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/ and https://www.hudexchange.info/programs/yhdp/.
- Program policy questions and problems related to completing the application in e-snaps may be directed to HUD via the Youth Demo Mailbox; YouthDemo@hud.gov.
- Project applicants are required to have a Universal Entity Identifier (UEI) 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 Years (FY) 2024 and 2025 Youth Homeless Demonstration Program (YHDP). For more information see FY 2024/5 (Round 9/10) YHDP NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2024/5 (Round 9/10) YHDP NOFO and the Appendices.
- Detailed instructions can be found on the Hudexchange. They contain more comprehensive instructions related to the project application.
- Before completing the project application, all project applicants must complete or update (as applicable) the Project Applicant Profile in e-snaps, particularly the Authorized Representative and Alternate Representative forms as HUD uses this information to contact you if additional information is required (e.g., allowable technical deficiency).
- HUD reserves the right to reduce or reject any YHDP project that fails to adhere to (24 CFR part 578) and application requirements set forth in FY 2024/5 (Round 9/10) YHDP NOFO.

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	YHDP New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	08/06/2026
4. Applicant Identifier:	
4a. Federal Entity Identifier:	
5. Federal Award 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. UEI:	UC2LTU2LWHF1
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 Investments
f. Name and contact information of person to be contacted on matters involving this application	
Prefix:	Ms.
First Name:	Victoria
Middle Name:	
Last Name:	Jennings
Suffix:	
Title:	Principal Program Manager
Organizational Affiliation:	City of Indianapolis
Telephone Number:	(317) 327-5866
Extension:	

Fax Number: (317) 327-5899
Email: victoria.jennings@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: CPD-2600-DC-0035
Title: Youth Homeless Demonstration Program

13. Competition Identification Number:
Title:

1D. SF-424 Congressional District(s)

14. Area(s) affected by the project (state(s) only): (for multiple selections hold CTRL key) Indiana

15. Descriptive Title of Applicant's Project: YHDP - 2026 Damien Center TH

16. Congressional District(s):

16a. Applicant: IN-007, IN-004

16b. Project: (for multiple selections hold CTRL key) IN-006, IN-007

17. Proposed Project

a. Start Date: 10/01/2026

b. End Date: 09/30/2028

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: X

21. Authorized Representative

Prefix:	Ms.
First Name:	Beth
Middle Name:	
Last Name:	Neville
Suffix:	
Title:	Administrator
Telephone Number: (Format: 123-456-7890)	(317) 327-3701
Fax Number: (Format: 123-456-7890)	(317) 327-3701
Email:	Beth.Neville@indy.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/06/2026

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880 (Title)
U.S. Department of Housing and Urban Development
OMB Approval No. 2501-0044 (exp.02/28/2027)

Applicant/Recipient Information

1. Applicant/Recipient Name, Address, and Phone

Agency Legal Name:	City of Indianapolis
Prefix:	Ms.
First Name:	Beth
Middle Name:	
Last Name:	Neville
Suffix:	
Title:	Administrator
Organizational Affiliation:	City of Indianapolis
Telephone Number:	(317) 327-3701
Extension:	
Email:	Beth.Neville@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: $40,003.00

(Requested amounts will be automatically entered within applications)

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

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

Part I Threshold Determinations

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

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

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

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

Department/Local Agency Name and Address	Type of Assistance	Amount Requested / Provided	Expected Uses of the Funds
Indiana Housing and Community Development Authority; 30 S Meridian St, Suite 900, Indianapolis, IN 46204	Federal Grant	$500,000.00	Hard and Soft Construction Costs
City of Indianapolis; 200 E Washington St., Ste 2040, Indianapolis, IN 46204	Federal or Local Grants	$500,000.00	Hard and Soft Construction Costs
Indiana Housing and Community Development Authority; 30 S Meridian St., Ste 900, Indianapolis, IN 46204	Tax Credit Award	$10,918,908.00	Tax Credit Equity for Construction Costs
Indiana Housing and Community Development Authority; 30 S Meridian St., Ste 900, Indianapolis, IN 46204	Loan	$500,000.00	Hard and Soft Construction Costs

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

Part III Interested Parties

Do you need to disclose interested parties for this grant according to the criteria below?	No

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 non-disclosure, is subject to civil money penalty not to exceed $10,000 for each violation.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true, correct, and accurate. Warning: If you knowingly make a false statement on this form, you may be subject to criminal and/or civil 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.	X
Name / Title of Authorized Official:	Beth Neville, Administrator
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/06/2026

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 certify that the information provided on this form and in any accompanying documentation is true and accurate. I acknowledge that making, presenting, submitting, or causing to be submitted a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment.	X

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Authorized Representative

Prefix:	Ms.
First Name:	Beth
Middle Name	
Last Name:	Neville
Suffix:	
Title:	Administrator
Telephone Number: (Format: 123-456-7890)	(317) 327-3701
Fax Number: (Format: 123-456-7890)	(317) 327-3701
Email:	Beth.Neville@indy.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/06/2026

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

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

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

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

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

Statement for Loan Guarantees and Loan Insurance

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

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

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

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Applicant's Organization:	City of Indianapolis
Name / Title of Authorized Official:	Beth Neville, Administrator
Signature of Authorized Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/06/2026

1J. SF-LLL

DISCLOSURE OF LOBBYING ACTIVITIES
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352.
Approved by OMB 4040-0013 (exp. 06/30/2028)

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:	Ms.
First Name:	Beth
Middle Name:	
Last Name:	Neville
Suffix:	
Title:	Administrator
Telephone Number: (Format: 123-456-7890)	(317) 327-3701
Fax Number: (Format: 123-456-7890)	(317) 327-3701
Email:	Beth.Neville@indy.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.
Date Signed:	08/06/2026

IK. SF-424B

(SF-424B) ASSURANCES - NON-CONSTRUCTION PROGRAMS

OMB Number: 4040-0007
Expiration Date: 07/31/2028

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1.	Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2.	Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3.	Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4.	Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5.	Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6.	Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination
	on the basis of alcohol abuse or alcoholism, (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7.	Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8.	Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9.	Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327¬333), regarding labor standards for federally-assisted construction subagreements.

10.	Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.

11.	Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93¬205).

12.	Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13.	Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).

14.	Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15.	Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16.	Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.

17.	Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."

18.	Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

19.	Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

As the duly authorized representative of the applicant, I certify: X

Authorized Representative for: City of Indianapolis
Prefix: Ms.
First Name: Beth

Middle Name:	
Last Name:	Neville
Suffix:	
Title:	Administrator
Signature of Authorized Certifying Official:	Considered signed upon submission in e-snaps.
Date Signed:	08/06/2026

1L. SF-424D

Are you requesting CoC Program funds for construction costs in this application?	No

No SF-424D is required. Select "Save and Next" to move to the next screen.

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: $418,031

Organization	Type	Sub-Award Amount
Damien Center	M. Nonprofit with 501C3 IRS Status	$418,031

2A. Project Subrecipients Detail

a. Organization Name:	Damien Center
b. Organization Type:	M. Nonprofit with 501C3 IRS Status
If "Other" specify:	
c. Employer or Tax Identification Number:	35-1711878
d. UEI:	JYFBW9MH1RA5
e. Physical Address	
Street 1:	1420 East Washington St
Street 2:	
City:	Indianapolis
State:	Indiana
Zip Code:	46201
f. Congressional District(s): (for multiple selections hold CTRL key)	IN-006, IN-007
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:	$418,031
j. Contact Person	
Prefix:	Mr.
First Name:	Alan
Middle Name:	
Last Name:	Witchey

Suffix:	
Title:	President and CEO
E-mail Address:	Awitchey@damien.org
Confirm E-mail Address:	Awitchey@damien.org
Phone Number:	317-632-0123
Extension:	
Fax Number:	

Note: All projects must have Subrecipient non-profit documentation attached to their application prior to submission.

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

1. Describe your organization's (and subrecipient(s) if applicable) experience in effectively utilizing federal funds and performing the activities proposed in the application.

Persons with Lived Experience
Individuals with lived experience are engaged throughout Damien Center activities. The organization Board of Directors always has at least one client member, and active and former clients sit on the emergency financial committee and the Housing Equity Committee. Damien Center also utilizes numerous Community Advisory Groups. Each of these groups assist in both planning as well as ongoing evaluation and adaptation of programming and have an active voice in how programs are implemented at the agency. In addition, we regularly utilize client surveys and other feedback mechanisms to ensure that all clients have the opportunity to provide feedback.

Expertise in Renting Unit, Rental Assistance, and Supportive Services
Damien Center has operated the Housing Assistance Program (HAP) since 2009 and has successfully administered a wide variety of housing related programs for those living with and at high risk for HIV/AIDS. In 2025, HAP served 770 unique individuals through a variety of housing services, including grants funded through the City of Indianapolis's HOPWA, CoC, and YHDP (Youth Homelessness Demonstration) programs. Damien Center also administers housing grants funded through the Ryan White Services program, IHCDA RRH (Indiana Housing and Community Development Authority Rapid Rehousing), and numerous private sources. This diverse set of funding is supported by mature financial, administrative quality, and direct services programs at Damien Center.

Experience with Target Population
This project will target youth impacted by HIV, including both those who are HIV positive and at high risk for acquiring HIV. Damien Center has extensive experience working with the HIV-impacted population, and specifically the youth HIV population, both as it relates to housing services as well as supportive and medical services, and has provided supportive services to this population for more than 35 years.

Experience with High Need Populations and Provision of Mainstream Services
Damien Center has long experience serving individuals with the highest needs, including those impacted by HIV, poverty, mental health and substance use issues, and housing insecurity. All HAP clients have access to supportive and medical services provided by Damien Center, including nutrition assistance (food pantry), mental health and substance counseling, psychological services, case management, utility and transportation assistance, primary medical care, HIV specialty care, PrEP, prevention activities, and more. These services include those that are Medicaid funded as well as funded through other sources. HAP team members are fully trained and experienced in the five pillars of trauma informed care: safety, choice, collaboration, trustworthiness, and empowerment.

2. Describe your organization's (and subrecipient(s) if applicable) experience in leveraging Federal, State, local and private sector funds.

In addition to these public sources, recent private grants focused on housing and related supportive services include funding from Lilly Endowment, United Way of Central Indiana, The Health Foundation of Greater Indianapolis, and Broadway Cares/Equity Fights AIDS. Some of these private sources contribute to Damien Center's Direct Emergency Financial Assistance (DEFA) program, which is available to any person in Marion County or the Indianapolis Transitional Grant Area (TGA), including many Housing Assistance clients. Damien Center also administers funding generated through 340B program, a Federal government program that requires drug manufacturers to provide outpatient drugs to eligible health care organizations and covered entities at significantly reduced prices. Damien Center has utilized this program for more than five years.

3. Describe your organization's (and subrecipient(s) if applicable) financial management structure.

Damien Center's Housing Assistance Program is supported by a robust management and administrative staff. The core management team is led by the CEO, with additional leadership positions including the Chief Operating Officer, Chief Financial Officer, Chief Development Officer, and Chief Compliance Officer. Damien Center's approximately 220 staff members are considered experts in their fields, and regularly take part in and lead community-wide discussions related to HIV, specific supportive services (such as housing), and other issues that pertain to the work of Damien Center.

Damien Center employs an independent accounting firm to manage all accounting activities, with oversight from the CEO, Chief Financial Officer, and Board of Directors finance committee. Damien Center utilizes Sage for its accounting needs, uses GAAP standards, and generates financial reports on a regular basis for review by the board, and internal grant management committee (which meets weekly to ensure that grant spending in on track), and external funders. Once a contract has been executed, the Grant Manager (Fiscal) will submit monthly invoices to the funder for reimbursement. Every month, the Grant Manager meets with the Essential Services Director to review financial spenddown and discusses areas of focus on grant. Every quarter, the Grant Manager works alongside Quality Assurance to perform internal audits for performance and fiscal metrics. Those findings are presented to the Director of Essential Services where continued educational opportunities are offered. Damien Center engages in a financial audit conducted by an independent auditing firm on an annual basis, and has had clean audit findings, including the most recently completed audit in 2025.

4. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization?	No
5. Does the applicant and subrecipient have access to the Line of Credit Control System (LOCCS)?	Yes

5a. If Yes, who is in those roles at your organization or the subrecipient organization?

The City of Indianapolis, as the Collaborative Applicant, is responsible for the contracting, oversight and compliance monitoring of Subrecipients. The Subrecipient will submit all documentation of expenditures to the City of Indianapolis for reimbursement prior to draws from the LOCCS system.

3A. Project Detail

1. CoC Number and Name:	IN-503 - Indianapolis CoC
2. CoC Collaborative Applicant Name:	City of Indianapolis
3. Project Name:	YHDP - 2026 Damien Center TH
4. Project Status:	Standard
5. Component Type:	TH
7. Is this project applying for Rural costs on screen 6A?	No
8: The applicant certifies that its SAM registration information is accurate and complete and will remain active throughout the application review, award, and grant agreement execution process, if selected for funding.	X

3B. Project Description

1. Provide a comprehensive description of the project, including its full scope, target population, key activities and services, and staffing structure (including staff-to-client ratio). Clearly distinguish which activities and services will be funded with YHDP funds versus those that will be supported through non-YHDP funding sources.

Target Population: The YHDP Transitional Housing (TH) project will serve youth and young adults, including parenting youth, who are experiencing homelessness and have significant barriers to stability. This includes youth impacted by HIV (HIV-positive and youth at high risk for acquiring HIV), as well as youth with co-occurring behavioral health needs, limited income, disrupted education/employment, and limited natural supports. As applicable under YHDP/CoC eligibility, the project will also serve youth fleeing domestic violence, dating violence, stalking, or human trafficking, and youth with physical or developmental disabilities (24 CFR 582.5) who need enhanced supports to stabilize.
Address and Location of Units: TH assistance will be provided in safe, scattered-site units in Marion County. Unit locations are selected based on youth safety, access to transportation, education/employment opportunities, and proximity to services. Participants will enter into occupancy agreements consistent with TH requirements and may receive time-limited assistance up to the maximum term allowed by the program.

Services Provided: The project will provide intensive, youth-centered case management and supportive services that are tailored to each participant's needs and goals. Services include individualized housing stability planning; transportation assistance; documentation support; budgeting/tenant education; conflict/problem-solving and crisis response; connection to education and employment supports; and warm handoffs to health and behavioral health care. Participants will be linked to Damien Center's on-site medical clinic for primary care and HIV specialty care, psychiatric services, HIV prevention services, and an on-site pharmacy, as well as counseling and other clinically indicated supports through Damien Center and partners. Youth will also have access to employment and education programming through Damien Center's Career Center and other workforce partners to support increased earned income and long-term self-sufficiency. For youth with disabling conditions, SOAR-trained partner agencies will support disability determination processes when appropriate.

Measurable Outcomes: The project will implement a performance plan to support timely exits, targeting at least 50% of participants exiting to permanent housing within 24 months and at least 50% exiting with employment income, tracked through HMIS and internal CQI review. Employment planning will begin at intake and include warm handoffs to the Career Center, Café Oztara workforce cohorts, and partner training/employers, with barrier-reduction supports (documentation, transportation, childcare referrals for parenting youth) integrated into case management.

1a. Specify how this project will incorporate the principles of Positive Youth Development?

The project will achieve positive outcomes across the four YHDP core outcomes through a youth-centered approach that combines housing assistance with individualized supportive services.
Stable Housing: Participants will receive housing stabilization services, case management, financial literacy education, budgeting assistance, landlord engagement, and connections to community resources. Services will help participants develop the independent living skills necessary to maintain safe, stable housing, reduce returns to homelessness, and successfully transition from program assistance to long-term housing stability.
Permanent Connections: The project will support youth in identifying, strengthening, and maintaining positive relationships with caring adults, family members, mentors, peers, and community support. Staff will facilitate family reunification when appropriate, mentorship opportunities, and connections to community organizations that provide ongoing social support. These relationships will help participants build natural support networks that extend beyond program involvement.
Education and Employment: Participants will receive education and career planning, employment readiness training, job placement assistance, benefits navigation, and referrals to workforce development and post-secondary education opportunities. Services will focus on increasing school enrollment and completion, employment attainment, job retention, income growth, and career advancement, helping participants achieve greater economic independence and self-sufficiency.
Well-Being: Participants will be connected to behavioral health services, primary healthcare, life-skills training, and other supportive resources that promote physical, emotional, and social well-being. Through individualized service planning, youth will develop problem-solving skills, self-advocacy, resilience, and confidence that support healthy decision-making and long-term success.
Progress will be assessed regularly through individualized goal plans and ongoing case management. By addressing housing stability, supportive relationships, economic opportunity, and overall wellness, the project will equip young adults with the skills, resources, and support systems necessary to achieve self-sufficiency and maintain long-term stability.

1b. Specify how this project will incorporate the principles of Trauma Informed Care?

Damien Center has extensive experience providing housing and services for people experiencing homelessness, including youth and young adults, and is well-positioned to carry out the proposed YHDP Transitional Housing (TH) project. The agency's Housing Assistance Program (HAP) has administered housing-related funding since at least 2009 and operates established systems for program oversight, compliance, and high-frequency participant support. Damien Center has also implemented youth-focused housing programming through YHDP, building direct experience serving youth and young adults with complex barriers and high service needs.
Referrals for housing assistance will be assigned to two funded housing case managers who will complete initial intake, program and participant rights and responsibilities, safe planning and review housing goals and barrier assessments. Once housing navigation and lease signing are completed, the HCM and the client work together to identify goals, needs, and skills monthly and throughout their assigned time of support. HCM are responsible for the stability, safety, and success of each client, and the Housing PM, and Housing QM specialist assist with financial support, rent rolls, eviction prevention, Housing Equity Committee, and landlord engagement.
Additionally, all HAP staff are trained in HOPWA, PSH and YHDP policy and procedures, lead based paint and NSPIRE inspections, rental calculations and rent reasonability, motivational interviewing, trauma informed case management, HUD financial management, HAP Job Manual, youth collaboration, domestic violence and human trafficking best practices, and de-escalation training.

2. For each primary project location, or structure, enter the number of days from the execution of the grant agreement that each of the following milestones will occur if this project is selected for conditional award.

Project Milestones	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement	Days from Execution of Grant Agreement
	A	B	C	D
Begin hiring staff or expending funds	1			
Begin program participant enrollment	7			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	45			
Leased or rental assistance units or structure, and supportive services near 100% capacity	90			
Closing on purchase of land, structure(s), or execution of structure lease				
Start rehabilitation				
Complete rehabilitation				
Start new construction				
Complete new construction				

***3. Check the appropriate box(s) if this project will have a specific subpopulation focus.**

(Select ALL that apply)

Chronic Homeless		Domestic Violence	
Veterans		Substance Abuse	
Youth (under 25)	X	Mental Illness	
Families	X	HIV/AIDS	X
		Other (Click 'Save' to update)	X
		N/A - Project Serves All Subpopulations	

Other: Pregnant and Parenting Youth

4. Certify that your project participates in the CoC's Coordinated Entry (CE) Process or recipient organization is a victim service provider, as defined in 24 CFR 578.3 and uses an alternate CE process that meets HUD's minimum requirements.	X
Applicants awarded under this NOFO must protect youth safety by not allowing registered sex offenders or individuals with violent criminal records to live in site-based housing projects with youth under 18, except in justice system re-entry programs.	X

Youth Homeless Demonstration Projects

1. What services are provided to engage the family and youth? (You may select more than one)

Family counseling	X
Conflict Resolution	X
Parenting Supports	X
Relative or kinship caregiver resources	X
Targeted substance abuse and mental health treatment	X
Housing Search Assistance	X
Landlord-Tenant mediation	X
Legal Services	X
Utilty or Security Deposits	X
One time moving assistance	X
Rental Application fees	X
Utility or Rental Arrears	X
Other (if other selected, use textbox to explain the potential service)	

2. Is this a Host Homes Project OR will this project dedicate funding under the Supportive Services budget to host homes? No

3. Will your project offer any specialized services for youth living with HIV/AIDS? Yes

a. If Yes, please provide detail of those services.

Damien Center is recognized across Indianapolis as a community health center that offers a one-stop-shop model to ensure equitable access to care and services for both adults and youth. An overview of these services includes:
•Food and nutrition assistance through an on-site pantry and kitchen
•Mental health counseling, addictions counseling, and psychiatric services
•Housing and financial assistance with case management
•Employment services, including our workforce development Café Oztara
•Medical and non-medical case management
•Linkage and retention in care
•HIV and STD testing
•PrEP and prevention services
•Syringe services program (SSP)
•Primary medical care and HIV specialty care
•On-site pharmacy services
•Oral health services

Special YHDP Activities

1. Is the YHDP New Project Applicant requesting a special YHDP activity, Exemption or Innovative Activity? Yes

2. Check the appropriate box(s) for the Special YHDP Activity the applicant is requesting. (Select all that apply)

Reminder, certain activities require a Supportive Services budget connection. Review the Detailed Instructions to learn more.

1.C.1.a(1) Use 5% of total YHDP funding for Planning grants	☐
1.C.1.a(2) Project admin funds used to employ youth with lived experience for project implementation, execution, and improvement.	☐
1.C.1.a(3) Project admin funds used to attend non-HUD sponsored or approved conferences (must be relevant to youth homelessness)	X
1.C.1.a(4) Employ youth receiving recipient services (document nature of work and no conflicts of interest)	☐
1.C.1.a(5) YHDP recipients may use housing standards outlined at Section I.C.8 of this appendix for transitional housing projects. Recipients implementing this special YHDP activity must keep documentation of what standards are applied to the units and proof that the units complied with the standards before assistance is provided.	☐
1.C.1.a(6) Provide moving expense more than one time to a program participant	☐
1.C.1.a(7) Provide payments for families that provide housing under host homes and kinship care (up to $500 per month)	☐
1.C.1.a(8) YHDP recipients may continue providing supportive services to program participants for up to 12 months after the program participant exits homelessness, transitional housing or after the end of housing assistance	X
1.C.1.a(9) Projects using grant leasing funds may pay above Fair Market Rent (FMR) for individual units as long as the amount paid is consistent with the reasonable rent standards at 24 CFR 578.51(g)	☐
No Special YHDP Activities Requested	☐

3. YHDP grant funds may be used for the following if they are necessary to assist program participants to obtain and maintain housing. Recipients and subrecipients must maintain records establishing how it was determined paying the costs was necessary for the program participant to obtain and retain housing and must also conduct an annual assessment of the needs of the program participants and adjust costs accordingly. (Select all that apply) - Eligible only to projects with a Supportive Services BLI

I.C.1.a(10)(a) Security deposits (not to exceed 2 months of rent)	X	I.C.1.a(10)(g) Payment of rental arrears (up to 6 months)	
I.C.1.a(10)(b) Pay for damage to units (not to exceed 2 months rent)	X	I.C.1.a(10)(h) Payment of utility arrears (up to 6 months)	
I.C.1.a(10)(c) Costs to provide household cleaning supplies	X	I.C.1.a(10)(i) Payment of utilities (Up to 3 months)	
I.C.1.a(10)(d) Housing start-up expenses (not to exceed $500 per participant)	X	I.C.1.a(10)(j) Pay gas a mileage for participant personal vehicle for trips for eligible services	
I.C.1.a(10)(e) Purchase cell phone and service (cost must be reasonable and housing related)		I.C.1.a(10)(k) Payment of Legal fees	
I.C.1.a(10)(f) Cost of Internet (costs must be reasonable)		I.C.1.a(10)(l) Payment of insurance, registration and past driving fines	

I.C.1.a(11) Recipients may use YHDP funds to pay for owner incentive and retention payments for TH projects before occupancy of the unit, or at any point thereafter, provided that the overall amount paid with program funds per unit does not exceed three times the monthly rent charged for the unit and the incentive and/or retention payment results in the unit being occupied by a program participant. Recipients that utilize this special YHDP activity must maintain documentation that the incentive and/or retention payment resulted in the unit being occupied by a program participant and that incentive and/or retention payment did not create a conflict of interest. These payments may include signing bonuses (a payment offered to an owner as an incentive for leasing a unit to be occupied by a program participant), repairs to bring a unit that failed inspection into compliance with program requirements, or holding fees to reserve a unit for an individual or family expe	
I.C.1.a(12) Recipients of Transitional Housing projects may use Single Room Occupancy (SRO) units to house youth. SRO units are subject to regulations at 24 CFR 982.602 and 24 CFR 982.605. Fair Market Rent (FMR) and utility costs for SROs are calculated as 75% of the zero-bedroom FMR and utility costs, respectively.	
I.C.1.a(13) Rental Assistance may be administered by nonprofit providers, Tribes, and TDHEs, in addition to the organizations listed in 24 CFR 978.51(b).	

None	

4. Check the appropriate box(s) for the Special YHDP Activity - Exemptions the applicant is requesting. if a special activity is selected, the applicant must provide a narrative response addressing the criteria in the special activity. (Select all that apply)

I.C.1.b(1) A recipient may provide up to 36 months of leasing or rental assistance funds in Transitional Housing to a program participant if the recipient describes (1) the method it will use to determine which youth need rental assistance beyond 24 months and (2) the services and resources that will be offered to ensure youth are self-sufficient at the end of the 36 months of assistance.	
I.C.1.b(2) YHDP recipients may continue providing supportive services to program participants for up to 24 months after the program participant exits homelessness, transitional housing or after the end of housing assistance if the recipient demonstrates: 1) the proposed length of extended services to be provided; 2) the method it will use to determine whether services are still necessary; and 3) how those services will result in self-sufficiency and ensure stable housing for the YHDP program participant.	X
I.C.1.b(3) Recipients may continue providing supportive services to program participants for up to 36 months after the program participant exits homelessness or transitional housing, if the services are in connection with housing assistance, such as the Foster Youth to Independence initiative, or if the recipient can demonstrate that extended supportive services ensures continuity of case workers for program participants. Note: Supportive Services for 36 months is only for projects that are pairing supportive services with other housing assistance programs	
I.C.1.b(4)Recipients will not be required to meet the 25% match requirement provided for in II.B of the Youth Homelessness NOFO and 24 CFR 578.73 if the recipient is able to identify multiple non-YHDP resources in the community that assist youth experiencing homelessness and can provide a narrative description of 1) how the resources will assist youth who are clients under the YHDP project and 2) how the recipient will facilitate connections to these resources to ensure that youth are aware of them and able to access the resources. Note: specify why resources cannot be used as match for this project	
I.C.1.b(5)Recipients will not be required to meet the 25% match requirement provided for in III.C of the Youth Homelessness NOFO and 24 CFR 578.73 if the recipient does not have other currently active CoC or YHDP grants. If permitted by future Appropriations Acts, HUD will continue the match exemption for the YHDP grant funded under this NOFO under the first and second renewal or replacement of the project under the Continuum of Care competition.	
I.C.1.b(6) Rental assistance may be combined with leasing or operating funds in the same building, provided that the recipient submits a project plan that includes safeguards to ensure that no part of the project would receive a double subsidy.	
I.C.1.b(7) YHDP recipients may provide payments of up to $1000 per month for families that provide housing under a host home and kinship care model, provided that the recipient can show that the additional cost is necessary to recruit hosts to the program.	
No Exemptions Requested.	

Enter required additional information about your YHDP Special Activity Request. Requirements for YHDP Special Activities can be found in the NOFO citation included on this screen. Please answer ALL requirements prior to submission.

I.C.1.b(2):

Extended supportive services are necessary because many young adults exiting homelessness require continued assistance to build the skills, resources, and support networks needed to maintain housing independently. Services will focus on employment, education, financial literacy, life skills, and connection to community resources. Continued need will be assessed at least quarterly through individualized service planning and housing stability reviews. The expected outcome is increased self-sufficiency, demonstrated through improved income, employment or educational attainment, enhanced independent living skills, and the ability to maintain stable housing without ongoing housing assistance. These services help ensure that youth achieve long-term housing stability and reduce the likelihood of future homelessness.

5. Innovative Activities I.C.1.b(8)

Is the applicant requesting an Innovative Activity that is not currently allowed under 24 CFR 578 or the above YHDP Special Activities?	No

4A. Supportive Services for Participants

1. Describe how program participants will be assisted to obtain and remain in housing.

Damien Center and HAP recognize that housing is a critical foundation for stability, recovery, and long-term self-sufficiency. Our approach integrates housing placement planning with supportive services that promote wellness, employment, and community reintegration. Participants will be promptly connected to safe housing options, including transitional housing when appropriate, while engaging in individualized service plans that support stabilization and progress toward permanent housing.
To support placement into non-subsidized permanent housing, staff provide tenant readiness coaching, budgeting and affordability planning, documentation and application support, and landlord engagement, paired with employment and education supports that increase earned income. Our programming includes behavioral health supports, recovery-oriented services, employment readiness, case management, nutritional support, legal assistance, and tenancy education. We work with community partners and healthcare providers to maintain safety and uphold local ordinances while supporting participants' progress toward independence.

2. Describe the specific plan to coordinate and integrate with other mainstream health, social services, and employment programs for which program participants may be eligible.

Clients referred to HAP and other eligible programs are assessed at intake and on an annual basis regarding their overall stability. Clients are able to access internal or community partners who can assist with: Medicaid/Medicare, SOAR Disability applications, SNAP/TANF, IHA housing waitlists, income-based community housing waitlists, EAP and utility budget billing, Ryan White A/B/C planning and coverage, billable transportation, childcare vouchers and assistance, employment referrals and searches, connection to GED and testing sites, and all other eligible resources. Damien Center and HAP teams are knowledgeable of community based and standardized programs that will assist a client in stabilizing through its access. Because of the wide variety of supportive, preventive, and medical services offered Damien Center, many clients choose to engage in these programs and services at Damien Center. The one-stop-shop model of the agency helps reduce barriers to integration with supportive programs, positively impacting social determinants of health and overall client outcomes

3. How will this project leverage non-HUD funded supportive services?

The project will leverage a broad network of non-HUD funded supportive services available through Damien Center and community partners. Participants will have access to Ryan White-funded medical and support services, Medicaid and Medicare-covered healthcare and behavioral health treatment, SNAP and TANF benefits, workforce development programs, educational support services, childcare assistance, legal services, transportation resources, and community-based food and wellness programs. Damien Center's integrated service model allows participants to access many of these services in a single location, reducing barriers to engagement and improving service coordination. By utilizing these existing community resources and funding streams, the project can maximize housing-focused resources while ensuring participants receive comprehensive support that addresses their health, income, education, employment, and wellness needs.

4. For all supportive services available to program 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		Subrecipient	As needed
Assistance with Moving Costs		Subrecipient	As needed
Case Management		Subrecipient	Monthly
Child Care		Non-Partner	As needed
Education Services		Subrecipient	As needed
Employment Assistance and Job Training		Subrecipient	As needed
Food		Partner	Monthly
Housing Search and Counseling Services		Subrecipient	As needed
Legal Services		Partner	As needed
Life Skills Training		Subrecipient	As needed
Mental Health Services		Subrecipient	As needed
Outpatient Health Services		Partner	As needed
Outreach Services		Partner	As needed
Substance Abuse Treatment Services		Subrecipient	As needed
Transportation		Subrecipient	As needed
Utility Deposits		Subrecipient	As needed

5. How will the project respond to the different needs for service type, intensity, and length of supports for youth?

The project utilizes a youth-centered, individualized approach that recognizes participants have varying experiences, strengths, and support needs. At program entry, each youth will complete a comprehensive assessment that identifies housing barriers, educational and employment goals, physical and behavioral health needs, life skills development needs, and other factors affecting stability. Service plans are developed collaboratively with participants and are regularly reviewed and adjusted as needs evolve.
Youth requiring more intensive support may receive frequent case management contacts, behavioral health services, crisis intervention, and enhanced housing stabilization assistance. Youth demonstrating increased stability may transition to less intensive supports focused on maintaining housing, employment, education, and community connections. The project does not use a one-size-fits-all model and instead tailors the type, frequency, and duration of services to each participant's goals and level of need, ensuring supports remain responsive throughout their housing journey.

6. How will supportive services meet the individual needs of program participants?

Supportive services will be individualized through participant-driven service planning and ongoing assessment. Case managers work collaboratively with each youth to identify personal goals, barriers to housing stability, and areas where additional support is needed. Services may include housing search assistance, employment preparation, educational support, transportation assistance, life skills development, healthcare coordination, mental health counseling, substance use treatment, legal services, and connection to public benefits.
Recognizing that youth may have experienced homelessness, trauma, family conflict, system involvement, or behavioral health challenges, services are provided using trauma-informed, culturally responsive, and strengths-based practices. Participants are encouraged to actively participate in decision-making and goal setting, promoting self-determination and long-term success. Service delivery is flexible and adapted as participant needs change, helping youth maintain housing stability and progress toward self-sufficiency.

7. How will program participants progress be adequately tracked during their time in transitional housing ?

Participant progress will be tracked through regular case management meetings, individualized service plans, and documentation within the agency's data management and HMIS systems. Upon enrollment, youth establish housing stabilization and self-sufficiency goals that are reviewed and updated throughout program participation. Case managers maintain ongoing contact with participants to assess progress related to housing stability, income growth, employment, education, health outcomes, life skills development, and connection to community resources.
Formal case reviews occur at least monthly, with more frequent engagement provided as needed. Program staff monitor service utilization, goal achievement, housing retention, and barriers to success, allowing timely interventions when challenges arise. Progress data are used to inform service adjustments, ensure accountability, evaluate outcomes, and support successful transitions to permanent housing. This continuous assessment process helps ensure participants receive appropriate supports throughout their stay in transitional housing and are prepared for long-term housing stability.

4A. HMIS Standards

1. Is the HMIS currently programmed to collect all Universal Data Elements (UDEs) as set forth in the 2024 HMIS Data Standard Notice?	Yes
2. Does HMIS produce all HUD-required reports and provide data needed for HUD reporting? (i.e., Annual Performance Report (APR)/CoC reporting, Consolidated Annual Performance and Evaluation Report (CAPER)/ESG reporting, Longitudinal System Analysis (LSA)/Annual Homeless Assessment Report, System Performance Measures (SPM), and Data Quality Table, etc.).	Yes
3. Is your HMIS capable of generating all reports required by Federal partners including HUD, VA, and HHS?	Yes
4. Does HMIS provide the CoC with an unduplicated count of program participants receiving services in the CoC?	Yes

5. Describe your organizations process and stakeholder involvement for updating your HMIS Governance Charters and HMIS Policies and Procedures.

Governance Charters and HMIS Policies and Procedures are reviewed annually and updated as necessary. Proposed changes and updates are shared with stakeholders directly as appropriate and in bi-monthly HMIS Committee Meetings which are composed of interested stakeholders for approval. Subsequent decisions are communicated out to the CoC through HMIS User Group meetings, e-mail blasts, and HMIS dashboard posts as appropriate, and relevant documents are posted on the CoC website when necessary.

6. Who is responsible for insuring the HMIS implementation meets all privacy and security standards as required by HUD and other federal partners?

The Coalition for Homelessness Intervention and Prevention is responsible for communicating out and monitoring privacy and security standards via user training and support and agency site visits. Privacy and security standards requirements are included in the HMIS Policies and Procedures and in the privacy policy. Agencies, such as 91 Place are responsible for adhering to HMIS Policies and Procedures including privacy and security practices within their organization as stated in the Agency Agreement.

7. Does the HMIS Lead conduct Privacy and Security Training and follow up on privacy and security standards?	Yes

8. What is the CoC's policy and procedures for managing a breach of Personally Identifiable Information (PII) in HMIS?

Per the HMIS Policies and Procedures, the individual witnessing or experiencing a security breach must notify their agency's security officer as well as the HMIS Lead. A security breach consists of an incident where client data and/or system access information as been lost, stolen or missing. The HMIS Lead will then notify the Agency's HMIS Site Administrator of any corrective action, up to and including termination of the User's and Agency's participation in the HMIS.

4B. HMIS Training

Indicate the last training date or proposed training date for each HMIS training, as applicable.

Activity	Enter date of last training or proposed next training (mm/yyyy)
Basic Computer Training	04/2026
HMIS Software Training for Sys Admin	08/2025
HMIS Software Training	04/2026
Data Quality Training	05/2026
Security Training	12/2025
Privacy/Ethics Training	12/2025
HMIS PIT Count Training	01/2026
Other (must specify)	

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: 9

Total Beds: 13

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
Scattered-site apartments (...	---	9	13	

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: 9

b. Beds: 13

c. Beds for Youth: 13

3. Is this a private or semi-private rooms? Yes

4. If applicable, how will this project leverage non-HUD funded housing units/beds?

Not applicable.

5. Address

Project applicants must enter an address for all proposed and existing properties. If the location is not yet known, enter the expected location of the housing units. For Scattered-site and Single-family home housing, or for projects that have units at multiple locations, project applicants should enter the address where the majority of beds will be located or where the majority of beds are located as of the application submission. Where the project uses tenant-based rental assistance in the RRH portion, or if the address for scattered-site or single-family homes housing cannot be identified at the time of application, enter the address for the project's administration office. Projects serving victims of domestic violence, including human trafficking, must use a PO Box or other anonymous address to ensure the safety of participants.

Street 1: 1420 East Washington St

Street 2:

City: Indianapolis

State: Indiana

ZIP Code: 46201

6. 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 with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households	4	5		9

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
Persons over age 24				0
Persons ages 18-24	4	5		9
Accompanied Children under age 18	4			4
Unaccompanied Children under age 18				0
Total Persons	8	5	0	13

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										4
Children under age 18										4
Total Persons	0	0	0	0	0	0	0	0	0	8

Click Save to automatically calculate totals

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24										
Persons ages 18-24										5
Total Persons	0	0	0	0	0	0	0	0	0	5

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Chronic Substance Abuse	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

Describe the "Persons Not Represented by a Listed Subpopulation" referred to above:

This project will target youth impacted by HIV, including both those who are HIV positive and at high risk for acquiring HIV. Damien Center has extensive experience working with the HIV-impacted population, and specifically the youth HIV population, both as it relates to housing services as well as supportive and medical services, and has provided supportive services to this population for more than 35 years.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 30, 2026?	Yes
2. What type of CoC funding is this project applying for under the Youth Homeless Demonstration Program?	YHDP
3. Select a grant term:	2 Years
4. If conditionally awarded, is this project requesting an initial grant term greater than 24 months? (25 to 30 months)	No

5. Select the costs for which funding is requested:

Acquisition/Rehabilitation/New Construction	
Leased Units	
Leased Structures	
Rental Assistance	X
Supportive Services	X
Operating	
HMIS	X
VAWA	X

6E. Rental Assistance Budget

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

Total Request for Grant Term:	$293,448
Total Units:	9

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	IN - Indianapolis-Carmel, IN HUD Metr...	9	$293,448

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, IN HUD Metro FMR Area (1801199999)

Size of Units	# of Units (Applicant)		FMR Area (Applicant)		12 Months		Total Request (Applicant)
0 Bedroom		x	$1,118	x	12	=	$0
1 Bedroom	5	x	$1,267	x	12	=	$76,020
2 Bedrooms	4	x	$1,473	x	12	=	$70,704

3 Bedrooms		x	$1,907	x	12	=	$0
4 Bedrooms		x	$2,338	x	12	=	$0
5 Bedrooms		x	$2,689	x	12	=	$0
6 Bedrooms		x	$3,039	x	12	=	$0
7 Bedrooms		x	$3,390	x	12	=	$0
8 Bedrooms		x	$3,741	x	12	=	$0
9 Bedrooms		x	$4,092	x	12	=	$0
Total Units and Annual Assistance Requested	9						$146,724
Security Deposits							
Total Units and Annual Assistance Requested + Security Deposits							$146,724
Grant Term							2 Years
Total Request for Grant Term							$293,448

Click the 'Save' button to automatically calculate totals.

6F. Supportive Services Budget

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

STAFF ONLY Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1a. Assessment of Service Needs (STAFF COSTS ONLY)		
2a. Assistance with Moving Costs (STAFF COSTS ONLY)		
3a. Case Management (STAFF COSTS ONLY)	HCM 50 FTE salary and fringe @73,500	$36,750
4a. Child Care (STAFF COSTS ONLY)		
5a. Education Services (STAFF COSTS ONLY)		
6a. Employment Assistance (STAFF COSTS ONLY)		
7a. Food (STAFF COSTS ONLY)		
8a. Housing/Counseling Services (STAFF COSTS ONLY)		
9a. Legal Services (STAFF COSTS ONLY)		
10a. Life Skills (STAFF COSTS ONLY)		
11a. Mental Health Services (STAFF COSTS ONLY)		
12a. Outpatient Health Services (STAFF COSTS ONLY)		
13a. Outreach Services (STAFF COSTS ONLY)		
14a. Substance Abuse Treatment Services (STAFF COSTS ONLY)		
15a. Transportation (STAFF COSTS ONLY)		
16a. Utility Deposits (STAFF COSTS ONLY)		
17a. Operating Costs (STAFF COSTS ONLY)		
Total Annual Assistance Requested		$36,750
Grant Term		2 Years
Total Request for Grant Term		$73,500
Total Staff Requested for Project		73,500

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

ACTIVITY ONLY Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1b. Assessment of Service Needs (ACTIVITY COSTS ONLY)		
2b. Assistance with Moving Costs (ACTIVITY COSTS ONLY)		
3b. Case Management (ACTIVITY COSTS ONLY)		
4b. Child Care (ACTIVITY COSTS ONLY)		
5b. Education Services (ACTIVITY COSTS ONLY)		
6b. Employment Assistance (ACTIVITY COSTS ONLY)		
7b. Food (ACTIVITY COSTS ONLY)	Food Pantry Access $75 a month	$8,100
8b. Housing/Counseling Services (ACTIVITY COSTS ONLY)	Household Cleaning Supplies $100, Housing Start Up expenses $300 X9	$3,600
9b. Legal Services (ACTIVITY COSTS ONLY)		
10b. Life Skills (ACTIVITY COSTS ONLY)		

11b. Mental Health Services (ACTIVITY COSTS ONLY)		
12b. Outpatient Health Services (ACTIVITY COSTS ONLY)		
13b. Outreach Services (ACTIVITY COSTS ONLY)		
14b. Substance Abuse Treatment Services (ACTIVITY COSTS ONLY)		
15b. Transportation (ACTIVITY COSTS ONLY)	Bus Passes 4 a month @$3 12months	$1,296
16b. Utility Deposits (ACTIVITY COSTS ONLY)		
17b. Operating Costs (ACTIVITY COSTS ONLY)		
18. Security Deposits (Only use if no Rental Assistance Budget)		
Total Annual Assistance Requested		$12,996
Grant Term		2 Years
Total Request for Grant Term		$25,992
Supportive Services BLI Total		$99,492

Click the 'Save' button to automatically calculate totals.

6H. HMIS Budget

Instructions:

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

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

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

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

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

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

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

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

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Equipment		
2. Software	HMIS User Fee	$480
3. Services		
4. Personnel		
5. Space & Operations		
Total Annual Assistance Requested:		$480
Grant Term:		2 Years
Total Request for Grant Term:		$960

Click the 'Save' button to automatically calculate totals.

VAWA

VAWA Budget

The Violence Against Women Act (VAWA) has clarified the use of CoC Program funds for VAWA eligible cost categories. These VAWA cost categories can be added to a new project application to create a CoC VAWA Budget Line Item (BLI) in e-snaps and eLOCCS. The BLI will be added to grant agreements and utilized the same as other CoC Program BLIs in e-snaps and eLOCCS. Eligible CoC VAWA costs can be identified in one or both of the following CoC VAWA categories. Examples of eligible costs in these cost categories are identified as follows:

A. VAWA Emergency Transfer Facilitation. Examples of eligible costs include the costs of assessing, coordinating, approving, denying, and implementing a survivor's emergency transfer(s). Additional details of eligible costs include:
- Moving Costs. Assistance with reasonable moving costs to move survivors for an emergency transfer(s).
- Travel Costs. Assistance with reasonable travel costs for survivors and their families to travel for an emergency transfer(s). This may include travel costs to locations outside of your CoC's geography.
- Security Deposits. Grant funds can be used to pay for security deposits of the safe unit the survivor is transferring to via an emergency transfer(s).
- Utilities. Grant funds can be used to pay for costs of establishing utility assistance in the safe unit the survivor is transferring to.
- Housing Fees. Grant funds can be used to pay fees associated with getting survivors into a safe unit via emergency transfer(s), including but not limited to application fees, broker fees, holding fees, trash fees, pet fees where the person believes they need their pet to be safe, etc.
- Case Management. Grant funds can be used to pay staff time necessary to assess, coordinate, and implement emergency transfer(s).
- Housing Navigation. Grant funds can be used to pay staff time necessary to identify safe units and facilitate moves into housing for survivors through emergency transfer(s).
- Technology to make an available unit safe. Grant funds can be used to pay for technology that the individual believes is needed to make the unit safe, including but not limited to doorbell cameras, security systems, phone, and internet service when necessary to support security systems for the unit, etc.

B. VAWA Confidentiality Requirements.Examples of eligible costs for ensuring compliance with VAWA confidentiality requirements include:
- Monitoring and evaluating compliance.
- Developing and implementing strategies for corrective actions and remedies to ensure compliance.
- Program evaluation of confidentiality policies, practices, and procedures.
- Training on compliance with VAWA confidentiality requirements.
- Reporting to CoC Collaborative Applicant, HUD, and other interested parties on compliance with VAWA confidentiality requirements.
- Costs for establishing methodology to protect survivor information.
- Staff time associated with maintaining adherence to VAWA confidentiality requirements.

Enter the estimated amount(s) you are requesting for this project's Emergency Transfer Facilitation costs and VAWA Confidentiality Requirements costs for one or both of these eligible CoC VAWA cost categories. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

Eligible Costs	Annual Assistance Requested
Estimated budget amount for VAWA Emergency Transfer Facilitation:	$3,065
Estimated budget amount for VAWA Confidentiality Requirements:	
CoC VAWA BLI	$3,065

Grant Term	2 Years
Total Request	$6,130

Click the 'Save' button to automatically calculate totals.

6J. Sources of Match

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

Summary for Match

Total Amount of Cash Commitments:	$110,292
Total Amount of In-Kind Commitments:	$0
Total Amount of All Commitments:	$110,292

1. Will this project generate program income described in 24 CFR 578.97 to use as Match for this project? No

Type	Source	Contributor	Amount of Commitments
Cash	Private	Eli Lilly, United...	$110,292

Sources of Match Detail

1. Type of Match Commitment:	Cash
2. Source:	Private
3. Name of Source: **(Be as specific as possible and include the office or grant program as applicable)**	Eli Lilly, United Way
4. Amount of Written Commitment:	$110,292

6K. 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	2 Years	$0
2b. Leased Structures	$0	2 Years	$0
3. Rental Assistance	$146,724	2 Years	$293,448
4. Supportive Services	$49,746	2 Years	$99,492
5. Operating	$0	2 Years	$0
6. HMIS	$480	2 Years	$960
7. VAWA	$3,065	2 Years	$6,130
8. Rural	$0	2 Years	$0
9. Sub-total Costs Requested			$400,030
10. Admin (Up to 10%)			$40,003
11. Total Assistance Plus Admin Requested			$440,033
12. Cash Match			$110,292
13. In-Kind Match			$0
14. Total Match			$110,292
15. Total Budget			$550,325

Click the 'Save' button to automatically calculate totals.

6L Breakout of BLI Costs

BLI Costs	
1a. Acquisition	0%
1b. Rehabilitation	0%
1c. New Construction	0%
2a. Leased Units	0%
2b. Leased Structures	0%
3. Rental Assistance	67%
4. Supportive Services	23%
5. Operating	0%
6. HMIS	0%
7. VAWA	1%
8. Rural	0%
9. Admin (Up to 10%)	9%
10.Total Assistance plus Admin Requested	$440,033

Breakout of BLI Costs	Totals
Total Leased Units + Leased Structures + Operating + Rental Assistance	67%
Total Supportive Services + HMIS + VAWA + Admin	33%
Total Persons served per Staff	0
Total Staff Cost compared to Overall Budget	17%

6M. Indirect Cost Information

Indirect Cost Information Form
OMB Number: 2501-0044
Expiration Date: 2/28/2027

Program/Activity Receiving Federal Grant Funding:	CoC Program
Applicant Name:	City of Indianapolis

Indirect Cost Rate Information for the Applicant/Recipient:

Please check the box that applies to the Applicant/Recipient and complete the table only as provided by the instructions accompanying this form.

The Applicant/Recipient will not charge indirect costs using an indirect cost rate.	X
The Applicant/Recipient will calculate and charge indirect costs under the award by applying a de minimis rate as provided by 2 CFR 200.414(f), as may be amended from time to time.	
The Applicant/Recipient will calculate and charge indirect costs under the award using the indirect cost rate(s) in the table below, and each rate in this table is included in an indirect cost rate proposal developed in accordance with the applicable appendix to 2 CFR part 200 and, if required, has been approved by the cognizant agency for indirect costs.	

Submission Type:	Initial Submission
Effective Date:	02/03/2026

Certification of Authorized Representative for the Applicant/Recipient: **** Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:** **(1) all information provided on this form is true, complete, and accurate, and** **(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and** **(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this** ****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)).**	X

Authorized Representative:

Prefix:	Ms.
First Name:	Beth
Middle Name:	
Last Name:	Neville
Suffix:	
Title:	Administrator
Telephone Number: (Format: 123-456-7890)	(317) 327-3701
Fax Number: (Format: 123-456-7890)	(317) 327-3701
Email:	Beth.Neville@indy.gov
Signature of Authorized Representative:	Considered signed upon submission in e-snaps.

Date Signed: 02/03/2026

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Damien Center IRS...	07/30/2026
3) Other Attachment(s)	No	Damien Center - O...	07/30/2026
2) YAB Approval Letter	No	YAB Approval Letter	08/05/2026

Attachment Details

Document Description: Damien Center IRS Letter

Attachment Details

Document Description: Damien Center - Occpancy Agreement

Attachment Details

Document Description: YAB Approval Letter

7D. Applicant Certification

Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No. 2501-0017
(expires 01/31/2026)

As part of your application for HUD funding, you, as the official authorized to sign on behalf of your organization or as an individual must provide the following assurances and certifications. The Responsible Civil Rights Official has specified this form for use for purposes of general compliance with 24 CFR §§ 1.5, 3.115, 8.50, and 146.25, as applicable. The Responsible Civil Rights Official may require specific civil rights assurances to be furnished consistent with those authorities and will specify the form on which such assurances must be made. A failure to furnish or comply with the civil rights assurances contained in this form may result in the procedures to effect compliance at 24 CFR §§ 1.8, 3.115, 8.57, or 146.39. By submitting this form, you are stating that to the best of your knowledge and belief, all assertions are true and correct.

1. Has the legal authority to apply for Federal assistance, has the institutional, managerial and financial capability (including funds to pay the non-Federal share of program costs) to plan, manage and complete the program as described in the application and the governing body has duly authorized the submission of the application, including these assurances and certifications, and authorized me as the official representative of the application to act in connection with the application and to provide any additional information as may be required.

2. Will administer the grant in compliance with Title VI of the Civil Rights Act of 1964 (42 U.S.C 2000(d)) and implementing regulations (24 CFR part 1), which provide that no person in the United States shall, on the grounds of race, color or national origin, be excluded from participation in, be denied the benefits of, or otherwise be subject to discrimination under any program or activity that receives Federal financial assistance OR if the applicant is a Federally recognized Indian tribe or its tribally designated housing entity, is subject to the Indian Civil Rights Act (25 U.S.C. 1301-1303).

3. Will administer the grant in compliance with Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), as amended, and implementing regulations at 24 CFR part 8, the American Disabilities Act (42 U.S.C. §§ 12101 et.seq.), and implementing regulations at 28 CFR part 35 or 36, as applicable, and the Age Discrimination Act of 1975 (42 U.S.C. 6101-07) as amended, and implementing regulations at 24 CFR part 146 which together provide that no person in the United States shall, on the grounds of disability or age, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives Federal financial assistance; except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

4. Will comply with the Fair Housing Act (42 U.S.C. 3601-19), as amended, and the implementing regulations at 24 CFR part 100, which prohibit discrimination in housing on the basis of race, color, religion sex (including gender identity and sexual orientation), disability, familial status, or national origin and will affirmatively further fair housing; except an applicant which is an Indian tribe or its instrumentality which is excluded by statute from coverage does not make this certification; and further except if the grant program authorizes or limits participation to designated populations, then the applicant will comply with the nondiscrimination requirements within the designated population.

5. Will comply with all applicable Federal nondiscrimination requirements, including those listed at 24 CFR §§ 5.105(a) and 5.106 as applicable.

6. Will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended (42 U.S.C. 4601) and implementing regulations at 49 CFR part 24 and, as applicable, Section 104(d) of the Housing and Community Development Act of 1974 (42 U.S.C. 5304(d)) and implementing regulations at 24 CFR part 42, subpart A.

7. Will comply with the environmental requirements of the National Environmental Policy Act (42 U.S.C. 4321 et.seq.) and related Federal authorities prior to the commitment or expenditure of funds for property.

8. That no Federal appropriated funds have been paid, or will be paid, by or on behalf of the applicant, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress, in connection with the awarding of this Federal grant or its extension, renewal, amendment or modification. If funds other than Federal appropriated funds have or will be paid for influencing or attempting to influence the persons listed above, I shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying. I certify that I shall require all subawards at all tiers (including sub-grants and contracts) to similarly certify and disclose accordingly. Federally recognized Indian Tribes and tribally designated housing entities (TDHEs) established by Federally-recognized Indian tribes as a result of the exercise of the tribe's sovereign power are excluded from coverage by the Byrd Amendment, but State-recognized Indian tribes and TDHs established under State law are not excluded from the statute's coverage."

Name of Authorized Certifying Official:	Beth Neville
Date:	08/06/2026
Title:	Administrator
Applicant Organization:	City of Indianapolis
PHA Number (For PHA Applicants Only):	
I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. 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).	X

8B. Submission Summary

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)	08/06/2026
1E. SF-424 Compliance	07/30/2026
1F. SF-424 Declaration	07/30/2026
1G. HUD 2880	07/30/2026
1H. HUD 50070	07/30/2026
1I. Cert. Lobbying	07/30/2026
1J. SF-LLL	07/30/2026
IK. SF-424B	07/30/2026
1L. SF-424D	07/30/2026
2A. Subrecipients	08/06/2026
2B. Experience	07/30/2026
3A. Project Detail	07/30/2026
3B. Description	08/05/2026
Youth Homeless Demonstration Projects	08/05/2026
Special YHDP Activities	08/05/2026
4A. Services	08/05/2026
4A. HMIS Standards	No Input Required
4B. HMIS Training	No Input Required
4B. Housing Type	08/05/2026
5A. Households	No Input Required
5B. Subpopulations	08/05/2026

6A. Funding Request	07/30/2026
6E. Rental Assistance	08/05/2026
6F. Supp Srvcs Budget	08/05/2026
6H. HMIS Budget	08/05/2026
VAWA	08/05/2026
6J. Match	08/05/2026
6K. Summary Budget	No Input Required
6L Breakout of BLI Costs	No Input Required
6M. Indirect Cost Information	07/30/2026
7A. Attachment(s)	08/05/2026
7D. Certification	07/30/2026

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248230137
Sep. 19, 2012 LTR 4168C E0
35-1711878 000000 00
00020537
BODC: TE

DAMIEN CENTER INC
% DIANA GRAY
26 N ARSENAL AVE
INDIANAPOLIS IN 46201-3808

021485

Employer Identification Number: 35-1711878
Person to Contact: Ms. Edwards
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Sep. 10, 2012, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in September 1988.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(2).

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

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

Indianapolis Continuum of Care

Youth Action Board

August 3, 2026

The Indianapolis CoC hosted a focus group on July 22, 2026, of youth with lived experience to review the project applications submitted by local, grass roots organizations. The Indianapolis CoC hosted the focus group at a program center for youth and young adults within the Indianapolis CoC, a place where youth and young adults can find a hot meal, shower, laundry, computer lab, and peer support services. I facilitated the meeting and walked the three persons who joined the focus group through the four project applications and scoring, as well as facilitated the development of a priority listing for those project applications.

On behalf of the full Youth Action Board (YAB), we confirm YAB members reviewed and approved the applications of selected projects and believe it to be in alignment with the Indianapolis' Coordinated Community Plan to Prevent and End Youth and Young Adult Homelessness.

Sincerely,

Kendra Hathaway

Indianapolis Youth Advisory Board Support Coordinator