end of the operating year or 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 (%).

Income Measure	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 or program exit.
Target (#)	mandatory; numeric value
Universe (#)	mandatory; numeric value
Target (%)	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).

[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
<b>Part 7 - Budget Information</b>	
<b>Form: Funding Request</b>	
Does the project have a 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
5. 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
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
<b>Form: Leased Units</b>	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
<b>Subform: Leased Units Budget Detail</b>	
* Metropolitan or non-metropolitan fair market rent area:	Enter the appropriate values in the "Number of Units" and "HUD Paid Rent" fields, before clicking on the "Save" button to auto-populate the "Number of Months" and "Total Rent" columns.
SRO	mandatory; dropdown with FMR areas that are in effect at the time of application
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 field; calculated with formula: (number of units times FMR amount (or HUD paid rent) 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
Total Request (Applicant)	readonly field; calculated with formula: (number of units times FMR amount (or HUD paid rent) 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 field; calculated with formula: (number of units times FMR amount (or HUD paid rent) times grant term
2 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 Request (Applicant)	readonly field; calculated with formula: (number of units times FMR amount (or HUD paid rent) 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
Total Request (Applicant)	readonly field; calculated with formula: (number of units times FMR amount (or HUD paid rent) 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
Total Request (Applicant)		readonly field; populated with 12 times number of units times FMR amount (or HUD paid rent) 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
Total Request (Applicant)		readonly field; populated with 12 times number of units times FMR amount (or HUD paid rent) 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
Total Request (Applicant)		readonly field; populated with 12 times number of units times FMR amount (or HUD paid rent) 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
Total Request (Applicant)		readonly field; populated with 12 times number of units times FMR amount (or HUD paid rent) 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		readonly field; populated with 12
Total Request (Applicant)		readonly field; populated with 12 times number of units times FMR amount (or HUD paid rent) 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 field; populated with 12
Total Request (Applicant)		readonly field; populated with 12 times number of units times FMR amount (or HUD paid rent) times grant term
Total units and annual assistance requested		readonly field; sums total number of units for all bedroom sizes and in a separate field (under the total request for grant term)
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		Click the "Save" button to automatically calculate totals
<b>Form: Leased Structures Budget</b>		
		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:		readonly; populated from funding request form.
Total Request for Grant Term:		readonly; calculates total annual assistance \$ from all leased structures budget detail times the grant term
Total Structures:		readonly; sums number of structures
<b>Subform: Leased Structures Budget Detail</b>		
* 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)
Total annual request:		readonly field; multiplies HUD paid rent amount times 12 months
Grant term		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."
<b>Form: Short-term/Medium-term Rental Assistance</b>		

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
<b>Subform: Short-term/Medium-term Rental Assistance Budget Detail</b>	
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
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)	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	
# 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	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:	readonly, dollar value (no cents) field; sums total request for all bedroom sizes
Click the "Save" button to automatically calculate totals.	
<b>Form: Long-term Rental Assistance</b>	budget visible if selected on funding request form

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 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
<b>Subform: Long-term Rental Assistance Budget Detail</b>	

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
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)	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	
# 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	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:	readonly field; populated with Renewal default of 1 Year
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
Click the "Save" button to automatically calculate the Total Annual Assistance requested.	
<b>Form: Supportive Services</b>	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. 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
2. 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
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; 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	
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, dropdown menu with 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000
Total Request for Grant Term:	readonly field, populated with Renewal default of 1 Year
Click the "Save" button to automatically calculate totals.	

<b>Form: Operating</b>	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. 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
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
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	
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, populated with Renewal default of 1 Year
Total Request for Grant Term:	years)
Click the "Save" button to automatically calculate totals.	

<b>Form: HMS</b>	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

<b>1. Equipment</b>	
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
<b>2. Software</b>	
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
<b>3. Services</b>	
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
<b>4. Personnel</b>	
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
<b>5. Space &amp; Operations</b>	
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)
<b>Form: Summary Budget</b>	
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 =
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)
10. Total Assistance Plus Admin Requested	readonly; numeric field
11. Cash Match	numeric field
12. In Kind Match	readonly; 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.	
<b>Form: Sources of Leverage</b>	
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
<b>Subform: Leverage Detail</b>	
* 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
<b>Part 8 - Attachments and Certification</b>	
<b>Form: 8A. Attachments</b>	
[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

Commitment Letter	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 3B
<b>Subform: Attachment Details</b>	
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.
<b>Subform: CoC Rejection Letter</b>	
Document Description	visible only if selected "Appeal" on Form 3A
File Name	mandatory; alphanumeric text box
Document Type	mandatory; "Choose File" link to explorer file selection; displays file name after selection
Maximum Size	display text CoC Rejection Letter
Allowable formats	2 MB
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
<b>Subform: Commitment Letter</b>	
Document Description	visible only if selected "Yes" to question 4D on Form 3B
File Name	mandatory; alphanumeric text box
Document Type	mandatory; "Choose File" link to explorer file selection; displays file name after selection
Maximum Size	display text Commitment Letter
Allowable formats	2 MB
Instructions	xls, xlsx, xism, doc, docx, pdf, mpp, rtf, txt, jpg, 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
<b>Form: 8B. Applicant Certification</b>	
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 of authorized representative from applicant's e-snaps profile
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, fictitious, 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
<b>Part 9 - Summary</b>	
<b>Form: 9A Notice of Intent to Appeal</b>	
<b>Visible only if selected "Appeal" on Form 3A</b>	
* 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



**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**

**Part 2 - Subrecipient Information**

<b>Form: 2A. Project Subrecipients</b>		<b>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.</b>
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-Award Amount		readonly; column lists organization sub-award from detail subformlets

<b>Subform: 2A. Project Subrecipients</b>	
* a. Organization Name	mandatory; alphanumeric field
* b. Organization Type	mandatory; dropdown with options: N. Nonprofit without 501(c)(3) IRS Status (Other than Institution of Higher 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 PLUS 4	mandatory; numeric; must be 9 digits
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; two digit select list boxes; Available Items: includes all congressional districts; Selected Items: displays applicant selected states and territories
* f. Congressional District(s)	mandatory; dropdown with No, Yes
* 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; Lt. Colonel; Bishop; Acting Governor; Pastor; Rabbi; Brig. General; Commissioner
* Prefix	mandatory; alphanumeric field;
* 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

**Part 3 - Project Information**

<b>Form: 3A. Project Detail</b>	
1. 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 registration submission. Include "No CoC" as first option.
* 2b. CoC Applicant Name:	mandatory; dropdown list dependent on selection of CoC Number and Name above; populated with 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**)	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 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

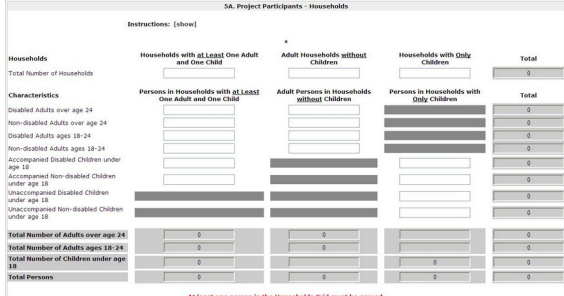
<b>Form: 3B. Description</b>	
* 1. Provide a description that addresses the entire scope of the proposed project.	mandatory; alphanumeric field

* 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. Maximum number of months participants are allowed to be housed at the project site(s). (must not exceed 24 months)	mandatory; numeric field;
* 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)	Mandatory and visible only if select PRA, SRA, TRA above in 4a; Dropdown with options Yes, No; default to No;
<b>Part 4 - Hsg, Svcs, and HMIS</b>	
<b>Form: 4A. Supportive Services for Participants</b>	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
<b>Form: 4B. Housing Type and Location</b>	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
<b>Subform: 4B. Housing Type and Location Detail</b>	
* 1. Housing Type:	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
2. 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)
<b>Form: 4C. HMIS Participation</b>	
* 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.
If "No" to #1	

<p>* 2a. Indicate the reason for non-participation in the HMIS. Click on the "Save" button below to enter additional information.</p>	<p>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</p>
<p>* 2b. Of the clients served from 1/1/2011 - 12/31/2011, indicate the number reported in the HMIS.</p>	<p>Visible and mandatory if No to question #1; numeric (no decimal) field</p>
<p>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".</p>	<p>Visible and mandatory if "Yes" is selected in question #1</p> <p>3 columns: Data Quality (labels) Null or Missing Values (%) - numeric data entry; value &lt;= 100 Don't Know or Refused (%) - numeric data entry; value &lt;= 100</p> <p>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</p>

**Part 5 - Participants and Outreach**

**Form: 5A. Project Participants - Households**

<p>Total Households and Household characteristics</p>	<p>grid must include at least one entry (equal to or greater than 1);Formlet visible for nonHMIS component projects</p>																																																																												
 <p>Instructions: [show]</p> <table border="1"> <thead> <tr> <th>Households</th> <th>Households with at Least One Adult and One Child</th> <th>Adult Households without Children</th> <th>Households with Only Children</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Total Number of Households</td> <td></td> <td></td> <td></td> <td>0</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Characteristics</th> <th>Persons in Households with at Least One Adult and One Child</th> <th>Adult Persons in Households without Children</th> <th>Persons in Households with Only Children</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Disabled Adults over age 24</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>Non-disabled Adults over age 24</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>Disabled Adults ages 18-24</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>Non-disabled Adults ages 18-24</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>Accompanied Disabled Children under age 18</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>Accompanied Non-disabled Children under age 18</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>Unaccompanied Disabled Children under age 18</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>Unaccompanied Non-disabled Children under age 18</td> <td></td> <td></td> <td></td> <td>0</td> </tr> <tr> <td>Total Number of Adults over age 24</td> <td>0</td> <td>0</td> <td></td> <td>0</td> </tr> <tr> <td>Total Number of Adults ages 18-24</td> <td>0</td> <td>0</td> <td></td> <td>0</td> </tr> <tr> <td>Total Number of Children under age 18</td> <td>0</td> <td></td> <td>0</td> <td>0</td> </tr> <tr> <td>Total Persons</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table> <p><small>At least one person in the Households Grid must be served.</small></p>	Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total	Total Number of Households				0	Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total	Disabled Adults over age 24				0	Non-disabled Adults over age 24				0	Disabled Adults ages 18-24				0	Non-disabled Adults ages 18-24				0	Accompanied Disabled Children under age 18				0	Accompanied Non-disabled Children under age 18				0	Unaccompanied Disabled Children under age 18				0	Unaccompanied Non-disabled Children under age 18				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		
Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total																																																																									
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Click Save to automatically calculate totals Label at bottom

**Form: 5B. Project Participants - Subpopulations**

<p>Total Households and Household characteristics</p>	<p>grid must include at least one entry (ie, entry can be equal to 0)</p>
---	---

5B. Project Participants - Subpopulations							
Persons in Households with at Least One Adult and One Child							
Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	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							
<b>Total Persons</b>							
Persons in Households without Children							
Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	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							
<b>Total Persons</b>							
Persons in Households with Only Children							
Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence
Accompanied Disabled Children under age 18							
Accompanied Non-disabled Children under age 18							
Unaccompanied Disabled Children under age 18							
Unaccompanied Non-disabled Children under age 18							
<b>Total Persons</b>							

Click Save to automatically calculate totals

Label at bottom

**Form: 5C. Outreach**

1. Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations.	
Directly from the street or other locations not meant for human habitation.	mandatory; numeric field; max 3 digits
Directly from emergency shelters	mandatory; numeric field; max 3 digits
Directly from safe havens.	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
Persons at imminent risk of losing their night time residence.	mandatory; numeric field; max 3 digits
Homeless persons as defined under other federal statutes.	mandatory; numeric field; max 3 digits
Persons fleeing domestic violence.	mandatory; numeric field; max 3 digits
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: 5D. Discharge Policy**

visible if applicant organization is a government agency	
* 1. Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs?	mandatory; dropdown = Yes, No, Not applicable; nonHMIS

**Part 6 - Performance Measures**

**Form: 6A. Standard**

visible for nonHMIS/Prevention component projects

\* 1. Specify the universe and target for the housing measure.  
Click 'Save' to calculate the target percent (%).

Housing Measure	a. Persons remaining in permanent housing as of the end of the operating year or 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 (%).

Income Measure	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 or program exit.
Target (#)	mandatory; numeric value
Universe (#)	mandatory; numeric value
Target (%)	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).

[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
<b>Part 7 - Budget Information</b>	
<b>Form: Funding Request</b>	
Does the project have a 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
5. 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
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
<b>Form: Leased Units</b>	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
<b>Subform: Leased Units Budget Detail</b>	Enter the appropriate values in the "Number of Units" and "HUD Paid Rent" fields, before clicking on the "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; populated with 12 months
Total Request (Applicant)	readonly field; populated with 12 months times number of units times FMR amount (or HUD paid rent) 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
Total Request (Applicant)	readonly field; populated with 12 months times number of units times FMR amount (or HUD paid rent) 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 field; populated with 12 months times number of units times FMR amount (or HUD paid rent) times grant term
2 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 Request (Applicant)	readonly field; populated with 12 months times number of units times FMR amount (or HUD paid rent) 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
Total Request (Applicant)	readonly field; populated with 12 months times number of units times FMR amount (or HUD paid rent) 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 (in months) multiplies 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 (in months) multiplies 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 (in months) multiplies 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 (in months) multiplies 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
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 (in months) multiplies 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 field; populated with 12 (in months) multiplies number of units times FMR amount (or HUD paid rent)
Total Request (Applicant)	times grant term
Total units and annual assistance requested	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
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
<b>Form: Leased Structures Budget</b>	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:	readonly; sums total annual assistance \$ from all leased structures budget detail
Grant Term:	readonly; populated from funding request form
Total Request for Grant Term:	readonly; sums total request for all leased structures budget detail times the grant term
Total Structures:	readonly; sums number of structures
<b>Subform: Leased Structures Budget Detail</b>	
* 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)
Total annual request:	readonly field; multiplies HUD paid rent amount times 12 months
Grant term	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."
<b>Form: Short-term/Medium-term Rental Assistance</b>	

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
<b>Subform: Short-term/Medium-term Rental Assistance Budget Detail</b>	
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
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; multiplies 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; multiplies 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; multiplies 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; multiplies 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
Total request (Applicant)	readonly, dollar value (no cents) field; multiplies 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; multiplies 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; multiplies 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; multiplies 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; multiplies 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; multiplies 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; multiplies 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:	readonly, dollar value (no cents) field; sums total request for all bedroom sizes
Click the "Save" button to automatically calculate totals.	
<b>Form: Supportive Services</b>	
	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. 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
2. 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
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; 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	
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, populated with Renewal default of 1 Year
Total Request for Grant Term:	readonly field, populated with Renewal default of 1 Year
Click the "Save" button to automatically calculate totals.	

<b>Form: Operating</b>	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. 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
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
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	
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, populated with Renewal default of 1 Year
Total Request for Grant Term:	readonly field, populated with Renewal default of 1 Year
Click the "Save" button to automatically calculate totals.	



<b>Form: HMIS</b>	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	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, 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)
<b>Form: Summary Budget</b>	
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 =
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)
10. Total Assistance Plus Admin Requested	readonly; numeric field
11. Cash Match	numeric field
12. In Kind Match	readonly; Alert calculation = 25 % of "Total Assistance Plus Admin Requested" MINUS "Leased Units" and "Leased Structures".
13. Total Match	readonly; numeric field
14. Total Budget	readonly; numeric field
Click the "Save" button to automatically calculate totals.	
<b>Form: Sources of Leverage</b>	
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
<b>Subform: Leverage Detail</b>	
* 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
<b>Part 8 - Attachments and Certification</b>	
<b>Form: 8A. Attachments</b>	
[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

Commitment Letter	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 3B
<b>Subform: Attachment Details</b>	
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.
<b>Subform: CoC Rejection Letter</b>	
Document Description	visible only if selected "Appeal" on Form 3A
File Name	mandatory; alphanumeric text box
Document Type	mandatory; "Choose File" link to explorer file selection; displays file name after selection
Maximum Size	display text CoC Rejection Letter
Allowable formats	2 MB
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
<b>Subform: Commitment Letter</b>	
Document Description	visible only if selected "Yes" to question 4D on Form 3B
File Name	mandatory; alphanumeric text box
Document Type	mandatory; "Choose File" link to explorer file selection; displays file name after selection
Maximum Size	display text Commitment Letter
Allowable formats	2 MB
Instructions	xls, xlsx, xism, doc, docx, pdf, mpp, rtf, txt, jpg, 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
<b>Form: 8B. Applicant Certification</b>	
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 of authorized representative from applicant's e-snaps profile
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, fictitious, 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
<b>Part 9 - Summary</b>	
<b>Form: 9A Notice of Intent to Appeal</b>	
<b>Visible only if selected "Appeal" on Form 3A</b>	
* 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

**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**

**Part 2 - Subrecipient Information**

<b>Form: 2A. Project Subrecipients</b>	
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-Award Amount	readonly; column lists organization sub-award from detail subformlets

**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.**

<b>Subform: 2A. Project Subrecipients</b>	
* a. Organization Name	mandatory; alphanumeric field
* b. Organization Type	mandatory; alphanumeric field; N. Nonprofit without 501(c)(3) IRS Status (Other than Institution of Higher 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; numeric; select list boxes; Available Items: includes all congressional districts; Selected Items: displays applicant selected states and territories
* f. Congressional District(s)	mandatory; dropdown with No, Yes
* 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; Lt. Colonel; Bishop; Acting Governor; Pastor; Rabbi; Brig. General; Commissioner
* Prefix	mandatory; alphanumeric field;
* 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

**Part 3 - Project Information**

<b>Form: 3A. Project Detail</b>	
1. 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 registration submission. Include "No CoC" as first option.
* 2b. CoC Applicant Name:	mandatory; dropdown list dependent on selection of CoC Number and Name above; populated with 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**)	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 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
<b>Form: 3B. Description</b>	
* 1. Provide a description that addresses the entire scope of the proposed project.	mandatory; alphanumeric field

* 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
<b>Part 4 - Hsg, Svcs, and HMIS</b>	
<b>Form: 4A. Supportive Services for Participants</b>	
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
<b>Form: 4B. Supportive Services Only</b>	
* 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
<b>Form: 4C. HMIS Participation</b>	
* 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.
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
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".	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
<b>Part 5 - Participants and Outreach</b>	
<b>Form: 5A. Project Participants - Households</b>	
Total Households and Household characteristics	grid must include at least one entry (equal to or greater than 1);Formlet visible for nonHMIS component projects

5A. Project Participants - Households

Instructions: [show]

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households				0
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Disabled Adults over age 24				0
Non-disabled Adults over age 24				0
Disabled Adults ages 18-24				0
Non-disabled Adults ages 18-24				0
Accompanied Disabled Children under age 18				0
Unaccompanied Non-disabled Children under age 18				0
Unaccompanied Disabled Children under age 18				0
Unaccompanied Non-disabled Children under age 18				0
<b>Total Number of Adults over age 24</b>	0	0		0
<b>Total Number of Adults ages 18-24</b>	0	0		0
<b>Total Number of Children under age 18</b>	0	0	0	0
<b>Total Persons</b>	0	0	0	0

At least one person in the Households Grid must be served.

Click Save to automatically calculate totals

Label at bottom

**Form: 5B. Project Participants - Subpopulations**

Total Households and Household characteristics

grid must include at least one entry (ie, entry can be equal to 0)

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	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							
<b>Total Persons</b>							

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	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							
<b>Total Persons</b>							

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence
Accompanied Disabled Children under age 18							
Unaccompanied Non-disabled Children under age 18							
Unaccompanied Disabled Children under age 18							
Unaccompanied Non-disabled Children under age 18							
<b>Total Persons</b>							

Click Save to automatically calculate totals

Label at bottom

**Form: 5C. Outreach**

1. Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations.

Directly from the street or other locations not meant for human habitation.

mandatory; numeric field; max 3 digits

Directly from emergency shelters.

mandatory; numeric field; max 3 digits

Directly from safe havens.

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

Persons at imminent risk of losing their night time residence.

mandatory; numeric field; max 3 digits

Homeless persons as defined under other federal statutes.

mandatory; numeric field; max 3 digits

Persons fleeing domestic violence.

mandatory; numeric field; max 3 digits

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: 5D. Discharge Policy**

visible if applicant organization is a government agency

\* 1. Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs?

mandatory, dropdown = Yes, No, Not applicable; nonHMIS

**Part 6 - Performance Measures**

<b>Form: 6A. Standard</b>	visible for nonHMIS/Prevention component projects
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\* 1. Specify the universe and target for the housing measure.  
Click 'Save' to calculate the target percent (%).

	a. Persons placed into housing (ES, TH, SH, or PH) as a result of the street outreach program during the 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 b. Persons age 18 through 61 who increased their earned income as of the end of the operating year or program exit.
Income Measure	
Target (#)	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.

	Categories: <i>Physical Disability</i> <i>Developmental Disability</i> <i>Chronic Health</i> <i>HIV/AIDS</i> <i>Mental Health</i> <i>Substance Abuse</i>
Measure	
Target (#)	mandatory, numeric value
Universe (#)	mandatory, numeric value
Target (%)	readonly; calculate percentage = target number divided by universal number

<b>Form: 6B. Additional Performance Measures</b>	Specify up to three additional measures on which the project will report performance in the Annual Performance Report (APR).
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[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**

<b>Form: Funding Request</b>	Indicate 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;
4. Select a grant term:	Read-only, auto populated with 1 year; cannot change
5. Select the costs for which funding is being requested:	label
Leased Structures	checkbox; selection triggers Leased Structures budget form
Housing Relocation & Stabilization	checkbox; selection triggers Housing Relocation & Stabilization budget form
Supportive Services	checkbox; selection triggers Supportive Services budget form
HMIS	checkbox; selection triggers HMIS budget form

<b>Form: Leased Structures Budget</b>	budget visible if selected on funding request form
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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:	readonly; sums total annual assistance \$ from all leased structures budget detail
Grant Term:	readonly; derived from annual assistance form
Total Request for Grant Term:	term
Total Structures:	readonly; sums number of structures

<b>Subform: Leased Structures Budget Detail</b>		
* 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)
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."
<b>Form: Supportive Services</b>		
		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
<b>1. Assessment of Service Needs</b>		
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
<b>2. Assistance with Moving Costs</b>		
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
<b>3. Case Management</b>		
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
<b>4. Child Care</b>		
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
<b>5. Education Services</b>		
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
<b>6. Employment Assistance</b>		
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
<b>7. Food</b>		
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
<b>8. Housing/Counseling Services</b>		
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
<b>9. Legal Services</b>		
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
<b>10. Life Skills</b>		
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
<b>11. Mental Health Services</b>		
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
<b>12. Outpatient Health Services</b>		
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
<b>13. Outreach Services</b>		
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
<b>14. Substance Abuse Treatment Services</b>		
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
<b>15. Transportation</b>		
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
<b>16. Utility Deposits</b>		
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
<b>17. Operating Costs</b>		
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 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)
Click the "Save" button to automatically calculate totals.	
<b>Form: HMIS</b>	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	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 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)
<b>Form: Summary Budget</b>	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 =
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)
10. Total Assistance Plus Admin Requested	readonly; numeric field
11. Cash Match	numeric field
12. In Kind Match	required 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.	
<b>Form: Sources of Leverage</b>	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
<b>Subform: Leverage Detail</b>	
* 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
<b>Part 8 - Attachments and Certification</b>	
<b>Form: 8A. Attachments</b>	
[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
<b>Subform: Attachment Details</b>	
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.
<b>Subform: CoC Rejection Letter</b>	
Document Description	visible only if selected "Appeal" on Form 3A
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, xlsx, 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: <a href="http://www.hudhre.info/esnaps">www.hudhre.info/esnaps</a>
<b>Form: 8B. Applicant Certification</b>	
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 of authorized representative from applicant's e-snaps profile
Applicant organization:	readonly; populated with name of applicant organization from applicant's e-snaps 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, fictitious, 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
<b>Part 9 - Summary</b>	
<b>Form: 9A Notice of Intent to Appeal</b>	
<b>Visible only if selected "Appeal" on Form 3A</b>	
* 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

**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**

**Part 2 - Subrecipient Information**

<b>Form: 2A. Project Subrecipients</b>		<b>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.</b>
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-Award Amount		readonly; column lists organization sub-award from detail subformlets

<b>Subform: 2A. Project Subrecipients</b>	
* a. Organization Name	mandatory; alphanumeric field
* b. Organization Type	mandatory; dropdown with options = N. Nonprofit without 501(c)(3) IRS Status (Other than Institution of Higher 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 PLUS 4	mandatory; numeric; must be 9 digits
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; numeric; select list boxes; Available Items: includes all congressional districts; Selected Items: displays applicant selected states and territories
* f. Congressional District(s)	mandatory; dropdown with No, Yes
* 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; Lt. Colonel; Bishop; Acting Governor; Pastor; Rabbi; Brig. General; Commissioner
* Prefix	mandatory; alphanumeric field;
* First Name	non-mandatory; alphanumeric field;
Middle Name	mandatory; alphanumeric field;
* Last Name	non-mandatory; dropdown with: Jr.; Sr.; M.D.; D.D.S.; Ph.D.; Esq.; CSW; J.D.; MSW; LMSW; LCSW; Ed.D.
Suffix	mandatory; alphanumeric field;
* Title	mandatory; alphanumeric field; must be valid email
* E-mail Address	mandatory; alphanumeric field; must match previous field exactly
* Confirm E-mail Address	mandatory; numeric field; 10 or 11 numbers only
* Phone Number	non-mandatory; numeric field only
Extension	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

**Part 3 - Project Information**

<b>Form: 3A. Project Detail</b>	
1. 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 registration submission. Include "No CoC" as first option.
* 2b. CoC Applicant Name:	mandatory; dropdown list dependent on selection of CoC Number and Name above; populated with 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**)	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 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

<b>Form: 3B. Description</b>	
* 1. Provide a description that addresses the entire scope of the proposed project.	mandatory; alphanumeric field

Part 4 - Hsg, Svcs, and HMIS	
<b>Form: 4A. HMIS Standards</b>	
* 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
2b. 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?	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
* 9. How long does it take to remove access rights to former HMIS users?	Mandatory, dropdown menu with: -Within 24 hours -Within 1 week -Within 2 weeks -Within 1 month -Longer than 1 month
<b>Part 5 - Not Applicable for HMIS</b>	
<b>Part 6 - Not Applicable for HMIS</b>	
<b>Part 7 - Budget Information</b>	
<b>Form: Funding Request</b>	
* 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
<b>Form: HMIS</b>	
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.	
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	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
3. Services	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
4. Personnel	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
5. Space & Operations	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
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 (in years)

<b>Form: Summary Budget</b>	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 =
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)
10. Total Assistance Plus Admin Requested	readonly; numeric field
11. Cash Match	numeric field
12. In Kind Match	readonly; 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.	
<b>Form: Sources of Leverage</b>	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
<b>Subform: Leverage Detail</b>	
* 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
<b>Part 8 - Attachments and Certification</b>	
<b>Form: 8A. Attachments</b>	
[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
<b>Subform: Attachment Details</b>	
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.
<b>Subform: CoC Rejection Letter</b>	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, xism, 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
<b>Form: 8B. Applicant Certification</b>	
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 of authorized representative from applicant's e-snaps profile
Applicant organization:	readonly; populated with name of applicant from applicant's e-snaps profile
PHA number (for PHA applicants only):	nonmandatory, alphanumeric field

<p>* 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, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).</p>	<p>mandatory checkbox, selection allow submission of application in e-snaps</p>
<p><b>Part 9 - Summary</b></p>	
<p><b>Form: 9A Notice of Intent to Appeal</b></p>	
<p><b>Visible only if selected "Appeal" on Form 3A</b></p>	
<p>* 1. Check the following box to certify this form as your Notice of Intent to Appeal</p>	<p>mandatory; checkbox, selection allows submission of application in e-snaps</p>
<p>* 2. Was this project application first rejected by the CoC and then submitted OR submitted completely independently of the CoC's process?</p>	<p>mandatory; drop down Rejected, Independent,Default to Rejected</p>

**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**

**Part 2 - Subrecipient Information**

<b>Form: 2A. Project Subrecipients</b>		<b>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.</b>
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-Award Amount		readonly; column lists organization sub-award from detail subformlets

<b>Subform: 2A. Project Subrecipients</b>		
* a. Organization Name		mandatory; alphanumeric field
* b. Organization Type		mandatory; dropdown with options: N. Nonprofit without 501(c)(3) IRS Status (Other than Institution of Higher 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 PLUS 4		mandatory; numeric; must be 9 digits
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; numeric; must be 5 digits
* f. Congressional District(s)		mandatory; dropdown-select list boxes; Available Items: includes all congressional districts; Selected Items: 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; Lt. Colonel; Bishop; Acting Governor; Pastor; Rabbi; Brig. General; Commissioner
* Prefix		mandatory; alphanumeric field;
* 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

**Part 3 - Project Information**

<b>Form: 3A. Project Detail</b>		
1. 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 registration submission. Include "No CoC" as first option.
* 2b. CoC Applicant Name:		mandatory; dropdown with options = CoC number and name above; populated with 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 be red 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

<b>Form: 3B. Description</b>		
* 1. Provide a description that addresses the entire scope of the proposed project.		mandatory; alphanumeric field

**Part 4 - Hsg, Srvs, and HMIS**

<b>Form: 4A. Supportive Services for Participants</b>		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

<b>Form: 4B. Housing Type and Location</b>	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
<b>Subform: 4B. Housing Type and Location Detail</b>	
* 1. Housing Type:	mandatory; nonHMIS and nonSSO; dropdown options with: Barracks Dormitory, shared or private rooms Shared housing, Single Room Occupancy (SRO) units Clustered apartments Scattered-site apartments (including efficiencies) Single family homes/townhouses/duplexes
2. 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)
<b>Form: 4C. HMIS Participation</b>	
* 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.
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
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".	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
<b>Part 5 - Participants and Outreach</b>	
<b>Form: 5A. Project Participants - Households</b>	
Total Households and Household characteristics	grid must include at least one entry (equal to or greater than 1);Formlet visible for nonHMIS component projects

5A. Project Participants - Households

Instructions: [show]

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households				0
Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Disabled Adults over age 24				0
Non-disabled Adults over age 24				0
Disabled Adults ages 18-24				0
Non-disabled Adults ages 18-24				0
Accompanied Disabled Children under age 18				0
Unaccompanied Non-disabled Children under age 18				0
Unaccompanied Disabled Children under age 18				0
Unaccompanied Non-disabled Children under age 18				0
<b>Total Number of Adults over age 24</b>	0	0		0
<b>Total Number of Adults ages 18-24</b>	0	0		0
<b>Total Number of Children under age 18</b>	0	0	0	0
<b>Total Persons</b>	0	0	0	0

At least one person in the Households Grid must be served.

Click Save to automatically calculate totals

Label at bottom

**Form: 5B. Project Participants - Subpopulations**

Total Households and Household characteristics

grid must include at least one entry (ie, entry can be equal to 0)

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	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							
<b>Total Persons</b>							

Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	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							
<b>Total Persons</b>							

Persons in Households with Only Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence
Accompanied Disabled Children under age 18							
Unaccompanied Non-disabled Children under age 18							
Unaccompanied Disabled Children under age 18							
Unaccompanied Non-disabled Children under age 18							
<b>Total Persons</b>							

Click Save to automatically calculate totals

Label at bottom

**Form: 5C. Outreach**

1. Enter the percentage of homeless person(s) who will be served by the proposed project for each of the following locations.

- Directly from the street or other locations not meant for human habitation.
- Directly from emergency shelters
- Directly from safe havens.

mandatory; numeric field; max 3 digits

mandatory; numeric field; max 3 digits

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.
- Persons at imminent risk of losing their night time residence.
- Homeless persons as defined under other federal statutes.
- Persons fleeing domestic violence.

mandatory; numeric field; max 3 digits

mandatory; numeric field; max 3 digits

mandatory; numeric field; max 3 digits

mandatory; numeric field; max 3 digits

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: 5D. Discharge Policy**

visible if applicant organization is a government agency

\* 1. Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs?

mandatory, dropdown = Yes, No, Not applicable; nonHMIS

**Part 6 - Performance Measures**



<b>Form: 6A. Standard</b>	visible for nonHMIS/Prevention component projects
* 1. Specify the universe and target for the housing and income measures. Click 'Save' to calculate the target percent (%).	
Housing Measure	a. Persons remaining in the Safe Haven program as of the end of the operating year or 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
Income Measure	a. Persons age 18 and older who maintained or increased their total income (from all sources) as of the end of the operating year or program exit.
Target (#)	mandatory, numeric value
Universe (#)	mandatory, numeric value
Target (%)	readonly; calculate percentage = target number divided by universal number
<b>Form: 6B. Additional Performance Measures</b>	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	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
<b>Part 7 - Budget Information</b>	
<b>Form: Funding Request</b>	has a 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
5. 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	checkbox; selection triggers Supportive Services budget form
Operations	checkbox; selection triggers Operations budget form
HMIS	checkbox; selection triggers HMIS budget form
<b>Form: Leased Units</b>	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.	
Total Annual Assistance Requested:	label
Grant Term:	readonly; sums total annual assistance \$ from all leased units budget detail
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
<b>Subform: Leased Units Budget Detail</b>	Enter the appropriate values in the "Number of Units" and "HUD Paid Rent" fields, before clicking on the "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; populated with 12 (one) times 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 (one) times 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 field; populated with 12 (months) times number of units times FMR amount (or HUD paid rent) times grant term
2 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 Request (Applicant)	readonly field; populated with 12 (months) times number of units times FMR amount (or HUD paid rent) 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)
Total Request (Applicant)	readonly field; populated with 12 (months) times number of units times FMR amount (or HUD paid rent) 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)
Total Request (Applicant)	readonly field; populated with 12 (months) times number of units times FMR amount (or HUD paid rent) 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)
Total Request (Applicant)	readonly field; populated with 12 (months) times number of units times FMR amount (or HUD paid rent) 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)
Total Request (Applicant)	readonly field; populated with 12 (months) times number of units times FMR amount (or HUD paid rent) 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 Request (Applicant)	readonly field; populated with 12 (months) times number of units times FMR amount (or HUD paid rent) 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	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
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 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
Total units and annual assistance requested	readonly, sums total number of units for all bedroom sizes and in a separate field (under the total 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	Click the "Save" button to automatically calculate totals
<b>Form: Leased Structures Budget</b>	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.

	label
Total Annual Assistance Requested:	readonly; sums total annual assistance \$ from all leased structures budget detail
Grant Term:	readonly; populated from annual request form
Total Request for Grant Term:	readonly; sums total request for all leased structures budget detail times the grant term
Total Structures:	readonly; sums number of structures
<b>Subform: Leased Structures Budget Detail</b>	
* 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)
Total annual request:	readonly field; multiplies HUD paid rent amount times 12 months
Grant term	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."
<b>Form: Supportive Services</b>	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. 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
2. 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
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; 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	
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, 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)
Click the "Save" button to automatically calculate totals.	
<b>Form: Operating</b>	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.

1. Maintenance/Repair	label
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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
<b>2. Property Taxes and Insurance</b>	
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
<b>3. Replacement Reserve</b>	
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
<b>4. Building Security</b>	
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
<b>5. Electricity, Gas, and Water</b>	
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
<b>6. Furniture</b>	
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
<b>7. Equipment (lease, buy)</b>	
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
<b>Total Annual Assistance Requested:</b>	readonly, dollar value (no cents) field; sums annual budget request indicated
<b>Grant Term:</b>	readonly field, populated with Renewal default of 1 Year
<b>Total Request for Grant Term:</b>	readonly
Click the "Save" button to automatically calculate totals.	
<b>Form: HMIS</b>	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
<b>1. Equipment</b>	
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
<b>2. Software</b>	
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
<b>3. Services</b>	
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
<b>4. Personnel</b>	
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
<b>5. Space &amp; Operations</b>	
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
<b>Total Annual Assistance Requested:</b>	readonly, dollar value (no cents) field; sums annual budget request indicated
<b>Grant Term:</b>	readonly field, populated with Renewal default of 1 Year
<b>Total Request for Grant Term:</b>	readonly, dollar value (no cents) field; multiplies total annual assistance times selected grant term (in years)
<b>Form: Summary Budget</b>	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.
<b>Eligible Costs</b>	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)
<b>8. Sub-total Costs Requested</b>	readonly; numeric field; sum total requested for grant term \$ from each subbudget =
<b>9. Admin (up to 10%)</b>	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
<b>10. Total Assistance Plus Admin Requested</b>	readonly; numeric field
<b>11. Cash Match</b>	numeric field
<b>12. In Kind Match</b>	numeric field

13. Total Match	requirement. Alert calculation = 25 % of "Total Assistance Plus Admin Requested" MINUS "Leased Units" and "Leased Structures".
14. Total Budget	readonly; numeric field
Click the "Save" button to automatically calculate totals.	
<b>Form: Sources of Leverage</b>	
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
<b>Subform: Leverage Detail</b>	
* 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
<b>Part 8 - Attachments and Certification</b>	
<b>Form: 8A. Attachments</b>	
[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
<b>Subform: Attachment Details</b>	
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.
<b>Subform: CoC Rejection Letter</b>	
Document Description	visible only if selected "Appeal" on Form 3A
File Name	mandatory; alphanumeric text box
Document Type	display text CoC Rejection Letter
Maximum Size	2 MB
Allowable formats	zip, xls, xlsx, pdf, mpp, rtf, txt, jpg, xlsx, 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: <a href="http://www.hudhre.info/esnaps">www.hudhre.info/esnaps</a>
<b>Form: 8B. Applicant Certification</b>	
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 of authorized representative from applicant's e-snaps profile
Applicant organization:	readonly; populated with name of applicant organization from applicant's e-snaps 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, fictitious, 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
<b>Part 9 - Summary</b>	
<b>Form: 9A Notice of Intent to Appeal</b>	
<b>Visible only if selected "Appeal" on Form 3A</b>	
* 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.

## Applicant Submission for Funding

### Part 2 - Project Information

<b>Form: 2A. Project Detail</b>	
1a. CoC Number and Name	mandatory; dropdown with options = CoC number and name, as identified in the CoC's registration submission.
1b. CoC Applicant Name:	mandatory; dropdown list dependent on selection of CoC Number and Name above; populated with associated CoC applicant names from registration
2. Project name:	readonly; populated with 2012 project name
3. Component type:	"CoC Planning Project Application" populated and set to readonly

<b>Form: 2B. Project Description</b>	
* 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
* 3. How will the requested funds improve the CoC's ability to evaluate the outcome of CoC and ESG projects?	mandatory; alphanumeric field
* 4. How will the planning activities continue beyond the expiration of HUD financial assistance?	mandatory; alphanumeric field

### Part 3 - Budget

<b>Form: 3A. Funding Request</b>	
* 1. Is it feasible for the project to be under grant agreement by September 30, 2014?	mandatory; dropdown with Yes, No
2. Select a grant term:	mandatory; dropdown with 1 year, 2 years, 3 years, 4 years 5 years(automatically 1 year for renewals)

\* A description must be entered for Quantity. Any costs without a Quantity description will be removed from the budget.

Eligible Costs	
Eligible Costs	
1. Coordination Activities	
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. Project Evaluation	
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. Project Monitoring Activities	
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. Participation in the Consolidated Plan	
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. CoC Application Activities	
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. Determining Geographical Area to Be Served by the CoC	
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. Developing a CoC System	
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. HUD Compliance Activities	
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 Costs Requested	readonly; numeric field; sum total requested for grant term \$ from each subbudget =
Cash Match	numeric field
In Kind Match	numeric field
Total Match	readonly; numeric field; alert to make the user aware of the Total Match requirement. Alert calculation = 25 % of "Total Costs Requested".
Total Budget	readonly; numeric field
Click the "Save" button to automatically calculate totals.	

<b>Form: Sources of Leverage</b>	
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
<b>Subform: Leverage Detail</b>	
* Type of Commitments:	dropdown with: cash, in kind
* Name the Source of the Commitment:	alphanumeric field
* Type of Source:	dropdown with: Government, Private
* Date of Written Commitment:	calendar field
* Value of Written Commitment:	dollar value, no cents

### Part 5 - Performance Measures

<b>Form: 5A. Measure</b>	
1. Specify the universe and target goal numbers for the proposed measure.	
a. Proposed Measure	mandatory; alphanumeric field
b. Universe (#)	mandatory; numeric value
c. Target (#)	mandatory; numeric value
d. Target (%) (Calculated)	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 6 - Attachments and Certification

<b>Form: 6A. Attachment</b>	
[document attachment 1] Other Attachment(s)	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
<b>Subform: Attachment Details</b>	
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)Other Attachment(s), or 2) 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 : for Other... display text: Attach any additional documentation supporting the project application. To attach multiple documents, zip them into a single file.
<b>Form: 6B. Certification</b>	
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-snaps 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, fictitious, 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
<b>Part 7 - Summary</b>	
<b>Form: Submission Summary</b>	
<List and completion status of each form>	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