

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: | |
|--|--------------------------------|-----------|----------------|--|

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 Midtown Wellness Expansion Project

16. Congressional District(s):

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

17. Proposed Project

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

18. Estimated Funding (\$)

a. Federal:
b. Applicant:
c. State:
d. Local:
e. Other:
f. Program Income:
g. Total:

1E. SF-424 Compliance

19. Is the Application Subject to Review By State Executive Order 12372 Process? b. Program is subject to E.O. 12372 but has not been selected by the State for review.

If "YES", enter the date this application was made available to the State for review:

20. Is the Applicant delinquent on any Federal debt? No

If "YES," provide an explanation:

1F. SF-424 Declaration

By signing and submitting this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

I AGREE:

21. Authorized Representative

Prefix: Mrs.

First Name: Jennifer

Middle Name:

Last Name: Fults

Suffix:

Title: Administrator

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

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

Email: jennifer.fults@indy.gov

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

Date Signed: 09/27/2017

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: \$51,502.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

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

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

Part III Interested Parties

You must disclose:

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

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

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

Certification

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

I certify that this information is true and complete.

I AGREE:

Name / Title of Authorized Official: Jennifer Fults, Adminstrator

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

Date Signed: 09/25/2017

1H. HUD 50070

HUD 50070 Certification for a Drug Free Workplace

Applicant Name: City of Indianapolis

Program/Activity Receiving Federal Grant Funding: CoC Program

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

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

2. Sites for Work Performance.

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

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

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

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:

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.

X

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: \$51,502

| Organization | Type | Sub-Award Amount |
|--|--------------------------------|------------------|
| Health & Hospital Corporation of Marion County | D. Special District Government | \$51,502 |

2A. Project Subrecipients Detail

a. Organization Name: Health & Hospital Corporation of Marion County

b. Organization Type: D. Special District Government

If "Other" specify: Municipality

c. Employer or Tax Identification Number: 35-6005697

| | | | | |
|--|----------------------------------|-----------|----------------|--|
| | * d. Organizational DUNS: | 052952058 | PLUS 4: | |
|--|----------------------------------|-----------|----------------|--|

e. Physical Address

Street 1: 3838 North Rural

Street 2:

City: Indianapolis

State: Indiana

Zip Code: 46205

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: \$51,502

j. Contact Person

Prefix: Mr.

First Name: Ryan

Middle Name:

Last Name: Dearth
Suffix:
Title: Grant Administrator
E-mail Address: rdearth@hhcorp.org
Confirm E-mail Address: rdearth@hhcorp.org
Phone Number: 317-880-4184
Extension:
Fax Number: 317-880-0431

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.

Health and Hospital Corporation of Marion County d/b/a Eskenazi Health Midtown Community Mental Health (Midtown) has had 22 years of experience with providing supportive services and permanent supportive housing (PSH) to homeless individuals. This includes a 25 bed Safe Haven project that has remained in existence for 20 years. In addition, Midtown has maintained a 50 bed PSH program since 1995. Currently, Midtown maintains awards totaling 125 units of PSH, which provide housing for 164 persons. Midtown has no current or past HUD findings.

Midtown has a Housing Case Manager that manages HMIS, client files, rental payments, inspections, annual reviews, and problem solving with landlords. Midtown also has a Community Support Specialist (CSS) that works with new participants to locate housing. The CSS works with individuals to maintain housing, as well as with individuals who may be ready to move on from PSH to more independent housing. This has decreased the length of time from application to housing to less than 30 days, and Midtown moved 26 individuals into permanent housing in the past year.

The PSH programs all utilize the new Coordinated Entry system; however Midtown has been serving the most vulnerable homeless individuals in the City for approximately 5 years. PSH programs generally take the hardest to serve clients who may be prohibited from other project based housing. Since this is scattered site housing, anyone who cannot move into other programs is generally assigned to Midtown projects. This population includes 100% of the population with sex offenses who cannot live in project based units.

Approximately 60% of the persons served on PSH programs are engaged with Midtown services by choice, to address their mental health and/or substance use disorder needs. They are assigned to a mental health team where their needs are assessed and plans are made to address their needs, including mental health and/or addiction, assistance with adult daily living skills, assistance with a payee, assistance with SSI/SSDI application process, assistance with obtaining other mainstream benefits such as food stamps, half-fair transportation, shopping, food pantries, and maintaining housing. Those engaged with Midtown services work with a financial counselor to obtain insurance/Medicaid and to assure that that coverage remains in effect. Midtown's Housing Case Manager and CSS work closely with these teams to communicate needs and assist where needed.

Approximately 20% of the persons served on Midtown PSH programs are engaged with other mental health, addiction, or homeless service providers where their needs are met similar to above, and communication is maintained with these

service providers as well.

The remaining 20% of persons who are not engaged in services with a Midtown team or other mental health, addiction, or homeless service provider are followed by the Housing Case Manager and CSS to see that their basic needs are met, encourage (not demand) engagement in services, offers of linkage to needed services, advocacy with landlords, and assistance as needed to maintain housing.

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

The Health and Hospital Corporation of Marion County (HHC) is a municipal corporation and political subdivision of the state of Indiana that operates Eskenazi Health, the Marion County Public Health Department (MCPHD), Indianapolis Emergency Medical Services (IEMS), the Long Term Care Division, and a headquarters division that provides corporate-wide fiscal and legal administrative support. Through these service divisions, HHC provides a full range of preventative and curative health services to the residents of Marion County. HHC fiscally manages and monitors over 100 government and private foundation grants, with total expenditures exceeding \$32 million per year. Additionally, HHC contracts with and monitors 33 sub-awardees of federal grant funds. Specific to the homeless population, HHC received funding from SAMHSA under the Cooperative Agreement to Benefit Homeless Initiative (CABHI) for \$2.4 million over the next three years. Midtown will lead a collaboration of Indianapolis organizations serving individuals experiencing homelessness. This collaboration, the Indianapolis Homelessness Outreach and Services Team (iHOST), will reduce the number of people in Central Indiana experiencing homelessness who have mental health and/or substance use issues. The primary goal of the iHOST project is to support recovery by providing permanent housing to the population of focus and working as a multidisciplinary team in a non-traditional treatment setting to serve those experiencing homelessness that have behavioral health issues. The integrated team will consist of representatives from two mental health centers, a homeless youth service organization, a homeless shelter day center, and other homeless service organizations. The goals of the project are to establish permanent housing; stabilize psychiatric symptoms; address substance use and addiction; assess and reduce needs and barriers to treatment; improve employment options; and follow individuals once housed to ensure they have all resources to be successful and ongoing needs are addressed.

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 Health and Hospital Corporation of Marion County (HHC) is a municipal corporation and political subdivision of the state of Indiana that operates Eskenazi Health (including Midtown Community Mental Health), the Marion County Public Health Department, Indianapolis Emergency Medical Services, the Long Term Care Division, and a headquarters division that provides corporate-wide fiscal and legal administrative support. Through these service divisions, HHC provides a full range of preventative and curative health services to the resi

dents of Marion County.

HHC was established under Chapter 287 of the Acts of 1951 enacted by the General Assembly of the state of Indiana to administer the Division of Public Health and the Division of Public Hospitals. The Division of Public Hospitals does business as Eskenazi Health. As one of America's five largest safety net health systems and featuring the only public, general acute care hospital in Marion County, Eskenazi Health has served the residents of Marion County for over 150 years.

Eskenazi Health is comprised of: The Sidney & Lois Eskenazi Hospital; the Richard M. Fairbanks Burn Center at Eskenazi Health; two Eskenazi Health Community Health Centers; and 21 Midtown Community Mental Health Center sites. Eskenazi Health also sponsors Eskenazi Health Center, a Federally Qualified Health Center, with operations at ten clinic sites.

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 Midtown Wellness Expansion Project

3. Project Status: Standard

4. Component Type: PH

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

3B. Project Description

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

Midtown was awarded a grant, Midtown Wellness, which began 6/1/17. The grant is a PSH grant funding 25 one-bedroom scattered site units for chronically homeless individuals with a disabling condition of serious mental illness and/or substance use disorder. Midtown has received two applicants per week since the end of June and is currently working with 10 individuals to locate appropriate housing. Midtown has housed two individuals in less than 30 days from application to housing. Midtown anticipates it will be at capacity by October 2017 and will add additional participants as funding allows.

Midtown requests to expand this grant from 25 to 31 units. If awarded, the additional units would be included in the 2018-2019 contract and Midtown would begin housing the additional 6 individuals in June 2018. Midtown anticipates being at full capacity of 31 units or more by September 1, 2018. This is an expansion project request.

Midtown has a Housing Case Manager that manages HMIS, client files, rental payments, inspections, annual reviews, and problem solving with landlords. Midtown also has a Community Support Specialist (CSS) who works with new participants to locate appropriate housing and with individuals to maintain housing. The CSS works with individuals who may be ready to move on from PSH to more independent housing. Length of time from application to housing has been decreased to less than 30 days, and Midtown has moved 26 individuals into permanent housing in the past year.

Approximately 60% of the persons served on PSH programs are engaged with Midtown services by choice to address their mental health and/or substance use disorder needs and assist them with other needs, such as adult daily living skills, maintaining housing, access to mainstream benefits, payee-ship, as indicated. Clients engaged with Midtown services work with a financial counselor to obtain insurance/Medicaid and to assure coverage remains in effect. The Housing Case Manager and CSS work closely with these teams to communicated needs and assist where needed.

Approximately 20% of the persons served on PSH programs are engaged with other mental health, addiction, or homeless service providers where their needs are met similar to above, and communication is maintained with these service providers.

The remaining 20% of persons that are not engaged in services with a Midtown team or other mental health, addiction, or homeless service provider are followed by the Housing Case Manager and CSS to ensure their basic needs are met, encourage, not demand, engagement in services, offer a linkage to needed services, advocacy with landlords, and assistance as needed to maintain housing.

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

If awarded the expansion of 8 additional units for the Midtown Wellness project, the units would be included in the 2018-2019 contract, and Midtown would begin housing the 6 individuals in June 2018, with expectation of being at full capacity of 31 units or more by September 1, 2018.

Midtown will utilize the Coordinated Entry system and request one application per week for 6 weeks, beginning the first week of June 2018 or when the contract is received. The Housing Case Manager and Community Support Specialist will work with each individual intensively to complete an intake, assist in locating housing, inspection, and lease up within goal of 30 days of receipt of application.

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

5. Housing First

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

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

| | |
|--|-------------------------------------|
| Having too little or little income | <input checked="" type="checkbox"/> |
| Active or history of substance use | <input checked="" type="checkbox"/> |
| Having a criminal record with exceptions for state-mandated restrictions | <input checked="" type="checkbox"/> |
| History of victimization (e.g. domestic violence, sexual assault, childhood abuse) | <input checked="" type="checkbox"/> |

| | |
|-------------------|--------------------------|
| None of the above | <input type="checkbox"/> |
|-------------------|--------------------------|

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

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

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

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

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

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

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

Dedicated and DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families, according to NOFA Section III.3.b.

A "DedicatedPLUS" project is a permanent supportive housing project where 100% of the beds are dedicated to serve individuals with disabilities and families in which one adult or child has a disability, including unaccompanied homeless youth, that at a minimum, meet ONE of the following criteria according to NOFA Section III.3.d:

- (1) experiencing chronic homelessness as defined in 24 CFR 578.3;
- (2) residing in a transitional housing project that will be eliminated and meets the definition of

chronically homeless in effect at the time in which the individual or family entered the transitional housing project;

(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;

(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;

(5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or

(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

10. Indicate whether the project is “100% DedicatedPLUS Dedicated,” or “DedicatedPLUS,” according to the information provided above.

3C. Project Expansion Information

1. Will the project use an existing homeless facility or incorporate activities provided by an existing project? **Yes**

2. Is this New project application requesting a "Project Expansion" of an eligible renewal project of the same component type? **Yes**

Enter the PIN number (first 6 numbers of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2017 upon which this project proposes to expand.

Eligible Renewal Grant PIN Number: IN0200

Eligible Renewal Grant Project Name: 2018 Midtown Wellness Project

3. Select the activities below that describe the expansion project, and click on the "Save" button below to provide additional details. **Increase the number of homeless persons served**

Increase number of homeless persons served

Indicate how the project is proposing to "increase the number of homeless persons served."

| | |
|--|----|
| Current level of effort | |
| # of persons served at a point-in-time | 25 |
| # of units | 25 |
| # of beds | 25 |
| New effort | |
| # of additional persons served at a point in time that this project will provide | 6 |
| # of additional units this project will provide | 6 |
| # of additional beds this project will provide | 6 |

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.

Midtown has a Housing Case Manager who manages HMIS, client files, rental payments, inspections, annual reviews, and problem-solving with landlords for 125 units of PSH. Midtown also has a Community Support Specialist (CSS) who works with new participants to locate appropriate housing and with individuals to maintain housing, as well as with individuals that are ready to move on from PSH to more independent housing.

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

Midtown initiated the Moving On program in the second half of 2016. Midtown hired a PSH Community Support Specialist who, along with locating housing for new program participants, specifically works with participants to overcome barriers to moving on into more independent housing. The Community Support Specialist works with these identified participants in budgeting, resolving transportation issues, developing community support networks, working with treatment team in addressing participant needs, and obtaining housing that meets their needs and financial means. From September 2016 to July 2017, Midtown "moved on" 26 participants into more independent housing. Midtown will continue to focus its efforts in "moving on" those participants who can live more independently.

**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 | Annually |
| Assistance with Moving Costs | Applicant | As needed |
| Case Management | Non-Partner | As needed |
| Child Care | Applicant | As needed |
| Education Services | Applicant | As needed |
| Employment Assistance and Job Training | Non-Partner | As needed |
| Food | Non-Partner | As needed |
| Housing Search and Counseling Services | Applicant | As needed |
| Legal Services | Non-Partner | As needed |
| Life Skills Training | Applicant | As needed |
| Mental Health Services | Non-Partner | As needed |
| Outpatient Health Services | Non-Partner | As needed |
| Outreach Services | Non-Partner | As needed |
| Substance Abuse Treatment Services | Non-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? Yes

5c. Regular follow-ups with participants to ensure mainstream benefits are received and renewed? Yes

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

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

4B. Housing Type and Location

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

Total Units: 6

Total Beds: 6

Total Dedicated CH Beds: 6

| Housing Type | Units | Beds |
|---------------------------------|-------|------|
| Scattered-site apartments (...) | 6 | 6 |

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: 6

b. Beds: 6

3. How many beds of the total beds in “2b. 6 Beds” are dedicated to the chronically homeless?

This includes both the “dedicated” and “prioritized” beds.

4. Address:

Street 1: 1650 North College Avenue

Street 2:

City: Indianapolis

State: Indiana

ZIP Code: 46202

***5. 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 | | 6 | | 6 |
| | | | | |
| 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 | | 6 | | 6 |
| Adults ages 18-24 | | | | 0 |
| Accompanied Children under age 18 | | | | 0 |
| Unaccompanied Children under age 18 | | | | 0 |
| Total Persons | 0 | 6 | 0 | 6 |

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

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

Persons in Households without Children

| Characteristics | Chronically Homeless Non-Veterans | Chronically Homeless Veterans | Non-Chronically Homeless Veterans | Chronic Substance Abuse | Persons with HIV/AIDS | Severely Mentally Ill | Victims of Domestic Violence | Physical Disability | Developmental Disability | Persons not represented by listed subpopulations |
|----------------------|-----------------------------------|-------------------------------|-----------------------------------|-------------------------|-----------------------|-----------------------|------------------------------|---------------------|--------------------------|--|
| Adults over age 24 | 6 | | | 6 | | 6 | 1 | | | |
| Adults ages 18-24 | | | | | | | | | | |
| Total Persons | 6 | 0 | 0 | 6 | 0 | 6 | 1 | 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.

| | |
|------|--|
| 48% | Directly from the street or other locations not meant for human habitation. |
| 46% | Directly from emergency shelters. |
| 4% | Directly from safe havens. |
| 2% | Persons fleeing domestic violence. |
| | Directly from transitional housing that was eliminated in the FY 2017 CoC Program Competition. |
| | Directly from the TH Portion of a Joint TH and PH-RRH Component project. |
| | Persons receiving services through a Department of Veterans Affairs(VA)-funded homeless assistance program (Eligible for JOINT projects if from TH or Emergency Shelters). |
| 100% | Total of above percentages |

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

Eskenazi Health, Midtown CMH is part of the Indianapolis Professional Blended Street Outreach Team (PBSO). This team is made up of approximately 30 organizations who provide staff to do street outreach, as well as outreach in the area shelters, the public library and any known places where persons who are experiencing homeless may frequent. The PBSO blends two or more organizations working together when performing street outreach activities. This assists in communication among agencies and decreases duplication of services. Persons experiencing homelessness by the PBSO are engaged and housing applications for our Coordinated Entry System are either completed on site or the person is referred to a Coordinated Entry Access site to assure that they are being screened to get them into the fastest and most appropriate housing possible. Once the project receives an applicant from the Coordinated Entry system; contact is made and we meet them where they feel comfortable to determine their needs and wants in housing, and then work with them to locate housing appropriate for them.

5D. Discharge Planning Policy

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

6A. Funding Request

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

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

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

4. Select a grant term: 1 Year

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

| | |
|--|-------------------------------------|
| 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 type="checkbox"/> |
| Operating | <input type="checkbox"/> |
| HMIS | <input 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: | | | \$46,872 |
|--------------------------------------|--|-----------------------|---------------|
| Total Units: | | | 6 |
| Type of Rental Assistance | FMR Area | Total Units Requested | Total Request |
| TRA | IN - Indianapolis-Carmel-Anderson, IN... | 6 | \$46,872 |

Rental Assistance Budget Detail

Instructions:

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

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

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

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

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

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

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

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

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

Total Request for Grant Term: This field is automatically calculated based on the total annual assistance requested multiplied by the grant term.

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

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

Type of Rental Assistance: TRA

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

| Size of Units | # of Units (Applicant) | | FMR Area (Applicant) | | 12 Months | | Total Request (Applicant) |
|---------------|------------------------|---|----------------------|---|-----------|---|---------------------------|
| SRO | | x | \$414 | x | 12 | = | \$0 |
| 0 Bedroom | | x | \$552 | x | 12 | = | \$0 |
| 1 Bedroom | 6 | x | \$651 | x | 12 | = | \$46,872 |

| | | | | | | | |
|--|---|---|---------|---|----|---|----------|
| 2 Bedrooms | | x | \$809 | x | 12 | = | \$0 |
| 3 Bedrooms | | x | \$1,084 | x | 12 | = | \$0 |
| 4 Bedrooms | | x | \$1,230 | x | 12 | = | \$0 |
| 5 Bedrooms | | x | \$1,415 | x | 12 | = | \$0 |
| 6 Bedrooms | | x | \$1,599 | x | 12 | = | \$0 |
| 7 Bedrooms | | x | \$1,784 | x | 12 | = | \$0 |
| 8 Bedrooms | | x | \$1,968 | x | 12 | = | \$0 |
| 9 Bedrooms | | x | \$2,153 | x | 12 | = | \$0 |
| Total Units and Annual Assistance Requested | 6 | | | | | | \$46,872 |
| Grant Term | | | | | | | 1 Year |
| Total Request for Grant Term | | | | | | | \$46,872 |

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: | \$0 |
| Total Value of In-Kind Commitments: | \$12,876 |
| Total Value of All Commitments: | \$12,876 |

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 | Midtown Services | 09/09/2017 | \$12,876 |

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:** Midtown Services
(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:** \$12,876

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.

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 | \$46,872 | 1 Year | \$46,872 |
| 4. Supportive Services | \$0 | 1 Year | \$0 |
| 5. Operating | \$0 | 1 Year | \$0 |
| 6. HMIS | \$0 | 1 Year | \$0 |
| 7. Sub-total Costs Requested | | | \$46,872 |
| 8. Admin (Up to 10%) | | | \$4,630 |
| 9. Total Assistance Plus Admin Requested | | | \$51,502 |
| 10. Cash Match | | | \$0 |
| 11. In-Kind Match | | | \$12,876 |
| 12. Total Match | | | \$12,876 |
| 13. Total Budget | | | \$64,378 |

Click the 'Save' button to automatically calculate totals.

7A. Attachment(s)

| Document Type | Required? | Document Description | Date Attached |
|---|-----------|----------------------|---------------|
| 1) Subrecipient Nonprofit Documentation | No | Midtown Tax Exemp... | 09/09/2017 |
| 2) Other Attachment(s) | No | | |
| 3) Other Attachment(s) | No | | |

Attachment Details

Document Description: Midtown Tax Exempt Letter

Attachment Details

Document Description:

Attachment Details

Document Description:

7A. In-Kind MOU Attachment

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

Attachment Details

Document Description:

7D. Certification

A. For all projects: Fair Housing and Equal Opportunity

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

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

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

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

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

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

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

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

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

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

Additional for Rental Assistance Projects:

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

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

| Page | Last Updated |
|---|-------------------|
| 1A. SF-424 Application Type | No Input Required |
| 1B. SF-424 Legal Applicant | No Input Required |
| 1C. SF-424 Application Details | No Input Required |
| 1D. SF-424 Congressional District(s) | 09/09/2017 |
| 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 | 09/25/2017 |
| 2B. Experience | 09/13/2017 |
| 3A. Project Detail | 09/09/2017 |
| 3B. Description | 09/27/2017 |
| 3C. Expansion | 09/09/2017 |
| 4A. Services | 09/09/2017 |
| 4B. Housing Type | 09/09/2017 |
| 5A. Households | 09/09/2017 |
| 5B. Subpopulations | No Input Required |
| 5C. Outreach | 09/13/2017 |
| 5D. Discharge Policy | 09/09/2017 |
| 6A. Funding Request | 09/09/2017 |
| 6E. Rental Assistance | 09/09/2017 |
| 6I. Match | 09/21/2017 |
| 6J. Summary Budget | No Input Required |
| 7A. Attachment(s) | 09/09/2017 |
| 7A. In-Kind MOU Attachment | No Input Required |
| 7D. Certification | 09/22/2017 |

| |
|--|
| |
|--|

Internal Revenue Service

Date: June 15, 2004

Health & Hospital Corp. of Marion County
Wishard Memorial Hospital
3838 N. Rural St.
Indianapolis, IN 46205

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

Person to Contact:

John Kennedy ID 31-07927
Customer Service Representative

Toll Free Telephone Number:

8:00 a.m. to 6:30 p.m. EST
877-829-5500

Fax Number:

513-263-3756

Federal Identification Number:

35-6005697

NOT-501 C3

Dear Sir or Madam:

This is in response to your request of June 15, 2004, regarding your organization's federal tax status.

Our records indicate that your organization may be a governmental instrumentality or a political subdivision of a state.

No provision of the Internal Revenue Code imposes a tax on the income of governmental units (such as states and their political subdivisions). Therefore, it has been the position of the Service that income of governmental units is not generally subject to federal income taxation. If, however, an entity is not itself a governmental unit (or an "integral part" thereof), its income will be subject to tax unless an exclusion or exemption applies.

One exclusion is provided by section 115(1) of the Code, which excludes from gross income:

"...income derived from ... the exercise of any essential governmental function and accruing to a State or any political subdivision thereof ..."

Your organization's income may not be subject to tax, either because the organization is a governmental unit (or an "integral part" thereof), or because the income is excluded under section 115. In addition, your organization may also be eligible to receive charitable contributions, which are deductible for federal income, estate, and gift tax purposes. Also, your organization is probably exempt from many federal excise taxes.

Your organization may obtain a letter ruling on its status under section 115 by following the procedures specified in Rev. Proc. 2002-1 or its successor.

Your organization may also qualify for exemption from federal income tax as an organization described in section 501(c)(3) of the Code. If the organization is an entity separate from the state, county, or municipal government, and if it does not have powers or purposes inconsistent with exemption (such as the power to tax or to exercise enforcement of regulatory powers), your organization would qualify under section 501(c)(3). To apply for exemption, complete Form 1023 and pay the required user fee.

Health & Hospital Corp. of Marion County
37-6005697

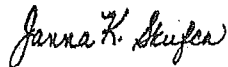
Sometimes governmental units are asked to provide proof of their status as part of a grant application. If your organization is applying for a grant from a private foundation, the foundation may be requesting certain information from your organization because of the restrictions imposed by the Code on such foundations. One such restriction imposes a tax on private foundations that make any "taxable expenditures." Under section 4945(d) and (h) of the Code, "taxable expenditures" include (1) any grant to an organization (unless excepted), unless the foundation exercises "expenditure responsibility" with respect to the grant; and (2) any expenditure for non-charitable purposes. Under section 4942 of the Code, private foundations must also distribute certain amounts for charitable purposes each year--"qualifying distributions"--or incur a tax on the undistributed amount. "Qualifying distributions" include certain amounts paid to accomplish charitable purposes.

Private foundation grants to governmental units for public or charitable purposes are not taxable expenditures under these provisions, regardless of whether the foundation exercises "expenditure responsibility." Under section 53.4945-5(a)(4)(ii) of the Foundation and Similar Excise Tax Regulations, expenditure responsibility is not required for grants for charitable purposes to governmental units (as defined in section 170(c)(1) of the code). Similarly, grants to governmental units for public purposes are "qualifying distributions", under section 53.4942(a)-3(a) of the regulations; and, if they are for charitable purposes, will not be taxable expenditures, under section 53.4945-6(a) of the regulations. Most grants to governmental units will qualify as being for charitable (as well as public) purposes.

Because of these restrictions, some private foundations require grant applicants to submit a letter from the Service determining them to be exempt under section 501(c)(3) and classified as a non-private foundation. Such a letter, or an underlying requirement that a grantee be a public charity, is not legally required to be relieved from the restrictions described above, when the prospective grantee is a governmental unit and the grant is for qualifying (public or charitable) purposes.

We believe this general information will be of assistance to your organization. This letter, however, is not a ruling and may not be relied on as such. If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Janna K. Skufca, Director, TE/GE
Customer Account Services