

2026 ESNAPS NEW PROJECT TEMPLATE

PART 1 – SF 424 INFORMATION

1A. – prepopulated from Applicant Profile, must check your grant PIN number. (first six digits of grant number)

LEGAL APPLICANT/INFORMATION

PROJECT APPLICANT ORGANIZATION NAME:
ORGANIZATION TYPE:
DUNS NUMBER:
TAX ID OR EIN:
UEI :
STREET ADDRESS:
CITY, STATE, ZIP:
CONTACT PERSON:
TITLE:
TELEPHONE (INCLUDING EXTENSION):
FAX:
EMAIL:
IS THE ORGANIZATION FAITH-BASED?

1C.APPLICATION DETAILS – all prepopulated, if not correct must go to Applicant Profile.

1D.CONGRESSIONAL DISTRICTS

STATE PROJECT IS LOCATED:
PROJECT CONGRESSIONAL DISTRICTS SERVED:
APPLICANT CONGRESSIONAL DISTRICTS SERVED:
START DATE END DATE

1E.COMPLIANCE

Does the application subject to review by state executive order 12372 process?
Is the applicant delinquent on any federal debt?

1F. AUTHORIZED REPRESENTATIVE AND DECLARATION

Prefix	
First, Middle, Last Name	
Suffix	
Title	
Phone	
Fax	
Email	

1G. 2880

1H. HUD 50070

1I. Lobbying Cert.

1J. SF-LLL

1K. SF424B

1L.SF424D

PART 2 –

2A. SUBRECIPIENT INFO

ORGANIZATION	TYPE	SUBAWARD AMOUNT

1B. Project Information

<p>COMPONENT TYPE: Permanent Supportive Housing <input type="checkbox"/> Rapid Rehousing <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Support Services - CE <input type="checkbox"/> Support Services – Stand Alone <input type="checkbox"/> Support Services – Street Outreach <input type="checkbox"/></p>
<p>Project Start and End Date:</p>
<p>HUD Expiring Grant Number (if applicable)</p>
<p>FUNDING TYPE: <input type="checkbox"/> Transition of a renewal from one component to another <input type="checkbox"/> Reallocation of a renewal to a different component <input type="checkbox"/> Expansion of an existing renewal <input type="checkbox"/> New Project <input type="checkbox"/> DV Bonus Project</p>
<p>Funding Request (total HUD amount)</p>

2B. EXPERIENCE OF APPLICANT AND SPONSOR AND PARTNERS

1. Describe the experience of the project applicant in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations. 3500 (unlimited)
2. Describe the experience of the applicant in leveraging other federal, state, local and private sector funds. 3000
3. Describe the organization and financial management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system. 3000
4. Are there any unresolved monitoring or audit findings for any HUD grants (including ESG) operated by the applicant or potential subrecipients (if any)? If yes, describe the unresolved monitoring or audit findings.

Part 3A – PROJECT DETAIL

COC NUMBER AND NAME:
PROJECT NAME:
PROJECT TYPE: NEW
PROJECT STATUS : standard
Project Proposed Start and End Date:
Will this project be submitted for the DV bonus project? <input type="checkbox"/> Yes <input type="checkbox"/> No

5. Is your organization a victim service provider that uses a comparable database to HMIS?
 Yes No
6. Is this new project application requesting to transition from eligible renewal project(s) that were awarded to the same recipient and fully eliminated through reallocation in the FY 2025 CoC Program Competition?
 Yes No
- 6a. List all expiring project(s) involved in the transition: Required if “Yes” is selected above

Grant Number	Operating Start Date	Expiration Date	Component Type

6b. If yes, Provide a brief description that addresses the scope of the proposed transition from the expiring component to the new component during the first year of operation; including how costs of eligible activities will be changed.

a. A detailed description of how the project applicant will reduce activities in the project(s) that is/are transitioning, including the plan for ensuring existing program participants do not become homeless, while increasing activities in the new component;

b. The amount of funds that will be used to wind down the project that is transitioning if the project is selected for conditional award as a transition grant

c. The estimated timeline, within the 1-year grant period, that the project will be fully operating as the newly awarded component i.e. .

For example, if the project applicant has eliminated a TH project to create a new RRH project, the project applicant must describe, at a minimum, how the project will strategically wind down the transitional housing project, including identifying how current program participants will be assisted in obtaining permanent housing, and build up the RRH project over the course of the grant term so that the project will be fully operating as a RRH project at the end of the grant term. Further, the project applicant must describe how much of the grant they will expend on TH activities to wind down the TH project and by what point during the grant term the project will be operating fully as an RRH project.

Note: Other than the questions above, the new project application must be filled out only as related to the new project being requested. For example; questions and charts such as DedicatedPLUS, Housing First, Unit/Household counts, and budget charts, etc., should only be related to how the new project will be operating when it is operating fully as its new component. Only the new portion of the project will be reviewed according to the new project threshold questions. If the new project application is selected for conditional award, the recipient will have the opportunity in the Post Award process to adjust up to 50 percent of the new project’s budgets for the eligible costs of the eliminated project(s).

7. Can you confirm that this New Project application will not replace state or local funds? Yes No

Note: Under the CoC Interim rule, a new project cannot replace state or local funds.

Part 3B – PROJECT DESCRIPTION

1. Provide a description that addresses the entire scope of the project (Max 3000 characters).

The description must address the entire scope of the project, including a clear picture of the community/target population(s) to be served, the plan for addressing the identified needs/issues of the CoC community/target population(s), projected outcome(s), and any coordination with other source(s)/partner(s). Projects must address HUD NOFO threshold criteria for the applicable component type including Supportive Service participation along with self-sufficiency and income growth.

2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work for each project location or structure. If only one structure just use Column A. Use NA if not applicable.

Project Milestones	Days from Execution of Grant Agreement A	B	C	D
New project staff hired or other project expenses begin				
Participant enrollment in project begins				
Participants begin to occupy leased units and services begin				

Leased units near 100%capacity				
Closing on land	NA	NA	NA	NA
Rehab started	NA	NA	NA	NA
Rehab completed	NA	NA	NA	NA

3. Will your project participate in a CoC Coordinated Entry System? Yes No **If no, explain.**

4. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating and maintaining the property.

5. Will participants be required to live in a particular structure, unit or locality at some point during period of participation?
 Yes No

6. If yes, explain how and why the project will implement this requirement.

7. Will more than 16 persons reside in a structure? Yes No

8a. Describe the local market conditions that necessitate a project of this size.

8b. Describe how the project will be integrated into the neighborhood.

9. Indicate whether the project is “100% Dedicated,” or “DedicatedPLUS,” according to the

DEDICATED PLUS FOR PSH PROJECTS

A “100% Dedicated” project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to 24 CFR 578.3

A “DedicatedPLUS” project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth that at a minimum, meet ONE of the following criteria at intake according to NOFA Section III.C.3.f:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing 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 transitional housing project;
- (3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
- (4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
- (5) residing and has resided in a place not meant for human habitation, a 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 have a disability ; or
- (6) 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.

Indicate whether the project is 100% Dedicated, Dedicated PLUS, or Not Applicable according to the information above. 100% Dedicated Chronic 100% Dedicated PLUS N/A

3C. PROJECT EXPANSION INFORMATION

1. Is this New project application requesting a Project Expansion of the eligible renewal with the same component type? If yes, enter

PIN of eligible renewal

Name of eligible renewal

2. Describe which activities describe the expansion.

4A. SUPPORTIVE SERVICES

ALL PROJECTS - COORDINATION WITH THE LOCAL EDUCATION AGENCY FOR THE EDUCATION OF HOMELESS STUDENTS

1.Applicants requesting funds to provide housing or services to children and youth, with or without families, must establish policies and practices that are consistent with and do not restrict the exercise of rights provided by subtitle B of title VII of the McKinney-Vento Act (42 U.S.C. 11431, et seq.), and other laws (e.g. Head Start, part C of the Individuals with Disabilities Education Act) relating to the provision of educational and related services to individuals and families experiencing homelessness. Projects serving households with children or youth must have a staff person that is designated to ensure children or youth are enrolled in school and connected to the appropriate services within the community. Reminder: failure to comply with federal education assurances may result in Federal sanctions and significantly reduce the likelihood of receiving funding through the CoC Program Competition. Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants. YES

HOUSING PROJECTS

2. Describe how project participants will be assisted to obtain and remain in permanent housing. 1000

3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible? Describe: (1) how the project will help program participants obtain income (e.g., access to employment programs and educational opportunities); (2) how the supportive services provided will lead directly to program participants gaining employment, accessing SSI, SSDI, or other mainstream income streams; and (3) how the requested CoC Program funds will contribute to program participants becoming more independent (e.g. accessing Medicare, Medicaid, early childhood education). 3000

SUPPORTIVE SERVICES ONLY PROJECTS

1. Describe the strategy for providing supportive services to those with histories of homelessness and how the project will increase self sufficiency. 2000.

2. Supplemental Resources: Describe how the project will be supplemented with other public or private resources such as health care, social and employment/vocational programs. Maximum characters: 2000.

3. For Street Outreach Only– describe the plan for partnering with first responders to engage homeless persons and experience in assisting unsheltered persons exit to shelter, treatment or housing programs. 2000

ALL PROJECTS

4. For all supportive services available to participants, indicate who will provide them and how often they will be provided See chart on p.5, also answer mainstream benefits questions.

Provider – select applicant, subrecipient, partner, non-partner

Specify the frequency of supportive services provided:

OPTIONS: Daily, Weekly, biweekly, monthly, bi monthly, quarterly, semi-annually, annually, as needed

SUPPORTIVE SERVICES	Provider	FREQUENCY
Assessment of Service Needs		
Assistance with Moving costs		
Case Management		
Child Care		
Education and Instruction		
Employment & Job Training		
Food		
Housing Search and Counseling		
Legal Services		

Life Skills Training		
Mental Health & Counseling		
Outpatient Health Services		
Outreach Services		
Substance Abuse Services		
Transportation		
Utility Deposits		

5. Please identify whether the project includes the following activities:

a. Provides transportation assistance to clients to enable them to attend mainstream benefit appointments, employment training or jobs. Yes No

b. Follow-ups at least annually with participants to ensure mainstream benefits are received and renewed. Yes No

c. Provides access to program participants to SSI/SSDI technical assistance, either by the applicant, a subrecipient, or partner agency. Yes No

d. If yes, Indicate whether the staff person(s) providing technical assistance completed SOAR training in the past 24 months. Yes No

4B. HOUSING TYPE & LOCATION (Not applicable for SSO programs)

Select all that apply to the program. Enter an address and geographic area for each housing type.

Use an office address for scattered site housing

1. HOUSING TYPE

a. **Units:** Enter the total number of units available in the selected housing type and used for housing project participants.

b. **Beds:** Enter the total number of beds available in the selected housing type and used for housing project participants.

c. **Dedicated CH Beds:** Enter the number of beds both dedicated and prioritized for the chronically homeless from the total beds in 2b above.

4. Project Address –

5. Geocodes served by project.

5. PROJECT PARTICIPANT CHARTS (includes SSO projects)

On **Table 5A** the numbers here are intended to reflect a single point in time when the project is at full operating occupancy and *not* the number served over the course of a year or grant term. The form must include at least one household and at least one person. Unless a project has done a grant amendment, the total numbers of households will be the same as your last year's project application. You just need to break this number out across ages and subpopulations now. **Table 5B** is meant to represent a detailed subpopulation breakdown of the persons reported in the three housing types on **Table 5A**. Just as with **Table 5A**, the numbers here are intended to reflect a single point in time when the project is at full operating occupancy *and not* the number served over the course of a year or grant term.

The first three columns on **Table 5B** must not contain duplicated information, but you may still enter duplicated data for the remaining subpopulations under the final four columns. The “Total Persons” field on **TABLE 5A** will not necessarily be the sum of the seven column totals for the corresponding household type on **TABLE 5B**. However, the total number of persons in each subpopulation column (e.g., non-CH veterans, chronic substance abuse, etc.) on **TABLE 5B** cannot exceed the total number entered in the “Total Persons” column on **TABLE 5A**.

5A. PERSONS AND HOUSEHOLDS

HOUSEHOLDS	HH with at least 1 adult and 1 child	Adult HH without children	HH with only children	Total
Total number of households				

CHARACTERISTICS of PERSONS IN THESE HH	Persons in HH with at least 1 adult and 1 child	Adult Persons in HH without children	Persons in HH with only children
Adults over age 24			
Adults ages 18-24			
Accompanied Children under age 18			
Unaccompanied children under age 18			
Total Persons			

5 B. SUBPOPULATIONS – The first 3 columns are mutually exclusive – the total of these 3 columns cannot exceed the Total Persons field on TABLE 5A. above for the corresponding household type. Persons Not Represented in Table 5B are mutually exclusive to all other columns.

PERSONS IN HOUSEHOLDS WITH AT LEAST ONE ADULT AND ONE CHILD										
SUBPOPULATION Characteristics	Chronically Homeless – Non veterans	Chronically homeless - veterans	Non-chronically homeless veterans	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental disability	Not represented
Adults over age 24										
Adults ages 18-24										
Children under age 18										
TOTAL PERSONS										

PERSONS IN HOUSEHOLDS WITHOUT CHILDREN										
SUBPOPULATION Characteristics	Chronically Homeless – Non veterans	Chronically homeless - veterans	Non-chronically homeless veterans	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental disability	Not represented
Adults over age 24										
Adults ages 18-24										
TOTAL PERSONS										

PERSONS IN HOUSEHOLDS WITH ONLY CHILDREN										
SUBPOPULATION Characteristics	Chronically Homeless – Non veterans	Chronically homeless - veterans	Non-chronically homeless veterans	Chronic Substance Abuse	HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental disability	Not represented
Accompanied Children under age 18										
Unaccompanied children under age 18										
TOTAL PERSONS										

PART 6 - BUDGETS

6A. FUNDING REQUEST – NEW PROJECTS ONLY

1a. Is it feasible for the project to begin operating/under grant agreement by September 15, 2028?

Yes No

1b. Geographic area associated with new project – county or city

2. What type(s) of CoC funding is this project applying for in the 2025 CoC Competition?

Reallocation Bonus Reallocation + Bonus DV Bonus

3.. Does this project propose to allocate funds according to an indirect cost rate?

Yes No

3a. If yes, complete the indirect cost rate schedule.

3b. Has the rate been approved by the cognizant agency? Yes No **If yes, you must submit a copy of the approval with this application.**

4c. Do you plan to use the 10% de minimus rate as described in 2CFR200.203c(2)

Yes No

5. Select a grant term. **GRANT TERM -** 1 YEAR 2 YEARS 3 YEARS

Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rent Assistance	
Support Services	
Operating	
HMIS	
Admin	

6. If awarded, will this project require an initial grant term greater than 12 months? Yes No

Select "Yes" or "No" to indicate whether this new project application will be requesting more than a 12-month grant term/performance period (up to 18-months) to expend 1-year of CoC Program funds because of the time it takes to get the grant fully operational. Applicants should only answer "Yes" if they are requesting additional time to expend their first year of funds. This will not increase the amount of funds conditionally awarded, and it will impact the expiration date of the grant, which can affect what year the project is eligible for renewal. If "No," proceed to the next question.

6a. If Yes above, indicate the number of months required for the initial grant term (13-18 months).

6B. LEASING COSTS – TH and PSH only

Leasing Units - HUD paid amount cannot exceed FY 26 FMR.

LEASING Unit(s)				
8. Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area:				
Chicago-Naperville-Joliet, IL				
c. Size of Units	d. Number of Units	e. HUD Paid Amount	f. Number of Months	g. Totals
0 Bedroom			12	
1 Bedroom			12	
2 Bedrooms			12	
3 Bedrooms			12	
4 Bedrooms			12	
5 Bedrooms			12	
6 Bedrooms			12	
Other: _____			12	
h. Totals:				

6C. RENT ASSISTANCE - TH, RRH

Select the "Type of Rental Assistance:" N/A, PRA, TRA, or SRA. (not applicable, project rental assistance, tenant rental assistance, or sponsor rental assistance). _____

Rent Assistance Units – rent must equal HUD FY26 FMR amount

c. Size of Units	d. Number of Units	e. HUD FMR amount	f. 12 months	g. Total Request
0 Bedroom		1480	12	
1 Bedroom		1581	12	
2 Bedrooms		1781	12	
3 Bedrooms		2294	12	
4 Bedrooms		2653	12	
5 Bedrooms			12	
6 Bedrooms			12	
Other:			12	
h. Totals:				

6D. NEW PROJECTS - LEASED STRUCTURES BUDGET - ALL Projects

STRUCTURE NAME	
STREET ADDRESS 1	
STREET ADDRESS 2	
CITY	
STATE	
ZIP	
HUD PAID RENT PER MONTH	
X 12 months for a year	
X Grant term	
TOTAL REQUEST FOR GRANT TERM	

6E. SUPPORTIVE SERVICES BUDGET – ALL Projects

Eligible Costs	Quantity (limit 400 characters)	Annual Request	Grant Term	Total for grant term
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 Request				
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****Project applicants may only include “17. Operating Costs” (maintenance, repair, building security, furniture, utilities, and equipment) in the Supportive Services budget, if the costs are for a facility that is used to provide supportive services for program participants.**

6F. OPERATING BUDGET – HUD funds only. RRH and SSO not eligible.

Eligible Costs	Quantity (limit 400 characters)	Annual Request	Grant Term	Total for grant term
1.Maintenance/Repair				
2.Property Taxes and Insurance				
3. Replacement Reserve				
4. Building Security				
5.Electricity, Gas and Water				
6. Furniture				
7. Equipment (lease, buy)				
Total Assistance Requested				

6G. Sources of Match

The following list summarizes the funds that will be used as match for the project, both cash and in-kind. On the chart below please list all available cash and in-kind match resources for your program. A 25% match is required for all funds except leasing. Note: use of any In-Kind Match requires an attachment of an executed Memorandum of Understanding verifying the amount listed.

IDENTIFY AS MATCH	TYPE - CASH	GOVT. OR PRIVATE	NAME OF SOURCE	DATE OF WRITTEN COMMITMENT	VALUE (\$)

IDENTIFY AS MATCH	TYPE IN-KIND	GOVT. OR PRIVATE	NAME OF SOURCE	DATE OF WRITTEN COMMITMENT	VALUE (\$)

Note – To add more lines in chart, click onto the row just above.

SUMMARY FOR MATCH

TOTAL VALUE OF CASH COMMITMENTS	
TOTAL VALUE OF IN-KIND COMMITMENTS	
TOTAL VALUE OF ALL COMMITMENTS	

Does this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant? Answer “Yes” or “No.” If “Yes,” the following questions and text box will appear. If “No,” no further response is required **Yes** **No**

Briefly describe the source of the program income: Enter a description of the source of program income. **Note:** CoC-generated program income includes occupancy charges paid to the recipient or subrecipient. These amounts are considered program income and **may** be used as match funds
Estimate the amount of program income that will be used as Match for this project: Enter estimated amount in the field provided.

6H. NEW PROJECT SUMMARY BUDGET .
GRANT TERM - 1 YEAR 2 YEARS 3 YEARS

Eligible Costs	Annual Assistance HUD Dollars Request	X Grant Term – only for new projects	= Total Assistance for Grant Term
1a. Leased Units			
1b. Leased Structures			
2. Rent Assistance			
3. Supportive Services			
4. Operating			
5. HMIS			
Subtotal Costs Requested			
Administrative Costs (Up to 10%)			
Total Assistance plus Admin Requested			
Cash Match Amount*			
In-Kind Match*			
Total Match			
Total Budget			

* The sum of cash and in-kind match must equal 25% of all assistance requested except Leased Units and Leased Structures.

*** REFERENCE FOR DOMESTIC VIOLENCE ELIGIBILITY –**

Title 24 - Housing and Urban Development § 578.3 Definitions. Homeless

Category (4) Any individual or family who: (i) is experiencing trauma or a lack of safety related to, or fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member in the individual's or family's current housing situation, including where the health and safety of children are jeopardized; (ii) Has no other safe residence; and (iii) Lacks the resources to obtain other safe permanent housing.