

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: 09/27/2017

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

	c. Organizational DUNS:	067890848	PLUS 4:	
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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 Julian Center TH-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: 07/01/2018
b. End Date: 06/30/2019

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: 09/27/2017

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: \$172,304.00

(Requested amounts will be automatically entered within applications)

5. State the name and location (street address, City and State) of the project or activity.

Refer to project name, addresses and CoC Project Identifying Number (PIN) entered into the attached project application.

Part I Threshold Determinations

1. Are you applying for assistance for a specific project or activity? (For further information, see 24 CFR Sec. 4.3). Yes

2. Have you received or do you expect to receive assistance within the jurisdiction of the Department (HUD), involving the project or activity in this application, in excess of \$200,000 during this fiscal year (Oct. 1 - Sep. 30)? For further information, see 24 CFR Sec. 4.9. Yes

Part II Other Government Assistance Provided or Requested/Expected Sources and Use of Funds

Such assistance includes, but is not limited to, any grant, loan, subsidy, guarantee, insurance, payment, credit, or tax benefit.

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
OVW	Federal Grant	\$31,575.00	Services
Domestic Violence Prevention and Treatment	Federal Grants	\$25,000.00	Services
SSFV	Federal Grants	\$1,000,000.00	Services/Rents
VOCA Victims of Crime Act	Federal Grant	\$39,024.00	Services

Note: If additional sources of Government Assistance, please use the "Other Attachments" screen of the project applicant profile.

Part III Interested Parties

You must disclose:

1. All developers, contractors, or consultants involved in the application for the assistance or in the planning, development, or implementation of the project or activity and
2. any other person who has a financial interest in the project or activity for which the assistance is sought that exceeds \$50,000 or 10 percent of the assistance (whichever is lower).

Alphabetical list of all persons with a reportable financial interest in the project or activity (For individuals, give the last name first)	Social Security No. or Employee ID No.	Type of Participation	Financial Interest in Project/Activity (\$)	Financial Interest in Project/Activity (%)
na	na	na	\$0.00	0%
na	na	na	\$0.00	0%
na	na	na	\$0.00	0%
na	na	na	\$0.00	0%
na	na	na	\$0.00	0%

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

Certification

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

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Jennifer Fults, Administrator

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

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: 09/27/2017

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

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: 09/27/2017

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: 09/27/2017

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: \$172,304

Organization	Type	Sub-Award Amount
The Julian Center, INC.	M. Nonprofit with 501C3 IRS Status	\$172,304

2A. Project Subrecipients Detail

a. Organization Name: The Julian Center, INC.

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

c. Employer or Tax Identification Number: 35-1346514

	* d. Organizational DUNS:	132409731	PLUS 4:	
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e. Physical Address

Street 1: 2011 North Meridian Street

Street 2:

City: Indianapolis

State: Indiana

Zip Code: 46202

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: \$172,304

j. Contact Person

Prefix: Ms.

First Name: Jami

Middle Name:

Last Name: Schnurpel

Suffix:

Title: Director of Residential Services

E-mail Address: jschnurpel@juliancenter.org

Confirm E-mail Address: jschnurpel@juliancenter.org

Phone Number: 317-941-2202

Extension:

Fax Number: 317-937-7093

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.

Background: Founded in 1975, The Julian Center is a unique nonprofit agency providing emergency shelter, transitional housing, permanent supportive housing, case management, advocacy, counseling, education, and more to survivors of domestic violence and sexual assault. Our programs and services are designed to contribute to a significant reduction in the incidence of violence, to support survivors in healing, and to help break the intergenerational cycle of abuse.

Experience/Expertise: In 2001 and 2002, The Julian Center opened a new shelter, transitional housing, and counseling center at our current location on Meridian Street in Indianapolis. Our 11-unit transitional housing program has been in operation for fifteen years. As a clustered site, the property is owned and operated by The Julian Center, which serves as the landlord and service provider.

In 2010, we opened a 71-unit apartment complex located at 34th and Meridian Streets and for the past seven years have operated a supportive housing program at that location. For the first six years, the program included sixteen units; another five units were added recently bringing the total to twenty-one. The units range from one to four bedrooms. The Julian Center has also managed rapid rehousing and/or homelessness prevention initiatives as part of our ESG awards for the past five years and has received housing assistance monies from Housing Trust Fund as those funds became available. For the past three years, we have partnered with the Homeless Initiative Program (HIP) to place a part-time housing specialist on-site to facilitate “Rent Smart” classes for our survivors as well as helping them locate suitable housing. Lastly, our new joint project will be overseen by our Director of Residential Services. The Director has years of experience working with housing partners in Marion County including serving on the CHIP's Continuum of Care, Blueprint to End Homelessness, and working within our supportive housing program. She is also a licensed social worker and well versed in assisting survivors of domestic violence.

Addressing Population Needs: As clients enroll in our programs, a detailed assessment is completed with an advocate to determine their unique needs related to barriers including income, public benefits, housing, health/wellness, child care, and emotional well-being. Based on this information, advocates work with their clients to develop personal growth plans which detail how barriers will be addressed. Clients are reassessed on a quarterly basis and have the opportunity to update their personal growth plans annually. Our permanent supportive housing program – a Housing First project – provides housing to high- barrier clients coping with trauma from domestic and/or sexual violence. These individuals have substance abuse, physical and/or mental

health barriers, are often very low or zero income, and have significant criminal or credit history concerns. We partner with community agencies to ensure access to mental and physical health care providers, child care, education opportunities, employment programs, and mainstream services. Clients are provided on-site case management and can be referred to other internal Julian Center initiatives based on personal needs including legal support and empowerment programs.

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

To more closely reflect our mission, we are transitioning to an organizational structure that includes three areas: client services, mission advancement, and operations. Each supports our various programs and is designed to provide the best structure/organization to help survivors move through the continuum of 1) safety, 2) stability, and 3) self-sufficiency. Our management structure is headed by our President/CEO. Four program Directors and one Vice President report directly to the CEO. Together, this group makes up our leadership team.

The leadership team meets twice monthly to share ideas, track progress, and identify opportunities and issues related to our operations. Directors meet regularly with their teams to ensure the quality and consistency of services and operations.

In our direct services, internal and external coordination of services are managed through our performance management software, Efforts to Outcomes (ETO). This program helps determine which referrals might be beneficial for a client, makes internal referrals quick and easy, and measures progress of clients across all of our programs.

For external agencies partnering with us on a program, a Memorandum of Understanding (MOU) is developed and signed by our President/CEO and executive leadership from the partner agency. MOUs are reviewed regularly to ensure their relevance and accuracy. For external agencies working with individuals enrolled in our programs, a release of information must be voluntarily signed by the survivor.

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.

The Julian Center is in sound financial condition maintaining at least three months of working capital on hand throughout the year. Each month our financial statements are carefully reviewed by our Finance Committee and by our Board of Directors.

Finances and grants are managed primarily by two seasoned staff members: 1) The Vice President of Finance, Barbara Rush, is a CPA with over 30 years of experience in non-profit accounting including more than 13 years of experience in managing federal grant awards, and 2) the Director of Government Grants & Compliance, Pamela Testa, has over 20 years of experience with non-profit operations and more than 12 years of experience managing federal and private grant awards. Both staff members stay current with rules, principles, regulations, and procedures through webinars, user guides, newsletters,

Federal Register publications, CPA Society conferences, and attending training sessions.

The Julian Center maintains a written Accounting Procedures Manual that is modified as needed and is reviewed no less than annually. Topics include, but are not limited to, cash receipts, cash disbursements, government grants, payroll, general ledger, and audit requirements. To safeguard all assets, solid internal controls are in place including separation of duties to ensure proper handling of expenditures and cash receipts as well as triple review of expenditures prior to claiming reimbursements from local, state or federal grants.

The “Financial Edge” accounting software from Blackbaud, Inc. is used to administer grants. Financial Edge allows for identifying each revenue and expense item by cost center, grant, and project.

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 Julian Center TH-RRH

3. Project Status: Standard

4. Component Type: Joint TH & PH-RRH

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.

Program: The Julian Center’s joint TH and RRH “Survivors to Thrivers” project.

Target Population: Victims of domestic violence – adults and their children – who are 1) homeless, 2) living in an emergency shelter, 3) very-low income (\leq 50% MFI), and 4) faced with multiple barriers. The project will serve adults with an average age of 38 and children with an average age of 5. At least 60% of the adult population will be diagnosed with one or more physical or mental health issues.

Number Served: Over the first year of the grant, the program will help 21 adults (7 single and 14 with children) as they enroll into transitional housing and then move seamlessly into rapid re-housing, if desired.

Address: The address of our transitional housing program is 2011 N. Meridian Street, Indianapolis, Indiana 46202. This is also where most of the supportive services are delivered. Our rapid re-housing clients will be located in various locations throughout Marion County, Indiana.

Type/Units: Our transitional housing is a cluster site model with eleven units. Our rapid re-housing will be a scattered site model with an initial budget for 10 units varying in size from one to four bedrooms.

Specific Services: A program manager/family advocate is available to transition al housing residents from move-in through move-out. This advocate, and others, will be responsible for providing supportive services to survivors once they transition to rapid re-housing units including facilitating monthly meetings involving all residents. The supportive services offered will include case management, safety planning, transportation (for accessing needed services), clinical and legal services, referrals to area providers, connecting participants with mainstream health, social, and employment programs, and more. The ultimate goal is transitioning survivors to self-sufficiency and helping in their success of obtaining and retaining permanent housing.

Projected Outcomes: These will be aligned with HUD outcomes and focus on increasing: 1) housing stability, 2) participant employment income, 3) participant non-employment income, and 4) enrollment in mainstream benefits including Medicaid-financed services.

Coordination with Partners: We are fortunate to have many community partners to assist our survivors including our work with the Indiana Housing Authority, C HIP, Homeless Initiative Program, Families First, Indiana Legal Services, United Way, Boner Center, Immigrant Welcome Center, La Plaza, and local and state coalitions to improve conditions for participants as well as ensure their needs are met.

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

Transitional/Crisis Housing: The majority of this portion of the project is already in place and will continue to enroll eligible survivors as units become available. Based on the demand while operating under the old transitional housing model, we expect all units will be full unless a unit requires maintenance between occupants. Units being taken out of inventory will be kept to a minimum and turned around quickly. We anticipate this will not change under the new crisis-housing model.

Rapid Rehousing: Our goal is to have the rapid rehousing component up and running within two months after the grant start date. As soon as it is known that an award will be granted, the primary parties involved, including the Director of Residential Services, Shelter Manager, and Project Advocate, will work to create a toolkit for the new program. Included in the toolkit will be 1) updated guidelines for identifying candidates ready to move from transitional/crisis housing to permanent housing, 2) assessment criteria, 3) follow-up procedures and service disbursement plans for participants once they move into their own homes, and 4) schedule for monthly case management meetings/sessions with participants. Our timeline is to begin assessing candidates at the grant start date and to start transitioning ready clients into their rapid rehousing units within the two-month launch period. Clients will continue to transition out of transitional/crisis housing as soon as they are safe to do so and prepared to accept permanent housing.

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 checked="" type="checkbox"/>
Veterans	<input type="checkbox"/>	Substance Abuse	<input type="checkbox"/>
Youth (under 25)	<input type="checkbox"/>	Mental Illness	<input type="checkbox"/>
Families	<input 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 participants be required to live in a particular structure, unit, or locality, at some point during the period of participation? No

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

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? Yes

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

The Julian Center has a Housing Specialist on staff who will support participants during the housing search process, including connecting them with property managers who are well-versed in the specialized needs of survivors and advocating for lease accommodations, and the specialist will accompany the participant to their lease signing. Additionally, we currently has one full-time advocate who is dedicated to work with clients in our current Transitional Housing program, who will work directly with participants of the Survivor to Thrive TH-RRH program in an on-going supportive case management role; we also anticipate growing the case management staff for this program. Finally, The Julian Center will manage funds that support participants for up to 12 months of programming.

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

The Julian Center’s Empowerment Program is the gateway for connecting survivors to financial literacy, job readiness, education services, and building social capital. This program includes services such as resume building, job search, mock interviews, education testing, and budgeting. This program also works with local agencies such as Center for Working Families, Work One, Indiana Institute for Working Families, Boner Center, Indianapolis Urban League, Ivy Tech, and m any others to connect survivors with programs to increase income, employability, and self-sufficiency.

Our Empowerment Program also includes our “Getting Ahead” and “Propel Indy” classes. Getting Ahead is a 16-¿ week program designed to help survivors identify their strengths, weaknesses, and goals as related to their income,

emotional well being, and housing situation. Our Propel Indy group matches survivors with community mentors who help them master financial management, food budgeting, parenting skills, community engagement, and other practical life skills.

Additionally, as noted in the previous question, our advocates are trained in assessing survivors' eligibility for mainstream programs to maximize their ability to live independently. This includes exploring all options including SSI, SSDI, VA services, and TANF as well as appropriate non-cash benefits that might apply.

**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	Bi-monthly
Child Care	Partner	As needed
Education Services	Partner	As needed
Employment Assistance and Job Training	Applicant	As needed
Food	Applicant	Monthly
Housing Search and Counseling Services	Partner	As needed
Legal Services	Applicant	As needed
Life Skills Training	Applicant	As needed
Mental Health Services	Partner	As needed
Outpatient Health Services	Partner	As needed
Outreach Services	Partner	As needed
Substance Abuse Treatment Services	Partner	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? No

5c. Regular follow-ups with participants to Yes

**ensure mainstream
benefits are received and renewed?**

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. 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.

	TH	RRH	Total
Total Units:	11	10	21
Total Beds:	20	24	44
Housing Type	Units		Beds
Scattered-site apartments (...)	10		24
Dormitory, shared or privat...	11		20

4B. Housing Type and Location Detail

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

Is this a private or semi private room? Yes

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

a. Units: 10

b. Beds: 24

3. Address

Street 1: Scattered Site

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

4B. Housing Type and Location Detail

1. Housing Type: Dormitory, shared or private rooms

Is this a private or semi private room? Yes

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

a. Units: 11

b. Beds: 20

3. Address

Street 1: 2011 North Meridian Street

Street 2:

City: Indianapolis

State: Indiana

ZIP Code: 46202

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

181404 Indianapolis

5A. Project Participants - Households

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	14	7		21
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	10	6		16
Adults ages 18-24	4	1		5
Accompanied Children under age 18	23			23
Unaccompanied Children under age 18				0
Total Persons	37	7	0	44

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	10						10			
Adults ages 18-24	4						4			
Children under age 18	23						20			
Total Persons	37	0	0	0	0	0	34	0	0	0

Click Save to automatically calculate totals

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	6						6			
Adults ages 18-24	1						1			
Total Persons	7	0	0	0	0	0	7	0	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

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

5C. Outreach for Participants

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

	Directly from the street or other locations not meant for human habitation.
	Directly from emergency shelters.
	Persons at imminent risk of losing their night time residence within 14 days, have no subsequent housing identified, and lack the resources to obtain other housing.
	Directly from safe havens.
100%	Persons fleeing domestic violence.
	Directly from transitional housing.
	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.

The Julian Center provides outreach services to victims of domestic violence, sexual assault, and family violence. We currently have five (5) advocates who are dedicated to contacting and engaging community based survivors. In addition to the survivors who call our crisis line, we also have several community partnerships through which we can identify and engage high risk clients, including IMPD, the Latino Coalition, the Centers of Hope and others. As a leader in the domestic violence, sexual assault and family violence provider community, The Julian Center has consistently participated in community events that are designed to make contact with and engage the public.

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? Permanent Housing Bonus



3. Does this project propose to allocate funds according to an indirect cost rate? No

4. Select a grant term: 1 Year

*** 5. Select the costs for which funding is being requested:**

Acquisition/Rehabilitation/New Construction	<input type="checkbox"/>
Leased Units	<input type="checkbox"/>
Leased Structures	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>
Supportive Services	<input checked="" type="checkbox"/>
Operating	<input checked="" type="checkbox"/>
HMIS	<input checked="" type="checkbox"/>

6E. Rental Assistance Budget

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

Total Request for Grant Term:			\$106,344
Total Units:			10
Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	IN - Indianapolis-Carmel-Anderson, IN...	10	\$106,344

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

The RRH component of a Joint TH-RRH project can only use TRA. The TH component of a Joint TH-RRH project part of the component can only use PRA and SRA or the Leased Units budget.

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	3	x	\$651	x	12	=	\$23,436
2 Bedrooms	3	x	\$809	x	12	=	\$29,124
3 Bedrooms	3	x	\$1,084	x	12	=	\$39,024
4 Bedrooms	1	x	\$1,230	x	12	=	\$14,760
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
Total Units and Annual Assistance Requested	10						\$106,344
Grant Term							1 Year
Total Request for Grant Term							\$106,344

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
1. Assessment of Service Needs		
2. Assistance with Moving Costs	8 families x avg \$350	\$2,800
3. Case Management	.75 FTE x \$34,500 + 7.65% FICA	\$27,855
4. Child Care		
5. Education Services		
6. Employment Assistance		
7. Food		
8. Housing/Counseling Services		
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		

14. Substance Abuse Treatment Services		
15. Transportation	24 31-day bus + 24 \$25 gas cards	\$2,040
16. Utility Deposits	7 families x avg \$125	\$875
17. Operating Costs		
Total Annual Assistance Requested		\$33,570
Grant Term		1 Year
Total Request for Grant Term		\$33,570

Click the 'Save' button to automatically calculate totals.

6G. Operating

Instructions:

Enter the quantity and total budget request for each operating cost. The request entered should be equivalent to the cost of one year of the relevant operations activity.

Eligible Costs: The system populates a list of eligible operating costs for which funds can be requested. The costs listed are the only costs allowed under 24 CFR 578.55.

Quantity AND Detail: This is a required field. A quantity AND description must be entered for each requested cost. Enter the quantity in detail (e.g. .75 FTE hours and benefits for staff, utility types, monthly allowance for supplies) for each operating 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 of funds requested for each activity. The amount entered must only be the amount that is DIRECTLY related to operating the housing or supportive services facility.

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. Maintenance/Repair	Maintenance person to provide repair to TH units.	\$10,000
2. Property Taxes and Insurance	12 months property taxes	\$2,000
3. Replacement Reserve		
4. Building Security	12 months security system for TH units.	\$2,150
5. Electricity, Gas, and Water	12 months utilities for TH units.	\$10,000
6. Furniture		
7. Equipment (lease, buy)		
Total Annual Assistance Requested		\$24,150
Grant Term		1 Year
Total Request for Grant Term		\$24,150

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	ClientTrack user license fees x 2	\$240
3. Services		
4. Personnel		
5. Space & Operations		
Total Annual Assistance Requested:		\$240
Grant Term:		1 Year
Total Request for Grant Term:		\$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

Total Value of Cash Commitments:	\$43,076
Total Value of In-Kind Commitments:	\$0
Total Value of All Commitments:	\$43,076

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	Government	DVPT	07/01/2017	\$25,000
Yes	Cash	Government	VOCA	10/01/2017	\$9,285
Yes	Cash	Private	United Way Commun...	07/01/2017	\$8,791

Sources of Match Detail

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: Cash
- 3. Type of source: Government
- 4. Name the source of the commitment: DVPT
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 07/01/2017
- 6. Value of Written Commitment: \$25,000

Sources of Match Detail

- 1. Will this commitment be used towards match ? Yes
- 2. Type of commitment: Cash
- 3. Type of source: Government
- 4. Name the source of the commitment: VOCA
(Be as specific as possible and include the office or grant program as applicable)
- 5. Date of Written Commitment: 10/01/2017
- 6. Value of Written Commitment: \$9,285

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: United Way Community Fund
(Be as specific as possible and include the

office or grant program as applicable)

5. Date of Written Commitment: 07/01/2017

6. Value of Written Commitment: \$8,791

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	\$106,344	1 Year	\$106,344
4. Supportive Services	\$33,570	1 Year	\$33,570
5. Operating	\$24,150	1 Year	\$24,150
6. HMIS	\$240	1 Year	\$240
7. Sub-total Costs Requested			\$164,304
8. Admin (Up to 10%)			\$8,000
9. Total Assistance Plus Admin Requested			\$172,304
10. Cash Match			\$43,076
11. In-Kind Match			\$0
12. Total Match			\$43,076
13. Total Budget			\$215,380

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Julian Center Tax...	09/14/2017
2) Other Attachment(s)	No		
3) Other Attachment(s)	No		

Attachment Details

Document Description: Julian Center 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: 09/27/2017

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 56
	09/27/2017

1A. SF-424 Application Type	No Input Required
1B. SF-424 Legal Applicant	No Input Required
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/27/2017
1E. SF-424 Compliance	09/09/2017
1F. SF-424 Declaration	09/09/2017
1G. HUD 2880	09/09/2017
1H. HUD 50070	09/09/2017
1I. Cert. Lobbying	09/09/2017
1J. SF-LLL	09/09/2017
2A. Subrecipients	09/14/2017
2B. Experience	09/27/2017
3A. Project Detail	09/14/2017
3B. Description	09/27/2017
3C. Expansion	09/14/2017
4A. Services	09/21/2017
4B. Housing Type	09/14/2017
5A. Households	09/22/2017
5B. Subpopulations	No Input Required
5C. Outreach	09/21/2017
5D. Discharge Policy	09/14/2017
6A. Funding Request	09/14/2017
6E. Rental Assistance	09/14/2017
6F. Supp Srvcs Budget	09/14/2017
6G. Operating	09/14/2017
6H. HMIS Budget	09/14/2017
6I. Match	09/14/2017
6J. Summary Budget	No Input Required
7A. Attachment(s)	09/14/2017

7D. Certification

09/22/2017

Internal Revenue Service
Director, Exempt Organizations

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

Date: July 24, 2002

The Julian Center, Inc.
Ann M. Delaney
2011 North Meridian Street
Indianapolis, IN 46202

Person to Contact:

Tracy D. Post - 31-07644
Contact Telephone Numbers:
877-829-5500 Phone Toll-Free
513-263-3756 FAX
Federal Identification Number:
35-1346514

Dear Sir or Madam:

This modifies our letter dated October 17, 1975. In that letter we determined that your organization is exempt under section 501(a) of the Internal Revenue Code, as an organization described in section 501(c)(3). We determined that you were not a private foundation within the meaning of section 509(a) of the Code because you were an organization described in section 509(a)(3) of the Code.

In your letter dated May 7, 2002, you requested classification as an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi) of the Code. Based on the information you provided, we have determined that you meet the requirements for the requested foundation classification. Accordingly, we have granted your request and modified your foundation status to reflect an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

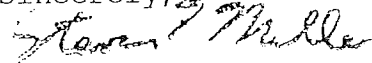
Your exempt status under section 501(a) of the Internal Revenue Code, as an organization described in section 501(c)(3) remains in effect.

Grantors and contributors may rely on this determination until the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act that resulted in your loss of such status, or acquired knowledge that the Internal Revenue Service had given notice that you would be removed from classification as a section 509(a)(1) organization.

Because this letter could help resolve any questions about your exempt status and/or foundation status, you should keep it with 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,



Steven T Miller
Director, Exempt Organizations