



Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile) must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO and the FY 2021 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2021 CoC Program Competition NOFO.

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the  icon. To view or update subrecipient information already listed, select the view  option.

Total Expected Sub-Awards:

Organization	Type	Sub- Award Amount
	Non Profit with 501CS IRS Status: choose one Non Profit without 501CS IRS Status:	---

2A. Project Subrecipients Detail

a. Organization Name:

b. Organization Type:
Non-Profit

If "Other" specify:

c. Employer or Tax Identification Number:

	* d. Organizational DUNS:		PLUS 4:	
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e. Physical Address

Street 1:

Street 2:

City:

State:

Zip Code:

f. Congressional District(s):
(for multiple selections hold CTRL key)

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 Sub-Award Amount:

j. Contact Person

Prefix:

First Name:

Middle Name:

Applicant: Erie City & Erie County Project

147346303

Project: DV Bonus SSO-CE Application

184428

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Last Name:

Suffix:

Title:

E-mail Address:

Confirm E-mail Address:

Phone Number:

Extension:

Fax Number:

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

- 1. Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.**

- 2. Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.**

- 3. Describe your organization's (and subrecipient(s) if applicable) financial management structure.**

- 4. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization?**

3A. Project Detail

1. CoC Number and Name: PA-605 - Erie City & County CoC

2. CoC Collaborative Applicant Name:

3. Project Name: DV Bonus SSO-CE Application

4. Project Status: Standard

5. Component Type: SSO

5a. Select the type of SSO Project: Coordinated Entry

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

7. 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)

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

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 if this project is selected for conditional award.

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				
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

You must enter a value greater than zero for at least one project milestone.

3. Check the appropriate box(s) if this project will have a specific subpopulation focus.

(Select ALL that apply)

N/A - Project Serves All Subpopulations	<input type="checkbox"/>	Domestic Violence	<input type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
		Chronic Homeless	<input type="checkbox"/>
		Other (Click 'Save' to update)	<input type="checkbox"/>

4. As an SSO-Coodinated Entry project answer the following questions:

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4a. Will the coordinated entry process cover the CoC's entire geographic area? Yes

4b. Will the coordinated entry process be affirmatively marketed and easily accessible by program participants seeking assistance? Yes

4c. Describe the advertisement strategy for the coordinated entry process and how it is designed to reach those with the highest barriers to accessing assistance.

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

4e. Describe the standardized assessment and referral process that directs individuals and families to appropriate housing and services.

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 groups:

- (1) adults without children;
- (2) adults accompanied by children;
- (3) unaccompanied youth;
- (4) households fleeing domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions (including human trafficking); and
- (5) persons at risk of homelessness?

4g. Will this coordinated entry project refer program participants to projects that specifically coordinates and integrates mainstream health, social services, and employment programs for which they may be eligible?

3C. Project Expansion Information

1. Is this a “Project Expansion” of an eligible renewal project? No

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2023? Yes

1a. DV Bonus Only: This project can realistically be under grant agreement by September 15, 2022.

2. What type of CoC funding is this project applying for in this CoC Program Competition? DV Bonus

Only RRH, SSO and JOINT component types can apply for this funding

3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a grant term: 1 Year

*** 5. Select the costs for which funding is requested:**

Supportive Services
HMIS

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months) No

6F. Supportive Services Budget

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management		
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation		
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		\$0
Grant Term		1 Year
Total Request for Grant Term		\$0

**Click the 'Save' button to automatically calculate totals.
Total Request for Grant Term must be greater than \$0.**

6I. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

Summary for Match

Total Amount of Cash Commitments:	
Total Amount of In-Kind Commitments:	
Total Amount of All Commitments:	

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

Type	Source	Name of Source	Amount of Commitments
This list contains no items			

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			\$0
1b. Rehabilitation			\$0
1c. New Construction			\$0
2a. Leased Units	\$0	1 Year	\$0
2b. Leased Structures	\$0	1 Year	\$0
3. Rental Assistance	\$0	1 Year	\$0
4. Supportive Services	\$0	1 Year	\$0
5. Operating	\$0	1 Year	\$0
6. HMIS	\$0	1 Year	\$0
7. Sub-total Costs Requested			\$0
8. Admin (Up to 10%)			
9. Total Assistance Plus Admin Requested			\$0
10. Cash Match			
11. In-Kind Match			
12. Total Match			\$0
13. Total Budget			\$0

Click the 'Save' button to automatically calculate totals.