

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 2022 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 Unique Entity Identifier (UEI) 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) 2022 Continuum of Care (CoC) Program Competition. For more information see FY 2022 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2022 CoC Program NOFO and the FY 2022 General Section NOFO.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with navigational guides, which are also found on the HUD Exchange.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus or DV Bonus. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any new project that fails to adhere to (24 CFR part 578 and application requirements set forth in FY 2022 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:

2. Type of Application: New Project Application

If Revision, select appropriate letter(s):

If "Other", specify:

3. Date Received: 09/06/2022

4. Applicant Identifier:

a. Federal Entity Identifier:

5. Federal Award Identifier:

6. Date Received by State:

7. State Application Identifier:

1B. SF-424 Legal Applicant

8. Applicant

- a. Legal Name:** City of Indianapolis
- b. Employer/Taxpayer Identification Number (EIN/TIN):** 35-6001063
- c. Unique Entity Identifier:** UC2LTU2LWHF1

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-6600-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): Indiana
(for multiple selections hold CTRL key)

15. Descriptive Title of Applicant's Project: 2023 City of Indianapolis - DV Bonus

16. Congressional District(s):

16a. Applicant: IN-007

16b. Project: IN-007
(for multiple selections hold CTRL key)

17. Proposed Project

a. Start Date: 10/01/2023

b. End Date: 09/30/2024

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:

21. Authorized Representative

Prefix: Mrs.

First Name: Jennifer

Middle Name:

Last Name: Fults

Suffix:

Title: Administrator

Telephone Number: (317) 327-5899
(Format: 123-456-7890)

Fax Number: (317) 327-5809
(Format: 123-456-7890)

Email: jennifer.fults2@indy.gov

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

Date Signed: 09/06/2022

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: Administrator

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: \$306,443.00

(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? Yes
 (For further information, see 24 CFR Sec. 4.3).

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 | \$0.00 | 0% |
| na | | na | \$0.00 | 0% |
| na | | na | \$0.00 | 0% |
| na | | na | \$0.00 | 0% |
| 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:

Name / Title of Authorized Official: Jennifer Fults, Adminstrator

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

Date Signed: 09/06/2022

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. | <p>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.</p> |
| b. | <p>Establishing an on-going drug-free awareness program to inform employees —</p> <ul style="list-style-type: none"> (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. |
| c. | <p>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.;</p> |
| d. | <p>Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will —</p> <ul style="list-style-type: none"> (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; |
| e. | <p>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 Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;</p> |
| f. | <p>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 —</p> <ul style="list-style-type: none"> (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; |
| g. | <p>Making a good faith effort to continue to maintain a drugfree workplace through implementation of paragraphs a. thru f.</p> |

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 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.

| |
|---|
| X |
|---|

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: Administrator

Telephone Number: (317) 327-5899
(Format: 123-456-7890)

Fax Number: (317) 327-5809
(Format: 123-456-7890)

Email: jennifer.fults2@indy.gov

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

Date Signed: 09/06/2022

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:

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, Administrator

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

Date Signed: 09/06/2022

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.

Authorized Representative

Prefix: Mrs.

First Name: Jennifer

Middle Name:

Last Name: Fults

Suffix:

Title: Administrator

Telephone Number: (317) 327-5899
(Format: 123-456-7890)

Fax Number: (317) 327-5809
(Format: 123-456-7890)

Email: jennifer.fults2@indy.gov

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

Date Signed: 09/06/2022

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:

Authorized Representative for: City of Indianapolis
Prefix: Mrs.
First Name: Jennifer

Middle Name:

Last Name: Fults

Suffix:

Title: Administrator

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

Date Signed: 09/06/2022

1L. SF-424D

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

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

2A. Project Subrecipients

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

Total Expected Sub-Awards: \$306,443

| Organization | Type | Sub-Award Amount |
|----------------|------------------------------------|------------------|
| Salvation Army | M. Nonprofit with 501C3 IRS Status | \$306,443 |

2A. Project Subrecipients Detail

a. Organization Name: Salvation Army

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

c. Employer or Tax Identification Number: 36-2167910

d. Unique Entity Identifier: LC54VJ7K1454

e. Physical Address

Street 1: 6060 Castleway West Drive

Street 2:

City: Indianapolis

State: Indiana

Zip Code: 46250

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

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: \$306,443

j. Contact Person

Prefix: Ms.

First Name: Wendy
Middle Name:
Last Name: Haag
Suffix:
Title: Indianapolis Area Command Social Services
E-mail Address: Wendy.haag@usc.salvationarmy.org
Confirm E-mail Address: Wendy.haag@usc.salvationarmy.org
Phone Number: 317-224-2002
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.

The City of Indianapolis has been the Collaborative Applicant for over 25 years. The City of Indianapolis will be applying for the Domestic Violence project with the subrecipient being Salvation Army.

The Harbor Light Center, in operation for 70+ years, is certified by the Indiana Division of Mental Health and Addictions and fully accredited by the Commission on Accreditation of Rehabilitation Facilities. The Executive Director, Alicia Hoskins, has a master's in strategic management and is currently pursuing a doctorate in Healthcare Administration. She has been with Harbor Light Center for 7 years. Key staff includes a clinical manager, operations manager, licensed addiction counselors, nursing personnel under the supervision of a licensed physician, certified peer recovery coaches, and various support staff. The secure facility houses a commercial kitchen and dining room, gymnasium, classrooms, chapel, computer lab, laundry room, separate living quarters for men and women, and a withdrawal management unit equipped for medical care. Outside is a small basketball court, prayer garden, and ample parking.

The Women and Children's Center in downtown Indianapolis is located on a bus line and near other community services that may benefit residents. The shelter has 111 individual rooms, with an overflow capacity of 35 additional beds. The secure facility houses a commercial kitchen, dining room, laundry room, computer classroom, clothing pantry, enclosed outdoor playground for children, and a fenced parking lot. The Center director, Pam Fleck, has a BS in Business Administration and nearly 30 years of experience at the Center.

The Salvation Army Indiana Division Social Services are overseen by Dena Simpson MA, MPA, who is Divisional Social Services Director and has been with The Salvation Army for 18 years in various leadership roles. Wendy Haag, BS, Med, Indianapolis Area Command Social Services Director, has been with The Salvation Army for less than a year. Her experience and education surround social services and education along with direct service experience with HUD and Rapid Re-housing funds for survivors of violence.

We have several residential properties in the Indianapolis area that include Section 42 units for families and individuals, PRAC 202 units for Seniors, and Section 8 units for families and individuals. The Salvation Army has a long-standing collaboration with a property management company providing oversight, maintenance, and property management at each of the locations. Each of the properties is staffed by the Salvation Army specializing in case management and support for residents and their families. We offer a case management model, The Pathway of Hope, an internal model of long-term case management empowering individuals and families to break cycles of crisis and vulnerabilities and move toward safety and stability. The Pathway of Hope model provides individualized client-centered case management to clients who desire to take action to move out of unsafe relationships and situations and poverty.

Our experience with previous funds with HUD identified areas where we have done very well and areas where we needed to change the process and staff roles. This review led to a better workflow with the property managers at each location along with internal processes. Our priorities are to ensure additional barriers are not in place for families and we deliver the best care and support to individuals and families.

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

The Salvation Army's experience is comprehensive in leveraging Federal, state, local, and foundation funding. The organization has a long and successful history of overseeing a broad portfolio of financial awards and funding.

Second Helpings Provides lunch and dinner meals to residents at the Women and Children's Center for 1-3 years.

Homeless Initiative Program Provides basic medical care to residents at the Women and Children's Center for 10+ years and the Harbor Light Center.

WIC Enrolls eligible clients in benefits to assist with supplemental food, nutrition counseling and education, and health service referrals for 10+ years.

School on Wheels Provides after-school tutoring to children residing at the Women and Children's Center for 10+ years.

CHIP Operates the Coordinated Entry System for shelters and provides training, technical assistance, and public policy advocacy regarding homelessness for 10+ years. Professional Blended Street Outreach Staff of the Women and Children's Center work as a team with other professionals to provide basic needs assistance and referrals to homeless persons living on the streets for 4-10 years.

Gleaners Food Bank of Indiana Donates food to the Harbor Light Center for 1-3 years. Indiana Department of Mental Health & Addiction Contracts and reimburses for treatment services at Harbor Light Center and coordinates a professional network of treatment providers to share data, monitor trends, and work to maximize treatment access and effectiveness for 10+ years.

Marion County Probation Department Provides referrals for treatment and community service work opportunities at Harbor Light Center for 10+ years.

Marion County Health Department Provides onsite education and health screenings for HIV/Hepatitis/STD for consumers at Harbor Light Center for 10+ years.

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

The Salvation Army provides a detailed process that includes levels of review and management within the organization's financial structure. Our Indiana Division is led by a Division Commander. The leadership team consists of the General Secretary, directors of development, social services, finance, youth services, emergency disaster services, program and ministry, Indianapolis Area Commander, and the Northwest Area Commander. Our finance department includes a Divisional Finance Secretary, Controller, Accounting Managers, and accountants for Accounts Payable and Accounts Receivables. All applications and grant and funding agreements are reviewed with the Divisional Finance Board and The Salvation Army Central Territory Legal Department. The internal controls include all funding claims submitted and reviewed by a billing accountant and the director of the program and/or project. The Salvation Army utilizes fiscal management software to manage organizational expenses and revenues. The system, Shelby System Software is used to record all expenses and revenue. Claims and reports required by funders are prepared by the accountant. The accounting manager and the director of the program review this claim or report.

The Salvation Army focuses on the Separation of Duties when processing reports, budgets, and claims. This provides an accurate check and balance system along with focused procedures to ensure best practices in following internal policies and external policies. The organization completes an annual audit with external auditors and completes internal audits of corps and programs in the division.

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

3A. Project Detail

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

2. CoC Collaborative Applicant Name: City of Indianapolis

3. Project Name: 2023 City of Indianapolis - DV Bonus

4. Project Status: Standard

5. Component Type: PH

5a. Select the type of PH project: RRH

6. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? Yes

7. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement) No

8. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))? No

3B. Project Description

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

The Salvation Army’s mission is to meet individual needs. Our residential and support programs include crisis intervention, emergency shelter, substance use treatment, access to information and resources, pastoral care, and extensive case management along with long-term case management with the Pathway of Hope model to ensure access to mainstream benefits and resources. Our staff is trained in best practices along with knowledge and experience in housing first priorities and practices. The plan considers those who are fleeing or attempting to flee domestic violence or trafficking situations who lack resources or support networks to obtain other permanent housing options.

The project considers those who are fleeing or attempting to flee domestic violence, sexual assault, or trafficking situations that lack resources and support. Individuals who need safe housing along with recovery services with a much more structured environment and programming will be addressed. As with 2018-2023 Plan to Address Homelessness, The Salvation Army believes each person has the right to wellness, safety, and fundamental needs to support housing and care. All populations are provided services and support from The Salvation Army. Our goal is to meet individuals where they are and provide the tools needed to meet goals to where they want to be. These tools include client-centered and valued approaches, trauma-informed care, and specialized programs. The key strategies are:

1.8- Align housing with quality standards to reduce lengths of stay and increase the exits to permanent housing for populations for who housing support is vital to survival. This target population includes survivors of domestic violence and trafficking and seeking care for substance use.

2.6- To ensure adequate and safe housing for survivors of domestic violence, sexual assault, and trafficking.

Our goal in providing rapid re-housing options for individuals is to increase availability and access to safe and stable housing and provide supportive services. Our project will contribute toward the five-year plan of adding 690 affordable and safe units in Marion County.

The target population will include adults with and without children. The project anticipates assisting fifteen adults with or without children in scattered site housing with the use of Rapid Re-housing Funds. The target population will be individuals and families who are fleeing domestic violence and unsafe living situations and instability.

The services and programs provided will include crisis intervention, and emergency shelter to meet an immediate need to remove individuals and families from unsafe situations. Intensive case management will provide information and resources to best support everyone toward the next steps in housing and wellness. Wellness will include health and substance use treatment, physical care, and other support services needed to address immediate needs. Case managers will connect clients to Coordinated Entry Assessments and provide an extensive review of the housing program, support services, and best care for individuals and their families. Support groups and life skills classes will be provided to include financial management, landlord-tenant information, and resources for home ownership. Access and financial support to mental and physical care will be provided. Transportation assistance will be provided to families in need of public transportation and gas cards.

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

| Project Milestones | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement | Days from Execution of Grant Agreement |
|---|--|--|--|--|
| | A | B | C | D |
| Begin hiring staff or expending funds | 30 | | | |
| Begin program participant enrollment | 60 | | | |
| Program participants occupy leased or rental assistance units or structure(s), or supportive services begin | 60 | | | |
| Leased or rental assistance units or structure, and supportive services near 100% capacity | 60 | | | |
| Closing on purchase of land, structure(s), or execution of structure lease | | | | |
| Start rehabilitation | | | | |
| Complete rehabilitation | | | | |
| Start new construction | | | | |
| Complete new construction | | | | |

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 | <input type="checkbox"/> | Domestic Violence | <input checked="" type="checkbox"/> |
| Veterans | <input type="checkbox"/> | Substance Abuse | <input type="checkbox"/> |
| Youth (under 25) | <input type="checkbox"/> | Mental Illness | <input type="checkbox"/> |
| Families | <input checked="" type="checkbox"/> | HIV/AIDS | <input type="checkbox"/> |
| | | Chronic Homeless | <input type="checkbox"/> |
| | | Other (Click 'Save' to update) | <input type="checkbox"/> |

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

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 | <input checked="" type="checkbox"/> |
| Active or history of substance use | <input checked="" type="checkbox"/> |
| Having a criminal record with exceptions for state-mandated restrictions | <input checked="" type="checkbox"/> |
| History of victimization (e.g. domestic violence, sexual assault, childhood abuse) | <input checked="" type="checkbox"/> |
| None of the above | <input type="checkbox"/> |

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

| | |
|---|-------------------------------------|
| Failure to participate in supportive services | <input checked="" type="checkbox"/> |
| Failure to make progress on a service plan | <input checked="" type="checkbox"/> |
| Loss of income or failure to improve income | <input checked="" type="checkbox"/> |
| Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area | <input checked="" type="checkbox"/> |
| None of the above | <input type="checkbox"/> |

5d. Will the project follow a "Housing First" approach? Yes
 (Click 'Save' to update)

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

3C. Project Expansion Information

1. Is this a "Project Expansion" of an eligible No
renewal project?

4A. Supportive Services for Participants

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

The Salvation Army offers basic needs assistance from eight facilities and four service extension units in the Marion County area; The Women and Children's Center was established over 70 years ago as the first facility in Indianapolis to serve homeless and abused women and children, and today it continues to play a pivotal role in the continuum of care for some of the 1,800+ domestic violence victims served daily in Indiana. The Women and Children's Center provides safe shelter and other basic needs primarily for women and children but also welcomes men, as well as transgender and gender diverse individuals, who are victims of violence. Since 1949, The Harbor Light Center offers treatment for addiction to substances or gambling for adult men, women, and gender-diverse individuals. Services include medically supervised withdrawal management, structured residential treatment, transitional housing, intensive outpatient programs, aftercare services, and family support services. Health screenings and education are offered onsite by the Marion County Health Department. The facility also serves 3 meals plus snacks daily and offers a computer lab, a jobs board, and a gymnasium for healthy recreation. Most Harbor Light consumers come from Marion County but there is no geographic boundary for admission or treatment. Family members and significant others also receive services through education classes, support groups, and information/referral services while their loved one is in treatment. To maximize our responsiveness to community needs, The Salvation Army works with a wide array of community partners and participates in professional networks to review data regarding current service delivery systems and note any gaps or unmet needs. For the Women and Children's Center, active participation in the Continuum of Care and CHIP (Coalition for Homelessness Intervention and Prevention) helps us be aware of and plan for community trends. The Harbor Light Center, as a certified provider by the Indiana Division of Mental Health and Addictions, is part of a broad network of treatment providers that share data, monitor community trends, work to minimize barriers or gaps in treatment access, and coordinate response for special populations. The community-level information gleaned through these networks helps us determine what needs could be addressed by our available programming and assess whether program additions, expansions, or modifications should be considered.

During the time in the emergency shelter and/or treatment, each individual will connect with a case manager. The case manager will support the client and meet their needs along with goals they would like to achieve. Resources and information regarding housing options will be discussed and connections with Coordinated Entry Assessors will be scheduled. Once housing is found and secured with the rapid re-housing funds, the goal is to continue support services with case management, support groups, substance use treatment, access to benefits, and all other services the client highlights in their journey.

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

The Salvation Army Harbor Light Center, a residential and outpatient treatment facility for substance use bills Medicaid and other third-party payors whenever possible and captures some revenue from program fees, but it remains heavily reliant on government funding for substance abuse treatment services. Staff with the Ruth Lilly Women and Children’s emergency shelter includes care coordinators and specialized training, a family support specialist that works individually with parents and children, maintenance staff, and support staff who provide 24/7 intake, advocacy, and security. Community partners provide additional onsite services including basic medical care, legal consultation, tutoring, and access to SNAP, WIC, and other entitlement programs. All case managers and care coordinators will complete SOAR training with SAMSHA to ensure an understanding of the process of assisting clients with SSI/SSDI benefits. Case managers go through module training (Caseworker Certification Program or CCP) backed by Olivet Nazarene University that trains the case managers and any TSA staff member who works directly with clients in identifying the stages of change, cultural competencies, setting SMART Goals and achievement, Boundaries and Ethics, Safety and Security, Client Engagement and Documentation along with Self Care. Qualitative achievements that are seen are an increase in confidence when goals are achieved and the relationships that are created with the client and all that is part of their environment which could be better mental and physical health, employment, education, their children’s education, legal issues and improved housing or transportation.

**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 | Partner | Daily |
| Assistance with Moving Costs | Partner | As needed |
| Case Management | Subrecipient | Daily |
| Child Care | Non-Partner | As needed |
| Education Services | Subrecipient | As needed |
| Employment Assistance and Job Training | Non-Partner | As needed |
| Food | Subrecipient | Daily |
| Housing Search and Counseling Services | Partner | Daily |
| Legal Services | Non-Partner | As needed |
| Life Skills Training | Partner | Weekly |
| Mental Health Services | Subrecipient | As needed |
| Outpatient Health Services | Non-Partner | As needed |
| Outreach Services | Partner | As needed |

| |
|------------------------------------|
| Substance Abuse Treatment Services |
| Transportation |
| Utility Deposits |

| | |
|--------------|-----------|
| Subrecipient | As needed |
| Subrecipient | As needed |
| Subrecipient | As needed |

Identify whether the project will include the following activities:

- 4. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? **Yes**
- 5. Annual follow-ups with program participants to ensure mainstream benefits are received and renewed? **Yes**
- 6. Will program participants have access to SSI/SSDI technical assistance provided by this project the applicant, a subrecipient, or partner agency? **Yes**
- 6a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months. **Yes**

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: 13

Total Beds: 31

| Housing Type | Housing Type (JOINT) | Units | Beds | Dedicated CH Beds |
|---------------------------------|----------------------|-------|------|-------------------|
| Scattered-site apartments (...) | --- | 13 | 31 | |

4B. Housing Type and Location Detail

1. **Housing Type:** Scattered-site apartments (including efficiencies)

2. **Indicate the maximum number of units and beds available for program participants at the selected housing site.**

2a. Units: 13

2b. Beds: 31

3. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 6060 Castleway West Drive

Street 2:

City: Indianapolis

State: Indiana

ZIP Code: 46205

***4. Select the geographic area(s) associated with the address. For new projects, select the area(s) expected to be covered.
(for multiple selections hold CTRL key)**

181404 Indianapolis

5A. Project Participants - Households

Households Table

| | Households with at Least One Adult and One Child | Adult Households without Children | Households with Only Children | Total |
|-------------------------------------|---|--|--|-----------|
| Number of Households | 10 | 3 | 0 | 13 |
| | | | | |
| 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 | 5 | 2 | | 7 |
| Persons ages 18-24 | 5 | 1 | | 6 |
| Accompanied Children under age 18 | 18 | | 0 | 18 |
| Unaccompanied Children under age 18 | | | 0 | 0 |
| Total Persons | 28 | 3 | 0 | 31 |

Click Save to automatically calculate totals

5B. Project 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 | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|-----------------------|-------------------|-------------|-------------------|-------------------------|----------|-----------------------|-----------|---------------------|--------------------------|---|
| Persons over age 24 | 5 | | | | | | 5 | | | |
| Persons ages 18-24 | 5 | | | | | | 5 | | | |
| Children under age 18 | 18 | | | | | | 18 | | | |
| Total Persons | 28 | 0 | 0 | 0 | 0 | 0 | 28 | 0 | 0 | 0 |

Click Save to automatically calculate totals

Persons in Households without Children

| Characteristics | CH (Not Veterans) | CH Veterans | Veterans- (Not CH) | Chronic Substance Abuse | HIV/AIDS | Severely Mentally Ill | DV | Physical Disability | Developmental Disability | Persons Not Represented by a Listed Subpopulation |
|----------------------|-------------------|-------------|--------------------|-------------------------|----------|-----------------------|----------|---------------------|--------------------------|---|
| Persons over age 24 | 2 | | | | | | 2 | | | |
| Persons ages 18-24 | 1 | | | | | | 1 | | | |
| Total Persons | 3 | 0 | 0 | 0 | 0 | 0 | 3 | 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 | 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 | 0 | 0 |

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2024? Yes

2. What type of CoC funding is this project applying for in this CoC Program Competition? DV Bonus

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:

| | |
|---------------------|-------------------------------------|
| Rental Assistance | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| HMIS | <input checked="" type="checkbox"/> |

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

6E. Rental Assistance Budget

The following list summarizes the rental assistance funding request for the total term of the project. To add information to the list, select the  icon. To view or update information already listed, select the  icon.

| Total Request for Grant Term: | | | \$167,256 |
|-------------------------------|--|-----------------------|---------------|
| Total Units: | | | 13 |
| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
| TRA | IN - Indianapolis-Carmel, IN HUD Metr... | 13 | \$167,256 |

Rental Assistance Budget Detail

Instructions:

Type of Rental Assistance: Select the applicable type of rental assistance from the dropdown menu. Options include tenant-based (TRA), sponsor-based (SRA), and project-based assistance (PRA). Each type has unique requirements and applicants should refer to the 24 CFR 578.51 before making a selection.

Metropolitan or non-metropolitan fair market rent area: This is a required field. Select the FY 2016 FMR area in which the project is located. The list is sorted by state abbreviation. The selected FMR area will be used to populate the rents in the chart below.

Size of Units: These options are system generated. Unit size is defined by the number of distinct bedrooms and not by the number of distinct beds.

of units: This is a required field. For each unit size, enter the number of units for which funding is being requested.

FMR: These fields are populated with the FY 2016 FMR amounts based on the FMR area selected by the applicant. The FMRs are available online at <http://www.huduser.org/portal/datasets/fmr.html>.

12 Months: These fields are populated with the value 12 to calculate the annual rent request.

Total Request: This column populates with the total calculated amount from each row based on the number of units multiplied by the corresponding FMR and by 12 months.

Total Units and Annual Assistance Requested: The fields in this row are automatically calculated based on the total number of units and the sum of the total requests per unit size per year.

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 annual assistance requested 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>

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: IN - Indianapolis-Carmel, IN HUD Metro FMR Area (1801199999)

| Size of Units | # of Units (Applicant) | | FMR Area (Applicant) | | 12 Months | | | Total Request (Applicant) |
|---------------|------------------------|---|----------------------|---|-----------|--|---|---------------------------|
| SRO | | x | \$508 | x | 12 | | = | \$0 |
| 0 Bedroom | | x | \$677 | x | 12 | | = | \$0 |
| 1 Bedroom | 3 | x | \$782 | x | 12 | | = | \$28,152 |

| | | | | | | | |
|--|----|---|---------|---|----|---|-----------|
| 2 Bedrooms | 4 | x | \$939 | x | 12 | = | \$45,072 |
| 3 Bedrooms | 4 | x | \$1,231 | x | 12 | = | \$59,088 |
| 4 Bedrooms | 2 | x | \$1,456 | x | 12 | = | \$34,944 |
| 5 Bedrooms | | x | \$1,674 | x | 12 | = | \$0 |
| 6 Bedrooms | | x | \$1,893 | x | 12 | = | \$0 |
| 7 Bedrooms | | x | \$2,111 | x | 12 | = | \$0 |
| 8 Bedrooms | | x | \$2,330 | x | 12 | = | \$0 |
| 9 Bedrooms | | x | \$2,548 | x | 12 | = | \$0 |
| Total Units and Annual Assistance Requested | 13 | | | | | | \$167,256 |
| Grant Term | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | \$167,256 |

Click the 'Save' button to automatically calculate totals.

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 | Case Manager/ Care Coordinator-Request funding- 3 FT at .25% for salary support | \$20,671 |
| 4. Child Care | | |
| 5. Education Services | Case Management/Care Coordinator- Request for funding for one .50 PT | \$12,000 |
| 6. Employment Assistance | | |
| 7. Food | Cost of providing meals or groceries to participants per month. This includes the cost of meals provided by the program and groceries for units. | \$15,000 |
| 8. Housing/Counseling Services | | |
| 9. Legal Services | | |
| 10. Life Skills | | |
| 11. Mental Health Services | Residential Counselor- 1 FT at.25% of salary | \$15,000 |
| 12. Outpatient Health Services | | |
| 13. Outreach Services | | |
| 14. Substance Abuse Treatment Services | Provide outpatient services up to 90 days. | \$40,000 |
| 15. Transportation | 15 households with a monthly bus pass, cab/uber/ vehicle owned by SA- mileage allowance- staff participation to assist with transportation. | \$5,200 |
| 16. Utility Deposits | to use for participants - cannot use in regular rental assistance | \$2,258 |
| 17. Operating Costs | | |
| Total Annual Assistance Requested | | \$110,129 |
| Grant Term | | 1 Year |
| Total Request for Grant Term | | \$110,129 |

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 | Funding is requested for use of HMIS system software and annual licensure for each user. Five licenses at \$ 20.00 each/monthly | \$1,200 |
| 3. Services | | |
| 4. Personnel | | |
| 5. Space & Operations | | |
| Total Annual Assistance Requested: | | \$1,200 |
| Grant Term: | | 1 Year |
| Total Request for Grant Term: | | \$1,200 |

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

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

Summary for Match

| | |
|--------------------------------------|----------|
| Total Amount of Cash Commitments: | \$75,538 |
| Total Amount of In-Kind Commitments: | \$10,000 |
| Total Amount of All Commitments: | \$85,538 |

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

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

| Type | Source | Name of Source | Amount of Commitments |
|---------|---------|----------------------|-----------------------|
| Cash | Private | United Way of Cen... | \$45,000 |
| In-Kind | Private | School on Wheels | \$10,000 |
| Cash | Private | Domestic Violence... | \$30,538 |

Sources of Match Detail

- 1. Type of Match commitment: Cash
- 2. Source: Private
- 3. Name of Source: United Way of Central Indiana
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$45,000

Sources of Match Detail

- 1. Type of Match commitment: In-Kind
- 2. Source: Private
- 3. Name of Source: School on Wheels
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$10,000

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

Sources of Match Detail

- 1. Type of Match commitment: Cash
- 2. Source: Private
- 3. Name of Source: Domestic Violence Treatment and Prevention
(Be as specific as possible and include the office or grant program as applicable)
- 4. Amount of Written Commitment: \$30,538

6J. Summary Budget

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

| Eligible Costs | Annual Assistance Requested (Applicant) | Grant Term (Applicant) | Total Assistance Requested for Grant Term (Applicant) |
|--|---|------------------------|---|
| 1a. Acquisition | | | \$0 |
| 1b. Rehabilitation | | | \$0 |
| 1c. New Construction | | | \$0 |
| 2a. Leased Units | \$0 | 1 Year | \$0 |
| 2b. Leased Structures | \$0 | 1 Year | \$0 |
| 3. Rental Assistance | \$167,256 | 1 Year | \$167,256 |
| 4. Supportive Services | \$110,129 | 1 Year | \$110,129 |
| 5. Operating | \$0 | 1 Year | \$0 |
| 6. HMIS | \$1,200 | 1 Year | \$1,200 |
| 7. Sub-total Costs Requested | | | \$278,585 |
| 8. Admin (Up to 10%) | | | \$27,858 |
| 9. Total Assistance Plus Admin Requested | | | \$306,443 |
| 10. Cash Match | | | \$75,538 |
| 11. In-Kind Match | | | \$10,000 |
| 12. Total Match | | | \$85,538 |
| 13. Total Budget | | | \$391,981 |

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | Salvation Army 50... | 09/06/2022 |
| 2) Other Attachment(s) | No | | |
| 3) Other Attachment(s) | No | | |

Attachment Details

Document Description: Salvation Army 501 C3 Letter

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind MOU Attachment

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

Attachment Details

Document Description:

7D. Certification

A. For all projects:

Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

B. For non-Rental Assistance Projects Only.

15-Year Operation Rule.

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

1-Year Operation Rule.

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

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

Name of Authorized Certifying Official: Jennifer Fults

Date: 09/06/2022

Title: Administrator

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, fictitious, or fraudulent 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.

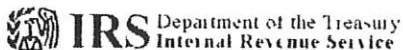
8B. Submission Summary

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

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

| Page | Last Updated |
|--------------------------------------|---------------------|
| 1A. SF-424 Application Type | No Input Required |
| 1B. SF-424 Legal Applicant | 09/06/2022 |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 09/06/2022 |
| 1E. SF-424 Compliance | 09/06/2022 |
| 1F. SF-424 Declaration | 09/06/2022 |
| 1G. HUD 2880 | 09/06/2022 |
| 1H. HUD 50070 | 09/06/2022 |
| 1I. Cert. Lobbying | 09/06/2022 |
| 1J. SF-LLL | 09/06/2022 |
| IK. SF-424B | 09/06/2022 |
| 1L. SF-424D | 09/06/2022 |
| 2A. Subrecipients | 09/06/2022 |
| 2B. Experience | 09/06/2022 |
| 3A. Project Detail | 09/06/2022 |
| 3B. Description | 09/06/2022 |
| 3C. Expansion | 09/06/2022 |
| 4A. Services | 09/06/2022 |
| 4B. Housing Type | 09/06/2022 |
| 5A. Households | 09/06/2022 |
| 5B. Subpopulations | No Input Required |
| 6A. Funding Request | 09/06/2022 |
| 6E. Rental Assistance | 09/06/2022 |
| 6F. Supp Srvcs Budget | 09/06/2022 |
| 6H. HMIS Budget | 09/06/2022 |
| 6I. Match | 09/06/2022 |

| | |
|-----------------------------------|-------------------|
| 6J. Summary Budget | No Input Required |
| 7A. Attachment(s) | 09/06/2022 |
| 7A. In-Kind MOU Attachment | No Input Required |
| 7D. Certification | 09/06/2022 |



CINCINNATI OH 45999-0038

In reply refer to: 0248205449
July 09, 2019 LTR 4168C 0
36-2167910 000000 00
00014948
BODC: TE

THE SALVATION ARMY
TERRITORIAL HEADQUARTERS
5550 PRAIRIE STONE PARKW
HOFFMAN ESTATES IL 60192



052819

Employer ID number: 36-2167910
Form 990 required: No

Dear Taxpayer:

We're responding to your request dated June 27, 2019, about your tax-exempt status.

We issued you a determination letter in July 2011, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

We also show you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(i).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If you're required to file a return, you must file one of the following by the 15th day of the 5th month after the end of your annual accounting period:

- Form 990, Return of Organization Exempt From Income Tax
- Form 990EZ, Short Form Return of Organization Exempt From Income Tax
- Form 990-N, Electronic Notice (e-Postcard) for Tax-Exempt Organizations Not Required to File Form 990 or Form 990-EZ
- Form 990-PF, Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

According to IRC Section 6033(j), if you don't file a required annual information return or notice for 3 consecutive years, we'll revoke your tax-exempt status on the due date of the 3rd required return or notice.

You can get IRS forms or publications you need from our website at www.irs.gov/forms-pubs or by calling 800-TAX-FORM (800-829-3676).

If you have questions, call 877-829-5500 between 8 a.m. and 5 p.m.,

0248205449
July 09, 2019 LTR 4168C 0
36-2167910 000000 00
00014949

THE SALVATION ARMY
TERRITORIAL HEADQUARTERS
5550 PRAIRIE STONE PARKW
HOFFMAN ESTATES IL 60192

local time, Monday through Friday (Alaska and Hawaii follow Pacific time).

Thank you for your cooperation.

Sincerely yours,



Kim A. Billups, Operations Manager
Accounts Management Operations 1



TAX EXEMPT AND
GOVERNMENT ENTITIES
DIVISION

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
WASHINGTON, D.C. 20224

Date: DEC 13 2011

The Salvation Army
10 W. Algonquin Road
Des Plaines, IL 60016

Employer Identification Number:
36-2167910
Person to Contact and ID Number:
Stephen B. Farson, Esq.
ID# 0221498
Contact Number:
(202) 283-8922
Accounting Period Ending:
September 30
Public Charity Status:
509(a)(1) & 170(b)(1)(A)(i)
Form 990/990-EZ/990-N Required:
No
Effective Date of Exemption:
May 29, 1913
Contribution Deductibility:
Yes

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. **Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.**

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed *Compliance Guide for 501(c)(3) Public Charities* for some helpful information about your responsibilities as an exempt organization.

Sincerely,

Lois G. Lerner
Director, Exempt Organizations

Enclosure: *Pub. 4221-PC, Compliance Guide for 501(c)(3) Public Charities*