

Organization Name: _____ Project Name: _____

Indianapolis Continuum of Care Request for Proposals (RFP):
Expansion projects, TH-RRH Joint Component projects, and certain
new PSH projects

Indianapolis CoC FY2017 HUD NOFA Application

This is the application for Indianapolis Continuum of Care (CoC) Program Competition new permanent housing projects through the Housing and Urban Development (HUD) FY 2017 CoC Program Competition. Based on the FY 2017 NOFA, the Indianapolis CoC may apply for new projects through the permanent housing bonus at up to 6 percent of the CoC's Final Pro Rata Need (FPRN). This amounts to \$381,621. Additional funds may also be available through the reallocation process as determined by the Program Application and Technical Assistance (PATA) Committee. Based on new information received in the FY 2017 NOFA, the PATA committee has decided to re-release this RFP **for certain new projects only**. Proposals submitted under this RFP will be evaluated and compared with all proposals submitted, including those that were previously submitted under the first release of the RFP. The only projects the Indianapolis CoC will consider under this RFP are the following:

- New expansion projects that will expand on an existing CoC grant to increase the number of units or allow the recipient to serve more people. To apply for this project, you must have an active CoC grant. If awarded by HUD, the expansion project will be combined with your existing grant.
- Joint transitional housing (TH) and rapid rehousing component projects that will combine the TH and RRH components into a single project to serve individuals and families experiencing homelessness. Joint TH and RRH projects will provide low-barrier, temporary housing while individuals and families quickly move to permanent housing with a seamless program design. Projects must offer both kinds of assistance to each participant, but a participant may choose not to receive both types of assistance.
- New PSH projects where the project would provide needed services to existing homeless dedicated units. To apply for this project, you may only request supportive services funding, and you must have existing **Project Based Vouchers (PBVs)** from a Public housing Authority (PHA) that are dedicated to serving homeless individuals or families.

The New Project Review Committee will recommend new projects to be put forward with the Indianapolis CoC 2017 application to HUD. Recommended projects will go through the PATA committee ranking process and be subject to final approval by the governing board of the CoC, the Blueprint Council.

HUD will make final decisions regarding awards via the national competition.

Please note that this application is based on the best information that is currently available and the PATA Committee may need to revise the requirements described below and/or request additional information if new information is provided by HUD.

- The deadline for submission of this application is **August 16, 2017 by 11:59:59 PM**

Applicants should refer to the FY 2017 CoC NOFA for information regarding federal requirements, further guidance on program rules, and federal priorities

Organization Name: _____ Project Name: _____

- The completed application must be sent to information@indycoc.org.

Projects selected for submission with the Indianapolis CoC FY2017 application to HUD will be required to submit an application electronically via eSNAPS. Details regarding those requirements will be communicated to the projects chosen for submission.

Steps to apply:

- All information is required. The CoC reserves the right not to review:
 - Incomplete applications
 - Projects that do not meet all eligibility requirements
 - Projects that do not meet threshold (please refer to threshold requirements on page 7, in the Application section)
- Please contact the PATA Committee with questions about the RFP or process by sending an email to information@indycoc.org with the subject line “2017 New project RFP question.”
- Please save your document with the following naming convention:

<Agency name – Program name – Indianapolis CoC 2017>. Example: ABC Services – Home to Stay – Indianapolis CoC 2017.docx
- Send completed applications to information@indycoc.org with “2017 CoC new project application” in the subject line

Only emailed proposal packets will be accepted.

NO EXTENSIONS WILL BE GRANTED.

Project Requirement and Priorities

Eligible activities/projects for the Funds:

- All projects must be Permanent Supportive Housing (supportive services PSH or expansion projects), Rapid Re-Housing (expansion projects only), or joint TH and RRH component projects.
- Projects can request funds for:
 - PSH: rental assistance, leasing, operating, construction, acquisition, rehabilitation
 - RRH: rental assistance (must be tenant-based –TBRA)
 - Joint TH and RRH: capital costs (construction, rehabilitation, acquisition), leasing of a structure or units, operating costs to provide transitional housing, rental assistance (must be tenant-based – TBRA)
 - All Projects may request funds for the following line items: Supportive Services, HMIS, Administration

Organization Name: _____ Project Name: _____

- Term – Projects may request up to 1 year of funding for rental assistance, operating, or supportive services and capital funds. The Indianapolis CoC reserves the right to change the maximum allowable term for final applications submitted to HUD based on NOFA requirements and/or strategic priorities such as those aimed at maximizing federal funding.
- PSH projects cannot combine the following types of assistance in a single structure or housing unit:
 - Leasing and acquisition, rehabilitation, or new construction
 - Tenant-based rental assistance and acquisition, rehabilitation, or new construction
 - Short or medium-term rental assistance and acquisition, rehabilitation, or new construction
 - Rental assistance and leasing
 - Rental assistance and operating
- Recipients and subrecipients of HUD CoC funds must comply with HUD and Indianapolis CoC Conflict of Interest requirements, including:
 - Projects cannot use leasing funds in buildings owned by the recipient, subrecipient, their parent organization(s), a staff or board member relative or business associate.
 - The owner of a unit or his/her subordinate may not conduct Housing Quality Standard, rent reasonableness or lead-based paint visual inspection.
 - Staff, persons with whom staff has immediate family or business ties and board members are prohibited from accruing any financial interest/benefit from CoC assisted activities during their tenure with the organization and for one year following tenure.
- Applications must demonstrate:
 - A plan for rapid implementation of the program; the project narrative must document when the project will be ready to begin housing the first program participant, when the project will achieve full occupancy, and a detailed plan for how the project will ensure timely implementation.
 - A connection to mainstream service systems, specifically:
 - that activities are in place to identify and enroll all Medicaid-eligible program participants; AND
 - whenever possible, that the project includes Medicaid-financed services, including case management, tenancy supports, behavioral health services, or other services important to supporting housing stability. Project applicants may include Medicaid-financed services either by the recipient receiving Medicaid coverage payments for services provided to project participants or through formal partnerships with one or more Medicaid billable providers (e.g., Federally Qualified Health Centers). Medicaid- financed health services provided in a hospital setting do not qualify. Where projects can demonstrate that there are barriers to including Medicaid-financed services in the project, they must demonstrate that the project leveraged non-Medicaid resources available in the CoC's geographic area, including mainstream behavioral health system resources such as mental health or substance abuse prevention and treatment block grants or state behavioral health system funding.

Eligible localities:

- Projects must be in Marion County

Organization Name: _____ Project Name: _____

Eligible populations by Project:

- PSH:
 - All projects must dedicate 100% of units to chronically homeless individuals and/or families, as defined by HUD.
 - Project applicants must demonstrate that they will first serve the chronically homeless according to the order of priority established in Notice CPD-14-012: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons
 - Disabilities: All projects must serve exclusively disabled households as defined by HUD
- RRH:
 - All projects must serve 100% literally homeless families and/or single adults coming from emergency shelters and/or unsheltered locations or meeting the criteria of paragraph (4) of the HUD definition of homeless.
 - Persons in transitional housing are not eligible for either project type, even if they met the criteria described above prior to entering the transitional housing program, unless they meet the criteria of category 4 definition of homelessness. A household would meet category 4 of the definition of homeless if they are fleeing or attempting to flee from domestic violence and meet all other requirements, **regardless of where they are residing.**
- Joint TH and RRH component projects:
 - Individuals and families experiencing homelessness (applicants should review the FY 2017 NOFA and the SNAPS In Focus message that contain additional details about this project and how it should be used).

Eligible applicants:

- Eligible project applicants for the CoC Program Competition are nonprofit organizations; States, local governments, and instrumentalities of State and local governments; and public housing agencies.

Priorities:

- **The Indianapolis CoC funding priorities for FY 2017 CoC Program Competition are:**
 - 1) PSH for the chronically homeless individuals and families.
 - 2) RRH for homeless individuals and families coming directly from the streets or emergency shelters.
 - 3) RRH for homeless youth, aged 18-24, coming directly from the streets or emergency shelters.
- **While we will accept applications that serve other target populations, such applications would fall outside of the priorities identified above and would be unlikely to be chosen. We will not accept any applications that add a barrier to project entry (e.g. an employment requirement, sobriety requirement, or other barrier to project entry), as those would not be deemed to be housing first.**
- All projects must be compliant with all HUD regulations and threshold requirements (e.g. projects must comply with fair housing laws and must serve LGBTQ individuals).

Application Components Checklist:

- Application cover page
- Threshold requirements
- Application question sections:
 - Organizational Experience and Capacity of Applicant/Sponsor
 - Project Description
 - Supportive Services for Participants
 - Performance Measures & Management
 - Budget detail
 - Budget Detail (Chart #1)
 - Supportive Services (Chart #2)
 - HMIS (Chart #3)
 - Project Budget (Chart #4)
 - Match Information (Chart #5)
 - Other Funding (Chart #6)
- Documentation of 501(c)(3) or government agency status

Scoring Breakdown (100 points total):

- I. Organizational Experience and Capacity – Section 1 (24 points)**
 - a. Experience providing housing and services (10 points)
 - b. Organizational management structure (3 points)
 - c. Financial capacity to administer the grant (3 points)
 - d. Experience utilizing federal funds (4 points)
 - e. HUD funds returned and timely drawdown (4 points)

- II. Project Description – Section 2 (25 points)**
 - a. Scope of project (15 points)
 - b. Rapid implementation of the project (2 points)
 - c. Housing First design and experience (4 points)
 - d. Continuous Quality Improvement (2 points)
 - e. Client feedback/involvement (2 points)

- III. Supportive Service Design – Section 3 (27points)**
 - a. Case management and service staffing model (5 points)
 - b. Mainstream benefits (5 points)
 - c. Increase in income, transportation assistance, mainstream benefits maintenance/renewal, SOAR participation (9 points)
 - d. Increase self-sufficiency (3 points)
 - e. Type, scale, and location of supportive services (5 points)

Organization Name: _____ Project Name: _____

IV. Performance Measures & Management – Section 4 (4 points)

- a. HMIS data quality (4 points)

V. Budgets – Section 5 (20 points)

- a. Budget detail (Chart #1) (3 points)
- b. Supportive Services (Chart #2) (4 points)
- c. HMIS (Chart #3) (3 points)
- d. Project budget (Chart #4) (6 points)
- e. Match information (Chart #5) (2 points)
- f. Other funding (Chart #6) (2 points)

Organization Name: _____ Project Name: _____

Indianapolis Continuum of Care Request for Proposals:

New Permanent Supportive Housing and Rapid Re-housing projects

Indianapolis CoC FY2017 HUD NOFA Application

Application Cover Page:

1. Project Applicant Information:

a. Name of Organization:

b. Organization Type

Units of Local Government

Non-profit 501(c)(3)

PHA

State Government

Other (please describe):

c. DUNS Number:

2. Sub-Recipient Organization (if applicable):

a. Name of Organization:

b. Organization Type

Units of Local Government

Non-profit 501(c)(3)

PHA

State Government

Other (please describe):

c. DUNS Number:

3. Contact person for this application:

a. Name:

Title:

b. Phone:

c. Email:

4. Project Address (if project based):

5. Type of Project: Expansion Projects only:

Joint TH and RHH

PSH

RRH

Services only PSH

What existing project are you expanding on?

Organization Name: _____ Project Name: _____

Threshold Requirements:

Please complete and return the threshold section with your complete application. Applications submitted without answers to threshold questions **will not be considered**. For questions about threshold measures, please email information@indycoc.org.

This list represents Indianapolis CoC requirements, and does not list all HUD threshold requirements, or requirements under other federal statutes. All projects must be compliant with all HUD regulations and threshold requirements (e.g. projects must comply with fair housing laws and must serve LGBTQ individuals), for further guidance, see the 2017 CoC Program Competition NOFA.

| Eligible Projects | |
|---|-----------|
| Would your organization have the financial capacity to administer the project for 6 months or more without reimbursement? | Yes No |
| New projects only: The project must be determined to be cost effective, meaning that all project costs; including construction, operations, and supportive services must be within the normal range for projects in Indianapolis. In addition, projects must be large enough to justify the administrative burden of the grant. This threshold has been set as a minimum of 10 PSH units/households and 8 RRH units/households to be served in a year for new projects seeking funding (minimum unit requirements do not apply to expansion grants). Does the project meet these criteria? | Yes No |
| Does the project have certification of matching funds (cash or in-kind) of at least 25% of the overall dollar amount requested? | Yes No |
| Compliance | |
| Does the project have unresolved HUD findings? | |
| Does the project have outstanding obligations to HUD in arrears? | |
| Community Standing | |
| The project must have a representative attend all mandatory CoC meetings, including monitoring meetings for renewal projects, and annual CoC Kickoff meetings for all projects seeking new or renewal funding. Does the project meet these criteria (or agree to meet them when they are applicable)? | Yes No |
| CoC Priorities | |
| Does the project agree to follow all CoC Written Standards; including <u>solely</u> using coordinated entry for program entry and following the CoC orders of priority as established in Notice CPD 16-11: Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing? | Yes No |
| Does the project agree to participate in the HMIS system (or other HMIS compliant database for DV providers)? | Yes No |
| Renewal projects only: Has the project spent at least 75% of its previous grant award? | |

Organization Name: _____ Project Name: _____

| | |
|---|--|
| <p><i>If not, the project may submit a detailed appeal to the PATA committee to make an exception, which will be granted on a case-by-case basis.</i></p> | |
| <p>Must be able to meet all Housing First Requirements, Check all that apply</p> | |
| <p>The project moves participants quickly into permanent housing</p> | |
| <p><i>The project <u>does not</u> screen out participants for:</i></p> | |
| <p>Having little to no income</p> | |
| <p>Active or history of substance abuse</p> | |
| <p>Having a criminal record (with the exception of state mandated restrictions)</p> | |
| <p>History of domestic violence</p> | |
| <p><i>The project must ensure that participants are not terminated from the program for the following reasons:</i></p> | |
| <p>Failure to participate in supportive services</p> | |
| <p>Failure to make progress on a service plan</p> | |
| <p>Loss of income or failure to improve income</p> | |
| <p>Domestic violence</p> | |
| <p>Any other activity not covered in a lease agreement typically found in Indianapolis</p> | |

Application Questions

Note: All questions must be answered, if there is a question that is not applicable to your organization or the type of project you are applying for, please indicate that by replying “N/A,” do not leave questions blank. Applicants seeking expansion grants should include in their answers details about the existing project they are seeking to expand as well as the expansion component.

1. Organizational Experience and Capacity of Applicant/Sponsor

A. Describe the experience of the project applicant, sub-recipients (if applicable), and partner organizations (e.g., key contractors, service providers if applicable) as it relates to providing supportive services and housing for homeless persons, and carrying out the activities of the project.
(word limit 500) 10 points

Be sure to provide concrete examples that illustrate:

- 1) Experience/expertise with renting units, operating rental assistance, and providing supportive services similar to the activities proposed in the applications

- 2) Working with and addressing the target population’s identified housing and service needs. Specifically describe your experience with the Housing First model, serving populations with the highest needs and with delivering or securing Medicaid funded and other mainstream services for participants in the agency’s programs.

B. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include description of internal and external coordination, structures for managing basic organization operations. **(word limit 250) 3 points**

C. Describe your financial capacity to administer the grant, including your accounting system that will be used to administer the grant and any financial procedures your organization might have that may impact the implementation of the grant. **(word limit 250) 3 points**

D. 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. **(word limit 250) 4 points**

E. 1) Have you had any other HUD grants over the last two years?

Yes No

2) If you answered yes to part one, Have you returned any funds to HUD on any existing grants in the last two years?

Yes No N/A

If yes, how much has been returned? _____

What is the reason that the funds have been returned?

What actions are you taking to ensure full spending?

2 points for meeting or exceeding 90% goal

3) If you answered yes to part one, have you consistently drawn down funds at least quarterly on all HUD CoC grants in the last two years?

Yes No N/A

What is the reason that the funds have not been drawn down? What actions are you taking to ensure timely draw down? **2 points if met (exceptions for contracts not being in place)**

2. Project Description

A. Provide a description that addresses the entire scope of the proposed project. The project description should be complete and concise. It must address the entire scope of the project, including a clear picture of the community/target population(s) to be served, the plan for addressing the identified needs/issues of the CoC community/target population(s), projected outcome(s), and any coordination with other source(s)/partner(s). The description must be consistent with other parts of this application and identify

- The target population including the number of single adults and the number of families with children to be served when the project is at full capacity
- Address and location of units (if known)
- Type and number of units – scatter site or single site, single or multi- family homes, etc.
- The specific services that will be provided and
- Projected outcomes
- Coordination with partners
- Project timeline – when units will be developed or leased-up
- HMIS implementation
- How the project will leverage or deliver Medicaid services to participants.

(word limit 500) 15 points

Organization Name: _____ Project Name: _____

B. Describe a plan for rapid implementation of the program; Indicate the month and year in which the project will begin to house eligible participants, the month and year in which the project will achieve full occupancy, and a detailed plan for ensuring timely and full project rent-up. **(word limit 250) 2 points**

C. Describe your organization's (or any partner organization's) experience with the Housing First model, and provide a description of the program design for implementing Housing First. **(word limit 250) 4 points**

D. Describe your plans to implement a system of Continuous Quality Improvement, program evaluation, and consumer satisfaction to ensure that your program provides a high quality of services. Please describe how outcomes related to improving employment rates and increasing income among participants will be measured. **(word limit 250) 2 points**

E. Describe your agency's existing mechanism(s) for client involvement, and specify how client feedback is used. Describe how you would obtain client feedback in this new program. **(word limit 250) 2 points**

Organization Name: _____ Project Name: _____

3. Supportive Services for Participants

A. Describe your case management service and staffing model to assist clients in PSH, RRH, or joint TH and RRH including caseloads. Please include case management staff to client ratio. **(word limit 250) 5 points**

B. Describe your plan for ensuring program participants will be individually assisted to obtain benefits of the mainstream health, social, and employment programs for which they are eligible. Specifically describe access to Medicaid funded services. **(word limit 250) 5 points**

C. Describe how participants will be assisted to increase employment and/or income using mainstream programs to maximize their ability to live independently. **(word limit 250) 3 points**

Please identify whether the project will include the following activities

Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs? **2 points**

Yes No

Regular follow-ups with participants to ensure mainstream benefits are received and renewed? **2 points**

Yes No

Will project participants have access to SSI/SSDI technical assistance provided by the applicant, a subrecipient, or partner agency? **2 points**

Yes No

Indicate the last SOAR training date for the staff person providing the technical assistance: _____

D. Describe how participants will be assisted to maximize ability to live independently and increase self-sufficiency using mainstream housing and service programs. **(word limit 250) 3 points**

E. Describe how the type, scale, and location of the supportive services and the mode of transportation to those services fit the needs of program participants. **(word limit 250) 5 points**

4. Performance Measures & Management

A. What measures will you take to ensure your data is high quality (including timely entering and exiting people from the project, having little to no missing information, and logging services regularly)? **(word limit 250) 6 points**

Organization Name: _____ Project Name: _____

5. Budget detail

Instructions: In the budget section, you will find six charts that comprise of all the budget information that is needed when a grant request is submitted for consideration in funding for the HUD CoC Program. Expansion projects should only report the additional funds that they are requesting under this RFP.

The **Budget Detail Chart (Chart #1)** will need to be completed if the request includes rental assistance. The FMR (Fair Market Rent) amounts are populated and will need to be multiplied by the number of units that the request is asking for assistance with. Each amount will be multiplied by 12 months (for 1-year annual grant term). The total amount will be entered in the **Project Budget Chart (Chart #4)**.

The entire project budget needs to be completed in Chart #4, using the eligible cost categories provided. These are the only categories that the HUD CoC Grant allows. All expenses must be included in these categories for the Budget section to be considered complete (**note: if intending to request funds for acquisition, rehabilitation, or new construction, please contact the PATA committee at information@indycoc.org**).

Thirdly, each HUD CoC project must include, at a minimum, 25% of the project costs in matching funds. Match funds means that the agency/program will contribute at a minimum 25% of the total project costs, not relying on this grant to fund the entire project. The **Match Information (Chart #5)** needs to include where the matching funds come from, when they were received and what type of funds they are.

Organization Name: _____ Project Name: _____

Budget Detail (Chart #1): Enter number of units by unit type at the applicable Fair Market Rent (FMR) level, multiply units times FMR times 12 (1-year grant) and enter totals. This will roll up into total project budget (chart for total budget is Chart #4). **3 points**

| Size of units for rental assistance or leasing | # of units | FMR AREA | 12 MONTHS (1 year of grant, multiply FMR x 12 months to equal total request) | Total Request |
|--|------------|----------|--|---------------|
| SRO | | | | |
| 0 BEDROOM | | | | |
| 1 BEDROOM | | | | |
| 2 BEDROOM | | | | |
| 3 BEDROOM | | | | |
| 4 BEDROOM | | | | |
| 5 BEDROOM | | | | |
| 6 BEDROOM | | | | |
| 7 BEDROOM | | | | |
| 8 BEDROOM | | | | |
| 9 BEDROOM | | | | |
| | | | | |
| Total units and annual Assistance requested | | | | |

Organization Name: _____ Project Name: _____

Supportive Services (Chart #2): Enter the quantity and total budget request for each supportive services cost. The request entered should be equivalent to the cost of one year of the relevant supportive service. When including staff costs, please include title, salary and number of FTEs. **4 points**

| Eligible Costs | Quantity Description (max 400 characters) | Annual Assistance Requested |
|------------------------------------|--|-----------------------------|
| Assessment of Service Needs | | |
| Assistance with Moving Costs | | |
| Case Management | | |
| Child Care | | |
| Education Services | | |
| Employment Assistance | | |
| Food | | |
| Housing Search/Counseling Services | | |
| Legal Services | | |
| Life Skills | | |
| Mental Health Services | | |
| Outpatient Health Services | | |
| Outreach Services | | |
| Substance Abuse Treatment Services | | |
| Transportation | | |
| Utility Deposits | | |
| Operating Costs | | |
| Total Annual Assistance Requested | | |
| Grant Term | 1 | |
| Total Request for Grant Term | | |

Organization Name: _____ Project Name: _____

HMIS (Chart #3): Enter the quantity and total budget request for each HMIS cost. **3 points**

| Eligible Costs | Quantity and Description | Annual Assistance Requested |
|-------------------------------------|--------------------------|-----------------------------|
| Equipment | | |
| Software | | |
| Services | | |
| Personnel | | |
| Space and Operations | | |
| Total Annual Assistance Requested | | |
| Grant Term | 1 year | |
| Total Request for Grant Term | | |

Organization Name: _____ Project Name: _____

Project Budget (Chart #4): Using the rental assistance amount from the chart above, complete the budget below for the project that you are requesting assistance for this grant request. Eligible costs are line itemed below. Enter requests amount in the correct eligible cost category. **6 points**

The following attachments are required:

- Proof of 501(c)(3), or government agency status

| Eligible Costs | | Annual Assistance Requested by Applicant | Applicant's Grant Term = 1 year | Total Assistance Requested for Grant Term by Applicant |
|---|-----------------------|--|---------------------------------|--|
| Use Total from Budget Detail Chart (Chart #1 above): Put full amount in either the Rental Assistance or Leasing fields | 1a. Leased Units | | 1 | |
| | 1b. Leased Structures | | 1 | |
| | 2. Rental Assistance | | 1 | |
| 3. Supportive Services | | | 1 | |
| 4. Operating | | | 1 | |
| 5. HMIS | | | | |
| 6. Sub-total Costs Requested | | | | |
| 7. Admin (up to 10%:) 1/2 will be split with the City of Indianapolis | | | | |
| 8. Total Assistance plus Admin Requested | | | | |
| 9. Cash Match | | | | |
| 10. In-Kind Match | | | | |
| Total Match (Must be at a minimum of 25% of project budget:) | | | | |
| Total Budget | | | | |

Organization Name: _____ Project Name: _____

Match Information (Chart #5): A minimum of 25% of the project budget must be matched from the requesting agency. Proof of the match amount needs to be listed below. All documentation of match sources and amounts will be needed to be provided to the City of Indianapolis, Department of Metropolitan Development before a contract will be issued. **2 points**

| Type of Match (ie: Cash or In-kind) | What is the Source of the Contribution (ie: name of the grantor or where funds come from) | Identify Source of Contribution as Government or Private funds | Date of Written Commitment (ie: when was money received or committed from the donor) | Amount of Written Commitment (ie: how much is total grant/donation and how much will be used for matching purposes for this request) |
|-------------------------------------|---|--|--|--|
| | | | | |
| | | | | |
| | | | | |

(Add additional lines on a separate page if needed.)

Other Funding (Chart #6):

Are the HUD CoC funds you are requesting sufficient to operate the project to serve the # of participants proposed in this application? **2 points**

Yes No

If no, how much additional funding is required annually to fully support the project?

What additional funding sources and amounts, other than HUD CoC sources are committed to the project?

| Source | Amount Committed Annually |
|--------|---------------------------|
| | |
| | |
| | |

Appendix

Match Guidance:

- Per the HEARTH Interim Rule (24 CFR 578.73), match must equal at least **25 percent of the total grant request including admin costs but excluding leasing costs** (i.e., any funds identified for Leased Units and Leased Structures). For example, if the 'total assistance requested' is \$100,000, and the project applicant did not request costs for Leased Units or Leased Structures, then the project applicant must secure commitments for match funds equal to no less than \$25,000. For example, if the 'total assistance requested' is \$100,000, of which \$50,000 is for Leased Units or Leased Structures, then the project applicant must secure commitments for match funds equal to no less than \$12,500 (i.e., $(100K-50K) \times .25$).
- HUD expects that the full match amount committed in the application is met and would monitor based on that amount. Match that exceeds the minimum requirement should be used to meet the leverage requirements described below.
- The total match requirement can be met through **cash, in-kind, or a combination** of the two.
- Match must be used for **eligible costs** for the program component you are applying for, as set forth in the HEARTH Interim Rule (Subpart D of 24 CFR part 578).
- **Cash sources.** A recipient or subrecipient may use funds from any source, including any other federal sources (excluding Continuum of Care program funds), as well as State, local, and private sources, if funds from the source are not statutorily prohibited to be used as a match. The recipient must ensure that any funds used to satisfy the matching requirements of this section are eligible under the laws governing the funds to be used as matching funds for a grant awarded under this program.
- The recipient may use the value of any real property, equipment, goods, or services contributed to the project as match, provided that if the recipient had to pay for them with grant funds, the costs would have been eligible. Any such value previously used as match, may not be used again.
- If match is provided through **in-kind sources** from a third party, it must be documented by an **MOU** between the recipient or subrecipient and the third party that will provide the services. Services provided by individuals must be **valued at rates consistent** with those ordinarily paid for similar work in the recipient's or subrecipient's organization. If the recipient or subrecipient does not have employees performing similar work, the rates must be consistent with those ordinarily paid by other employers for similar work in the same labor market. The MOU must establish the **unconditional commitment**, except for selection to receive a grant, by the third party to provide the services, the **specific service** to be provided, the **profession** of the persons providing the service, and the **hourly cost** of the service to be provided.
- During the term of the grant, the recipient or subrecipient must keep and make available, for inspection, **records documenting the service hours provided**.
- **To qualify as match, funds must come to and be disbursed by the grantee.** If benefits are paid directly to program participants, the funding is not going through the agency's books and it cannot be counted as match.
- Public benefits participants receive **may not be used as match**. Rent paid directly to a private landlord does not come to the grantee and so cannot qualify as match.

Organization Name: _____ Project Name: _____

Written Standards:

As required by HUD, the Indianapolis CoC has adopted written standards. All CoC Program funded projects must comply in full with the applicable standards. The current written standards are available at <http://www.indycoc.org>. All CoC Program funded projects must also comply with all HUD regulations and NOFA requirements established for the CoC Program. HUD regulations may be found at: <https://www.onecpd.info/resources/documents/CoCProgramInterimRule.pdf>.

CoC Program funded projects may also be subject to additional criteria as set forth in annual competitive application processes administered by the Indianapolis CoC in conjunction with HUD annual CoC program competitions. Applicants are responsible for reviewing the written standards in their entirety.