

**[2019 COC LOCAL YHDP APPLICATION: DUE VIA EMAIL
BY 04.30.2019, 5:00 PM]**

NOTE: This application includes basic information for applicants. All agencies should review the companion YHDP RFP, which contains comprehensive details:

This application is for applicants interested in applying for Nashville-Davidson County YHDP Funds. The applications will be rated using several criteria, including but not limited to: capacity and experience of applicant agency, cost per person to be served, match/leverage offered, and any other criteria outlined in the YHDP RFP.

Applicant Information	
Organization Name	
Organization's Executive Director	
Application Contact Person	
Application Contact Person Phone:	
Application Contact Person Email:	
Funding Request Amount	
Based on the Funding Amount Request, Amount of Match Funding that will be provided	

Executive Director Signature

Date

****Reminder:** To avoid any apparent conflict of interest and/or bias in the review process, applicant/subrecipient agency names must go only on this page and the next page and shall not be mentioned again throughout the rest of the document.

Subrecipient Information (If Applicable)	
Organization Name	
Organization's Physical Address (include street, city, state, and zip code)	
Organization's Executive Director	
Subrecipient Contact Person	
Subrecipient Contact Person Phone:	
Subrecipient Contact Person Email:	
Expected Subrecipient Funding Amount	
Based on the Funding Amount Request, Amount of Match Funding that will be provided	
Congressional District(s)	
Is the subrecipient a Faith-Based organization?	
Has the subrecipient ever received a federal grant, either directly from a federal agency or through a state/local agency?	

Subrecipient Executive Director Signature

Date

SECTION (1): Proposed Project Type

<i>Eligible Projects:</i>	Project Housing Type:	Length of Assistance	Proposed #YYA To Be Served	Proposed Number of Units	YHDP Program Budget Request
24 and Under Diversion with Short Term CH Host Homes	<input type="checkbox"/> Support Services Only (SSO)	<input type="checkbox"/> Up to 6 Months	Click here to enter text.	NA	Click here to enter text.
18-24 RRH	<input type="checkbox"/> Rental Asst. (RRH)	<input type="checkbox"/> Up to 24 months, with possible extension to 36 months with approval of a waiver	Click here to enter text.	Click here to enter text.	Click here to enter text.

SECTION 2: Threshold Requirements				Pass or Fail
Categories	Response	CoC Interim Rule Regulation	Summary	Required Attachments:
Match - Is agency committing at least 25%?	<input type="checkbox"/> YES <input type="checkbox"/> NO	§ 578.73-CoC Interim Rule (matching)	Minimum Match: 25% Total Match: \$	Must include supportive documentation of commitment
Current audit Reports – Findings? (if findings, attach page noting issue)	<input type="checkbox"/> YES <input type="checkbox"/> NO	§ 578.59-CoC Interim Rule	All projects subject to monitoring from HUD and local processes. Audits must be within (9) month timeframe from the end of the agency's most current FY	If findings, note remedial actions
Board participation/policy-making body- Agency is aware of requirement	<input type="checkbox"/> YES <input type="checkbox"/> NO	§ 578.75-CoC Interim Rule	Each recipient must have homeless or formerly homeless representation on a policy-making entity	
Program Participants Informed of Rights	<input type="checkbox"/> YES <input type="checkbox"/> NO	§ 578.91-CoC Interim Rule	Participant informed of eligibility criteria, discharge policies, rights to appeal.	Agency has written standards including program rules, termination process, written notice of termination and appeals process.
HMIS Participation and Data Quality	<input type="checkbox"/> YES <input type="checkbox"/> NO	Project Data Quality meets the 85% threshold requirement.	"Data Not Collected" less than 2% for any category and on average.	

SECTION 3: Experience With Grants

**Max Section
Points: 5**

**Experience of Applicant, Subrecipient(s), and
Other Partners (2B in e-snaps)**

1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations. Please include any experience in implementing CoC programs. (Max 6,000 characters, font size 12, Times New Roman, double spaced)

**2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local and private sector funds.
(Max 3,000 characters, font size 12, Times New Roman, double spaced)**

**3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.
(Max 3,000 characters, font size 12, Times New Roman, double spaced)**

**4. Are there any unresolved monitoring or audit findings for any HUD grants (including HUD CoC and/or ESG) operated by the applicant or potential subrecipients (if any)?
(Max 3,000 characters, font size 12, Times New Roman, double spaced)**

**5. Describe any other issues or problems that the applicant has experienced with any Federal, State, local and private sector funding.
(Max 3,000 characters, font size 12, Times New Roman, double spaced)**

SECTION 4: Project Design (e-snaps 3B)

**Max Section
Points: 5**

1. Provide a description that addresses the entire scope of the proposed project. (Max 6,000 characters, font size 12, Times New Roman, double spaced)
2. For each primary project location or structure in the project, enter the number of days from the execution of the grant agreement that each of the following milestones will occur as related to CoC Program funds requested in this project application. If a milestone is not applicable, leave the associated fields blank. If the project has only one location or structure, or no structures, complete only column A. (Font size 12, Times New Roman) If multiple structures; complete one column for each structure. *Note: To expend funds within statutorily required deadlines, project applicants must be able to begin assistance within 12 months of conditional award.*

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

<u>Project Milestones</u>	<u>Days from execution of Grant Agreement</u>	<u>Days from execution of Grant Agreement</u>	<u>Days from execution of Grant Agreement</u>	<u>Days from execution of Grant Agreement</u>
	A	B	C	D
New project staff hired, or other project expenses begin?				
Participant enrollment in project begins?				
Participants begin to occupy leased units or structure(s), and 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?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

SECTION 5: Supportive Services for Participants (e-snaps 4a&b)		Max Section Points: 5
<p>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 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.</p>		
Questions	Responses (Max 3,000 characters, Times New Roman, font 12)	
1. Please place an "X" in the response box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.		
2. Describe how participants will be assisted to obtain and remain in permanent housing.		
3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.		
4. For all supportive services available to participants, indicate who will provide them and how often they will be provided.		
Service	Provider and Frequency	
Supportive Services		
Assessment of Service Needs		
Assistance with Moving Costs		
Case Management		
Child Care		
Education Services		
Employment Assistance and Job Training		
Food		

Housing Search and Counseling Services	
Legal Services	
Life Skills Training	
Mental Health Services	
Outpatient Health Services	
Outreach Services	
Substance Abuse Treatment Services	
Transportation	
Utility Deposits	
5. Please identify whether the project will include the following activities (<i>yes or no responses</i>):	
Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?	
Regular follow-ups with participants to ensure mainstream benefits are received and renewed?	
Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?	
Has the staff person providing the technical assistance completed SOAR training in the past 24 months?	
6. FOR RRH PROJECTS ONLY: Housing Type and Location Detail	
Housing Type:	
Indicate the maximum number of units and beds available for project participants at the selected housing site.	
Units	
Beds	
Street, City, State, Zip Code	

SECTION 6: Project Participants (e-snaps 5a-c)				Section Not Scored but MUST be Completed						
	Households with at least one adult and one child	Adult households without children	Households with only children	Total						
Number of Households										
Characteristics	Households with at least one adult and one child	Adult households without children	Households with only children	Total						
Adults over age 24										
Adults ages 18-24										
Accompanied children under age 18 (<i>can only be used if parent is 18-24</i>)										
Unaccompanied children under age 18										
Total Persons										
Persons in Households with at least one adult and one child										
Characteristics	Chronic Non Vet	Chronic Vet	Non Chronic Vet	Chronic Sub. Abuse	Persons with HIV/ AIDs	Severely Mentally Ill	Survivors of Domestic Violence	Physical Disability	Develop Disability	Person s not rep. by sub- pop.
Adults over age 24										
Adults ages 18- 24										
Accompanied children under age 18 (<i>can only be used if parent is 18-24</i>)										
Unaccompanied children under age 18										

Total Persons										
Persons in Households without children										
Characteristics	Chronic Non Vet	Chronic Vet	Non Chronic Vet	Chronic Sub. Abuse	Persons with HIV/ AIDs	Severely Mentally Ill	Survivors of Domestic Violence	Physical Disability	Develop Disability	Persons not rep. by sub-pop.
Adults over age 24										
Adults ages 18-24										
Total Persons										
Persons in Households with only children										
Characteristics	Chronic Non Vet	Chronic Vet	Non Chronic Vet	Chronic Sub. Abuse	Persons with HIV/ AIDs	Severely Mentally Ill	Survivors of Domestic Violence	Physical Disability	Develop Disability	Persons not rep. by sub-pop.
Accompanied children under age 18 (<i>can only be used if parent is 18-24</i>)										
Unaccompanied children under age 18										
Total Persons										
Describe the unlisted subpopulations referred to above (Max 1000 characters, font Times New Roman, Size 9, Black)										
Outreach For Participants										
Enter the percentage of project participants that will be coming from each of the following locations.										
	Directly from the street or other locations not meant for human habitation.									
	Directly from emergency shelters.									

	Directly from safe havens.
	Persons fleeing domestic violence or unsafe situations.
	Total of above percentages
Describe the outreach plan to bring these homeless participants into the project (<i>Max 3000 characters, font Times New Roman, Size 9, Black</i>)	

SECTION 7: Funding Request (e-snaps 6A, E, F)				Section Not Scored but MUST be Completed	
Will it be feasible for the project to be under grant agreement by September 15, 2019?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
What type of CoC Funding is this project applying for?				<input type="checkbox"/> SSO <input type="checkbox"/> RRH	
Does this project propose to allocate funds according to an indirect cost rate?				<input type="checkbox"/> YES <input type="checkbox"/> NO	
Grant Term				2 years	
Select the costs for which funding is being requested:				<input type="checkbox"/> Rental Assistance <input type="checkbox"/> Support Services	
Rental Assistance Budget (ONLY TO BE COMPLETED FOR RRH PROJECT)					
Total Request for Grant Term:				\$	
Total Units:					
Type of Rental Assistance	FMR Area	Total Units Requested		Total Request	
TRA	TN-Nashville-Davidson - - Murfreesboro - -Franklin, TN HUD Metro FMR Area (4701599999)			\$	
Rental Assistance Budget Detail					
Size of Units	# of Units (Applicant)	FMR Area FY2019 (Applicant)	12 Months	Total Request (Applicant)	
0 Bedroom		\$830	12	\$	
1 Bedroom		\$911	12	\$	
2 Bedrooms		\$1103	12	\$	
3 Bedrooms		\$1455	12	\$	
4 Bedrooms		\$1738	12	\$	
Total Units and Annual Assist. Req.				\$	
Grant Term				2 Years	
Total Req for Grant Term				\$	
**Please note, when you enter your budget into e-snaps you will be using 2018 FMRs but you will need to base your budget on 2019 FMRs (stated above).					

Eligible Costs	Quantity and Description (Max 400 characters) <i>Need a quantity and description for each requested cost.</i>	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		\$
Grant Term		2 Years
Total Request for Grant Term		\$

SECTION 8: Incorporation of YHDP Guiding Principles

As noted in the YHDP RFP there is a requirement to align all YHDP Projects with the Guiding Principles set by the YHDP Steering Committee and the YAB.

**Max Section
Points: 20**

Guiding Principles	What experience does your agency (or subrecipients) have with implementing these guiding principles? If your agency does not currently utilize these guiding principles please outline steps that will be taken to fully integrate the principle in practice. (3,000 characters, Times New Roman, font size 11, double spaced)	What resources beyond HUD YHDP funding do you need to implement these principles successfully? Where might those resources come from? (3,000 characters, Times New Roman, font size 11, double spaced)
USICH Youth Framework and Four Core Outcomes		
Responding to the needs of Special Populations		
Positive Youth Development and Trauma Informed Care		
Family Engagement		
Immediate Access to Housing with No Pre-Conditions		
Youth Choice		
Individualized and Client-Driven Supports		
Social and Community Integration		
Coordinated Entry		
Equitable Treatment		

SECTION 9: Proposed Budget			Max Section Points: 7
Proposed Activity	HUD CoC Request	Cash Match	Totals
1. Real Property (Leasing)			
2. Tenant-based Rental Assistance (TRA)			
3. Sponsor-based Rental Assistance (SRA)			
4. Supportive Services			
5. Rapid Re-housing			
6. Operations			
7. CES			
8. HMIS			
9. Request Subtotal (Subtotal lines 1 through 8)			Total Budget (Total CoC Request + Total Cash Match)
10. Administrative Costs (Up to 7% of entire grant)			
11. Total Request (Total lines 9 and 10)			

Please provide budget detail below for any requested line items that the applicant feels will help the Performance Evaluation Committee better understand how proposed funding will be used.

(Font size 12, Times New Roman, double spaced, not to exceed this page.)

SECTION 10: Consumer Focus & Community Planning for CES		Max Section Points: 8
HEARTH-Related Questions	Please check YES or NO	Space provided for any explanation that may be needed.
Do staff members who deliver services or case management for this project use, or will they use evidence-based practice models? (provide documentation)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does staff at your agency currently attend any CES related meetings? If no, do you plan on attending CES related meetings?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Does staff at your agency enter information into the local Homeless Management Information System (HMIS) for CES? If no, do you plan on entering information (<i>please note this is a requirement for utilization of YHDP Funds</i>)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA	
Does your agency have a project or workflow that currently accepts referrals from the CES process in Nashville-Davidson County? If no, do you plan on accepting referrals from the CES process for this project (<i>please note this is a requirement for utilization of YHDP Funds</i>)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO	

SECTION 11: Housing First or Low Barrier Determination			Max Section Points: 8
	“Does the project ensure that participants are not screened out based on the following items? Select all that apply. By checking all of the first four boxes, this project will be considered low barrier”.		Total Points Possible
1.	Having too little or no income	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2.	Active or history of substance abuse (can test positive on drug screen)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3.	Having a criminal record with exceptions for state-mandated restrictions	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4.	History of domestic violence (either perpetrator or victim)	<input type="checkbox"/> YES <input type="checkbox"/> NO	

NOTE: Agencies practicing a true housing first model will be given priority.

All agencies who identify their project to be adopting this approach should gauge how closely they are adhering to the recommended best practice standards of the Housing First Model using HUD’s Housing First Standards Assessment Tool <https://www.hudexchange.info/resources/documents/housing-first-assessment-tool.xlsm>.

See also HUD’s guide called using a *Housing First Philosophy When Serving Youth*: <https://www.hudexchange.info/resources/documents/using-a-housing-first-philosophy-when-serving-youth.pdf>

SECTION 12: Project Description & Implementation Plan

Max Section
Points: 21

Applicants will need to refer to *Appendix A: YHDP Project Types and Descriptions* in order to respond to the following questions. Applicants will be scored on their ability to implement all the core components and project requirements outlined in *Appendix A*. Applicants applying with a subrecipient should clearly outline which agency will be implementing each of the core components and that the two agencies will comply with the listed program requirements. Applicants will also be scored on their experience in implementing similar projects for youth and young adults, or other populations experiencing homelessness and their plan for building capacity to serve youth and young adults under the selected project type.

Only respond for the project in which you are applying. Please write N/A for the other projects for which you are not applying. Please include staffing structure in your responses to the questions below.

Diversion with Short Term Crisis Housing Host Homes

Max 3,000 characters each question, Times New Roman, black, size 11 font.

Core Element	Question	Applicant Response
Single Point of Entry	How will your organization work in collaboration with other entities and coordinate a single point of entry for YYA under 18? Please include how you will utilize a hotline, physical location and the ability to meet YYA where they are in the community.	
Assessment and Triage	What tools and methods will be used to assess for risk and safety and to better prioritize and match YYA to needed services to maintain housing? Include how the organization will facilitate case conferencing with system partners (JJ, DCS, etc)	
Service	How will your agency offer the following mandatory services (any additional services are welcome) to assist with maintaining or finding other safe and stable housing options? Mandatory Services are: Inclusion of other system	

	partners; identification of housing resources; financial assistance; linkage to mainstream resources; assessment for continued services; family conflict resolution or engagement.	
Short Term CH Host Homes	How will your agency establish, coordinate, and implement CH Host Homes into your diversion project?	
Experience	Please explain your agency's experience implementing Diversion. If your agency does not have experience, please provide detailed steps on how your agency will implement Diversion with limited to no experience and what partnerships your agency will form to build capacity. Please include experience you have working with YYA 24 years of age and under.	
Outcomes	Based on the proposed outcomes outlined in the RFP, how will you measure those outcomes? Do you plan on meeting or exceeding those outcomes? Please provide a detailed response.	
Additional Desired Outcomes	Are there any additional desired outcomes you plan to meet? If yes, what are they and how do you plan to measure them?	

18-24 Rapid Rehousing

Max 3,000 characters, Times New Roman, black, size 11 font.

Core Element	Question	Applicant Response
Single Point of Entry	How will your organization work in collaboration with other entities and coordinate a single point of entry for YYA 18-24 years of age?	

Assessment and Triage	How will your agency assess the housing and support service needs and safety of YYA 18-24 who are experiencing homelessness?	
Housing Identification	How will your agency identify housing for unaccompanied YYA 18-24 who are experiencing homelessness?	
Move-In and Rental Assistance	How will your agency assist YYA 18-24 with move-in and administer rental assistance? Please include the range of months you plan to administer rental assistance.	
Housing Based Case Management and Supports	How will your agency offer housing based case management and other supports to unaccompanied YYA 18-24? Please include plan and timeframe for offering supports once rental assistance has ended.	
Experience	Please explain your agency's experience implementing RRH. If your agency does not have experience, please provide detailed steps on how your agency will implement RRH with limited to no experience and what partnerships your agency will form to build capacity. Please include experience you have working with YYA 18-24 years of age.	
Outcomes	Based on the proposed outcomes outlined in the RFP, how will you measure those outcomes? Do you plan on meeting or exceeding those outcomes? Please provide a detailed response.	
Additional Desired Outcomes	Are there any additional desired outcomes you plan to meet? If yes, what are they and how do you plan to measure them?	

SECTION 13: Addressing Unique Needs of YYA

Experiencing or At Risk of Experiencing Homelessness

As noted in the YHDP RFP applicants are encouraged to consider how their project designs will address the needs unique to YYA experiencing or at risk of experiencing homelessness.

**Max Section
Points: 21**

Group Types	How does your organization address the needs of these populations? If your organization currently does not address the needs of these populations, describe the steps your organization will take to start addressing the needs unique to YYA.	If you or the subrecipient currently addresses the unique needs of YYA, please describe any partnerships you currently have that assist in addressing the unique needs of YYA. If you do not currently address the unique needs of YYA, write N/A.	What are other partnerships you feel are needed to either continue, or start, addressing the unique needs of YYA? Please include how YHDP funds would strength this connection.
LGBTQIA			
Pregnant and Parenting YYA			
YYA involved in the Juvenile Justice System			
YYA involved in the Foster Care System			
Victims of Trafficking and Exploitation			
Minorities			
YYA with disabling conditions			

Please use the space below to provide additional information about your proposed project or other details that your agency feels is important or critical to note during the evaluation period.

Please use: 12 Font, Times New Roman, and Double-spaced text-maximum of 1 Page.

SIGNATURE PAGE: Must be signed by the agency's Executive Director, as well as the designated party either assigned to attend the CoC General Meetings or submit the Annual Performance Report for the HUD CoC-funded project.

HEARTH ACT & Opening Doors: LAWS

On May 20, 2009, President Obama signed into law a bill to reauthorize HUD's McKinney-Vento Homeless Assistance programs.

In order for any project to be considered for funding through YHDP funds, please check yes or no to all of the following statements:

Our agency understands HUD's priorities as outlined in YHDP RFP.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Our agency understands the role of and need for multiple interventions in the work to end homelessness, and therefore supports an:		
Increase Permanent Supportive Housing beds dedicated for chronic homeless persons	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Increase Rapid Re-housing beds, especially for homeless families	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Adhere to principles of Housing First, primarily by ensuring low to no barriers to housing entry (criminal background checks, sobriety requirements, etc.- HUD wants 75% of local projects to be low-barrier), and assisting homeless persons with housing entry as quickly as possible	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Reallocate funding from lower-performing projects to more effective options	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Increased focus on System performance, versus only at project level	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Extensive use of Coordinated Entry Systems to assess needs and refer to housing & services	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Reduce length of time persons are homeless	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Increase income and connection to benefits	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Move homeless persons into permanent housing, and assure high rate of housing retention	<input type="checkbox"/> YES	<input type="checkbox"/> NO
End homelessness among chronic homeless persons, veterans, families with children and unaccompanied youth	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Our agency understands our CoC-funded projects can only accept persons meeting the HUD definition of literally homeless.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Our agency understands the requirements of data collection and the priority on data-driven planning using the continuums local HMIS	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Signed: _____

Applicant Organization Executive Director:

Date Signed:

Signed: _____

If applicable, Subrecipient Organization Executive Director:

Date Signed:


Using PDF YHDP Application Form

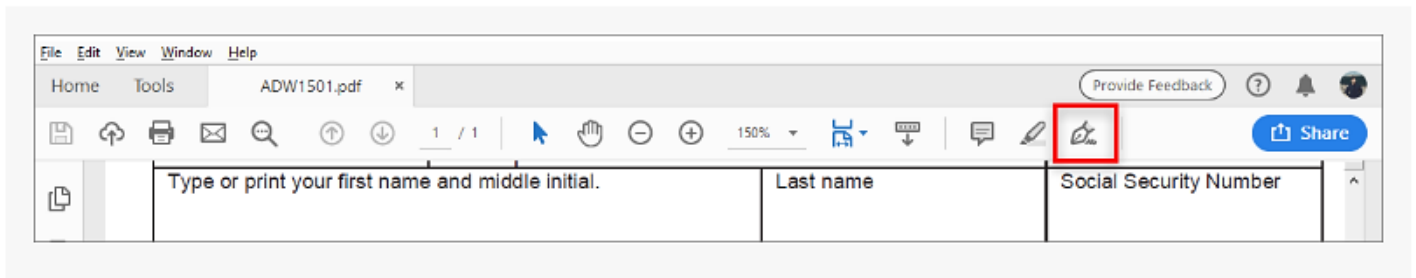
Please use the following the instructions to fill out the PDF application form:

https://helpx.adobe.com/acrobat/using/fill-and-sign.html#fill_your_PDF_form

If you have any questions please contact Suzie Tolmie stolmie@Nashville-MDHA.org with subject line “YHDP PDF Application Help”.

Fill out your PDF form


- 1 Open the PDF form in Acrobat or Reader.
- 2 Click the global sign icon  in the toolbar. Alternatively, you can choose **Tools > Fill & Sign** or choose **Fill & Sign** from the right pane.




The Fill & Sign tool opens with the toolbar at the top.




- 3 The form fields are detected automatically. Hover the mouse over a field to display a blue box. Click anywhere in the blue box, the cursor will be placed at the right position automatically. Type your text to fill the field.

If no blue box is displayed on hover, you can manually fill or add text. Click **Add Text**  in the toolbar. Click at the place in the document where you want to add the text, and then start typing.

Form X-5 Department of Human Resource		Employee xxxxx Certificate Some descriptions of this form. Some descriptions of this form. Some descriptions of this form.		2018	
 First name and middle initial.		Last name		Social Security Number	
Home address (number and street or rural route)		Single <input type="checkbox"/>		Married <input type="checkbox"/>	
		Please see the comments somewhere.			

Use the field toolbar to make appropriate changes:

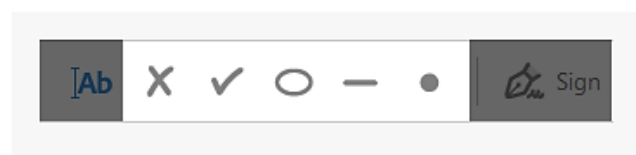
- To resize a field, use the font up or down button in the toolbar - the first two buttons from left.
- To move a field, move your pointer closer to field border until you see the drag handle, and then hold and move the field as required.
- To delete a field or typed text, click the trash button.
- To convert a normal text field into comb field or vice versa, click the comb button - the second button from the right.
- To use annotations or symbols, click the option menu  and select the annotation.

Use Comb fields to fill or add text in continuous boxes in a line/row. The Comb field spreads the user-entered text evenly across the width of the text field, as shown below.

Form X-5 Department of Human Resource		Employee xxxxx Certificate Some descriptions of this form. Some descriptions of this form. Some descriptions of this form.		2018	
Type or print your first name and middle initial.			Last name		Social Security Number
Home address A A [Ab ...] rural route)			Single <input type="checkbox"/> Married <input type="checkbox"/>		Please see the comments somewhere.
City or town, state, and ZIP code			If your last name differs from that shown on your social security card, check here <input type="checkbox"/>		

While you are typing, if the characters do not fit in each box, adjust the spacing with the grab handle where the resize here points in the image above.

- 4 Add annotations or symbols: Annotations tools are displayed in the toolbar - *Crossmark*, *Checkmark*, *Circle*, *Line*, and *Dot*. You can use these annotation tools to fill in check boxes and radio buttons, and use the Circle to circle text or the line to strike out text.



Click an annotation in the toolbar to select it, and then click on the form where you want to place the annotation. (Each click places the selected annotation at the respective location on the form.)

Note:



Resize the first annotation you place to fit the check box or radio button in the document, and the next annotations you add will be of the same size and will fit the rest of the box/circle fields.

Sign or Initial your form

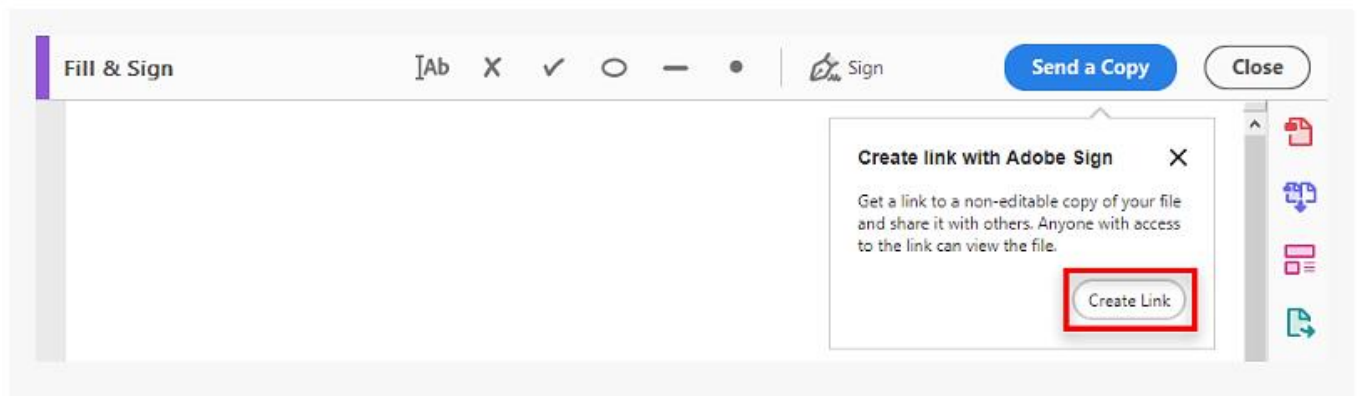
To sign a PDF form, you can type, draw, or insert an image of your handwritten signature or initials.

➤ [Steps to sign a PDF](#)

Send your form

After you have filled the form, you can share the PDF with others. To share the form, follow the steps below:

- 1 In the **Fill and Sign** toolbar, click **Send A Copy**, and then click **Create Link**. A link is created.



- Click **Copy Link**, and share it with others in an email. Anyone with access to the link can view, but cannot make any changes to the file.

Fill & Sign

Ab X ✓ ○ — • Sign

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The Adobe SPLC aligns cleanly with CCF as well as industry best practices for software engineering teams to meet compliance requirements. A robust framework, the Adobe SPLC was designed from the ground up to include many controls that are now covered by CCF. Some of these controls include security testing (e.g., static analysis, dynamic analysis, penetration testing, etc.) and annual training of software engineers in secure coding techniques. While the SPLC was already used across all Adobe software engineering teams, the creation of CCF and the need to adhere to compliance requirements now helps ensure that the SPLC is more consistently applied throughout Adobe, thanks to improved process documentation and specificity.

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