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 Adult & Child System Navigation
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 --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**	**f.**	**Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
c.	**Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
d.	**Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**		

2. Sites for Work Performance.

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

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

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

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

Authorized Representative

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

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

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

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

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

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

Applicant's Organization: City of Indianapolis

Name / Title of Authorized Official: Jennifer Fults, Adminstrator

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

Date Signed: 11/08/2021

1J. SF-LLL

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

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

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

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

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

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

I certify that this information is true and complete. X

Authorized Representative

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

IK. SF-424B

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

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

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

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

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

8.	**Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.**
9.	**Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327¬333), regarding labor standards for federally-assisted construction subagreements.**
10.	**Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.**
11.	**Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93¬205).**
12.	**Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.**
13.	**Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).**
14.	**Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.**
15.	**Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.**
16.	**Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.**
17.	**Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."**
18.	**Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.**
19.	**Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.**

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

Authorized Representative for: City of Indianapolis

Prefix: Mrs.

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

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: $130,000

Organization	Type	Type	Sub-Award Amount
Adult & Child Health	M. Nonprofit with 501C3 IRS Status		$130,000

2A. Project Subrecipients Detail

a. Organization Name: Adult & Child Health

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

c. Employer or Tax Identification Number: 35-1534713

	*** d. Organizational DUNS:**	052934114	**PLUS 4**	

e. Physical Address

Street 1: 222 East Ohio Street

Street 2: Suite 600

City: Indianapolis

State: Indiana

Zip Code: 46204

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

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

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

i. Expected Sub-Award Amount: $130,000

j. Contact Person

Prefix: Ms.

First Name: Jennifer

Middle Name:

Last Name: Disbro

Suffix:	
Title:	Director of Specialty Services
E-mail Address:	jdisbro@adultandchild.org
Confirm E-mail Address:	jdisbro@adultandchild.org
Phone Number:	317-452-5454
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.

A&C currently has the only Continuum of Care (CoC) funded young adult housing project in Marion County. This RRH project is staffed by a case manager with lived experience of homelessness. The case manager provides landlord engagement, housing location, linkage to necessary community resources, and peer support services as a Certified Peer Support Specialist. In addition to services provided with CoC funding, A&C also provides additional wrap around services including but not limited to dedicated TAY clinical services, streamlined access to primary care, and a dedicated State Insurance Navigator. A&C has a decade long partnership with Outreach, Indianapolis's largest organization dedicated to serving both youth and young adults experiencing homelessness. During this time, A&C has assisted hundreds of young adults in obtaining permanent housing through both the CoC and other housing resources. A&C Health currently serves as the community's Coordinated Entry System (CES)Access Point for Young Adults which resulted in being awarded CHIP's Homeless Service Provider of the Year. Our work on this project and our passion for working with young adults propelled our application for the RRH Young Adult Housing project. We are currently funded for 12 RRH units. This project is currently rated 2nd highest in the city based on their quarterly
outcomes defined by CoC. A&C was awarded a SAMHSA funded Assertive Community Treatment (ACT) grant for the next five years. We have multiple DMHA state funded grants across the agency and have maintained HUD federal grants for over 20 years. DMHA has funded A&C's Transition Age Youth services projects for the past 5 years. A&C has multi-level system including policies and procedures that guide our practices, a third- party auditor to maintain federal guidelines, an annual financial board-approved budget, monthly financial oversight, and an accounting and revenue cycle team for claim submission and review.

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

A&C Health has a mix of funding sources including Net Service Provisions (68%), Federal funding (5%), State Funding (8%), County (4%), Mental Health Recovery Funds (9%), and Other (6%). A&C has contracts with DCS and local probation departments to provide behavioral health and addiction services. Federal and local funding was secured to provide ACT services for persons experiencing homelessness. We receive state funding through Medicaid and Medicare and private and city funding for the Safe Haven project with Anthem. Outreach has maintained a diverse balance of funding sources. Most of the funding is from financial gifts from individuals (65%), companies and churches

(10.5%), in-kind contributions (10.3%), foundation grants (9.4%), and event contributions (5%). Outreach has experience in serving as sub-recipient grantee for federal funds through a 3-year Substance Abuse Mental Health Administration grant.

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

A&C is led by a Board of Directors, CEO, Executive and Senior Leadership, and Team Leaders. A&C uses Microsoft Great Plains and Outreach uses Quickbooks software. A&C will be the fiduciary manager and work in conjunction with Outreach, having a dedicated cost center to manage and monitor financial activity specific to this grant. A&C will submit the claims for this project to the city while Outreach submits claims to A&C. Outreach is led by their CEO in collaboration with the 9 Board Members, CFO, Director of Operations, Accountant, and Office Manager. Oversight of this project includes a Team Leader/ Senior Leadership, and accounting department.

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 Adult & Child System Navigation

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
IN0226Y5H031899	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.

This project is the exact same as the existing Adult & Child System Navigation project. The only difference is to ask for a continuation of approved waivers/special activities and to ask for new special activities. and This project serves as the front door for the Coordinated Entry System for YYA. The proposal is for a System-wide YYA Navigator and CES Assessor. In collaboration with YYA, Navigator will triage needs, facilitate CES Assessments, and connection to community resources to meet goals of identified YYA. A&C has been an active in CES Refinement workgroups, advocating for the need of full-time YYA specific Navigators. The project will work with both existing partners as well as form new partnerships to ensure that all YYA are served. Some existing partners include Wheeler Mission, IPS school system, Lawrence, Washington, and Pike Township Schools, Stopover, PBSO, IYG, HIP and Children's Bureau. A favorable outcome will be the number of YYA who exit into housing services including permanent housing. Another outcome measure will include the number of YYA connected to resources including behavioral health, primary care, substance use, community supports, employment, and education.

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 original waiver/special requirement that Adult & Child System Navigation approved on 10/27/2020 was:

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

The plan is to reapply for the same waiver/special requirement and apply for two more waivers that include reassessing client need and allowing administrative budget to cover youth and young adult input on project implementation.

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

The project is not changing its structure so it will meet the goals of the Coordinated Community Plan (CCP). In particular, this System Navigation project would meet the goal of improving identification and assessment of need at the front door of the homeless response system. A concentrated System Navigation where all youth and young adults are assessed allows for a more equitable assessment and streamlined approach.

3B. Project Description

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

This project serves as the front door for the Coordinated Entry System for YYA. The proposal is for a System-wide YYA Navigator and CES Assessor. In collaboration with YYA, Navigator will triage needs, facilitate CES Assessments, and connection to community resources to meet goals of identified YYA. A&C has been an active in CES Refinement workgroups, advocating for the need of full-time YYA specific Navigators. The project will work with both existing partners as well as form new partnerships to ensure that all YYA are served. Some existing partners include Wheeler Mission, IPS school system, Lawrence, Washington, and Pike Township Schools, Stopover, PBSO, IYG, HIP and Children's Bureau. The Navigator will work in concert with school social workers, McKinney-Vento Liaisons, homeless service providers and other agency staff to identify, engage, and assess the housing and service needs of YYA. Eligibility includes all YYA in Marion Co. experiencing literal homelessness, imminent risk of homelessness or fleeing/attempt to flee DV. Targeted populations include unaccompanied minors, pregnant & parenting minors, unaccompanied YA (18-24), pregnant & parenting YA (18- 24), and all special populations. The project will exhibit flexibility in meeting the needs of YYA by eliminating barriers to access and meeting YYA at their preferred location. This includes being flexible in where, when, and how Navigation is conducted. This project will triage needs, link to resources, and provide quality CES Housing Needs Assessments. This will have an impact on housing stability, permanent connections, and emotional/social/physical well-being and will reduce the number of YYA exiting into homelessness. Our overall goal is to align with the community's plan for YYA homelessness to be rare, short- lived, and recoverable. Ensuring timely and quality assessment, YYA are matched with housing interventions based on level of need which greatly improves housing outcomes. This project will have an inviting front door that takes into consideration the trauma of experiencing homelessness and instills hope in YYA. Staff from this project will walk alongside the YYA in their journey. All staff are trained in ongoing trauma-informed care best practices and approaches. This is vital to not re-traumatize YYA or add on to system trauma, so that YYA feel welcomed, valued, and heard. This definition matches the input provided by the YYA workgroup. Our performance measures include timeliness of responding to the YYA or referral source, the number of YYA assessed, the timeliness in completing CES Housing Needs Assessments, and gathering of supportive documents. A favorable outcome will be the number of YYA who exit into housing services including permanent housing. Another outcome measure will include the number of YYA connected to resources including behavioral health, primary care, substance use, community supports, employment, and education.

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				

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" approach? Yes

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	
Other	

2. Is this a Host Homes Project? No

3. Please identify the specific populations addressed in this project

Pregnant/Parenting	X
Minors	X
Foster care/justice involved youth	X
Other	

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?

Adult & Child System Navigation was awarded the following waivers/special activities 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?

The waivers/special activities that Adult & Child System Navigation will apply for are:
•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) , 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.

This project will triage needs, link to resources, and provide quality CES Housing Needs Assessments. This will have an impact on housing stability, permanent connections, and emotional/social/physical well-being and will reduce the number of YYA exiting into homelessness. System Navigators will collaborate with other homeless service providers and youth-preferred organizations to meet with YYA in both their preferred settings as well as on different platforms. Adult and Child will hire staff with lived experience enhancing the understanding of the unique needs and challenges of YYA experiencing homelessness. This allows for an authentic connection and collaboration to the YYA served. The youth development approach engages YYA within their communities, organizations, and peer groups. This project is the front door to CES, is renewable, and has 1 assessor and 1 navigator.

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.

Staff will work with YYA on navigating a provider list and community resources that can meet their needs and align with their values. Should YYA choose A&C Health as preferred provider, we are able to provide supportive employment, primary and behavioral health care, evidence- based youth development programming, and addiction services. This project will work with YYA on connecting to a community of natural supports. Staff will work in the community and connect with YYA at youth preferred location. Youth choice is an important pillar to this project and YYA will have choice to engage with various partners at time of coordinated intake. This project will collaborate with YAB and YYA on the development of an initial screening tool to assess the YYA needs. Staff will link YYA after needs are identified. We have existing staff that will train on mainstream resources available with eligibility requirements in the Indianapolis community. The project will focus on linkage to housing, employment, behavioral health, substance use treatment, prevention, and support services. Additionally, an assessment for housing needs will be completed. YYA will have the choice to work alongside the Navigator, Assessor, and case managers linking to various resources within the community including A&C, Indy's YES program, Eskenazi, and Community Health Network to provide supports needed for participants to increase employments/income and to maximize their ability to live independently.

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	As needed

Assistance with Moving Costs	Non-Partner	As needed
Case Management	Partner	Weekly
Child Care	Non-Partner	As needed
Education Services	Partner	Monthly
Employment Assistance and Job Training	Subrecipient	Monthly
Food	Partner	Weekly
Housing Search and Counseling Services	Non-Partner	As needed
Legal Services	Non-Partner	As needed
Life Skills Training	Non-Partner	Monthly
Mental Health Services	Subrecipient	As needed
Outpatient Health Services	Subrecipient	Monthly
Outreach Services	Partner	As needed
Substance Abuse Treatment Services	Subrecipient	As needed
Transportation	Partner	As needed
Utility Deposits	Non-Partner	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? No

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	X

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	1.0 FTE CES Assessor, 1.0 FTE System Navigators, and .19 FTE Leadership/oversight (salary, benefits, payroll tax, equipment	$116,061
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	Staff mileage at $0.50 per mile	$1,401
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		$117,462
Grant Term		1 Year
Total Request for Grant Term		$117,462

Click the 'Save' button to automatically calculate totals.

6G. HMIS Budget

Instructions:

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software		
3. Services	Outreach 40.00$/User/Month 1FTE A&C 20.00$/User/Month 1FTE	$720
4. Personnel		
5. Space & Operations		
Total Annual Assistance Requested:		$720
Grant Term:		1 Year
Total Request for Grant Term:		$720

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:	$68,884
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$68,884

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

Type	Source	Contributor	Value of Commitments
Cash	Private	Julie and Joe Wendel	$23,610
Cash	Private	Adult and Child H...	$25,960
Cash	Government	Adult and Child	$19,314

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) Julie and Joe Wendel

4. Amount of Written Commitment: $23,610

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) Adult and Child Health

4. Amount of Written Commitment: $25,960

Sources of Match Detail

1. Type of Match Commitment: Cash

2. Source: Government

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

4. Amount of Written Commitment: $19,314

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	$117,462
4. Operating	$0
5. HMIS	$720
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	$68,884
10. In-Kind Match	$0
11. Total Match	$68,884
12. Total Budget	$198,884

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Adult and Child 5...	10/22/2021
2) Other Attachmenbt	No	Original Adult & ...	11/04/2021
3) Other Attachment	No	Waivers/Special A...	11/04/2021

Attachment Details

Document Description: Adult and Child 501 C3

Attachment Details

Document Description: Original Adult & Child System Navigation

Attachment Details

Document Description: Waivers/Special Activities Letters

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)	10/20/2021
1E. SF-424 Compliance	10/20/2021
1F. SF-424 Declaration	10/20/2021
1G. HUD 2880	10/20/2021
1H. HUD 50070	10/20/2021
1I. Cert. Lobbying	10/20/2021
1J. SF-LLL	10/20/2021
IK. SF-424B	10/20/2021
2A. Subrecipients	10/20/2021
2B. Experience	10/20/2021
3A. Project Detail	11/08/2021
3B. Description	11/08/2021
Youth Homeless Demonstration Projects	11/01/2021
4A. Services	10/22/2021
4A. HMIS Standards	No Input Required
4B. Housing Type	10/22/2021
4B. HMIS Training	No Input Required
5A. Households	No Input Required
5B. Subpopulations	No Input Required
6A. Funding Request	10/22/2021
6E. Supp Srvcs Budget	10/22/2021
6G. HMIS Budget	10/22/2021
6H. Match	10/22/2021
6I. Summary Budget	No Input Required
7A. Attachment(s)	11/04/2021
7B. Certification	10/22/2021

Internal Revenue Service

Date: July 30, 2004

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Adult and Child mental health Center Inc.
8320 Madison Avenue
Indianapolis, IN 46227

Person to Contact:
Ms. Edwards 31-07427
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
35-1534713

Dear Sir or Madam:

This is in response to your request of July 30, 2004, regarding your organization's tax-exempt status.

In August 1982 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(iii) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Janna K. Skufca

Janna K. Skufca, Director, TE/GE
Customer Account Services

Internal Revenue Service
District Director

Department of the Treasury

Date: AUG 18 1982

Employer Identification Number:
35-1534713
Accounting Period Ending:
June 30
Form 990 Required: [X] Yes [ ] No

Adult and Child Mental Health
Center, Inc.
8110 Madison Avenue
Indianapolis, IN 46227

Person to Contact:
Joseph Russo
Contact Telephone Number:
513-684-3578

CIN: EO: '82 1 8 5 8

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(1) and 170(b)(1)(A)(iii).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

Generally, you are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. If you have paid FICA taxes without filing the waiver, you should contact us. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

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

The box checked in the heading of this letter shows whether you must file Form 990, Return of Organization Exempt from Income tax. If Yes is checked, you are required to file Form 990 only if your gross receipts each year are normally more than $10,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of $10 a day, up to a maximum of $5,000, when a return is filed late unless there is reasonable cause for the delay.

P.O. Box 2508, Cincinnati, OH 45201

Letter 947 (DO) 9-77

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees.

If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

District Director

For tax years ending on or after December 31, 1982, you are required to file Form 990 only if your gross receipts each year are normally more than $25,000, instead of $10,000 as indicated.

This ruling is based on evidence that your funds are dedicated to the purposes set out in section 501(c)(3) of the Code. To assure your continued exemption, you should maintain records to show that funds are expended only for those purposes. If you distribute funds to other organizations, your records should show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), there should be positive evidence that the funds remain dedicated to the required purposes and that they will be used for those purposes by the recipient.

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 - Adult & Child System Navigation
16. Congressional District(s):	
a. Applicant:	IN-007
b. Project: (for multiple selections hold CTRL key)	IN-007
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 --- (1) The dangers of drug abuse in the workplace (2) The Applicant's policy of maintaining a drug-free workplace; (3) Any available drug counseling, rehabilitation, and employee assistance programs; and (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.**	**f.**	**Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;**
c.	**Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;**	**g.**	**Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.**
d.	**Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --- (1) Abide by the terms of the statement; and (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;**		

2. Sites for Work Performance.

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

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

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

Warning: 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
Adult & Child Health	M. Nonprofit with 501C3 IRS Status	$260,000

2A. Project Subrecipients Detail

a. Organization Name: Adult & Child Health

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

c. Employer or Tax Identification Number: 35-1534713

	d. Organizational DUNS:	052934114	**PLUS 4:**	

e. Physical Address
Street 1: 222 East Ohio Street
Street 2: Suite 600
City: Indianapolis
State: Indiana
Zip Code: 46204

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

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

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

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

j. Contact Person
Prefix: Ms.
First Name: Jennifer
Middle Name:

Last Name:	Disbro
Suffix:	
Title:	Director of Specialty Services
E-mail Address:	jdisbro@adultandchild.org
Confirm E-mail Address:	jdisbro@adultandchild.org
Phone Number:	317-452-5454
Extension:	
Fax Number:	317-635-3372

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.

A&C currently has the only Continuum of Care (CoC) funded young adult housing project in Marion County. This RRH project is staffed by a case manager with lived experience of homelessness. The case manager provides landlord engagement, housing location, linkage to necessary community resources, and peer support services as a Certified Peer Support Specialist. In addition to services provided with CoC funding, A&C also provides additional wrap around services including but not limited to dedicated TAY clinical services, streamlined access to primary care, and a dedicated State Insurance Navigator.

A&C has a decade long partnership with Outreach, Indianapolis's largest organization dedicated to serving both youth and young adults experiencing homelessness. During this time, A&C has assisted hundreds of young adults in obtaining permanent housing through both the CoC and other housing resources. A&C Health currently serves as the community's Coordinated Entry System (CES)Access Point for Young Adults which resulted in being awarded CHIP's Homeless Service Provider of the Year. Our work on this project and our passion for working with young adults propelled our application for the RRH Young Adult Housing project. We are currently funded for 12 RRH units. This project is currently rated 2nd highest in the city based on their quarterly outcomes defined by CoC.

A&C was awarded a SAMHSA funded Assertive Community Treatment (ACT) grant for the next five years. We have multiple DMHA state funded grants across the agency and have maintained HUD federal grants for over 20 years. DMHA has funded A&C's Transition Age Youth services projects for the past 5 years.

A&C has multi-level system including policies and procedures that guide our practices, a third- party auditor to maintain federal guidelines, an annual financial board-approved budget, monthly financial oversight, and an accounting and revenue cycle team for claim submission and review.

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

A&C Health has a mix of funding sources including Net Service Provisions (68%), Federal funding (5%), State Funding (8%), County (4%), Mental Health Recovery Funds (9%), and Other (6%). A&C has contracts with DCS and local probation departments to provide behavioral health and addiction services. Federal and local funding was secured to provide ACT services for persons

experiencing homelessness. We receive state funding through Medicaid and Medicare and private and city funding for the Safe Haven project with Anthem.

Outreach has maintained a diverse balance of funding sources. Most of the funding is from financial gifts from individuals (65%), companies and churches (10.5%), in-kind contributions (10.3%), foundation grants (9.4%), and event contributions (5%). Outreach has experience in serving as sub-recipient grantee for federal funds through a 3-year Substance Abuse Mental Health Administration grant.

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.

A&C is led by a Board of Directors, CEO, Executive and Senior Leadership, and Team Leaders. A&C uses Microsoft Great Plains and Outreach uses Quickbooks software. A&C will be the fiduciary manager and work in conjunction with Outreach, having a dedicated cost center to manage and monitor financial activity specific to this grant. A&C will submit the claims for this project to the city while Outreach submits claims to A&C. Outreach is led by their CEO in collaboration with the 9 Board Members, CFO, Director of Operations, Accountant, and Office Manager. Oversight of this project includes a Team Leader/ Senior Leadership, and accounting department.

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 - Adult & Child System Navigation
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.

This project serves as the front door for the Coordinated Entry System for YYA. The proposal is for a System-wide YYA Navigator and CES Assessor. In collaboration with YYA, Navigator will triage needs, facilitate CES Assessments, and connection to community resources to meet goals of identified YYA. A&C has been an active in CES Refinement workgroups, advocating for the need of full-time YYA specific Navigators.

The project will work with both existing partners as well as form new partnerships to ensure that all YYA are served. Some existing partners include Wheeler Mission, IPS school system, Lawrence, Washington, and Pike Township Schools, Stopover, PBSO, IYG, HIP and Children's Bureau. The Navigator will work in concert with school social workers, McKinney-Vento Liaisons, homeless service providers and other agency staff to identify, engage, and assess the housing and service needs of YYA.

Eligibility includes all YYA in Marion Co. experiencing literal homelessness, imminent risk of homelessness or fleeing/attempt to flee DV. Targeted populations include unaccompanied minors, pregnant & parenting minors, unaccompanied YA (18-24), pregnant & parenting YA (18- 24), and all special populations. The project will exhibit flexibility in meeting the needs of YYA by eliminating barriers to access and meeting YYA at their preferred location. This includes being flexible in where, when, and how Navigation is conducted. This project will triage needs, link to resources, and provide quality CES Housing Needs Assessments. This will have an impact on housing stability, permanent connections, and emotional/social/physical well-being and will reduce the number of YYA exiting into homelessness.

Our overall goal is to align with the community's plan for YYA homelessness to be rare, short- lived, and recoverable. Ensuring timely and quality assessment, YYA are matched with housing interventions based on level of need which greatly improves housing outcomes. This project will have an inviting front door that takes into consideration the trauma of experiencing homelessness and instills hope in YYA. Staff from this project will walk alongside the YYA in their journey. All staff are trained in ongoing trauma-informed care best practices and approaches. This is vital to not re-traumatize YYA or add on to system trauma, so that YYA feel welcomed, valued, and heard. This definition matches the input provided by the YYA workgroup.

Our performance measures include timeliness of responding to the YYA or referral source, the number of YYA assessed, the timeliness in completing CES Housing Needs Assessments, and gathering of supportive documents. A favorable outcome will be the number of YYA who exit into housing services including permanent housing. Another outcome measure will include the number of YYA connected to resources including behavioral health, primary care, substance use, community supports, employment, and education.

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?	1			
Participant enrollment in project begins?	30			
Participants begin to occupy leased units or structure(s), and supportive services begin?	90			
Leased or rental assistance units or structure, and supportive services near 100% capacity?				
Closing on purchase of land, structure(s), or execution of structure lease?				
Rehabilitation started?				
Rehabilitation completed?				
New construction started?				
New construction completed?				

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	X
Veterans	X	Substance Abuse	X
Youth (under 25)	X	Mental Illness	X
Families		HIV/AIDS	X
		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	
Landlord-tenant mediation or tenant legal	
Utility or security deposits	
One time moving assistance	
Rental application fees	
Utility or rental arrears	
Other	

2. Is this a Host Homes Project? No

3. Please identify the specific populations addressed in this project

Pregnant/Parenting	X
Minors	X
Foster care/justice involved youth	X
Other	

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.)

Adult and Child Health's System Navigation 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(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	X

Enter additional information about the following budget line items:

Supportive Services:

The Adult and Child System Navigation Budget will include primarily two staff positions, a coordinated entry assessor and a system navigator, 2 FTE's. This budget follows the community's plan to address Youth and Young Adult homelessness.

HMIS:

The HMIS budget will cover monthly software fees.

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.

This project will triage needs, link to resources, and provide quality CES Housing Needs Assessments. This will have an impact on housing stability, permanent connections, and emotional/social/physical well-being and will reduce the number of YYA exiting into homelessness. System Navigators will collaborate with other homeless service providers and youth-preferred organizations to meet with YYA in both their preferred settings as well as on different platforms. Adult and Child will hire staff with lived experience enhancing the understanding of the unique needs and challenges of YYA experiencing homelessness. This allows for an authentic connection and collaboration to the YYA served. The youth development approach engages YYA within their communities, organizations, and peer groups. This project is the front door to CES, is renewable, and has 1 assessor and 1 navigator.

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?

Staff will work with YYA on navigating a provider list and community resources that can meet their needs and align with their values. Should YYA choose A&C Health as preferred provider, we are able to provide supportive employment, primary and behavioral health care, evidence- based youth development programming, and addiction services. This project will work with YYA on connecting to a community of natural supports. Staff will work in the community and connect with YYA at youth preferred location. Youth choice is an important pillar to this project and YYA will have choice to engage with various partners at

time of coordinated intake. This project will collaborate with YAB and YYA on the development of an initial screening tool to assess the YYA needs. Staff will link YYA after needs are identified. We have existing staff that will train on mainstream resources available with eligibility requirements in the Indianapolis community.

The project will focus on linkage to housing, employment, behavioral health, substance use treatment, prevention, and support services. Additionally, an assessment for housing needs will be completed. YYA will have the choice to work alongside the Navigator, Assessor, and case managers linking to various resources within the community including A&C, Indy's YES program, Eskenazi, and Community Health Network to provide supports needed for participants to increase employments/income and to maximize their ability to live independently.

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

Supportive Services		Provider	Frequency
Assessment of Service Needs		Subrecipient	As needed
Assistance with Moving Costs		Non-Partner	As needed
Case Management		Partner	Weekly
Child Care		Non-Partner	As needed
Education Services		Partner	Monthly
Employment Assistance and Job Training		Subrecipient	Monthly
Food		Partner	Weekly
Housing Search and Counseling Services		Non-Partner	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Non-Partner	Monthly
Mental Health Services		Subrecipient	As needed
Outpatient Health Services		Subrecipient	Monthly
Outreach Services		Partner	As needed
Substance Abuse Treatment Services		Subrecipient	As needed
Transportation		Partner	As needed
Utility Deposits		Non-Partner	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?	No
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	X

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	1.0 FTE CES Assessor, 1.0 FTE System Navigators, and .19 FTE Leadership/oversight (salary, benefits, payroll tax, equipment	$116,061
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	Staff Mileage reimbursed at $.50 per mile	$1,401
16. Utility Deposits		
17. Operating Costs		
Total Annual Assistance Requested		$117,462
Grant Term		2 Years
Total Request for Grant Term		$234,924

Click the 'Save' button to automatically calculate totals.

6H. HMIS Budget

Instructions:

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software		
3. Services	Outreach 40.00$/User/Month 1FTE A&C 20.00$/User/Month 1FTE	$720
4. Personnel		
5. Space & Operations		
Total Annual Assistance Requested:		$720
Grant Term:		2 Years
Total Request for Grant Term:		$1,440

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:	$68,884
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$68,884

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Julie and Joel We...	05/21/2020	$23,610
Yes	Cash	Private	Adult and Child H...	06/30/2020	$25,960
Yes	Cash	Government	Adult and Child	06/30/2020	$19,314

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)	Julie and Joel Wendel
5. Date of Written Commitment:	05/21/2020
6. Value of Written Commitment:	$23,610

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)	Adult and Child Health
5. Date of Written Commitment:	06/30/2020
6. Value of Written Commitment:	$25,960

Sources of Match Detail

1. Will this commitment be used towards match ?	Yes
2. Type of commitment:	Cash
3. Type of source:	Government
4. Name the source of the commitment: (Be as specific as possible and include the	Adult and Child

office or grant program as applicable)

5. Date of Written Commitment: 06/30/2020

6. Value of Written Commitment: $19,314

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	$117,462	2 Years	$234,924
5. Operating	$0	2 Years	$0
6. HMIS	$720	2 Years	$1,440
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			$68,884
11. In-Kind Match			$0
12. Total Match			$68,884
13. Total Budget			$328,884

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Adult & Child Hea...	06/29/2020
3) Other Attachment(s)	No	A&C Waiver Reques...	07/01/2020
2) Other Attachment(s)	No	A&C YHDP Lead and...	07/01/2020

Attachment Details

Document Description: Adult & Child Health 501 c 3 determination

Attachment Details

Document Description: A&C Waiver Request Letter

Attachment Details

Document Description: A&C YHDP Lead and YAB Letters

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.

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	06/29/2020
1F. SF-424 Declaration	06/29/2020
1G. HUD 2880	06/29/2020
1H. HUD 50070	06/29/2020
1I. Cert. Lobbying	06/29/2020
1J. SF-LLL	06/29/2020
2A. Subrecipients	06/29/2020
2B. Experience	06/29/2020
3A. Project Detail	06/29/2020
3B. Description	06/30/2020
Youth Homeless Demonstration Projects	07/01/2020
4A. Services	06/29/2020
4A. HMIS Standards	No Input Required
4B. HMIS Training	No Input Required
4B. Housing Type	06/29/2020
5A. Households	No Input Required
5B. Subpopulations	No Input Required
6A. Funding Request	06/29/2020
6F. Supp Srvcs Budget	06/30/2020
6H. HMIS Budget	06/30/2020
6I. Match	06/30/2020
6J. Summary Budget	No Input Required
7A. Attachment(s)	07/01/2020
7D. Certification	06/30/2020

Internal Revenue Service

Date: July 30, 2004

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Adult and Child mental health Center Inc.
8320 Madison Avenue
Indianapolis, IN 46227

Person to Contact:
Ms. Edwards 31-07427
Customer Service Representative
Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
35-1534713

Dear Sir or Madam:

This is in response to your request of July 30, 2004, regarding your organization's tax-exempt status.

In August 1982 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(iii) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Janna K. Skufca

Janna K. Skufca, Director, TE/GE
Customer Account Services

Internal Revenue Service
District Director

Department of the Treasury

Date: AUG 18 1982

Employer Identification Number:
35-1534713
Accounting Period Ending:
June 30
Form 990 Required: [X] Yes [ ] No

Adult and Child Mental Health
Center, Inc.
8110 Madison Avenue
Indianapolis, IN 46227

Person to Contact:
Joseph Russo
Contact Telephone Number:
513-684-3578

CIN: EO: '82 1 8 5 8

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(1) and 170(b)(1)(A)(iii).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

Generally, you are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. If you have paid FICA taxes without filing the waiver, you should contact us. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

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

The box checked in the heading of this letter shows whether you must file Form 990, Return of Organization Exempt from Income tax. If Yes is checked, you are required to file Form 990 only if your gross receipts each year are normally more than $10,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. The law imposes a penalty of $10 a day, up to a maximum of $5,000, when a return is filed late unless there is reasonable cause for the delay.

P.O. Box 2508, Cincinnati, OH 45201

Letter 947 (DO) 9-77

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees.

If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

District Director

For tax years ending on or after December 31, 1982, you are required to file Form 990 only if your gross receipts each year are normally more than $25,000, instead of $10,000 as indicated.

This ruling is based on evidence that your funds are dedicated to the purposes set out in section 501(c)(3) of the Code. To assure your continued exemption, you should maintain records to show that funds are expended only for those purposes. If you distribute funds to other organizations, your records should show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), there should be positive evidence that the funds remain dedicated to the required purposes and that they will be used for those purposes by the recipient.

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: Adult and Child Health

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, Adult and Child Health's System Navigation 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(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 system navigation 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). 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. 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

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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 Adult & Child in partnership with Outreach Inc. for the YHDP System Navigation project 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 increase capacity for the Indianapolis coordinated entry system targeted to youth and young adults.

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

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Agency requesting	Outreach Inc. Diversion, Trinity Haven Host Homes, Project Prism, Adult & Child System Navigation, Damien Center, City TH-RRH

INDIANAPOLIS
METROPOLITAN DEVELOPMENT

October 25, 2021
Re: Youth Homelessness Demonstration Program Grant
CoC: IN 503 Indianapolis
Grantee: Adult&Child System Navigation

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 Adult&Child System Navigation 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.

New Waivers/Special Requirements to Apply For:

- 24 CFR 578.374 (aJ(σJ(iiJ(EJ, 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 578.59(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: Adult&Child System Navigation

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.

New Waivers/Special Requirements to Apply For:

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Sincerely,

Lauren Long
Youth Action Board Member