

CoC New Project Application Detailed Instructions:

Fiscal Year 2026 CoC Program Competition



U.S. Department of Housing and Urban Development
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Introduction

This document provides detailed instructions for organizations completing the Fiscal Year (FY) 2026 Continuum of Care (CoC) Program New Project Applications for funding available through the Notice of Funding Opportunity (NOFO).

*New Project Applications are only available during the Fiscal Year (FY) 2026 Continuum of Care (CoC) Program through CoC and/or DV reallocation or YHDP replacement and must be submitted in *e-snaps* by the application submission deadline for FY 2026 CoC and YHDP funds on August 26, 2026.

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

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

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

*All new project applications must comply with the NOFO under which they are awarded funding and the requirements of the Rule.

The following items provide information that will be helpful as you complete your project applications.

Note: not all items will be immediately available, but keep checking HUD's website and sign up for the listserv to be notified when items are available:

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

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

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

- Parts 1 and 2 are the same regardless of the project type.
- The visibility of *e-snaps* screens and questions for Part 3 through Part 6 are dependent on the project types as listed below following eligible new project types:
 - [PH-PSH: Permanent Supportive Housing,](#)
 - [PH-RRH: Rapid Re-Housing,](#)
 - [Transitional Housing](#)
 - [SSO-Non Coordinated Entry](#)
 - [SSO-CE: Coordinated Entry, and](#)
 - [HMIS: Homeless Management Information Systems.](#)
- Parts 7 and 8 are the same regardless of the project type.

What's New

1. CoCs may apply for Transitional Housing and Supportive Service Only projects including street outreach. This NOFO provides a set-aside of \$1,300,000,000 for new projects with a priority for Transitional Housing and Supportive Service Only projects. CoCs may use the Transition Grant process described in Sec. II.B.3.k to create new projects. HUD reminds CoCs that individuals living in Permanent Housing may be eligible for Transitional Housing ([see HUD guidance](#)) and encourages CoCs to assess the unique needs of individuals and families to provide appropriate assistance to meet their needs.
2. Tier 1 is set at 60 percent of the CoC's Annual Renewal Demand (ARD).
3. HUD will competitively renew or replace YHDP projects.
4. CoCs may apply for bonus projects in an amount of up to 15% of the CoC's Final Pro-Rata Need (FPRN). Unless otherwise described in Sec. II.B.3.c, the CoC Bonus will be no less than \$500,000 and no more than \$5,000,000. The CoC Bonus funding structure can be found in Sec. II.B.3.c
5. The four components that will be funded through this CoC Program Competition are fully described at 24 CFR 578.37 and include: (a). Transitional Housing; (b). Supportive Services Only; (c). Permanent Housing; and (d). HMIS.

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

6. Pursuant to the Consolidated Appropriations Act, 2026 recipients of CoC Program funds, including funds awarded under this NOFO and prior CoC Program Competition NOFOs may establish preferences for:
 - Elderly individuals and families. For purposes of establishing preferences under this allowance, HUD is defining elderly as 55 and older.
 - Disabled individuals or families as defined by section 401(10) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(10)).

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

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- 7. Unsheltered and Rural Set Aside projects renewing for the first time.** In the FY2026 CoC Competition, Special NOFO projects are able to renew for the first time (if eligible). Applicants should be aware of important requirements and availabilities in the system:
- **Rural Set Aside BLIs** are not eligible under the FY26 CoC NOFO. Any funds earmarked for these BLIs must either be moved to the Rural cost BLI or to another eligible CoC BLI in the project application.
 - **Unsheltered projects** can request the regular Rural Cost BLI.
- 8. Reallocation of funding originally awarded to serve specific populations.** If a new project is being created with reallocated funds that were originally awarded to a YHDP or DV Bonus project, the new project must continue to serve the same population as the project being reallocated. See Section I.A.3.d. of the NOFO for more information. Applicants should be aware of the following specific restrictions on using funding reallocated from DV Renewal projects (projects originally awarded with, or subsequently expanded with, DV Bonus funding):
- DV Renewal projects that have an SSO-CE component cannot be reallocated.
 - Reallocated DV Renewal funding cannot be used to expand a CoC Renewal grant.
 - DV Renewal projects cannot consolidate with CoC Renewal projects.
- 9. Cost of Living Adjustments for Conditionally Selected Grants.** The Consolidated Appropriations Act, 2024 authorizes HUD to make reasonable cost of living adjustments to renewal amounts to help afford increasing cost of operations due to inflation. HUD will adjust amounts for the supportive services and HMIS Costs budget lines for renewing projects based on the most recent three-year average of changes in State Quarterly Census of Employment and Wages (QCEW) for the category Social Assistance (NAICS 624). Please note that HUD is only authorized to make these adjustments for Renewal projects. Supportive Services and HMIS budgets for all New projects, including Planning, YHDP Replacement, and YHDP Reallocation, will not be adjusted.

Important Reminders

- 1. HUD cannot correct project application errors.** Your project application must demonstrate compliance with the Rule and NOFO and you are responsible for submitting a project under the appropriate type and funding stream according to the FY 2026 NOFO and 24 CFR part 578 (except as otherwise provided in the NOFO).

Please note that compliance with the NOFO and the Rule includes compliance with all applicable Federal statutes relating to nondiscrimination (also included on your SF-424B/F-424D assurances). See 24 CFR 578.93 for more details of Fair Housing and Equal Opportunity requirements for the CoC program.

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

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

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

- 3. Rural Cost Budget Line.** In the FY2026 CoC Program NOFO, applicants can request a Rural Cost Budget line item (BLI) for the following activities (only in eligible rural geocodes):
 - **Short-term emergency lodging** to include housing in motels or shelters, either by providing direct funding or through vouchers.
 - **Repairs to housing units** in where individuals and families experiencing homelessness will be housed, including housing units currently not fit for human habitation.
 - **Staff Training** to include professional development, skill development, and staff retention activities.
- 4. FMR tables in e-snaps.** The FMR amounts shown in the e-snaps application tables are accurate FY 2026 FMRs for the FMR areas you select. If your project application is selected for conditional award, updates based on the FMRs in effect as of the application submission deadline will be applied to these calculations based on your eligible BLI total. The adjusted amount will be shown in your new award total with exact amounts seen in this e-snaps table at post award.
- 5. Calculating input for Units/Beds/Households/Persons:** When determining the correct input for Units, Beds, Households, and Persons, please note that these reflect the **full capacity** of the program on a **single night** (not the total throughout the course of the project period). This should include capacity directly supported by CoC Program funds or eligible match funds in any way, including units supported only by CoC Program supportive services funds without CoC Program leasing, operating, or rental assistance funds. The reported number of units and beds on Screen 4B should not be higher than the number of households (units), and persons (beds) as listed on Screens 5A and 5B.
- 6. Domestic Violence, Dating Violence, Sexual Assault, and Stalking projects.** DV Reallocation projects (new projects created with funding reallocated from projects originally awarded as DV Bonus projects) must exclusively serve the DV Bonus eligible population. DV Renewals (renewal projects originally awarded with DV Bonus funds **or** expanded with DV Reallocations funds) must continue to exclusively serve the DV Bonus eligible population.
- 7. Transition Grant:** In the FY 2026 CoC Program Competition you can request to transition eligible renewal project(s) from their original component(s) to another eligible component. To utilize the transition grant process, you must partially or fully reallocate the renewal project(s) funds that will transition to the new component and you must submit a new project application in *e-snaps*. Eligible components for new projects in the transition process are PH-PSH, PH-RRH, TH SSO Non-CE, SSO-CE, and HMIS. See Section II.B.3.f. (reallocation) and Section II.B.3.k. (transition grant) of the NOFO for additional information and requirements, including notification to the CoC of your organization's intent to use the transition grant process.

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

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- 8. System for Award Management (SAM) Registration.** Your organization must have an active SAM registration at the time of project application submission and conditional award. The SAM registration must be renewed annually so long as you receive CoC Program funds. HUD verifies that your organization has an active SAM registration prior to release of awarded funds, if conditionally selected for award, and will withhold processing funds if your organization's SAM registration has expired. You must also confirm your organization's Employer/Tax Identification Number (TIN) and Unique Entity Identifier (UEI/SAM) information is correct in both SAM.gov and the *e-snaps* Project Applicant Profile.
- 9. Expansion Process.** Your organization can submit a new project application to expand an existing renewal project that is also being submitted for renewal funding, with reallocated funds. To request the expansion of an existing renewal project through the new project application process, see Section II.B.3.i. of the NOFO. New Project Application Screens in *e-snaps*. **Note: the same renewal project may NOT be part of both a consolidation and an expansion in the same application.** If a renewal is submitted for both consolidation and renewal, HUD will treat the application only as an expansion and reject the consolidation.

New Project Application Screens in e-snaps

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

Table 1: Screens in e-snaps for New Project Applications

Screen Title	New Project Types					
	PH-PSH	PH-RRH	TH	SSO-Non CE	SSO-CE	HMIS
Before Starting	X	X	X		X	X
Part 1 – Forms and Certification						
1A. SF-424 Application Type	X	X	X		X	X
1B. SF-424 Legal Applicant	X	X	X		X	X
1C. SF-424 Application Details	X	X	X		X	X
1D. SF-424 Congressional District(s)	X	X	X		X	X
1E. SF-424 Compliance	X	X	X		X	X
1F. SF-424 Declaration	X	X	X		X	X
1G. HUD-2880	X	X	X		X	X
1H. HUD-50070	X	X	X		X	X
1I. Certification Regarding Lobbying	X	X	X		X	X
1J. SF-LLL	X	X	X		X	X
1K. SF-424B: Assurances for Non-Construction	X	X	X		X	X
1L. SF-424D: Assurances for Construction	X					
Part 2 – Subrecipient Information						
2A. Subrecipients	X	X	X		X	X
2B. Experience	X	X	X		X	X
Part 3 – Project Information						
3A. Project Detail	X	X	X		X	X
3B. Description	X	X	X		X	X
3C. Expansion Grant	X	X	X		X	X
Part 4 – Housing Services and HMIS						
4A. Supportive Services for Participants	X	X	X			

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Screen Title	New Project Types					
	PH-PSH	PH-RRH	TH	SSO-Non CE	SSO-CE	HMIS
4A. HMIS Standards						X
4B. Housing Type and Location	X	X	X			
Part 5 – Participants						
5A. Households	X	X	X			
5B. Subpopulations	X	X	X			
Part 6 – Budget Information						
6A. Funding Request	X	X	X		X	X
6B. Acquisition/Rehabilitation/New Construction	X					
6C. Leased Units	X		X			
6D. Leased Structures	X		X			
6E. Rental Assistance	X	X	X			
6F. Supportive Services	X	X	X		X	
6G. Operating	X		X			
6H. HMIS	X	X	X		X	X
6I. Sources of Match	X	X	X		X	X
6J. Summary Budget	X	X	X		X	X
Part 7 – Attachments and Certification						
7A. Attachments	X	X	X		X	X
CoC Rejection Letter	X	X	X		X	X
Consolidated Plan Cert	X	X	X		X	X
7B. Certification	X	X	X		X	X
Part 8 – Submission Summary						
8A. Notice of Intent to Appeal	X	X	X		X	X
8B. Submission Summary	X	X	X		X	X

Project Applicant Profile

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

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

Should HUD need to contact your organization to resolve a curable deficiency (see Section IV.D.1 of the NOFO), these are the two people who will receive the email notification with instructions on how to resolve and the timeframe required for resolution.

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

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

All Projects – Part 1: HUD Forms and Certifications

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

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

Part 1 of the project application includes the following forms:

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

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

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

Certification Regarding Lobbying, Screen 1I.

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

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

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

Basic Instructions to Access a Project Applicant Profile

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

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

Screen 1A. SF-424 Application Type

Only question 5b and the checkbox that follows it on Screen 1A are editable. All other questions populate from *e-snaps* or the **Project Applicant Profile** and are read-only.

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All Projects – Part 1: HUD Forms and Certifications

1. **Type of Submission.** No action required.
2. **Type of Application.** No action required as this selection was made when you ‘registered’ and created the project application in the **Funding Opportunity**. The six *e-snaps* Funding Opportunities include:
 - **Renewal Project Application**
 - **New Project Application**
 - **YHDP Renewal Project Application**
 - **YHDP Replacement Project Application**
 - **CoC Planning Project Application**
 - **UFA Costs**

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

3. **Date Received.** No action required. This field automatically populates with the date when you ‘Submit’ the project application on the ‘**Submission Summary**’ screen to send to the CoC for review, rating, and ranking.
4. **Applicant Identifier.** No action required, leave this field blank.
- 5a. **Federal Entity Identifier.** No action required, leave this field blank.
- 5b. **Federal Award Identifier.** No action required, leave this field blank.
6. **Date Received by State.** No action required, leave this field blank.
7. **State Application Identifier.** No action required, leave this field blank.

Screen 1B. SF-424 Legal Applicant

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

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

Note: HUD will contact the person listed in field ‘f’ if the project application has any curable deficiencies. This field populates with the ‘**Alternate Contact**’ located in the Project Applicant Profile who should be the person who is most knowledgeable with the project application.

Screen 1C. SF-424 Application Details

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

9. **Type of Applicant.** No action required. Eligible CoC project applicants include nonprofits, state, local governments, instrumentalities of state or local government, Indian Tribes, and Tribally Designated Housing Entities (TDHEs), as defined in section 4 of the Native American Housing Assistance and Self-Determination Act of 1996 (25 U.S.C. 4103), and Public Housing Agencies (PHAs) as such terms are defined in 24 CFR 5.100.
10. **Name of Federal Agency.** No action required.
11. **Catalog of Federal Domestic Assistance (CFDA) Title and Number.** No action required.

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All Projects – Part 1: HUD Forms and Certifications

12. Funding Opportunity Number. No action required.

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

13. Competition Identification Number. Not applicable.

- **Competition Identification Title.** Not applicable.

Screen 1D. SF-424 Congressional Districts

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

14. Area(s) affected by the project (State(s) only). Required. Indicate the state(s) where the project will operate and serve persons experiencing homelessness as defined by 24 CFR 578.3.

15. Descriptive Title of Applicant's Project. No action required. This field populates with the name entered when you created the project from the '**Projects**' screens in *e-snaps*. To change the name, exit the application, go back to '**Projects**' on the left main menu, identify the correct project on the list of projects, open the project and edit the name. Once the application is reopened from the '**Submissions**' screen, the updated project name will appear.

16. Congressional District(s). No action required. HUD uses the district(s) selected here to report required project data and award amounts to members of Congress. For help locating the correct congressional district go to: <https://www.govtrack.us/congress/members/map>.

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

16b. Project. Required. Select The congressional district(s) in which the proposed project is expected to operate.

17. Proposed project. (Proposed Project Dates). Required. Enter proposed start date and end date of the project. If awarded, HUD will confirm actual start/end dates prior to grant agreement.

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

Screen 1E. SF-424 Compliance

You must complete all questions on Screen 1E.

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

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

- a. Indicates the state requires review of the application and enter the date on which the application was made available to the state(s). In cases where the SPOC has not reviewed an application prior to the application submission deadline, you must submit the application to meet the CoC Program Competition application deadline for funding consideration.
- b. Indicates your organization is located within a state(s) that has chosen not to participate in EO 12372 or this project application has not been selected for review by the state(s), therefore, this CoC project application is not applicable in your state(s).

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All Projects – Part 1: HUD Forms and Certifications

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

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

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

Screen 1F. SF-424 Declaration

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

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

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

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

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

- 1. Applicant/Recipient Name, Address, and Phone.** No action required. This information populates from the ‘**Authorized Representative**’ screen of the **Project Applicant Profile**.
- 2. Employer ID Number (EIN).** No action required. This information populates from the ‘**Organization Information**’ screen of the **Project Applicant Profile**. You should confirm the EIN population is correct, as an incorrect EIN will delay your organization’s ability to sign the grant agreement if selected for conditional award. EINs are confirmed by HUD prior to releasing funds to the electronic Line of Credit Control System (eLOCCS) and will be withheld from processing if the EIN is incorrect.
- 3. HUD Program.** No action required. This field populates with ‘**Continuum of Care Program**’.

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All Projects – Part 1: HUD Forms and Certifications

- 4. Amount of HUD Assistance Requested/Received.** No action required. This field remains blank in the **Project Applicant Profile**. The amount in this field will populate based on the total funds requested for this project application from the ‘**Summary Budget**’ screen.
- 5. State the name and location (street address, City and State) of the project or activity.** No action required. This field populates with the following message: “**Refer to project name, addresses and grant number entered into the attached project application.**” The information this message references is located on the project application screen 1B. SF-424 Legal Applicant, 3A. Project Detail, and 4B. Housing Type and Location.

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

- 1. Are you applying for assistance for a specific project or activity?** No action required. This information populates with ‘Yes.’
- 2. Have you received, or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 – Sep. 30)? For further information, see 24 CFR Sec. 4.9.**

The answer to this question must be provided in the Project Applicant Profile for an organization’s accumulated total of CoC Program project applications. If updates are needed to this question return to the **Project Applicant Profile**.

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

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

If you need to report more assistance than available on the screen, attach the listing to this project application on Screen **7A. Attachments**.

No, review the information, check the box ‘**I agree.**’

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

Screen 1H. Form HUD-50070: Certification of a Drug Free Workplace

The Form HUD-50070 populates information from the **Project Applicant Profile** and relevant data from the FY 2026 project application. **You must read and certify by checking the box toward the bottom of the screen.** Confirm the Authorized Representative information is accurate. If information on this form is inaccurate, see above for the **Basic Instructions to Access a Project Applicant Profile**.

Screen 1I. Certification Regarding Lobbying

Per 2 CFR part 200, all federal agencies must require submission of the Certification Regarding Lobbying form, which populates information from the **Project Applicant Profile** and relevant data from the FY 2026 project application. This form clarifies which organizations must select ‘**Yes**’ on the next screen for the SF-LLL: Disclosure of Lobbying Activities form. **You must read and certify by checking the box toward the**

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All Projects – Part 2: Subrecipient and Recipient Information and Experience

bottom of the screen. Confirm the ‘Authorized Representative’ information is accurate. If information on this form is inaccurate, see above for the **Basic Instructions to Access a Project Applicant Profile**.

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

The SF-LLL populates information from the **Project Applicant Profile** and relevant data from the FY 2026 project application. The requirement related to lobbying as explained in the SF-LLL instructions states:

The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action.

For further clarification or questions on the SF-LLL, see the full form instructions on HUD’s website, [Disclosure of Lobbying Activities](#).

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

Yes, if your organization or subrecipient(s) are engaged in lobbying., Answer the questions as they appear on the screen. You must read, certify, and sign by checking the box toward the bottom of the screen (the check box will not appear until you answer the question above). Confirm the ‘Authorized Representative’ information is accurate. If any information on this form is not accurate, see page 5 for **Basic Instructions to Access a Project Applicant Profile**.

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

Screens 1K. SF-424B: Assurances for Non-Construction Projects and Screen 1L. SF-424D: Assurances for Construction Projects

Applicants and recipients are required to submit assurances of compliance with federal civil rights requirements. (e.g., Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments Act of 1972, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975, *see also* 24 CFR § 1.5, 3.115, 8.50, and 146.25). HUD accepts these assurances in the form of the SF-424B (Assurances of Nonconstruction Programs) and SF-424D (Assurances for Construction Programs), which also require compliance with all general federal nondiscrimination requirements in the administration of the grant. Applications requesting funds for both non-construction programs and construction programs must submit both the SF-424B and SF-424D.

Screen 1M. Project Eligibility Certification

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

All Projects – Part 2: Subrecipient and Recipient Information and Experience

Screen 2A. Subrecipient(s) – Attachment Requirement

If your project application includes a subrecipient(s) that will perform part, or all the activities included in this project application you must include the subrecipient(s) information on this screen and attach a copy of

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All Projects – Part 2: Subrecipient and Recipient Information and Experience

the subrecipient(s) nonprofit documentation on the **Attachments** screen. If this project will not include a subrecipient(s) you do not need to complete this screen.

For more information on the use of subrecipients and the difference between a subrecipient and a contractor, review the definition in 24 CFR 578.3, recipient responsibilities in 24 CFR 578.23(c)(4)(11), and the *Characteristics Indicative of a Subrecipient* in the July 24, 2015: Using Contractors in ESG and CoC Programs located on the HUD Exchange at <https://www.hud.gov/sites/dfiles/CPD/documents/SNAPS-Shots-Using-Contractors-in-ESG-and-CoC-Programs.pdf>.

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

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

You must identify the following information for each subrecipient:

- a. **Organization Name,**
- b. **Organization Type** (nonprofit documentation must be uploaded to the Attachment Screen 7A if applicable),
- c. **Employer or Tax Identification Number,**
- d. **Unique Entity Identifier,**
- e. **Organization’s Physical Address,**
- f. **Organization’s Congressional District(s),**
- g. **Is the subrecipient a faith-based organization,**
- h. **Has the subrecipient ever received a federal grant, either directly from a federal agency or through a State/local agency?**
- i. **Expected Subaward Amount, and**
- j. **Contact Person.** The name and contact information of the person within the subrecipient organization who has the authority to act on the organization’s behalf as it relates to carrying out the actions contracted by your organization.

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

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

1. **Describe your organization’s (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.** Required. Describe your organization, subrecipient(s) if applicable, and partner organizations (e.g., developers, key contractors, subcontractors, service providers) have successfully utilized federal funds in other projects. Provide examples that illustrate experience such as:
 - (a) working with and addressing the target population(s) identified housing and supportive service needs,
 - (b) developing and implementing relevant program systems, services, and/or residential property construction and rehabilitation,
 - (c) identifying and securing matching funds from a variety of sources, and

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All Projects – Part 3 through Part 6

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

2. **Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.** Required. Include experience with leveraging all federal, state, local and private sector funds. If your organization has no experience leveraging other funds, include the phrase '**No experience leveraging other federal, state, local, or private sector funds**'.
3. **Describe your organization's (and subrecipient(s) if applicable) financial management structure.** Required. Include how your organization has a functioning accounting system that is operated in accordance with generally accepted accounting principles or has designated a fiscal agent that will maintain a functioning accounting system for your organization in accordance with generally accepted accounting principles. If your project application includes a subrecipient(s), include the subrecipient(s) fiscal control and accounting procedures to assure proper dispersal of and accounting for federal funds in accordance with the requirements of 2 CFR part 200.
4. **Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization?** Required. Select:
 - Yes**, your organization has unresolved HUD Monitoring **or** OIG Audit findings.
 - No**, there are no unresolved HUD Monitoring **or** OIG Audit findings. The HUD monitoring or OIG audit findings are not limited to just CoC Program funds, but to any funds that are in use from other HUD programs, (e.g., HOPWA, ESG).
- 4a. **Describe the unresolved monitoring or audit findings.** If '**Yes**' was selected for question 4. provide a detailed explanation as to why the monitoring or audit finding(s) remain unresolved and the steps that have or will be taken towards resolution (e.g., responded to the HUD letter, but no final determination received).

All Projects – Part 3 through Part 6

The detailed instructions for Parts 3 through 6 are separated by eligible new project types:

- [Permanent Housing – Permanent Supportive Housing \(PH-PSH\)](#),
- [Permanent Housing – Rapid Re-Housing \(PH-RRH\)](#),
- [Transitional Housing \(TH\)](#),
- [Supportive Services Only – Standalone \(SSO-Standalone\), Outreach \(SSO-Outreach\)](#),
- [Supportive Services Only – Coordinated Entry \(SSO-CE\)](#), and
- [Homeless Management Information System \(HMIS\)](#).

All Projects – Part 7: Attachments and Certifications

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

Screen 7A. Attachments

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

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All Projects – Part 7: Attachments and Certifications

- **Subrecipient Nonprofit Documentation.** Attach nonprofit documentation for each nonprofit organization identified on Screen ‘**2A. Subrecipients**’. Nonprofit status is documented by submitting either: (1) a copy of the Internal Revenue Service (IRS) final determination letter providing tax-exempt status under Section 501(c)(3) of the IRS Code (preferred), or (2) a certification from a licensed CPA that the organization meets each component of the definition of a private nonprofit organization as defined by 24 CFR 578.3.
- **Third Party In-Kind Match.** If your project application includes third-party in-kind match commitment on the ‘**Sources of Match**’ screen you have a separate ‘**7A Attachments**’ screen that should be used to attach the required Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) between your organization and the organization providing the in-kind match. Documentation is required prior to issuance of the grant agreement if your renewal project is selected for conditional award.
- **Replacement Reserve.** If your project application will utilize replacement reserve as part of the CoC Program operating budget, you must attach supporting documentation that includes:
 - total amount of funds that will be placed in reserve during the grant term,
 - system(s) to be replaced that includes the useful life of the system(s), and
 - repayment schedule that includes the payment amount.

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

Screen 7B. CoC Rejection Letter Attachment Screen

This attachment screen will only be visible and required if you submit this project application as a Solo Appeal as outlined in Section IV.F.4. of the NOFO and 24 CFR 578.35.

‘No CoC’ Consolidated Plan Certification Attachment Screen

This attachment screen is only visible and required if you selected ‘**No CoC**’ for questions 1 and 2 on **Screen 3A**. This indicates that your new project application is not located within any existing CoC’s geographic area, or you are submitting a Solo Appeal, and allows you to upload a completed, signed, and dated Certification of Consistency with the Consolidated Plan (HUD-2991), obtained from your state or local official with entitlement jurisdiction representing the geographical area in which the proposed project will be located. For form HUD-2991 requirements see Section. IV.A.1 of the 2026 NOFO. The form can be found here: <https://www.hud.gov/sites/dfiles/OCHCO/documents/2991.pdf>.

Screen 7D. Certification

Screen 7D populates with the name and information of your organization’s Authorized Representative from the **Project Applicant Profile**. You must read, certify, and sign by checking the box at the bottom of the screen to submit the project application. If your organization is a Public Housing Agency (PHA), you must also include the PHA number. By completing the certification, the Authorized Representative agrees to the terms and conditions provided on the screen, on behalf of your organization. To make changes to information populated from the profile, refer to the **Basic Instructions to Access a Project Applicant Profile** above.

FY 2026 CoC Program New Project Detailed Instructions

All Projects – Part 8: Solo Appeal and Submission Summary

All Projects – Part 8: Solo Appeal and Submission Summary

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

If you intend to submit a Solo Application you must recreate the project application originally submitted to the CoC; however, on screen **3A. Project Detail** you will select ‘**No CoC**’ for question **1a. CoC Number and Name** and then select ‘**Appeal**’ for question **3. Project Status**. This will give you access to screen **8a. Notice of Intent to Appeal** which must be completed. To complete the Solo Appeal project application, you must attach a signed and dated HUD-2991 from the CoC’s local jurisdiction. You are responsible for obtaining this form for the Solo Appeal project application from the local jurisdiction, not the CoC. If you did not submit the initial project application via *e-snaps* as the CoC conducts its local competition outside of *e-snaps*, you will create the renewal project application for the component according to these instructions.

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

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

This screen will only appear if you select ‘**Appeal**’ to question ‘**3. Project Status**’ on Screen ‘**3A. Project Detail**’. Complete the information for each question on this screen and attach a copy of the rejection letter on the **CoC Rejection Letter Attachment Screen** your organization received from the CoC.

- 1. Was this project application submitted via *e-snaps* or independently?** Required. CoCs may require project application submission via *e-snaps* while other CoCs require project application submission via other methods (e.g., standard fillable Word forms, Excel spreadsheets). Select the appropriate response based on project application submission in the local CoC competition process:
 - e-snaps* – if you submitted this project application to the CoC for the local competition through *e-snaps*.
 - Independent** – if you submitted this project application to the CoC for the local competition through a different method.
- 2. Was the project application submitted by the CoC's local submission deadline?** Required. Select ‘**Yes**’ or ‘**No**’ from the dropdown.
- 3. Provide the reason(s) cited by the CoC for rejecting this project application.** Required. Use the text box to enter the reason provided by the CoC for the rejection of the project application. You will also need to attach a copy of the CoC’s rejection letter to the **CoC Rejection Letter Attachment Screen**.
- 4. Describe how the CoC did not permit reasonable participation in its process:** Required. Use the text box to describe how your organization attempted to participate in the local CoC planning process and the reason you believe your organization was denied the right to participate in a reasonable manner. Include examples and timelines where possible.
- 5. Select the CoC Number and Name where this project resides:** Required. Select the CoC where the project resides. This identifies the CoC that rejected the project.
- 6. Select the CoC Collaborative Applicant Name:** Required. Select the Collaborative Applicant name using the dropdown.

Once completed, this project application will be submitted directly to HUD for review, bypassing the CoC. It is your responsibility to ensure all requirements are met for a Solo Appeal, including appropriate notifications as the CoC does have the opportunity to respond to Solo Appeals. All requirements outlined in Section VIII.D.3.a.1 of the NOFO and 24 CFR 578.35(b) must be followed.

FY 2026 CoC Program New Project Detailed Instructions

All Projects – Part 8: Solo Appeal and Submission Summary

Screen 8B. Submission Summary

Screen 8B provides a summary of all project application screens and the ‘**Submit**’ button. The ‘**Last Updated**’ column provides the status of each screen listed, and the date the screen was completed. The ‘**Mandatory**’ column indicates whether a screen must be fully completed to submit the project application to the Collaborative Applicant in *e-snaps*. After the **Project Applicant Profile** is confirmed to be accurate, all required project application screens are completed, and all appropriate attachments are uploaded, the project application can be submitted in *e-snaps*. All submitted project applications are sent to the CoC identified on Screen 3A. If ‘**No CoC**’ is selected on Screen 3A, the project application will be sent directly to HUD for consideration.

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

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

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

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

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

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

- [PH-PSH: Permanent Supportive Housing](#)
- [PH-RRH: Rapid Re-Housing](#)
- [TH: Transitional Housing](#)
- [Supportive Services Only – Standalone \(SSO-Standalone\), Outreach \(SSO-Outreach\),](#)
- [SSO-CE: Coordinated Entry](#)
- [HMIS: Homeless Management Information Systems](#)

FY 2026 CoC Program New Project Detailed Instructions

Permanent Housing (PH) – Permanent Supportive Housing (PSH) New Project Applications

Permanent Housing (PH) – Permanent Supportive Housing (PSH) New Project Applications

[RETURN to All Projects Part 2 through Part 8](#)

The following instructions apply to **Permanent Housing (PH)–Permanent Supportive Housing (PSH)** projects in accordance with PH-PSH requirements in 24 CFR 578.37(a)(1)(i). Before completing this part of the application, carefully review the specific requirements for PH-PSH projects in the FY2026 NOFO. New PH-PSH project applications can request funds through the Reallocation process, CoC Bonus, a combination of Reallocation and CoC Bonus..

PH-PSH Part 3: Project Information

PH-PSH Screen 3A. Project Detail

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

- 1. CoC Number and Name:** Required. Select the CoC Number and Name from the dropdown.
Selecting the correct CoC is critical. The dropdown contains all CoCs that were registered in the FY 2026 CoC Program Registration process and are listed according to the CoC Number (e.g., NE-502) and CoC Name (e.g., Lincoln County CoC). Based on the selection made in this field, when ‘**Submit**’ is selected on Screen 8B, *e-snaps* will send this project application to the CoC selected.
Note: You should only use the ‘**No CoC**’ option in instances where a project is in a geographic area not claimed by any CoC or if you are submitting a Solo Appeal.
- 2. CoC Collaborative Applicant Name:** Required. Select the name of the Collaborative Applicant for the CoC you intend to submit the project application. The dropdown for this field is based on the CoC Number and Name selected above with the CoC’s designated Collaborative Applicant’s name that registered during the FY 2026 CoC Program Registration process.
- 3. Project Name:** No action required. This field populates from the *e-snaps* ‘**Project**’ screens and is read-only. If the project name is incorrect, exit the project application screens and open the *e-snaps* ‘**Project**’ screens by selecting ‘**Projects**’ from the left menu to correct the information.
- 4. Project Status:** Required. This field defaults to the ‘**Standard**’ option and should only be changed to ‘**Appeal**’ if your organization will submit a ‘**Solo Appeal**’. If you select ‘**Appeal**’, Screen 8A ‘**Notice of Intent to Appeal**’ will appear on the left menu and you must complete additional information and include the attachment noted in the Solo Appeal process, see instructions for Screen 8A above.
- 5. Component Type:** Required. Select ‘**PH**’.
 - 5a. Select the type of PH project:** Required. Select ‘**PSH**’.
- 6. What type of CoC funding is this project applying for in this CoC Competition?** From the dropdown, select the type of CoC Program funding that is being requested. New **PH-PSH** project applications can request funds through:
 - **Reallocation**, funds that have been reallocated from an eligible renewal project,
 - **CoC Bonus**, funds available through the CoC Bonus, and
 - **Reallocation + CoC Bonus**, a combination of funds available from an eligible renewal project that was reallocated and funds from the available CoC Bonus amount.

Note: DV Bonus and DV Reallocation funds are not eligible for new PH-PSH projects.

FY 2026 CoC Program New Project Detailed Instructions

Permanent Housing (PH) – Permanent Supportive Housing (PSH) New Project Applications

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?

Required. Select:

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

24 CFR 578.3: *Victim service provider* means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

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

8. Is this new project application requesting transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (*Attachment Requirement*) Required. For additional information refer to the NOFO for requirements to transition a renewal project from its existing component (e.g., PSH) to another eligible new component (e.g., TH) through the CoC Program Competition. To facilitate this component change, you must work with the CoC and use the reallocation process to fully eliminate the eligible renewal project(s) to transition the project to the new component. Select:

Yes, if this new project application is requesting a transition grant.

If ‘Yes’ is selected, you will provide information regarding the expiring component in the next two questions. The remainder of this new project application will only capture information regarding how the project will operate under the new component. If this transition project is selected for conditional award, you will work with the local HUD CPD field office to determine how the old component will wind down while ramping up the new component.

No, if this new project application is not requesting a transition grant.

8a. List all expiring project(s) involved in the transition: Required. If ‘Yes’ to question 7, the expiring renewal project(s) must be fully eliminated using the reallocation process.

At least one eliminated project must be entered in the table. Up to 4 may be entered.

Full Grant Number	Operating Start Date	Expiration Date	Component Type
Enter the full grant number of the expiring renewal project (e.g., CA0001L5F012003)	Enter the date for ‘PoP Start’ from eLOCCS	Enter the date for ‘PoP End’ from eLOCCS	Select the expiring renewal component (e.g., PH)

IMPORTANT: For all expiring renewal projects listed in the table, attach a copy of the approved renewal project application(s) on Screen ‘**7A Attachments**’ (e.g., if the expiring project was funded in the FY 2025 CoC Program Competition, attach a copy of the FY 2025 project application).

8b. Provide a description that addresses the scope of the proposed transition during the first year of operation. Required. If ‘Yes’ is selected in question 7, provide a detailed description of how the project will transition from the renewal project to the new project. The description must include:

- how you will reduce activities in the old renewal component as it transitions to the new component, including the plan for ensuring existing program participants maintain housing assistance or exit the services system successfully.

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Permanent Housing (PH) – Permanent Supportive Housing (PSH) New Project Applications

- estimated date the project will be fully operating as the newly awarded component within the one-year grant term.

For example, if you are eliminating a PH-PSH project to create a new TH project, you must describe how the project will strategically wind down the permanent housing project, include how current PH-PSH program participants will be assisted in obtaining transitional housing while you will also ramp up the TH project over the course of the one-year grant term. You must also provide assurances the new TH component will be fully operational at the end of the grant term. Finally, include the amount of funds from this transitional grant application that will be used to wind down the outgoing PH-PSH activities with the estimated date for completion.

- 9. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?** Required. Select the appropriate response. CoC Program funds cannot be awarded if used to replace state or local government funds.

Yes, if this project is expected to replace state or local funds and not comply with this criterion.

No, if this project will not replace state or local funds and will comply with this criterion.

- 10. Will this project include replacement reserves in the Operating budget? (*Attachment Requirement*)** Required if applicant selects Operating Costs on Screen 6A Funding Request.. For additional information see [Replacement Reserves FAQ #3678 on the HUD Exchange](#). Select:

Yes, if this project application includes an Operating budget and your organization intends to use some or all the CoC Program operating funds towards replacement reserves. Attach supporting documentation on Screen 7A that includes:

- total amount of funds that will be placed in reserve during the grant term,
- system(s) to be replaced that includes the useful life of the system(s), and
- repayment schedule that includes the payment amount.

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

- 11. Is this project applying for Rural costs on screen 6A?** Required. Select Yes or No from the dropdown menu if your project plans to request rural costs. (**Note:** rural costs may ONLY be used for rural areas and must be associated with a valid rural or tribal geo-code. A project that serves both rural and non-rural areas may request a rural BLI for the project, however, the rural BLI can only be used in the rural geographic area.) If yes, the following 3 tables will appear:

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

11a. Area(s) affected by the project (state(s) only):

11b. Area(s) affected by the project (rural geo-code(s) only):

11c. Area(s) affected by the project (tribal geo-code(s) only). Only make a selection if the project will serve a tribal area. If no tribal area will be served, leave this field blank. Do not make any selections.

PH-PSH Screen 3B. Description

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

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

The information in this description must align with the information entered into other screens of the application.

- 2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur.** Required. You must enter information in at least one field on the table. If your project includes multiple structures, you will complete one column for each structure. You will estimate the number of days from grant execution for the first four questions, as applicable, for the requested project application. Nonapplicable fields can remain blank, or you can enter '0' or 'NA'.

Project Milestones	<u>Days from Execution of Grant Agreement</u>	<u>Days from Execution of Grant Agreement</u>	<u>Days from Execution of Grant Agreement</u>	<u>Days from Execution of Grant Agreement</u>
	A	B	C	D
Begin hiring staff or expending funds				
Begin program participant enrollment				
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin				
Leased or rental assistance units or structure, and supportive services near 100% capacity				
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

- 2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.** Required to describe the proposed development activities if you are requesting capital costs (i.e., acquisition (24 CFR 578.43), rehabilitation (24 CFR 578.45), new construction (24 CFR 578.47). 24 CFR 578.25 provides the requirements for site control, including a 15-year use period (24 CFR 578.81) that will remain in place even if the project no longer receives CoC Program funding. You should review 24 CFR part 578 for all requirements related to capital costs as not all are included in these instructions.

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

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- **Veterans**
- **Youth (under age 25)**
- **Families**
- **Survivors:** Persons who have experienced trauma or a lack of safety due to domestic violence, dating violence, sexual assault, stalking, human trafficking or other dangerous, traumatic, or life-threatening conditions. (**Note:** this field includes all people in households eligible to be served with DV Bonus funds but may also include survivors who do not meet the narrower definition of DV Bonus eligibility. For more information on subpopulation eligible to be served in DV Bonus projects, See Section I.B.2.b.6 of the NOFO for more information.)
- **Substance Use Disorders**
- **Mental Illness**
- **HIV/AIDS**
- **Chronic Homelessness**
- **Other**
- **N/A – Project Serves All Subpopulations**

4. **Will your project participate in the CoC’s Coordinated Entry (CE) Process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD’s minimum requirements?** Required. Coordinated Entry is a process designed to coordinate program participant intake, assessment, and provision of referrals. A CE process must cover the entire CoC’s geographic area, is easily accessed by individuals and families seeking housing **or** services, is well advertised, and includes a comprehensive and standardized assessment tool and process. Participation in a CE process is a requirement for all applicants of CoC Program funds. Select:

Yes, if this project will participate in the CoC’s CE process or applicant organization is a victim service provider and uses an alternate CE process that meets HUD’s minimum requirements.

No, if this project will not meet these criteria.

8. **Is this project 100% Dedicated, DedicatedPLUS or NA? (Only select ‘N/A’ if this project does not have requirements to only serve persons experiencing chronic homelessness and meets the definition of ‘non-dedicated permanent supportive housing beds’ in the NOFO Section III.G.8).** Required. All new PH-PSH projects must select from the following:

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

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

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

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- (b) residing in a TH project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the TH project;
- (c) residing in a place not meant for human habitation, emergency shelter, or Safe Haven and had been admitted and enrolled in a PH project within the last year but were unable to maintain a housing placement and met the definition of chronically homeless as defined by 24 CFR 578.3 prior to entering the project;
- (d) residing in transitional housing funded by a Joint TH/PH-RRH component project and who were experiencing chronic homelessness as defined by 24 CFR 578.3;
- (e) residing and has resided in a place not meant for human habitation, Safe Haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions and the individual or head of household meet the definition of 'homeless individual with a disability; or
- (f) receiving assistance through a Department of Veterans Affairs (VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

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

Note: Per 24 CFR 578.3 and 24 CFR 578.37(a)(1)(i), all PSH projects must serve individuals and families with a qualifying disability as defined at 42 U.S.C. 11360(9). In PSH projects that are dedicated to individuals and families experiencing chronic homelessness and those classified as DedicatedPLUS, the head of household must have the qualifying disability. In PSH projects not classified as dedicated or DedicatedPLUS any member of the household may have the qualifying disability

PH-PSH Screen 3C. Project Expansion Information

You can apply for a new project that will expand an existing eligible CoC Program renewal project (see Section II.B.3.i of the NOFO), so long as it is the same component and type (e.g., both the new and renewal project applications are PH-PSH). To apply for a new project that will expand an existing eligible CoC Program renewal project you will create and submit **two** project applications: a 'Stand-alone New' and a 'Stand-alone Renewal. If awarded, HUD will combine these two applications into one project in the post-award process. Please ensure that budgets and proposed numbers of units, people to be served, etc. are not duplicated between the Stand-alone New and Stand-alone Renewal applications, in order to ensure the accuracy of the final project.

Note: the same renewal project may NOT be part of both a consolidation and an expansion in the 2024 CoC Competition. If a renewal is submitted for both consolidation and renewal, HUD will treat the application only as an expansion and reject the consolidation. For instructions to complete a 'Stand-alone Renewal' project application, review the 'Renewal Expansion Process and Questions' instructions on pages 17-19 of the **CoC Renewal Project Application Detailed Instructions**.

You must complete the first question on Screen 3C that will notify HUD you are submitting a new expansion project that is tied to an eligible renewal project.

1. Is this a 'Project Expansion' of an eligible renewal project? Required. Select:

Yes, this is a new project application that will expand an existing eligible renewal project application and is the same component and type as the renewal.

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No, this new project application is not part of an expansion request. Click ‘Save’ or ‘Save & Next’ to move to the next screen.

If you answered ‘Yes’ to question 1, you must complete the remainder of this screen. The next two questions are used to match this new expansion project application with the renewal project application you are submitting.

1a. Eligible Renewal Grant PIN. Enter the PIN exactly as it was entered in the renewal project application (see screen 1A. SF-424 Application Type, question 5a or 5b of your renewal project application). Additionally, to ensure you enter the correct PIN on both applications, refer to the current grant agreement or grant agreement amendment for the renewal project this new project will expand.

1b. Eligible Renewal Grant Project Name. Enter the Project Name exactly as it was entered in the renewal project application (see screen PH-PSH Screen 3A. Project Detail, question 4 of your renewal project application).

The following questions inform HUD how this new project will expand the eligible renewal project application. You must respond to each question with ‘Yes’ or ‘No’ and for each ‘Yes’ response you must complete the additional questions. An expansion must select yes to one of the following questions in order to be valid.

2. Will this expansion project increase the number of program participants? Required. Select:

Yes, if this project will increase the number of program participants assisted (e.g., adding units) and respond to the set of questions that appear.

No, if this project will not increase the number of program participants.

2a. Currently Approved Renewal Numbers (from ‘Stand-alone Renewal’ project application).

The numbers for this section must be the point-in-time numbers according to the current grant agreement or grant agreement as amended for the renewal project. Use the numbers entered in the renewal project application from the screens identified below.

- Number of persons (From renewal application Screen 5A)
- Number of units (From renewal application Screen 4B)
- Number of beds (From renewal application Screen 4B)

2b. New effort: New Requested Numbers to Add (from this ‘Stand-alone New’ project application). Enter the proposed point-in-time numbers that will be added to the renewal project.

- Number of additional persons (From this new application Screen 5A)
- Number of additional units (From this new application Screen 4B)
- Number of additional beds (From this new application Screen 4B)

3. Will this expansion project provide additional supportive services to program participants?

Required. Select:

Yes, if this expansion project will provide additional supportive services.

No, if this expansion project will not provide additional supportive services.

3a. Indicate how the project will provide additional supportive services to program participants. Required if ‘Yes’ to question 3. Check one or both boxes to indicate the expanded supportive services.

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- Increase the number of or expand supportive services provided.
- Increase frequency or intensity of supportive services.
- Increase on site supportive services

3b. Explain how services will be expanded or increased, Required if ‘Yes’ to question 3. Provide a description of the current supportive services for which funds are requested and how CoC Program funds will be used to expand those services.

4. Will this expansion project bring existing facilities up to government health or safety standards? Required. Select:

Yes, if this expansion project will be used to bring existing facilities up to state or local government health or safety standards.

No, if this expansion project will not be used to bring existing facilities up to state or local government health or safety standards.

4a. Describe how the project is proposing to bring the existing facility(s) up to state or local government health or safety standards. Required if ‘Yes’ to question 4. Provide a description of the current health or safety standards for which funds are requested and how CoC Program funds will be used to address the issue(s), including the timeframe expected to have the health or safety standards updated.

PH-PSH Part 4: Housing and Services

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

All questions on screen 4A must be completed.

1. Describe how program participants will be assisted to obtain and remain in permanent housing: Required. An acceptable response will acknowledge the needs of the target population and include a plan that addresses the types of assistance that will be provided by the project applicant, or other partners, to ensure program participants served by this project will move into appropriate permanent housing as well as either remain in or move to other permanent housing once assistance is no longer needed. Additionally, if you coordinate with other partners, include their role in meeting this criterion. The description should include:

- how the type of housing proposed will fit the needs of program participants (this should match the information entered on screen ‘**4B. Housing Type**’),
- the type of assistance and supportive services you will provide to program participants to overcome challenges to permanent housing and self-sufficiency (e.g., case management, housing counseling, employment resources), and
- how you will work with program participants to set goals and make progress towards successful retention of permanent housing, including moving on to unsubsidized permanent housing

Finally, if this project will exclusively assist survivors of domestic violence, dating violence, sexual assault, or stalking, the description must include safety planning addressing the needs of this particular homeless population towards meeting the goal of obtaining and maintaining permanent housing.

2. How will this project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare,

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Medicaid, SSI, and SNAP. Required. Describe how this project will be supplemented with resources from other public or private sources. Additionally, if you coordinate with other partners, include their role in meeting this criterion. The description should include:

- what additional resources (public or private) you will use to assist program participants. These may include, but are not limited to, local employment programs, job training, educational opportunities, SSI, SSDI, Food Stamps, Veterans benefits, childcare, food assistance, TANF, early childhood education, Medicaid, Medicare, healthcare for the homeless, FQHCs

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

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

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

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

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

PH-PSH Screen 4B. Housing Type and Location

This screen captures the number of Units, Beds, and Dedicated CH Beds for each housing type and location.

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

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

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

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

The summary table on the primary 4B screen aggregates the individual ‘**Housing Type and Location detail**’ screens. To add a detail screen, select add  and complete the mandatory fields. Select ‘**Save & Back to List**’ to save the information and return to the primary screen. Select ‘**Save & Add Another**’ to add another detail screen. To view and edit, select view . To delete, select .

1. **Housing type:** Required. Select the type of housing structures where program participants will be housed. If more than one housing type is used you will complete a ‘**Housing Type and Location Detail**’ screen for each type (e.g., both Shared Housing and Clustered Apartments you will enter the information twice, once for each housing type). Select from the following housing types:

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

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

- a. **Units:** Enter the total number of units available at **full capacity** on a **single night** in the selected housing type and location.
- b. **Beds:** Enter the total number of beds available at **full capacity** on a **single night** in the selected housing type and location.
- c. **How many beds in ‘2b. Beds’ are dedicated to persons experiencing chronic homelessness?** Required. If you selected ‘**100% Dedicated**’ to question #8 on Screen 3B. Project Description, you must enter all beds as dedicated for individuals and families experiencing chronic homelessness. If you select ‘**DedicatedPLUS**’ you can enter the number of beds that will be dedicated CH, but this is not required so long as all program participants who enter the project meet the ‘**DedicatedPLUS**’ requirements in the NOFO.

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

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

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

Important Note: Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

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

PH-PSH Part 5: Participants

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

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

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

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

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

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

PH-PSH Screen 5B. Project Participants - Subpopulations

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

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

PH-PSH Special Requirements:

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

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

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

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

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

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

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- **Substance Use Disorders,**
- **HIV/AIDS,**
- **Mental Illness,**
- **Survivors:** Persons who have experienced trauma or a lack of safety due to domestic violence, dating violence, sexual assault, stalking, human trafficking or other dangerous, traumatic, or life-threatening conditions. (**Note:** this field includes all people in households eligible to be served with DV Bonus funds but may also include survivors who do not meet the narrower definition of DV Bonus eligibility. For more information on subpopulation eligible to be served in DV Bonus projects, see Section I.B.2.b.6 of the NOFO for more information.)
- **Physical Disability,**
- **Developmental Disability, and**
- **Persons Not Represented by a Listed Subpopulation.** For this last item, you will be required to enter a description of program participants who fall into this category that will appear at the bottom of the table on this screen.

Persons in Households with at Least One Adult and One Child										
Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substan ce Use Disorde rs	HIV/ AIDS	Mental Illness	Surviv ors	Physical Disabilit y	Development al Disability	Persons Not Represented by a Listed Subpopulati on
Persons over age 24										
Persons ages 18-24										
Children under age 18		N/A	N/A							
Total Persons										
Persons in Households without Children										
Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substan ce Use Disorde rs	HIV/ AIDS	Mental Illness	Surviv ors	Physical Disabilit y	Development al Disability	Persons Not Represented by a Listed Subpopulati on
Persons over age 24										
Persons ages 18-24										
Total Persons										
Persons in Households with Only Children										
Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substan ce Use Disorde rs	HIV/ AIDS	Mental Illness	Surviv ors	Physical Disabilit y	Development al Disability	Persons Not Represented by a Listed Subpopulati on
Persons over age 24										
Persons ages 18-24										
Total Persons										

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Accompanied Children under age 18		N/A	N/A							
Unaccompanied Children under age 18		N/A	N/A							
Total Persons										

PH-PSH Part 6: Budgets

Part 6 captures the budget information for the project application. HUD requires your project to request and use funds for eligible costs as outlined in the Rule for each budget and will verify project expenditures during field office monitoring or OIG audits. Any ineligible expenditures can result in monitoring or audit findings that could result in your organization repaying HUD for any ineligible CoC expenses.

PH-PSH Screen 6A. Funding Request

Screen 6A provides the framework through which a project applicant creates a project budget.

1. Will it be feasible for the project to be under grant agreement by September 15, 2027? Select:

Yes, to indicate the project intends to have a signed grant agreement by September 15, 2027. All funds conditionally awarded in the FY 2026 CoC Program Competition must be obligated via grant agreement no later than September 15, 2027.

No, the project does not intend to have a signed grant agreement by September 15, 2027. By selecting this response, **you will not be able to submit this project application in e-snaps.**

2. Select a grant term: Required. Your new project application may request 1-year, 2-years, 3-years, 4-years, 5-years, or 15-years; however, some exceptions apply (see Section II.B.5.c. of the NOFO for the complete list).

3. Select the costs for which funding is requested: Required. Check the boxes for the Budget Line Items (BLIs) your project requests funds (see 24 CFR 578, Subpart D, Program Components and Eligible Costs and 24 CFR 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds).

- **Acquisition/Rehabilitation/New Construction** (24 CFR 578.43 – 47),
- **Leased Units** (24 CFR 578.49),
- **Leased Structures** (24 CFR 578.49),
- **Rental Assistance** (24 CFR 578.51),
- **Supportive Services** (24 CFR 578.53),
- **Operating** (24 CFR 578.55), and
- **HMIS** (24 CFR 578.57).
- **VAWA** (Section IV.B.4 of CoC NOFO)
- **Rural** (Section IV.B.5 of CoC NOFO)

4. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months). Required only if you requested a 1-year grant term in question 4. For additional information see Section II.B.5.c.(1) of the NOFO. Select:

Yes, if you are requesting up to 6 additional months to operate this project.

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No, if you expect to operate this project with a 12-month grant term.

- 4a. Select the number of months requested for the initial grant term (dropdown of 13 to 18 months).** Required if ‘Yes’ was selected to question 6. Using the dropdown, select the total number of months you are requesting for the initial grant term.

PH-PSH Screen 6B. Acquisition/Rehabilitation/New Construction Budget

You have access to this budget if you check ‘**Acquisition/Rehabilitation/New Construction**’ on Screen 6A. Complete the information on this screen to request funds for development activities. See the following sections of the Rule for additional information:

- 24 CFR 578.43, Acquisition,
- 24 CFR 578.45, Rehabilitation, and
- 24 CFR 578.47, New Construction.

The primary screen on Screen 6B will aggregate the acquisition, rehabilitation, and new construction costs requested for each proposed project site to calculate the total for all costs requested. To add a site, select add  to access the budget screens. The primary 6B screen will populate and update when new budget screens are added. To view and edit select view . To delete, select .

You must enter specific location information for each site requesting capital costs. Create a name for each site that you will recognize as it will populate the list on the primary screen and enter the Street Address, City, State, and Zip Code. The address must be the actual site of the proposed development activities and not the administrative office of your organization or subrecipient. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

You must enter the amount of funds requested for acquisition, rehabilitation, and new construction costs at the structure site.

PH-PSH Screen 6C. Leased Units Budget

You have access to this budget if you check ‘**Leased Units**’ on Screen 6A. The primary screen will aggregate the total assistance requested and total units requested for each FMR area listed on a ‘**Leased Units Budget Detail**’ screen. To add another ‘**Leased Units Budget Detail**’ screen, select add . All grey fields will calculate after you complete and save this screen. Select ‘**Save & Back to List**’ to save the information and return to the primary screen or select ‘**Save & Add Another**’. To view and edit, select view . To delete, select .

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

- **Size of units:** No action required. These options are system generated. The size of units are in line with the [FMR tables](#); however, for clarification, the ‘**0-bedroom**’ unit listed in *e-snaps* is the ‘**efficiency**’ unit size on the FMR table and the FMR table does not include SRO units for which the per unit rent is calculated at 75 percent of the efficiency rate.
- **Number of units:** Required. For each unit size, enter the number of units for which you are requesting funds.

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- **FMR:** No action required but it is important to understand that due to *e-snaps* limitations for the FY 2026 project applications, this table will show FY2026 FMR amounts. The FMR amounts shown in *e-snaps* application tables for both a Leasing BLI and a Rental Assistance BLI are [FY 2026 FMRs](#) for the FMR areas you selected above. If your project application is selected for conditional award, updates based on the FMRs in effect as of the application submission deadline will be applied to these calculations based on your eligible BLI total. The adjusted amount will be shown in your new award total with exact amounts seen in this *e-snaps* table at post award.
- **12 Months:** No action required. These fields are populated with the value 12 to calculate the annual rent request.
- **Total Request:** No action required. This column populates with the total calculated amount from each row.
- **Total Units and Annual Assistance Requested:** No action required. This column calculates based on the sum of the total requests per unit size per year.
- **Grant Term:** No action required. This field populates with ‘1-Year’ and is read-only.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

PH-PSH Screen 6D. Leased Structures Budget

You have access to this budget if you check ‘**Leased Structures**’ on Screen 6A. The primary screen will aggregate the total assistance leased structures requested on ‘**Leased Structures Budget Detail**’ screen(s).

To add leased structures, select add  to access the detail budget screens. The primary 6D screen will populate and update automatically when new detail screens are added to the list. To view and edit select view . To delete, select .

On the ‘**Leased Structures Budget Detail**’ enter the **Structure Name** by which you will identify the leased structure (e.g., name of the property, the street name where it is located), **Street Address**, **City**, **State**, and **Zip** Code. Lastly, enter the monthly amount of HUD paid rent you are requesting for each structure. The amount of leased funds will be calculated by 12 months to populate the **Total Annual Assistance Requested** which is then multiplied by the grant term selected to populate the **Total Request for Grant Term**.

PH-PSH Screen 6E. Rental Assistance Budget

You have access to this budget if you check ‘**Rental Assistance**’ on Screen 6A. The primary screen will aggregate the totals for each FMR area **or** rental assistance type listed on ‘**Rental Assistance Detail**’ screens. Select add  to access a new ‘**Rental Assistance Detail**’ screen. All grey fields will calculate after you complete and save this screen. Select ‘**Save & Back to List**’ or select ‘**Save & Add Another**’. To view and edit, select view . To delete, select .

Type of Rental Assistance: Required. Select the type of rental assistance from the dropdown:

- **PRA** – project-based rental assistance where program participants must reside in housing provided through a contract with the owner of an existing structure whereby the owner agrees to lease subsidized units to program participants. Program participants may not retain their rental assistance if they relocate to a unit outside the project,
- **SRA** – sponsor-based rental assistance where program participants must reside in housing owned or leased by a sponsor organization and arranged through a contract between the recipient and the sponsor organization or,

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- TRA – tenant-based rental assistance where program participants select any appropriately sized unit within the CoC’s geographic area, although recipients or subrecipients may restrict the location under certain circumstances to ensure the availability of the appropriate supportive services.

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

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

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

- **Size of units:** No action required. These options are system generated. The size of units are in line with the [FMR tables](#); however, for clarification, the ‘**0-bedroom**’ unit listed in *e-snaps* is the ‘**efficiency**’ unit size on the FMR table and the FMR table does not include SRO units for which the per unit rent is calculated at 75 percent of the efficiency rate.
- **Number of units:** Required. For each unit size, enter the number of units for which funding is requested.
- **FMR:** No action required, but it is important to understand that due to e-snaps limitations for the FY 2026 project applications, this table will show FY2026 FMR amounts. The FMR amounts shown in e-snaps application tables for both a Leasing BLI and a Rental Assistance BLI are FY 2026 FMRs for the FMR areas you selected above. If your project application is selected for conditional award, updates based on the FMRs in effect as of the application submission deadline will be applied to these calculations based on your eligible BLI total. The adjusted amount will be shown in your new award total with exact amounts seen in this e-snaps table at post award.

Note: All Rental Assistance BLI requests in New project applications must be for the full FY 2026 FMR, whereas a Leasing BLI can have requests for Actual FMR requests for ‘**HUD Paid Rent**’ that are less than the [FY 2026 FMRs](#) amounts.

- **12 Months:** No action required. These fields are populated with the value 12 to calculate the annual rent request.
- **Total Request:** No action required. This column populates with the total calculated amount from each row.
- **Total Units and Annual Assistance Requested:** No action required. This column calculates based on the sum of the total requests per unit size per year.
- **Grant Term:** No action required. This field populates based on the grant term selected on the ‘**6A. Funding Request**’ screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

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PH-PSH Screen 6F. Supportive Services Budget

You have access to this budget if you check ‘**Supportive Services**’ on Screen 6A. The supportive services listed are based on the eligible supportive services in 24 CFR 578.53.

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

The itemized budget screen includes 17 eligible Supportive Services costs:

1. Assessment of Service Needs	10. Life Skills
2. Assistance with Moving Costs	11. Mental Health Services
3. Case Management	12. Outpatient Health Services
4. Child Care	13. Outreach Services
5. Education Services	14. Substance Abuse Treatment Services
6. Employment Assistance	15. Transportation
7. Food	16. Utility Deposits
8. Housing/Counseling Services	17. Operating Cost*
9. Legal Services	

*See 24 CFR 578.53(a) to determine if you are eligible to apply for funds in this category as it does not apply to all project applications.

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

- **Eligible Costs:** No action required. The categories listed are eligible supportive services costs for which funds can be requested under 24 CFR 578.53.
- **Quantity AND Description:** Required. This field must provide a complete picture of how CoC Program funds will be used in the project to assist program participants. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title–1 FTE @ \$45,000 including fringe benefits of \$X or 50 hours @ \$25 per hour including fringe benefits of \$X). Additionally, include any direct provision costs (24 CFR 578.53(e)(17)) for each line item (e.g., monthly use of cell phone to contact program participants @ \$X per month).
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program supportive services for a 12-month period. If you are requesting a multi-year grant term (e.g., 3 years), you will see the total request for the 3-year grant term request in the **Total Request for Grant Term** field.
- **Total Annual Assistance Requested:** No action required. This field calculates the total based on the sum for each eligible cost where you entered information.
- **Grant Term:** No action required. This field populates based on the grant term selected on the ‘**6A. Funding Request**’ screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

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PH-PSH Screen 6G. Operating Budget

You have access to this budget if you check ‘**Operating**’ on Screen 6A. The operating costs listed are based on the eligible operating costs described in 24 CFR 578.55. Operating costs are associated with the day-to-day operations of housing units and facilities.

Note: If this screen includes ‘**Replacement Reserve**’ as an expected operating cost, an additional question will populate on Screen 3A that must be answered prior to submission. For further details, refer to instructions for Screen 3A in this guide.

The itemized budget screen includes 7 eligible Operating costs:

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

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

- **Eligible Costs:** No action required. The categories listed are eligible Operating costs for which funds can be requested under 24 CFR 578.55.
- **Quantity AND Description:** Required. This field must provide a complete picture of how CoC Program funds will be used in the project. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title–1 FTE @ \$45,000 including fringe benefits of \$X or 50 hours @ \$25 per hour including fringe benefits of \$X).
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program operating costs for a 12-month period. If you are requesting a multi-year grant term (e.g., 3 years), you will see the total request for the grant term request in the **Total Request for Grant Term** field.
- **Total Annual Assistance Requested:** No action required. This field calculates based on the sum for each eligible cost where you entered information.
- **Grant Term:** No action required. This field populates based on the grant term selected on the ‘**6A. Funding Request**’ screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

PH-PSH Screen 6H. HMIS Budget

You have access to this budget if you check ‘**HMIS**’ on Screen 6A. The HMIS costs listed are based on the eligible HMIS costs described in 24 CFR 578.57 and must comply with HMIS requirements.

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

The itemized budget screen includes 5 eligible HMIS costs:

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

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

- **Eligible Costs:** No action required. The categories listed are eligible HMIS costs for which funds can be requested under 24 CFR 578.57.
- **Quantity AND Description:** Required. This field must provide a complete picture of how CoC Program funds will be used in the project to assist program participants. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title–1 FTE @ \$45,000 including fringe benefits of \$X or 50 hours @ \$25 per hour including fringe benefits of \$X).
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program HMIS activities to contribute to your CoC’s HMIS for a 12-month period. If you are requesting a multi-year grant term (e.g., 3 years), you will see the total request for the grant term request in the **Total Request for Grant Term** field.
- **Total Annual Assistance Requested:** No action required. This field calculates based on the sum for each eligible cost where you entered information.
- **Grant Term:** No action required. This field populates based on the grant term selected on the ‘6A. Funding Request’ screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

PH-PSH VAWA Cost Budget

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

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

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

- A. VAWA Emergency Transfer Facilitation.** Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:
- **Moving Costs.** Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
 - **Travel Costs.** Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
 - **Security Deposits.** Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
 - **Utilities.** Grant funds can be used to pay for the costs of establishing utility assistance in the safe unit the survivor is transferring to.

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- **Housing Fees.** Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- **Case Management.** Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- **Housing Navigation.** Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- **Technology to make an available unit safe.** Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

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

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

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

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

- **Eligible Costs:** No action required. The categories listed are eligible VAWA costs for which funds can be requested under 24 CFR 578.57.
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible VAWA activities.
- **Total Annual Assistance Requested:** No action required. This field calculates based on the sum for each eligible cost where you entered information.
- **Grant Term:** No action required. This field populates based on the grant term selected on the '**6A. Funding Request**' screen This field populates with '**1 Year**' and is read-only.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

PH-PSH Rural Cost Budget

The CoC Program has added eligible rural cost budget categories to be added in a new CoC Rural Cost Budget Line Item (BLI). The new BLI will be added to grant agreements and utilized the same as

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Permanent Housing (PH) – Permanent Supportive Housing (PSH) New Project Applications

other CoC Program BLIs in *e-snaps* and eLOCCS. There are three CoC Program rural cost categories that can be requested for your new CoC Rural Cost BLI (for activities in eligible rural or tribal geocodes only).

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

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

- **CoC Rural BLI Total:** No action required. This field calculates based on the sum for each eligible cost where you entered information above.
- **Grant Term:** No action required. This field populates based on the grant term selected on the '**6A. Funding Request**' screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

PH-PSH Screen 6I. Sources of Match

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

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

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

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

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

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

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

Sources of Match Detail Screen(s): Enter match information on this screen based on the current commitments at the time of project application submission that will apply to the grant term if selected for conditional award, not based on projections. Match contributions can be cash, in-kind, or a combination of both. Match must be no less than 25 percent of the total request, including Administration costs, but excluding Leasing costs (i.e., Leased Units and Leased Structures). If your match amount exceeds 25 percent, HUD will expect you to produce the higher amount included in the project application if selected for conditional award.

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

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

You need to complete this screen for each type of match commitment you want to include with your project application. Once completed with this ‘**Sources of Match Detail**’ screen, return to the ‘**Sources of Match**’ screen where you will see the total commitment amounts for Cash, In-Kind, and All, as applicable.

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

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

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

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

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

Government, the match will be provided by a government entity (e.g., HUD-VASH (VA Supportive Housing program)) so long as the government funds do not prohibit their use as a match for another federal program.

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

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

PH-PSH Screen 6J. Summary Budget

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

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

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

The summary budget also includes the amount of Cash, In-Kind, and Total Match entered on Screen 6D. To adjust match amounts, return to Screen 6D. If an ineligible match amount is entered, *e-snaps* will report an error when the screen is saved, ‘**The Total Match amount is less than 25 percent**’. The error message will inform you of the minimum amount of match funds you are required to have for this project, and you must return to a ‘**Sources of Match Detail**’ screen to make the necessary adjustments to increase the match amount for this project application.

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Indirect Cost Information

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

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

Indirect Cost Information for Award Applicant/Recipient.

- 1. Federal Program/Assistance Listing Program Title.** No action required. This field populates with “**Continuum of Care Program**”.
- 2. Applicant/Recipient Name.** No action required. This information populates from the “**Authorized Representative**” screen of the **Project Applicant Profile**.
- 3. Indirect Cost Rate Information for the Applicant/Recipient.** No action required. This field pulls the checkbox that was selected on the Project Profile. If Checkbox #3 was selected, the indirect cost table also gets pulled
- 4. Submission Type.** No action required. Defaults to Initial Submission
- 5. Effective date(s).** No Action required
- 6. Certification:** The “**I agree**” certification will appear at the bottom of the screen in the **Project Applicant Profile** and at the bottom of the copies of this form in all project applications your organization submits in a CoC Program Competition. You must certify in both the Project Applicant Profile and the project application that the information provided is accurate and complete.

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Permanent Housing (PH) – Rapid Re-Housing (RRH) New Project Applications

Permanent Housing (PH) – Rapid Re-Housing (RRH) New Project Applications

[RETURN to All Projects Part 2 through Part 8](#)

The following instructions apply to **Permanent Housing (PH)–Rapid Re-Housing (RRH)** projects in accordance with **PH-RRH** requirements in 24 CFR 578.37(a)(1)(ii). Before completing this part of the application, carefully review the specific requirements for **PH-RRH** projects in the NOFO. New **PH-RRH** project applications can request funds through the Reallocation process, CoC Bonus, a combination of Reallocation and CoC Bonus, DV Reallocation and DV Bonus..

PH-RRH Part 3: Project Information

PH-RRH Screen 3A. Project Detail

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

- 1. CoC Number and Name:** Required. Select the CoC Number and Name from the dropdown.
Selecting the correct CoC is critical. The dropdown contains all CoCs that were registered in the FY 2026 CoC Program Registration process and are listed according to the CoC Number (e.g., NE-502) and CoC Name (e.g., Lincoln County CoC). Based on the selection made in this field, when ‘**Submit**’ is selected on Screen 8B, *e-snaps* will send this project application to the CoC selected.
Note: You should only use the ‘**No CoC**’ option in instances where a project is in a geographic area not claimed by any CoC or if the project applicant is submitting a Solo Appeal.
- 2. CoC Collaborative Applicant Name:** Required. Select the name of the Collaborative Applicant for the CoC you intend to submit the project application. The dropdown for this field is based on the CoC Number and Name selected above with the CoC’s designated Collaborative Applicant’s name that registered during the FY 2026 CoC Program Registration process.
- 3. Project Name:** No action required. This field populates from the *e-snaps* ‘**Project**’ screens and is read-only. If the project name is incorrect, exit the project application screens and open the *e-snaps* ‘**Project**’ screens by selecting ‘**Projects**’ from the left menu to correct the information.
- 4. Project Status:** Required. This field defaults to the ‘**Standard**’ option and should only be changed to ‘**Appeal**’ if your organization will submit a ‘**Solo Appeal**’. If you select ‘**Appeal**’, Screen 8A ‘**Notice of Intent to Appeal**’ will appear on the left menu and you must complete additional information and include the attachment noted in the Solo Appeal process, see instructions for Screen 8A above.
- 5. Component Type:** Required. Select **PH**.
5a. Select the type of PH project: Required. Select ‘**RRH**’.
Note: The only type of rental assistance permitted for a PH-RRH project is TRA, tenant-based rental assistance.
- 6. What type of CoC funding is this project applying for in this CoC Competition?** From the dropdown, select the type of CoC Program funding that is being requested. New **PH-RRH** project applications can request funds through:
 - **Reallocation**, funds that have been reallocated from an eligible renewal project,
 - **CoC Bonus**, funds available through the CoC Bonus,

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- **Reallocation + CoC Bonus**, a combination of funds available from an eligible renewal project that was reallocated and funds from the available CoC Bonus amount, and
- **DV Bonus**, funds available to serve 100 percent survivors of domestic violence, dating violence, sexual assault, and/or stalking.
- **DV Reallocation**, funds that have been reallocated from an eligible DV Bonus project. Project must serve 100 percent survivors of domestic violence, dating violence, sexual assault, and/or stalking.

Note: DV Bonus funds and DV Reallocation funds are eligible for new **PH-RRH** projects.

6a. Will the project serve exclusively households who are eligible to be served with DV Bonus funding (survivors of domestic violence, dating violence, sexual assault, and/or stalking)? (Projects that are focused on other populations, including survivors of human trafficking should select “No” unless the project will be limited specifically to survivors of domestic violence, dating violence, sexual assault, and/or stalking.)

Yes, will exclusively serve DV Bonus eligible population.

No, will not exclusively serve DV Bonus eligible population.

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?

Required. Select:

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

24 CFR 578.3: *Victim service provider* means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

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

8. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (*Attachment Requirement*) Required. For additional information refer to the NOFO for requirements to transition a renewal project from its existing component (e.g., PH-RRH) to another eligible new component (e.g., TH) through the CoC Program Competition. To facilitate this component change, you must work with the CoC and use the reallocation process to fully eliminate the eligible renewal project(s) to transition the project to the new component. Select:

Yes, if this new project application is requesting a transition grant.

If ‘Yes’ is selected, you will provide information regarding the expiring component in the next two questions. The remainder of this new project application will only capture information regarding how the project will operate under the new component. If this transition project is selected for conditional award, you will work with the local HUD CPD field office to determine how the old component will wind down while ramping up the new component.

No, if this new project application is not requesting a transition grant.

8a. List all expiring project(s) involved in the transition: Required. If ‘Yes’ to question 7, the expiring renewal project(s) must be fully eliminated using the reallocation process.

At least one eliminated project must be entered in the table. Up to 4 may be entered.

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Full Grant Number	Operating Start Date	Expiration Date	Component Type
Enter the full grant number of the expiring renewal project (e.g., CA0001L5F012003)	Enter the date for 'PoP Start' from eLOCCS	Enter the date for 'PoP End' from eLOCCS	Select the expiring renewal component (e.g., PH)

IMPORTANT: For all expiring renewal projects listed in the table, attach a copy of the approved renewal project application(s) on Screen **'7A Attachments'** (e.g., if the expiring project was funded in the FY 2025 CoC Program Competition, attach a copy of the FY 2025 project application).

8b. Provide a description that addresses the scope of the proposed transition during the first year of operation. Required. If 'Yes' is selected in question 7, provide a detailed description of how the project will transition from the renewal project to the new project. The description must include:

- how you will reduce activities in the old renewal component as it transitions to the new component, including the plan for ensuring existing program participants maintain housing assistance or exit the services system successfully
- estimated date the project will be fully operating as the newly awarded component within the one-year grant term.

For example, if you are eliminating a PH-PSH project to create a new TH project, you must describe how the project will strategically wind down the permanent supportive housing project, include how current PSH program participants will be assisted in obtaining transitional housing while you will also ramp up the TH project over the course of the one-year grant term. You must also provide assurances the new TH component will be fully operational at the end of the grant term. Finally, include the amount of funds from this transitional grant application that will be used to wind down the outgoing PSH activities with the estimated date for completion.

9. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? Required. Select the appropriate response. CoC Program funds cannot be awarded if used to replace state or local government funds.

Yes, if this project is expected to replace state or local funds and not comply with this criterion.

No, if this project will not replace state or local funds and will comply with this criterion.

11. Is this project applying for Rural costs on screen 6A? Required. Select Yes or No from the dropdown menu if your project plans to request rural costs. (**Note:** rural costs may ONLY be used for rural areas and must be associated with a valid rural or tribal geo-code. A project that serves both rural and non-rural areas may request a rural BLI for the project, however, the rural BLI can only be used in the rural geographic area.) If yes, the following 3 tables will appear:

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

11a. Area(s) affected by the project (state(s) only):

11b. Area(s) affected by the project (rural geo-code(s) only):

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11c. Area(s) affected by the project (tribal geo-code(s) only). Only make a selection if the project will serve a tribal area. If no tribal area will be served, leave this field blank. Do not make any selections.

PH-RRH Screen 3B. Description

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

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

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

Lastly for PH-RRH projects, describe how the provision of tenant-based rental assistance will help individuals and families achieve self-sufficiency within 24 months.

- 2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur.** Required. You must enter information in at least one field on the table. If your project includes multiple structures, you will complete one column for each structure. You will estimate the number of days from grant execution for the first four questions, as applicable, for the requested project application. Nonapplicable fields can remain blank, or you can enter '0' or 'NA'.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds				
Begin program participant enrollment				
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin				
Leased or rental assistance units or structure, and supportive services near 100% capacity				

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

- Veterans
- Youth (under age 25)
- Families

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- **Survivors**: Persons who have experienced trauma or a lack of safety due to domestic violence, dating violence, sexual assault, stalking, human trafficking or other dangerous, traumatic, or life-threatening conditions. (**Note**: this field includes all people in households eligible to be served with DV Bonus funds but may also include survivors who do not meet the narrower definition of DV Bonus eligibility. For more information on subpopulation eligible to be served in DV Bonus projects, see Section I.B.2.b.6 of the NOFO for more information.)
- **Substance Use Disorders**
- **Mental Illness**
- **HIV/AIDS**
- **Chronic Homelessness**
- **Other**
- **N/A – Project Serves All Subpopulations**

4. Will your project participate in the CoC's Coordinated Entry (CE) Process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? Required. Coordinated Entry is a process designed to coordinate program participant intake, assessment, and provision of referrals. A CE process must cover the entire CoC's geographic area, is easily accessed by individuals and families seeking housing **or** services, is well advertised, and includes a comprehensive and standardized assessment tool and process. Participation in a CE process is a requirement for all applicants of CoC Program funds. Select:

Yes, if this project will participate in the CoC's CE process or applicant organization is a victim service provider and uses an alternate CE process that meets HUD's minimum requirements.

No, if this project will not meet these criteria.

PH-RRH Screen 3C. Project Expansion Information

You can apply for a new project that will expand an existing eligible CoC Program renewal project (see Section II.B.3.i of the NOFO), so long as it is the same component and type (e.g., both the new and renewal project applications are PH-RRH). To apply for a new project that will expand an existing eligible CoC Program renewal project you will create and submit **two** project applications: a 'Stand-alone New' and a 'Stand-alone Renewal'. If awarded, HUD will combine these two applications into one project in the post-award process. Please ensure that budgets and proposed numbers of units, people to be served, etc. are not duplicated between the Stand-alone New and Stand-alone Renewal applications, in order to ensure the accuracy of the final project.

Note: the same renewal project may NOT be part of both a consolidation and an expansion in the 2026 CoC Competition. If a renewal is submitted for both consolidation and renewal, HUD will treat the application only as an expansion and reject the consolidation.

For instructions to complete a 'Stand-alone Renewal' project application, review the **Renewal Expansion Process and Questions** instructions in the CoC Renewal Project Application Detailed Instructions.

You must complete the first question on Screen 3C that will notify HUD you are submitting a new expansion project that is tied to an eligible renewal project.

1. Is this a 'Project Expansion' of an eligible renewal project? Required. Select:

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Yes, this is a new project application that will expand an existing eligible renewal project application and is the same component and type as the renewal.

No, this new project application is not part of an expansion request. Click ‘**Save**’ or ‘**Save & Next**’ to move to the next screen.

If you answered ‘**Yes**’ to question 1, you must complete the remainder of this screen. The next two questions are used to match this new expansion project application with the renewal project application you are submitting.

1a. Eligible Renewal Grant PIN. Enter the PIN exactly as it was entered in the renewal project application (see screen 1A. SF-424 Application Type, question 5a or 5b of your renewal project application). Additionally, to ensure you enter the correct PIN on both applications, refer to the current grant agreement or grant agreement amendment for the renewal project this new project will expand.

1b. Eligible Renewal Grant Project Name. Enter the Project Name exactly as it was entered in the renewal project application (see screen PH-PSH Screen 3A. Project Detail, question 4 of your renewal project application).

The following questions inform HUD how this new project will expand the eligible renewal project application. You must respond to each question with ‘**Yes**’ or ‘**No**’ and for each ‘**Yes**’ response you must complete the additional questions. An expansion must select yes to one of the following questions in order to be valid.

2. Will this expansion project increase the number of program participants? Required. Select:

Yes, if this project will increase the number of program participants assisted (e.g., adding units) and respond to the set of questions that appear.

No, if this project will not increase the number of program participants.

2a. Currently Approved Renewal Numbers (from ‘Stand-alone Renewal’ project application).

The numbers for this section must be the point-in-time numbers according to the current grant agreement or grant agreement as amended for the renewal project.

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

- **Number of persons (From renewal application Screen 5A)**
- **Number of units (From renewal application Screen 4B)**
- **Number of beds (From renewal application Screen 4B)**

2b. New effort: New Requested Numbers to Add (from this ‘Stand-alone New’ project application). Enter the proposed point-in-time numbers that will be added to the renewal project. The numbers entered must match the numbers entered in the identified screens of this new project application. **Note:** only enter the additional persons/units/beds that will be added under the expansion. Do not enter a combined total.

- **Number of additional persons (From this new application Screen 5A)**

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- Number of **additional units** (From this new application Screen 4B)
- Number of **additional beds** (From this new application Screen 4B)

3. Will this expansion project provide additional supportive services to program participants?

Required. Select:

Yes, if this expansion project will provide additional supportive services.

No, if this expansion project will not provide additional supportive services.

3a. Indicate how the project will provide additional supportive services to program

participants. Required if 'Yes' to question 3. Check one or both boxes to indicate the expanded supportive services.

- **Increase the number of or expand supportive services provided.**
- **Increase frequency or intensity of supportive services.**
- **Increase on site supportive services**

3b. Explain how services will be expanded or increased." This question will only appear if "#3 Will this expansion project provide additional supportive services to program participants?

4. Will this expansion project bring existing facilities up to government health or safety standards? Required. Select:

Yes, if this expansion project will be used to bring existing facilities up to state or local government health or safety standards.

No, if this expansion project will not be used to bring existing facilities up to state or local government health or safety standards.

4a. Describe how the project is proposing to bring the existing facility(s) up to state or local government health or safety standards. Required if 'Yes' to question 4. Provide a description of the current health or safety standards for which funds are requested and how CoC Program funds will be used to address the issue(s), including the timeframe expected to have the health or safety standards updated).

NOTE: If CoC Bonus, CoC Reallocation, DV Bonus, or DV Reallocation funding is used to expand a DV Renewal project, the entire expanded project must be 100 percent dedicated to serving individuals and families who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and who qualify under paragraph (1) or (4) of the definition of homeless at 24 CFR 578.3 or section 103(b) of the McKinney-Vento Homeless Assistance Act and the project must meet all the DV project requirements in sections II.B.3.d and II.B.3.e of this NOFO.

PH-RRH Part 4: Housing and Services

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

All questions on screen 4A must be completed.

- 1. Please indicate if the applicant has previously operated or currently operates a homelessness project where, or has a plan in place to have, at least 50 percent of participants exit to permanent housing within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant, or has a plan in place to ensure this.: Required.**

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For DV Bonus, and DV Reallocation PH-RRH and TH projects, the application must demonstrate: The project applicant's experience serving individuals and families of persons experiencing trauma or a lack of safety related to, or fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking, and their ability to house survivors and meet safety outcomes.

DV Bonus, and DV Reallocation projects must serve individuals and families who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking and who qualify as homeless under paragraphs (1) or (4) of the definition of homeless at 24 CFR 578.3 or Section 103(b) of the McKinney-Vento Homeless Assistance Act with the following exception:

2. How will this project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP. Required. Describe how this project will be supplemented with resources from other public or private sources. Additionally, if you coordinate with other partners, include their role in meeting this criterion. The description should include:

- what additional resources (public or private) you will use to assist program participants. These may include, but are not limited to, local employment programs, job training, educational opportunities, SSI, SSDI, Food Stamps, Veterans benefits, childcare, food assistance, TANF, early childhood education, Medicaid, Medicare, healthcare for the homeless, FQHCs

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

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

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

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

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

3a. Based on selection made in the chart, how will this help the participant obtain self-sufficiency and exit homelessness? Required.

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PH-RRH Screen 4B. Housing Type and Location

This screen will capture the number of Units and Beds for each housing type and location.

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

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

The summary table on the primary 4B screen aggregates the individual ‘**Housing Type and Location detail**’ screens. To add a detail screen, select add  and complete the mandatory fields. Select ‘**Save & Back to List**’ to save the information and return to the primary screen. Select ‘**Save & Add Another**’ to add another detail screen. To view and edit, select view . To delete, select .

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

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

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

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

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

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number and characteristics of persons that the project is expected to serve as recorded on Screens 5A and 5B.

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

Important Note: Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

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

PH-RRH Part 5: Program Participants

PH-RRH Screen 5A. Project Participants - Households

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

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

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

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

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

PH-RRH Screen 5B. Project Participants - Subpopulations

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

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

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

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

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

Persons in Households with at Least One Adult and One Child										
Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substan ce Use Disorde rs	HIV/ AIDS	Mental Illness	Surviv ors	Physical Disabilit y	Development al Disability	Persons Not Represented by a Listed Subpopulati on
Persons over age 24										
Persons ages 18-24										
Children under age 18		N/A	N/A							
Total Persons										
Persons in Households without Children										
Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substan ce Use Disorde rs	HIV/ AIDS	Mental Illness	Surviv ors	Physical Disabilit y	Development al Disability	Persons Not Represented by a Listed Subpopulati on
Persons over age 24										
Persons ages 18-24										
Total Persons										
Persons in Households with Only Children										
Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substan ce Use Disorde rs	HIV/ AIDS	Mental Illness	Surviv ors	Physical Disabilit y	Development al Disability	Persons Not Represented by a Listed Subpopulati on
Accompanied Children under age 18		N/A	N/A							
Unaccompanied Children under age 18		N/A	N/A							
Total Persons										

PH-RRH Part 6: Budgets

Part 6 captures the budget information for the project application. HUD requires your project to request and use funds for eligible costs as outlined in the Rule for each budget and will verify project expenditures during field office monitoring or OIG audits. Any ineligible expenditures can result in monitoring or audit findings that could result in your organization repaying HUD for any ineligible CoC expenses.

PH-RRH Screen 6A. Funding Request

Screen 6A provides the framework through which a project applicant creates a project budget.

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Permanent Housing (PH) – Rapid Re-Housing (RRH) New Project Applications

1. Will it be feasible for the project to be under grant agreement by September 15, 2027? Select:

Yes, to indicate the project intends to have a signed grant agreement by September 15, 2027. All funds conditionally awarded in the FY 2026 CoC Program Competition must be obligated via grant agreement no later than September 15, 2027.

No, the project does not intend to have a signed grant agreement by September 15, 2027. By selecting this response, you will not be able to submit this project application in *e-snaps*.

2. Select a grant term: Required. Your new project application may request 1-year, 2-years, 3-years, 4-years, 5-years, or 15-years; however, some exceptions apply (see Section II.B.5.c. of the NOFO for the complete list).

3. Select the costs for which funding is requested: Required. Check the boxes for the BLI(s) that your project request funds (see 24 CFR 578, Subpart D, Program Components and Eligible Costs and 24 CFR 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds).

- **Rental Assistance** (24 CFR 578.51),
- **Supportive Services** (24 CFR 578.53), and
- **HMIS** (24 CFR 578.57).
- **VAWA** (Section IV.B.4 of CoC NOFO)
- **Rural** (Section IV.B.5 of CoC NOFO)

4. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months). Required only if you requested a 1-year grant term in question 4. For additional information see Section II.B.5.c.(1) of the NOFO. Select:

Yes, if you are requesting up to 6 additional months to operate this project.

No, if you expect to operate this project with a 12-month grant term.

4a. Select the number of months requested for the initial grant term. (Dropdown of 13 to 18 months). Required if ‘Yes’ was selected to question 6. Using the dropdown, select the total number of months you are requesting for the initial grant term.

PH-RRH Screen 6E. Rental Assistance Budget

You have access to this budget if you check ‘**Rental Assistance**’ on Screen 6A. The primary screen will aggregate the totals for each FMR area **or** rental assistance type listed on ‘**Rental Assistance Detail**’ screens. Select add  to access a new ‘**Rental Assistance Detail**’ screen. All grey fields will calculate after you complete and save this screen. Select ‘**Save & Back to List**’ or select ‘**Save & Add Another**’. To view and edit, select view . To delete, select .

Type of Rental Assistance: Required. For PH-RRH projects, tenant-based rental assistance (TRA) is the required default:

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

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

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

- **Size of units:** No action required. These options are system generated. The size of units are in line with the [FMR tables](#); however, for clarification, the ‘**0-bedroom**’ unit listed in *e-snaps* is the ‘**efficiency**’ unit size on the FMR table and the FMR table does not include SRO units for which the per unit rent is calculated at 75 percent of the efficiency rate.
- **Number of units:** Required. For each unit size, enter the number of units for which funding is requested.
- **FMR:** No action required but it is important to understand that due to *e-snaps* limitations for the FY 2026 project applications, this table will show FY2026 FMR amounts. The FMR amounts shown in *e-snaps* application tables for both a Leasing BLI and a Rental Assistance BLI are [FY 2026 FMRs](#) for the FMR areas you selected above. If your project application is selected for conditional award, updates based on the FMRs in effect as of the application submission deadline will be applied to these calculations based on your eligible BLI total. The adjusted amount will be shown in your new award total with exact amounts seen in this *e-snaps* table at post award.

Note: All Rental Assistance BLI requests in New project applications must be for the full FY 2026 FMR, whereas a Leasing BLI can have requests for Actual FMR requests for ‘**HUD Paid Rent**’ that are less than the FY 2026 FMR amounts.

- **12 Months:** No action required. These fields are populated with the value 12 to calculate the annual rent request.
- **Total Request:** No action required. This column populates with the total calculated amount from each row.
- **Total Units and Annual Assistance Requested:** No action required. This column calculates based on the sum of the total requests per unit size per year.
- **Grant Term:** No action required. This field populates based on the grant term selected on the ‘**6A. Funding Request**’ screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

PH-RRH Screen 6F. Supportive Services Budget

You have access to this budget if you check ‘**Supportive Services**’ on Screen 6A. The supportive services listed are based on the eligible supportive services in 24 CFR 578.53.

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

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The itemized budget screen includes 17 eligible Supportive Services costs:

1. Assessment of Service Needs	10. Life Skills
2. Assistance with Moving Costs	11. Mental Health Services
3. Case Management	12. Outpatient Health Services
4. Child Care	13. Outreach Services
5. Education Services	14. Substance Abuse Treatment Services
6. Employment Assistance	15. Transportation
7. Food	16. Utility Deposits
8. Housing/Counseling Services	17. Operating Cost*
9. Legal Services	

* See 24 CFR 578.53(a) to determine if the project applicant is eligible to apply for funds in this category as it does not apply to all project applications.

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

- **Eligible Costs:** No action required. The categories listed are eligible supportive services for which funds can be requested under 24 CFR 578.53.
- **Quantity AND Description:** Required. This field must provide a complete picture of how CoC Program funds will be used in the project to assist program participants. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title–1 FTE @ \$45,000 including fringe benefits of \$X or 50 hours @ \$25 per hour including fringe benefits of \$X). Additionally, include any direct provision costs (24 CFR 578.53(e)(17)) for each line item (e.g., monthly use of cell phone to contact program participants @ \$X per month).
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program supportive services for a 12-month period. If you are requesting a multi-year grant term (e.g., 3 years), you will see the total request for the 3-year grant term request in the **Total Request for Grant Term** field.
- **Total Annual Assistance Requested:** No action required. This field calculates based on the sum for each eligible cost where you entered information.
- **Grant Term:** No action required. This field populates based on the grant term selected on the ‘**6A. Funding Request**’ screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

PH-RRH Screen 6H. HMIS Budget

You have access to this budget if you check ‘**HMIS**’ on Screen 6A. The HMIS costs listed are based on the eligible HMIS costs described in 24 CFR 578.57 and must comply with HMIS requirements.

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

The itemized budget screen includes 5 eligible HMIS costs:

1. Equipment	4. Personnel
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Permanent Housing (PH) – Rapid Re-Housing (RRH) New Project Applications

- | | |
|----------------------------|-------------------------|
| 2. Software
3. Services | 5. Space and Operations |
|----------------------------|-------------------------|

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

- **Eligible Costs:** No action required. The categories listed are eligible HMIS costs for which funds can be requested under 24 CFR 578.53.
- **Quantity AND Description:** Required. This field must provide a complete picture of how CoC Program funds will be used in the project to assist program participants. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title–1 FTE @ \$45,000 including fringe benefits of \$X or 50 hours @ \$25 per hour including fringe benefits of \$X).
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program HMIS to contribute to your CoC’s HMIS for a 12-month period. If you are requesting a multi-year grant term (e.g., 3 years), you will see the total request for the 3-year grant term request in the **Total Request for Grant Term** field.
- **Grant Term:** No action required. This field populates based on the grant term selected on the ‘6A. Funding Request’ screen.
- **Total Annual Assistance Requested:** No action required. This field calculates the total amount of funds you are requesting multiplied by the grant term selected.

PH-RRH Screen VAWA Cost Budget

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

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

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

- A. VAWA Emergency Transfer Facilitation.** Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:
- **Moving Costs.** Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
 - **Travel Costs.** Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
 - **Security Deposits.** Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
 - **Utilities.** Grant funds can be used to pay for the costs of establishing utility assistance in the safe unit the survivor is transferring to.

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- **Housing Fees.** Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- **Case Management.** Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- **Housing Navigation.** Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- **Technology to make an available unit safe.** Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

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

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

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

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

- **Eligible Costs:** No action required. The categories listed are eligible VAWA costs for which funds can be requested under 24 CFR 578.57.
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible VAWA activities.
- **Total Annual Assistance Requested:** No action required. This field calculates based on the sum for each eligible cost where you entered information.
- **Grant Term:** No action required. This field populates based on the grant term selected on the '**6A. Funding Request**' screen This field populates with '**1 Year**' and is read-only.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

PH-RRH Rural Cost Budget

The CoC Program has added eligible rural cost budget categories to be added in a new CoC Rural Cost Budget Line Item (BLI). The new BLI will be added to grant agreements and utilized the same as

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Permanent Housing (PH) – Rapid Re-Housing (RRH) New Project Applications

other CoC Program BLIs in *e-snaps* and eLOCCS. There are three CoC Program rural cost categories that can be requested for your new CoC Rural Cost BLI (for activities in eligible rural or tribal geocodes only).

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

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

- **CoC Rural BLI Total:** No action required. This field calculates based on the sum for each eligible cost where you entered information above.
- **Grant Term:** No action required. This field populates based on the grant term selected on the '**6A. Funding Request**' screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

PH-RRH Screen 6I. Sources of Match

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

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

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

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

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

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

1b. Estimate the amount of program income that will be used as Match for this project.

Required if you selected '**Yes**' to question 1. Enter estimated amount.

Sources of Match Detail Screen(s): Enter match information on this screen based on the current commitments at the time of project application submission that will apply to the grant term if selected for conditional award, not based on projections. Match contributions can be cash, in-kind, or a combination of both. Match must be no less than 25 percent of the total request, including Administration costs, but excluding Leasing costs (i.e., Leased Units and Leased Structures). If your match amount exceeds 25 percent, HUD will expect you to produce the higher amount included in the project application if selected for conditional award.

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

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

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

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

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

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

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

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

Government, the match will be provided by a government entity (e.g., HUD-VASH (VA Supportive Housing program)) so long as the government funds do not prohibit their use as a match for another federal program.

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

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

PH-RRH Screen 6J. Summary Budget

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

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

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

The summary budget also includes the amount of Cash, In-Kind, and Total Match entered on Screen 6D. To adjust match amounts, return to Screen 6D. If an ineligible match amount is entered, *e-snaps* will report an error when the screen is saved, ‘**The Total Match amount is less than 25 percent**’. The error message will inform you of the minimum amount of match funds you are required to have for this project, and you must return to a ‘**Sources of Match Detail**’ screen to make the necessary adjustments to increase the match amount for this project application.

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Permanent Housing (PH) – Rapid Re-Housing (RRH) New Project Applications

Indirect Cost Information

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

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

Indirect Cost Information for Award Applicant/Recipient.

- 1. Federal Program/Assistance Listing Program Title.** No action required. This field populates with “**Continuum of Care Program**”.
- 2. Applicant/Recipient Name.** No action required. This information populates from the “**Authorized Representative**” screen of the **Project Applicant Profile**.
- 3. Indirect Cost Rate Information for the Applicant/Recipient.** No action required. This field pulls the checkbox that was selected on the Project Profile. If Checkbox #3 was selected, the indirect cost table also gets pulled
- 4. Submission Type.** No action required. Defaults to Initial Submission
- 5. Effective date(s).** No Action required
- 6. Certification:** The “**I agree**” certification will appear at the bottom of the screen in the **Project Applicant Profile** and at the bottom of the copies of this form in all project applications your organization submits in a CoC Program Competition. You must certify in both the Project Applicant Profile and the project application that the information provided is accurate and complete.

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Transitional Housing (TH)

Transitional Housing (TH)

[RETURN to All Projects Part 2 through Part 8](#)

The following instructions apply to **Transitional Housing (TH)** projects in accordance with **TH** requirements in 24 CFR 578.37(a)(2). Before completing this part of the application, carefully review the specific requirements for **TH** component projects in the FY 2026 NOFO. New TH project applications can request funds through the Reallocation process, CoC Bonus, a combination of Reallocation and CoC Bonus, DV Reallocation and DV Bonus.

TH Part 3: Project Information

TH Screen 3A. Project Detail

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

- 1. CoC Number and Name:** Required. Select the CoC Number and Name from the dropdown.
Selecting the correct CoC is critical. The dropdown contains all CoCs that were registered in the FY 2026 CoC Program Registration process and are listed according to the CoC Number (e.g., NE-502) and CoC Name (e.g., Lincoln County CoC). Based on the selection made in this field, when ‘Submit’ is selected on Screen 8B, *e-snaps* will send this project application to the CoC selected.
Note: You should only use the ‘No CoC’ option in instances where a project is in a geographic area not claimed by any CoC or if you are submitting a Solo Appeal.
- 2. CoC Collaborative Applicant Name:** Required. Select the name of the Collaborative Applicant for the CoC you intend to submit the project application. The dropdown for this field is based on the CoC Number and Name selected above with the CoC’s designated Collaborative Applicant’s name that registered during the FY 2026 CoC Program Registration process.
- 3. Project Name:** No action required. This field populates from the *e-snaps* ‘Project’ screens and is read-only. If the project name is incorrect, exit the project application screens and open the *e-snaps* ‘Project’ screens by selecting ‘Projects’ from the left menu to correct the information.
- 4. Project Status:** Required. This field defaults to the ‘Standard’ option and should only be changed to ‘Appeal’ if your organization will submit a ‘Solo Appeal’. If you select ‘Appeal’, Screen 8A ‘Notice of Intent to Appeal’ will appear on the left menu and you must complete additional information and include the attachment noted in the Solo Appeal process, see instructions for Screen 8A above.
- 5. Component Type:** Required. Select ‘TH’. This selection must match the previously approved information for this project that is under the grant agreement, or grant agreement as amended.
- 6. What type of CoC funding is this project applying for in this CoC Competition?** From the dropdown, select the type of CoC Program funding that is being requested. New **TH** project applications can request funds through:
 - **Reallocation**, funds that have been reallocated from an eligible renewal project,
 - **CoC Bonus**, funds available through the CoC Bonus,
 - **Reallocation + CoC Bonus**, a combination of funds available from an eligible renewal project that was reallocated and funds from the available CoC Bonus amount, and
 - **DV Bonus**, funds available to serve 100 percent survivors of domestic violence, dating violence, sexual assault, and/or stalking.

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Transitional Housing (TH)

- **DV Reallocation**, funds that have been reallocated from an eligible DV Bonus project. Project must serve 100 percent survivors of domestic violence, dating violence, sexual assault, and/or stalking.

Note: DV Bonus funds and DV Reallocation funds are eligible for new **TH** projects.

6a. Will the project serve exclusively households who are eligible to be served with DV Bonus funding (survivors of domestic violence, dating violence, sexual assault, and/or stalking)? (Projects that are focused on other populations, including survivors of human trafficking should select “No” unless the project will be limited specifically to survivors of domestic violence, dating violence, sexual assault, and/or stalking.)

Yes, will exclusively serve DV Bonus eligible population.

No, will not exclusively serve DV Bonus eligible population.

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?

Required. Select:

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

24 CFR 578.3: *Victim service provider* means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

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

8. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (*Attachment Requirement*) Required. For additional information refer to the NOFO for requirements to transition a renewal project from its existing component (e.g., PH-PSH) to another eligible new component (e.g., TH) through the CoC Program Competition. To facilitate this component change, you must work with the CoC and use the reallocation process to fully eliminate the eligible renewal project(s) to transition the project to the new component. Select:

Yes, if this new project application is requesting a transition grant.

If ‘Yes’ is selected, you will provide information regarding the expiring component in the next two questions. The remainder of this new project application will only capture information regarding how the project will operate under the new component. If this transition project is selected for conditional award, you will work with the local HUD CPD field office to determine how the old component will wind down while ramping up the new component.

No, if this new project application is not requesting a transition grant.

8a. List all expiring project(s) involved in the transition: Required. If ‘Yes’ to question 7, the expiring renewal project(s) must be fully eliminated using the reallocation process.

At least one eliminated project must be entered in the table. Up to 4 may be entered.

Full Grant Number	Operating Start Date	Expiration Date	Component Type
Enter the full grant number of the expiring	Enter the date for ‘PoP Start’ from eLOCCS	Enter the date for ‘PoP End’ from eLOCCS	Select the expiring renewal component (e.g., PH)

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Transitional Housing (TH)

Full Grant Number	Operating Start Date	Expiration Date	Component Type
renewal project (e.g., CA0001L5F012003)			

IMPORTANT: For all expiring renewal projects listed in the table, attach a copy of the approved renewal project application(s) on Screen ‘7A Attachments’ (e.g., if the expiring project was funded in the FY 2025 CoC Program Competition, attach a copy of the FY 2025 project application).

8b. Provide a description that addresses the scope of the proposed transition during the first year of operation. Required. If ‘Yes’ is selected in question 7, provide a detailed description of how the project will transition from the renewal project to the new project. The description must include:

- how you will reduce activities in the old renewal component as it transitions to the new component, including the plan for ensuring existing program participants maintain housing assistance or exit the services system successfully
- estimated date the project will be fully operating as the newly awarded component within the one-year grant term.

For example, if you are eliminating a PH-PSH project to create a new TH project, you must describe how the project will strategically wind down the permanent supportive housing project, include how current PSH program participants will be assisted in obtaining transitional housing while you will also ramp up the TH project over the course of the one-year grant term. You must also provide assurances the new TH component will be fully operational at the end of the grant term. Finally, include the amount of funds from this transitional grant application that will be used to wind down the outgoing PSH activities with the estimated date for completion.

9. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? Required. Select the appropriate response. CoC Program funds cannot be awarded if used to replace state or local government funds.

Yes, if this project is expected to replace state or local funds and not comply with this criterion.

No, if this project will not replace state or local funds and will comply with this criterion.

10. Will this project include replacement reserves in the Operating budget? (Attachment Requirement) Required. For additional information see [Replacement Reserves FAQ #3678 on the HUD Exchange](#). Select:

Yes, if this project application includes an Operating budget and your organization intends to use some or all the CoC Program operating funds towards replacement reserves. Attach supporting documentation on Screen 7A that includes:

- total amount of funds that will be placed in reserve during the grant term,
- system(s) to be replaced that includes the useful life of the system(s), and
- repayment schedule that includes the payment amount.

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

11. Is this project applying for Rural costs on screen 6A? Required. Select Yes or No from the dropdown menu if your project plans to request rural costs. (**Note:** rural costs may ONLY be used for rural areas and must be associated with a valid rural or tribal geo-code. A project that serves both

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rural and non-rural areas may request a rural BLI for the project, however, the rural BLI can only be used in the rural geographic area.) If yes, the following 3 tables will appear:

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

11a. Area(s) affected by the project (state(s) only):

11b. Area(s) affected by the project (rural geo-code(s) only):

11c. Area(s) affected by the project (tribal geo-code(s) only). Only make a selection if the project will serve a tribal area. If no tribal area will be served, leave this field blank. Do not make any selections.

TH Screen 3B. Description

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

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

The information in this description must align with the information entered in other screens of the application.

- 2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur.** Required. You must enter information in at least one field on the table. If your project includes multiple structures, you will complete one column for each structure. You will estimate the number of days from grant execution for the first four questions, as applicable, for the requested project application. Nonapplicable fields can remain blank, or you can enter ‘0’ or ‘NA’.

Project Milestones	<u>Days from Execution of Grant Agreement</u>	<u>Days from Execution of Grant Agreement</u>	<u>Days from Execution of Grant Agreement</u>	<u>Days from Execution of Grant Agreement</u>
	A	B	C	D
Begin hiring staff or expending funds				
Begin program participant enrollment				
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin				
Leased or rental assistance units or structure, and supportive services near 100% capacity				
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				

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Complete new construction				
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2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds. Required to describe the proposed development activities if you are requesting capital costs (i.e., acquisition (24 CFR 578.43), rehabilitation (24 CFR 578.45), new construction (24 CFR 578.47). 24 CFR 578.25 provides the requirements for site control, including a 15-year use period (24 CFR 578.81) that will remain in place even if the project no longer receives CoC Program funding. You should review 24 CFR part 578 for all requirements related to capital costs as not all are included in these instructions.

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

- **Veterans**
- **Youth (under age 25)**
- **Families**
- **Survivors:** Persons who have experienced trauma or a lack of safety due to domestic violence, dating violence, sexual assault, stalking, human trafficking or other dangerous, traumatic, or life-threatening conditions. (**Note:** this field includes all people in households eligible to be served with DV Bonus funds but may also include survivors who do not meet the narrower definition of DV Bonus eligibility. For more information on subpopulation eligible to be served in DV Bonus projects, See Section I.B.2.b.6 of the NOFO for more information.)
- **Substance Use Disorders**
- **Mental Illness**
- **HIV/AIDS**
- **Chronic Homelessness**
- **Other**
- **N/A – Project Serves All Subpopulations**

4. Will your project participate in the CoC’s Coordinated Entry (CE) Process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD’s minimum requirements? Required. Coordinated Entry is a process designed to coordinate program participant intake, assessment, and provision of referrals. A CE process must cover the entire CoC’s geographic area, is easily accessed by individuals and families seeking housing **or** services, is well advertised, and includes a comprehensive and standardized assessment tool and process. Participation in a CE process is a requirement for all applicants of CoC Program funds. Select:

Yes, if this project will participate in the CoC’s CE process or applicant organization is a victim service provider and uses an alternate CE process that meets HUD’s minimum requirements.

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No, if this project will not meet these criteria.

TH Screen 3C. Project Expansion Information

You can apply for a new project that will expand an existing eligible CoC Program renewal project (see Section II.B.3.1 of the NOFO), so long as it is the same component and type (e.g., both the new and renewal project applications are TH). To apply for a new project that will expand an existing eligible CoC Program renewal project you will create and submit **two** project applications: a ‘**Stand-alone New**’ and a ‘**Stand-alone Renewal**’. If awarded, HUD will combine these two applications into one project in the post-award process. Please ensure that budgets and proposed numbers of units, people to be served, etc. are not duplicated between the Stand-alone New and Stand-alone Renewal applications, in order to ensure the accuracy of the final project.

Note: the same renewal project may NOT be part of both a consolidation and an expansion in the 2026 CoC Competition. If a renewal is submitted for both consolidation and renewal, HUD will treat the application only as an expansion and reject the consolidation. For instructions to complete a ‘**Stand-alone Renewal**’ project application, review the ‘**Renewal Expansion Process and Questions**’ instructions on pages 17-19 of the **CoC Renewal Project Application Detailed Instructions**.

You must complete the first question on Screen 3C that will notify HUD you are submitting a new expansion project that is tied to an eligible renewal project.

1. Is this a ‘Project Expansion’ of an eligible renewal project? Required. Select:

Yes, this is a new project application that will expand an existing eligible renewal project application and is the same component and type as the renewal.

No, this new project application is not part of an expansion request. Click ‘**Save**’ or ‘**Save & Next**’ to move to the next screen.

If you answered ‘**Yes**’ to question 1, you must complete the remainder of this screen. The next two questions are used to match this new expansion project application with the renewal project application you are submitting.

1a. Eligible Renewal Grant PIN. Enter the PIN exactly as it was entered in the renewal project application (see screen 1A. SF-424 Application Type, question 5a or 5b of your renewal project application). Additionally, to ensure you enter the correct PIN on both applications, refer to the current grant agreement or grant agreement amendment for the renewal project this new project will expand.

1b. Eligible Renewal Grant Project Name. Enter the Project Name exactly as it was entered in the renewal project application (see screen PH-PSH Screen 3A. Project Detail, question 4 of your renewal project application).

The following questions inform HUD how this new project will expand the eligible renewal project application. You must respond to each question with ‘**Yes**’ or ‘**No**’ and for each ‘**Yes**’ response you must complete the additional questions. An expansion must select yes to one of the following questions in order to be valid.

2. Will this expansion project increase the number of program participants? Required. Select:

Yes, if this project will increase the number of program participants assisted (e.g., adding units) and respond to the set of questions that appear.

No, if this project will not increase the number of program participants.

2a. Currently Approved Renewal Numbers (from ‘Stand-alone Renewal’ project application).

The numbers for this section must be the point-in-time numbers according to the current grant

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agreement or grant agreement as amended for the renewal project. Use the numbers entered in the renewal project application from the screens identified below.

- Number of persons (From renewal application Screen 5A)
- Number of units (From renewal application Screen 4B)
- Number of beds (From renewal application Screen 4B)

2b. New effort: New Requested Numbers to Add (from this ‘Stand-alone New’ project application). Enter the proposed point-in-time numbers that will be added to the renewal project.

- Number of additional persons (From this new application Screen 5A)
- Number of additional units (From this new application Screen 4B)
- Number of additional beds (From this new application Screen 4B)

3. Will this expansion project provide additional supportive services to program participants?

Required. Select:

Yes, if this expansion project will provide additional supportive services.

No, if this expansion project will not provide additional supportive services.

3a. Indicate how the project will provide additional supportive services to program participants.

Required if ‘Yes’ to question 3. Check one or both boxes to indicate the expanded supportive services.

- Increase the number of or expand supportive services provided.
- Increase frequency or intensity of supportive services.
- Increase on site supportive services

3b. Explain how services will be expanded or increased, Required if ‘Yes’ to question 3.

Provide a description of the current supportive services for which funds are requested and how CoC Program funds will be used to expand those services.

4. Will this expansion project bring existing facilities up to government health or safety standards? Required. Select:

Yes, if this expansion project will be used to bring existing facilities up to state or local government health or safety standards.

No, if this expansion project will not be used to bring existing facilities up to state or local government health or safety standards.

4a. Describe how the project is proposing to bring the existing facility(s) up to state or local government health or safety standards. Required if ‘Yes’ to question 4. Provide a description

of the current health or safety standards for which funds are requested and how CoC Program funds will be used to address the issue(s), including the timeframe expected to have the health or safety standards updated.

NOTE: If CoC Bonus, CoC Reallocation, DV Bonus, or DV Reallocation funding is used to expand a DV Renewal project, the entire expanded project must be 100 percent dedicated to serving individuals and families who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and who qualify under paragraph (1) or (4) of the definition of homeless at 24 CFR 578.3 or section 103(b) of the McKinney-Vento Homeless Assistance Act and the project must meet all the DV project requirements in sections II.B.3.d and II.B.3.e of this NOFO.

TH Part 4: Housing and Services

TH Screen 4A. Supportive Services for Program Participants

All questions on screen 4A must be completed.

- 1a. What prior experience does the applicant have operating transitional housing or other projects that have successfully helped homeless individuals and families exit homelessness within 24 months or has a plan in place to ensure homeless individuals and families will exit homelessness within 24 months? Required.**
- 1b. The applicant has previously operated or currently operates transitional housing or another homelessness project, or has a plan in place to ensure that at least 50 percent of participants exit to a positive destination within 24 months and at least 50 percent of participants exit with employment income as reflected in HMIS or another data system used by the applicant. Required.**

For DV Bonus, and DV Reallocation PH-RRH and TH projects, the application must demonstrate: The project applicant's experience serving individuals and families of persons experiencing trauma or a lack of safety related to, or fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking, and their ability to house survivors and meet safety outcomes.

DV Bonus, and DV Reallocation projects must serve individuals and families who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking and who qualify as homeless under paragraphs (1) or (4) of the definition of homeless at 24 CFR 578.3 or Section 103(b) of the McKinney-Vento Homeless Assistance Act with the following exception:

- 1c. Demonstrate that the project will provide and/or partner with other organizations to provide eligible supportive services that are necessary to assist program participants to obtain and maintain housing (i.e., case management, behavioral healthcare, employment training, etc.) Required**
- 2. How will this project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP. Required. Describe how this project will be supplemented with resources from other public or private sources. Additionally, if you coordinate with other partners, include their role in meeting this criterion. The description should include:**
- what additional resources (public or private) you will use to assist program participants. These may include, but are not limited to, local employment programs, job training, educational opportunities, SSI, SSDI, Food Stamps, Veterans benefits, childcare, food assistance, TANF, early childhood education, Medicaid, Medicare, healthcare for the homeless, FQHCs

3. TH Individualized Supportive Services

- *3a. How will this projects assess the service needs of program participants? Required**
- *3b. Describe how this project will provide individualized services for program participants during their time in Transitional Housing that will result in at least 20 hours per week of engagement in services, activities or employment for all program participants, except for a program participant over age 62 or who is an individual with handicaps as defined in 24 CFR 8.3 or a with a developmental disability as defined under 24 CFR 578.3? Required**

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(examples of services or activities include case management, counseling, treatment, volunteering, work therapy, education, job training, community-building activities, etc.) Employment may contribute to the 20 hours per week of engagement. The project description provided here does not constitute a reporting or documentation requirement.

4. Indicate that the proposed project will create service plans for each program participant that include the services to be provided, when and how often services will be provided, by whom all services will be provided. Select the checkbox that your project will follow these requirements. Required

***5a. Indicate that the proposed project will create service plans for each program participant that include program participant goals, strategies for achieving those goals, and target dates for achievement to focus on improved health and wellness, housing stability, and increased employment income leading to financial stability and self-sufficiency. Select the checkbox that your project will follow these requirements.** Required

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

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

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

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

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

TH Screen 4B. Housing Type and Location

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

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

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

The summary table on the primary 4B screen aggregates the individual ‘**Housing Type and Location detail**’ screens. To add a detail screen, select add  and complete the mandatory fields. Select ‘**Save & Back to List**’ to save the information and return to the primary screen. Select ‘**Save & Add Another**’ to add another detail screen. To view and edit, select view . To delete, select .

1. **Housing type:** Required. Select the type of housing structures where program participants will be housed. If more than one housing type is used you will complete a ‘**Housing Type and Location Detail**’ screen for each type (e.g., both SRO and Clustered Apartments you will enter the information twice, once for each housing type). Select from the following housing types:

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

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

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

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

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

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

Important Note: Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

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

TH Part 5: Program Participants

TH Screen 5A. Program participants - Persons and Households

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

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

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

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

TH Screen 5B. Program Participants - Subpopulations

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

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

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

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

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- **Survivors**, Persons who have experienced trauma or a lack of safety due to domestic violence, dating violence, sexual assault, stalking, human trafficking or other dangerous, traumatic, or life-threatening conditions. (**Note:** this field includes all people in households eligible to be served with DV Bonus funds but may also include survivors who do not meet the narrower definition of DV Bonus eligibility. For more information on subpopulation eligible to be served in DV Bonus projects, see Section I.B.2.b.6 of the NOFO for more information.),
- **Physical Disability**,
- **Developmental Disability**, and
- **Persons Not Represented by a Listed Subpopulation**. For this last item, you will be required to enter a description of program participants who fall into this category that will appear at the bottom of the table on this screen.

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

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Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/ AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18		N/A	N/A							
Unaccompanied Children under age 18		N/A	N/A							
Total Persons										

TH Part 6: Budgets

Part 6 captures the budget information for the project application. HUD requires your project to request and use funds for eligible costs as outlined in the Rule for each budget and will verify project expenditures during field office monitoring or OIG audits. Any ineligible expenditures can result in monitoring or audit findings that could result in your organization repaying HUD for any ineligible CoC expenses.

TH Screen 6A. Funding Request

Screen 6A provides the framework through which a project applicant creates a project budget.

1. Will it be feasible for the project to be under grant agreement by September 15, 2027? Select:

Yes, to indicate the project intends to have a signed grant agreement by September 15, 2027. All funds conditionally awarded in the FY 2025 CoC Program Competition must be obligated via grant agreement no later than September 15, 2027.

No, the project does not intend to have a signed grant agreement by September 15, 2027. By selecting this response, you will not be able to submit this project application in *e-snaps*.

2. Select a grant term: Required. Your new project application may request 1-year, 2-years, 3-years, 4-years, 5-years, or 15-years; however, some exceptions apply (see Section II.B.5.c. of the NOFO for the complete list).

3. Select the costs for which funding is requested: Required. Check the boxes for the Budget Line Items (BLIs) your project requests funds (see 24 CFR 578, Subpart D, Program Components and Eligible Costs and 24 CFR 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds).

- **Acquisition/Rehabilitation/New Construction** (24 CFR 578.43 – 47),
- **Leased Units** (24 CFR 578.49),
- **Leased Structures** (24 CFR 578.49),
- **Rental Assistance** (24 CFR 578.51),
- **Supportive Services** (24 CFR 578.53),
- **Operating** (24 CFR 578.55), and
- **HMIS** (24 CFR 578.57).
- **VAWA** (Section IV.B.4 of CoC NOFO)

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- **Rural** (Section IV.B.5 of CoC NOFO)

4. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months). Required only if you requested a 1-year grant term in question 4. For additional information see Section II.B.5.c.(1) of the NOFO. Select:

Yes, if you are requesting up to 6 additional months to operate this project.

No, if you expect to operate this project with a 12-month grant term.

4a. Select the number of months requested for the initial grant term (dropdown of 13 to 18 months). Required if ‘Yes’ was selected to question 6. Using the dropdown, select the total number of months you are requesting for the initial grant term.

TH Screen 6B. Acquisition/Rehabilitation/New Construction Budget

You have access to this budget if you check ‘**Acquisition/Rehabilitation/New Construction**’ on Screen 6A. Complete the information on this screen to request funds for development activities. See the following sections of the Rule for additional information:

- 24 CFR 578.43, Acquisition,
- 24 CFR 578.45, Rehabilitation, and
- 24 CFR 578.47, New Construction.

The primary screen on Screen 6B will aggregate the acquisition, rehabilitation, and new construction costs requested for each proposed project site to calculate the total for all costs requested. To add a site, select add  to access the budget screens. The primary 6B screen will populate and update when new budget screens are added. To view and edit select view . To delete, select .

You must enter specific location information for each site requesting capital costs. Create a name for each site that you will recognize as it will populate the list on the primary screen and enter the Street Address, City, State, and Zip Code. The address must be the actual site of the proposed development activities and not the administrative office of your organization or subrecipient. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

You must enter the amount of funds requested for acquisition, rehabilitation, and new construction costs at the structure site.

TH Screen 6B. Leased Units Budget

You have access to this budget if you check ‘**Leased Units**’ on Screen 6A. The primary screen will aggregate the total assistance requested and total units requested for each FMR area listed on a ‘**Leased Units Budget Detail**’ screen. To add another ‘**Leased Units Budget Detail**’ screen, select add . All grey fields will calculate after you complete and save this screen. Select ‘**Save & Back to List**’ to save the information and return to the primary screen or select ‘**Save & Add Another**’. To view and edit, select view . To delete, select .

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

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- **Size of units:** No action required. These options are system generated. The size of units are in line with the [FMR tables](#); however, for clarification, the ‘0-bedroom’ unit listed in *e-snaps* is the ‘efficiency’ unit size on the FMR table and the FMR table does not include SRO units for which the per unit rent is calculated at 75 percent of the efficiency rate.
- **Number of units:** Required. For each unit size, enter the number of units for which you are requesting funds.
- **FMR: No action required but it is important to understand that due to *e-snaps* limitations for the FY 2026 project applications, this table will show FY2026 FMR amounts.** The FMR amounts shown in *e-snaps* application tables for both a Leasing BLI and a Rental Assistance BLI are **FY 2026 FMRs** for the FMR areas you selected above. If your project application is selected for conditional award, updates based on the FMRs in effect as of the application submission deadline will be applied to these calculations based on your eligible BLI total. The adjusted amount will be shown in your new award total with exact amounts seen in this *e-snaps* table at post award.
- **12 Months:** No action required. These fields are populated with the value 12 to calculate the annual rent request.
- **Total Request:** No action required. This column populates with the total calculated amount from each row.
- **Total Units and Annual Assistance Requested:** No action required. This column calculates based on the sum of the total requests per unit size per year.
- **Grant Term:** No action required. This field populates with ‘1-Year’ and is read-only.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

TH Screen 6D. Leased Structures Budget

You have access to this budget if you check ‘**Leased Structures**’ on Screen 6A. The primary screen will aggregate the total assistance leased structures requested on ‘**Leased Structures Budget Detail**’ screen(s).

To add leased structures, select add  to access the detail budget screens. The primary 6D screen will populate and update automatically when new detail screens are added to the list. To view and edit select view . To delete, select .

On the ‘**Leased Structures Budget Detail**’ enter the **Structure Name** by which you will identify the leased structure (e.g., name of the property, the street name where it is located), **Street Address**, **City**, **State**, and **Zip** Code. Lastly, enter the monthly amount of HUD paid rent you are requesting for each structure. The amount of leased funds will be calculated by 12 months to populate the **Total Annual Assistance Requested** which is then multiplied by the grant term selected to populate the **Total Request for Grant Term**.

TH Screen 6C. Rental Assistance Budget

You have access to this budget if you check ‘**Rental Assistance**’ on Screen 6A. The primary screen will aggregate the totals for each FMR area **or** rental assistance type listed on ‘**Rental Assistance Detail**’ screens. Select add  to access a new ‘**Rental Assistance Detail**’ screen. All grey fields will calculate after you complete and save this screen. Select ‘**Save & Back to List**’ or select ‘**Save & Add Another**’. To view and edit, select view . To delete, select .

Type of Rental Assistance: Required. Select the type of rental assistance from the dropdown:

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

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

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

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

- **Size of units:** No action required. These options are system generated. The size of units are in line with the [FMR tables](#); however, for clarification, the ‘**0-bedroom**’ unit listed in *e-snaps* is the ‘**efficiency**’ unit size on the FMR table and the FMR table does not include SRO units for which the per unit rent is calculated at 75 percent of the efficiency rate.
- **Number of units:** Required. For each unit size, enter the number of units for which funding is requested.
- **FMR:** No action required, but it is important to understand that due to e-snaps limitations for the FY 2026 project applications, this table will show FY2026 FMR amounts. The FMR amounts shown in e-snaps application tables for both a Leasing BLI and a Rental Assistance BLI are FY 2026 FMRs for the FMR areas you selected above. If your project application is selected for conditional award, updates based on the FMRs in effect as of the application submission deadline will be applied to these calculations based on your eligible BLI total. The adjusted amount will be shown in your new award total with exact amounts seen in this e-snaps table at post award.

Note: All Rental Assistance BLI requests in New project applications must be for the full FY 2026 FMR, whereas a Leasing BLI can have requests for Actual FMR requests for ‘**HUD Paid Rent**’ that are less than the FY 2026 FMR amounts.

- **12 Months:** No action required. These fields are populated with the value 12 to calculate the annual rent request.
- **Total Request:** No action required. This column populates with the total calculated amount from each row.
- **Total Units and Annual Assistance Requested:** No action required. This column calculates based on the sum of the total requests per unit size per year.

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

TH Screen 6F. Supportive Services Budget

You have access to this budget if you check ‘**Supportive Services**’ on Screen 6A. The supportive services listed are based on the eligible supportive services in 24 CFR 578.53.

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

The itemized budget screen includes 17 eligible Supportive Services costs:

1. Assessment of Service Needs	10. Life Skills
2. Assistance with Moving Costs	11. Mental Health Services
3. Case Management	12. Outpatient Health Services
4. Child Care	13. Outreach Services
5. Education Services	14. Substance Abuse Treatment Services
6. Employment Assistance	15. Transportation
7. Food	16. Utility Deposits
8. Housing/Counseling Services	17. Operating Cost*
9. Legal Services	

*See 24 CFR 578.53(a) to determine if you are eligible to apply for funds in this category as it does not apply to all project applications.

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

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

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

TH Screen 6G. Operating Budget

You have access to this budget if you check ‘**Operating**’ on Screen 6A. The operating costs listed are based on the eligible operating costs described in 24 CFR 578.55. Operating costs are associated with the day-to-day operations of housing units and facilities.

Note: If this screen includes ‘**Replacement Reserve**’ as an expected operating cost, an additional question will populate on Screen 3A (#8) that must be answered prior to submission. For further details, refer to instructions for Screen 3A (#8) in this guide.

The itemized budget screen includes 7 eligible Operating costs:

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

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

- **Eligible Costs:** No action required. The categories listed are eligible Operating costs for which funds can be requested under 24 CFR 578.55.
- **Quantity AND Description:** Required. This field must provide a complete picture of how CoC Program funds will be used in the project. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title—1 FTE @ \$45,000 including fringe benefits of \$X or 50 hours @ \$25 per hour including fringe benefits of \$X).
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program operating costs for a 12-month period. If you are requesting a multi-year grant term (e.g., 3 years), you will see the total request for the grant term request in the **Total Request for Grant Term** field.
- **Total Annual Assistance Requested:** No action required. This field calculates based on the sum for each eligible cost where you entered information.
- **Grant Term:** No action required. This field populates based on the grant term selected on the ‘**6A. Funding Request**’ screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

TH Screen 6H. HMIS Budget

You have access to this budget if you check ‘**HMIS**’ on Screen 6A. The HMIS costs listed are based on the eligible HMIS costs described in 24 CFR 578.57 and must comply with HMIS requirements.

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

The itemized budget screen includes 5 eligible HMIS costs:

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

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

- **Eligible Costs:** No action required. The categories listed are eligible HMIS costs for which funds can be requested under 24 CFR 578.57.
- **Quantity AND Description:** Required. This field must provide a complete picture of how CoC Program funds will be used in the project to assist program participants. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title—1 FTE @ \$45,000 including fringe benefits of \$X or 50 hours @ \$25 per hour including fringe benefits of \$X).
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program HMIS activities to contribute to your CoC’s HMIS for a 12-month period. If you are requesting a multi-year grant term (e.g., 3 years), you will see the total request for the grant term request in the **Total Request for Grant Term** field.
- **Total Annual Assistance Requested:** No action required. This field calculates based on the sum for each eligible cost where you entered information.
- **Grant Term:** No action required. This field populates based on the grant term selected on the ‘6A. Funding Request’ screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

TH VAWA Cost Budget

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

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

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

- **A. VAWA Emergency Transfer Facilitation.** Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor’s emergency transfer(s). Additional details of eligible costs include:
 - **Moving Costs.** Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
 - **Travel Costs.** Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC’s geography.
 - **Security Deposits.** Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).

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

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

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

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

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

- **Eligible Costs:** No action required. The categories listed are eligible VAWA costs for which funds can be requested under 24 CFR 578.57.
 - **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible VAWA activities.
 - **Total Annual Assistance Requested:** No action required. This field calculates based on the sum for each eligible cost where you entered information.
 - **Grant Term:** No action required. This field populates based on the grant term selected on the '**6A. Funding Request**' screen This field populates with '**1 Year**' and is read-only.
 - **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

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TH Rural Cost Budget

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

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

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

- **CoC Rural BLI Total:** No action required. This field calculates based on the sum for each eligible cost where you entered information above.
- **Grant Term:** No action required. This field populates based on the grant term selected on the '6A. Funding Request' screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

TH Screen 6I. Sources of Match

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

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

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

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

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

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

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

'Sources of Match Detail' screens(s): Enter match information on this screen based on the current commitments at the time of project application submission that will apply to the grant term if selected for conditional award, not based on projections. Match contributions can be cash, in-kind, or a combination of both. Match must be no less than 25 percent of the total request, including Administration costs, but excluding Leasing costs (i.e., Leased Units and Leased Structures). If your match amount exceeds 25

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

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

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

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

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

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

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

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

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

Government, the match will be provided by a government entity (e.g., HUD-VASH (VA Supportive Housing program)) so long as the government funds do not prohibit their use as a match for another federal program.

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

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

TH Screen 6J. Summary Budget

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

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

- **#10. Admin:** Enter the amount of requested administrative funds. You can only request up to 10 percent of the amount listed in the field ‘**9. Sub-Total Costs Requested**’. If an ineligible Admin amount is entered, *e-snaps* will report an error when the screen is saved, ‘**The Administrative Costs exceed 10 percent of the Sub-Total Costs Requested**’. The error message will inform you of the maximum amount of administrative costs you can request, and you must update the **Admin.** amount.

The summary budget also includes the amount of Cash, In-Kind, and Total Match entered on Screen 6D. To adjust match amounts, return to Screen 6D. If an ineligible match amount is entered, *e-snaps* will report an error when the screen is saved, ‘**The Total Match amount is less than 25 percent**’. The error message will

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inform you of the minimum amount of match funds you are required to have for this project, and you must return to a ‘**Sources of Match Detail**’ screen to make the necessary adjustments to increase the match amount for this project application.

Indirect Cost Information

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

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

Indirect Cost Information for Award Applicant/Recipient.

- 1. Federal Program/Assistance Listing Program Title.** No action required. This field populates with “**Continuum of Care Program**”.
- 2. Applicant/Recipient Name.** No action required. This information populates from the “**Authorized Representative**” screen of the **Project Applicant Profile**.
- 3. Indirect Cost Rate Information for the Applicant/Recipient.** No action required. This field pulls the checkbox that was selected on the Project Profile. If Checkbox #3 was selected, the indirect cost table also gets pulled
- 4. Submission Type.** No action required. Defaults to Initial Submission
- 5. Effective date(s).** No Action required
- 6. Certification:** The “**I agree**” certification will appear at the bottom of the screen in the **Project Applicant Profile** and at the bottom of the copies of this form in all project applications your organization submits in a CoC Program Competition. You must certify in both the Project Applicant Profile and the project application that the information provided is accurate and complete.

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Supportive Services (SSO) - SSO Standalone & SSO Outreach

Supportive Services (SSO) - SSO Standalone & SSO Outreach

[RETURN to All Projects Part 2 through Part 8](#)

The following instructions apply to Supportive Services Only (SSO) projects in accordance with SSO requirements in 24 CFR 578.37(3). Before completing this part of the application, carefully review the specific requirements for **SSO Non-CE** component projects in the FY 2026 NOFO. New SSO Non-CE project applications can request funds through the Reallocation process, CoC Bonus, a combination of Reallocation and CoC Bonus.

SSO Part 3: Project Information

SSO Screen 3A. Project Detail

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

- 1. CoC Number and Name:** Required. Select the CoC Number and Name from the dropdown.
Selecting the correct CoC is critical. The dropdown contains all CoCs that were registered in the FY 2026 CoC Program Registration process and are listed according to the CoC Number (e.g., NE-502) and CoC Name (e.g., Lincoln County CoC). Based on the selection made in this field, when ‘**Submit**’ is selected on Screen 8B, *e-snaps* will send this project application to the CoC selected.
Note: You should only use the ‘**No CoC**’ option in instances where a project is in a geographic area not claimed by any CoC or if the project applicant is submitting a Solo Appeal.
- 2. CoC Collaborative Applicant Name:** Required. Select the name of the Collaborative Applicant for the CoC you intend to submit the project application. The dropdown for this field is based on the CoC Number and Name selected above with the CoC’s designated Collaborative Applicant’s name that registered during the FY 2026 CoC Program Registration process.
- 3. Project Name:** No action required. This field populates from the *e-snaps* ‘**Project**’ screens and is read-only. If the project name is incorrect, exit the project application screens and open the *e-snaps* ‘**Project**’ screens by selecting ‘**Projects**’ from the left menu to correct the information.
- 4. Project Status:** Required. This field defaults to the ‘**Standard**’ option and should only be changed to ‘**Appeal**’ if your organization will submit a ‘**Solo Appeal**’. If you select ‘**Appeal**’, Screen 8A ‘**Notice of Intent to Appeal**’ will appear on the left menu and you must complete additional information and include the attachment noted in the Solo Appeal process, see instructions for Screen 8A above.
- 5. Component Type:** Required. Select ‘**SSO**’. This selection must match the previously approved information for this project that is under the grant agreement, or grant agreement as amended.
 - 5a. Select the type of SSO project:** Required. Select the type of SSO project for this New project from the dropdown menu. As with component changes, you cannot change the type of supportive services (e.g., change from street outreach to coordinated entry) through the project application process.
 - **Street Outreach.** Offers services necessary to reach unsheltered homeless individuals and families to connect them with emergency shelter, housing, or critical services
 - **Stand-alone Supportive Services.** Addresses the special needs of program participants (e.g., childcare, employment assistance, transportation services) and is not limited to providing services from one or more housing-related projects.

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Supportive Services (SSO) - SSO Standalone & SSO Outreach

6. What type of CoC funding is this project applying for in this CoC Competition? From the dropdown, select the type of CoC Program funding that is being requested. New **PH-PSH** project applications can request funds through:

- **Reallocation**, funds that have been reallocated from an eligible renewal project,
- **CoC Bonus**, funds available through the CoC Bonus, and
- **Reallocation + CoC Bonus**, a combination of funds available from an eligible renewal project that was reallocated and funds from the available CoC Bonus amount.

Note: DV Bonus and DV Reallocation funds are not eligible for new SSO Standalone and SSO Outreach projects.

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?

Required. Select:

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

24 CFR 578.3: *Victim service provider* means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

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

8. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (*Attachment Requirement*) Required. For additional information refer to the NOFO for requirements to transition a renewal project from its existing component (e.g., SSO) to another eligible new component (e.g., HMIS) through the CoC Program Competition. To facilitate this component change, you must work with the CoC and use the reallocation process to fully eliminate the eligible renewal project(s) to transition the project to the new component. Select:

Yes, if this new project application is requesting a transition grant.

If ‘**Yes**’ is selected, you will provide information regarding the expiring component in the next two questions. The remainder of this new project application will only capture information regarding how the project will operate under the new component. If this transition project is selected for conditional award, you will work with the local HUD CPD field office to determine how the old component will wind down while ramping up the new component.

No, if this new project application is not requesting a transition grant.

8a. List all expiring project(s) involved in the transition: Required. If ‘**Yes**’ to question 7, the expiring renewal project(s) must be fully eliminated using the reallocation process.

At least one eliminated project must be entered in the table. Up to 4 may be entered.

Full Grant Number	Operating Start Date	Expiration Date	Component Type
Enter the full grant number of the expiring renewal project (e.g., CA0001L5F012003)	Enter the date for ‘PoP Start’ from eLOCCS	Enter the date for ‘PoP End’ from eLOCCS	Select the expiring renewal component (e.g., PH)

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IMPORTANT: For all expiring renewal projects listed in the table, attach a copy of the approved renewal project application(s) on Screen ‘7A Attachments’ (e.g., if the expiring project was funded in the FY 2025 CoC Program Competition, attach a copy of the FY 2025 project application).

8b. Provide a description that addresses the scope of the proposed transition during the first year of operation. Required. If ‘Yes’ is selected in question 7, provide a detailed description of how the project will transition from the renewal project to the new project. The description must include:

- how you will reduce activities in the old renewal component as it transitions to the new component, including the plan for ensuring existing program participants maintain housing assistance or exit the services system successfully
- estimated date the project will be fully operating as the newly awarded component within the one-year grant term.

For example, if you are eliminating a PH-PSH project to create a new TH project, you must describe how the project will strategically wind down the permanent supportive housing project, include how current PSH program participants will be assisted in obtaining transitional housing while you will also ramp up the TH project over the course of the one-year grant term. You must also provide assurances the new TH component will be fully operational at the end of the grant term. Finally, include the amount of funds from this transitional grant application that will be used to wind down the outgoing PSH activities with the estimated date for completion.

9. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? Required. Select the appropriate response. CoC Program funds cannot be awarded if used to replace state or local government funds.

Yes, if this project is expected to replace state or local funds and not comply with this criterion.

No, if this project will not replace state or local funds and will comply with this criterion.

11. Is this project applying for Rural costs on screen 6A? Required. Select Yes or No from the dropdown menu if your project plans to request rural costs. (**Note:** rural costs may ONLY be used for rural areas and must be associated with a valid rural or tribal geo-code. A project that serves both rural and non-rural areas may request a rural BLI for the project, however, the rural BLI can only be used in the rural geographic area.) If yes, the following 3 tables will appear:

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

11a. Area(s) affected by the project (state(s) only):

11b. Area(s) affected by the project (rural geo-code(s) only):

11c. Area(s) affected by the project (tribal geo-code(s) only). Only make a selection if the project will serve a tribal area. If no tribal area will be served, leave this field blank. Do not make any selections.

SSO Screen 3B. Description

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

1. Provide a description that addresses the entire scope of the proposed project. Required. Provide a detailed description of the scope of the project including the target population(s) to be served, project

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plan for addressing the identified housing and supportive service needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used. The information in this description must align with the information entered in other screens of the application.

- 2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur.** Required. You must enter information in at least one field on the table. If your project includes multiple structures, you will complete one column for each structure. You will estimate the number of days from grant execution for the first four questions, as applicable, for the requested project application. Nonapplicable fields can remain blank, or you can enter ‘0’ or ‘NA’.

Project Milestones	<u>Days from Execution of Grant Agreement</u>	<u>Days from Execution of Grant Agreement</u>	<u>Days from Execution of Grant Agreement</u>	<u>Days from Execution of Grant Agreement</u>
	A	B	C	D
Begin hiring staff or expending funds				
Begin program participant enrollment				
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin				
Leased or rental assistance units or structure, and supportive services near 100% capacity				
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

- 2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.** Required to describe the proposed development activities if you are requesting capital costs (i.e., acquisition (24 CFR 578.43), rehabilitation (24 CFR 578.45), new construction (24 CFR 578.47). 24 CFR 578.25 provides the requirements for site control, including a 15-year use period (24 CFR 578.81) that will remain in place even if the project no longer receives CoC Program funding. You should review 24 CFR part 578 for all requirements related to capital costs as not all are included in these instructions.

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

- Veterans

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- **Youth (under age 25)**
- **Families**
- **Survivors:** Persons who have experienced trauma or a lack of safety due to domestic violence, dating violence, sexual assault, stalking, human trafficking or other dangerous, traumatic, or life-threatening conditions. (**Note:** this field includes all people in households eligible to be served with DV Bonus funds but may also include survivors who do not meet the narrower definition of DV Bonus eligibility. For more information on subpopulation eligible to be served in DV Bonus projects, see Section I.B.2.b.6 of the NOFO for more information.)
- **Substance Use Disorders**
- **Mental Illness**
- **HIV/AIDS**
- **Chronic Homelessness**
- **OtherN/A – Project Serves All Subpopulations**

4. Will your project participate in the CoC's Coordinated Entry (CE) Process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? Required. Coordinated Entry is a process designed to coordinate program participant intake, assessment, and provision of referrals. A CE process must cover the entire CoC's geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool and process. Participation in a CE process is a requirement for all applicants of CoC Program funds. **Select:**

Yes, if this project will participate in the CoC's CE process or applicant organization is a victim service provider and uses an alternate CE process that meets HUD's minimum requirements.

No, if this project will not meet these criteria.

SSO- Screen 3C. Project Expansion Information

You can apply for a new project that will expand an existing eligible CoC Program renewal project (see Section II.B.3.i of the NOFO), so long as it is the same component and type (e.g., both the new and renewal project applications are SSO). To apply for a new project that will expand an existing eligible CoC Program renewal project you will create and submit **two** project applications: a '**Stand-alone New**' and a '**Stand-alone Renewal**'.

For instructions to complete a '**Stand-alone Renewal**' project application, review the '**Renewal Expansion Process and Questions**' instructions on pages 17-19 of the **CoC Renewal Project Application Detailed Instructions**. If awarded, HUD will combine these two applications into one project in the post-award process. Please ensure that budgets and proposed numbers of units, people to be served, etc. are not duplicated between the Stand-alone New and Stand-alone Renewal applications, in order to ensure the accuracy of the final project.

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Note: the same renewal project may NOT be part of both a consolidation and an expansion in the 2025 CoC Competition. If a renewal is submitted for both consolidation and renewal, HUD will treat the application only as an expansion and reject the consolidation.

You must complete the first question on Screen 3C that will notify HUD you are submitting a new expansion project that is tied to an eligible renewal project.

1. Is this a ‘Project Expansion’ of an eligible renewal project? Required. Select:

Yes, this is a new project application that will expand an existing eligible renewal project application and is the same component and type as the renewal.

No, this new project application is not part of an expansion request. Click ‘**Save**’ or ‘**Save & Next**’ to move to the next screen.

If you answered ‘**Yes**’ to question 1, you must complete the remainder of this screen. The next two questions are used to match this new expansion project application with the renewal project application you are submitting.

1a. Eligible Renewal Grant PIN. Enter the PIN exactly as it was entered in the renewal project application (see screen 1A. SF-424 Application Type, question 5a or 5b of your renewal project application). Additionally, to ensure you enter the correct PIN on both applications, refer to the current grant agreement or grant agreement amendment for the renewal project this new project will expand.

1b. Eligible Renewal Grant Project Name. Enter the Project Name exactly as it was entered in the renewal project application (see screen PH-PSH Screen 3A. Project Detail, question 4 of your renewal project application).

3. Will this expansion project provide additional supportive services to program participants? Required. Select:

Yes, if this expansion project will provide additional supportive services.

No, if this expansion project will not provide additional supportive services.

3a. Indicate how the project will provide additional supportive services to program participants. Required if ‘**Yes**’ to question 3. Check one or both boxes to indicate the expanded supportive services.

- **Increase the number of or expand supportive services provided.**
- **Increase frequency or intensity of supportive services.**
- **Increase on site supportive services**

3b. Explain how services will be expanded or increased, Required if ‘**Yes**’ to question 3. Provide a description of the current supportive services for which funds are requested and how CoC Program funds will be used to expand those services.

4. Will this expansion project bring existing facilities up to government health or safety standards? Required. Select:

Yes, if this expansion project will be used to bring existing facilities up to state or local government health or safety standards.

No, if this expansion project will not be used to bring existing facilities up to state or local government health or safety standards.

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- 4a. Describe how the project is proposing to bring the existing facility(s) up to state or local government health or safety standards.** Required if 'Yes' to question 4. Provide a description of the current health or safety standards for which funds are requested and how CoC Program funds will be used to address the issue(s), including the timeframe expected to have the health or safety standards updated.

SSO Part 4: Services

SSO Screen 4A. Supportive Services for Program Participants

All questions on screen 4A must be completed.

- 1. Describe how The Supportive Services project is necessary to assist people in exiting homelessness, addressing barriers to stable housing (e.g., substance use disorder, unemployment, childcare, etc.) and increasing self-sufficiency:** Required for SSO Standalone Only.
- 2. How will this project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP:** Required. Describe how this project will be supplemented with resources from other public or private sources. Additionally, if you coordinate with other partners, include their role in meeting this criterion. The description should include:
 - what additional resources (public or private) you will use to assist program participants. These may include, but are not limited to, local employment programs, job training, educational opportunities, SSI, SSDI, Food Stamps, Veterans benefits, childcare, food assistance, TANF, early childhood education, Medicaid, Medicare, healthcare for the homeless, FQHCs
- 2a. Will the applicant conduct and annual assessment of service needs of the program participants?** Required for SSO Standalone Only.

Yes, the applicant will conduct annual assessment of service needs of the program participants..

No, the applicant will conduct annual assessment of service needs of the program participants.
- 3. Describe the strategy for providing supportive services to eligible program participants (including those with history of unsheltered homelessness and those who do not traditionally engage with supportive services). If applicable, please provide provider names or services** Required for SSO Standalone and SSO Outreach
- *4 Demonstrate that the applicant has a history of, or a plan for, partnering with first responders and law enforcement to engage people living in places not meant for human habitation to access emergency shelter, treatment programs, reunification with family, transitional housing or independent living. The applicant must cooperate and not interfere or impede with the enforcement of local laws such as public camping and public drug use laws and assist/be willing to assist first responders in their efforts to engage homeless individuals.** Required for SSO Outreach Only
- *5. Does the applicant have experience providing outreach services, or a plan for providing outreach services, consistent with the activity description at 24 CFR 578.53(e)(13).** Required for SSO Outreach Only
- *6. Describe a plan for or past work at helping people successfully exit from places not meant for human habitation to emergency shelter, treatment programs, transitional housing or permanent housing programs.** Required for SSO Outreach Only

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

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

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

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

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

SSO Part 5: Program Participants

In Part 5 of the SSO application, HUD expects you to provide details regarding the program participants who will be served, including basic household and subpopulation data, as well as outreach data.

SSO Screen 5A. Program Participants - Persons and Households

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

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

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

SSO Screen 5B. Program Participants - Subpopulations

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

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

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

- The numbers entered for the following columns **cannot be duplicated** within these three subpopulations:
 - **CH (Not Veterans)**—number of chronically homeless non-veterans which must match the number of beds entered for question ‘**2b. Beds**’ on Screen 4B. Do not include chronically homeless veterans, or
 - **CH Veterans** —number of chronically homeless veterans, regardless of discharge reason, or

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

Persons in Households with at Least One Adult and One Child										
Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/ AIDS	Mental Illness	Surviv ors	Physical Disabilit y	Development al Disability	Persons Not Represented by a Listed Subpopulati on
Persons over age 24										
Persons ages 18-24										
Children under age 18		N/A	N/A							
Total Persons										
Persons in Households without Children										
Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/ AIDS	Mental Illness	Surviv ors	Physical Disabilit y	Development al Disability	Persons Not Represented by a Listed Subpopulati on

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Persons over age 24										
Persons ages 18-24										
Total Persons										
Persons in Households with Only Children										
Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18		N/A	N/A							
Unaccompanied Children under age 18		N/A	N/A							
Total Persons										

SSO Part 6: Budgets

Part 6 captures the budget information for the project application. HUD requires your project to request and use funds for eligible costs as outlined in the Rule for each budget and will verify project expenditures during field office monitoring or OIG audits. Any ineligible expenditures can result in monitoring or audit findings that could result in your organization repaying HUD for any ineligible CoC expenses SSO Screen 6A. Funding Request

Screen 6A provides the framework through which a project applicant creates a project budget.

SSO Screen 6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2027? Select:

Yes, to indicate the project intends to have a signed grant agreement by September 15, 2027. All funds conditionally awarded in the FY 2026 CoC Program Competition must be obligated via grant agreement no later than September 15, 2027.

No, the project does not intend to have a signed grant agreement by September 15, 2027. By selecting this response, you will not be able to submit this project application in *e-snaps*.

2. Select a grant term: Required. Your new project application may request 1-year, 2-years, 3-years, 4-years, 5-years, or 15-years; however, some exceptions apply (see Section II.B.5.c. of the NOFO for the complete list).

3. Select the costs for which funding is requested: Required. Check the boxes for the BLI(s) for which your project requests funds (see 24 CFR 578, Subpart D, Program Components and Eligible Costs and 24 CFR 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds).

- **Acquisition/Rehabilitation/New Construction** (24 CFR 578.43 – 47),
- **Leased Structures**
- **Supportive Services** (24 CFR 578.53)

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- HMIS
- VAWA (Section IV.B.4 of CoC NOFO)
- Rural (Section IV.B.5 of CoC NOFO)

4. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months). Required only if you requested a 1-year grant term in question 4. For additional information see Section II.B.5.c.(1) of the NOFO. Select:

Yes, if you are requesting up to 6 additional months to operate this project.

No, if you expect to operate this project with a 12-month grant term.

4a. Select the number of months requested for the initial grant term. (Dropdown of 13 to 18 months). Required if ‘Yes’ was selected to question 6. Using the dropdown, select the total number of months you are requesting for the initial grant term.

SSO Screen 6B. Acquisition/Rehabilitation/New Construction Budget

You have access to this budget if you check ‘**Acquisition/Rehabilitation/New Construction**’ on Screen 6A. Complete the information on this screen to request funds for development activities. See the following sections of the Rule for additional information:

- 24 CFR 578.43, Acquisition,
- 24 CFR 578.45, Rehabilitation, and
- 24 CFR 578.47, New Construction.

The primary screen on Screen 6B will aggregate the acquisition, rehabilitation, and new construction costs requested for each proposed project site to calculate the total for all costs requested. To add a site, select add  to access the budget screens. The primary 6B screen will populate and update when new budget screens are added. To view and edit select view . To delete, select .

You must enter specific location information for each site requesting capital costs. Create a name for each site that you will recognize as it will populate the list on the primary screen and enter the Street Address, City, State, and Zip Code. The address must be the actual site of the proposed development activities and not the administrative office of your organization or subrecipient. Projects serving survivors, including victims of domestic violence, dating violence, sexual assault, stalking, and human trafficking, may use a PO Box, organizational address, or other anonymous address as necessary to ensure the safety of participants.

You must enter the amount of funds requested for acquisition, rehabilitation, and new construction costs at the structure site.

Note: Only SSO-Standalone can request this budget. SSO-Outreach and SSO-CE cannot request this budget. Additionally, only Acquisition and Rehab can be requested by an SSO-Standalone project, no New Construction can be requested.

SSO Screen 6D. Leased Structures Budget

You have access to this budget if you check ‘**Leased Structures**’ on Screen 6A and can only be used for the TH portion of the Joint project. The primary screen will aggregate the total assistance leased structures requested on ‘**Leased Structures Budget Detail**’ screen(s). To add leased structures, select add  to access the detail budget screens. The primary 6D screen will populate and update automatically when new detail screens are added to the list. To view and edit select view . To delete, select .

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On the ‘**Leased Structures Budget Detail**’ enter the **Structure Name** by which you will identify the leased structure (e.g., name of the property, the street name where it is located), **Street Address, City, State,** and **Zip** Code. Lastly, enter the monthly amount of HUD paid rent you are requesting for each structure. The amount of leased funds will be calculated by 12 months to populate the **Total Annual Assistance Requested** which is then multiplied by the grant term selected to populate the **Total Request for Grant Term**.

SSO Screen 6F. Supportive Services Budget

You have access to this budget if you check ‘**Supportive Services**’ on Screen 6A. The supportive services listed are based on the eligible supportive services in 24 CFR 578.53.

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

The itemized budget screen includes 17 eligible Supportive Services costs:

1. Assessment of Service Needs	10. Life Skills
2. Assistance with Moving Costs	11. Mental Health Services
3. Case Management	12. Outpatient Health Services
4. Child Care	13. Outreach Services
5. Education Services	14. Substance Abuse Treatment Services
6. Employment Assistance	15. Transportation
7. Food	16. Utility Deposits
8. Housing/Counseling Services	17. Operating Cost*
9. Legal Services	

*See 24 CFR 578.53(a) to determine if you are eligible to apply for funds in this category as it does not apply to all project applications.

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

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

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- **Total Annual Assistance Requested:** No action required. This field calculates the total based on the sum for each eligible cost where you entered information.
- **Grant Term:** No action required. This field populates based on the grant term selected on the ‘6A. Funding Request’ screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

SSO Screen 6H. HMIS Budget

You have access to this budget if you check ‘**HMIS**’ on Screen 6A. The HMIS costs listed are based on the eligible HMIS costs described in 24 CFR 578.57 and must comply with HMIS requirements.

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

The itemized budget screen includes 5 eligible HMIS costs:

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

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

- **Eligible Costs:** No action required. The categories listed are eligible HMIS costs for which funds can be requested under 24 CFR 578.57.
- **Quantity AND Description:** Required. This field must provide a complete picture of how CoC Program funds will be used in the project to assist program participants. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title—1 FTE @ \$45,000 including fringe benefits of \$X or 50 hours @ \$25 per hour including fringe benefits of \$X).
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program HMIS activities to contribute to your CoC’s HMIS for a 12-month period. If you are requesting a multi-year grant term (e.g., 3 years), you will see the total request for the 3-year grant term request in the **Total Request for Grant Term** field.
- **Total Annual Assistance Requested:** No action required. This field calculates based on the sum for each eligible cost where you entered information.
- **Grant Term:** No action required. This field populates based on the grant term selected on the ‘6A. Funding Request’ screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

SSO VAWA Cost Budget

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

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

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

- A. VAWA Emergency Transfer Facilitation.** Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:
- **Moving Costs.** Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
 - **Travel Costs.** Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
 - **Security Deposits.** Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
 - **Utilities.** Grant funds can be used to pay for the costs of establishing utility assistance in the safe unit the survivor is transferring to.
 - **Housing Fees.** Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
 - **Case Management.** Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
 - **Housing Navigation.** Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
 - **Technology to make an available unit safe.** Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.
- B. VAWA Confidentiality Requirements.** Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:
- Monitoring and evaluating compliance.
 - Developing and implementing strategies for corrective actions and remedies to ensure compliance.
 - Program evaluation of confidentiality policies, practices, and procedures.
 - Training on compliance with VAWA confidentiality requirements.
 - Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
 - Costs for establishing methodology to protect survivor information.
 - Staff time associated with maintaining adherence to VAWA confidentiality requirements.

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

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

- **Eligible Costs:** No action required. The categories listed are eligible VAWA costs for which funds can be requested under 24 CFR 578.57.
 - **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible VAWA activities.
 - **Total Annual Assistance Requested:** No action required. This field calculates based on the sum for each eligible cost where you entered information.
 - **Grant Term:** No action required. This field populates based on the grant term selected on the '6A. Funding Request' screen. This field populates with '1 Year' and is read-only.
 - **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

SSO Rural Cost Budget

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

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

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

- **CoC Rural BLI Total:** No action required. This field calculates based on the sum for each eligible cost where you entered information above.
- **Grant Term:** No action required. This field populates based on the grant term selected on the '6A. Funding Request' screen.

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

SSO Screen 6D. Sources of Match

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

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

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

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

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

1a. Briefly describe the source of the program income. Required if you selected ‘Yes’ to question

1. Provide the source of program income with a brief description.

1b. Estimate the amount of program income that will be used as Match for this project.

Required if you selected ‘Yes’ to question 1. Enter estimated amount.

‘Sources of Match Detail’ screens(s): Enter match information on this screen based on the current commitments at the time of project application submission that will apply to the grant term if selected for conditional award, not based on projections. Match contributions can be cash, in-kind, or a combination of both. Match must be no less than 25 percent of the total request, including Administration costs, but excluding Leasing costs (i.e., Leased Units and Leased Structures). If your match amount exceeds 25 percent, HUD expects you to produce the higher amount included in the project application if selected for conditional award.

Example: If the ‘Total Assistance Requested’ for a SSO project is \$100,000, then you must match funds no less than \$25,000.

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

You must complete this screen for each type of match commitment you want to include with your project application. Once completed with this ‘Sources of Match Detail’ screen, return to the ‘Sources of Match’ screen where you will see the total commitment amounts for Cash, In-Kind, and All, as applicable.

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

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

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

2. Source: Required. Select:

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

Government, the match will be provided by a government entity (e.g., HUD-VASH (VA Supportive Housing program)) so long as the government funds do not prohibit their use as a match for another federal program.

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

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

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SSO Screen 6E. Summary Budget

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

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

- **#10. Admin:** Enter the amount of requested administrative funds. You can only request up to 10 percent of the amount listed in the field ‘**9. Sub-Total Costs Requested**’. If an ineligible Admin amount is entered, *e-snaps* will report an error when the screen is saved, ‘**The Administrative Costs exceed 10 percent of the Sub-Total Costs Requested**’. The error message will inform you of the maximum amount of administrative costs you can request, and you must update the **Admin.** amount.

The summary budget also includes the amount of Cash, In-Kind, and Total Match entered on Screen 6D. To adjust match amounts, return to Screen 6D. If an ineligible match amount is entered, *e-snaps* will report an error when the screen is saved, ‘**The Total Match amount is less than 25 percent**’. The error message will inform you of the minimum amount of match funds you are required to have for this project, and you must return to a ‘**Sources of Match Detail**’ screen to make the necessary adjustments to increase the match amount for this project application.

Indirect Cost Information

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

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

Indirect Cost Information for Award Applicant/Recipient.

1. **Federal Program/Assistance Listing Program Title.** No action required. This field populates with “**Continuum of Care Program**”.
2. **Applicant/Recipient Name.** No action required. This information populates from the “**Authorized Representative**” screen of the **Project Applicant Profile**.
3. **Indirect Cost Rate Information for the Applicant/Recipient.** No action required. This field pulls the checkbox that was selected on the Project Profile. If Checkbox #3 was selected, the indirect cost table also gets pulled
4. **Submission Type.** No action required. Defaults to Initial Submission
5. **Effective date(s).** No Action required

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

Supportive Services (SSO) Coordinated Entry New Project Applications

RETURN to All Projects Part 2 through Part 8

The following instructions apply to Supportive Services Only (SSO)–Coordinated Entry (CE) projects in accordance with SSO requirements in 24 CFR 578.37(a)(3). Before completing this part of the application, carefully review the specific requirements for SSO-CE projects in the 2026 NOFO. New SSO-CE project applications can request funds through the Reallocation process, CoC Bonus, a combination of Reallocation and CoC Bonus, DV Bonus and DV Reallocation..

SSO-CE Part 3: Project Information

SSO-CE Screen 3A. Project Detail

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

1. **CoC Number and Name:** Required. Select the CoC Number and Name from the dropdown.
Selecting the correct CoC is critical. The dropdown contains all CoCs that were registered in the FY 2026 CoC Program Registration process and are listed according to the CoC Number (e.g., NE-502) and CoC Name (e.g., Lincoln County CoC). Based on the selection made in this field, when ‘Submit’ is selected on Screen 8B, *e-snaps* will send this project application to the CoC selected.
Note: You should only use the ‘No CoC’ option in instances where a project is in a geographic area not claimed by any CoC or if the project applicant is submitting a Solo Appeal.
2. **CoC Collaborative Applicant Name:** Required. Select the name of the Collaborative Applicant for the CoC you intend to submit the project application. The dropdown for this field is based on the CoC Number and Name selected above with the CoC’s designated Collaborative Applicant’s name that registered during the FY 2026 CoC Program Registration process.
3. **Project Name:** No action required. This field populates from the *e-snaps* ‘Project’ screens and is read-only. If the project name is incorrect, exit the project application screens and open the *e-snaps* ‘Project’ screens by selecting ‘Projects’ from the left menu to correct the information.
4. **Project Status:** Required. This field defaults to the ‘Standard’ option and should only be changed to ‘Appeal’ if your organization will submit a ‘Solo Appeal’. If you select ‘Appeal’, Screen 8A ‘Notice of Intent to Appeal’ will appear on the left menu and you must complete additional information and include the attachment noted in the Solo Appeal process, see instructions for Screen 8A above.
5. **Component Type:** Required. Select ‘SSO’.
 - 5a. **Type of SSO project:** Required. Select ‘Coordinated Entry’
Coordinated Entry (CE). Administers the CoC’s centralized or coordinated entry process to coordinate assessment and referral of individuals and families seeking housing or services, including the use of a comprehensive and standardized assessment tool. See [17-01cpdn.pdf](#), CPD-17-01: *Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System* (Coordinated Entry Notice) for full information and requirements. If your project is submitted as a coordinated entry you must adhere to all requirements in the Rule and Coordinated Entry Notice.
6. **What type of CoC funding is this project applying for in this CoC Competition?** From the dropdown, select the type of CoC Program funding that is being requested. New PH-PSH project applications can request funds through:

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Supportive Services (SSO) Coordinated Entry New Project Applications

- **Reallocation**, funds that have been reallocated from an eligible renewal project,
- **CoC Bonus**, funds available through the CoC Bonus,
- **Reallocation + CoC Bonus**, a combination of funds available from an eligible renewal project that was reallocated and funds from the available CoC Bonus amount, and
- **DV Bonus**, funds available to serve 100 percent survivors of domestic violence, dating violence, sexual assault, and/or stalking.
- **DV Reallocation**, funds that have been reallocated from an eligible DV Bonus project. Project must serve 100 percent survivors of domestic violence, dating violence, sexual assault, and/or stalking.

Note: DV Bonus funds and DV Reallocation funds are eligible for new SSO-CE projects.

6a. Will the project serve exclusively households who are eligible to be served with DV Bonus funding (survivors of domestic violence, dating violence, sexual assault, and/or stalking)? (Projects that are focused on other populations, including survivors of human trafficking should select “No” unless the project will be limited specifically to survivors of domestic violence, dating violence, sexual assault, and/or stalking.)

Yes, will exclusively serve DV Bonus eligible population.

No, will not exclusively serve DV Bonus eligible population.

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?

Required. Select:

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

24 CFR 578.3: *Victim service provider* means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

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

- 8. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (*Attachment Requirement*)** Required. For additional information refer to the NOFO for requirements to transition a renewal project from its existing component (e.g., TH) to another eligible new component (e.g., PH-PSH) through the CoC Program Competition. To facilitate this component change, you must work with the CoC and use the reallocation process to fully eliminate the eligible renewal project(s) to transition the project to the new component. Select:

Yes, if this new project application is requesting a transition grant.

If ‘Yes’ is selected, you will provide information regarding the expiring component in the next two questions. The remainder of this new project application will only capture information regarding how the project will operate under the new component. If this transition project is selected for conditional award, you will work with the local HUD CPD field office to determine how the old component will wind down while ramping up the new component.

No, if this new project application is not requesting a transition grant.

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8a. List all expiring project(s) involved in the transition: Required. If ‘Yes’ to question 7, the expiring renewal project(s) must be fully eliminated using the reallocation process.

At least one eliminated project must be entered in the table. Up to 4 may be entered.

Full Grant Number	Operating Start Date	Expiration Date	Component Type
Enter the full grant number of the expiring renewal project (e.g., CA0001L5F012003)	Enter the date for ‘PoP Start’ from eLOCCS	Enter the date for ‘PoP End’ from eLOCCS	Select the expiring renewal component (e.g., PH)

IMPORTANT: For all expiring renewal projects listed in the table, attach a copy of the approved renewal project application(s) on Screen ‘**7A Attachments**’ (e.g., if the expiring project was funded in the FY 2025 CoC Program Competition, attach a copy of the FY 2025 project application).

8b. Provide a description that addresses the scope of the proposed transition during the first year of operation. Required. If ‘Yes’ is selected in question 7, provide a detailed description of how the project will transition from the renewal project to the new project. The description must include:

- how you will reduce activities in the old renewal component as it transitions to the new component, including the plan for ensuring existing program participants maintain housing assistance or exit the services system successfully
- estimated date the project will be fully operating as the newly awarded component within the one-year grant term.

For example, if you are eliminating a PH-PSH project to create a new TH project, you must describe how the project will strategically wind down the permanent supportive housing project, include how current PSH program participants will be assisted in obtaining transitional housing while you will also ramp up the TH project over the course of the one-year grant term. You must also provide assurances the new TH component will be fully operational at the end of the grant term. Finally, include the amount of funds from this transitional grant application that will be used to wind down the outgoing PSH activities with the estimated date for completion.

9. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? Required. Select the appropriate response. CoC Program funds cannot be awarded if used to replace state or local government funds.

Yes, if this project is expected to replace state or local funds and not comply with this criterion.

No, if this project will not replace state or local funds and will comply with this criterion.

11. Is this project applying for Rural costs on screen 6A? Required. Select Yes or No from the dropdown menu if your project plans to request rural costs. (**Note:** rural costs may ONLY be used for rural areas and must be associated with a valid rural or tribal geo-code. A project that serves both rural and non-rural areas may request a rural BLI for the project, however, the rural BLI can only be used in the rural geographic area.) If yes, the following 3 tables will appear:

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

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

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

10c. Area(s) affected by the project (tribal geo-code(s) only). Only make a selection if the project will serve a tribal area. If no tribal area will be served, leave this field blank. Do not make any selections.

SSO-CE Screen 3B. Description

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

- 1. Provide a description that addresses the entire scope of the proposed project.** Required. Provide a detailed description of the scope of the project including the project plan for addressing coordinated entry needs, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used. The information in this description must align with the information entered in other screens of this application.

For DV Bonus, and DV Reallocation SSO-CE projects, the application must demonstrate: The project is designed to implement policies, procedures, and practices that equip the CoC's coordinated entry to better meet the needs of homeless individuals who are experiencing trauma or a lack of safety related to, or fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking.

DV Bonus, and DV Reallocation projects must serve individuals and families who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, and stalking and who qualify as homeless under paragraphs (1) or (4) of the definition of homeless at 24 CFR 578.3 or Section 103(b) of the McKinney-Vento Homeless Assistance Act with the following exception:

- 2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur.** Required. You must enter information in at least one field on the table. If your project includes multiple structures, you will complete one column for each structure. You will estimate the number of days from grant execution for the first four questions, as applicable, for the requested project application. Nonapplicable fields can remain blank, or you can enter '0' or 'NA'.

Project Milestones	<u>Days from Execution</u> <u>of Grant Agreement</u>
	A
Begin hiring staff or expending funds	

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

- N/A – Project Serves All Subpopulations
- Veterans
- Youth (under age 25)
- Families
- **Survivors:** Persons who have experienced trauma or a lack of safety due to domestic violence, dating violence, sexual assault, stalking, human trafficking or other dangerous, traumatic, or life-threatening conditions. (**Note:** this field includes all people in households

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eligible to be served with DV Bonus funds but may also include survivors who do not meet the narrower definition of DV Bonus eligibility. For more information on subpopulation eligible to be served in DV Bonus projects, see Section I.B.2.b.6 of the NOFO for more information.)

- **Substance Use Disorders**
- **Mental Illness**
- **HIV/AIDS**
- **Chronic Homelessness**
- **Other**

4. The following questions must be answered for ‘Coordinated Entry’ projects. See the *Coordinated Entry Notice* for additional information, [17-01cpdn.pdf](#). (*Notice CPD-17-01: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System*).

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

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

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

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

Yes, if the CoC’s coordinated entry is available and reachable for all persons within the CoC’s geographic area who are seeking homelessness assistance.

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

4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach households with the highest needs. Required for coordinated entry project applications. Use the textbox provided to describe the advertisement strategy that will ensure coordinated entry will be accessible to individuals and families with the highest needs. Using bullets instead of full paragraphs is appropriate.

4d. Does the coordinated entry process use a comprehensive, standardized assessment process? Required for coordinated entry project applications. See Sections I.C.4 and II.B.2 of the *Coordinated Entry Notice* for additional information. Select:

Yes, if the standardized assessment process meets the criteria.

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

4e. Describe the referral process and how the coordinated entry process ensures program participants are directed to appropriate housing and services. See Section II.B.3 of the *Coordinated Entry Notice* for additional information. Describe how the referral process for homelessness resources is coordinated with CoC and ESG providers according to the CoC’s written Coordinated Entry process. Using bullets instead of full paragraphs is appropriate.

4f. If the coordinated entry process includes differences in access, entry, assessment, or referral for certain subpopulations, are those differences limited only to the following five groups: (1) adults without children, (2) adults accompanied by children, (3)

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unaccompanied youth, (4) households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking), and (5) persons at risk of homelessness? Select:

Yes, if the CoC only limits differences identified to the five groups permitted in Section II.B.2 of the *Coordinated Entry Notice*.

No, if the CoC does not meet this criteria and limits differences in access, entry, assessment, or referral for more than the five groups permitted.

SSO-CE Screen 3C. Project Expansion Information

You can apply for a new project that will expand an existing eligible CoC Program renewal project (see Section II.B.3.i of the NOFO), so long as it is the same component and type (e.g., both the new and renewal project applications are SSO-CE). To apply for a new project that will expand an existing eligible CoC Program renewal project you will create and submit **two** project applications: a ‘**Stand-alone New**’ and a ‘**Stand-alone Renewal**’.

For instructions to complete a ‘**Stand-alone Renewal**’ project application, review the ‘**Renewal Expansion Process and Questions**’ instructions in the CoC Renewal Project Application Detailed Instructions. If awarded, HUD will combine these two applications into one project in the post-award process. Please ensure that budgets and proposed numbers of units, people to be served, etc. are not duplicated between the Stand-alone New and Stand-alone Renewal applications, in order to ensure the accuracy of the final project.

Note: the same renewal project may NOT be part of both a consolidation and an expansion in the 2026 CoC Competition. If a renewal is submitted for both consolidation and renewal, HUD will treat the application only as an expansion and reject the consolidation.

You must complete the first question on Screen 3C that will notify HUD you are submitting a new expansion project that is tied to an eligible renewal project.

1. Is this a ‘Project Expansion’ of an eligible renewal project? Required. Select:

Yes, this is a new project application that will expand an existing eligible renewal project application and is the same component and type as the renewal.

No, this new project application is not part of an expansion request. Click ‘**Save**’ or ‘**Save & Next**’ to move to the next screen.

If you answered ‘**Yes**’ to question 1, you must complete the remainder of this screen. The next two questions are used to match this new expansion project application with the renewal project application you are submitting.

1a. Eligible Renewal Grant PIN. Enter the PIN exactly as it was entered in the renewal project application (see screen 1A. SF-424 Application Type, question 5a or 5b of your renewal project application). Additionally, to ensure you enter the correct PIN on both applications, refer to the current grant agreement or grant agreement amendment for the renewal project this new project will expand.

1b. Eligible Renewal Grant Project Name. Enter the Project Name exactly as it was entered in the renewal project application (see screen PH-PSH Screen 3A. Project Detail, question 4 of your renewal project application).

2. Will this expansion project increase the Coordinated Entry process? Required. Select: ‘**Yes**’ or ‘**No**’.

2a. How will this expand Coordinated Entry? Required if #2 is “Yes”.

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Supportive Services (SSO) Coordinated Entry New Project Applications

SSO-CE Part 6: Budgets

Part 6 captures the budget information for the project application. HUD requires your project to request and use funds for eligible costs as outlined in the Rule for each budget and will verify project expenditures during field office monitoring or OIG audits. Any ineligible expenditures can result in monitoring or audit findings that could result in your organization repaying HUD for any ineligible CoC expenses.

SSO-CE Screen 6A. Funding Request

Screen 6A provides the framework through which a project applicant creates a project budget.

1. Will it be feasible for the project to be under grant agreement by September 15, 2027? Select:

Yes, to indicate the project intends to have a signed grant agreement by September 15, 2027. All funds conditionally awarded in the FY 2026 CoC Program Competition must be obligated via grant agreement no later than September 15, 2027.

No, the project does not intend to have a signed grant agreement by September 15, 2027. By selecting this response, you will not be able to submit this project application in *e-snaps*.

2. Select a grant term: Required. Your new project application may request 1-year, 2-years, 3-years, 4-years, 5-years, or 15-years; however, some exceptions apply (see Section II.B.5.c. of the NOFO for the complete list).

3. Select the costs for which funding is requested: Required. Check the boxes for the BLI(s) for which your project requests funds (see 24 CFR 578, Subpart D, Program Components and Eligible Costs and 24 CFR 578.87(c)–Restriction on Combining Funds to ensure eligible use of funds).

- **Supportive Services** (24 CFR 578.53).
- **HMIS**
- **VAWA** (Section IV.B.4 of CoC NOFO)
- **Rural** (Section IV.B.5 of CoC NOFO)

4. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months). Required only if you requested a 1-year grant term in question 4. For additional information see Section II.B.5.c.(1) of the NOFO. Select:

Yes, if you are requesting up to 6 additional months to operate this project.

No, if you expect to operate this project with a 12-month grant term.

4a. Select the number of months requested for the initial grant term. (Dropdown of 13 to 18 months). Required if ‘Yes’ was selected to question 6. Using the dropdown, select the total number of months you are requesting for the initial grant term.

SSO-CE Screen 6F. Supportive Services Budget

You have access to this budget if you check ‘**Supportive Services**’ on Screen 6A. The supportive services listed are based on the eligible supportive services in 24 CFR 578.53.

The supportive services listed are based on the eligible supportive services in 24 CFR 578.53; however, SSO-CE projects should only request funds in eligible cost categories that are directly related to carrying out the CoC’s coordinated entry process (e.g., staff costs for conducting assessments). Costs that are not directly related to carrying out the CoC’s coordinated entry are ineligible.

Additionally, see 24 CFR 578.53(e)(17) for information regarding direct provision of services that apply to the individual budget items (e.g., if funds will be used to pay for a cell phone for the case manager, the

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Supportive Services (SSO) Coordinated Entry New Project Applications

monthly cost of the cell phone, will be included on the Case Management line, if funds will be used to pay for staff time to drive program participants to appointments, the staff pro-rated salary, benefits, etc., will be included in the Transportation line). For this reason, you must provide detailed information for quantity and description for each eligible cost requested.

The itemized budget screen includes 17 eligible Supportive Services costs:

1. Assessment of Service Needs	10. Life Skills
2. Assistance with Moving Costs	11. Mental Health Services
3. Case Management	12. Outpatient Health Services
4. Child Care	13. Outreach Services
5. Education Services	14. Substance Abuse Treatment Services
6. Employment Assistance	15. Transportation
7. Food	16. Utility Deposits
8. Housing/Counseling Services	17. Operating Cost*
9. Legal Services	

* See 24 CFR 578.53(a) to determine if you are eligible to apply for funds in this category as not all project applicants are eligible.

Enter the quantity, detail, and total budget request for each supportive services cost requested. The total amounts calculate when applicants select ‘Save’.

- **Eligible Costs:** No action required. The categories listed are eligible supportive services for which funds can be requested under 24 CFR 578.53.
- **Quantity AND Description:** Required. This field must provide a complete picture of how CoC Program funds will be used in the project to assist program participants. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title–1 FTE @ \$45,000 including fringe benefits of \$X or 50 hours @ \$25 per hour including fringe benefits of \$X). Additionally, include any direct provision costs (24 CFR 578.53(e)(17)) for each line item (e.g., monthly use of cell phone to contact program participants @ \$X per month).
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program activities for a 12-month period. If you are requesting a multi-year grant term (e.g., 3 years), you will see the total request for the 3-year grant term request in the **Total Request for Grant Term** field.
- **Total Annual Assistance Requested:** No action required. This field calculates based on the sum for each eligible cost where you entered information.
- **Grant Term:** No action required. This field populates based on the grant term selected on the ‘6A. Funding Request’ screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

SSO-CE Screen 6H. HMIS Budget

You have access to this budget if you check ‘HMIS’ on Screen 6A. The HMIS costs listed are based on the eligible HMIS costs described in 24 CFR 578.57 and must comply with HMIS requirements.

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

The itemized budget screen includes 5 eligible HMIS costs:

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

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

- **Eligible Costs:** No action required. The categories listed are eligible HMIS costs for which funds can be requested under 24 CFR 578.57.
- **Quantity AND Description:** Required. This field must provide a complete picture of how CoC Program funds will be used in the project to assist program participants. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title—1 FTE @ \$45,000 including fringe benefits of \$X or 50 hours @ \$25 per hour including fringe benefits of \$X).
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program HMIS activities to contribute to your CoC's HMIS for a 12-month period. If you are requesting a multi-year grant term (e.g., 3 years), you will see the total request for the 3-year grant term request in the **Total Request for Grant Term** field.
- **Total Annual Assistance Requested:** No action required. This field calculates based on the sum for each eligible cost where you entered information.
- **Grant Term:** No action required. This field populates based on the grant term selected on the '6A. Funding Request' screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

SSO-CE VAWA Cost Budget

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

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

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

- A. **VAWA Emergency Transfer Facilitation.** Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:
 - **Moving Costs.** Assistance with reasonable moving costs to move survivors for an emergency transfer(s).

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

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

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

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

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

- **Eligible Costs**: No action required. The categories listed are eligible VAWA costs for which funds can be requested under 24 CFR 578.57.
- **Annual Assistance Requested**: Required. Enter the annual amount requested for eligible VAWA activities.
- **Total Annual Assistance Requested**: No action required. This field calculates based on the sum for each eligible cost where you entered information.
- **Grant Term**: No action required. This field populates based on the grant term selected on the '**6A. Funding Request**' screen. This field populates with '**1 Year**' and is read-only.

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

SSO-CE Rural Cost Budget

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

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

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

- **CoC Rural BLI Total:** No action required. This field calculates based on the sum for each eligible cost where you entered information above.
- **Grant Term:** No action required. This field populates based on the grant term selected on the '6A. Funding Request' screen.

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

SSO-CE Screen 6I. Sources of Match

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

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

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

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

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

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

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

Sources of Match Detail Screen(s): Enter match information on this screen based on the current commitments at the time of project application submission that will apply to the grant term if selected for conditional award, not based on projections. Match contributions can be cash, in-kind, or a combination of both. Match must be no less than 25 percent of the total request, including Administration costs, but excluding Leasing costs (i.e., Leased Units and Leased Structures). If your match amount exceeds 25

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

Example: If the ‘**Total Assistance Requested**’ for a SSO project is \$100,000, then you must match funds no less than \$25,000.

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

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

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

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

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

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

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

Government, the match will be provided by a government entity (e.g., HUD-VASH (VA Supportive Housing program)) so long as the government funds do not prohibit their use as a match for another federal program.

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

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

SSO-CE Screen 6J. Summary Budget

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

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

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

The summary budget also includes the amount of Cash, In-Kind, and Total Match entered on Screen 6D. To adjust match amounts, return to Screen 6D. If an ineligible match amount is entered, *e-snaps* will report an error when the screen is saved, ‘**The Total Match amount is less than 25 percent**’. The error message will inform you of the minimum amount of match funds you are required to have for this project, and you must

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return to a ‘**Sources of Match Detail**’ screen to make the necessary adjustments to increase the match amount for this project application.

Indirect Cost Information

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

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

Indirect Cost Information for Award Applicant/Recipient.

1. **Federal Program/Assistance Listing Program Title.** No action required. This field populates with “**Continuum of Care Program**”.
2. **Applicant/Recipient Name.** No action required. This information populates from the “**Authorized Representative**” screen of the **Project Applicant Profile**.
3. **Indirect Cost Rate Information for the Applicant/Recipient.** No action required. This field pulls the checkbox that was selected on the Project Profile. If Checkbox #3 was selected, the indirect cost table also gets pulled
4. **Submission Type.** No action required. Defaults to Initial Submission
5. **Effective date(s).** No Action required
6. **Certification:** The “**I agree**” certification will appear at the bottom of the screen in the **Project Applicant Profile** and at the bottom of the copies of this form in all project applications your organization submits in a CoC Program Competition. You must certify in both the Project Applicant Profile and the project application that the information provided is accurate and complete.

Dedicated Homeless Management Information Systems (HMIS) New Project Applications

[RETURN to All Projects Part 2 through Part 8](#)

The following instructions apply to dedicated **Homeless Management Information Systems (HMIS)** projects in accordance with **HMIS** requirements in 24 CFR 578.37(a)(4). Dedicated HMIS projects requesting costs in 24 CFR 578.37(a)(2) can only be carried out by the HMIS Lead, which is the recipient or subrecipient of the HMIS grant and must be listed on the HMIS Lead form in the CoC Applicant Profile in *e-snaps*. New dedicated HMIS funds are available through the Reallocation process, CoC Bonus, a combination of Reallocation and CoC Bonus..

HMIS Part 3: Project Information

HMIS Screen 3A. Project Detail

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

- 1. CoC Number and Name:** Required. Select the CoC Number and Name from the dropdown.
Selecting the correct CoC is critical. The dropdown contains all CoCs that were registered in the FY 2026 CoC Program Registration process and are listed according to the CoC Number (e.g., NE-502) and CoC Name (e.g., Lincoln County CoC). Based on the selection made in this field, when ‘**Submit**’ is selected on Screen 8B, *e-snaps* will send this project application to the CoC selected.
Note: You should only use the ‘**No CoC**’ option in instances where a project is in a geographic area not claimed by any CoC or you are submitting a Solo Appeal.
- 2. CoC Collaborative Applicant Name:** Required. Select the name of the Collaborative Applicant for the CoC you intend to submit the project application. The dropdown for this field is based on the CoC Number and Name selected above with the CoC’s designated Collaborative Applicant’s name that registered during the FY 2026 CoC Program Registration process.
- 3. Project Name:** No action required. This field populates from the *e-snaps* ‘**Project**’ screens and is read-only. If the project name is incorrect, exit the project application screens and open the *e-snaps* ‘**Project**’ screens by selecting ‘**Projects**’ from the left menu to correct the information.
- 4. Project Status:** Required. This field defaults to the ‘**Standard**’ option and should only be changed to ‘**Appeal**’ if your organization will submit a ‘**Solo Appeal**’. If you select ‘**Appeal**’, Screen 8A ‘**Notice of Intent to Appeal**’ will appear on the left menu and you must complete additional information and include the attachment noted in the Solo Appeal process, see instructions for Screen 8A above.
- 5. Component Type:** Required. Select ‘**HMIS**’.
- 6. What type of CoC funding is this project applying for in this CoC Competition?** From the dropdown, select the type of CoC Program funding that is being requested. New **PH-PSH** project applications can request funds through:
 - **Reallocation**, funds that have been reallocated from an eligible renewal project,
 - **CoC Bonus**, funds available through the CoC Bonus, and
 - **Reallocation + CoC Bonus**, a combination of funds available from an eligible renewal project that was reallocated and funds from the available CoC Bonus amount.

Note: DV Bonus and DV Reallocation funds are not eligible for new HMIS projects.

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7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?

Required. Select:

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

24 CFR 578.3: *Victim service provider* means a private nonprofit organization whose primary mission is to provide services to victims of domestic violence, dating violence, sexual assault, or stalking. This term includes rape crisis centers, battered women's shelters, domestic violence transitional housing programs, and other programs.

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

8. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (*Attachment Requirement*)

Required. For additional information refer to the NOFO for requirements to transition a renewal project from its existing component (e.g., TH) to another eligible new component (e.g., PH-PSH) through the CoC Program Competition. To facilitate this component change, you must work with the CoC and use the reallocation process to fully eliminate the eligible renewal project(s) to transition the project to the new component. Select:

Yes, if this new project application is requesting a transition grant.

If 'Yes' is selected, you will provide information regarding the expiring component in the next two questions. The remainder of this new project application will only capture information regarding how the project will operate under the new component. If this transition project is selected for conditional award, you will work with the local HUD CPD field office to determine how the old component will wind down while ramping up the new component.

No, if this new project application is not requesting a transition grant.

8a. List all expiring project(s) involved in the transition:

Required. If 'Yes' to question 7, the expiring renewal project(s) must be fully eliminated using the reallocation process.

At least one eliminated project must be entered in the table. Up to 4 may be entered.

Full Grant Number	Operating Start Date	Expiration Date	Component Type
Enter the full grant number of the expiring renewal project (e.g., CA0001L5F012003)	Enter the date for 'PoP Start' from eLOCCS	Enter the date for 'PoP End' from eLOCCS	Select the expiring renewal component (e.g., TH)

IMPORTANT: For all expiring renewal projects listed in the table, attach a copy of the approved renewal project application(s) on Screen '7A Attachments' (e.g., if the expiring project was funded in the FY 2025 CoC Program Competition, attach a copy of the FY 2025 project application).

8b. Provide a description that addresses the scope of the proposed transition during the first year of operation.

Required. If 'Yes' is selected in question 7, provide a detailed description of how the project will transition from the renewal project to the new project. The description must include:

- how you will reduce activities in the old renewal component as it transitions to the new component, including the plan for ensuring existing program participants maintain housing assistance or exit the services system successfully
- estimated date the project will be fully operating as the newly awarded component within the one-year grant term.

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For example, if you are eliminating a PH-PSH project to create a new TH project, you must describe how the project will strategically wind down the permanent supportive housing project, include how current PSH program participants will be assisted in obtaining transitional housing while you will also ramp up the TH project over the course of the one-year grant term. You must also provide assurances the new TH component will be fully operational at the end of the grant term. Finally, include the amount of funds from this transitional grant application that will be used to wind down the outgoing PSH activities with the estimated date for completion. **9. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?** Required. Select the appropriate response. CoC Program funds cannot be awarded if used to replace state or local government funds.

Yes, if this project is expected to replace state or local funds and not comply with this criterion.

No, if this project will not replace state or local funds and will comply with this criterion.

11. Is this project applying for Rural costs on screen 6A? Required. Select Yes or No from the dropdown menu if your project plans to request rural costs. (Note: rural costs may ONLY be used for rural areas and must be associated with a valid rural or tribal geo-code. A project that serves both rural and non-rural areas may request a rural BLI for the project, however, the rural BLI can only be used in the rural geographic area.) If yes, the following 3 tables will appear:

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

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

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

10c. Area(s) affected by the project (tribal geo-code(s) only). Only make a selection if the project will serve a tribal area. If no tribal area will be served, leave this field blank. Do not make any selections.

HMIS Screen 3B. Description

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

- 1. Provide a description that addresses the entire scope of the proposed project.** Required. Provide a detailed description of the scope of the project including the community needs, the design and implementation of the HMIS system, anticipated project outcome(s), coordination with other organizations (e.g., federal, state, nonprofit), and how the CoC Program funding will be used. The information you provide in this narrative must align with the information entered in other screens of the application.
- 2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur.** Required. You must enter information in at least one field on the table. If your project includes multiple structures, you will complete one column for each structure. You will estimate the number of days from grant execution for the first four questions, as applicable, for the requested project application. Nonapplicable fields can remain blank, or you can enter ‘0’ or ‘NA’.

Project Milestones	<u>Days from Execution of Grant Agreement</u>
	A
Begin hiring staff or expending funds	

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3. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? Required.

HMIS Screen 3C. Project Expansion Information

You can apply for a new project that will expand an existing eligible CoC Program renewal project (see Section II.B.3.i of the NOFO), so long as it is the same component and type (e.g., both the new and renewal project applications are HMIS). To apply for a new project that will expand an existing eligible CoC Program renewal project you will create and submit **two** project applications: a **'Stand-alone New'** and a **'Stand-alone Renewal'**. If awarded, HUD will combine these two applications into one project in the post-award process. Please ensure that budgets and proposed numbers of units, people to be served, etc. are not duplicated between the Stand-alone New and Stand-alone Renewal applications, in order to ensure the accuracy of the final project.

Note: the same renewal project may NOT be part of both a consolidation and an expansion in the 2026 CoC Competition. If a renewal is submitted for both consolidation and renewal, HUD will treat the application only as an expansion and reject the consolidation.

For instructions to complete a **'Stand-alone Renewal'** project application, review the **'Renewal Expansion Process and Questions'** instructions in the CoC Renewal Project Application Detailed Instructions.

You must complete the first question on Screen 3C that will notify HUD you are submitting a new expansion project that is tied to an eligible renewal project.

1. Is this a 'Project Expansion' of an eligible renewal project? Required. Select:

Yes, this is a new project application that will expand an existing eligible renewal project application and is the same component and type as the renewal.

No, this new project application is not part of an expansion request. Click **'Save'** or **'Save & Next'** to move to the next screen.

If you answered **'Yes'** to question 1, you must complete the remainder of this screen. The next two questions are used to match this new expansion project application with the renewal project application you are submitting.

1a. Eligible Renewal Grant PIN. Enter the PIN exactly as it was entered in the renewal project application. To ensure you enter the correct PIN number, refer to the current grant agreement or grant agreement amendment for the renewal project that this new project will expand.

1b. Eligible Renewal Grant Project Name. Enter the Project Name exactly as it was entered in the renewal project application.

The following questions inform HUD how this new project will expand the eligible renewal project application. You must respond to each question and at least one question in #2, #3 or #4 must be answered **'Yes'**.

2. Will this expansion project increase HMIS functionality? Select 'Yes' or 'No'.

2a. Describe the increased HMIS functionality. Required. If **'Yes'** was selected for question 2, enter a description that addresses how funds from this new project will increase the functionality of the current dedicated HMIS project (e.g., adding bandwidth to the current HMIS system, need for additional licenses, additional training).

3. Will this expansion project increase geographic coverage of HMIS? Select 'Yes' or 'No'.

3a. Identify the geographic codes that were added to the HMIS coverage. Required if **'Yes'** was selected for question 3. From the tables provided, select the geographic codes that will be added

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to the current HMIS coverage area. To select more than one geographic code hold the ‘CTRL’ key while selecting the codes under ‘Available Items’ to move to ‘Selected Items’.

4. Will this expansion project increase number of HMIS participating agencies or programs?

Select ‘Yes’ or ‘No’.

4a. Identify the number of additional HMIS users in each of the following agencies or programs that will be added. Required if ‘Yes’ was selected for question number 4. Enter a numerical value for each of the program(s) listed to indicate the additional number of users. If a program does not apply enter ‘0’.

- HUD–Continuum of Care Program (CoC),
- HUD–Emergency Solutions Grant (ESG),
- HUD–Housing Opportunities for Persons with AIDS (HOPWA),
- HHS–Projects for Assistance in Transition from Homelessness (PATH),
- HHS–Runaway and Homeless Youth Programs (RHY),
- VA, or
- Other.

HMIS Part 4: Implementation of HMIS

HMIS Screen 4A. HMIS Standards

All questions on Screen 4A are required and should be answered based on the current configuration of the dedicated HMIS project. For more information on HMIS Data Standards applicable for all HMIS projects, go to [HMIS Data Standards](#).

HMIS Universal Data Elements

Name	Disabling Condition	Client Location
Social Security Number	Project Start Date	Housing Move-in Date
Date of Birth	Project Exit Date	Prior Living Situation
Race and Ethnicity	Destination	
Veteran Status	Relationship to Head of Household	

1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the 2026 HMIS Data Standard Manual? Required. Select:

Yes, if the HMIS collects all required UDEs.

No, if the HMIS cannot or does not collect all required UDEs.

1a. If no, explain why and the planned steps for correction: Required if ‘No’ was selected for question 1a. If the HMIS does not capture all UDEs provide an explanation that includes the UDE(s) not collected by the HMIS, the reason the UDE(s) are not captured, the specific steps the HMIS Lead, working with the CoC, will take to come into compliance, and how funds from this project application will result in full compliance with this requirement.

2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Report (APR)/CoC reporting, Consolidated Annual Performance

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and Evaluation Report (CAPER)/ESG reporting, Longitudinal System Analysis (LSA)/Annual Homeless Assessment Report, System Performance Measures (SPM), and Data Quality Table, etc.) Required. Select:

Yes, the HMIS produces all HUD-required reports and provides data as needed for HUD reporting.

No, the HMIS does not produce all HUD-required reports.

2a. If no, explain why and the planned steps for correction: Required if 'No' was selected for question 2a. If the HMIS does not have this capacity, provide an explanation that includes the reports that cannot be produced, the reason, the specific steps the HMIS Lead, working with the CoC, will take to come into compliance, and how funds from this project application will result in full compliance with this requirement.

3. Is your HMIS capable of generating all reports required by Federal partners including HUD, VA, and HHS? Required. Select:

Yes, the HMIS produces all reports required by Federal partners.

No, the HMIS does not produce all the reports required by Federal partners.

3a. If no, explain why and the planned steps for correction. Required if 'No' was selected for question 3a. If the HMIS does not have this capacity provide an explanation that includes the reports that cannot be produced, the reason, the specific steps the HMIS Lead, working with the CoC, will take to come into compliance, and how funds from this project application will result in full compliance with this requirement.

4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC? Required. Select:

Yes, the HMIS can deduplicate client records.

No, the HMIS cannot deduplicate client records or if the HMIS will soon include this capacity.

5. Describe your organization's process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures? Required. In the text box provided, describe your CoC's process for updating your HMIS Governance Charters and HMIS Policies and Procedures.

6. Who is responsible for ensuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners? Required. In the text box provided, describe who is responsible for insuring the HMIS implementation meets all privacy and security standards.

7. Do you update your Privacy Notice annually and provide a copy to all HMIS users? Required. Select:

Yes, the HMIS Lead conducts security training and follows up with recipients and subrecipient organizations.

No, the HMIS Lead does not conduct security training or follow-up with recipients **and** subrecipients.

8. What is the CoC's policy and procedures for managing a breach of Personally Identifiable Information (PII) in HMIS? Required. In the text box provided, describe the CoC's policy and procedures for managing a breach of PII.

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HMIS Screen 4B. HMIS Training

Screen 4B is designed to assess whether the HMIS has the capacity to train HMIS users to adequately use the systems supported by these CoC Program funds.

Indicate the last training date or proposed training date for each HMIS training, as applicable.

Required. Enter the date in the prescribed format (mm/yyyy) of the last, **or** next proposed, training date. **If** there has been no training, enter 00/0000. You can also specify up to 3 additional HMIS training courses that apply to the implementation of the proposed project. Enter data for each of the following categories:

1. Basic Computer Training	5. Security Training
2. HMIS Software Training for Sys Admin	6. Privacy/Ethics Training
3. HMIS Software Training	7. HMIS PIT Count Training
4. Data Quality Training	8. Other (must specify)

HMIS Part 6: Budgets

Part 6 captures the budget information for the project application. HUD requires your project to request and use funds for eligible costs as outlined in the Rule for each budget and will verify project expenditures during field office monitoring or OIG audits. Any ineligible expenditures can result in monitoring or audit findings that could result in your organization repaying HUD for any ineligible CoC expenses.

HMIS Screen 6A. Funding Request

Screen 6A provides the framework through which a project applicant creates a project budget.

1. Will it be feasible for the project to be under grant agreement by September 15, 2027? Select:

Yes, to indicate the project intends to have a signed grant agreement by September 15, 2027. All funds conditionally awarded in the FY 2026 CoC Program Competition must be obligated via grant agreement no later than September 15, 2027.

No, the project does not intend to have a signed grant agreement by September 15, 2027. By selecting this response, you will not be able to submit this project application in *e-snaps*.

2. Select a grant term: Required. Your new project application may request 1-year, 2-years, 3-years, 4-years, 5-years, or 15-years; however, some exceptions apply (see Section II.B.5.c of the NOFO for the complete list).

3. Select the costs for which funding is requested: Required. The only box you can check is HMIS and includes all eligible costs available for dedicated HMIS (24 CFR 578.57). (see 24 CFR 578, Subpart D, Program Components and Eligible Costs and 24 CFR 578.87(c)—Restriction on Combining Funds to ensure eligible use of funds).

- **HMIS** (24 CFR 578.57).
- **VAWA** (Section IV.B.4 of CoC NOFO)
- **Rural** (Section IV.B.5 of CoC NOFO)

4. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months). Required only if you requested a 1-year grant term in question 4. For additional information see Section II.B.5.c of the NOFO. Select:

Yes, if you are requesting up to 6 additional months to operate this project.

No, if you expect to operate this project with a 12-month grant term.

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- 4a. Select the number of months requested for the initial grant term. (Dropdown of 13 to 18 months).** Required if ‘Yes’ was selected to question 6. Using the dropdown, select the total number of months you are requesting for the initial grant term.

HMIS Screen 6H. HMIS Budget

You have access to this budget if you check ‘HMIS’ on Screen 6A. The HMIS costs listed are based on the eligible HMIS costs described in 24 CFR 578.57 and must comply with HMIS requirements.

The itemized budget screen includes 5 eligible HMIS costs:

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

Enter the quantity, detail, and total budget request for each activity requested. The total amounts calculate when you select ‘Save’.

- **Eligible Costs:** No action required. The categories listed are eligible HMIS costs for which funds can be requested under 24 CFR 578.57.
- **Quantity AND Description:** Required. This field must provide a complete picture of how CoC Program funds will be used in the project to assist program participants. Enter the quantity (i.e., numbers) and descriptive information for each activity for which you are requesting funds (e.g., if requesting staffing enter position title–1 FTE @ \$45,000 including fringe benefits of \$X or 50 hours @ \$25 per hour including fringe benefits of \$X).
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible CoC Program HMIS activities to contribute to your CoC’s HMIS for a 12-month period. If you are requesting a multi-year grant term (e.g., 3 years), you will see the total request for the 3-year grant term request in the **Total Request for Grant Term** field.
- **Total Annual Assistance Requested:** No action required. This field calculates based on the sum for each eligible cost where you entered information.
- **Grant Term:** No action required. This field populates based on the grant term selected on the ‘6A. Funding Request’ screen.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

HMIS VAWA Cost Budget

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

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

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

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

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

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

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

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

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

- **Eligible Costs:** No action required. The categories listed are eligible VAWA costs for which funds can be requested under 24 CFR 578.57.
- **Annual Assistance Requested:** Required. Enter the annual amount requested for eligible VAWA activities.
- **Total Annual Assistance Requested:** No action required. This field calculates based on the sum for each eligible cost where you entered information.

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- **Grant Term:** No action required. This field populates based on the grant term selected on the ‘6A. Funding Request’ screen. This field populates with ‘1 Year’ and is read-only.
- **Total Request for Grant Term:** No action required. This field calculates the total amount of funds you are requesting, multiplied by the grant term selected.

HMIS Rural Cost Budget

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

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

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

- **CoC Rural BLI Total:** No action required. This field calculates based on the sum for each eligible cost where you entered information above.
- **Grant Term:** No action required. This field populates based on the grant term selected on the ‘6A. Funding Request’ screen.

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

HMIS Screen 6I. Sources of Match

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

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

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

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

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

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

1b. Estimate the amount of program income that will be used as Match for this project.

Required if you selected ‘Yes’ to question 1. Enter estimated amount.

Sources of Match Detail Screen(s): Enter match information on this screen based on the current commitments at the time of project application submission that will apply to the grant term if selected for conditional award, not based on projections. Match contributions can be cash, in-kind, or a combination of

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both. Match must be no less than 25 percent of the total request, including Administration costs, but excluding Leasing costs (i.e., Leased Units and Leased Structures). If your match amount exceeds 25 percent, HUD will expect you to produce the higher amount included in the project application if selected for conditional award.

Example: If the ‘**Total Assistance Requested**’ for a HMIS project is \$100,000, then you must match funds no less than \$25,000.

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

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

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

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

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

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

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

Government, the match will be provided by a government entity (e.g., HUD-VASH (VA Supportive Housing program)) so long as the government funds do not prohibit their use as a match for another federal program.

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

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

HMIS Screen 6J. Summary Budget

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

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

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

The summary budget also includes the amount of Cash, In-Kind, and Total Match entered on Screen 6D. To adjust match amounts, return to Screen 6D. If an ineligible match amount is entered, *e-snaps* will report an

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

Indirect Cost Information

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

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

Indirect Cost Information for Award Applicant/Recipient.

1. **Federal Program/Assistance Listing Program Title.** No action required. This field populates with “**Continuum of Care Program**”.
2. **Applicant/Recipient Name.** No action required. This information populates from the “**Authorized Representative**” screen of the **Project Applicant Profile**.
3. **Indirect Cost Rate Information for the Applicant/Recipient.** No action required. This field pulls the checkbox that was selected on the Project Profile. If Checkbox #3 was selected, the indirect cost table also gets pulled
4. **Submission Type.** No action required. Defaults to Initial Submission
5. **Effective date(s).** No Action required
6. **Certification:** The “**I agree**” certification will appear at the bottom of the screen in the **Project Applicant Profile** and at the bottom of the copies of this form in all project applications your organization submits in a CoC Program Competition. You must certify in both the Project Applicant Profile and the project application that the information provided is accurate and complete.

For more information concerning the FY 2026 CoC Program Competition, visit [HUD’s website](#).