# 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.
- 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.
- Before starting 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).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2021 CoC Program Competition NOFO.

# 1A. SF-424 Application Type

| | |
|---|---|
| **1. Type of Submission:** | |
| **2. Type of Application:** | YHDP Replacement Project Application |
| **If "Revision", select appropriate letter(s):** | |
| **If "Other", specify:** | |
| **3. Date Received:** | 11/08/2021 |
| **4. Applicant Identifier:** | |
| **4a. 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 YHDP Host Homes |
| **16. Congressional District(s):** | |
| **16a. Applicant:** | IN-007 |
| **16b. Project: (for multiple selections hold CTRL key)** | IN-007 |
| **17. Proposed Project** | |
| **a. Start Date:** | 10/01/2022 |
| **b. End Date:** | 09/30/2023 |
| **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:** $130,000.00

(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 ---<br>(1) The dangers of drug abuse in the workplace<br>(2) The Applicant's policy of maintaining a drug-free workplace;<br>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and<br>(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 ---<br>(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<br>(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 ---<br>(1) Abide by the terms of the statement; and<br>(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 |

# 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:** $130,639

| Organization | Type | Type | Sub-Award Amount |
|---|---|---|---|
| Trinity Haven, Inc. | M. Nonprofit with 501C3 IRS Status | | $130,639 |

# 2A. Project Subrecipients Detail

**a. Organization Name:** Trinity Haven, Inc.

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

**c. Employer or Tax Identification Number:** 82-5358554

| | | | | |
|---|---|---|---|---|
| | *** d. Organizational DUNS:** | 022398803 | **PLUS 4** | |

**e. Physical Address**

**Street 1:** 3561 North Pennsylvania Street

**Street 2:**

**City:** Indianapolis

**State:** Indiana

**Zip Code:** 46205

**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?** No

**i. Expected Sub-Award Amount:** $130,639

**j. Contact Person**

**Prefix:**

**First Name:** Jenni

**Middle Name:**

**Last Name:** White

| | |
|---|---|
| **Suffix:** | |
| **Title:** | Executive Directo |
| **E-mail Address:** | jenni@trinityhavenindy.org |
| **Confirm E-mail Address:** | jenni@trinityhavenindy.org |
| **Phone Number:** | 317-507-4438 |
| **Extension:** | |
| **Fax Number:** | |

# 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.**

Trinity Haven has developed a transitional living program (TLP) for LGBTQ young people ages 18-21 who are at risk for homelessness. We plan to open in late 2020, though the covid-19 crisis could alter our schedule. Our ED, Jenni White, brings to the job more than 10 years of experience administering programs for people experiencing homelessness, including youth ages 18-24. As VP of Mission Impact at Coburn Place, White oversaw implementation of the CES as well as programs including transitional housing, rapid rehousing, support services, and referrals, with an 80% rate of permanently housing individuals and families in the TLP. IYG has provided referral services for LGBTQ homeless youth for 33 years and runs a Basic Needs program as well. Trinity Haven has spent 3 years developing its residential program for LGBTQ youth ages 18-21; this program takes an evidence-based template for youth transitional housing but gives it an innovative update by incorporating the latest research into the needs of LGBTQ youth. We've just completed a $1.5 million fundraising campaign for our TLP, which
has included grants from 16 foundations; 11 schools and religious organizations; around 500 individual donations; and 10 corporate gifts. IYG has secured funding from local community foundations, multiple state agencies, and individuals to serve youth and young adults experiencing homelessness. Our executive director reports to the board of directors and leads operations in consultation with board committees, volunteers, collaborative partners, contracted experts, and (starting later in 2020) staff. Financial activities are handled by the ED, the board's finance committee, the board treasurer, and our accountant. They all follow the procedures detailed in our 24-page Internal Controls Policies and Procedures manual, which was written in consultation with Bookkeeping Plus, Inc. Our 2019 audit was clean with no findings.

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

Trinity Haven began with a 2017 grant from the Faith & Action Project for $20K and leveraged it into a successful $1.5 million fundraising campaign for our TLP that was completed in 2019. We used that $20K grant to hire a project planner—who then helped us lay the operational, legal, licensure, staffing, and financial groundwork to apply for additional grants and make a fundraising case to individuals. For example, we applied for and won a $100K renovation grant from Impact 100—which we leveraged into a $300K grant from Lilly Endowment International. A $50K grant from Trinity Episcopal Church attracted $179,775 from 8 other religious organizations (both local and national). We also anticipate receiving close to $750K in state funding annually for our TLP operations.

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

Trinity Haven's ED is responsible for all areas of the organization; both the TLP Program Administrator and the Host Homes Coordinator (HHC) report directly to her. The HHC supervises the HH case manager. Trinity Haven contracts with a professional bookkeeping agency well-versed in non-profit financial and grant management and follows Generally Accepted Accounting Principles (GAAP), which will be used to set up and administer the grant, including funds we pay out to our partners.

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

# 3A. Project Detail

**1a. CoC Number and Name:** IN-503 - Indianapolis CoC

**2. CoC Collaborative Applicant Name:** City of Indianapolis

**3. Project Name:** 2022 YHDP Host Homes

**4. Project Status:** Standard

**5. Component Type:** SSO

**5a. Select the type of SSO project:** Standalone Supportive Services

**6. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3?** No

**8. Is this YHDP Replacement application requesting to replace an eligible YHDP renewal project that was awarded to the same recipient? (Attachment Requirement)** Yes

**8a. List the YHDP project being replaced.**

| Full Grant Number | Operating Start Date | Expiration Date | Component Type | Waiver | YHDP Community |
|---|---|---|---|---|---|
| IN0231Y5H031899 | 10/01/2020 | 09/30/2022 | SSO | Yes | Indianapolis |

**IMPORTANT: For all expiring projects listed above, be sure to attach a copy of the most recently approved e-snaps project application(s) on Screen 7A (e.g., if the project was funded in the FY 2019 CoC Program Competition, a copy of the FY 2019 CoC Program Competition project application).**

**YHDP Replacement Projects cannot exceed the project budget set in the original YHDP Renewal.**

**8b. Provide a brief description that addresses the scope of the proposed YHDP Replacement project, how the Replacement project differs from the**

**YHDP project being replaced, and why the YHDP Replacement project is being applied for.**

Host Home are a cost-effective way to provide safe, temporary homes for YYA. Host Homes meet a need for YYA who don't need the intensive support of a TLP but who need time and assistance to plan for permanent housing, pursue education and employment, improve social-emotional well-being, and improve permanent connections. In particular, our program will focus on LGBTQ youth, with hosts and staff trained to meet their needs. We will collaborate in creating this component and we will do whatever is required by the CoC and CES. We'll take all appropriate referrals from CES, train CES navigators about our program, and if a YYA presents directly to Trinity Haven, our staff will be trained to enter them into CES and assist with resources. Following Housing First principles, we'll provide host homes for 10 LGBTQ YYA ages 16-24 in Indianapolis. Case managers will meet YYA where they feel comfortable or provide bus and Lyft passes to our office and referral agencies. Every aspect of our program, from signage to interior design to our program model, is trauma-informed and LGBTQ-friendly. The HH case manager will work with YYA to create a permanent housing plan; work closely with the CES to ensure YYA have access to RRH and other CoC-supported permanent housing options; and build connections with LGBTQ-friendly landlords. Once YYA are permanently housed, case management will continue for at least 6 months and support services for up to 12 months. The project is the exact same as the original Host Homes project but is being replaced so that the waivers/special activities first approved will continue and new waivers/special activities can be requested.

**8c. Please describe waivers/special activities attached to the original YHDP project being replaced and if you plan to reapply for the same waivers/special activities or new waivers/special activities.**

The intention is to reapply for this waiver and to allow for administrative funds to support costs (compensation) associated with involving young people in meaningful ways in project implementation. The original approved waiver(s)/special requirements approved on 10/27/2020 were:

• 24 CFR 578.53 (e)(15) to expand definitions of eligible costs to include driver's license fees, car repair fees and gas cards.
• 24 CFR 578.53(e) Supportive services funds can be used to pay for the following utility services: Payment of utility arrears of up to six months per service, Up to three months of utilities for a program participant, based on the utility costs schedule for the unit size and location.

**8d. How will this YHDP Replacement project meet the goals established in the Coordinated Community Plan (CCP) developed by the applicant's YHDP community?**

This replacement project will continue to operate as the original project. By allowing continuing the Host Homes project, the goal of decreasing length of time youth and young adults are experiencing homelessness by exiting them to housing and services that meet their needs may be achieved. Host Homes creates a non-traditional housing opportunity that allows for youth and young adults who want a shared housing approach to have a safe environment to live so that life transitions can be safely tackled without the fear of returning to

homelessness. These goals and strategies are all outlined in the Coordinated Community Plan.

# 3B. Project Description

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

Our host homes are a cost-effective way to provide safe, temporary homes for YYA. Host homes meet a need for YYA who don't need the intensive support of a TLP but who need time and assistance to plan for permanent housing, pursue education and employment, improve social-emotional well-being, and improve permanent connections. In particular, our program will focus on LGBTQ youth, with hosts and staff trained to meet their needs. We will collaborate in creating this component and we will do whatever is required by the CoC and CES. We'll take all appropriate referrals from CES, train CES navigators about our program, and if a YYA presents directly to Trinity Haven, our staff will be trained to enter them into CES and assist with resources. Our partners at IYG, which has provided services to LGBTQ YYA for 33 years, will provide host and staff training. Shalom Health Care Center (Shalom), which has wide experience running LGBTQ-competent school clinics, is a collaborating agency and will provide physical and mental health care. Following Housing First principles, we'll provide host homes for 10 LGBTQ YYA
ages 16-24 in Indianapolis. YYA work with a case manager to identify their goals; the case manager supports those goals with referrals to IYG, Shalom, LGBTQ-friendly employers, and more. Case managers will meet YYA where they feel comfortable or provide bus and Lyft passes to our office and referral agencies. Every aspect of our program, from signage to interior design to our program model, is trauma-informed and LGBTQ-friendly. The HH case manager will work with YYA to create a permanent housing plan; work closely with the CES to ensure YYA have access to RRH and other CoC- supported permanent housing options; and build connections with LGBTQ-friendly landlords. Once YYA are permanently housed, case management will continue for at least 6 months and support services for up to 12 months. Trinity Haven has set the following goals for the Host Homes Project: upon exit: 80% YYA will exit to permanent, safe housing; at 6 months: 75% YYA will remain in permanent, safe housing; and, at 1 year: 75% YYA remain in permanent, safe housing.

**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** | 1 | | | |
| **Begin program participant enrollment** | 1 | | | |
| **Program participants occupy leased or rental assistance units or structure(s), or supportive services begin** | 1 | | | |

| | | | | |
|---|---|---|---|---|
| **Leased or rental assistance units or structure, and supportive services near 100% capacity** | 1 | | | |

## 3. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select ALL that apply)

| | | | |
|---|---|---|---|
| **N/A - Project Serves All Subpopulations** | ☐ | **Domestic Violence** | ☐ |
| **Veterans** | ☐ | **Substance Abuse** | ☐ |
| **Youth (under 25)** | ☐ | **Mental Illness** | ☐ |
| **Families with Children** | ☐ | **HIV/AIDS** | ☐ |
| | | **Chronic Homeless** | ☐ |
| | | **Other (Click 'Save' to update)** | ☐ |

**Other:** LGBTQ+

## 5. Housing First

**5a. Will the project quickly move participants into permanent housing?** Yes

### 5b. Will the project enroll program participants who have the following barriers? Select all that apply.

| | |
|---|---|
| **Having too little or little income** | X |
| **Active or history of substance use** | X |
| **Having a criminal record with exceptions for state-mandated restrictions** | X |
| **History of victimization (e.g. domestic violence, sexual assault, childhood abuse)** | X |
| **None of the above** | ☐ |

### 5c. Will the project prevent program participant termination for the following reasons? Select all that apply.

| | |
|---|---|
| **Failure to participate in supportive services** | X |
| **Failure to make progress on a service plan** | X |
| **Loss of income or failure to improve income** | X |
| **Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area** | X |
| **None of the above** | ☐ |

**5d. Will the project follow a "Housing First"** Yes

| | |
|---|---|
| **approach?** | |
| **6. Will program participants be required to live in a specific structure, unit, or locality at any time while in the program?** | No |
| **7. Will more than 16 persons live in a single structure?** | No |

# Youth Homeless Demonstration Projects

**1. Will this project divert or assist homeless youth and households to rapidly exit homelessness?** Yes

**1a. Identify the list of housing problem solving activities that will occur in this project (You may select more than one)**

| | |
|---|---|
| **Housing Search Assistance** | X |
| **Case Management** | X |
| **Deposits** | X |
| **Other** | |

**2. Is this a Host Homes Project?** Yes

**3. Please identify the specific populations addressed in this project**

| | |
|---|---|
| **Pregnant/Parenting** | |
| **Minors** | X |
| **Foster care/justice involved youth** | X |
| **Other** | X |

**Other:** LGBTQ+

**4. Does this project plan to use Rental Assistance in the 2021 CoC Competition?** No

**5. Was this project awarded a waiver/YHDP Special Activity in the last YHDP or CoC Competition?** Yes

**a. If yes, what was the waiver/YHDP special activity?**

The Trinity Haven Host Homes project was approved the following special activities approved on 10/27/2020:

•24 CFR 578.53(e)(15), to expand definitions of eligible costs to include driver's license fees, car repair fees and gas cards.

**6. Does the project plan on applying for a YHDP Special Activity in the 2021 CoC Competition?** Yes

**a. If yes, what is the YHDP Special Activity?**

Trinity Haven Host Homes project plans to apply for:

•24 CFR 578.53(e)(15), to expand definitions of eligible costs to include driver's license fees, car repair fees and gas cards.
•24 CFR 578.59(a)(1) to allow administrative funds to support costs (compensation) associated with involving young people in meaningful ways in project implementation.

# 4A. Supportive Services for Participants

### 1. Describe how program participants will be assisted to obtain and remain in permanent housing.

The Host Homes Case Manager will work with YYA to create a permanent housing plan; work closely with the CES to ensure YYA have access to RRH and other CoC-supported permanent housing options; and build connections with LGBTQ-friendly landlords for safe, affordable mainstream housing options. Once YYA are permanently housed, case management will continue for at least 6 months and support services for up to 12 months, as needed, to increase retention.

### 2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

The HHCM will be trained in mainstream resources for YYA; they will screen for and connect YYA to all relevant mainstream resources for which they are eligible, through connections already established by IYG, which has vetted mainstream resources that are safe and affirming for LGBTQ YYA. As Trinity Haven continues to develop its TLP's programming and services, additional resources will come online that will also be available to HH guests. We'll refer our YYA to Shalom Health Care Center for their health needs, including medical, mental health and wellness, therapy, and substance use services, dental, and OB/GYN care. Trinity Haven is establishing a relationship with Goodwill's Metropolitan High School and Excel Center, which can help young adults earn diplomas and take next steps toward careers or 2- or 4-year degrees. We're also talking with LGBTQ-friendly employers, such as Pitney Bowes, about internships and job opportunities.

### 3. For all supportive services available to program participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

| Supportive Services | | Provider | Frequency |
|---|---|---|---|
| **Assessment of Service Needs** | | Subrecipient | Monthly |
| **Assistance with Moving Costs** | | Subrecipient | As needed |
| **Case Management** | | Subrecipient | Monthly |
| **Child Care** | | | |
| **Education Services** | | Partner | As needed |
| **Employment Assistance and Job Training** | | Partner | As needed |
| **Food** | | Subrecipient | As needed |
| **Housing Search and Counseling Services** | | Subrecipient | Monthly |
| **Legal Services** | | Non-Partner | As needed |
| **Life Skills Training** | | Subrecipient | As needed |
| **Mental Health Services** | | Partner | As needed |

| | | |
|---|---|---|
| **Outpatient Health Services** | Partner | As needed |
| **Outreach Services** | Subrecipient | As needed |
| **Substance Abuse Treatment Services** | Partner | As needed |
| **Transportation** | Subrecipient | As needed |
| **Utility Deposits** | Subrecipient | As needed |

**Identify whether the project includes the following activities:**

| | |
|---|---|
| **4. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** | Yes |
| **5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed?** | Yes |
| **6. Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency?** | Yes |
| **6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months?** | No |

# 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?**

**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 (Longitudinal System Analysis), data for CAPER/ESG reporting, SPM and Data Quality Table, etc).**

**3. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS?**

**4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC?**

**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?**

**6. Does your organization conduct a background check for all employees who access and view HMIS data?**

**7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards?**

**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)?**

# 4B. Housing Type and Location

**The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.**

**Total Units:**

**Total Beds:**

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---|---|---|---|
| None | --- | -- | -- |

# 4B. Housing Type and Location Detail

**1. Housing Type:** None

# 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** | |
| **HMIS Software Training for Sys Admin** | 09/2020 |
| **HMIS Software Training** | 09/2020 |
| **Data Quality Training** | 09/2020 |
| **Security Training** | 04/2022 |
| **Privacy/Ethics Training** | 04/2022 |
| **HMIS PIT Count Training** | 01/2022 |
| **Other (must specify)** | |
| | |
| | |
| | |

# 5A. Program Participants - Households

| Households | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|---|---|---|---|---|
| Total Number of Households | | 1 | | 1 |

| Characteristics | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
|---|---|---|---|---|
| Persons over age 24 | | | | 0 |
| Persons ages 18-24 | | 1 | | 1 |
| Accompanied Children under age 18 | | | | 0 |
| Unaccompanied Children under age 18 | | | | 0 |
| Total Persons | 0 | 1 | 0 | 1 |

**Click Save to automatically calculate totals**

# 5B. Program Participants - Subpopulations

## Persons in Households with at Least One Adult and One Child

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|---|---|---|---|---|---|---|---|---|---|---|
| **Persons over age 24** | | | | | | | | | | |
| **Persons ages 18-24** | | | | | | | | | | |
| **Children under age 18** | | | | | | | | | | |
| **Total Persons** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

## Persons in Households without Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|---|---|---|---|---|---|---|---|---|---|---|
| **Persons over age 24** | | | | | | | | | | |
| **Persons ages 18-24** | 1 | | 0 | | | | | | | |
| **Total Persons** | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

## Click Save to automatically calculate totals

## Persons in Households with Only Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans (Not CH) | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|---|---|---|---|---|---|---|---|---|---|---|
| **Accompanied Children under age 18** | | | | | | | | | | |
| **Unaccompanied Children under age 18** | | | | | | | | | | |
| **Total Persons** | 0 | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

# 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?** | YHDP Replacement |
| **3. Does this project propose to allocate funds according to an indirect cost rate?** | No |
| **4. Select a Grant Term:** | 1 Year |

**5. Select the costs for which funding is requested:**

| | |
|---|---|
| **Leased Units** | |
| **Leased Structures** | |
| **Rental Assistance** | |
| **Supportive Services** | X |
| **Operating** | |
| **HMIS** | |

| | |
|---|---|
| **6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months)** | No |

# 6E. Supportive Services Budget

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

| Eligible Costs | Quantity AND Description (max 400 characters) | Annual Assistance Requested |
|---|---|---|
| **1. Assessment of Service Needs** | | |
| **2. Assistance with Moving Costs** | | |
| **3. Case Management** | 1 Case Manager ($45,000/year) plus 25% benefits; 2,080 FTEs once hired | $42,188 |
| **4. Child Care** | | |
| **5. Education Services** | | |
| **6. Employment Assistance** | | |
| **7. Food** | | |
| **8. Housing/Counseling Services** | 1 Host Homes Coordinator salary ($50,000/year; 2,080 FTEs); 1 Host Homes Coordinator benefits ($15,000/year) and 4.164 host home stipends ($400/month for 6 months x 4.164 hosts/year for a total of $9,994) | $65,000 |
| **9. Legal Services** | | |
| **10. Life Skills** | | |
| **11. Mental Health Services** | | |
| **12. Outpatient Health Services** | | |
| **13. Outreach Services** | 4.164 host home stipends ($400/month for 6 months x 4.164 hosts/year for a total of $9,994) | $9,994 |
| **14. Substance Abuse Treatment Services** | | |
| **15. Transportation** | $100/YYA/year x 10 YYA | $1,000 |
| **16. Utility Deposits** | | |
| **17. Operating Costs** | | |
| **Total Annual Assistance Requested** | | $118,182 |
| **Grant Term** | | 1 Year |
| **Total Request for Grant Term** | | $118,182 |

**Click the 'Save' button to automatically calculate totals.**

# 6H. Sources of Match

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

## Summary for Match

| | |
|---|---|
| **Total Value of Cash Commitments:** | $111,640 |
| **Total Value of In-Kind Commitments:** | $69,900 |
| **Total Value of All Commitments:** | $181,540 |

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

**Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**

| Type | Source | Contributor | Value of Commitments |
|---|---|---|---|
| In-Kind | Private | The Church Within | $68,400 |
| In-Kind | Private | Lyft | $1,500 |
| Cash | Private | Trinity Haven, Inc. | $111,640 |

# Sources of Match Detail

**1. Type of Match Commitment:** In-Kind

**2. Source:** Private

**3. Name of Source:**
**(Be as specific as possible and include the office or grant program as applicable)** The Church Within

**4. Amount of Written Commitment:** $68,400

**Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**

# Sources of Match Detail

**1. Type of Match Commitment:** In-Kind

**2. Source:** Private

**3. Name of Source:**
**(Be as specific as possible and include the office or grant program as applicable)** Lyft

**4. Amount of Written Commitment:** $1,500

**Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**

# 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)** Trinity Haven, Inc.

**4. Amount of Written Commitment:** $111,640

# 6I. Summary Budget

**The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2017 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2017, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.**

| Eligible Costs | Total Assistance Requested for 1 year Grant Term (Applicant) |
|---|---|
| 1a. Leased Units | $0 |
| 1b. Leased Structures | $0 |
| 2. Rental Assistance | $0 |
| 3. Supportive Services | $118,182 |
| 4. Operating | $0 |
| 5. HMIS | $0 |
| 6. Sub-total Costs Requested | $118,182 |
| 7. Admin (Up to 10%) | $11,818 |
| 8. Total Assistance plus Admin Requested | $130,000 |
| 9. Cash Match | $111,640 |
| 10. In-Kind Match | $69,900 |
| 11. Total Match | $181,540 |
| 12. Total Budget | $311,540 |

# 7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|---|---|---|
| 1) Subrecipient Nonprofit Documentation | No | Trinity Haven Org... | 10/20/2021 |
| 2) Other Attachmenbt | No | Waivers/Special A... | 11/04/2021 |
| 3) Other Attachment | No | 2019 YHDP Trinity... | 11/04/2021 |

# Attachment Details

**Document Description:** Trinity Haven Organization Status

# Attachment Details

**Document Description:** Waivers/Special Activities Letters

# Attachment Details

**Document Description:** 2019 YHDP Trinity Haven Host Homes

# 7A. In-Kind Match MOU Attachment

| Document Type | Required? | Document Description | Date Attached |
|---|---|---|---|
| In-Kind Match MOU | No | | |

# Attachment Details

**Document Description:**

# 7B. 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 578.33(d) 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.

### 20-Year Operation Rule.

Applicants receiving assistance for acquisition, rehabilitation or new construction: The project will be operated for no less than 20 years from the date of initial occupancy or the date of initial service provision for the purpose specified in the application.

### 15-Year Operation Rule – 24 CFR part 578 only.

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.

For 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 provided.

### C. Explanation.

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 statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).** | X |

# 8B Submission Summary

| 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)** | 10/19/2021 |
| **1E. SF-424 Compliance** | 10/19/2021 |
| **1F. SF-424 Declaration** | 10/19/2021 |
| **1G. HUD 2880** | 10/19/2021 |
| **1H. HUD 50070** | 10/19/2021 |
| **1I. Cert. Lobbying** | 10/19/2021 |
| **1J. SF-LLL** | 10/19/2021 |
| **IK. SF-424B** | 10/19/2021 |
| **2A. Subrecipients** | 10/19/2021 |
| **2B. Experience** | 10/19/2021 |
| **3A. Project Detail** | 11/08/2021 |
| **3B. Description** | 11/08/2021 |
| **Youth Homeless Demonstration Projects** | 11/04/2021 |
| **4A. Services** | 10/19/2021 |
| **4A. HMIS Standards** | No Input Required |
| **4B. Housing Type** | 11/04/2021 |
| **4B. HMIS Training** | No Input Required |
| **5A. Households** | No Input Required |
| **5B. Subpopulations** | No Input Required |
| **6A. Funding Request** | 10/19/2021 |
| **6E. Supp Srvcs Budget** | 10/19/2021 |
| **6H. Match** | 10/19/2021 |
| **6I. Summary Budget** | No Input Required |
| **7A. Attachment(s)** | 11/04/2021 |
| **7A. In-Kind Match MOU Attachment** | No Input Required |
| **7B. Certification** | 10/20/2021 |

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: NOV 14 2018

TRINITY HAVEN INC
C/O ICE MILLER LLP
RYAN W WAGGONER
ONE AMERICAN SQUARE STE 2900
INDIANAPOLIS, IN 46282-0200

Employer Identification Number:
82-5358554
DLN:
17053123307018
Contact Person:
MRS. M. TAYLOR ID# 52449
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
April 23, 2018
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

TRINITY HAVEN INC

We sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Stephen A. Martin

Director, Exempt Organizations
Rulings and Agreements

INDIANAPOLIS
METROPOLITAN DEVELOPMENT

October 25, 2021
Re: Youth Homelessness Demonstration Program Grant
CoC: IN 503 Indianapolis
Grantee: Trinity Haven Host Homes

The City of Indianapolis is a Grantee of the FY2018 Youth Homelessness Demonstration Program (YHDP) funding. The City of Indianapolis received the funding in 2019 and completed its Coordinated Community Plan to Prevent and End Youth and Young Adult Homelessness in early 2020. The City has awarded six different projects to address the needs identified in the plan. Each of the projects is seeking multiple waivers/special requirements to the interim rule to meet the different needs of youth and young adults. Specifically, the City of Indianapolis as the applicant of the Trinity Haven Host Homes project is requesting to waive:

Current Waivers/Special Requirements for Reapplication

- 24 CFR 578.53 (e)(15) to expand definitions of eligible costs to include driver's license fees, car repair fees and gas cards.
- 24 CFR 578.53(e) Supportive services funds can be used to pay for the following utility services: Payment of utility arrears of up to six months per service, Up to three months of utilities for a program participant, based on the utility costs schedule for the unit size and location.

New Waivers/Special Requirements to Apply For:

- 24 CFR 578.59(a)(1) In addition to the eligible costs listed in the rule, allow administrative funds to support costs (compensation) associated with involving young people in meaningful ways in project implementation.

We are committed to creating and implementing a response system that provide the maximum amount of flexibility for young people to self-resolve their homelessness while providing young people who need intensive services access to permanent housing with on-going supports. With the above waivers, the transitional housing to rapid re-housing project will be a part of a flexible system to meet those varying needs.

Please see the attached detailed information and justifications information about the

intervention and the waiver request. Please contact me at Jennifer.Fults2@Indy.Gov or at 317-327-5899 if you need additional information regarding this request. Thank you for your consideration.

Sincerely,

Jennifer Fults
Administrator

# Indianapolis Youth Action Board (YAB)

October 25, 2021
Re: Youth Homelessness Demonstration Program Grant
CoC: IN 503 Indianapolis
Grantee: Trinity Haven Host Homes

On October 15th, 2021 the Indianapolis Youth Action Board (YAB) voted to approve the following waivers for application and reapplication.

Current Waivers/Special Requirements for Reapplication

- 24 CFR 578.53 (e)(15) to expand definitions of eligible costs to include driver's license fees, car repair fees and gas cards.
- 24 CFR 578.53(e) Supportive services funds can be used to pay for the following utility services: Payment of utility arrears of up to six months per service, Up to three months of utilities for a program participant, based on the utility costs schedule for the unit size and location.

New Waivers/Special Requirements to Apply For:

- 24 CFR 578.59(a)(1) In addition to the eligible costs listed in the rule, allow administrative funds to support costs (compensation) associated with involving young people in meaningful ways in project implementation.

Please see the attached detailed information and justifications information about the intervention and the waiver request. Thank you for your consideration.

Sincerely,

Lauren Long
Youth Action Board Member

COALITION FOR HOMELESSNESS INTERVENTION & PREVENTION

June 29, 2020

To Whom it May Concern:

As the lead YHDP lead agency in Indianapolis, Coalition of Homelessness Intervention and Prevention (CHIP) approves the application from Trinity Haven for the YHDP Trinity Haven Host Homes on behalf of the Indianapolis Continuum of Care. In accordance with our Coordinated Community Plan to Prevent and End Youth and Young Adult Homelessness, this project will provide a safe, inclusive and affirming space for young people in need of crisis housing while permanent housing options are being identified.

Sincerely,

Dr. Chelsea Haring – Cozzi
Executive Director
Coalition for Homelessness Intervention and Prevention (CHIP)

1100 W. 42nd Street, Suite 350, Indianapolis, IN 46208 Phone: 317.630.0853 Fax: 317.630.0856 www.chipindy.org

Indianapolis Continuum of Care

Youth Action Board

June 29, 2020

Due to the current season of COVID-19, Youth Action Board (YAB) members were involved in the selection of YHDP projects in varying capacities. Two members participated in the RFP Workgroup, in which all proposals were reviewed, ranked and rated. Once project selections were made, the remaining YAB members reviewed the proposed list of selected projects, via phone, Zoom or in person, and provided their recommendations. Selected projects were given the recommendation from YAB and amendments made to their projects. Projects were approved by all YAB members before finalized for submission.

On behalf of the full YAB, we confirm the YAB reviewed and approved the applications of the selected projects and believe it to be in alignment with Indianapolis' Coordinated Community Plan to Prevent and End Youth and Young Adult Homelessness.

Sincerely,

Adam Sessoms

YAB Member – RFP Workgroup Member

Nikki Dodd

YAB Member – RFP Workgroup Member

# 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 Exchange at https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- 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) 2019 Continuum of Care (CoC) Program Competition. For more information see FY 2019 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2019 CoC Program NOFA and the FY 2019 General Section NOFA.
- 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 2019 CoC Program Competition NOFA.

# 1A. SF-424 Application Type

| | |
|---|---|
| **1. Type of Submission:** | |
| **2. Type of Application:** | YHDP New Project Application |
| **If Revision, select appropriate letter(s):** | |
| **If "Other", specify:** | |
| **3. Date Received:** | 07/01/2020 |
| **4. Applicant Identifier:** | |
| **5a. Federal Entity 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:** Mrs.
**First Name:** Courtney
**Middle Name:**
**Last Name:** Purnell
**Suffix:**
**Title:** Human Services Grant Manager
**Organizational Affiliation:** City of Indianapolis
**Telephone Number:** (317) 327-5806

**Extension:**
**Fax Number:** (317) 327-5806
**Email:** courtney.purnell@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-6200-N-35 |
| **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:** 2019 YHDP - Trinity Host Homes

**16. Congressional District(s):**

**a. Applicant:** IN-007

**b. Project:** IN-007
**(for multiple selections hold CTRL key)**

**17. Proposed Project**

**a. Start Date:** 10/01/2020

**b. End Date:** 09/30/2022

**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.fults@indy.gov |
| **Signature of Authorized Representative:** | Considered signed upon submission in e-snaps. |
| **Date Signed:** | 07/01/2020 |

# 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.fults@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:** $260,000.00

(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:** 07/01/2020

# 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 ---<br>(1) The dangers of drug abuse in the workplace<br>(2) The Applicant's policy of maintaining a drug-free workplace;<br>(3) Any available drug counseling, rehabilitation, and employee assistance programs; and<br>(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 ---<br>(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<br>(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 ---<br>(1) Abide by the terms of the statement; and<br>(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: 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)

**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.fults@indy.gov |
| **Signature of Authorized Representative:** | Considered signed upon submission in e-snaps. |
| **Date Signed:** | 07/01/2020 |

# 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:** 07/01/2020

# 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.fults@indy.gov |
| **Signature of Authorized Representative:** | Considered signed upon submission in e-snaps. |
| **Date Signed:** | 07/01/2020 |

# 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:** $260,000

| Organization | Type | Sub-Award Amount |
|---|---|---|
| Trinity Haven, Inc. | M. Nonprofit with 501C3 IRS Status | $260,000 |

# 2A. Project Subrecipients Detail

**a. Organization Name:** Trinity Haven, Inc.

**b. Organization Type:** M. Nonprofit with 501C3 IRS Status
**If "Other" specify:**

**c. Employer or Tax Identification Number:** 82-5358554

| | | | | |
|---|---|---|---|---|
| | **d. Organizational DUNS:** | 022398803 | **PLUS 4:** | |

**e. Physical Address**
**Street 1:** 3561 North Pennsylvania Street
**Street 2:**
**City:** Indianapolis
**State:** Indiana
**Zip Code:** 46205

**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?** No

**i. Expected Sub-Award Amount:** $260,000

**j. Contact Person**
**Prefix:**
**First Name:** Jenni
**Middle Name:**

| | |
|---|---|
| **Last Name:** | White |
| **Suffix:** | |
| **Title:** | Executive Director |
| **E-mail Address:** | jenni@trinityhavenindy.org |
| **Confirm E-mail Address:** | jenni@trinityhavenindy.org |
| **Phone Number:** | 317-507-4438 |
| **Extension:** | |
| **Fax Number:** | |

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

**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.**

Trinity Haven has developed a transitional living program (TLP) for LGBTQ young people ages 18-21 who are at risk for homelessness. We plan to open in late 2020, though the covid-19 crisis could alter our schedule. Our ED, Jenni White, brings to the job more than 10 years of experience administering programs for people experiencing homelessness, including youth ages 18-24. As VP of Mission Impact at Coburn Place, White oversaw implementation of the CES as well as programs including transitional housing, rapid rehousing, support services, and referrals, with an 80% rate of permanently housing individuals and families in the TLP. IYG has provided referral services for LGBTQ homeless youth for 33 years and runs a Basic Needs program as well.

Trinity Haven has spent 3 years developing its residential program for LGBTQ youth ages 18-21; this program takes an evidence-based template for youth transitional housing but gives it an innovative update by incorporating the latest research into the needs of LGBTQ youth.

We've just completed a $1.5 million fundraising campaign for our TLP, which has included grants from 16 foundations; 11 schools and religious organizations; around 500 individual donations; and 10 corporate gifts. IYG has secured funding from local community foundations, multiple state agencies, and individuals to serve youth and young adults experiencing homelessness.

Our executive director reports to the board of directors and leads operations in consultation with board committees, volunteers, collaborative partners, contracted experts, and (starting later in 2020) staff. Financial activities are handled by the ED, the board's finance committee, the board treasurer, and our accountant. They all follow the procedures detailed in our 24-page Internal Controls Policies and Procedures manual, which was written in consultation with Bookkeeping Plus, Inc. Our 2019 audit was clean with no findings.

**2. Describe the experience of the applicant and potential subrecipients (if any) in leveraging other Federal, State, local, and private sector funds.**

Trinity Haven began with a 2017 grant from the Faith & Action Project for $20K and leveraged it into a successful $1.5 million fundraising campaign for our TLP that was completed in 2019. We used that $20K grant to hire a project planner—who then helped us lay the operational, legal, licensure, staffing, and financial groundwork to apply for additional grants and make a fundraising case to individuals. For example, we applied for and won a $100K renovation grant from Impact 100—which we leveraged into a $300K grant from Lilly Endowment International. A $50K grant from Trinity Episcopal Church attracted $179,775

from 8 other religious organizations (both local and national). We also anticipate receiving close to $750K in state funding annually for our TLP operations.

**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.**

Trinity Haven's ED is responsible for all areas of the organization; both the TLP Program Administrator and the Host Homes Coordinator (HHC) report directly to her. The HHC supervises the HH case manager. Trinity Haven contracts with a professional bookkeeping agency well-versed in non-profit financial and grant management and follows Generally Accepted Accounting Principles (GAAP), which will be used to set up and administer the grant, including funds we pay out to our partners.

| | |
|---|---|
| **4a. Are there any unresolved monitoring or audit findings for any HUD grants(including ESG) operated by the applicant or potential subrecipients (if any)?** | No |

# 3A. Project Detail

| | |
|---|---|
| **1a. CoC Number and Name:** | IN-503 - Indianapolis CoC |
| **1b. CoC Collaborative Applicant Name:** | City of Indianapolis |
| **2. Project Name:** | 2019 YHDP - Trinity Host Homes |
| **3. Project Status:** | Standard |
| **4. Component Type:** | SSO |
| **6. Does this project use one or more properties that have been conveyed through the Title V process?** | No |
| **7. Was this project funded under the Youth Homeless Demonstration Program (YHDP)?** | Yes |

# 3B. Project Description

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

Our host homes are a cost-effective way to provide safe, temporary homes for YYA. Host homes meet a need for YYA who don't need the intensive support of a TLP but who need time and assistance to plan for permanent housing, pursue education and employment, improve social-emotional well-being, and improve permanent connections. In particular, our program will focus on LGBTQ youth, with hosts and staff trained to meet their needs.

We will collaborate in creating this component and we will do whatever is required by the CoC and CES. We'll take all appropriate referrals from CES, train CES navigators about our program, and if a YYA presents directly to Trinity Haven, our staff will be trained to enter them into CES and assist with resources.

Our partners at IYG, which has provided services to LGBTQ YYA for 33 years, will provide host and staff training. Shalom Health Care Center (Shalom), which has wide experience running LGBTQ-competent school clinics, is a collaborating agency and will provide physical and mental health care.

Following Housing First principles, we'll provide host homes for 10 LGBTQ YYA ages 16-24 in Indianapolis. YYA work with a case manager to identify their goals; the case manager supports those goals with referrals to IYG, Shalom, LGBTQ-friendly employers, and more. Case managers will meet YYA where they feel comfortable or provide bus and Lyft passes to our office and referral agencies. Every aspect of our program, from signage to interior design to our program model, is trauma-informed and LGBTQ-friendly.

The HH case manager will work with YYA to create a permanent housing plan; work closely with the CES to ensure YYA have access to RRH and other CoC-supported permanent housing options; and build connections with LGBTQ-friendly landlords. Once YYA are permanently housed, case management will continue for at least 6 months and support services for up to 12 months.

Trinity Haven has set the following goals for the Host Homes Project: upon exit: 80% YYA will exit to permanent, safe housing; at 6 months: 75% YYA will remain in permanent, safe housing; and, at 1 year: 75% YYA remain in permanent, safe housing.

**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. 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. The one exception is for applicants who are conditionally awarded sponsor-based and project-based rental assistance. These conditional award recipients will have 24 months to execute a grant agreement; however, HUD encourages all recipients conditionally awarded funds to begin assistance within 12 months. The estimated schedule should reflect these statutorily required deadlines.

| 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 |
| New project staff hired, or other project expenses begin? | 60 | | | |
| Participant enrollment in project begins? | 243 | | | |
| Participants begin to occupy leased units or structure(s), and supportive services begin? | 274 | | | |
| Leased or rental assistance units or structure, and supportive services near 100% capacity? | 274 | | | |
| Closing on purchase of land, structure(s), or execution of structure lease? | | | | |
| Rehabilitation started? | | | | |
| Rehabilitation completed? | | | | |
| New construction started? | | | | |
| New construction completed? | | | | |

**3. Will your project participate in a CoC Coordinated Entry Process?** Yes

*** 4. Please identify the project's specific population focus. (Select ALL that apply)**

| | | | |
|---|---|---|---|
| Chronic Homeless | ☐ | Domestic Violence | ☐ |
| Veterans | ☐ | Substance Abuse | ☐ |
| Youth (under 25) | X | Mental Illness | ☐ |
| Families | ☐ | HIV/AIDS | ☐ |
| | | Other (Click 'Save' to update) | X |

**Other:** LGBTQ

**5. Housing First**

**a. Will the project quickly move participants into permanent housing** Yes

**b. Does the project ensure that participants are not screened out based on the following items? Select all that apply.**

| | |
|---|---|
| **Having too little or little income** | X |
| **Active or history of substance use** | X |
| **Having a criminal record with exceptions for state-mandated restrictions** | X |
| **History of victimization (e.g. domestic violence, sexual assault, childhood abuse)** | X |
| **None of the above** | |

**c. Does the project ensure that participants are not terminated from the program for the following reasons? Select all that apply.**

| | |
|---|---|
| **Failure to participate in supportive services** | X |
| **Failure to make progress on a service plan** | X |
| **Loss of income or failure to improve income** | X |
| **Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area** | X |
| **None of the above** | |

**d. Will the project follow a "Housing First" approach? (Click 'Save' to update)** Yes

**6. If applicable, describe the proposed development activities and the responsibilities that the applicant and potential subrecipients (if any) will have in developing, operating, and maintaining the property.**

**7. Will participants be required to live in a particular structure, unit, or locality, at some point during the period of participation?** No

**8. Will more than 16 persons live in one structure?** No

**9. Please select the type of SSO project:** Standalone Supportive Services

# Youth Homeless Demonstration Projects

**1. Does this project carry out housing problem solving activities to divert or rapidly exit households from homelessness? OR Does this project carry out housing problem-solving activities?** Yes

**1a. Please identify the list of housing problem solving activities that will occur in this project (You may select more than one)**

| | |
|---|---|
| **Housing Search Assistance** | X |
| **Case management, including connecting to community services and supports** | X |
| **Conflict resolution or family mediation** | X |
| **Landlord-tenant mediation or tenant legal** | X |
| **Utility or security deposits** | X |
| **One time moving assistance** | X |
| **Rental application fees** | X |
| **Utility or rental arrears** | X |
| **Other** | |

**2. Is this a Host Homes Project?** Yes

**3. Please identify the specific populations addressed in this project**

| | |
|---|---|
| **Pregnant/Parenting** | |
| **Minors** | X |
| **Foster care/justice involved youth** | X |
| **Other** | X |

**Other:** LGBTQ

**4. Does this project plan to use Rental Assistance in the 2019 YHDP Program?** No

**5. Does the project plan on applying for Special YHDP activities in the YHDP program?** Yes

**5a. If yes, what is the special YHDP activity? Please attach all documents related to the special activity to this application. (special activity document memo, any supporting documentation, etc.)**

The Trinity Haven Host Homes project is requesting to waive:
•24 CFR 578.374(a)(1)(ii)(E), the requirement to annually reassess a program participant's continued eligibility for assistance. We propose that young people who show a demonstrated need for continued support are able to maintain their initial eligibility for ongoing or intermittent assistance.
•24 CFR 578.53.51, to allow payments to be made to a hotel/motel for an emergency stay an eligible cost, consistent with ESG 576.102(a)(3). In addition to the eligible costs listed in the rule, make housing debts (utilities) consistent with ESG 576.105(a)(5).
•24 CFR 578.53(e)(15), to expand definitions of eligible costs to include driver's license fees, car repair fees and gas cards.

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

| | |
|---|---|
| **Acquisition/Rehabilitation/New Construction** | |
| **Leased Units** | |
| **Leased Structures** | |
| **Rental Assistance** | |
| **Supportive Services** | X |
| **Operating** | |
| **HMIS** | |

**Enter additional information about the following budget line items:**

**Supportive Services:**

Trinity Haven requests supportive services funding to cover costs associated with creating a Host Homes Project in Indianapolis, including two staff positions' salary and benefits, stipends, and transportation for YYA. While many additional services will be provided, the amount of funding recommended at the local level is a fraction of the total cost of the project, which we are committed to supplying

in order to provide a comprehensive program for YYA in Indianapolis.

# 4A. Supportive Services for Participants

1. 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 title 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.

| **Please check the box that you acknowledge you will be required to meet the above requirements if you have any qualifying participants.** | X |
|---|---|

**2. Describe how participants will be assisted to obtain and remain in permanent housing.**

The Host Homes Case Manager will work with YYA to create a permanent housing plan; work closely with the CES to ensure YYA have access to RRH and other CoC-supported permanent housing options; and build connections with LGBTQ-friendly landlords for safe, affordable mainstream housing options. Once YYA are permanently housed, case management will continue for at least 6 months and support services for up to 12 months, as needed, to increase retention.

**3. What specific plan does this project have to specifically coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible?**

The HHCM will be trained in mainstream resources for YYA; they will screen for and connect YYA to all relevant mainstream resources for which they are eligible, through connections already established by IYG, which has vetted mainstream resources that are safe and affirming for LGBTQ YYA. As Trinity Haven continues to develop its TLP's programming and services, additional resources will come online that will also be available to HH guests. We'll refer our YYA to Shalom Health Care Center for their health needs, including medical, mental health and wellness, therapy, and substance use services, dental, and OB/GYN care. Trinity Haven is establishing a relationship with Goodwill's Metropolitan High School and Excel Center, which can help young adults earn diplomas and take next steps toward careers or 2- or 4-year degrees. We're also talking with LGBTQ-friendly employers, such as Pitney Bowes, about internships and job opportunities.

## 4. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

| Supportive Services | | Provider | Frequency |
|---|---|---|---|
| **Assessment of Service Needs** | | Subrecipient | Monthly |
| **Assistance with Moving Costs** | | Subrecipient | As needed |
| **Case Management** | | Subrecipient | Monthly |
| **Child Care** | | | |
| **Education Services** | | Partner | As needed |
| **Employment Assistance and Job Training** | | Partner | As needed |
| **Food** | | Subrecipient | As needed |
| **Housing Search and Counseling Services** | | Subrecipient | Monthly |
| **Legal Services** | | Non-Partner | As needed |
| **Life Skills Training** | | Subrecipient | As needed |
| **Mental Health Services** | | Partner | As needed |
| **Outpatient Health Services** | | Partner | As needed |
| **Outreach Services** | | Subrecipient | As needed |
| **Substance Abuse Treatment Services** | | Partner | As needed |
| **Transportation** | | Subrecipient | As needed |
| **Utility Deposits** | | Subrecipient | As needed |

## 5. Please identify whether the project will include the following activities:

**5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** Yes

**5b. Regular follow-ups with participants to ensure mainstream benefits are received and renewed?** Yes

**6. Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency?** Yes

**6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.** No

# 4A. HMIS Standards

**1a. Is the HMIS currently programmed to collect all Universal Data Elements (UDE's) as set forth in the 2017 HMIS Data Standards?**

**2a. Is the HMIS currently able to produce all HUD-required reports and provide data as needed for HUD reporting? (i.e., Annual Performance Reports, Annual Homeless Assessment table shells (this will be the Logitudinal System Analysis next year), data for CAPER/ESG reporting, SPM and Data Quality Table, etc).**

**3a. Is your HMIS capable of generating all reports required by all Federal partners including HUD, VA, and HHS?**

**4. Can the HMIS currently provide the CoC with an unduplicated count of clients receiving services in the CoC?**

**5. Does your HMIS implementation have a staff person responsible for insuring the implementation meets all privacy and security standards as required by HUD and the federal partners?**

**6. Does your organization conduct a background check on all employees who access HMIS or view HMIS data?**

**7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards on a regular basis?**

**8. Do you have a process in place to remove community members who no longer need access to HMIS (e.g. leave their job, fired, etc.)**

# 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** | |
| **HMIS Software Training for Sys Admin** | |
| **HMIS Software Training** | |
| **Data Quality Training** | |
| **Security Training** | |
| **Privacy/Ethics Training** | |
| **HMIS PIT Count Training** | |
| **Other (must specify)** | |
| | |
| | |
| | |

# 4B. Housing Type and Location

**The following list summarizes each housing site in the project. To add a housing site to the list, select the icon. To view or update a housing site already listed, select the icon.**

**Total Units:**

**Total Beds:**

| Housing Type | Housing Type (JOINT) | Units | Beds |
|---|---|---|---|
| None | --- | -- | -- |

# 4B. Housing Type and Location Detail

**1. Housing Type:** None

# 5A. Project Participants - Households

| | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|---|---|---|---|---|
| **Number of Households** | | 1 | | 1 |

| Characteristics | Persons in Households with at Least One Adult and One Child | Adult Persons in Households without Children | Persons in Households with Only Children | Total |
|---|---|---|---|---|
| **Adults over age 24** | | | | 0 |
| **Persons ages 18-24** | | 1 | | 1 |
| **Accompanied Children under age 18** | | | | 0 |
| **Unaccompanied Children under age 18** | | | | 0 |
| **Total Persons** | 0 | 1 | 0 | 1 |

**Click Save to automatically calculate totals**

# 5B. Project Participants - Subpopulations

## Persons in Households with at Least One Adult and One Child

| Characteristics | Chronically Homeless Non-Veterans | Chronically Homeless Veterans | Non-Chronically Homeless Veterans | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domestic Violence | Physical Disability | Developmental Disability | Persons not represented by listed subpopulations |
|---|---|---|---|---|---|---|---|---|---|---|
| **Adults over age 24** | | | | | | | | | | |
| **Persons ages 18-24** | | | | | | | | | | |
| **Children under age 18** | | | | | | | | | | |
| **Total Persons** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

## Persons in Households without Children

| Characteristics | Chronically Homeless Non-Veterans | Chronically Homeless Veterans | Non-Chronically Homeless Veterans | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domestic Violence | Physical Disability | Developmental Disability | Persons not represented by listed subpopulations |
|---|---|---|---|---|---|---|---|---|---|---|
| **Adults over age 24** | | | | | | | | | | |
| **Persons ages 18-24** | | | 1 | | | | | | | |
| **Total Persons** | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

**Click Save to automatically calculate totals**

## Persons in Households with Only Children

| Characteristics | Chronically Homeless Non-Veterans | Chronically Homeless Veterans | Non-Chronically Homeless Veterans | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domestic Violence | Physical Disability | Developmental Disability | Persons not represented by listed subpopulations |
|---|---|---|---|---|---|---|---|---|---|---|
| **Accompanied Children under age 18** | | | | | | | | | | |
| **Unaccompanied Children under age 18** | | | | | | | | | | |
| **Total Persons** | 0 | | | | 0 | 0 | 0 | 0 | 0 | 0 |

# 6A. Funding Request

| | |
|---|---|
| **1. Will it be feasible for the project to be under grant agreement by September 30, 2021?** | Yes |
| **2. What type of CoC funding is this project applying for under the Youth Homeless Demonstration Program?** | YHDP |
| **3. Does this project propose to allocate funds according to an indirect cost rate?** | No |
| **4. Select a grant term:** | 2 Years |
| *** 5. Select the costs for which funding is being requested:** | |

| | |
|---|---|
| **Acquisition/Rehabilitation/New Construction** | |
| **Leased Units** | |
| **Leased Structures** | |
| **Rental Assistance** | |
| **Supportive Services** | X |
| **Operating** | |
| **HMIS** | |

# 6F. Supportive Services Budget

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

| Eligible Costs | Quantity AND Description (max 400 characters) | Annual Assistance Requested |
|---|---|---|
| **1. Assessment of Service Needs** | | |
| **2. Assistance with Moving Costs** | | |
| **3. Case Management** | 1 Case Manager ($45,000/year) plus 25% benefits; 2,080 FTEs once hired | $42,188 |
| **4. Child Care** | | |
| **5. Education Services** | | |
| **6. Employment Assistance** | | |
| **7. Food** | | |
| **8. Housing/Counseling Services** | 1 Host Homes Coordinator salary ($50,000/year; 2,080 FTEs); 1 Host Homes Coordinator benefits ($15,000/year) and 4.164 host home stipends ($400/month for 6 months x 4.164 hosts/year for a total of $9,994) | $65,000 |
| **9. Legal Services** | | |
| **10. Life Skills** | | |
| **11. Mental Health Services** | | |
| **12. Outpatient Health Services** | | |
| **13. Outreach Services** | 4.164 host home stipends ($400/month for 6 months x 4.164 hosts/year for a total of $9,994) | $9,994 |
| **14. Substance Abuse Treatment Services** | | |
| **15. Transportation** | $100/YYA/year x 10 YYA | $1,000 |
| **16. Utility Deposits** | | |
| **17. Operating Costs** | | |
| **Total Annual Assistance Requested** | | $118,182 |
| **Grant Term** | | 2 Years |
| **Total Request for Grant Term** | | $236,364 |

**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 the project. To add a Matching source to the list, select the icon. To view or update a Matching source already listed, select the icon.**

## Summary for Match

| | |
|---|---|
| **Total Value of Cash Commitments:** | $111,640 |
| **Total Value of In-Kind Commitments:** | $69,900 |
| **Total Value of All Commitments:** | $181,540 |

**1. Will this project generate program income as described in 24 CFR 578.97 that will be used as Match for this grant?** No

**Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**

| Match | Type | Source | Contributor | Date of Commitment | Value of Commitments |
|---|---|---|---|---|---|
| Yes | In-Kind | Private | The Church Within | 06/26/2020 | $68,400 |
| Yes | In-Kind | Private | Lyft | 09/24/2019 | $1,500 |
| Yes | Cash | Private | Trinity Haven, Inc. | 06/26/2020 | $111,640 |

# Sources of Match Detail

| | |
|---|---|
| **1. Will this commitment be used towards match ?** | Yes |
| **2. Type of commitment:** | In-Kind |
| **3. Type of source:** | Private |
| **4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** | The Church Within |
| **5. Date of Written Commitment:** | 06/26/2020 |
| **6. Value of Written Commitment:** | $68,400 |

**Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**

# Sources of Match Detail

| | |
|---|---|
| **1. Will this commitment be used towards match ?** | Yes |
| **2. Type of commitment:** | In-Kind |
| **3. Type of source:** | Private |
| **4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** | Lyft |
| **5. Date of Written Commitment:** | 09/24/2019 |
| **6. Value of Written Commitment:** | $1,500 |

**Before grant execution, services to be provided by a third party must be documented by a memorandum of understanding (MOU) between the recipient or subrecipient and the third party that will provide the services.**

# Sources of Match Detail

| | |
|---|---|
| **1. Will this commitment be used towards match ?** | Yes |
| **2. Type of commitment:** | Cash |
| **3. Type of source:** | Private |
| **4. Name the source of the commitment: (Be as specific as possible and include the office or grant program as applicable)** | Trinity Haven, Inc. |
| **5. Date of Written Commitment:** | 06/26/2020 |
| **6. Value of Written Commitment:** | $111,640 |

# 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 | | | |
| 1b. Rehabilitation | | | |
| 1c. New Construction | | | |
| 2a. Leased Units | $0 | 2 Years | $0 |
| 2b. Leased Structures | $0 | 2 Years | $0 |
| 3. Rental Assistance | $0 | 2 Years | $0 |
| 4. Supportive Services | $118,182 | 2 Years | $236,364 |
| 5. Operating | $0 | 2 Years | $0 |
| 6. HMIS | $0 | 2 Years | $0 |
| 7. Sub-total Costs Requested | | | $236,364 |
| 8. Admin (Up to 10%) | | | $23,636 |
| 9. Total Assistance Plus Admin Requested | | | $260,000 |
| 10. Cash Match | | | $111,640 |
| 11. In-Kind Match | | | $69,900 |
| 12. Total Match | | | $181,540 |
| 13. Total Budget | | | $441,540 |

**Click the 'Save' button to automatically calculate totals.**

# 7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|---|---|---|
| 1) Subrecipient Nonprofit Documentation | No | Trinity Haven 501... | 06/30/2020 |
| 3) Other Attachment(s) | No | Trinity Haven Alt... | 07/01/2020 |
| 2) Other Attachment(s) | No | Trinity Haven HH ... | 07/01/2020 |

# Attachment Details

**Document Description:** Trinity Haven 501 C 3 Determination

# Attachment Details

**Document Description:** Trinity Haven Alternative Requirement Letter

# Attachment Details

**Document Description:** Trinity Haven HH - YHDP Lead and YAB Letter

# 7A. In-Kind MOU Attachment

| Document Type | Required? | Document Description | Date Attached |
|---|---|---|---|
| In-Kind Match MOU | No | | |

# 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:** 07/01/2020

**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.**

**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)** | 06/30/2020 |
| **1E. SF-424 Compliance** | 06/25/2020 |
| **1F. SF-424 Declaration** | 06/25/2020 |
| **1G. HUD 2880** | 06/25/2020 |
| **1H. HUD 50070** | 06/25/2020 |
| **1I. Cert. Lobbying** | 06/25/2020 |
| **1J. SF-LLL** | 06/25/2020 |
| **2A. Subrecipients** | 06/30/2020 |
| **2B. Experience** | 06/30/2020 |
| **3A. Project Detail** | 06/25/2020 |
| **3B. Description** | 06/26/2020 |
| **Youth Homeless Demonstration Projects** | 07/01/2020 |
| **4A. Services** | 06/25/2020 |
| **4A. HMIS Standards** | No Input Required |
| **4B. HMIS Training** | No Input Required |
| **4B. Housing Type** | 06/25/2020 |
| **5A. Households** | No Input Required |
| **5B. Subpopulations** | No Input Required |
| **6A. Funding Request** | 06/25/2020 |
| **6F. Supp Srvcs Budget** | 06/30/2020 |
| **6I. Match** | 06/25/2020 |
| **6J. Summary Budget** | No Input Required |
| **7A. Attachment(s)** | 07/01/2020 |
| **7A. In-Kind MOU Attachment** | No Input Required |
| **7D. Certification** | 06/26/2020 |

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: NOV 14 2018

TRINITY HAVEN INC
C/O ICE MILLER LLP
RYAN W WAGGONER
ONE AMERICAN SQUARE STE 2900
INDIANAPOLIS, IN 46282-0200

Employer Identification Number:
82-5358554
DLN:
17053123307018
Contact Person:
MRS. M. TAYLOR ID# 52449
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
April 23, 2018
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

TRINITY HAVEN INC

We sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Stephen A. Martin

Director, Exempt Organizations
Rulings and Agreements

July 1, 2020

Mr. John Dorgan
CPD Director
Department of Housing and Urban Development
575 North Pennsylvania, Room 655
Indianapolis, IN 46204

Re: Youth Homelessness Demonstration Program Grant
CoC: IN 503 Indianapolis
Grantee: Trinity Haven Host Homes

Mr. Dorgan:

The City of Indianapolis is a Grantee of the FY2018 Youth Homelessness Demonstration Program (YHDP) funding. The City of Indianapolis received the funding in 2019 and completed its *Coordinated Community Plan to Prevent and End Youth and Young Adult Homelessness* in early 2020. The City has awarded six different projects to address the needs identified in the plan. Each of the projects is seeking multiple waivers to the interim rule to meet the different needs of youth and young adults.

Specifically, the Trinity Haven is requesting to waive:

- 24 CFR 578.374(a)(1)(ii)(E), the requirement to annually reassess a program participant's continued eligibility for assistance. We propose that young people who show a demonstrated need for continued support are able to maintain their initial eligibility for ongoing or intermittent assistance.
- 24 CFR 578.53.51, to allow payments to be made to a hotel/motel for an emergency stay an eligible cost, consistent with ESG 576.102(a)(3). In addition to the eligible costs listed in the rule, make housing debts (utilities) consistent with ESG 576.105(a)(5).
- 24 CFR 578.53(e)(15), to expand definitions of eligible costs to include driver's license fees, car repair fees and gas cards.

We are committed to creating and implementing a response system that provide the maximum amount of flexibility for young people to self-resolve their homelessness while providing young

people who need intensive services access to permanent housing with on-going supports. With the above waivers, the host homes project will be a part of a flexible system to meet those varying needs.

Please see the attached detailed information and justifications information about the intervention and the waiver request. Please contact me at Jennifer.Fults2@Indy.Gov or at 317-327-5899 if you need additional information regarding this request. Thank you for your consideration.

Sincerely,

*Jennifer Fults*

Jennifer Fults
Administrator

| | |
|---|---|
| Type | Rental Assistance |
| Category | Eligibility for Assistance |
| Request | Waive the requirement to annually reassess a program participant's continued eligibility for assistance. We propose that young people who show a demonstrated need for continued support are able to maintain their initial eligibility for ongoing or intermittent assistance. |
| Citation | 24 CFR 578.374(a)(1)(ii)(E) |
| Justification | The target populations for this project are young people between the ages of 18 – 24 who are experiencing (Category 1 & 4) homelessness with the flexibility to serve young people at risk (Category 2). The system design is focused on diverting young people from the homeless response system when there is a safe and appropriate housing options. We recognize some young people may exit a program but not necessarily into stable housing and may need ongoing intermittent assistance. Young people face barriers to retaining housing, such as job instability that require them to need ongoing intermittent assistance. This will allow young people to go off of rental assistance but continue to receive case management and support, while also leaving the option open to come back into rental assistance (until they receive a maximum of 24 months of non-consecutive) if needed. |
| Agency requesting | Project Prism, Damien Center, Trinity Haven Host Homes, Outreach Inc. Diversion, Adult & Child System Navigation, City TH-RRH |
| | |

| | |
|---|---|
| Type | Rental Assistance |
| Category | Length of Assistance |
| Request | Extend allowable maximum number of months to be 36 months |
| Citation | 24 CFR 578.51(a)1(i); 24 CFR 578.37(a)1(ii)(C) |
| Justification | RRH is rental assistance is prioritized through CES to those with the highest needs. High complex service needs scores indicate harder to house populations who may take more time to stabilize and move towards independence. Also, many young people experiencing homelessness have not yet had the opportunity to develop life skills |

| | |
|---|---|
| | or job experience and therefore sometimes take longer to be able to live independently in their own housing. There are not a lot of move-on options in the community for all populations. In addition, when looking at move out it is typically at 50% of income instead of 30%. |
| Agency requesting | Damien Center, Project Prism, City TH-RRH |

| | |
|---|---|
| Type | Supportive Services |
| Category | Eligible Costs |
| Request | Allow payments to be made to a hotel/motel for an emergency stay an eligible cost, consistent with ESG 576.102(a)(3).<br><br>In addition to the eligible costs listed in the rule, make housing debts (utilities) consistent with ESG 576.105(a)(5) |
| Citation | 24 CFR 578.53.51 |
| Justification | We recognize this is not about creating shelter through motels/hotels but having the ability within our diversion and host homes model to access if there is an immediate need to move a young person into safe environments while waiting for housing.<br><br>During this season of COVID-19, young people are under employed. Even with rental assistance, a young person may not be able to maintain their utility bills and need assistance. Organizations make every attempt to locate housing options with utilities included as part of the monthly rent, however, this is not always possible. |
| Agency requesting | Outreach Inc. Diversion, Trinity Haven Host Homes, Project Prism, Damien Center, City TH-RRH |

| | |
|---|---|
| Type | Supportive Services |
| Category | Eligible Costs |
| Request | Expand definitions of eligible costs to include driver's license fees, car repair fees and gas cards |
| Citation | 24 CFR 578.53(e)(15) |
| Justification | Eligible costs currently include "the costs of program participants' travel on public transportation or in a vehicle provided by the |

| | |
|---|---|
| | recipient or sub-recipient to and from medical care, employment, childcare and other services eligible under this section" and "if public transportation options are not sufficient with the area, the recipient may make a one-time payment on behalf on the program participant needing care repairs or maintenance required to operate a personal vehicle". This indicates HUD acknowledges person transportation may be needed in some cases. Young people have indicated transportation is a large barrier to success and informed public transportation does not feel safe and can be triggering. It is more cost effective to sometimes support young people transporting themselves rather than covering lease of an organization car, gas, staff to transport, etc. |
| Agency requesting | Outreach Inc. Diversion, Trinity Haven Host Homes, Project Prism, Adult & Child System Navigation, Damien Center, City TH-RRH |

COALITION FOR HOMELESSNESS INTERVENTION & PREVENTION

June 29, 2020

To Whom it May Concern:

As the lead YHDP lead agency in Indianapolis, Coalition of Homelessness Intervention and Prevention (CHIP) approves the application from Trinity Haven for the YHDP Trinity Haven Host Homes on behalf of the Indianapolis Continuum of Care. In accordance with our Coordinated Community Plan to Prevent and End Youth and Young Adult Homelessness, this project will provide a safe, inclusive and affirming space for young people in need of crisis housing while permanent housing options are being identified.

Sincerely,

Dr. Chelsea Haring – Cozzi
Executive Director
Coalition for Homelessness Intervention and Prevention (CHIP)

1100 W. 42nd Street, Suite 350, Indianapolis, IN 46208 Phone: 317.630.0853 Fax: 317.630.0856 www.chipindy.org

Indianapolis Continuum of Care

Youth Action Board

June 29, 2020

Due to the current season of COVID-19, Youth Action Board (YAB) members were involved in the selection of YHDP projects in varying capacities. Two members participated in the RFP Workgroup, in which all proposals were reviewed, ranked and rated. Once project selections were made, the remaining YAB members reviewed the proposed list of selected projects, via phone, Zoom or in person, and provided their recommendations. Selected projects were given the recommendation from YAB and amendments made to their projects. Projects were approved by all YAB members before finalized for submission.

On behalf of the full YAB, we confirm the YAB reviewed and approved the applications of the selected projects and believe it to be in alignment with Indianapolis' Coordinated Community Plan to Prevent and End Youth and Young Adult Homelessness.

Sincerely,

Adam Sessoms

YAB Member – RFP Workgroup Member

Nikki Dodd

YAB Member – RFP Workgroup Member

COALITION FOR HOMELESSNESS INTERVENTION & PREVENTION

June 29, 2020

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1100 W. 42nd Street, Suite 350, Indianapolis, IN 46208 Phone: 317.630.0853 Fax: 317.630.0856 www.chipindy.org

Indianapolis Continuum of Care

Youth Action Board

June 29, 2020

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On behalf of the full YAB, we confirm the YAB reviewed and approved the applications of the selected projects and believe it to be in alignment with Indianapolis' Coordinated Community Plan to Prevent and End Youth and Young Adult Homelessness.

Sincerely,

Adam Sessoms

YAB Member – RFP Workgroup Member

Nikki Dodd

YAB Member – RFP Workgroup Member