



2019 HUD Renewal Project Application Checklist

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

PRO TIP: Renewal Projects can now import important data from FY2018. All imported data **MUST BE CHECKED** for accuracy. Please review the [FY2019 Renewal Project Application Instructional Guide](#) for full instruction.

Project Application (one per project) via submissions screen

Part 1 – SF-424

1A	Application Type	<input type="checkbox"/> Federal Award Identifier: Enter first six (6) digits of expiring HUD grant number from the GIW. <input type="checkbox"/> Confirm Federal Award Identifier updated to most recent awarded grant #. <input type="checkbox"/> Confirm pre-populated info is correct.
1B	Legal Applicant	<input type="checkbox"/> Data populated from Applicant Profile. Verify for Accuracy
1C	Application Details	<input type="checkbox"/> Data populated from Applicant Profile. <input type="checkbox"/> 11. Should be CoC Program name.
1D	Congress districts	<input type="checkbox"/> 14. Select "Washington" as area <input type="checkbox"/> 16a. Prepopulated from applicant profile. <input type="checkbox"/> 16b. Congressional District(s) where project operates. <input type="checkbox"/> 17. Proposed Project dates cover: 2020 to 2021. Pro-Tip: MAKE SURE YOU DO THIS!!!!
1E	Compliance	19. b. Program is subject to E.O. 12372 but has not been selected by state for Review
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

Part 2 – Recipient and Sub-recipient Information

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

Part 3 – Project Information

3A	Project Detail	<input type="checkbox"/> Expiring grant: Prepopulates from Federal Award Identifier (Screen 1A) <input type="checkbox"/> CoC Number & Name: WA-501 <input type="checkbox"/> CoC Applicant Name: WA Balance of State CoC <input type="checkbox"/> Project Name: prepopulates from "PROJECT" screen. <input type="checkbox"/> Project Status: Standard <input type="checkbox"/> Component Type: Select PH, SH, TH or SSO <input type="checkbox"/> Title V: please answer
3B	Project Description	<input type="checkbox"/> Make sure narrative is complete Here are some important narrative drivers: <ul style="list-style-type: none"> • 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.



		<ul style="list-style-type: none"> • Why HUD dollars are needed. <p>Answer if applicable:</p> <p><input type="checkbox"/> Specific population focus Yes/No If you answer yes, be sure to identify specific population (consistent with narrative)</p> <p><input type="checkbox"/> Housing First: answer all Housing First questions. Question 3d will pre-populate based on responses.</p> <p><input type="checkbox"/> PH: Select PSH or RRH</p> <p><input type="checkbox"/> Rental assistance: only for those with a rental budget category on GIW.</p>
3C	DedicatedPLUS for PSH only	<input type="checkbox"/> Select 100% Dedicated, DedicatedPlus or N/A

Part 4 – Housing, Services and HMIS		
4A	Supportive Services for Participants	<input type="checkbox"/> Answer all Questions
4B	Housing Type and Location	<input type="checkbox"/> Answer questions about summary totals of beds <input type="checkbox"/> 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 <input type="checkbox"/> Select proper Geocode for geographic area.

Part 5 – Participants & Outreach Information		
5A	Project Participants -- Households	<input type="checkbox"/> Please put "0" for empty cells <input type="checkbox"/> Do #s match with # in project description?
5B	Project Participants -- Subpopulations	<input type="checkbox"/> Please put "0" for empty cells <input type="checkbox"/> Do #s match with # in project description?



5C	Outreach for Participants	<input type="checkbox"/> Make sure all participants come from eligible locations for project type: Total must be 100%
-----------	---------------------------	---

Part 6 – Budget

6A	Funding Request	<input type="checkbox"/> Check budget line items to view sections <input type="checkbox"/> Budget categories requested must match GIW.
-----------	-----------------	---

Leased Units Budget (if needed)

6B	Leased Units Budget	<input type="checkbox"/> Total annual assistance requested must match GIW.
	Leased Units Budget Detail	<input type="checkbox"/> Is the right FMR area on the line?

Rental Assistance (if needed)

6C	Rental Assistance Budget	<input type="checkbox"/> Total request for Grant, Term, Total Units
-----------	--------------------------	---

Match/ Leverage

6D	Sources of Match	<input type="checkbox"/> List sources of Match must be current commitments for 2018 <input type="checkbox"/> Match must be at least 25 % of non-leasing costs
-----------	------------------	--

Summary Budget

6E	Summary Budget	<input type="checkbox"/> Budget line items prepopulate <input type="checkbox"/> Admin costs accurate. Must match GIW
-----------	----------------	---

Part. 7 Attachment(s) & Certification

7A	Attachment(s)	<input type="checkbox"/> Total request for Grant, Term, Total Units
7B	Certification	<input type="checkbox"/> Information is complete and accurate <input type="checkbox"/> Check "I certify..."

