

## Before Starting the Project Application

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

### Things to Remember

- Additional training resources can be found on the HUD Exchange at <https://www.hudexchange.info/e-snaps/guides/coc-program-competition-resources/> - Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the HUD Exchange Ask A Question.
- Project applicants are required to have a Data Universal Numbering System (DUNS) number and an active registration in the Central Contractor Registration (CCR)/System for Award Management (SAM) in order to apply for funding under the Fiscal Year (FY) 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 2016 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.
- Before starting the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps.
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2016 Project Application will be imported into the FY 2017 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the FY 2016 post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- Expiring Shelter Plus Care projects requesting renewal funding for the first time under 24 CFR part 578, and rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Expiring Supportive Housing Projects requesting renewal funding for the first time under 24 CFR part 578, transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2017 CoC Program Competition NOFA.

## 1A. SF-424 Application Type

**1. Type of Submission:** Application

**2. Type of Application:** Renewal Project Application

**If "Revision", select appropriate letter(s):**

**If "Other", specify:**

**3. Date Received:** 09/25/2017

**4. Applicant Identifier:**

**5a. Federal Entity Identifier:**

**5b. Federal Award Identifier:** IN0196

**This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).**

**Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number**

**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 HIP Rapid Re-Housing

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

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

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

**17. Proposed Project**

**a. Start Date:** 09/01/2018

**b. End Date:** 08/31/2019

**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:** \$264,192.00

(Requested amounts will be automatically entered within applications)

**5. State the name and location (street address, city and state) of the project or activity:** 2018 HIP Rapid Re-Housing 200 East Washington Street Indianapolis Indiana

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	25000.0	Services
SSFV	Federal Grants	\$1,000,000.00	Services/Rents
VOCA Victims of Crime Act	Federal Grant	\$39,024.00	Services

**Part III Interested Parties**

You must disclose:

- 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
- 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	Social Security No.	Type of	Financial Interest	Financial Interest
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reportable financial interest in the project or activity (For individuals, give the last name first)	or Employee ID No.	Participation	in Project/Activity (\$)	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%

**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;	

### 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 the accompaniment herewith, is true and**

X

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

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

## **Additional Information**

**Now that you have completed Part 1 of the application, please review Parts 2-7, which are in Read Only mode. Screen 3C, which is mandatory for all PH-PSH projects and screens 6D, 7A and 7B which are mandatory for all projects will be editable and must be answered prior to submission.**

**Once you are done reviewing, you will be guided to a "Submissions without Changes" screen. At this screen if you decide no edits or updates are required to any screens other than the mandatory questions for 3C and/or 6D,7A and 7B, you are allowed to submit the application without ever needing to edit the rest of the application. However, if you determine that changes need to be made to the application, we have given you the ability to open up individual screens for edit, instead of the entire application.**

**Once you select the screens you want to edit via checkboxes, you will click "Save", and those screens will be available for edit. An important reminder, once you make those selections and click "Save", you cannot uncheck those boxes. You are allowed to select additional boxes even after saving your initial selections. Again, you must click "Save" for those newly selected screens to be available for edit.**

**If your project is a First Time Renewal, your project will not be able to utilize the "Submit Without Changes" function. The Submissions Without Changes page will be automatically set to "Make Changes" and you will be required to input data into the application for all required fields relevant to the component type.**

## 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:** \$264,192

Organization	Type	Type	Sub-Award Amount
Healthnet, Inc./Homeless Initiative Program	M. Nonprofit with 501C3 IRS Status		\$264,192

## 2A. Project Subrecipients Detail

**a. Organization Name:** Healthnet, Inc./Homeless Initiative Program

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

**c. Employer or Tax Identification Number:** 35-1579827

	<b>* d. Organizational DUNS:</b>	150659126	<b>PLUS 4</b>	
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### e. Physical Address

**Street 1:** 3403 East Raymond

**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:** \$264,192

### j. Contact Person

**Prefix:** Ms.

**First Name:** Katherine

**Middle Name:**

**Last Name:** Wiles

**Suffix:**

**Title:** Director

**E-mail Address:** kwiles@iuhealth.org

**Confirm E-mail Address:** kwiles@iuhealth.org

**Phone Number:** 317-957-2275

**Extension:**

**Fax Number:** 317-957-2280

## 2B. Recipient Performance

**1. Has the recipient successfully submitted the APR on time for the most recently expired grant term related to this renewal project request?** No

**Explain why the APR for the most recently expired grant term related to this renewal project request has not been submitted.**

The project began on 9/1/2017. An APR has not yet been required.

**2. Does the recipient have any unresolved HUD Monitoring and/or OIG Audit findings concerning any previous grant term related to this renewal project request?** No

**3. Has the recipient maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request?** No

**Explain why the recipient has not maintained consistent Quarterly Drawdowns for the most recent grant term related to this renewal project request.**

The project began on 9/1/2017. A quarterly drawdown has not yet been required.

**4. Have any Funds been recaptured by HUD for the most recently expired grant term related to this renewal project request?** No

## 3A. Project Detail

**1. Expiring Grant Number:** IN0196

(e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)

**2a. CoC Number and Name:** IN-503 - Indianapolis CoC

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

**3. Project Name:** 2018 HIP Rapid Re-Housing

**4. Project Status:** Standard

**5. Component Type:** PH

**6. 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.**

HealthNet Homeless Initiative Program is requesting \$264,192 for rapid re-housing and services for 15 households including individuals and families. Literally homeless households will be referred through Indianapolis' Coordinated Entry process using a common application based on acuity. HIP's housing specialist will assist in finding safe, affordable housing including preference for size and location. HIP Case Managers work with households to mitigate challenges to obtaining housing and to create a plan to maintain housing, including increasing income and connecting to community supports. Case Managers ensure the educational needs of all children are addressed linking with such programs as Head Start and the McKinney Vento Liaisons. HIP's employment team will offer support to increase income. Rental assistance will be provided depending on need with a goal that each household assume full financial responsibility as quickly as possible. This combination of housing identification, rent assistance, case management, and employment assistance will be tailored to each household to shorten time in shelter and prevent a return to homelessness.

**2. Does your project have a specific population focus? Yes**

**2a. Please identify the specific population focus. (Select ALL that apply)**

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

Other:

**3. Housing First**

**3a. Does the project quickly move Yes**



**participants into permanent housing**

**3b. 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"/>

**3c. 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"/>

**3d. Does the project follow a "Housing First" approach?** Yes

**4. Does the PH project provide PSH or RRH?** RRH

**Is this an SHP Project that had been approved by HUD to change the renewal project budget from leasing to rental assistance?** No

## 4A. Supportive Services for Participants

**1. 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	Bi-weekly
Assistance with Moving Costs	Applicant	As needed
Case Management	Applicant	Bi-weekly
Child Care	Subrecipient	As needed
Education Services	Subrecipient	As needed
Employment Assistance and Job Training	Applicant	As needed
Food	Subrecipient	As needed
Housing Search and Counseling Services	Applicant	Daily
Legal Services	Subrecipient	As needed
Life Skills Training	Applicant	Bi-weekly
Mental Health Services	Subrecipient	As needed
Outpatient Health Services	Subrecipient	As needed
Outreach Services	Applicant	Bi-weekly
Substance Abuse Treatment Services	Subrecipient	As needed
Transportation	Applicant	As needed
Utility Deposits	Applicant	As needed

**2. Please identify whether the project includes the following activities:**

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

**2b. Use of a single application form for four or more mainstream programs?** Yes



**2c. At least annual follow-ups with participants to ensure mainstream benefits are received and renewed?** Yes

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

**agency?**

**3a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months.** Yes

## 4B. Housing Type and Location

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

**Total Units:** 15

**Total Beds:** 54

Housing Type	Units	Beds
Scattered-site apartments (...)	15	54

## 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:** 15

**b. Beds:** 54

### 3. Address

**Street 1:** Scattered Site

**Street 2:**

**City:** Indianapolis

**State:** Indiana

**ZIP Code:** 46203

**4. Select the geographic area(s) associated with the address:  
(for multiple selections hold CTRL Key)**

181404 Indianapolis

## 5A. Project Participants - Households

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households	10	5		15

Characteristics	Persons in Households with at Least One Adult and One Child	Adult Persons in Households without Children	Persons in Households with Only Children	Total
Adults over age 24	12	4		16
Adults ages 18-24	2	1		3
Accompanied Children under age 18	35			35
Unaccompanied Children under age 18				0
<b>Total Persons</b>	49	5	0	54

**Click Save to automatically calculate totals**

## 5B. Project Participants - Subpopulations

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

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24	12									
Adults ages 18-24	2									
Children under age 18	35									
<b>Total Persons</b>	49	0	0	0	0	0	0	0	0	0

Click Save to automatically calculate totals

### Persons in Households without Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Adults over age 24	4									
Adults ages 18-24	1									
<b>Total Persons</b>	5	0	0	0	0	0	0	0	0	0

Click Save to automatically calculate totals

### Persons in Households with Only Children

Characteristics	Chronic ally Homeles s Non- Veterans	Chronic ally Homeles s Veterans	Non- Chronic ally Homeles s Veterans	Chronic Substan ce Abuse	Persons with HIV/AIDS	Severely Mentally Ill	Victims of Domesti c Violence	Physical Disabilit y	Develop mental Disabilit y	Persons not represent ed by listed subpopu lations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
<b>Total Persons</b>	0			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.**



8%	Directly from the street or other locations not meant for human habitation.
85%	Directly from emergency shelters.
	Directly from safe havens.
7%	Persons fleeing domestic violence.
	Directly from transitional housing 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.
100%	Total of above percentages



## 6A. Funding Request

1. Do any of the properties in this project have an active restrictive covenant? No
2. Was the original project awarded as either a Samaritan Bonus or Permanent Housing Bonus project? No
3. Does this project propose to allocate funds according to an indirect cost rate? No
4. Renewal Grant Term: 1 Year
5. Select the costs for which funding is being requested:
- |                     |                                     |
|---------------------|-------------------------------------|
| Rental Assistance   | <input checked="" type="checkbox"/> |
| Supportive Services | <input checked="" type="checkbox"/> |
| HMIS                | <input type="checkbox"/>            |

## 6C. 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>		\$156,144	
<b>Total Units:</b>		15	
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	IN - Indianapolis-Carmel-Anderson, IN...	15	\$156,144

## Rental Assistance Budget Detail

Type of Rental Assistance: TRA


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

Does the applicant request rental assistance funding for less than the area's per unit size fair market rents? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	\$414	\$414	x	12	=	\$0
0 Bedroom		x	\$552	\$552	x	12	=	\$0
1 Bedroom	5	x	\$651	\$651	x	12	=	\$39,060
2 Bedrooms	5	x	\$809	\$809	x	12	=	\$48,540
3 Bedrooms	3	x	\$1,084	\$1,084	x	12	=	\$39,024
4 Bedrooms	2	x	\$1,230	\$1,230	x	12	=	\$29,520
5 Bedrooms		x	\$1,415	\$1,415	x	12	=	\$0
6 Bedrooms		x	\$1,599	\$1,599	x	12	=	\$0
7 Bedrooms		x	\$1,784	\$1,784	x	12	=	\$0
8 Bedrooms		x	\$1,968	\$1,968	x	12	=	\$0
9 Bedrooms		x	\$2,153	\$2,153	x	12	=	\$0
<b>Total Units and Annual Assistance Requested</b>	15							\$156,144
<b>Grant Term</b>								1 Year
<b>Total Request for Grant Term</b>								\$156,144

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

## 6D. Sources of Match

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

### Summary for Match

Total Value of Cash Commitments:	\$0
Total Value of In-Kind Commitments:	\$66,048
Total Value of All Commitments:	\$66,048

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

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

Match	Type	Source	Contributor	Date of Commitment	Value of Commitments
Yes	In-Kind	Private	Healthnet, Inc.	09/09/2017	\$66,048

## Sources of Match Detail

**1. Will this commitment be used towards Match?** Yes

**2. Type of Commitment:** In-Kind

**3. Type of Source:** Private

**4. Name the Source of the Commitment:** Healthnet, Inc.  
**(Be as specific as possible and include the office or grant program as applicable)**

**5. Date of Written Commitment:** 09/09/2017

**6. Value of Written Commitment:** \$66,048

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

## 6E. Summary Budget

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

Eligible Costs	Total Assistance Requested for 1 year Grant Term (Applicant)
1a. Leased Units	\$0
1b. Leased Structures	\$0
2. Rental Assistance	\$156,144
3. Supportive Services	\$98,498
4. Operating	\$0
5. HMIS	\$0
6. Sub-total Costs Requested	\$254,642
7. Admin (Up to 10%)	\$9,550
8. Total Assistance plus Admin Requested	\$264,192
9. Cash Match	\$0
10. In-Kind Match	\$66,048
11. Total Match	\$66,048
12. Total Budget	\$330,240

## 7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	HIP Tax Exempt Le...	09/09/2017
2) Other Attachmenbt	No		
3) Other Attachment	No		

## **Attachment Details**

**Document Description:** HIP Tax Exempt Letter

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**



## 7A. In-Kind Match MOU Attachment

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

## Attachment Details

### Document Description:

## 7B. Certification

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

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

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

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

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

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

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

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

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

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

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

**Additional for Rental Assistance Projects:**

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

**B. For non-Rental Assistance Projects Only.**

**20-Year Operation Rule.**

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

**1-Year Operation Rule.**

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

**C. Explanation.**

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

**Name of Authorized Certifying Official** Jennifer Fults

**Date:** 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**

X

**Certification and to ensure compliance. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties . (U.S. Code, Title 218, Section 1001).**

## Submission Without Changes

**1. Are the requested renewal funds reduced from the previous award as a result of reallocation?**      No

**2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.**      Make changes

**3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.**

<b>Part 2- Recipient and Subrecipient Information</b>	
2A. Subrecipients	<input checked="" type="checkbox"/>
2B. Recipient Performance	<input checked="" type="checkbox"/>
<b>Part 3 - Project Information</b>	
3A. Project Detail	<input checked="" type="checkbox"/>
3B. Description	<input checked="" type="checkbox"/>
<b>Part 4 - Housing Services and HMIS</b>	
4A. Services	<input checked="" type="checkbox"/>
4B. Housing Type	<input checked="" type="checkbox"/>
<b>Part 5 - Participants and Outreach Information</b>	
5A. Households	<input checked="" type="checkbox"/>
5B. Subpopulations	<input checked="" type="checkbox"/>
5C. Outreach	<input checked="" type="checkbox"/>
<b>Part 6 - Budget Information</b>	
6A. Funding Request	<input checked="" type="checkbox"/>
6C. Rental Assistance	<input checked="" type="checkbox"/>

6D. Match	<input checked="" type="checkbox"/>
6E. Summary Budget	<input checked="" type="checkbox"/>
<b>Part 7 - Attachment(s) &amp; Certification</b>	
7A. Attachment(s)	<input checked="" type="checkbox"/>
7A. In-Kind Match MOU Attachment	<input checked="" type="checkbox"/>
7B. Certification	<input checked="" type="checkbox"/>

**The applicant has selected "Make Changes" to Question 2 above. Please provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):**

Renewal application with a first time renewal, changes mirror the 2017 project application.

**The applicant has selected "Make Changes". Once this screen is saved, the applicant will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.**

## 8B Submission Summary

Page	Last Updated
<b>1A. SF-424 Application Type</b>	09/09/2017
<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>	09/21/2017
Renewal Project Application FY2017	Page 48
	09/25/2017



<b>1E. SF-424 Compliance</b>	09/09/2017
<b>1F. SF-424 Declaration</b>	09/09/2017
<b>1G. HUD-2880</b>	09/09/2017
<b>1H. HUD-50070</b>	09/09/2017
<b>1I. Cert. Lobbying</b>	09/09/2017
<b>1J. SF-LLL</b>	09/09/2017
<b>2A. Subrecipients</b>	09/09/2017
<b>2B. Recipient Performance</b>	09/21/2017
<b>3A. Project Detail</b>	09/09/2017
<b>3B. Description</b>	09/09/2017
<b>4A. Services</b>	09/09/2017
<b>4B. Housing Type</b>	09/21/2017
<b>5A. Households</b>	09/09/2017
<b>5B. Subpopulations</b>	No Input Required
<b>5C. Outreach</b>	09/09/2017
<b>6A. Funding Request</b>	09/09/2017
<b>6C. Rental Assistance</b>	09/09/2017
<b>6D. Match</b>	09/09/2017
<b>6E. Summary Budget</b>	No Input Required
<b>7A. Attachment(s)</b>	09/09/2017
<b>7A. In-Kind Match MOU Attachment</b>	No Input Required
<b>7B. Certification</b>	09/22/2017
<b>Submission Without Changes</b>	09/09/2017

**Internal Revenue Service**

**Department of the Treasury**

**P. O. Box 2508  
Cincinnati, OH 45201**

**Date:** November 26, 2001

**Person to Contact:**  
Michael Dutcher 31-07421  
Customer Service Specialist

Health Net, Inc.  
3401 E. Raymond St.  
Indianapolis, IN 46203-4744

**Toll Free Telephone Number:**  
8:00 a.m. to 9:30 p.m. EST  
877-829-5500

**Fax Number:**  
513-263-3756

**Federal Identification Number:**  
35-1579827

Dear Sir:

This letter is in response to your request for a copy of your organization's determination letter. This letter will take the place of the copy you requested.

Our records indicate that a determination letter issued in September 1984 granted your organization exemption from federal income tax under section 501(c)(3) of the Internal Revenue Code. That letter is still in effect.

Based on information subsequently submitted, we classified your organization as one that is not a private foundation within the meaning of section 509(a) of the Code because it is an organization described in section 509(a)(3).

This classification was based on the assumption that your organization's operations would continue as stated in the application. If your organization's sources of support, or its character, method of operations, or purposes have changed, please let us know so we can consider the effect of the change on the exempt status and foundation status of your organization.

Your organization is required to file Form 990, Return of Organization Exempt from Income Tax, only if its gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

All exempt organizations (unless specifically excluded) are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each employee during a calendar year. Your organization is not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Organizations that are not private foundations are not subject to the excise taxes under Chapter 42 of the Code. However, these organizations are not automatically exempt from other federal excise taxes.

Donors may deduct contributions to your organization as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to your organization or for its 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.

Health Net, Inc.  
35-1579827

Your organization is not required to file federal income tax returns unless it is subject to the tax on unrelated business income under section 511 of the Code. If your organization is subject to this tax, it must file an income tax return on the Form 990-T, Exempt Organization Business Income Tax Return. In this letter, we are not determining whether any of your organization's present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

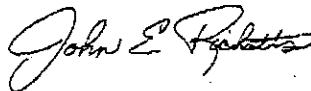
The law requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. If your organization had a copy of its application for recognition of exemption on July 15, 1987, it is also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. You can charge only a reasonable fee for reproduction and actual postage costs for the copied materials. The law does not require you to provide copies of public inspection documents that are widely available, such as by posting them on the Internet (World Wide Web). You may be liable for a penalty of \$20 a day for each day you do not make these documents available for public inspection (up to a maximum of \$10,000 in the case of an annual return).

Because this letter could help resolve any questions about your organization's exempt status and foundation status, you should keep it with the organization's permanent records.

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

This letter affirms your organization's exempt status.

Sincerely,



John E. Ricketts, Director, TE/GE  
Customer Account Services