

**Certification of Consistency with the Consolidated Plan**

**U.S. Department of Housing and Urban Development**

OMB Number: 2501-0044  
Expiration Date: 2/28/2027

**Public Reporting Burden Statement:** This collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of the requested information. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to: U.S. Department of Housing and Urban Development, Office of the Chief Data Officer, R, 451 7th St SW, Room 8210, Washington, DC 20410-5000. Do not send completed forms to this address. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid OMB control number. This agency is authorized to collect this information under Section 102 of the Department of Housing and Urban Development Reform Act of 1989. The information you provide will enable HUD to carry out its responsibilities under this Act and ensure greater accountability and integrity in the provision of certain types of assistance administered by HUD. This information is required to obtain the benefit sought in the grant program. Failure to provide any required information may delay the processing of your application and may result in sanctions and penalties including of the administrative and civil money penalties specified under 24 CFR §4.38. This information will not be held confidential and may be made available to the public in accordance with the Freedom of Information Act (5 U.S.C. §552). The information contained on the form is not retrieved by a personal identifier, therefore it does not meet the threshold for a Privacy Act Statement.

I/We, the undersigned, also certify under penalty of perjury that the information provided below is true, correct, and accurate. Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(iii)).

I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Indianapolis

Project Name: 2026 Adult and Child SPC Expansion

Location of the Project: 872 Virginia Avenue, Indianapolis 46203

Name of the Federal Program to which the applicant is applying:

Continuum of Care

Name of Certifying Jurisdiction: City of Indianapolis

Certifying Official of the Jurisdiction

Name: Beth Neville

Title: Administrator - Community Investments

Signature: 

Date: 02/03/2026

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Indianapolis

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Project Name: 2026 Coburn Place RRH DV Bonus

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Location of the Project: 604 East 38th Street, Indianapolis 46205

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Name of the Federal Program to which the applicant is applying:

Continuum of Care

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Name of Certifying Jurisdiction: City of Indianapolis

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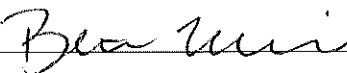
Certifying Official of the Jurisdiction

Name: Beth Neville

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Title: Administrator - Community Investments

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Signature: 

Date: 02/03/2026

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Applicant Name: City of Indianapolis

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Project Name: 2026 Damien Center

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Location of the Project: 26 North Arsenal Avenue, Indianapolis 46201

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Name of the Federal Program to which the applicant is applying:

Continuum of Care

---

Name of Certifying Jurisdiction: City of Indianapolis

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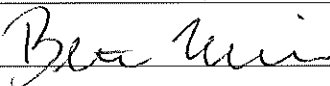
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Name: Beth Neville

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Title: Administrator - Community Investments

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Indianapolis

Project Name: 2026 Adult and Child PHI

Location of the Project: 872 Virginia Avenue, Indianapolis 46203

Name of the Federal Program to which the applicant is applying:

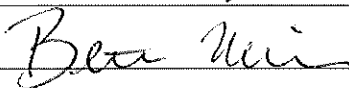
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Name of Certifying Jurisdiction: City of Indianapolis

Certifying Official of the Jurisdiction

Name: Beth Neville

Title: Administrator - Community Investments

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Applicant Name: City of Indianapolis

Project Name: 2026 Adult and Child New Beginnings RRH

Location of the Project: 872 Virginia Avenue, Indianapolis 46203

Name of the Federal Program to which the applicant is applying:

Continuum of Care

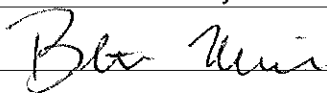
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Certifying Official of the Jurisdiction

Name: Beth Neville

Title: Administrator - Community Investments

Signature:



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Applicant Name: City of Indianapolis

Project Name: 2026 Horizon House Adult

Location of the Project: 1033 East Washington Street, Indianapolis 46202

Name of the Federal Program to which the applicant is applying:

Continuum of Care

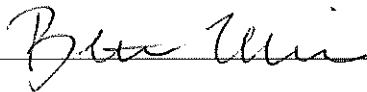
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Certifying Official of the Jurisdiction

Name: Beth Neville

Title: Administrator - Community Investments

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Applicant Name: City of Indianapolis

Project Name: 2026 Aspire Consolidated

Location of the Project: 9615 East 148th Street, Noblesville, Indiana 46060

Name of the Federal Program to which the applicant is applying:

Continuum of Care


Name of Certifying Jurisdiction: City of Indianapolis

Certifying Official of the Jurisdiction

Name: Beth Neville

Title: Administrator - Community Investments

Signature:



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Applicant Name: City of Indianapolis

Project Name: 2026 HIP RRH Expansion

Location of the Project: 3403 East Raymond, Indianapolis 46203

Name of the Federal Program to which the applicant is applying:

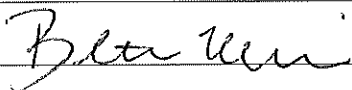
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Applicant Name: City of Indianapolis

Project Name: 2026 Adult and Child Hanna Commons

Location of the Project: 872 Virginia Avenue, Indianapolis 46203

Name of the Federal Program to which the applicant is applying:

Continuum of Care

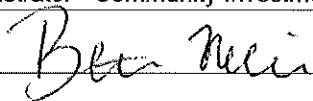
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Applicant Name: City of Indianapolis

Project Name: 2026 Englewood

Location of the Project: 57 North Rural Street, Indianapolis 46201

Name of the Federal Program to which the applicant is applying:

Continuum of Care

Name of Certifying Jurisdiction: City of Indianapolis

Certifying Official of the Jurisdiction

Name: Beth Neville

Title: Administrator - Community Investments

Signature:



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Applicant Name: City of Indianapolis

Project Name: 2026 Salvation Army DV Bonus

Location of the Project: 6060 Castleway West Drive, Indianapolis 46250 f, Indianapolis 46201

Name of the Federal Program to which the applicant is applying:

Continuum of Care

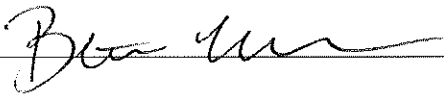
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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Indianapolis

Project Name: 2026 Horizon House II

Location of the Project: 1033 East Washington Street, Indianapolis 46202

Name of the Federal Program to which the applicant is applying:

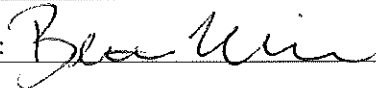
Continuum of Care

Name of Certifying Jurisdiction: City of Indianapolis

Certifying Official of the Jurisdiction

Name: Beth Neville

Title: Administrator - Community Investments

Signature: 

Date: 02/03/2026

**Certification of Consistency with the Consolidated Plan**

**U.S. Department of Housing and Urban Development**

OMB Number: 2501-0044  
Expiration Date: 2/28/2027

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Indianapolis

Project Name: 2026 Partners in Housing Illinois Place

Location of the Project: 4317 East Washington Street, Indianapolis 46201

Name of the Federal Program to which the applicant is applying:

Continuum of Care

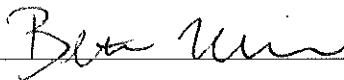
Name of Certifying Jurisdiction: City of Indianapolis

Certifying Official of the Jurisdiction

Name: Beth Neville

Title: Administrator - Community Investments

Signature:



Date: 02/03/2026

**Certification of Consistency with the Consolidated Plan**

**U.S. Department of Housing and Urban Development**

OMB Number: 2501-0044  
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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Indianapolis

Project Name: 2026 Partners in Housing YYA PSH Glenmoor

Location of the Project: 4317 East Washington Street, Indianapolis 46201

Name of the Federal Program to which the applicant is applying:

Continuum of Care

Name of Certifying Jurisdiction: City of Indianapolis

Certifying Official of the Jurisdiction

Name: Beth Neville

Title: Administrator - Community Investments

Signature:



Date: 02/03/2026

**Certification of Consistency with the Consolidated Plan**

**U.S. Department of Housing and Urban Development**

OMB Number: 2501-0044  
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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Indianapolis

Project Name: 2026 Damien Center DV Bonus RRH

Location of the Project: 26 North Arsenal Avenue, Indianapolis 46201

Name of the Federal Program to which the applicant is applying:

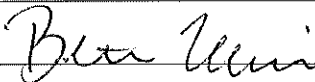
Continuum of Care

Name of Certifying Jurisdiction: City of Indianapolis

Certifying Official of the Jurisdiction

Name: Beth Neville

Title: Administrator - Community Investments

Signature: 

Date: 02/03/2026

**Certification of Consistency with the Consolidated Plan**

**U.S. Department of Housing and Urban Development**

OMB Number: 2501-0044  
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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Indianapolis

Project Name: 2026 CHIP HMIS

Location of the Project: 1014 Prospect Street, Indianapolis 46203

Name of the Federal Program to which the applicant is applying:

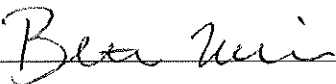
Continuum of Care

Name of Certifying Jurisdiction: City of Indianapolis

Certifying Official of the Jurisdiction

Name: Beth Neville

Title: Administrator - Community Investments

Signature: 

Date: 02/03/2026

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**U.S. Department of Housing and Urban Development**

OMB Number: 2501-0044  
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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Indianapolis

Project Name: 2026 CHIP Coordinated Entry

Location of the Project: 1014 Prospect Street, Indianapolis 46203

Name of the Federal Program to which the applicant is applying:

Continuum of Care

Name of Certifying Jurisdiction: City of Indianapolis

Certifying Official of the Jurisdiction

Name: Beth Neville

Title: Administrator - Community Investments

Signature: 

Date: 02/03/2026

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Indianapolis

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Project Name: 2026 Horizon House Master Leasing

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Location of the Project: 1033 East Washington Street, Indianapolis 46202

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Name of the Federal Program to which the applicant is applying:

Continuum of Care

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Name of Certifying Jurisdiction: City of Indianapolis

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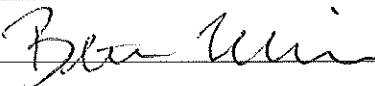
Certifying Official of the Jurisdiction

Name: Beth Neville

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Title: Administrator - Community Investments

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Signature: 

Date: 02/03/2026

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Applicant Name: City of Indianapolis

Project Name: 2026 HIP Family Focused - RRH

Location of the Project: 3403 East Raymond, Indianapolis 46203

Name of the Federal Program to which the applicant is applying:

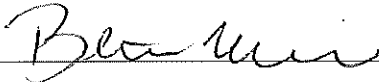
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Name of Certifying Jurisdiction: City of Indianapolis

Certifying Official of the Jurisdiction

Name: Beth Neville

Title: Administrator - Community Investments

Signature: 

Date: 02/03/2026

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Indianapolis

Project Name: 2026 Damien Center PSHII

Location of the Project: 26 North Arsenal Avenue, Indianapolis 46201

Name of the Federal Program to which the applicant is applying:

Continuum of Care

Name of Certifying Jurisdiction: City of Indianapolis

Certifying Official of the Jurisdiction

Name: Beth Neville

Title: Administrator - Community Investments

Signature: 

Date: 02/03/2026

**Certification of Consistency with the Consolidated Plan**

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Indianapolis

Project Name: 2026 Partners in Housing Threshold

Location of the Project: 4317 East Washington Street, Indianapolis 46201

Name of the Federal Program to which the applicant is applying:

Continuum of Care

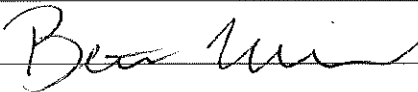
Name of Certifying Jurisdiction: City of Indianapolis

Certifying Official of the Jurisdiction

Name: Beth Neville

Title: Administrator - Community Investments

Signature:



Date: 02/03/2026

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Indianapolis

Project Name: 2026 PANDO

Location of the Project: 1525 North Ritter Avenue, Indianapolis 46219

Name of the Federal Program to which the applicant is applying:

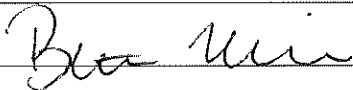
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Name of Certifying Jurisdiction: City of Indianapolis

Certifying Official of the Jurisdiction

Name: Beth Neville

Title: Administrator - Community Investments

Signature: 

Date: 02/03/2026

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**U.S. Department of Housing and Urban Development**

OMB Number: 2501-0044  
Expiration Date: 2/28/2027

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Indianapolis

Project Name: 2026 Horizon House II

Location of the Project: 1033 East Washington Street, Indianapolis 46202

Name of the Federal Program to which the applicant is applying:

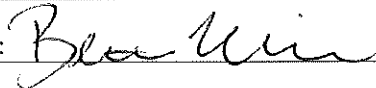
Continuum of Care

Name of Certifying Jurisdiction: City of Indianapolis

Certifying Official of the Jurisdiction

Name: Beth Neville

Title: Administrator - Community Investments

Signature: 

Date: 02/03/2026

**Certification of Consistency with the Consolidated Plan**

**U.S. Department of Housing and Urban Development**

OMB Number: 2501-0044  
Expiration Date: 2/28/2027

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Indianapolis

Project Name: 2026 Aspire Wellness

Location of the Project: 9615 East 148th Street, Noblesville, Indiana 46060

Name of the Federal Program to which the applicant is applying:

Continuum of Care

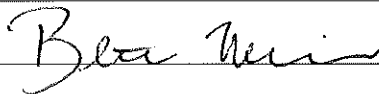
Name of Certifying Jurisdiction: City of Indianapolis

Certifying Official of the Jurisdiction

Name: Beth Neville

Title: Administrator - Community Investments

Signature:



Date: 02/03/2026

**Certification of Consistency with the Consolidated Plan**

**U.S. Department of Housing and Urban Development**

OMB Number: 2501-0044  
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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Indianapolis

Project Name: 2026 YHDP Damien Center RRH

Location of the Project: 26 North Arsenal Avenue, Indianapolis 46201

Name of the Federal Program to which the applicant is applying:

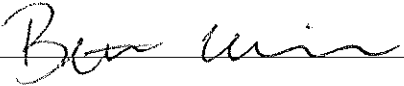
Continuum of Care

Name of Certifying Jurisdiction: City of Indianapolis

Certifying Official of the Jurisdiction

Name: Beth Neville

Title: Administrator - Community Investments

Signature: 

Date: 02/03/2026

**Certification of Consistency with the Consolidated Plan**

**U.S. Department of Housing and Urban Development**

OMB Number: 2501-0044  
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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Indianapolis

Project Name: 2026 YHDP Damien Center RRH Expansion

Location of the Project: 26 North Arsenal Avenue, Indianapolis 46201

Name of the Federal Program to which the applicant is applying:

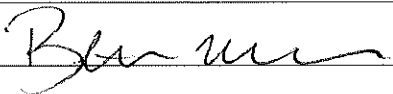
Continuum of Care

Name of Certifying Jurisdiction: City of Indianapolis

Certifying Official of the Jurisdiction

Name: Beth Neville

Title: Administrator - Community Investments

Signature: 

Date: 02/03/2026

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Indianapolis

Project Name: 2026 YHDP Outreach Diversion

Location of the Project: 2416 East New York Street, Indianapolis 46201

Name of the Federal Program to which the applicant is applying:

Continuum of Care

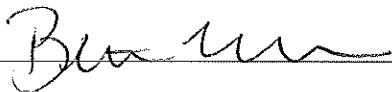
Name of Certifying Jurisdiction: City of Indianapolis

Certifying Official of the Jurisdiction

Name: Beth Neville

Title: Administrator - Community Investments

Signature:



Date: 02/03/2026

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I/We, the undersigned, certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan. (Complete the fields below.)

Applicant Name: City of Indianapolis

Project Name: 2026 YHDP Outreach System Navigation

Location of the Project: 2416 East New York Street, Indianapolis 46201

Name of the Federal Program to which the applicant is applying:

Continuum of Care

Name of Certifying Jurisdiction: City of Indianapolis

Certifying Official of the Jurisdiction

Name: Beth Neville

Title: Administrator - Community Investments

Signature:



Date: 02/03/2026

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Applicant Name: City of Indianapolis

Project Name: 2026 YHDP Project Prism

Location of the Project: 3403 East Raymond, Indianapolis 46203

Name of the Federal Program to which the applicant is applying:


Continuum of Care

Name of Certifying Jurisdiction: City of Indianapolis

Certifying Official of the Jurisdiction

Name: Beth Neville

Title: Administrator - Community Investments

Signature: 

Date: 02/03/2026

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Applicant Name: City of Indianapolis

Project Name: 2026 YHDP Stopover TH-RRH

Location of the Project: 1432 N Dequincy Street, Indianapolis 46201

Name of the Federal Program to which the applicant is applying:

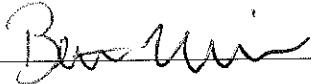
Continuum of Care

Name of Certifying Jurisdiction: City of Indianapolis

Certifying Official of the Jurisdiction

Name: Beth Neville

Title: Administrator - Community Investments

Signature: 

Date: 02/03/2026

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Applicant Name: City of Indianapolis

Project Name: 2026 Indy CoC Planning

Location of the Project: 1014 Prospect Street, Indianapolis 46203

Name of the Federal Program to which the applicant is applying:

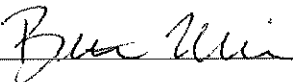
Continuum of Care

Name of Certifying Jurisdiction: City of Indianapolis

Certifying Official of the Jurisdiction

Name: Beth Neville

Title: Administrator - Community Investments

Signature: 

Date: 02/03/2026