

# Form: Technical Submission

## Formlet: Before Starting

Left Menu Label:

Formlet Title:

Text at top of screen:

**HUD strongly encourages ALL project applicants to r  
beginning the Technical Submission.**

Things to Remember:

\* **SNAPS to provide bullets under "Things to Remember:"**

## Formlet: Reference Submissions

Left Menu Label:

Formlet Title:

| Reference S   |                             |
|---|-----------------------------|
| View  | Step                        |
|    | Renewal Project Application |
|  | HUD Renewal Review          |

New Project Application is available for reference

## Issues and Conditions

### Formlet: Issues and Conditions

Left Menu Label:

Formlet Title:

\* **SNAPS to provide Hide/Show Instructions**

**LABEL**

Indicate additional comments, if necessary.

**Indicate additional comments, if necessary.**

**LABEL**

HUD Identified

Recipient Resolved

**Issues, Conditions, and Alerts**

**Instructions:** [show]

**This text box presents comments and alerts, recorded by the field office, regarding the project's performance, issues or conditions.**

asdfedaf  
asdf

**The Field Office has confirmed the Issues and/or Conditions.**

| HUD Review               | Recipient Acknowledgement | <u>Conditions Applicable to ALL Projects</u>   |
|--------------------------|---------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/>  | <b>1. Incomplete or missing certification forms.</b><br>The following certification forms were either incomplete or missing and must be completed and uploaded into the Applicant Profile in the system. The recipient must notify the local HUD Field Office once this condition has been satisfied.<br>a. Disclosure of Lobbying Activities, (if lobbying) (HUD form 50070)<br>b. Recipient Disclosure/Update Report (HUD form 50070)<br>c. Drug-Free Workplace (HUD form 50070)                                 |
| <input type="checkbox"/> | <input type="checkbox"/>  | <b>2. Conducting business in accordance with core values.</b><br>Before HUD can execute the grant agreement, the recipient must satisfy this condition before HUD Field Office once this condition has been satisfied.   |
| <input type="checkbox"/> | <input type="checkbox"/>  | <b>3. System for Award Management (SAM) was not registered.</b>  |
| <input type="checkbox"/> | <input type="checkbox"/>  | <b>4. Proposed project participants.</b>   |
| <input type="checkbox"/> | <input type="checkbox"/>  | <b>5. Assisting homeless under other Federal statutes.</b>   |
| <input type="checkbox"/> | <input type="checkbox"/>  | <b>6. Special performance/capacity.</b><br>Before grant agreement execution, the recipient must satisfy this condition by addressing the capacity concern(s) listed below.<br>a. Outstanding obligation to HUD that is in arrears.<br>b. Unresolved construction delays, or monitoring of construction progress.<br>c. History of poor financial management/drawdown.<br>d. History of low occupancy levels.<br>e. Lack of experience in administering the project.<br>f. Other capacity issues (specified below). |
| <input type="checkbox"/> | <input type="checkbox"/>  | <b>7. APR not submitted.</b>   |

## Technical Submission

### Formlet: Certification

Left Menu Label:

Formlet Title:

\* **SNAPS to provide Hide/Show Instructions**

**Where the recipient is unable to certify to any of the conditions listed above, the recipient shall provide an explanation.**

Name of Authorized Certifying Official

Date:

Title:

Applicant Organization:

PHA Number (For PHA Applicants Only):

\* I certify that I have been duly authorized by the applicant to ensure compliance. I am not fictitious, or fraudulent, or deceptive. My statements or claims may subject me to civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

**GENERAL CERT**

\* I certify that I have been duly authorized by the applicant to ensure compliance. I am not fictitious, or fraudulent, or deceptive. My statements or claims may subject me to civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

**MATCH CERT**

\* I certify that I have been duly authorized by the applicant to ensure compliance. I am not fictitious, or fraudulent, or deceptive. My statements or claims may subject me to civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

**SITE CONTROL CERT**

|   |
|---|
| <b>LABEL</b>                            |
| Name of Authorized Certifying Official: |
| Date:                                   |
| Title:                                  |
| Applicant Organization:                 |
| ? PHA Number (For PHA Applicants Only): |

\* SNAPS to provide certification language

### Formlet: Project Milestones

|                  |
|------------------|
| Left Menu Label: |
| Formlet Title:   |

\* SNAPS to provide Hide/Show Instructions

|              |
|--------------|
| <b>LABEL</b> |
|--------------|

Enter the number of days from the execution of the grant agreement that each of the following milestones will occur, for each structure in the project. If the project has only one structure or no structures, complete only column A. Enter "N/A" if the event is not applicable.

**For Reference Only - From the hard copy...**

| <b>Project Milestone</b>                     |
|--|
| Closing on purchase of land, structure, or   |
| Last unit leased, if leasing scattered units |
| Rehabilitation started                       |
| Rehabilitation completed                     |
| New construction started                     |
| New construction completed                   |
| Operations staff hired                       |
| Residents begin to occupy                    |
| Supportive services begin                    |
| Facility near 100% occupied                  |
| Enrollment in supportive services near 100%  |
| Implementation of the HMIS project           |

| <b>FIELD</b>  |
|---|
| Columns A - D for All Rows (1 - 12)                           |
| Columns A - D for Rows 1 - 11                                 |
| Columns A - D for Row 12 (Implementation of the HMIS project) |

| <b>Formlet: Project Goals</b> |  |
|-------------------------------|--|
| Left Menu Label:              |  |
| Formlet Title:                |  |

\* **SNAPS to provide Hide/Show Instructions**

| <b>LABEL</b>  |
|---|
| Do you need to record any changes to the Standard Performance Measures on the original application? If yes, select Save to reference the updates. |

Do you need to record any additional Performance Measures to those on the original application? If yes, select Save to reference the updates.

### Formlet: Adjustments

Left Menu Label:

Formlet Title:

\* **SNAPS to provide Hide/Show Instructions**

**\* Do you need to record any changes to the original**  
If Yes, select Save

#### LABEL

Do you need to record any changes to the original application? If yes, select Save to reference the updates.

If user selects Yes and Save, a chart *similar* to the one below will appear:

\* **SNAPS to confirm which formlets/fields the recipient can edit in TS**

**When attached to and made a part of the Grant Agreement, this information supersedes conflicting information in the original application.**

#### HEARTH New Project Application Forms

##### Part 2 - Recipient and Subrecipient Information

- 2A. Subrecipients
- 2B. Experience

##### Part 3 - Project Information

- 3A. Project Detail
- 3B. Description

##### Part 4 - Housing, Services, and Support

- 4A. Services
- 4B. Housing Type
- 4C. HMIS Participation
- 4D. Project Location(s)

##### Part 5 - Participants & Outreach

- 5A. With Children
- 5B. Without Children
- 5C. Outreach for Participants
- 5D. Discharge Planning

##### Part 6 - Performance Measures

- 6A. Standard Measures

6B. Additional Measures

**Part 7 - Budget Information**

Rental Assistance Budget

Estimated Development Costs

Project Leveraging

**Assumption:** Only those sections completed by the applicant on the New

Below is a complete list of all formlets on the HEARTH New Project Appli

\* **SNAPS to confirm which formlets/fields the recipient can edit in TS**

**Part 2 - Recipient and Subrecipient Information**

2A. Subrecipients

2B. Experience

**Part 3 - Project Information**

3A. Project Detail

3B. Description

3C. HMIS Expansion

3C. Expansion

3D. Prevention

**Part 4 - Housing, Services, and HMIS**

4A. HMIS Standards

4B. HMIS Timetable

4C. HMIS Progress

4A. Services

4B. SSO

4B. Housing Type

4C. Location(s)

**Part 5 - Participants and Outreach**

5A. Households

5B. Subpopulations

5C. Outreach

5D. Discharge Policy

**Part 6 - Performance Measures**

6A. Standard

6A. Performance Measures - HMIS

6B. Additional Performance Measures

**Part 7 - Budget Information**

7A. Acquisition/Rehabilitation/New Construction Budget

7B. Leased Units

7C. Leased Structures

7D. Housing Relocation and Stabilization

7E. Short-term / Medium-term Rental Assistance

7F. Long-term Rental Assistance

7G. Supp. Svcs. Budget

- 7H. Operating
- 7I. HMIS Budget
- 7J. Summary Budget

**Notes:**

Based on the recipient selections on save, those formlets will open for edit. Formlets for adjustments will include a mandatory justification textbox and a selected formlets will appear with all original data brought forward and formatted. The Summary Budget will appear with all data brought forward from original column with conditionally awarded amounts (read-only)

**Conditionally awarded amounts brought forward from C1.6 (the HUD Award)**  
 - column for amounts requested by recipient during TS

**The summary budget cannot be increased**

! <CACI to provide Summary Budget layout once confirmed>

| <b>Formlet: Administrative Costs</b> |  |
|--------------------------------------|--|
| Left Menu Label:                     |  |
| Formlet Title:                       |  |

**\* SNAPS to provide Hide/Show Instructions**

For Reference Only -From TS hard-copy...

Please complete the chart below for the administrative costs of the grant sponsor, complete Lines 1 through 6. If the selectee and sponsor complete lines 1 through 8.

In the first column, indicate the administrative activity to be completed. In the second column, enter the amount of SHP funds to be used to pay administrative costs for Year 1, and in the third column, enter the amount of SHP funds to be used for Year 2, and in the fourth column, enter the amount of SHP funds requested for the full grant term. In the fifth column, enter the total amount of administrative costs for the entire grant term, Line 6 of the project's Summary Budget in Exhibit 1.

| Administrative Costs |                          |  |  | Year |
|----------------------|--------------------------|--|--|------|
| 1.                   | Administrative Activity: |  |  |      |
| 2.                   | Administrative Activity: |  |  |      |
| 3.                   | Administrative Activity: |  |  |      |
| 4.                   | Administrative Activity: |  |  |      |



|  |  |
|--|--|
| 5. Administrative Activity:                    |  |
| 6. <b>SHP REQUEST FOR ADMINISTRATIVE COSTS</b> |  |
| 7. Amount for Selectee                         |  |
| 8. Amount for Project Sponsor                  |  |

|  |
|--|
| <b>LABEL</b>                                 |
| Total Administrative Costs from Application: |
| Total Itemized Administrative Costs:         |
| Recipient Administrative Costs:              |
| Subrecipient Administrative Costs:           |

Validations:

Recipient and Subrecipient Costs must equal Total Itemized Administrative Costs

Total Itemized Administrative Costs must equal Total Administrative Cost

<need to provide warning message text>

**Subformlet: Administrative Costs Detail**

|                                      |
|--------------------------------------|
| <b>LABEL</b>                         |
| Administrative Activity Description: |
| Grant Year:                          |
| Cost Amount:                         |

\* **SNAPS to provide Hide/Show Instructions**

**Formlet: Attachments**

|                  |
|------------------|
| Left Menu Label: |
| Formlet Title:   |

**Issues and Conditions Attachments**

| Document Type                    | Required? | Download | Document Description |
|----------------------------------|-----------|----------|----------------------|
| <a href="#">1) Attachment(s)</a> | No        |          | --                   |
| <a href="#">2) Attachment(s)</a> | No        |          | --                   |
| <a href="#">3) Attachment(s)</a> | No        |          | --                   |
| <a href="#">4) Attachment(s)</a> | No        |          | --                   |
| <a href="#">5) Attachment(s)</a> | No        |          | --                   |

Back

Next

Attachments List:



- Site Control(s)
- Environmental Review(s)
- Job Descriptions
- Documentation of Match
- Proof of Lease(s)
- Distribution of Administrative Costs

\* **SNAPS to confirm attachment listing**

Note: Attachments are not required

**Subformlet: Attachment Detail**

**Attachment Details**

\* **Document Description:**

\* **File Name:**

**Document Type:** 2) Other At

**Maximum Size:** 2 MB

**Allowable Formats:** zip, xls, xls:

**Instructions:** Attach any multiple do

Save

Sa

Back to List

Check Spelling

Need to increase Maximum Size limit - **10 MB**

**Formlet: Submission Summary**

! <need to flush out submission conditions>

Before Starting (always visible)  
Before Starting the Technical Submission

**review the following information BEFORE**

This must reference both the Issues and Conditions and Technical Submission Processes

Reference Submissions (always visible)  
Reference Submissions

**Reference Submissions**

ject Application  
al Review

Issues and Conditions (visible if I&Cs identified in C1.8 by FO)  
Issues and Conditions

**REQUIREMENT DETAILS**  
editable, text box, optional



**REQUIREMENT DETAILS**  
Selections in this column are brought forward from C1.8 FO Rec and are read-only

**Issues, Conditions, and Alerts**

Instructions: [show]

This text box presents comments and alerts, recorded by the Field Office, that do not qualify as issues or conditions.

asdfedaf  
asdf

The Field Office has confirmed the Issues and/or Conditions identified by HUD for this project.

**Statement** Conditions Applicable to ALL Projects

**1. Incomplete or missing certification forms.**

The following certification forms were either incomplete or missing from the *e-snaps* Applicant Profile. The form(s) must be completed and uploaded into the Applicant Profile in *e-snaps* before HUD can execute a grant agreement. Please notify the local HUD Field Office once this condition has been satisfied in *e-snaps*.

- a. Disclosure of Lobbying Activities, (if lobbying) (SF-LLL)
- b. Recipient Disclosure/Update Report (HUD form 2880)
- c. Drug-Free Workplace (HUD form 50070)

**2. Conducting business in accordance with core values and ethical standards not confirmed.**

Before HUD can execute the grant agreement, the recipient must upload its code of conduct into the Applicant Profile in *e-snaps*. The recipient must satisfy this condition before HUD can execute a grant agreement. Please notify the local HUD Field Office once this condition has been satisfied.

**3. System for Award Management (SAM) was not recorded.**

**4. Proposed project participants.**

**5. Assisting homeless under other Federal statutes.**

**6. Special performance/capacity.**

Before grant agreement execution, the recipient must provide a written, comprehensive management plan addressing the capacity concern(s) listed below.

- a. Outstanding obligation to HUD that is in arrears or no payment schedule established.
- b. Unresolved construction delays, or monitoring or audit findings.
- c. History of poor financial management/drawdown issues.
- d. History of low occupancy levels.
- e. Lack of experience in administering the project type.
- f. Other capacity issues (specified below).

**7. APR not submitted.**

Certification (always visible, indented under TS label)

Certification

Statements in this certification, such





amy Gonyeau

9/21/2012

:00

Alpha Project

licant to submit this  
ware that any false,  
ject me to criminal,  
218, Section 1001).

licant to submit this  
ware that any false,  
ject me to criminal,  
218, Section 1001).

licant to submit this  
**ERT** ware that any false,  
ject me to criminal,  
218, Section 1001).

**REQUIREMENT DETAILS**

read-only, bought forward from applicant profile

read-only, pre-populated with current system date

read-only, bought forward from applicant profile

read-only, bought forward from applicant profile

**Where does this value come from? From Form 8B of the project application**

Project Milestones (always visible, indented under TS label)

Project Milestones

**REQUIREMENT DETAILS**

instructions at top of screen

|                    | Days from Execution of Grant Agreement Structure |   |   |   |
|--------------------|--|---|---|---|
|                    | A  | B | C | D |
| execution of lease |  |   |   |   |
|                    |  |   |   |   |
|                    |  |   |   |   |
|                    |  |   |   |   |
|                    |  |   |   |   |
|                    |  |   |   |   |
|                    |  |   |   |   |
|                    |  |   |   |   |
|                    |  |   |   |   |
| 0% capacity        |  |   |   |   |
|                    |  |   |   |   |

**REQUIREMENT DETAILS**

allow numeric or text values (i.e., N/A)

nonmandatory for all columns, editable for PH, TH, and SSO, grey noneditable for HMIS

nonmandatory for all columns, editable for HMIS, grey noneditable for PH, TH, and SSO

Project Goals (always visible, indented under TS label)

Project Goals

**REQUIREMENT DETAILS**

required, editable drop-down with options Yes and No

required, editable drop-down with options Yes and No

Adjustments (always visible, indented under TS label)

Adjustments

**application ?**

re to reference the updates.

### REQUIREMENT DETAILS

required, editable drop-down with options Yes and No

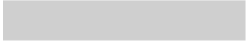
**ment, the information within each form  
ginal or renewal application.**

**patient Information**

**and HMIS**

**ach**

**res**



v Project Application will appear for editing.

cation



lit. All forms can be initially reviewed as read only by selecting them from the left menu indented under 'Adjustments'.  
 t the bottom of each page – for the recipient to justify or provide an explanation of changes made  
 ields editable, except for Summary Budget.  
 ginal application (read-only), and:

**ward)**

\* Amounts rolled-up from detail budget changes made by recipient in TS

|   |
|---|
| Admin Costs (always visible, indented under TS label) |
| Administrative Costs                                  |

osts budget. If the selectee will also be the project  
 a different organization will be the project sponsor,

be paid for using SHP funds. In the Year 1 column,  
 strative costs in the first year. If the grant is multi-year,  
 d if applicable, Year 3. In the last column, (d), total the  
**Please ensure that the total requested for**  
**, column (d), matches the amount entered in the**

| Year 1<br>(a) | Year 2<br>(b) | Year 3<br>(c) | Total<br>(d) |
|---------------|---------------|---------------|--------------|
|               |               |               |              |
|               |               |               |              |
|               |               |               |              |
|               |               |               |              |

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**REQUIREMENT DETAILS**

read-only, pre-populated with admin costs from Application

read-only, pre-populated with cumulative costs from list **Must match the Total Administrative Costs from Adjustments**

monetary numeric, editable

monetary numeric, editable

ve Costs.  
s from Application.

**REQUIREMENT DETAILS**

text box, editable

drop-down (1, 2, 3, 4, 5), editable (default --select--)

monetary numeric, editable

Attachment(s) (always visible, indented under TS label)

Attachment(s)

**Issues and Conditions Attachments**

| Download | Document Description | Date Attached |
|----------|----------------------|---------------|
|          | --                   | No Attachment |
|          | --                   | No Attachment |
|          | --                   | No Attachment |
|          | --                   | No Attachment |
|          | --                   | No Attachment |

Back

Next

---

---

Attachment(s)

x, wpd, pdf, zipx, doc, ZIP\*, docx, rtf, txt

For additional documentation supporting the project application. To attach documents, zip them into a single file.

