2018 HUD Renewal Project Application Checklist

**Please use as resource before submitting in e-snaps (form 2 of 2)**

***PRO TIP****: Renewal Projects can now important data from FY2017. All imported data MUST BE CHECKED for accuracy. Please review the* [*FY2018 Renewal Project Application Instructional Guide*](https://www.hudexchange.info/resources/documents/FY-2018-Renewal-Project-Application-Navigational-Guide.pdf) *for full instruction.*

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| **Project Application (one per project) via submissions screen** | | |
| **Part 1 – SF-424** | | |
| **1A** | Application Type | ☐Federal Award Identifier: Enter first six (6) digits of expiring HUD grant number from the GIW.  ☐Confirm Federal Award Identifier updated to most recent awarded grant #.  ☐Confirm pre-populated info is correct. |
| **1B** | Legal Applicant | ☐Data populated from Applicant Profile. Verify for Accuracy |
| **1C** | Application Details | ☐Data populated from Applicant Profile.  ☐11. Should be CoC Program name. |
| **1D** | Congress districts | ☐14. Select “Washington” as area  ☐16a. Prepopulated from applicant profile.  ☐16b. Congressional District(s) where project operates.  ☐17. Proposed Project dates cover: 2018 to 2019.  Pro-Tip: Day and Month Dates need to be same as pre-existing grant being renewed. First-time Renewals that haven’t started operating should enter an “expected” start/end date (like Jan. 1, 2019 and Dec. 31, 2018) Start date should be 1st of month |
| **1E** | Compliance | “I agree is checked” |
| **1F** | Declaration | “I agree” is checked in both locations |
| **1G** | HUD 2880 | “I agree” is checked |
| **1H** | HUD 50070 | True and Accurate is selected |
| **1I** | Lobbying | Select “Yes” or “No” reveal more questions |
| **1J** | SF-LLL | Select “Yes” or “No” reveal more questions |

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| **Part 2 – Recipient and Sub-recipient Information** | | |
| **2A** | Total Expected Sub-Awards | ☐If project has sub-recipient to another agency, must complete list. If no, go to 2B. |
| **2B** | Recipient Performance | ☐APR Submission – please answer if APR submitted on time  ☐HUD Monitoring Findings – please answer if any unresolved HUD Monitoring and/or OIG Audit findings  ☐Quarterly Drawdowns – please answer if consistent with quarterly drawdowns.  ☐Recaptured funds – please answer if any funds have were recaptured by HUD for most recent grant. |

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| **Part 3 – Project Information** | | |
| **3A** | Project Detail | ☐Expiring grant: Prepopulates from Federal Award Identifier (Screen 1A)  ☐CoC Number & Name: **WA-501**  ☐CoC Applicant Name: **WA Balance of State CoC**  ☐Project Name: prepopulates from “PROJECT” screen.  ☐Project Status: Standard  ☐Component Type: Select PH, SH, TH or SSO  ☐Title V: please answer |
| **3B** | Project Description | ☐Make sure narrative is complete  Here are some important narrative drivers:   * Describe need. * Identify target population. * Project plan – project type, beds/units, setup, etc. * Project outcomes – what is expected as result of funding. * Coordination – linkage and service with others. * Why HUD dollars are needed.   Answer if applicable:  ☐Specific population focus Yes/No  If you answer yes, be sure to identify specific population (consistent with narrative)  ☐Housing First: answer all Housing First questions. Question 3d will pre-populate based on responses.  ☐PH: Select PSH or RRH  ☐Rental assistance: only for those with a rental budget category on GIW. |
| **3C** | DedicatedPLUS for PSH only | ☐Select 100% Dedicated, DedicatedPlus or N/A |

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| **Part 4 – Housing, Services and HMIS** | | |
| **4A** | Supportive Services for Participants | ☐Answer all Questions |
| **4B** | Housing Type and Location | ☐Answer questions about summary totals of beds  ☐Make sure dedicated beds match (or exceed) as stated in grant agreement. You can’t decrease bed #s if you haven’t gotten a grant amendment  ☐Select proper [Geocode](https://www.hudexchange.info/resource/5694/fy-2018-coc-geographic-codes/) for geographic area. |

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| **Part 5 – Participants & Outreach Information** | | |
| **5A** | Project Participants -- Households | ☐Please put “0” for empty cells  ☐Do #s match with # in project description? |
| **5B** | Project Participants -- Subpopulations | ☐Please put “0” for empty cells  ☐Do #s match with # in project description? |
| **5C** | Outreach for Participants | ☐Make sure all participants come from eligible locations for project type: Total must be 100% |

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| **Part 6 – Budget** | | |
| **6A** | Funding Request | ☐Check budget line items to view sections  ☐Budget categories requested must match GIW. |

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| **Leased Units Budget (if needed)** | | |
| **6B** | Leased Units Budget | ☐Total annual assistance requested must match GIW. |
|  | Leased Units Budget Detail | ☐Is the right [FMR area](https://www.huduser.gov/portal/datasets/fmr.html) on the line? |

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| **Rental Assistance (if needed)** | | |
| **6C** | Rental Assistance Budget | ☐Total request for Grant, Term, Total Units |

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| **Match/ Leverage** | | |
| **6D** | Sources of Match | ☐List sources of Match must be current commitments for 2018  ☐Match must be at least 25 % of non-leasing costs |

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| **Summary Budget** | | |
| **6E** | Summary Budget | ☐Budget line items prepopulate  ☐Admin costs accurate. Must match GIW |

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| **Part. 7 Attachment(s) & Certification** | | |
| **7A** | Attachment(s) | ☐Total request for Grant, Term, Total Units |
| **7B** | Certification | ☐Information is complete and accurate  ☐Check “I certify…” |