Before Starting the Project Application

To ensure that the Project Application is completed accurately, ALL project applicants should review the following information BEFORE beginning the application.

Things to Remember:

- Additional training resources can be found on the HUD.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2021 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile)must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2021 Continuum of Care (CoC) Program Competition. For more information see FY 2021 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2021 CoC Program NOFO and the FY 2021 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2021 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	11/08/2021
4. Applicant Identifier:	
a. Federal Entity Identifier:	
5. Federal Award Identifier:	
6. Date Received by State:	
7. State Application Identifier:	

1B. SF-424 Legal Applicant

8. Applicant

a. Legal Name: City of Indianapolis

b. Employer/Taxpayer Identification Number (EIN/TIN): 35-6001063

	c. Organizational DUNS:	067890848	**PLUS 4:**	

d. Address

Street 1: 200 East Washington Street

Street 2: Suite 2042

City: Indianapolis

County: Marion

State: Indiana

Country: United States

Zip / Postal Code: 46204

e. Organizational Unit (optional)

Department Name: Metropolitan Development

Division Name: Community Economic Development

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.

First Name: Natalie

Middle Name:

Last Name: Roberts

Suffix:

Title: CoC Grant Manager

Organizational Affiliation: City of Indianapolis

Telephone Number: (317) 327-5806

Extension:
Fax Number: (317) 327-5908
Email: natalie.roberts@indy.gov

1C. SF-424 Application Details

9. Type of Applicant:	C. City or Township Government
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6500-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): (for multiple selections hold CTRL key)	Indiana
15. Descriptive Title of Applicant's Project:	2022 HMIS Expansion
16. Congressional District(s):	
16a. Applicant:	IN-007
16b. Project: (for multiple selections hold CTRL key)	IN-007
17. Proposed Project	
a. Start Date:	06/01/2022
b. End Date:	07/31/2023
18. Estimated Funding ($)	
a. Federal:	
b. Applicant:	
c. State:	
d. Local:	
e. Other:	
f. Program Income:	
g. Total:	

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process?	b. Program is subject to E.O. 12372 but has not been selected by the State for review.
If "YES", enter the date this application was made available to the State for review:	
20. Is the Applicant delinquent on any Federal debt?	No
If "YES," provide an explanation:	

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

I AGREE: X

21. Authorized Representative

Prefix:	Mrs.
First Name:	Jennifer
Middle Name:	
Last Name:	Fults
Suffix:	
Title:	Adminstrator
Telephone Number: (Format: 123-456-7890)	(317) 327-5899
Fax Number: (Format: 123-456-7890)	(317) 327-5809
Email:	jennifer.fults2@indy.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	11/08/2021

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Approval No. 2506-0214 (exp.02/28/2022)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Indianapolis
Prefix:	Mrs.
First Name:	Jennifer
Middle Name:	
Last Name:	Fults
Suffix:	
Title:	Adminstrator
Organizational Affiliation:	City of Indianapolis
Telephone Number:	(317) 327-5899
Extension:	
Email:	jennifer.fults2@indy.gov
City:	Indianapolis
County:	Marion
State:	Indiana
Country:	United States
Zip/Postal Code:	46204

2. Employer ID Number (EIN): 35-6001063

3. HUD Program: Continuum of Care Program

4. Amount of HUD Assistance Requested/Received

4a. Total Amount Requested for this project: $95,045.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of $200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
OVW	Federal Grant	$31,575.00	Services
Domestic Violence Prevention and Treatment	Federal Grants	$25,000.00	Services
SSFV	Federal Grants	$1,000,000.00	Services/Rents
VOCA Victims of Crime Act	Federal Grant	$39,024.00	Services

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

You must disclose:
1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds $50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity ($)	Financial Interest in Project/Activity (%)
na	na	na	$0.00	0%
na	na	na	$0.00	0%
na	na	na	$0.00	0%
na	na	na	$0.00	0%
na	na	na	$0.00	0%

Note: If there are no other people included, write NA in the boxes.

Certification

Warning: If you knowingly make a false statement on this form, you may be subject to civil or criminal penalties under Section 1001 of Title 18 of the United States Code. In addition, any person who knowingly and materially violates any required disclosures of information, including intentional nondisclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

I AGREE: X

Name / Title of Authorized Official: Jennifer Fults, Adminstrator

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 11/08/2021

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Indianapolis

Program/Activity Receiving Federal Grant Funding: CoC Program

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

	I certify that the above named Applicant will or will continue to provide a drug-free workplace by:		
a.	**Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.**	**e.**	**Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;**
b.	**Establishing an on-going drug-free awareness program to inform employees --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**	**f.**	**Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
c.	**Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
d.	**Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**		

2. Sites for Work Performance.

The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)
Workplaces, including addresses, entered in the attached project application.
Refer to addresses entered into the attached project application.

I certify that the information provided on this form and in any accompanying X

documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.

WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

Authorized Representative

Prefix:	Mrs.
First Name:	Jennifer
Middle Name	
Last Name:	Fults
Suffix:	
Title:	Adminstrator
Telephone Number: (Format: 123-456-7890)	(317) 327-5899
Fax Number: (Format: 123-456-7890)	(317) 327-5809
Email:	jennifer.fults2@indy.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	11/08/2021

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file

the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate:	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization: City of Indianapolis

Name / Title of Authorized Official: Jennifer Fults, Adminstrator

Signature of Authorized Official: Considered signed upon submission in e-snaps.

Date Signed: 11/08/2021

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB0348-0046

HUD requires a new SF-LLL submitted with each annual CoC competition and completing this screen fulfills this requirement.

Answer "Yes" if your organization is engaged in lobbying associated with the CoC Program and answer the questions as they appear next on this screen. The requirement related to lobbying as explained in the SF-LLL instructions states: "The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action."

Answer "No" if your organization is NOT engaged in lobbying.

Does the recipient or subrecipient of this CoC grant participate in federal lobbying activities (lobbying a federal administration or congress) in connection with the CoC Program?	No
Legal Name:	City of Indianapolis
Street 1:	200 East Washington Street
Street 2:	Suite 2042
City:	Indianapolis
County:	Marion
State:	Indiana
Country:	United States
Zip / Postal Code:	46204

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I certify that this information is true and complete. X

Authorized Representative

Prefix:	Mrs.
First Name:	Jennifer
Middle Name:	
Last Name:	Fults
Suffix:	
Title:	Adminstrator
Telephone Number: (Format: 123-456-7890)	(317) 327-5899
Fax Number: (Format: 123-456-7890)	(317) 327-5809
Email:	jennifer.fults2@indy.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	11/08/2021

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 02/28/2022

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1.	**Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.**
2.	**Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.**
3.	**Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.**
4.	**Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.**
5.	**Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).**
6.	**Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination**
	on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7.	**Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.**

8.	**Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.**

9.	**Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327¬333), regarding labor standards for federally-assisted construction subagreements.**

10.	**Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.**

11.	**Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93¬205).**

12.	**Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.**

13.	**Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).**

14.	**Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.**

15.	**Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.**

16.	**Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.**

17.	**Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."**

18.	**Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.**

19.	**Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.**

As the duly authorized representative of the applicant, I certify: X

Authorized Representative for: City of Indianapolis

Prefix: Mrs.

First Name:	Jennifer
Middle Name:	
Last Name:	Fults
Suffix:	
Title:	Adminstrator
Signature of Authorized Certifying Official:	Considered signed upon submission in e-snaps.
Date Signed:	11/08/2021

1L. SF-424D

Are you requesting CoC Program funds for construction costs in this application? No

No SF-424D is required. Select "Save and Next" to move to the next screen.

2A. Project Subrecipients

This form lists the subrecipient organization(s) for the project. To add a subrecipient, select the icon. To view or update subrecipient information already listed, select the view option.

Total Expected Sub-Awards: $95,045

Organization	Type	Sub-Award Amount
Coalition for Homelessness Intervention and Pre...	M. Nonprofit with 501C3 IRS Status	$95,045

2A. Project Subrecipients Detail

a. Organization Name: Coalition for Homelessness Intervention and Prevention

b. Organization Type: M. Nonprofit with 501C3 IRS Status

If "Other" specify:

c. Employer or Tax Identification Number: 31-1254018

	*** d. Organizational DUNS:**	612746177	**PLUS 4:**	

e. Physical Address

Street 1: 1014 Prospect St.

Street 2:

City: Indianapolis

State: Indiana

Zip Code: 46203

f. Congressional District(s):
(for multiple selections hold CTRL key) IN-007

g. Is the subrecipient a Faith-Based Organization? No

h. Has the subrecipient ever received a federal grant,either directly from a federal agency or through a State/local agency? Yes

i. Expected Sub-Award Amount: $95,045

j. Contact Person

Prefix: Mrs.

First Name: Chelsea

Middle Name:

Last Name:	Haring-Cozzi
Suffix:	
Title:	Executive Director
E-mail Address:	charing-cozzi@chipindy.org
Confirm E-mail Address:	charing-cozzi@chipindy.org
Phone Number:	317-472-7632
Extension:	
Fax Number:	317-630-0856

2B. Experience of Applicant, Subrecipient(s), and Other Partners

1. Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

CHIP serves as the Indianapolis Continuum of Care (CoC) backbone agency and as the HMIS and CES lead. CHIP has been in operation for over 25 years and has received and effectively utilized federal funds under the CoC, ESG, and SSVF grant programs. Over the last three years, CHIP has demonstrated a drawdown rate for these funds averaging 99%. CHIP has demonstrated utilization of funds under the HMIS grants for over a decade and is well positioned for this expansion project.

This expansion would grow the HMIS lead's capacity to provide additional monitoring tools and proactive technical assistance to projects participating in HMIS and to continue the expansion of HMIS coverage for new projects. This additional capacity is necessary to support projects that operate under the YHDP funding, which will be competitive and renewable under this NOFO. It will also support the expansion of projects from CV funding that are currently scaling their operations to serve additional clients in response to the public health crisis. Calendar year 2020 saw an additional 30 projects created in the system, the highest number of projects added in a year single year since 2016 when the community was getting ready to implement Coordinated Entry. This is also reflected in the number of new users to our system as well. In 2021, from January 1st to September 30th, there were 153 new HMIS user accounts created, the highest the system has ever added in a single year in the history of the system.

As the system scales the crisis and rehousing response to meet community need, proactive and targeted technical assistance for underperforming projects is necessary to ensure that projects are able to maintain and meet their reporting requirements as well as ensure they are able to move clients to permanent housing as rapidly as possible. These monitoring efforts will support the CoC's commitment to advancing racial equity and targeting populations that have been traditionally underserved and disproportionately represented. The HMIS lead has already created dashboards highlighting racial equity which not only looks a demographic makeup of projects, but also breakdowns of client vulnerability index scores. This dashboard has led to direct action, resulting in our CES team moving away from the VI-SPDAT, exploring new assessment tools, and engaging in HUD technical assistance specific to CES and racial equity.

Additionally, an expansion will allow for more capacity to engage with cross-sector data integration projects that the HMIS lead is already contributing data to. The HMIS lead is currently working with the City of Indianapolis' High Utilizers of Multiple Systems (HUMS) project to integrate justice and healthcare system data to lead to projects that aim to prevent homelessness for clients

being discharged from emergency rooms or correctional facilities.

The HMIS lead also collaborates significantly with persons of lived experience. The CoC's Youth Action Board provides input in our point in time process and advocates for solutions to drive equity in the system. Persons with lived experience also serve on the CHIP Board of Directors and the CoC's governing board, the Blueprint Council, which CHIP helps support.

Finally, an expansion project will provide capacity to better assist victim service providers in the CoC in their adoption and utilization of a comparable database to ensure quality data collection and to engage with non-HMIS participating providers to onboard them into HMIS, as we increase HMIS coverage.

2. Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

Annually, CHIP has demonstrated the ability to leverage Federal funding through CoC, ESG, and SSVF, local funds through the Indianapolis Housing Trust Fund, and private dollars from philanthropic partners, including but not limited to the Lilly Endowment, Anthem Foundation, and the United Way of Central Indiana. CHIP has also been able to leverage support from research partners to enhance our annual Point-in-Time Count and to secure professional services and technology that assist in training and increasing the capacity of providers. CHIP leverages other Federal grants, such as SSVF, to support operating and customizing HMIS.

3. Describe your organization's (and subrecipient(s) if applicable) financial management structure.

The City of Indianapolis is the Collaborative Applicant and primary grantee for the CoC Program. Routine oversight and monitoring include monthly review of reimbursement claims; quarterly progress updates with project objectives and grant draw down; and annual report on completing project goals, general HMIS status, and grant expenditures.

CHIP is governed by its Board of Directors, which is responsible for all oversight of the organization. The CHIP Board of Directors includes a Treasurer and a Finance Committee, activated in 2021, which includes the Treasurer, Director of Finance, Executive Director, and two additional board members. CHIP contracts with United Way of Central Indiana to serve as its fiscal agent. United Way processes payroll and vendor payments. Vendor payments are approved by CHIP's Executive Director and Director of Finance prior to United Way issuing the payments. CHIP also deposits grant funding and contributions into United Way's account. Entries are made by CHIP's staff and approved by United Way to ensure the funds are allocated to CHIP within United Way's accounting system.

In addition to United Way's accounting system, CHIP utilizes QuickBooks internally and all transactions for CHIP are entered into United Way's accounting system (separate from CHIP's) after being reviewed and approved by United Way accounting staff.

Financial reports are reviewed and reconciled at least monthly between CHIP's QuickBooks system and United Way's accounting reports. Additionally, CHIP's Director of Finance prepares the monthly claims which are reviewed by the Executive Director. Monthly financial reports are provided to the CHIP leadership team to monitor overall grant financial progress.

CHIP files its own annual tax return and is also audited each year through an external audit review process.

4. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization? No

3A. Project Detail

1. CoC Number and Name:	IN-503 - Indianapolis CoC
2. CoC Collaborative Applicant Name:	City of Indianapolis
3. Project Name:	2022 HMIS Expansion
4. Project Status:	Standard
5. Component Type:	HMIS
6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?	No
7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement)	No
8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?	No

3B. Project Description

1. Provide a description that addresses the entire scope of the proposed project.

CHIP has created a system-facing Equity Dashboard and is working with CoC leadership and agency partners on actionable steps to address inequities in access, assessment, and service delivery. In addition to monitoring data that currently exists in the system, there is a need to better integrate external data into the system for a better understanding of the need from the entirety of the homeless response system, not just HMIS participating projects. CHIP is currently working to identify and onboard providers that have not traditionally participated in HMIS to gain better understandings of where clients would typically fall into homelessness and how they are being served as related to key system indicators.

The expansion of the projects that participate in HMIS help the CoC in participating more effectively in data integration projects. The HMIS Lead is currently in the process of working with the city of Indianapolis to analyze data across the homelessness, correctional and healthcare systems (i.e. HUMS). In addition to the HUMS project, there are three additional data integration projects underway: The first is a project to bring community centers providing homelessness prevention and diversion services into HMIS; the second is a collaboration with Indiana's Management Performance Hub to interface with Medicare Healthcare data for improved care coordination and health coverage expansion; the third is a project to integrate Indiana Department of Education data to identify and intervene with housing unstable students. Though these projects have been in the planning stages, the expansion would allow for more progress.

The capacity increased by an expansion project will also allow CHIP to further expand the online learning management system that is currently being rolled out to improve access to ongoing training, technical assistance, and continuing education, ultimately enhancing the data literacy, quality, and HMIS utilization of users and agency partners.

Ultimately, this funding will assist the continuum in creating more effective monitoring tools and centralizing training efforts to lower the barriers to better understand and utilize HMIS, allowing users to provide more effective services to their clients.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D

Begin hiring staff or expending funds	30			
Begin program participant enrollment	0			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	0			
Leased or rental assistance units or structure, and supportive services near 100% capacity	0			
Closing on purchase of land, structure(s), or execution of structure lease	0			
Start rehabilitation	0			
Complete rehabilitation	0			
Start new construction	0			
Complete new construction	0			

4. Will your project participate in the CoC's Coordinated Entry (CE) process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements? Yes

3C. HMIS Expansion

1. Is this a "Project Expansion" of an eligible renewal project? Yes

***Enter the PIN (first 6 characters of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2021 upon which this project proposes to expand.**

1a. Eligible Renewal Grant PIN: IN0076

1b. Eligible Renewal Grant Project Name: 2022 HMIS

Select 'Yes' or 'No' to questions 2-4 below. To be an eligible HMIS Expansion, at least one question must be selected "Yes."

2. Will this expansion project increase HMIS functionality? Yes

2a. Describe the increased HMIS functionality.

HMIS functionality will be increased via customization and refinement of tools within the system such as performance monitoring and data quality tools. These tools allow projects to complete in depth analysis of their projects data quality and performance and directs users to the specific data elements that have missing or incomplete data. Coupled with dashboards and data visualization tools, projects can monitor their progress and performance in relation to other projects and the system as a whole.

3. Will this expansion project increase geographic coverage of HMIS? No

4. Will this expansion project increase number of HMIS participating agencies or programs? Yes

4a. Identify the number of additional HMIS users in each agency or programs that will be added

HUD - Continuum of Care Program (CoC)	25
HUD - Emergency Solutions Grant (ESG)	5
HUD - Housing Opportunities for Persons with AIDS (HOPWA)	0
HHS - Projects for Assistance in Transition from Homelessness (PATH)	0
HHS - Runaway and Homeless Youth Programs (RHY)	0

VA	0
Other	0
Total	30

4A. HMIS Standards

1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the 2020 HMIS Data Standard Notice?	Yes
2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells (Logitudinal System Analysis), data for CAPER/ESG reporting, SPM and Data Quality Table, etc).	Yes
3. Is your HMIS capable of generating all reports required by Federal partners including HUD, VA, and HHS?	Yes
4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC?	Yes
5. Is there a staff person responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?	Yes
6. Does your organization conduct a background check for all employees who access and view HMIS data?	Yes
7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards?	Yes
8. Do you have a process in place to remove licenses for former users who no longer need access to HMIS (e.g. leave their job, fired)	Yes
8a. How long does it take to remove user licenses for former HMIS users?	Within 24 hours

4B. HMIS Training

Indicate the last training date or proposed training date for each HMIS training, as applicable.

Activity	**Enter date of last training or proposed next training (mm/yyyy)**
Basic Computer Training	11/2021
HMIS Software Training for Sys Admin	11/2021
HMIS Software Training	11/2021
Data Quality Training	08/2021
Security Training	04/2022
Privacy/Ethics Training	04/2022
HMIS PIT Count Training	01/2021
Other (must specify)	

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2023?	Yes
2. What type of CoC funding is this project applying for in this CoC Program Competition?	Reallocation
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Select a grant term:	1 Year
HMIS	X
6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months)	No

6H. HMIS Budget

Instructions:

Enter the quantity and total budget request for each HMIS cost. The request entered should be equivalent to the cost of one year of the relevant HMIS activity. The system populates a list of eligible costs associated with the implementation of an HMIS and for which CoC funds can be requested.

Quantity Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (eg. .75 FTE hours and benefits for staff, utility types, monthly allowance for food and supplies) for each HMIS cost for which funding is being requested. Please note that simply stating “1FTE” is NOT providing “Quantity AND Detail” and restricts understanding of what is being requested. Failure to enter adequate “Quantity AND Detail” may result in conditions being placed on the award and a delay of grant funding.

Annual Assistance Requested: This is a required field. For each grant year, enter the amount funds requested for each activity.

Total Annual Assistance Requested: This field is automatically calculated based on the sum of the annual assistance requests entered for each activity.

Grant term: This field is populated based on the grant term selected on Screen “6A. Funding Request" and will be read only.

Total Request for Grant Term: This field is automatically calculated based on the total amount requested for each eligible cost multiplied by the grant term.

All total fields will be calculated once the required field has been completed and saved.

Additional Resources can be found at the HUD Exchange:
https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources

A quantity AND description must be entered for each requested cost.

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software		
3. Services		
4. Personnel	Full-time Data Management Specialist ($56,550) and benefits (39% of salary).	$78,605
5. Space & Operations	Mileage reimbursement for Data Management Specialist (350 miles x federal mileage rate, $201.25), Rent/Utilities for office space ($287.81), and 5% Director of Finance salary/benefits ($4,792.13)	$7,801
Total Annual Assistance Requested:		$86,406
Grant Term:		1 Year
Total Request for Grant Term:		$86,406

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for this project. To add a Match source to the list, select the icon. To view or update a Match source already listed, select the icon.

Summary for Match

Total Amount of Cash Commitments:	$23,762
Total Amount of In-Kind Commitments:	$0
Total Amount of All Commitments:	$23,762

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Name of Source	Amount of Commitments
Cash	Private	HMIS user fees	$23,762

Sources of Match Detail

1. Type of Match commitment:	Cash
2. Source:	Private
3. Name of Source: **(Be as specific as possible and include the office or grant program as applicable)**	HMIS user fees
4. Amount of Written Commitment:	$23,762

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Total Assistance Requested for Grant Term (Applicant)
1a. Acquisition			$0
1b. Rehabilitation			$0
1c. New Construction			$0
2a. Leased Units	$0	1 Year	$0
2b. Leased Structures	$0	1 Year	$0
3. Rental Assistance	$0	1 Year	$0
4. Supportive Services	$0	1 Year	$0
5. Operating	$0	1 Year	$0
6. HMIS	$86,406	1 Year	$86,406
7. Sub-total Costs Requested			$86,406
8. Admin (Up to 10%)			$8,639
9. Total Assistance Plus Admin Requested			$95,045
10. Cash Match			$23,762
11. In-Kind Match			$0
12. Total Match			$23,762
13. Total Budget			$118,807

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	CHIP 501 c 3 Letter	10/22/2021
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description: CHIP 501 c 3 Letter

Attachment Details

Document Description:

Attachment Details

Document Description:

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

It will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000(d)) and regulations pursuant thereto (Title 24 CFR part I), which state that no person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the applicant receives Federal financial assistance, and will immediately take any measures necessary to effectuate this agreement. With reference to the real property and structure(s) thereon which are provided or improved with the aid of Federal financial assistance extended to the applicant, this assurance shall obligate the applicant, or in the case of any transfer, transferee, for the period during which the real property and structure(s) are used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits.

It will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and with implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion, sex, disability, familial status or national origin.

It will comply with Executive Order 11063 on Equal Opportunity in Housing and with implementing regulations at 24 CFR Part 107 which prohibit discrimination because of race, color, creed, sex or national origin in housing and related facilities provided with Federal financial assistance.

It will comply with Executive Order 11246 and all regulations pursuant thereto (41 CFR Chapter 60-1), which state that no person shall be discriminated against on the basis of race, color, religion, sex or national origin in all phases of employment during the performance of Federal contracts and shall take affirmative action to ensure equal employment opportunity. The applicant will incorporate, or cause to be incorporated, into any contract for construction work as defined in Section 130.5 of HUD regulations the equal opportunity clause required by Section 130.15(b) of the HUD regulations.

It will comply with Section 3 of the Housing and Urban Development Act of 1968, as amended (12 U.S.C. 1701(u)), and regulations pursuant thereto (24 CFR Part 135), which require that to the greatest extent feasible opportunities for training and employment be given to lower-income residents of the project and contracts for work in connection with the project be awarded in substantial part to persons residing in the area of the project.

It will comply with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and with implementing regulations at 24 CFR Part 8, which prohibit discrimination based on disability in Federally-assisted and conducted programs and activities.

It will comply with the Age Discrimination Act of 1975 (42 U.S.C. 6101-07), as amended, and implementing regulations at 24 CFR Part 146, which prohibit discrimination because of age in projects and activities receiving Federal financial assistance.

It will comply with Executive Orders 11625, 12432, and 12138, which state that program participants shall take affirmative action to encourage participation by businesses owned and operated by members of minority groups and women.

If persons of any particular race, color, religion, sex, age, national origin, familial status, or disability who may qualify for assistance are unlikely to be reached, it will establish additional procedures to ensure that interested persons can obtain information concerning the assistance.

It will comply with the reasonable modification and accommodation requirements and, as appropriate, the accessibility requirements of the Fair Housing Act and section 504 of the Rehabilitation Act of 1973, as amended.

Additional for Rental Assistance Projects:

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR part 578 or 24 CFR 582.330(a), it will comply with this section's nondiscrimination requirements within the designated population.

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 15 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

1-Year Operation Rule.

Applicants receiving assistance for supportive services, leasing, or operating costs but not receiving assistance for acquisition, rehabilitation, or new construction: The project will be operated for the purpose specified in the application for any year for which such assistance is provide

Where the applicant is unable to certify to any of the statements in this certification, such applicant shall provide an explanation.

Name of Authorized Certifying Official: Jennifer Fults

Date: 11/08/2021

Title: Adminstrator

Applicant Organization: City of Indianapolis

PHA Number (For PHA Applicants Only):

I certify that I have been duly authorized by the applicant to submit this Applicant Certification and to ensure compliance. I am aware that any false, ficticious, or fraudulent X

statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).	
Active SAM Status Requirement. I certify that our organization has an active System for Award Management (SAM) registration as required by 2 CFR 200.300(b) at the time of project application submission to HUD and will ensure this SAM registration will be renewed annually to meet this requirement.	X

8B. Submission Summary

Applicant must click the submit button once all forms have a status of Complete.

Page	Last Updated
1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required

1D. SF-424 Congressional District(s)	10/22/2021
1E. SF-424 Compliance	10/22/2021
1F. SF-424 Declaration	10/22/2021
1G. HUD 2880	10/22/2021
1H. HUD 50070	10/22/2021
1I. Cert. Lobbying	10/22/2021
1J. SF-LLL	10/22/2021
IK. SF-424B	10/22/2021
1L. SF-424D	10/22/2021
2A. Subrecipients	10/22/2021
2B. Experience	11/01/2021
3A. Project Detail	10/22/2021
3B. Description	10/22/2021
3C. HMIS Expansion	11/01/2021
4A. HMIS Standards	10/22/2021
4B. HMIS Training	11/01/2021
6A. Funding Request	10/22/2021
6H. HMIS Budget	10/22/2021
6I. Match	11/01/2021
6J. Summary Budget	No Input Required
7A. Attachment(s)	10/22/2021
7D. Certification	10/22/2021

Internal Revenue Service

Department of the Treasury

P. O. Box 2508
Cincinnati, OH 45201

RECEIVED
SEP 16 2002
BY:

Date: September 13, 2002

Person to Contact:
Kimberly Ann Mahan
Customer Service Specialist
Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
31-1254018

Coalition For Homeless
Intervention And Prevention Of Greater
Indianapolis
960 E. Washington St. Ste. 200B
Indianapolis, IN 46202-3951

Dear Sir or Madam:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in January 1989 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than $25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of $20 a day, up to a maximum of $10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of $100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.