

2026 ESNAPS RENEWAL PROJECT TEMPLATE

PART 1 – SF 424 INFORMATION

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

1B. 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:

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

Information About Submission without Changes

For Individual renewal projects, Parts 2-6, are available for review as "Read-Only". Screens that remain open are Recipient Performance, Consolidation and Expansion, 3A, 6D, 7 and 8 which are mandatory for all projects to update. After project applicants finish reviewing all screens, they will be guided to a "Submissions without Changes" Screen. At this screen, if applicants decide no edits or updates are required to any screens other than the mandatory questions, they can submit without changes. However, if changes to the application are required, e-snaps allows applicants to open individual screens for editing, rather than the entire application. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Importantly, once an applicant makes those selections and clicks "Save" the applicant cannot uncheck those boxes.

If the project is a first-time renewal or selects "Individual Renewal Expansion or "Individual Renewal Consolidation", the "Submit Without Changes" function is not available, and applicants must input data into the application for all required fields relevant to the component type.

**PART 2 –
2A. SUBRECIPIENT INFORMATION – DOES NOT APPLY.**

Part 2B – Recipient Performance

Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal request? **Yes** **No**

If no, explain.

Does the recipient have any unresolved HUD monitoring and/or OIG audit findings concerning any previous grant term related to this renewal project request? **Yes** **No**

If yes, enter the date HUD or OIG issued the old unresolved findings. Explain why the findings remain unresolved.

Do you draw funds quarterly for your current renewal project?

Yes **No**

If no, explain why.

Have any funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?

Yes **No**

If yes, explain what circumstances led to a recapture and how much it was. Explain if it will continue.

Renewal Grant Consolidation or Renewal Grant Expansion Screen

The FY2026 competition will continue offering opportunities to expand or consolidate CoC projects. Expansions and Consolidations will submit individual applications.

- Expansions will only submit a Stand Alone Renewal project application and a Stand Alone NEW project application.
- Consolidations will ONLY submit a individual Renewal project applications, identifying the renewal project that will survive, and the renewal that will terminate.
- HUD HQ will combine the data (units, budgets) for Expansion or Consolidation requests from the individual applications selected for award and provide a data report with further instructions for the Field Office and the grantee.

CONSOLIDATION

1. Is this renewal project application requesting to expand/consolidate? **Yes, individual application for Consolidation** **Yes, individual application for Expansion** **No** If no, move to the next screen.

IF consolidation

2. Is this renewal project application the surviving or terminating grant?

Surviving **Terminating**

Consolidation Table		Annual Renewal Amount	Start/End Date
SURVIVING GRANT NAME & PIN NUMBER			
Terminating RENEWALS NAME & PIN NUMBER (UP TO 10)			
	TOTAL CONSOLIDATION AMOUNT		

EXPANSION

1. Is this renewal project application requesting to expand/consolidate? Yes, individual application for Consolidation Yes, individual application for Expansion No If no, move to the next screen.

COMBINED RENEWAL EXPANSION TABLE (up to 2 new projects are allowed)

	Project Name	Amount	PIN Number	Start/End Date
STAND ALONE RENEWAL				
STAND ALONE NEW PROJECT EXPANSION				
STAND ALONE NEW PROJECT EXPANSION				
	TOTAL COMBINED RENEWAL EXPANSION AMOUNT			

Part 3A – PROJECT DETAIL

<p>COMPONENT TYPE:</p> <p>Permanent Supportive Housing <input type="checkbox"/></p> <p>Rapid Rehousing <input type="checkbox"/></p> <p>Transitional Housing <input type="checkbox"/></p> <p>JOINT TH-RRH <input type="checkbox"/></p> <p>Support Services - CE <input type="checkbox"/> Support Services – Stand Alone <input type="checkbox"/></p> <p>Support Services – Street Outreach</p>
Project Name:
CoC Name and Number:
Project Start and End Date:
HUD FUNDING REQUEST:
Expiring Grant Number:
<p>FUNDING TYPE:</p> <p><input type="checkbox"/> Renewal of current award and project type</p> <p><input type="checkbox"/> Renewal of partial award and project type</p> <p><input type="checkbox"/> Renewal is associated with an Expansion project</p>

Part 3B – PROJECT DESCRIPTION

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

Part 3C – 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.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B.

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

4A. SUPPORTIVE SERVICES

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided.

Click 'Save' to update.

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		

2. 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

Barracks. Individual or family sleeps in a large room with multiple beds. Also includes mass shelters which are traditionally used in the Emergency Shelter Grants program.

Dormitory, shared or private rooms. Individuals or families share sleeping rooms or have private rooms; persons share a common kitchen, common bathrooms, or both.

Shared housing. Up to 8 individuals or 4 families share a self-contained housing unit.

Single Room Occupancy (SRO) units. Each individual has private sleeping/living room with private kitchen and/or bath.

Clustered apartments. Each individual or family has a self-contained housing unit located within a building or complex that houses both persons with special needs—e.g., homeless or formerly homeless persons, persons with substance abuse problems, persons with mental illness, or persons with AIDS/HIV—and persons without any special needs.

Scattered-site apartments (including efficiencies). Each individual or family has a self-contained apartment that is dispersed throughout the community.

Single family homes/townhouses/duplexes. Each individual or family has a self-contained, single family home/townhouse/duplex that is dispersed throughout the community.

2. Indicate maximum number of units, beds, and bedrooms each housing type in the project:

Report the beds, bedrooms, and units available in the selected housing type and used for housing project participants.

NOTE: For renewals, these numbers should match the program's most recent renewal application or technical submission.

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 (for all 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				

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 - renewals

- 1. Do any of the properties have an active restrictive covenant? Yes No
- 2. Was the original project awarded as a Samaritan Bonus or Permanent Housing bonus project? Yes No
- 3.. Does this project propose to allocate funds according to an indirect cost rate?
 Yes No
- 4a. If yes, complete the indirect cost rate schedule.
- 4b. Has the rate been approved by the cognizant agency? N/A if using 10% de minimus
 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. Year(s) (1,2,3)

6. Select the costs for which funding is being requested:

Leased Units	
Leased Structures	
Rent Assistance	
Support Services	
Operating	
HMIS	

PROJECT BUDGETS – Renewals only complete Leasing, Rent Assistance and Budget Summary.

FOR A JOINT TH-RRH RENEWAL, INDICATE THE FOLLOWING:

		Housing Type	Funding Source
Number of TH units			
Number of TH beds			
Number of RRH units			
Number of RRH beds			
Associated address			

6B. LEASING COSTS

LEASING BUDGET

Must only enter even numbers, no cents.

RENEWAL PROJECTS FOR Leasing

Name of metropolitan or non-metropolitan Fair Market Rent (FMR) area:
 Chicago-Naperville-Joliet, IL

c. Size of Units	d. Number of Units	Annual Leasing funding requested
0 Bedroom		
1 Bedroom		
2 Bedrooms		
3 Bedrooms		
4 Bedrooms		
5 Bedrooms		
6 Bedrooms		

Other:		
h. Totals:		

RENEWAL PROJECTS FOR LEASED STRUCTURES

STRUCTURE NAME	
STREET ADDRESS 1	
STREET ADDRESS 2	
CITY	
STATE	
ZIP	
TOTAL REQUEST FOR GRANT TERM	

RENEWAL PROJECTS FOR RENT ASSISTANCE

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 request must not exceed HUD FY26 FMR amount, It can be less.

c. Size of Units	d. Number of Units	e. HUD FMR amount	HUD Paid Rent Request	f. 12 months	g. Total Request
0 Bedroom				12	
1 Bedroom				12	
2 Bedrooms				12	
3 Bedrooms				12	
4 Bedrooms				12	
h. Totals:					

6D. Sources of Match - leveraging is no longer required.

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

6E. RENEWAL SUMMARY BUDGET – must match GIW or reallocation amounts.
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.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award as a result of reallocation?
 Yes No

2. Do you wish to submit this application without making changes?

Make Changes Submit without changes

Once the Make Changes screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

If the applicant has selected "Make Changes" provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):