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.gov at https://www.hud.gov/program_offices/comm_planning/coc.
- Questions regarding the FY 2026 CoC Program Competition process must be submitted to CoCNOFO@hud.gov.
- Questions related to e-snaps functionality (e.g., password lockout, access to user's application account, updating Applicant Profile)must be submitted to e-snaps@hud.gov.
- Project applicants are required to have a Unique 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 Year (FY) 2026 Continuum of Care (CoC) Program Competition. For more information see FY 2026 CoC Program Competition NOFO.
- To ensure that applications are considered for funding, applicants should read all sections of the FY 2026 CoC Program NOFO and the FY 2026 General Section NOFO.
- Detailed instructions and e-snaps navigation guides can be found on the hud.gov website https://www.hud.gov/program_offices/comm_planning/coc/competition. The Detailed Instructions contain more comprehensive instructions and so should be used in tandem with the navigational guides.
- New projects may only be submitted as either Reallocated, Bonus Projects, Reallocated + Bonus, DV Bonus or DV Reallocation. These funding methods are determined in collaboration with local CoC and it is critical that applicants indicate the correct funding method. Project applicants must communicate with their CoC to make sure that the CoC submissions reflect the same funding method. Please review the NOFO for eligibility standards.
- YHDP projects that are eligible for renewal under the CoC program may only use the YHDP Renewal or YHDP Replacement and Reallocation funding opportunities. Please review the NOFO for eligibility standards.
- 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 new project that fails to adhere to 24 CFR part 578 and application requirements set forth in FY 2026 CoC Program Competition NOFO.

1A. SF-424 Application Type

1. Type of Submission:	
2. Type of Application:	New Project Application
If Revision, select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/26/2026
4. Applicant Identifier:	
a. 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. Unique Entity Identifier: 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-0025

Title: Continuum of Care Homeless Assistance Competition

13. Competition Identification Number:

Title:

1D. SF-424 Congressional District(s)

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

15. Descriptive Title of Applicant's Project: 2027 Aspire Wellness - Expansion

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: 06/01/2027

b. End Date: 05/31/2028

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:	09/26/2026

1G. HUD 2880

Applicant/Recipient Disclosure/Update Report - form HUD-2880
U.S. Department of Housing and Urban Development
OMB Number: 2501-0044 Expiration Date: 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: $103,160.00

(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:	09/26/2026

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: 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; 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:	09/26/2026

1I. 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: 09/26/2026

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:	09/26/2026

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:	09/26/2026

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.

1M. Project Eligibility Certification

1. The project applicant will not engage in racial preferences or other forms of illegal discrimination	X
2. The project applicant will not operate drug injection sites or “safe consumption sites,” knowingly distribute drug paraphernalia on or off of property under their control, permit the use or distribution of illicit drugs on property under their control, or conduct any of these activities under the pretext of “harm reduction.”	X

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: $638,341

Organization	Type	Sub-Award Amount
Aspire Indiana Health Inc	M. Nonprofit with 501C3 IRS Status	$638,341

2A. Project Subrecipients Detail

a. Organization Name: Aspire Indiana Health Inc

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

c. Employer or Tax Identification Number: 47-4391083

d. Unique Entity Identifier: L6AXPAJZ3HR4

e. Physical Address
Street 1: 697 Pro-Med Lane
Street 2:
City: Indianapolis
State: Indiana
Zip Code: 46032

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: $638,341

j. Contact Person
Prefix: Mrs.

First Name:	Kathleen
Middle Name:	
Last Name:	Bowers
Suffix:	
Title:	Director of Housing Services
E-mail Address:	kathleen.bowers@aspireindiana.org
Confirm E-mail Address:	kathleen.bowers@aspireindiana.org
Phone Number:	317-632-0123
Extension:	
Fax Number:	

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.

Aspire has decades of experience effectively utilizing federal funds to deliver comprehensive housing and integrated healthcare services. As an integrated health care provider and the Lead Agency for the Balance of State Region 8, Aspire successfully operates multiple federally funded rental assistance programs, including Supportive Services for Veteran Families, Permanent Supportive Housing, Emergency Solutions Grant, and Housing Opportunities for Persons with AIDS. Through these initiatives, Aspire addresses homelessness and prevents instability, recognizing the critical link between stable housing and success in employment, recovery, and family stability. Aspire intentionally recruits and employs staff who live in the communities we serve and possess lived experience with homelessness, substance use, and mental health conditions. These individuals are embedded directly into project delivery as Peer Mentors and Recovery Coaches. To inform ongoing project development, Aspire utilizes a continuous survey system, gathering point-in-time and exit feedback directly from housing clients. This data is analyzed by our Quality Assurance department and evaluated across all leadership levels—including managers, directors, and specialized committees—to drive programmatic improvements and ensure services remain strictly person-centered. Aspire will serve the high needs clients by ensuring that our staff are highly trained and efficient at what they do. To maintain high-quality, personalized support, all new Housing Services team members complete hours of specialized training from organizations like the Corporation for Supportive Housing and the Homeless and Housing Resource Center. This curriculum equips staff with vital skills in housing navigation, trauma-informed care, housing case management, needs assessments, and placement. Aspire brings extensive experience in serving individuals experiencing chronic homelessness and Serious Mental Illness. Upon entry, clients undergo a comprehensive needs assessment across all dimensions of health. Staff utilize the evidence-based practice of Motivational Interviewing, systematically guiding them past the pre-contemplation stage regarding their medical, substance use, and behavioral needs. Aspire's whole-health recovery framework is strictly person-centered, designed to simultaneously address mental health, physical health, social drivers and recovery needs from day one. Our supportive housing approach focuses on removing traditional barriers to entry, prioritizing immediate access to stable housing for high-needs participants. Once housed, participants access a robust, readily accessible network of care. This integrated network includes primary medical care, psychiatric services, benefits counseling, and specialized addictions group programming—such as trauma-informed Seeking Safety classes, Integrated Dual Diagnosis Therapy groups for co-occurring disorders, and Reducing Recidivism programs that blend Dialectical Behavior Therapy with vital re-entry resources. Our Community Health Workers actively enroll eligible clients in Medicaid and navigate complex mainstream benefit systems, utilizing SOAR-trained staff to expedite SSI/SSDI applications. Our target population faces severe barriers; staff proactively facilitate evaluations by medical doctors to document lifelong disabilities.

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

Aspire Indiana Health strategically leverages a diversified portfolio of Federal, State, local, and private sector funds to maximize community impact and ensure long-term financial sustainability. Backed by dedicated in-house grant writing, compliance, and fiscal management teams, Aspire braids public and private resources to create a seamless continuum of care. We maximize federal impact by aligning housing revenue streams—such as HUD-funded Permanent Supportive Housing (PSH) and Emergency Solutions Grants (ESG)—with our mainstream healthcare infrastructure, capturing Medicaid reimbursements through our on-site Federally Qualified Health Center (FQHC) to fund primary care, behavioral health and substance use treatment services. Furthermore, Aspire actively secures private sector and philanthropic grants to cover critical, non-HUD-eligible expenses, including client security deposits, utility arrears, and immediate move-in kits. This deliberate integration of private and public dollars allows Aspire to fill resource gaps, prevent the duplication of services, and maintain a financial foundation that has successfully supported high-needs individuals for decades.

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

Aspire has no unresolved findings from IHCDA or HUD. Aspire's standards of financial accountability conform to 2 CFR 200.302, 'Financial Management' and 2 CFR 200.303, 'Internal Controls', which includes systems and software that allow for effective control over, and accountability for, all funds, property, and other assets. Aspire has extensive experience administering Federal and State grant funding and there is a committee to provide fiscal oversight under the Board.
The Board will conduct an annual assessment that includes a review of the business practices of the center to ensure:
appropriate risk management procedures are in place;
-prudent financial practices occur;
-there is an attempt at maximizing revenue generation; and
-professional practices are maintained in regard to information systems, accounts receivable, and accounts payable.
Deficiencies in the center's business practices shall be identified and a plan of corrective action implemented. Budget and Audit reports are reviewed monthly. Aspire performs its own financial accounting utilizing the following books of account: General Ledger, Cash Disbursements/Check Register, Cash Receipts/Deposits Received, and Fixed Asset. Financial records are maintained using Financial Edge, with security measures of limited user rights, two factor authentication and rigorous accounting protocols in place.

4. Are there any unresolved HUD monitoring or OIG audit findings for any HUD grants (including ESG) under your organization? No

3A. Project Detail

1. CoC Number and Name:	IN-503 - Indianapolis CoC
2. CoC Collaborative Applicant Name:	City of Indianapolis
3. Project Name:	2027 Aspire Wellness - Expansion
4. Project Status:	Standard
5. Component Type:	PH
5a. Select the type of PH project:	PSH
6. What type of CoC funding is this project applying for in this CoC Program Competition?	Bonus
7. Is your organization or expected subrecipient a victim service provider defined in 24 CFR 578.3 and uses a comparable HMIS database?	No
8. Is this new project application requesting to transition from eligible renewal project(s) that was awarded to the same recipient and fully eliminated through reallocation in this CoC Program Competition? (Attachment Requirement)	No
9. Will funds requested in this new project application replace state or local government funds (24 CFR 578.87(a))?	No
11. Is this project applying for Rural costs on screen 6A?	No

3B. Project Description

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

Aspire Indiana Health intends to continue its comprehensive PSH project, providing a total of 50 housing units designed to serve chronically homeless individuals possessing a qualifying disabling condition, specifically Serious Mental Illness and/or a Substance Use Disorder per 24 CFR 582.5. The project scope encompasses 50 scattered-site units across Marion County. Aspire is formally requesting a supportive services expansion through this application. This expansion is critical to infusing dedicated, wraparound services directly into the housing infrastructure, ensuring high-acuity participants receive the intensive stabilization supports they deserve. Operating under a "no wrong door" philosophy, Aspire addresses the complex intersection of homelessness, trauma, and medical instability by wrapping participants in a robust, person-centered continuum of care. Upon entry, clients undergo a comprehensive needs assessment across all dimensions of health. Staff utilize the evidence-based practice of Motivational Interviewing to meet highly vulnerable individuals where they are, systematically guiding them past the pre-contemplation stage regarding their medical, substance use, and behavioral needs. The requested supportive services funding will enable Aspire to connect a wide array of specialized and highly structured clinical and supportive interventions that are currently missing from the rental-only framework. In addition to intensive case management, benefits counseling, and transportation assistance, participants will gain direct, integrated access to, Specialized Addictions & Mental Health Group Programming, including trauma-informed Seeking Safety classes linking trauma and substance use, Integrated Dual Diagnosis Therapy groups for co-occurring disorders, and specialized Adult DBT and Impulse Control groups for emotion regulation. Whole Health Substance Abuse Recovery Support: Leveraging our broader substance use residential infrastructure—including the 54-bed Mockingbird Hill Inpatient Substance Abuse Recovery Center, the 111-bed Progress House continuum, outpatient groups and programming, peer services, and recovery coaching focused on system navigation and independent living skills. Securing this supportive services expansion will provide the dedicated staffing and infrastructure required to manage these intensive clinical linkages, ensuring high-acuity participants do not slip through the cracks and are successfully connected to long-term stabilization resources. As an integrated provider with an on-site Federally Qualified Health Center, Aspire seamlessly blends housing support with sustainable, mainstream healthcare funding. Participants receive direct, Medicaid-reimbursed primary medical care, psychiatric services, and intensive outpatient substance use treatment. To secure long-term stability, Community Health Workers actively enroll eligible clients in Medicaid and utilize SOAR-trained staff to expedite SSI/SSDI applications. Furthermore, staff proactively facilitate evaluations by medical doctors to document lifelong disabilities. By expanding this grant beyond rental assistance into a comprehensive supportive services model, Aspire can offer a holistic approach to addressing homelessness. The support services made available will include skills training, mediation with landlords, legal services, employment services, linkage to primary health care, behavioral health care, and recovery services.

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	15			
Begin program participant enrollment	15			
Program participants occupy leased or rental assistance units or structure(s), or supportive services begin	15			
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	0			
Start rehabilitation	0			
Complete rehabilitation	0			
Start new construction	0			
Complete new construction	0			

2a. If requesting capital costs (i.e., acquisition, rehabilitation, or new construction), describe the proposed development activities with responsibilities of the applicant, and subrecipients if included, to develop and maintain the property using CoC Program funds.

Not applicable to this project.

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

(Select ALL that apply)

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

4. Will your project participate 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?	Yes

100% Dedicated or DedicatedPLUS

A "100% Dedicated" project is a permanent supportive housing project that commits 100% of its beds to chronically homeless individuals and families.

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

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5) residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds were dedicated to individuals and families experiencing chronic homelessness under the grant that is being renewed may either be reallocated as a DedicatedPLUS project or may continue as a renewal dedicating 100 percent of its beds to individuals and families experiencing chronic homelessness. If the project is reallocated as a DedicatedPLUS project, the project must adhere to all fair housing requirements at 24 CFR 578.93.

7. Is this project 100% Dedicated or DedicatedPLUS, NA?	100% Dedicated

3C. Project Expansion Information

1. Is this a “Project Expansion” of an eligible renewal project? Yes

Enter the PIN (first 6 characters of the grant number) and Project Name for the CoC funded grant that is applying for renewal in FY 2026 upon which this project proposes to expand.

1a. Eligible Renewal Grant PIN: IN0200

1b. Eligible Renewal Grant Project Name: 2026 Aspire Wellness

2. Will this expansion project increase the number of program participants, units and beds? No

3. Will this expansion project provide additional supportive services to program participants? Yes

3a. Indicate how the project will provide additional supportive services to program participants.
(Check one or both boxes)

Increase number of or expand supportive services provided	☐
Increase frequency or intensity of supportive services	☐
Increase on site supportive services	☒

3b. Explain how services will be expanded or increased." This question will only appear if "#3 Will this expansion project provide additional supportive services to program participants?

By expanding this grant beyond basic rental assistance into a comprehensive supportive services model, Aspire Indiana Health can offer a holistic approach to addressing homelessness. The support services made available through this expansion include skills training, mediation with landlords, legal services, employment services, linkage to primary health care, behavioral health care, and recovery services. The clear goals of this expanded scope are to help people maintain their housing rapidly and build the necessary resources to work towards true self-sufficiency.
Aspire Indiana Health is deeply committed to robust coordination with key community partners such as RDOOR, the Homeless Initiative Program (HIP), the Coalition For Homelessness Intervention and Prevention (CHIP), and Home Now Indy. The goal of all involved is to ensure chronically homeless individuals secure housing and achieve long-term success. Our Housing Services team actively cultivates and maintains strong, productive relationships with diverse stakeholders, including the Township Trustees. Through these strong working relationships, Aspire coordinates efforts to create a seamless, supportive network. This collaborative ecosystem is fundamental to helping chronically homeless individuals transition successfully into stable housing and thrive long-term within the community.

4. Will this expansion project bring existing facilities up to government health or safety standards?	No

4A. Supportive Services for Participants

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

Aspire directly addresses the target population's needs through customized Housing Stability Plans and needs assessments completed to determine what other services the client would benefit from. Aspire possesses an in-house, specialized Benefits Counseling Team that removes the trauma of navigating complex mainstream benefit systems. This team maintains a 100% acceptance rate for housing program referrals. They directly enroll eligible participants in Medicaid and Medicare, providing the sustainable funding vehicle required to cover primary medical care, psychiatry, and substance use treatment. For non-medical stability, the team processes applications for SNAP, TANF, and WIC, and utilizes specialized, SOAR-trained staff to expedite SSI/SSDI applications for individuals with lifelong disabilities. To engage individuals with extensive histories of unsheltered homelessness or those who traditionally avoid supportive services, Aspire utilizes a persistent, trauma-informed outreach strategy. Recognizing that high-acuity individuals often mistrust institutional systems, our Housing Community Health Workers meet clients where they are—physically and emotionally. We utilize Motivational Interviewing (MI) to build trust incrementally without mandating service compliance as a condition of housing. By offering immediate, low-barrier tangible resources (such as food, basic medical care via our mobile clinic, and vital documents assistance), we systematically guide individuals from pre-contemplation to active engagement, ensuring no highly vulnerable individual slips through the cracks.

2. How will this project be supplemented with resources from other public or private sources, that may include mainstream health, social, and employment programs such as Medicare, Medicaid, SSI, and SNAP.

All Aspire services operate within an interconnected network of care. Through our "No Wrong Door" policy and a ubiquitous, electronic screening process, participants are immediately assessed for comprehensive medical, behavioral, and social needs. If a need is identified, warm handoffs and scheduled appointments are often facilitated during the exact same visit to eliminate traditional barriers to care. This internal ecosystem combines the resources of a Community Mental Health Center, a Federally Qualified Health Center, a robust Social Determinants of Health department, and Indiana's largest residential substance use recovery provider, Progress House. For health and insurance needs, the internal benefits team directly enrolls eligible participants into Medicaid, Medicare, and Healthy Indiana Plan insurance to secure sustainable coverage for specialized medical and psychiatric care. For social services and income support, staff utilize the SOAR framework to expedite SSI/SSDI applications and maintain direct referral pipelines to the local Division of Family Resources for SNAP, TANF, and energy assistance. For employment integration, beyond Aspire's internal training certification courses, the Employment CHW directly integrates participants with the local WorkOne and Vocational Rehabilitation programs for advanced career counseling and job placement.

6. 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		Applicant	Monthly
Assistance with Moving Costs		Non-Partner	As needed
Case Management		Applicant	Weekly
Child Care		Non-Partner	As needed
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Applicant	As needed
Food		Non-Partner	As needed
Housing Search and Counseling Services		Applicant	As needed
Legal Services		Applicant	As needed
Life Skills Training		Applicant	As needed
Mental Health Services		Applicant	As needed
Outpatient Health Services		Applicant	As needed
Outreach Services		Applicant	As needed
Substance Abuse Treatment Services		Applicant	As needed
Transportation		Non-Partner	As needed
Utility Deposits		Non-Partner	As needed

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: 0

Total Beds: 0

Total Dedicated CH Beds: 0

Housing Type	Housing Type (JOINT)	Units	Beds	Dedicated CH Beds
None	---	0	0	0

4B. Housing Type and Location Detail

1. Housing Type: None

5A. Project Participants - Households

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Households Table

	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Number of Households		32		32

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		30		30
Persons ages 18-24		2		2
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	32	0	32

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

Note: These fields should reflect full capacity on one night. For additional guidance, please refer to the Detailed Instructions.

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use 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										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans-(Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons Not Represented by a Listed Subpopulation
Persons over age 24	30			20	1	24	3	1		
Persons ages 18-24	2					1				
Total Persons	32	0	0	20	1	25	3	1	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	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

Data on this screen should be based on Maximum Occupancy at a single point in time. It should not be based on the estimated amount of participants that will be served throughout the grant term.

6A. Funding Request

1. Will it be feasible for the project to be under grant agreement by September 15, 2027? Yes

4. Select a grant term: 1 Year

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

Leased Units	
Leased Structures	
Rental Assistance	
Supportive Services	X
Operating	
HMIS	X
VAWA	X

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6. If conditionally awarded, is this project requesting an initial grant term greater than 12 months? (13 to 18 months) No

6F. Supportive Services Budget

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

Eligible Costs	Quantity AND Description (max 400 characters)	Annual Assistance Requested
1. Assessment of Service Needs		
2. Assistance with Moving Costs		
3. Case Management	Community Health Worker- Housing 1 FTE	$61,230
4. Child Care		
5. Education Services		
6. Employment Assistance	Community Health Worker- Employment .3 FTE	$11,706
7. Food		
8. Housing/Counseling Services	Community Health Worker- Housing .2 FTE and application fees	$12,706
9. Legal Services		
10. Life Skills		
11. Mental Health Services		
12. Outpatient Health Services		
13. Outreach Services		
14. Substance Abuse Treatment Services		
15. Transportation	IndyGo Bus Passes	$5,700
16. Utility Deposits	Utility Deposits	$1,000
17. Operating Costs		
Total Annual Assistance Requested		$92,342
Grant Term		1 Year
Total Request for Grant Term		$92,342

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	2 HMIS	$1,440
3. Services		
4. Personnel		
5. Space & Operations		
Total Annual Assistance Requested:		$1,440
Grant Term:		1 Year
Total Request for Grant Term:		$1,440

Click the 'Save' button to automatically calculate totals.

VAWA Budget

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 new 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:	
Estimated budget amount for VAWA Confidentiality Requirements:	

CoC VAWA BLI Total:	$0
Grant Term	1 Year
Total Request for Grant Term	$0

Click the 'Save' button to automatically calculate totals.

6I. Sources of Match

The following list summarizes the funds that will be used as Match for 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:	$159,586
Total Amount of In-Kind Commitments:	$0
Total Amount of All Commitments:	$159,586

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

Type	Source	Name of Source	Amount of Commitments
Cash	Private	Aspire	$159,586

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)**	Aspire
4. Amount of Written Commitment:	$159,586

6J. Summary Budget

The following information summarizes the funding request for the total term of the project. However, administrative costs can be entered in 8. Admin field below.

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Annual Assistance Requested (Applicant)	Grant Term (Applicant)	Applicant CoC Program Costs Requested
1a. Acquisition (Screen 6B)			$0
1b. Rehabilitation (Screen 6B)			$0
1c. New Construction (Screen 6B)			$0
2a. Leased Units (Screen 6C)	$0	1 Year	$0
2b. Leased Structures (Screen 6D)	$0	1 Year	$0
3. Rental Assistance (Screen 6E)	$0	1 Year	$0
4. Supportive Services (Screen 6F)	$92,342	1 Year	$92,342
5. Operating (Screen 6G)	$0	1 Year	$0
6. HMIS (Screen 6H)	$1,440	1 Year	$1,440
 7. VAWA	$0	1 Year	$0
8. Rural (Only for HUD CoC Program approved rural areas)	$0	1 Year	$0
9. Sub-total of CoC Program Costs Requested			$93,782
10. Admin (Up to 10% of Sub-total in #9)			$9,378
11. HUD funded Sub-total + Admin. Requested			$103,160
12. Cash Match (From Screen 6I)			$159,586
13. In-Kind Match (From Screen 6I)			$0
14. Total Match (From Screen 6I)			$159,586
15. Total Project Budget for this grant, including Match			$262,746

Click the 'Save' button to automatically calculate totals.

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:	X
**** 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)).**	

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	Aspire Indiana He...	09/22/2026
2) Other Attachment(s)	No	Aspire Indiana He...	09/22/2026
3) Other Attachment(s)	No		

Attachment Details

Document Description: Aspire Indiana Health Inc

Attachment Details

Document Description: Aspire Indiana Health Inc

Attachment Details

Document Description:

7D. 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: 09/26/2026

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	09/22/2026
1C. SF-424 Application Details	No Input Required
1D. SF-424 Congressional District(s)	09/22/2026
1E. SF-424 Compliance	09/22/2026
1F. SF-424 Declaration	09/22/2026
1G. HUD 2880	09/22/2026
1H. HUD 50070	09/22/2026
1I. Cert. Lobbying	09/22/2026
1J. SF-LLL	09/22/2026
IK. SF-424B	09/22/2026
1L. SF-424D	09/22/2026
2A. Subrecipients	09/22/2026
2B. Experience	09/22/2026
3A. Project Detail	09/26/2026
3B. Description	09/26/2026
3C. Expansion	09/26/2026
4A. Services	09/26/2026
4B. Housing Type	09/22/2026
5A. Households	09/26/2026
5B. Subpopulations	No Input Required
6A. Funding Request	09/22/2026
6F. Supp Srvcs Budget	09/26/2026
6H. HMIS Budget	09/26/2026
VAWA Budget	No Input Required
6I. Match	09/22/2026
6J. Summary Budget	No Input Required
Indirect Cost Information	09/22/2026

7A. Attachment(s)	09/22/2026
7D. Certification	09/22/2026

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: OCT 21 2015

ASPIRE INDIANA HEALTH INC
C/O LEWIS & KAPPES PC
SUZANNE R GAIDOO
2500 ONE AMERICNA SQUARE
INDIANAPOLIS, IN 46282

Employer Identification Number:
47-4391083
DLN:
17053252341025
Contact Person:
JACOB A MCDONALD ID# 31649
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(iii)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
June 25, 2015
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

ASPIRE INDIANA HEALTH INC

We sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Jeffrey I. Cooper
Director, Exempt Organizations
Rulings and Agreements

Recipient Acknowledgement

For help in completing Post Award steps, please take a look at the FY2024 Recipients Post-Award Instructional Guide.

This text box presents comments and alerts, recorded by HUD, that do not qualify as issues or conditions.

A MOU for the in-kind match needs to be uploaded into the System. The match is $106,783. Update the match amount in the application and verify budget summary has correct match. Please utilize the MOU template provided to ensure all areas are covered.

The project applicant applied for a project using the Housing First model according to Screen 3B of the Project Application. The CoC was scored to the extent to which project applicants responded 'Yes' to this question and project award decisions may also have been impacted. Any project that indicated that it follows a Housing First model cannot place preconditions or eligibility requirements—beyond HUD's eligibility requirements—on persons entering housing, nor can it require program participants to participate in supportive service activities or make other rules, such as sobriety, a condition of housing. Recipients may offer and encourage program participants to participate in services, but there may be no time limit as to when he/she must do so.

HUD has made at least one budget change that may require reconciliation before submission by adjusting budget subcategories on the following screen(s).

- Rental Assistance

HUD Award	Recipient Acknowledgement	Conditions Applicable to ALL Projects
		1. Match amount update needed in e-snaps and/or match documentation required. (Condition)
☐	☐	a. Additional match commitment amount is required to be added to the e-snaps Match Screen due to a budget increase.
X	X	b. In-kind match commitment contributions provided by a third party must attach MOU documentation in e-snaps.
☐	☐	c. Match commitment documentation for this new conditionally awarded project must be attached in e-snaps.

☐	☐	d. YHDP Renewal and Replacement 25% Match Exemption.
		a. The applicant must increase the match commitment amount on Screen 6D to reflect the budget increase. Match must be cash or in-kind contributions for no less than 25 percent of the total conditionally awarded amount, excluding leasing funds (if applicable), as provided under 24 CFR 578.73. b. For new, renewal, Planning/UFA, YHDP Renewal, and YHDP Replacement conditionally awarded projects that indicate match commitments from in-kind contributions provided by a third party to be used as match must attach a memorandum of understanding (MOU) between the applicant and the third party on Screen 7A. The attached MOU(s) must meet the criteria as provided under 24 CFR 578.73(c)(3).
		c. For new conditionally awarded projects, including new Planning/UFA and YHDP Replacement projects, the applicant must attach match commitment documentation in e-snaps on Screen 7A. The attached documentation must show match commitment (cash or in-kind contributions) for no less than 25 percent of the total grant amount, excluding leasing funds (if applicable), as provided under 24 CFR 578.73. d. YHDP renewal or replacement projects will not be required to meet the 25 percent match requirement if the applicant is able to demonstrate it has taken reasonable steps to maximize resources available for youth experiencing homelessness under Section III.B.3.h of the NOFO. Applicants should provide a narrative that addresses one of the following:
		*1. The YHDP renewal or replacement project applicant has identified a resource that could be used for match but, because the resource is not as restrictive as HUD funds, the applicant determines that the resource could be put to better use to assist youth experiencing homelessness through activities that are not allowed under YHDP grants. The narrative must include the name of the funding source(s) and why it is better used to assist youth experiencing homelessness through an ineligible activity. OR *2. The YHDP renewal or replacement project applicant has identified one or more resources that assist youth experiencing homelessness and can provide a narrative description of 1) how the resources will assist clients under the YHDP project and 2) how the applicant will facilitate connections to these resources to ensure that clients are aware of them and able to access the resources.
☐	☐	2. Code of Conduct not on file with HUD or does not comply with 2 CFR part 200. (Condition)
☐	☐	3. Form HUD 2880 - Incomplete Applicant/Recipient Disclosure/Update Report. (Condition)
☐	☐	4. Possible violation of program regulation on service participation (specify details in #22). (Issue)
		5. Performance or capacity concern(s). The applicant should provide a written plan addressing the capacity concern(s) identified below. (Issue)
☐	☐	a. Applicant has a history of consistently submitting late APRs.
☐	☐	b. Applicant has a history of consistent drawdown issues or poor financial management.
☐	☐	c. Applicant has a history of consistent unresolved HUD monitoring or audit findings.
☐	☐	d. Other capacity concerns (Specify details in #22).
		6. Homeless Eligibility - Clarification is needed in the project application to confirm homeless eligibility of proposed program participants. (Issue)
☐	☐	a. Update(s) needed to Project Description on Screen 3B (specify details in #22).
☐	☐	b. The project application identified 100% Dedicated to CH but Screen 5B tables did not identify a correct number of CH persons to equal the number of Dedicated CH Beds on Screen 4B.
☐	☐	c. PH-PSH or SH project application is unclear if proposing to serve households having at least one person with a disability. Updates should be made to the disability category numbers in the tables on Screen 5B.
☐	☐	d. DV Bonus projects & renewal projects originally awarded with DV Bonus funding must be dedicated to survivors of domestic violence, dating violence, sexual assault, and/or stalking. Updates should be made to the project description on screen 3B and population table on screen 5B. (Condition)
☐	☐	8. Unit/Bed Counts - Clarification is needed to unit and/or bed counts on Screen 4B and /or updates are needed to other numbers in the project application for a general correlation between Screens 4B, 5A, or 5B tables. (Issue)

☐	☐	10. Consolidation Project. This project application was conditionally awarded as a consolidated project and requires final review by the applicant and the HUD Field Office for accuracy of all consolidated information. (Issue)
☐	☐	11. Expansion Project The applicant of this CoC Program funded expansion of a renewal must update the project information to reflect the full expanded project's data. (Issue)
		12. Housing First on Screen 3B questions identifying a commitment to a Housing First approach must be updated to "Yes." (Issue)
☐	☐	a. DV Bonus funded projects for PH-RRH or JOINT TH/PH-RRH Component, must adopt a Housing First approach.
☐	☐	b. JOINT component projects funded from any CoC funding type must adopt a Housing First approach.
		13. Housing Type - clarification is needed for the Housing Type selection(s) on Screen 4B for the component type identified below. (Issue)
☐	☐	a. Joint TH and PH-RRH component project (specify details in #22).
☐	☐	b. PH-PSH or PH-RRH component projects.
☐	☐	14. 100% Dedicated, DedicatedPLUS or N/A: This PH-PSH project must update the Screen 3C selection from "N/A" to either "100% Dedicated" or "DedicatedPLUS." (Condition)
		15. Eligible Costs (Issue)
☐	☐	a. One or multiple cost requests lacks sufficient detail necessary for HUD to determine if the cost is reasonable.
☐	☐	b. One or multiple cost requests have been determined to be ineligible and the project application has been reduced.
☐	☐	c. VAWA costs.
☐	☐	c. Rural costs.
☐	☐	16a. Coordinated Entry - The project application indicated on Screen 3B that the project will not participate in coordinated entry and it is unclear if the applicant is a victim service provider using an equivalent system. (Condition)
		22. Other policy or program related issues or conditions:
☐	☐	Other 1
☐	☐	Other 2
☐	☐	Other 3
☐	☐	Other 4
☐	☐	Other 5
☐	☐	Other 6

Attachments

For help in completing Post Award steps, please take a look at the FY2024 Recipients Post-Award Instructional Guide.

Document Type	Required?	Document Description	Date Attached
01) Match Documentation	No		
02) Attachment(s)	No		
03) Attachment(s)	No		
04) Attachment(s)	No		
05) Attachment(s)	No		
06) Attachment(s)	No		
07) Attachment(s)	No		
08) Attachment(s)	No		
09) Attachment(s)	No		
10) Attachment(s)	No		

Attachment Details

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Adjustments

For help in completing Post Award steps, please take a look at the FY2024 Recipients Post-Award Instructional Guide.

Has HUD required that you adjust information submitted with your application to resolve Issues and Conditions made by HUD? Yes

Adjustments can only be made to resolve issues and conditions and to reconcile budget changes made by HUD before award. No new requests for changes to your project may be initiated using this form. All adjustments will be reviewed by HUD before grant agreement and may be rejected.

Briefly describe the adjustments being requested.

Update in kind match to cash match

1A. Application Type

For help in completing Post Award steps, please take a look at the FY2024 Recipients Post-Award Instructional Guide.

This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	05/19/2025
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier:	IN0200L5H032408
6. Date Received by State:	
7. State Application Identifier:	

1B. Legal Applicant

For help in completing Post Award steps, please take a look at the FY2024 Recipients Post-Award Instructional Guide.

This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.

8. Applicant

a. Legal Name: City of Indianapolis

b. Employer/Taxpayer Identification Number (EIN/TIN): 35-6001063

c. Unique Entity Identifier: 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 Economic Development

f. Name and contact information of person to be contacted on matters involving this application

Prefix: Ms.
First Name: Michelle
Middle Name:
Last Name: Winfield

Suffix:
Title: Principal Program Manager
Organizational Affiliation: City of Indianapolis
Telephone Number: (317) 327-5865
Extension:
Fax Number: (317) 327-5899
Email: michelle.winfield@indy.gov

1C. Application Details

For help in completing Post Award steps, please take a look at the FY2024 Recipients Post-Award Instructional Guide.

This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.

9. Type of Applicant:	C. City or Township Government
If "Other" please specify:	
10. Name of Federal Agency:	Department of Housing and Urban Development
11. Catalog of Federal Domestic Assistance Title:	CoC Program
CFDA Number:	14.267
12. Funding Opportunity Number:	FR-6800-N-25
Title:	Continuum of Care Homeless Assistance Competition
13. Competition Identification Number:	
Title:	

1D. Congressional District(s)

For help in completing Post Award steps, please take a look at the FY2024 Recipients Post-Award Instructional Guide.

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

15. Descriptive Title of Applicant's Project: 2025 Sandra Eskenazi Wellness

16. Congressional District(s):

a. Applicant: IN-007

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

17. Proposed Project

a. Start Date: 06/01/2025

b. End Date: 05/31/2026

18. Estimated Funding ($)

a. Federal:

b. Applicant:

c. State:

d. Local:

e. Other:

f. Program Income:

g. Total:

1E. Compliance

For help in completing Post Award steps, please take a look at the FY2024 Recipients Post-Award Instructional Guide.

This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.

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. Declaration

For help in completing Post Award steps, please take a look at the FY2024 Recipients Post-Award Instructional Guide.

This information cannot be edited. If updates are needed to this information, exit this step and update the Project Applicant Profile.

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:	Mrs.
First Name:	Beth
Middle Name:	
Last Name:	Neville
Suffix:	
Title:	Adminstrator
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:	05/19/2025

Recipient Performance

For help in completing Post Award steps, please take a look at the FY2024 Recipients Post-Award Instructional Guide.

1. Did you submit your previous year's Annual Performance Report (APR) on time? No

1a. If you did not submit your APR on time to the SAGE website, provide an explanation.

Eskenazi faced a ransomware attack that prevented final claims and APR data to be submitted.

2. Do you have any unresolved HUD Monitoring or OIG Audit finding(s) concerning any previous grant term related to this renewal project request? No

3. Do you draw funds quarterly for your current renewal project? Yes

4. Have any funds remained available for recapture by HUD for the most recently expired grant term related to this renewal project request? Yes

4a. If HUD recaptured funds provide an explanation.

Supportive Services: $30,873.80
Rental Assistance: $10,405.03

Renewal Grant Consolidation or Renewal Grant Expansion

The CoC Competition will continue offering opportunities to expand or consolidate CoC projects.

1. Expansions and Consolidations will no longer be required to submit a combined version of the application.
   a. Expansions will be required to ONLY submit a Stand-Alone Renewal and a Stand-Alone New application.
   b. Consolidations will be required to ONLY submit a Survivor grant and a terminating grant. Up to 10 grants may be involved in a consolidation (Survivor + 9 Terminating grants)

2. Since no combined version will be submitted for either the Expansion or Consolidation, the combining of data will occur at Post-Award. HUD HQ will combine all units, beds and budgets prior to the Post-Award process. The field office and applicant will then be required to combine remaining project data at C1.9a (recipient step). HUD HQ will provide a data report with the data all combined. All that will be required for applicants to do is a simple copy and paste.

We hope this process will simplify and reduce any confusion when submitting expansions or consolidations. If you have any questions, please contact the AAQ.

1. Is this renewal project application requesting to consolidate or expand? No

If "No" click on "Next" or "Save & Next" below 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: $312,211

Organization	Type	Sub-Award Amount
The Health & Hospital Corporation of Marion Cou...	D. Special District Government	$312,211

2A. Project Subrecipients

For help in completing Post Award steps, please take a look at the FY2024 Recipients Post-Award Instructional Guide.

a. Organization Name	The Health & Hospital Corporation of Marion County d/b/a Sandra Eskenazi Mental Health Center
b. Organization Type	D. Special District Government
c. Employer or Tax Identification Number:	35-6005697
d. Unique Entity Identifier:	K2E1CFMQNJ78
e. Physical Address	
Street 1	3838 North Rural Street
Street 2	
City	Indianapolis
State	Indiana
Zip Code	46205
f. Congressional District(s): (for multiple selections hold CTRL key)	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:	$312,211

j. Contact Person	
Prefix	Mr.
First Name	Ryan
Middle Name	
Last Name	Dearth
Suffix	
Title	Grant Administrator
E-mail Address	rdearth@hhcorp.org
Confirm E-mail Address	rdearth@hhcorp.org
Phone Number	317-880-4148
Extension	
Fax Number	317-880-0431

3A. Project Detail

For help in completing Post Award steps, please take a look at the FY2024 Recipients Post-Award Instructional Guide.

1. Expiring Grant Project Identification Number (PIN): IN0200L5H032408

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

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

3. CoC Collaborative Applicant Name: City of Indianapolis

4. Project Name: 2025 Sandra Eskenazi Wellness

5. Project Status: Standard

	Renewal Project Application	HUD Award	Adjustment
6. Component Type:	PH	PH	PH

	Renewal Project Application	HUD Award	Adjustment
6a. Does the PH project provide PSH or RRH?	PSH	PSH	PSH

7. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3? No

8. Does this project include Replacement Reserves as a CoC Operating Cost? No

9. Is this project applying for Rural costs on screen 6A? No

3B. Project Description

For help in completing Post Award steps, please take a look at the FY2024 Recipients Post-Award Instructional Guide.

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

The grant provides 33 scattered site units of Permanent Supportive Housing for chronically homeless individuals where the applicant has a disabling condition of serious mental illness and/or substance use disorder. Applicants are selected through the Indianapolis Coordinated Entry System. A Housing Case Manager and Community Support Specialist work in tandem to assist the applicant in locating housing that best meets their individual needs; work with landlords to understand the program; advocate for the applicant/participant and resolve any issues upon rental and during lease period; conduct inspections; assess applicant/participant for needs such as employment; SSI/SSDI; community supports; food; transportation; child care, etc. and link applicant/participant to those services and supports in the community as applicant is willing. Work with applicant/participant toward engagement in mental health and/or substance use disorder services as needed and as applicant/participant is willing. Continue contact with participant and resolve any issues that may lead to loss of housing throughout the program.

1a. Provide changes, if required, to the description that addresses the entire scope of the proposed project.

The grant provides 33 scattered site units of Permanent Supportive Housing for chronically homeless individuals where the applicant has a disabling condition of serious mental illness and/or substance use disorder. Applicants are selected through the Indianapolis Coordinated Entry System. A Housing Case Manager and Community Support Specialist work in tandem to assist the applicant in locating housing that best meets their individual needs; work with landlords to understand the program; advocate for the applicant/participant and resolve any issues upon rental and during lease period; conduct inspections; assess applicant/participant for needs such as employment; SSI/SSDI; community supports; food; transportation; child care, etc. and link applicant/participant to those services and supports in the community as applicant is willing. Work with applicant/participant toward engagement in mental health and/or substance use disorder services as needed and as applicant/participant is willing. Continue contact with participant and resolve any issues that may lead to loss of housing throughout the program.

2. Check the appropriate box(s) if this project will have a specific subpopulation focus. (Select all that apply)

N/A - Project Serves All Subpopulations	☐	Domestic Violence	☐
Veterans	☐	Substance Abuse	☒

Youth (under 25)		Mental Illness	X
Families		HIV/AIDS	
		Chronic Homeless	X
		Other (Click 'Save' to update)	

3. Housing First

3a. Does the project quickly move participants into permanent housing? Yes

3b. Does the project enroll program participants who have the following barriers? Select all that apply.

Having too little or little income	X
Active or history of substance abuse	X
Having a criminal record with exceptions for state-mandated restrictions	X
History of victimization (e.g. domestic violence, sexual assault, childhood abuse)	X
None of the above	

3c. Will the project prevent program participant termination for the following reasons? Select all that apply.

Failure to participate in supportive services	X
Failure to make progress on a service plan	X
Loss of income or failure to improve income	X
Any other activity not covered in a lease agreement typically found for unassisted persons in the project's geographic area	X
None of the above	

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

3C. Dedicated Plus

For help in completing Post Award steps, please take a look at the FY2024 Recipients Post-Award Instructional Guide.

Dedicated and DedicatedPLUS

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

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

(1) experiencing chronic homelessness as defined in 24 CFR 578.3;
(2) residing in a transitional housing project that will be eliminated and meets the definition of chronically homeless in effect at the time in which the individual or family entered the transitional housing project;
(3) residing in a place not meant for human habitation, emergency shelter, or safe haven; but the individuals or families experiencing chronic homelessness as defined at 24 CFR 578.3 had been admitted and enrolled in a permanent housing project within the last year and were unable to maintain a housing placement;
(4) residing in transitional housing funded by a joint TH and PH-RRH component project and who were experiencing chronic homelessness as defined at 24 CFR 578.3 prior to entering the project;
(5)residing and has resided in a place not meant for human habitation, a safe haven, or emergency shelter for at least 12 months in the last three years, but has not done so on four separate occasions; or
(6) receiving assistance through a Department of Veterans Affairs(VA)-funded homeless assistance program and met one of the above criteria at initial intake to the VA's homeless assistance system.

A renewal project where 100 percent of the beds are dedicated in their current grant as described in NOFA Section III.A.3.b. must either become DedicatedPLUS or remain 100% Dedicated. If a renewal project currently has 100 percent of its beds dedicated to chronically homeless individuals and families and elects to become a DedicatedPLUS project, the project will be required to adhere to all fair housing requirements at 24 CFR 578.93. Any beds that the applicant identifies in this application as being dedicated to chronically homeless individuals and families in a DedicatedPLUS project must continue to operate in accordance with Section III.A.3.b. Beds are identified on Screen 4B

1. Is this project "100% Dedicated," "DedicatedPLUS," or "N/A"? (Only select "N/A" if this project was originally awarded as a grant that did not have requirements to only serve persons experiencing chronic homelessness and meets the definition of "non-dedicated permanent supportive housing beds" in the NOFO Section III.C.2.p).	DedicatedPLUS

4A. Supportive Services for Participants

For help in completing Post Award steps, please take a look at the FY2024 Recipients Post-Award Instructional Guide.

1. For all supportive services available to participants, indicate who will provide them and how often they will be provided. Click 'Save' to update.

Supportive Services		Provider	Frequency
Assessment of Service Needs		Applicant	Annually
Assistance with Moving Costs		Applicant	As needed
Case Management		Applicant	As needed
Child Care		Non-Partner	As needed
Education Services		Non-Partner	As needed
Employment Assistance and Job Training		Applicant	As needed
Food		Non-Partner	As needed
Housing Search and Counseling Services		Applicant	As needed
Legal Services		Non-Partner	As needed
Life Skills Training		Applicant	As needed
Mental Health Services		Applicant	As needed
Outpatient Health Services		Applicant	As needed
Outreach Services		Non-Partner	As needed
Substance Abuse Treatment Services		Applicant	As needed
Transportation		Applicant	As needed
Utility Deposits		Applicant	As needed

Identify whether the project includes the following activities:

2. Transportation assistance to program participants to attend mainstream benefit appointments, employee training, or jobs?	Yes
3. Annual follow-up with program participants to ensure mainstream benefits are received and renewed?	Yes
4. Do program participants have access to SSI/SSDI technical assistance provided by this project, subrecipient, or partner agency?	Yes
4a. Has the staff person providing the technical assistance completed SOAR training in the past 24 months?	No

4B. Housing Type and Location

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

Total Units: 32
Total Beds: 32
Total Dedicated CH Beds: 32

Housing Type	Housing Type (JOINT)	Units	Beds
Scattered-site apartments (...	---	32	32

4B. Housing Type and Location Detail

For help in completing Post Award steps, please take a look at the FY2024 Recipients Post-Award Instructional Guide.

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: 32

b. Beds: 32

3. How many of the total beds entered in "2b. Beds" are dedicated to the chronically homeless? 32

This includes both the “dedicated” and “prioritized” beds from previous competitions.

4. Address:

Street 1: 1700 North Illinois Street

Street 2:

City: Indianapolia

State: Indiana

ZIP Code: 46202

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

181404 Indianapolis

5A. Project Participants - Households

For help in completing Post Award steps, please take a look at the FY2024 Recipients Post-Award Instructional Guide.

Households	Households with at Least One Adult and One Child	Adult Households without Children	Households with Only Children	Total
Total Number of Households		32		32

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		30		30
Persons ages 18-24		2		2
Accompanied Children under age 18				0
Unaccompanied Children under age 18				0
Total Persons	0	32	0	32

Click Save to automatically calculate totals

5B. Project Participants - Subpopulations

For help in completing Post Award steps, please take a look at the FY2024 Recipients Post-Award Instructional Guide.

Persons in Households with at Least One Adult and One Child

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Persons over age 24										
Persons ages 18-24										
Children under age 18										
Total Persons	0	0	0	0	0	0	0	0	0	0

Persons in Households without Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Persons over age 24	30			20	1	24	3	1		
Persons ages 18-24	2					1				
Total Persons	32	0	0	20	1	25	3	1	0	0

Click Save to automatically calculate totals

Persons in Households with Only Children

Characteristics	CH (Not Veterans)	CH Veterans	Veterans (Not CH)	Substance Use Disorders	HIV/AIDS	Mental Illness	Survivors	Physical Disability	Developmental Disability	Persons not represented by listed subpopulations
Accompanied Children under age 18										
Unaccompanied Children under age 18										
Total Persons	0			0	0	0	0	0	0	0

6A. Funding Request

For help in completing Post Award steps, please take a look at the FY2024 Recipients Post-Award Instructional Guide.

VAWA Budget

New in FY2023, 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 new 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 combined 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 on the summary budget screen. The CoC VAWA BLI Total amount can be expended for any eligible CoC VAWA cost identified above.

1. Will this project use funds from this grant to provide for emergency transfer facilitation, which includes the costs of assessing, coordinating, approving, denying and implementing a survivor's emergency transfer per Section III.B.4.a.(3) (a) of the NOFO?	No
2. Will this project use funds from this grant to provide for VAWA confidentiality requirements, which includes the costs of ensuring compliance with the VAWA confidentiality requirements per Section III.B.4.a.(3) (b) of the NOFO?	No
3. Does this project propose to allocate funds according to an indirect cost rate?	No
4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited:	1 Year

6. Select the costs for which funding is being requested:

	Renewal Application	HUD Award	Adjustment
Leased Units			
Leased Structures			
Rental Assistance	X	X	X
Supportive Services			
Operations			
HMIS			
VAWA			
Rural			

The VAWA BLI is permanently checked. This allows any project to shift funds up to a 10% shift from another BLI if VAWA emergency transfer costs are needed.

6D. 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.

	Renewal Application	HUD Award	Adjustment
Total Annual Assistance Request:	$344,448	$421,248	$421,248
Grant Term:	1 Year	1 Year	1 Year
Total Request for Grant Term:	$344,448	$421,248	$421,248
Total Units:	32	32	32

Rental Assistance Type	Rental Assistance Type (HUD Award)	Rental Assistance Type (Adjustment)	FMR from Project Application	FMR from Award	Total Units Requested	Total Request
TRA	TRA	TRA	IN - Indianapolis...	IN - Indianapolis...	32	$421,248

Rental Assistance Budget Detail

For help in completing Post Award steps, please take a look at the FY2024 Recipients Post-Award Instructional Guide.

Type of Rental Assistance: Renewal Application TRA

Rental Assistance Type Adjustment TRA

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

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

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

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

Size of Units	# of Units (Renewal Submission)	# of Units (HUD Award)	# of Units (Adjustment)	FMR Area (Renewal Submission)	FMR Area (HUD Award)	FMR Area (Adjustment)	HUD Paid Rent (Applicant)	HUD Paid Rent (HUD Award)	HUD Paid Rent (Adjustment)	12 Months	Total Request (Renewal Submission)	Adjusted Total Assistance Requested (HUD Award)	Total Request (Adjustment)
SRO				$578	$716	$716	$578	$716	$716	12	$0	$0	$0
0 Bedroom				$771	$955	$955	$771	$955	$955	12	$0	$0	$0
1 Bedroom	32	32	32	$897	$1,097	$1,097	$897	$1,097	$1,097	12	$344,448	$421,248	$421,248
2 Bedrooms				$1,065	$1,283	$1,283	$1,065	$1,283	$1,283	12	$0	$0	$0

3 Bedrooms				$1,397	$1,669	$1,669	$1,397	$1,669	$1,669	12	$0	$0	$0
4 Bedrooms				$1,671	$2,028	$2,028	$1,671	$2,028	$2,028	12	$0	$0	$0
5 Bedrooms				$1,922	$2,332	$2,332	$1,922	$2,332	$2,332	12	$0	$0	$0
6 Bedrooms				$2,172	$2,636	$2,636	$2,172	$2,636	$2,636	12	$0	$0	$0
7 Bedrooms				$2,423	$2,941	$2,941	$2,423	$2,941	$2,941	12	$0	$0	$0
8 Bedrooms				$2,674	$3,245	$3,245	$2,674	$3,245	$3,245	12	$0	$0	$0
9 Bedrooms				$2,924	$3,549	$3,549	$2,924	$3,549	$3,549	12	$0	$0	$0
Total Units and Annual Assistance Requested	32	32	32								$344,448	$421,248	$421,248
Grant Term											1 Year	1 Year	1 Year
Total Request for Grant Term											$344,448	$421,248	$421,248

6H. Sources of Match

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

Summary for Match

Total Value of Cash Commitments:	$106,783
Total Value of In-Kind Commitments:	$0
Total Value of All Commitments:	$106,783

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

Type	Source	Contributor	Value of Commitments
Cash	Private	Sandra Eskenazi	$106,783

Sources of Match Detail

For help in completing Post Award steps, please take a look at the FY2024 Recipients Post-Award Instructional Guide.

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)	Sandra Eskenazi
4. Amount of Written Committment:	$106,783

6I. Summary Budget

For help in completing Post Award steps, please take a look at the FY2024 Recipients Post-Award Instructional Guide.

The following information summarizes the funding request for the total term of the project. However, the appropriate amount of administrative costs must be entered in the available fields below.

Eligible Costs	Annual Assistance Requested (Renewal Submission)	Annual Assistance Requested (HUD Award)	Annual Assistance Requested (Adjustment)	Grant Term (Renewal Submission)	Grant Term (HUD Award)	Grant Term (Adjustment)	Total Assistance Requested for Grant Term (Renewal Submission)	Total Assistance Requested for Grant Term (HUD Award)	Total Assistance Requested for Grant Term (Adjustment)	Budget Change (Adjustment)
1a. Leased Units	$0	$0	$0	1 Year	1 Year	1 Year	$0	$0	$0	
1b. Leased Structures	$0	$0	$0	1 Year	1 Year	1 Year	$0	$0	$0	
2. Rental Assistance	$344,448	$421,248	$421,248	1 Year	1 Year	1 Year	$344,448	$421,248	$421,248	
3. Supportive Services	$0	$0	$0	1 Year	1 Year	1 Year	$0	$0	$0	
4. Operating	$0	$0	$0	1 Year	1 Year	1 Year	$0	$0	$0	
5. HMIS	$0	$0	$0	1 Year	1 Year	1 Year	$0	$0	$0	
6. VAWA	$0	$0	$0	1 Year	1 Year	1 Year	$0	$0	$0	
7. Rural (Only for HUD CoC Program approved rural areas)	$0	$0	$0	1 Year	1 Year	1 Year	$0	$0	$0	
8. Sub-total of CoC Program Costs Requested							$344,448	$421,248	$421,248	
9. Admin (Up to 10% of Sub-total in #8)							$5,881	$5,881	$5,881	
10. HUD funded Sub-total + Admin. Requested							$350,329	$427,129	$427,129	
11. Cash Match							$0	$0	$106,783	Yes
12. In-Kind Match							$87,582	$87,582	$0	Yes
13. Total Match							$87,582	$87,582	$106,783	Yes
14. Total Project Budget for this grant, including Match							$437,911	$514,711	$533,912	Yes

Submission Summary

Page	Last Updated
Acknowledgement	05/19/2025
Attachments	No Input Required
Adjustments	05/19/2025
1A. Application Type	No Input Required
1B. Legal Applicant	05/19/2025
1C. Application Details	No Input Required
1D. Congressional District(s)	05/19/2025

1E. Compliance	No Input Required
1F. Declaration	No Input Required
Recipient Performance	05/19/2025
Renewal Grant Consolidation or Renewal Grant Expansion	05/19/2025
2A. Subrecipients	05/19/2025
3A. Project Detail	05/19/2025
3B. Description	05/19/2025
3C. Dedicated Plus	05/19/2025
4A. Services	05/19/2025
4B. Housing Type	05/19/2025
5A. Households	05/19/2025
5B. Subpopulations	No Input Required
6A. Funding Request	05/19/2025
6D. Rental Assistance	05/19/2025
6H. Match	05/19/2025
6I. Summary Budget	No Input Required