

## Before Starting the Project Application

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

Things to Remember:

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources>.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 2017 Continuum of Care (CoC) Program Competition. For more information see FY 2017 CoC Program Competition NOFA.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2017 CoC Program NOFA and the FY 2017 General Section NOFA.
- Detailed instructions can be found on the left menu within e-snaps. They contain more comprehensive instructions and so should be used in tandem with onscreen text and the hide/show instructions found on each individual screen.
- New projects may only be submitted as either Reallocated or Permanent Supportive Housing Bonus Projects. 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.
- 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 2017 CoC Program Competition NOFA.

## 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:** 09/25/2017

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**6. Date Received by State:**

**7. State Application Identifier:**

## 1B. SF-424 Legal Applicant

### 8. Applicant

**a. Legal Name:** City of Indianapolis

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

	<b>c. Organizational DUNS:</b>	067890848	<b>PLUS 4:</b>	
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### d. Address

**Street 1:** 200 East Washington Street

**Street 2:** Suite 2042

**City:** Indianapolis

**County:** Marion

**State:** Indiana

**Country:** United States

**Zip / Postal Code:** 46204

### e. Organizational Unit (optional)

**Department Name:** Metropolitan Development

**Division Name:** Community Economic Development

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

**Prefix:** Mrs.

**First Name:** Courtney

**Middle Name:**

**Last Name:** Purnell

**Suffix:**

**Title:** Human Services Grant Manager

**Organizational Affiliation:** City of Indianapolis

**Telephone Number:** (317) 327-5806

**Extension:**

**Fax Number:** (317) 327-5806

**Email:** courtney.purnell@indy.gov

## 1C. SF-424 Application Details

**9. Type of Applicant:** C. City or Township Government

**10. Name of Federal Agency:** Department of Housing and Urban Development

**11. Catalog of Federal Domestic Assistance Title:** CoC Program

**CFDA Number:** 14.267

**12. Funding Opportunity Number:** FR-6100-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:** 2018 Adult and Child New Beginnings RRH

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

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

**17. Proposed Project**

**a. Start Date:** 06/01/2018  
**b. End Date:** 05/31/2019

**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.fults@indy.gov

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

**Date Signed:** 09/25/2017



# 1G. HUD 2880

**Applicant/Recipient Disclosure/Update Report - Form 2880**  
**U.S. Department of Housing and Urban Development**  
**OMB Approval No. 2510-0011 (exp.11/30/2018)**

## 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.fults@indy.gov

**City:** Indianapolis

**County:** Marion

**State:** Indiana

**Country:** United States

**Zip/Postal Code:** 46204

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

**3. HUD Program:** Continuum of Care Program

**4. Amount of HUD Assistance Requested/Received:** \$170,139.00

(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	na	\$0.00	0%
na	na	na	\$0.00	0%
na	na	na	\$0.00	0%
na	na	na	\$0.00	0%
na	na	na	\$0.00	0%

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

**Certification**

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

I certify that this information is true and complete.

**I AGREE:**

**Name / Title of Authorized Official:** Jennifer Fults, Adminstrator

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

**Date Signed:** 09/25/2017

# 1H. HUD 50070

## HUD 50070 Certification for a Drug Free Workplace

**Applicant Name:** City of Indianapolis

**Program/Activity Receiving Federal Grant Funding:** CoC Program

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

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

### 2. Sites for Work Performance.

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

**I hereby certify that all the information stated herein, as well as any information provided in**

X
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**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)

**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.fults@indy.gov

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

**Date Signed:** 09/25/2017

## **CERTIFICATION REGARDING LOBBYING**

### **Certification for Contracts, Grants, Loans, and Cooperative Agreements**

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

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

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

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

### **Statement for Loan Guarantees and Loan Insurance**

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

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

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

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

X
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**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:** 09/25/2017

# 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.fults@indy.gov

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

**Date Signed:** 09/25/2017

## 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: \$5,200**

Organization	Type	Sub-Award Amount
Trusted Mentors	M. Nonprofit with 501C3 IRS Status	\$5,200

## 2A. Project Subrecipients Detail

**a. Organization Name:** Trusted Mentors

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

**c. Employer or Tax Identification Number:** 26-2661971

	<b>* d. Organizational DUNS:</b>	830432592	<b>PLUS 4:</b>	
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### e. Physical Address

**Street 1:** 872 Virginia Avenue

**Street 2:**

**City:** Indianapolis

**State:** Indiana

**Zip Code:** 46203

**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:** \$5,200

### j. Contact Person

**Prefix:** Ms.

**First Name:** Jeri

**Middle Name:**

**Last Name:** Warner

**Suffix:**

**Title:** Executive Director

**E-mail Address:** jwarner@trustedmentors.org

**Confirm E-mail Address:** jwarner@trustedmentors.org

**Phone Number:** 317-985-5041

**Extension:**

**Fax Number:** 317-602-3802

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

### **1. Describe the experience of the applicant and potential subrecipients (if any), in effectively utilizing federal funds and performing the activities proposed in the application, given funding and time limitations.**

Adult & Child Health (A&C) has operated Permanent Supportive Housing (PSH) and Shelter Plus Care since 2001. As evidenced by the quarterly project monitoring and annual rankings for the NOFA, we have had considerable success in assisting tenants maintain their housing, increase their income and other benefits, and obtain and maintain health insurance. We attribute these steps in each persons recovery to the robust services that have been available and provided during their enrollment in our programs.

To be successful with the young adult population in a rapid rehousing model, we intend to use service dollars to employ a full time resource specialist/case manager to ensure quality needs assessment and linkage, coordination, and monitoring of services occurs. Additionally, we will continue our strong relationship with Outreach, Inc. to ensure youth experiencing homelessness are able to make connections and develop a sense of community, as well as connect to resources. Our PATH and IHOST staff will assist youth with completing the COC housing application to ensure they have access to coordinated entry and to the housing and services associated with this project.

We will also utilize the expertise of Trusted Mentors, an Indianapolis based organization that uses the power of mentoring to help adults establish stable lives by reducing the chaos brought about by poverty, homelessness, underemployment, and the effects of incarceration. Trusted Mentors has a specific track for mentoring young adults.

A&C is fortunate to be a certified community mental health center, providing behavioral health, addictions, supported employment, and primary care services to over 9,000 individuals and families over the last year. A&C has applied at the federal level to become a federally qualified health center (FQHC) during the next year, and is currently operating as an "FQHC look alike". Therefore, A&C has the capacity to provide holistic health services to the young adults in an RRH project, should they choose A&C as a provider. Should they choose other health care providers, the project case manager will ensure referral, linkage and coordination with those agencies. Over 80% of persons accessing services through A&C are eligible for or use Medicaid/HIP as their insurance provider, and A&C is well equipped to deliver Medicaid-funded services.

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

A&C has a long history of effectively administering our current HUD PSH grants. Our quarterly monitoring scores, as well as project rankings show that

we consistently meet or exceed most of the item level expectations, and our overall scores exceed the minimum thresholds. We employ a fulltime housing specialist to assist with meeting the grant requirements such as building relationships with landlords, conducting annual inspections and recertifications, and representing A&C at the housing committee/coordinated entry. We work closely with the A&C clinical teams as well as external agencies to provide needed services to assist clients with continued success in the PSH program.

A successful young adult RRH program will require a great deal of collaboration with external agencies and partners, and A&C has a strong track record of such. For example, we currently partner with Midtown/Eskenazi, Pour House, Horizon House, and Outreach Inc. to administer the SAMHSA CAHBI grant, called Ihost (Indianapolis Homeless Outreach & Services Team).

A&C also has a long history of administering other federal grants and funds, such as a SAMHSA PATH grant for the past 7 years, a SAMHSA Primary-Behavioral Healthcare Integration (PBHCI) grant, and a SAMHSA Evidence-Based Practices Project. A&C has the needed experience to effectively implement a new project and meet established time lines.

**3. Describe the basic organization and management structure of the applicant and subrecipients (if any). Include evidence of internal and external coordination and an adequate financial accounting system.**

A&C operates as a non-profit 501c3, and is a certified Community Mental Health Center (CMHC). A&C has two primary health care clinics that are seeking FQHC status over the next year. A&C's Executive Leadership Team operates with oversight and guidance from our governing Board of Directors. From there the agency of over 650 employees, is operationally and clinically managed through service lines managed by service line directors. Each of the multiple teams within a service line has a team leader/manager who provides the direct oversight and supervision to the clinical or support staff on that team. For the organization to function, there is constant internal cross-team collaboration. Many staff are members of a larger "specialty team", such as Supported Employment or Addictions, but may also provide those specialty services on a specific geographic or community-based team. There is also extensive external coordination with funders and oversight entities such as DMHA, DCS, SAMHSA, or others. A&C has staff at all levels involved in these types of external coordination. Lastly, A&C has a number of robust "business support lines" that ensure basic organizational operations and capacity: the accounting department, accounts receivable department, customer service/experience department, and the marketing and development department.

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

## 3A. Project Detail

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

**1b. CoC Collaborative Applicant Name:** City of Indianapolis

**2. Project Name:** 2018 Adult and Child New Beginnings RRH

**3. Project Status:** Standard

**4. Component Type:** PH

**5. Does this project use one or more properties that have been conveyed through the Title V process?** No

### **3B. Project Description**

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

We are planning to serve 12 young adults (ages 18-24) experiencing literal homelessness in 12, one-bedroom units, through a scattered site Rapid Rehousing model. We hope to serve additional youth beyond 12 in the grant year through the provision of high quality intensive services that are person-centered and emphasize removing barriers to securing and maintaining permanent housing. We will hire a full-time case manager who will provide needs assessment, linkage, coordination, and monitoring to mental health/addiction services, primary health care services, benefits navigation, supported employment services, and other needed linkages to community resources and partners. We will work closely with Outreach Inc. to ensure clients have access to peer support, community connectedness, a sense of belonging and purpose, as well as resource connections. Trusted Mentors will provide mentoring services to assist the youth with developing trusting relationships and combating the stigmatizing effects of poverty and homelessness. A&C (or another mental health center of their choice) will provide Medicaid supported mental health, addiction, primary care, and supported employment services. We also plan to work closely with A&C's Youth Development Team to provide life skills training/positive youth development training, health management, pro-social skills, and sexual health education ("Be Proud Be Responsible" curriculum/program). Through these comprehensive services we anticipate that clients will experience safe affordable housing while accessing services that will assist them in better managing their overall health needs, increase their income, gain access to health insurance, and experience an increased quality of life and greater self-sufficiency.

We will manage securing units through our housing specialist who currently manages our other three PSH programs. We will make an effort to secure units in complexes close together, duplexes, or within only a couple of complexes to maximize a sense of community and efficiently deliver services.

We plan to start identifying potential landlords as soon as we receive notice that funding has been secured through the NOFA and we anticipate being able to start moving people in on June 1, 2018. We would hope to be leased-up within 3 months. We will use HMIS to enroll each participant as they enter the program, following all guidelines set forth by HUD for data entry and data management.

**2. Describe the estimated schedule for the proposed activities, the management plan, and the method for assuring effective and timely completion of all work.**

We anticipate being able to start enrolling individuals on June 1, 2018 with a plan of housing four people each month. Therefore we will achieve full lease up by August 31, 2018. In order to achieve this time line, we'll need to start working with landlords as soon as we receive notice that funding has been secured



through the NOFA. We recognize that finding landlords will be a challenge given that many of the youth will not have income or a rental history, or may have other negative housing barriers to mitigate. We hope to develop relationships with one or two landlords who are willing to lease multiple units within their properties so that we can efficiently provide services and linkages, as well as create a sense of community and connectedness among the youth in the program. Timely rent up will also depend on the status of the coordinated entry system at that time, specifically how it is set up for youth. We will want to know as soon as possible leading up to the start date which youth are in line for a unit and what barriers they face, therefore allowing for as much time as possible to manage and eliminate those barriers.

Having four enrollments or move-ins each month also allows for the case manager to better engage those new to the program and provide the necessary upfront assistance and support, including making referrals and connections to partner agencies.

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

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

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

**5. Housing First**

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

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

Having too little or little income	<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"/>

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

Failure to participate in supportive services	<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"/>

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

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

**7. Will the PH project provide PSH or RRH?** RRH

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

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

## **3C. Project Expansion Information**

**1. Will the project use an existing homeless facility or incorporate activities provided by an existing project?** No

## 4A. Supportive Services for Participants

**1a. Are the proposed project policies and practices consistent with the laws related to providing education services to individuals and families?** Yes

**1b. Will the proposed project have a designated staff person to ensure that the children are enrolled in school and receive educational services, as appropriate?** Not Applicable

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

While the young adults who are enrolled in this program will face many barriers to obtaining and maintaining permanent housing, it is important that we will be providing each with an opportunity for a fresh start, to live in their own, safe, affordable housing, with their own lease. Living and participating in a community, and being a "resident" or "lease holder" along with their neighbors can be a powerful step towards self-sufficiency. The RRH model will allow them access to intensive and comprehensive services to eliminate barriers to sustaining their housing. We will focus on what the client wants and needs to eliminate barriers. We will be a partner in the provision of services. We know that "mistakes" and "poor decisions" will be made, but that is part of being a young adult. It will be our role to provide participants with the room to learn from those mistakes, but also be there to support them as they try again.

### 3. Describe specifically how participants will be assisted both to increase their employment and/or income and to maximize their ability to live independently.

As part of the needs assessment that will occur at client enrollment, each persons ability to access eligible sources of income and achieve financial independence will be reviewed. This is an area that will be addressed on each person's self-sufficiency plan. The A&C Supported Employment program, Job Links, will provide employment assistance for all interested tenants, but at a minimum a stage-based assessment of where the tenant is at with regards to their desire to work and what barriers exist will occur.

Additionally, Outreach, Inc. and Trusted Mentors will be able to provide role models and mentors who can assist at eliminating barriers to successful employment, such as skill building around social and workplace norms and

behaviors, frustration tolerance, and relationship boundaries. Working with A&C's Youth Development team will afford clients the opportunity to learn positive youth development skills that can be transferred into the workplace.

For those clients with disabilities impacting their ability to work, assistance with and referrals to Social Security and/or SOAR will be made. We likely will pursue having the program case manager go through SOAR training and certification.

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

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



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

- 5a. Transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs?** Yes
- 5b. Use of a single application form for four or more mainstream programs?** Yes
- 5c. Regular follow-ups with participants to ensure mainstream benefits are received and renewed?** Yes

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

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

## 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:** 12

**Total Beds:** 12

Housing Type	Units	Beds
Scattered-site apartments (...)	12	12

## 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 project participants at the selected housing site.**

**a. Units:** 12

**b. Beds:** 12

### 3. Address

**Street 1:** 222 East Ohio Street

**Street 2:**

**City:** Indianapolis

**State:** Indiana

**ZIP Code:** 46204

**\*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
<b>Number of Households</b>		12		12
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
<b>Adults over age 24</b>				0
<b>Adults ages 18-24</b>		12		12
<b>Accompanied Children under age 18</b>				0
<b>Unaccompanied Children under age 18</b>				0
<b>Total Persons</b>	0	12	0	12

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

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

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

### Persons in Households without Children

Characteristics	Chronically Homeless Non-Veterans	Chronically Homeless Veterans	Non-Chronically Homeless Veterans	Chronic Substance Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domestic Violence	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Adults over age 24										
Adults ages 18-24	12			5		12		2		
<b>Total Persons</b>	12	0	0	5	0	12	0	2	0	0

Click Save to automatically calculate totals

### Persons in Households with Only Children

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

## 5C. Outreach for Participants

**1. Enter the percentage of project participants that will be coming from each of the following locations.**

40%	Directly from the street or other locations not meant for human habitation.
40%	Directly from emergency shelters.
20%	Directly from safe havens.
	Persons fleeing domestic violence.
	Directly from transitional housing that was eliminated in the FY 2017 CoC Program Competition.
	Directly from the TH Portion of a Joint TH and PH-RRH Component project.
	Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters).
100%	Total of above percentages

**2. Describe the outreach plan to bring these homeless participants into the project.**

All participants will enter the program through coordinated entry.

## 5D. Discharge Planning Policy

**1. Has the state or local government developed or implemented a discharge planning policy or protocol to prevent or reduce the number of persons discharged from publicly-funded institutions (e.g. health care facilities, foster care, correctional facilities, or mental health institutions) into homelessness or HUD McKinney-Vento funded programs?** Yes

## 6A. Funding Request

**1. Will it be feasible for the project to be under grant agreement by September 30, 2019?** Yes

**2. Is the project proposing to using funds reallocated from the CoCs annual renewal demand OR is the project applying for funding through the permanent housing bonus?** Reallocation

**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 being requested:**

Rental Assistance	X
Supportive Services	X
HMIS	X

## 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.**

<b>Total Request for Grant Term:</b>			\$93,744
<b>Total Units:</b>			12
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	IN - Indianapolis-Carmel-Anderson, IN...	12	\$93,744

## 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-Anderson, IN HUD Metro FMR Area (1801199999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$414	x	12	=	\$0
0 Bedroom		x	\$552	x	12	=	\$0
1 Bedroom	12	x	\$651	x	12	=	\$93,744

2 Bedrooms		x	\$809	x	12	=	\$0
3 Bedrooms		x	\$1,084	x	12	=	\$0
4 Bedrooms		x	\$1,230	x	12	=	\$0
5 Bedrooms		x	\$1,415	x	12	=	\$0
6 Bedrooms		x	\$1,599	x	12	=	\$0
7 Bedrooms		x	\$1,784	x	12	=	\$0
8 Bedrooms		x	\$1,968	x	12	=	\$0
9 Bedrooms		x	\$2,153	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>					12		\$93,744
<b>Grant Term</b>							1 Year
<b>Total Request for Grant Term</b>							\$93,744

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



## 6F. Supportive Services Budget

**Instructions:**

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.

**Eligible Costs:** The system populates a list of eligible supportive services for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.53.

**Quantity AND Description:** This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. 1 FTE Case Manager Salary + benefits, or child care for 15 children) for each supportive service activity for which funding is being requested. Please note that simply stating "1FTE" is NOT providing "Quantity AND Detail" and limits HUD's understanding of what is being requested. Failure to enter adequate 'Quantity AND Detail' may result in conditions being placed on an award and a delay of grant funding.

**Annual Assistance Requested:** This is a required field. For each grant year, enter the amount of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to providing supportive services to homeless participants.

**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
<b>1. Assessment of Service Needs</b>		
<b>2. Assistance with Moving Costs</b>	14 moves at an average cost of \$350 per move	\$4,900
<b>3. Case Management</b>	1 FTE case manager for 12 months	\$53,255
<b>4. Child Care</b>		
<b>5. Education Services</b>		
<b>6. Employment Assistance</b>		
<b>7. Food</b>		
<b>8. Housing/Counseling Services</b>		
<b>9. Legal Services</b>		
<b>10. Life Skills</b>	Trusted Mentors: 4 mentors for 12 months at \$1300 per mentor	\$5,200
<b>11. Mental Health Services</b>		
<b>12. Outpatient Health Services</b>		
<b>13. Outreach Services</b>		

<b>14. Substance Abuse Treatment Services</b>		
<b>15. Transportation</b>	\$150 quarterly for 85 bus passes and 1/2 price fare ID cards	\$600
<b>16. Utility Deposits</b>	12 deposits at \$100 each	\$1,200
<b>17. Operating Costs</b>		
<b>Total Annual Assistance Requested</b>		\$65,155
<b>Grant Term</b>		1 Year
<b>Total Request for Grant Term</b>		\$65,155

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

## 6H. HMIS Budget

**Instructions:**

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software		
3. Services	HMIS user fees \$20 per month for 12 months	\$240
4. Personnel		
5. Space & Operations		
<b>Total Annual Assistance Requested:</b>		\$240
<b>Grant Term:</b>		1 Year
<b>Total Request for Grant Term:</b>		\$240

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

## 6I. Sources of Match

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

### Summary for Match

<b>Total Value of Cash Commitments:</b>	\$42,535
<b>Total Value of In-Kind Commitments:</b>	\$0
<b>Total Value of All Commitments:</b>	\$42,535

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	Cash	Private	Adult and Child	08/17/2017	\$42,535

## Sources of Match Detail

- 1. Will this commitment be used towards match ?** Yes
- 2. Type of commitment:** Cash
- 3. Type of source:** Private
- 4. Name the source of the commitment:** Adult and Child  
**(Be as specific as possible and include the office or grant program as applicable)**
- 5. Date of Written Commitment:** 08/17/2017
- 6. Value of Written Commitment:** \$42,535

## 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	\$93,744	1 Year	\$93,744
4. Supportive Services	\$65,155	1 Year	\$65,155
5. Operating	\$0	1 Year	\$0
6. HMIS	\$240	1 Year	\$240
7. Sub-total Costs Requested			\$159,139
8. Admin (Up to 10%)			\$11,000
9. Total Assistance Plus Admin Requested			\$170,139
10. Cash Match			\$42,535
11. In-Kind Match			\$0
12. Total Match			\$42,535
13. Total Budget			\$212,674

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

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Adult and Child T...	08/17/2017
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

## **Attachment Details**

**Document Description:** Adult and Child Tax Exempt Letter

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**



## 7D. Certification

### **A. For all projects: Fair Housing and Equal Opportunity**

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

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

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

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

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

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

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

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

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

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

**Additional for Rental Assistance Projects:**

If applicant has established a preference for targeted populations of disabled persons pursuant to 24 CFR 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.**

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

**1-Year Operation Rule.**

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

**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:** 09/25/2017

**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**

X

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



## 8B. Submission Summary

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

Page	Last Updated	
New Project Application FY2017	Page 52	09/25/2017

<b>1A. SF-424 Application Type</b>	No Input Required
<b>1B. SF-424 Legal Applicant</b>	No Input Required
<b>1C. SF-424 Application Details</b>	No Input Required
<b>1D. SF-424 Congressional District(s)</b>	09/06/2017
<b>1E. SF-424 Compliance</b>	09/06/2017
<b>1F. SF-424 Declaration</b>	09/06/2017
<b>1G. HUD 2880</b>	09/06/2017
<b>1H. HUD 50070</b>	09/06/2017
<b>1I. Cert. Lobbying</b>	09/06/2017
<b>1J. SF-LLL</b>	09/06/2017
<b>2A. Subrecipients</b>	09/25/2017
<b>2B. Experience</b>	09/21/2017
<b>3A. Project Detail</b>	09/06/2017
<b>3B. Description</b>	09/21/2017
<b>3C. Expansion</b>	09/06/2017
<b>4A. Services</b>	09/25/2017
<b>4B. Housing Type</b>	09/06/2017
<b>5A. Households</b>	09/06/2017
<b>5B. Subpopulations</b>	No Input Required
<b>5C. Outreach</b>	09/06/2017
<b>5D. Discharge Policy</b>	09/06/2017
<b>6A. Funding Request</b>	09/25/2017
<b>6E. Rental Assistance</b>	09/06/2017
<b>6F. Supp Srvcs Budget</b>	09/06/2017
<b>6H. HMIS Budget</b>	09/06/2017
<b>6I. Match</b>	09/21/2017
<b>6J. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	09/06/2017
<b>7D. Certification</b>	09/22/2017

**Internal Revenue Service**  
District Director

Department of the Treasury

Date:

AUG 18 1982

Employer Identification Number:

35-1534713

Accounting Period Ending:

June 30

Form 990 Required:  Yes  No

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

Person to Contact:

Joseph Russo

Contact Telephone Number:

513-684-3578

CIN: EO: '82 1 8 5 8

Dear Applicant:

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

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

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

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

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

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

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

P.O. Box 2508, Cincinnati, Ohio 45201  
dlr

(over)

Letter 947(DO) (5-77)

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

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

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

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

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

Sincerely yours,



James J. Ryan

District Director

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

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