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.
- Detailed instructions 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 to help navigate e-snaps.
- Before starting 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).
- Carefully review each question in the Project Application. Questions from previous competitions may have been changed or removed, or new questions may have been added, and information previously submitted may or may not be relevant. Data from the FY 2026 Project Application will be imported into the FY 2026 Project Application; however, applicants will be required to review all fields for accuracy and to update information that may have been adjusted through the post award process or a grant agreement amendment. Data entered in the post award and amendment forms in e-snaps will not be imported into the project application.
- 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.
- Rental assistance projects can only request the number of units and unit size as approved in the final HUD-approved Grant Inventory Worksheet (GIW).
- Transitional housing, permanent supportive housing with leasing, rapid re-housing, supportive services only, renewing safe havens, and HMIS can only request the Annual Renewal Amount (ARA) that appears on the CoC's HUD-approved GIW. If the ARA is reduced through the CoC's reallocation process, the final project funding request must reflect the reduced amount listed on the CoC's reallocation forms.
- HUD reserves the right to reduce or reject any renewal project that fails to adhere to 24 CFR part 578 and the application requirements set forth in the FY 2026 CoC Program Competition NOFO.
- To expedite grant agreement processing, ensure that the UEI does not have an expiration date in the early calendar year (January - May).

1A. SF-424 Application Type

1. Type of Submission:	Application
2. Type of Application:	Renewal Project Application
If "Revision", select appropriate letter(s):	
If "Other", specify:	
3. Date Received:	09/26/2026
4. Applicant Identifier:	
5a. Federal Entity Identifier:	
5b. Federal Award Identifier: This is the first 6 digits of the Grant Number, known as the PIN, that will also be indicated on Screen 3A Project Detail. This number must match the first 6 digits of the grant number on the HUD approved Grant Inventory Worksheet (GIW).	IN0200
Check to confirm that the Federal Award Identifier has been updated to reflect the most recently awarded grant number	X
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

16. Congressional District(s):

a. Applicant: (for multiple selections hold CTRL key) IN-007, IN-004

b. 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: 2/28/2027

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: $492,409.00

(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;		

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 Official:	Considered signed upon submission in e-snaps.
Date Signed:	09/26/2026

1K. 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

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

Information About Submission without Changes

Follow the instructions below making note of the exceptions and limitations to the “Submit Without Changes” process.

In general, HUD expects a project’s proposed project application information will remain the same from year-to-year unless changes are directed by HUD or approved through the grant agreement amendment process. However, HUD expects applicants to carefully review their information to determine if submitting without changes accurately reflects the expiring grant requesting renewal.

The data from previously submitted new and renewal project applications can be imported into a FY 2026 renewal project application. The “Submit without Changes” process is not applicable for first time renewing project applications or for a project application that did not import FY 2025 information and e-snaps will automatically be set to “Make Changes” and all questions on each screen must be updated.

Renewal projects that select “Yes - Individual Application in a Renewal Grant Consolidation” on the Renewal Grant Consolidation or Renewal Grant Expansion Screen may not use the “Submit Without Changes” process and esnaps will automatically be set to “Make Changes”. In addition, esnaps will automatically be set to “Make Changes” if the project applicant indicates on the Renewal Grant Consolidation or Renewal Grant Expansion Screen, this project application is for a “Yes - Stand-Alone Renewal Application in a New Grant Expansion” project application.

The e-snaps screens that remain “open” for required annual updates and do not affect applicants’ ability to select “Submit without Changes” are:
- Recipient Performance Screen
- Consolidation and Expansion
- Screen 3A. Project Detail
- Screen 6A. Funding Request
- Screen 6D. Sources of Match
Screen 6E. Summary Budget - All of Part 7: Attachments and Certification; and
- All of Part 8: Submission Summary.

All other screens in Part 2 through Part 6 begin in “Read-Only” format and should be reviewed for accuracy; including any updates that were made to the 2024 project during the CoC Post Award Issues and Conditions process or as amended. If all the imported data is accurate and no edits or updates are needed to any screens other than the mandatory screens and questions noted above, project applicants should select “Submit Without Changes” in Part 8. If project applicants imported data and do need to make updates to the information on one or more screens, they must navigate to Part 8: “Submission Without Changes” Screen, select “Make Changes”, and check the box next to each relevant screen title to unlock screens for editing. After project applicants select the screens they intend to edit via checkboxes, click "Save" and those screens will be available for edit. Once a project applicant selects a checkbox and clicks "Save", the project applicant cannot uncheck the box.

Please refer to the Detailed Instructions and e-snaps navigation guides found on HUD.gov to find more in depth information about applying under the FY 2026 CoC Competition.

Submission Without Changes

1. Are the requested renewal funds reduced from the previous award due to reallocation?	No
2. Do you wish to submit this application without making changes? Please refer to the guidelines below to inform you of the requirements.	Make changes

3. Specify which screens require changes by clicking the checkbox next to the name and then clicking the Save button.

Part 2 - Subrecipient Information	
2A. Subrecipients	X
Part 3 - Project Information	
3A. Project Detail	X
3B. Description	X
3C. Dedicated Plus	X
Part 4 - Housing Services and HMIS	
4A. Services	X
4B. Housing Type	X
Part 5 - Participants and Outreach Information	
5A. Households	X
5B. Subpopulations	X
Part 6 - Budget Information	
6A. Funding Request	X
6C. Rental Assistance	X
6D. Match	X
6E. Summary Budget	X
Part 7 - Attachment(s) & Certification	

7A. Attachment(s)	X
7B. Certification	X

You have selected "Make Changes" to question #2 above. Provide a brief description of the changes that will be made to the project information screens (bullets are appropriate):

This renewal grants will NOT make changes.

You have selected "Make Changes." Once this screen is saved, you will be prohibited from "unchecking" any box that has been checked regardless of whether a change to data on the corresponding screen will be made.

Recipient Performance

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

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.

3. Rural Set Aside projects may only consolidate with other Rural Set Aside projects.

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? Yes - Stand-Alone Renewal Application in a New Grant Expansion

If "No" click on "Next" or "Save & Next" below to move to the next screen.

As part of the CoC Program project application process, project applicants can request their eligible renewal projects to be part of a Expansion. This process can combine up to 1 renewal project application and 2 new expansion project applications. Renewal projects that are part of an expansion must expire in Calendar Year (CY) 2027, as confirmed on the FY 2026 GIW or eLOCCS, must be to the same recipient, and must be for the same component and project type (i.e., PH-PSH, PH-RRH, Joint TH/PH-RRH, TH, SSO, SSO-CE or HMIS).

2. In the fields below, enter the Project Name and PIN of the Stand-Alone Renewal project application and the Project Name and 6 digit esnaps number requested for the Stand-Alone New project application as entered in e-snaps for the FY 2026 CoC Competition.

Renewal Grant Expansion Table

Stand-Alone Renewal or Stand-Alone New	Project Name	Grant PIN (Renewal) / esnaps 6 digit number (New)
Stand-Alone Renewal	Aspire Wellness	IN0200
Stand-Alone New	Aspire Wellness Expansion	IN0200

Renewal Expansion Summary

Total Number of Grants in the Expansion	2

I acknowledge that I have informed my Collaborative Applicant of this expansion request to be included in the CoCs Project Listing and listed on a special attachment identifying this expansion request.	X
I acknowledge that I have reviewed the accuracy and submitted all new expansion project applications related to this expansion request into esnaps. NOTE: DO NOT SUBMIT A FULLY COMBINED NEW OR RENEWAL PROJECT APPLICATION IN E-SNAPS AS PART OF THE FY 2026 COC COMPETITION.	X

Click on “Save & Next” to continue completing the remainder of this stand-alone renewal project application

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
Aspire Indiana Health Inc	D. Special District Government	$312,211

2A. Project Subrecipients Detail

a. Organization Name: Aspire Indiana Health Inc

b. Organization Type: D. Special District Government

c. Employer or Tax Identification Number: 47-4391083

d. Unique Entity Identifier: L6AXPAJZ3HR4

e. Physical Address

Street 1: 9615 E 148th St

Street 2:

City: Noblesville

State: Indiana

Zip Code: 46060

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: Ms.

First Name: Kathleen

Middle Name:	
Last Name:	Bowers
Suffix:	
Title:	Senior Director of Social Care
E-mail Address:	kathleen.bowers@aspireindiana.org
Confirm E-mail Address:	kathleen.bowers@aspireindiana.org
Phone Number:	317-587-0655
Extension:	
Fax Number:	317-587-0655

3A. Project Detail

1. Expiring Grant Project Identification Number (PIN): (e.g., the "Federal Award Identifier" indicated on form 1A. Application Type)	IN0200
2. CoC Number and Name:	IN-503 - Indianapolis CoC
3. CoC Collaborative Applicant Name:	City of Indianapolis
4. Project Name:	2027 Aspire Wellness
5. Project Status:	Standard
6. Component Type:	PH
6a. Select the type of PH project.	PSH
7. Was this project previously awarded as a Unsheltered Homelessness Set Aside or a Rural Set Aside?	No
9. Is your organization, or subrecipient, a victim service provider defined in 24 CFR 578.3?	No
10. 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.

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	☐	Survivors	☐
Veterans	☐	Substance Use Disorders	X
Youth (under 25)	☐	Mental Illness	X
Families with Children	☐	HIV/AIDS	☐
		Chronic Homeless	X
		Other(Click 'Save' to update)	☐

3C. Dedicated Plus

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.

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.G.8).	DedicatedPLUS

4A. Supportive Services for Program Participants

1. 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	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

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

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

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

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

a. Units: 32

b. Beds: 32

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

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

2d. How many beds in "2b Beds" are not dedicated to persons experiencing chronic homelessness? 0

3. Address:

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

Street 1: 1700 North Illinois Street

Street 2:

City: Indianapolia

State: Indiana

ZIP Code: 46202

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

189097 Marion County, 181404 Indianapolis

5A. Program Participants - Households

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

	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. Program 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 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 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 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

6A. Funding Request

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 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. Will this project use funds from this grant to provide for short-terms emergency lodging, repairs to housing units and staff training per Section III.B.4.b.(3) (a) of the NOFO?	No
4. Renewal Grant Term: This field is pre-populated with a one-year grant term and cannot be edited:	1 Year

5. Select the costs for which funding is requested:

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

6C. Rental Assistance Budget

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

Total Request for Grant Term:	$486,528
Total Units:	32

The number of beds for which funding has been requested in the Rental Assistance budget is 32.

Type of Rental Assistance	FMR Area	Total Units Requested	Total Request
TRA	IN - Indianapolis-Carmel, IN HUD Metr...	32	$486,528

Rental Assistance Budget Detail

Type of Rental Assistance: TRA

Metropolitan or non-metropolitan fair market rent area: 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? No

Size of Units	# of Units (Applicant)		FMR Area (Applicant)	HUD Paid Rent (Applicant)		12 Months		Total Request (Applicant)
SRO		x	$839	$839	x	12	=	$0
0 Bedroom		x	$1,118	$1,118	x	12	=	$0
1 Bedroom	32	x	$1,267	$1,267	x	12	=	$486,528
2 Bedrooms		x	$1,473	$1,473	x	12	=	$0
3 Bedrooms		x	$1,907	$1,907	x	12	=	$0
4 Bedrooms		x	$2,338	$2,338	x	12	=	$0
5 Bedrooms		x	$2,689	$2,689	x	12	=	$0
6 Bedrooms		x	$3,039	$3,039	x	12	=	$0
7 Bedrooms		x	$3,390	$3,390	x	12	=	$0
8 Bedrooms		x	$3,741	$3,741	x	12	=	$0
9 Bedrooms		x	$4,092	$4,092	x	12	=	$0
Total Units and Annual Assistance Requested	32							$486,528
Grant Term								1 Year
Total Request for Grant Term								$486,528

Click the 'Save' button to automatically calculate totals.

6D. 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:	$123,102
Total Amount of In-Kind Commitments:	$0
Total Amount of All Commitments:	$123,102

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

Type	Source	Contributor	Value of Commitments
Cash	Private	Adult & Child Ser...	$123,102

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)	Adult & Child Services
4. Amount of Written Committment:	$123,102

6E. Summary Budget

The following information summarizes the funding request for the total term of the project. Budget amounts from the Leased Units, Rental Assistance, and Match screens have been automatically imported and cannot be edited. However, applicants must confirm and correct, if necessary, the total budget amounts for Leased Structures, Supportive Services, Operating, HMIS, and Admin. Budget amounts must reflect the most accurate project information according to the most recent project grant agreement or project grant agreement amendment, the CoC's final HUD-approved FY 2026 GIW or the project budget as reduced due to CoC reallocation. Please note that, new for FY 2026, there are no detailed budget screens for Leased Structures, Supportive Services, Operating, or HMIS costs. HUD expects the original details of past approved budgets for these costs to be the basis for future expenses. However, any reasonable and eligible costs within each CoC cost category can be expended and will be verified during a HUD monitoring.

Eligible Costs (Light gray fields are available for entry of the previous grant agreement, GIW, approved GIW Change Form, or reduced by reallocation)	Applicant CoC Program Costs Requested (1 Year Term)
1a. Leased Units (Screen 6B)	$0
1b. Leased Structures (Enter)	$0
2. Rental Assistance (Screen 6C)	$486,528
3. Supportive Services (Enter)	$0
4. Operating (Enter)	$0
5. HMIS (Enter)	$0
6. VAWA (Enter)	$0
7. Rural (Enter) (Only for HUD CoC Program approved rural areas)	$0
8. Sub-total of CoC Program Costs Requested	$486,528
9. Admin (Up to 10% of Sub-total in #8)	$5,881
10. HUD funded Sub-total + Admin. Requested	$492,409
11. Cash Match (From Screen 6D)	$123,102
12. In-Kind Match (From Screen 6D)	$0
13. Total Match (From Screen 6D)	$123,102
14. Total Project Budget for this grant, including Match	$615,511

The minimum required Total Match amount for the Grant Term is $123,102.

Indirect Cost Information

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

Program/Activity Receiving Federal Grant Funding: CoC Program

Applicant Name: City of Indianapolis

Indirect Cost Rate Information for the Applicant/Recipient:

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

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

Submission Type: Initial Submission

Effective Date: 02/03/2026

Certification of Authorized Representative for the Applicant/Recipient: **** Under penalty of perjury, I certify on behalf of the Applicant/Recipient that:** **(1) all information provided on this form is true, complete, and accurate, and** **(2) Applicant/Recipient will provide HUD with an update to this form immediately upon learning change in the information provided on this form, and** **(3) I am authorized to speak for the Applicant/Recipient regarding all information provided on this** ****Warning: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties (18 U.S.C §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. § 3729, 3802; 24 CFR § 28.10(b)(iii)).**	X

Authorized Representative:

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

Date Signed: 02/03/2026

7A. Attachment(s)

Document Type	Required?	Document Description	Date Attached
1) Subrecipient Nonprofit Documentation	No	Aspire Indiana He...	07/23/2026
2) Other Attachment	No	CoC NOFO Helpdesk...	10/26/2021
3) Other Attachment	No		

Attachment Details

Document Description: Aspire Indiana Health Nonprofit Document

Attachment Details

Document Description: CoC NOFO Helpdesk Emails

Attachment Details

Document Description:

7B. Certification

Applicant and Recipient Assurances and Certifications - form HUD-424B (Title)
U.S. Department of Housing and Urban Development OMB Approval No. 2501-0044
(expires 02/28/2027)

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

Page	Last Updated
1A. SF-424 Application Type	09/22/2026
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
1K. SF-424B	09/22/2026
Submission Without Changes	09/22/2026
Recipient Performance	09/22/2026
Renewal Grant Consolidation or Renewal Grant Expansion	09/24/2026
2A. Subrecipients	09/22/2026
3A. Project Detail	09/22/2026
3B. Description	09/22/2026
3C. Dedicated Plus	09/22/2026
4A. Services	09/24/2026
4B. Housing Type	09/22/2026
5A. Households	09/22/2026
5B. Subpopulations	No Input Required
6A. Funding Request	09/22/2026
6C. Rental Assistance	09/22/2026
6D. Match	09/22/2026
6E. Summary Budget	No Input Required
Indirect Cost Information	09/22/2026
7A. Attachment(s)	No Input Required
7B. 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

From: **CoCNOFO** CoCNOFO@hud.gov
Subject: Re: GIW and esnaps Match for Change
Date: September 27, 2021 at 4:20 PM
To: Roberts, Natalie Natalie.Roberts@Indy.Gov
Cc: Alicia Vaughn alicia@cityconsultantsllc.com, Fults, Jennifer Jennifer.Fults2@Indy.Gov, Winfield, Michelle Michelle.Winfield@indy.gov

Hello Natalie,

Thank you for your question. We verified that this project was amended to reflect the following budget line items. You may submit your application for 32 units and use the following amounts that are in the amended budget: Rental assistance = $301,578 (for 32 units), Supportive Services = $6,000 and Administration = $9,265. Your project total is $316,843. Your renewal project will be processed using these numbers.

Thank you,
CoC NOFO Team

From: Roberts, Natalie <Natalie.Roberts@Indy.Gov>
Sent: Monday, September 20, 2021 8:00 AM
To: CoCNOFO <CoCNOFO@hud.gov>
Cc: Alicia Vaughn <alicia@cityconsultantsllc.com>; Fults, Jennifer <Jennifer.Fults2@Indy.Gov>; Winfield, Michelle <Michelle.Winfield@indy.gov>
Subject: <External Message> GIW and esnaps Match for Change

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. If you have concerns about the content of the email, please send it to phishing@hud.gov

Good Morning,

The City of Indianapolis was working on projects in esnaps for the NOFO when we came across an error in one of our renewal projects.

According to the updated GIW, the rental assistance budget for 2020 Midtown Wellness (IN0200L5H032004) is $301,578.31. This was updated to reflect a budget line item amendment. The rental assistance change form that the City of Indianapolis submitted reflected the $301,578 in rental assistance and an increase in one-bedroom units to 32 units. I have attached the original GIW and our corrections sheet for reference. However, we are running into an issue when submitting the renewal:

- The rent assistance change form submitted for the 2021 GIW change form lists 32 one bedroom units at FMR of $781 for a total budget of $299,904.
- When we enter the rent assistance in esnaps, we can enter a 31 one bedroom units at FMR to for a total of $209,532 or 32 one bedroom units for $299,904. However, there isn't a way to match the GIW rent assistance budget of $301,578.

In order to continue, we need to know how to enter in the number of units in esnaps so that our total units and budget are matching the GIW.
Thank you very much!
Best,
Natalie

Natalie Roberts {She, Her}
CoC Grant Manager | Community Investments
Department of Metropolitan Development | City of Indianapolis
natalie.roberts@indy.gov | indy.gov/DMD

For the most current dates, documents, and materials, visit our website
Or sign up for our email announcements

The safety and well-being of customers, residents, and staff continues to be the number one priority for the Department of Metropolitan Development. As such, our physical offices will remain closed as the Community Investments team continues to work remotely and conduct business electronically. Our goal is to provide the best possible service to our residents and businesses, while not requiring in-person visits to the City-County Building. Please visit indy.gov/dmd for more guidance on how to digitally access city services. If you need have general questions for the Division of Community Investments, please email us at community.investments@indy.gov.

From: **CoCNOFO** CoCNOFO@hud.gov
Subject: RE: GIW and esnaps Match for Change
Date: October 7, 2021 at 9:42 AM
To: Roberts, Natalie Natalie.Roberts@Indy.Gov
Cc: Alicia Vaughn alicia@cityconsultantsllc.com, Fults, Jennifer Jennifer.Fults2@Indy.Gov

Good Morning,

Yes, it will be okay to enter 32 units as recorded on the updated GIW. Since this project is using FMR for rental assistance, and not actual rent, the project will be awarded based on the FMRs in Section III.J of the FY 2021 CoC Program Competition NOFO.

Sincerely,
SNAPS

From: Roberts, Natalie <Natalie.Roberts@Indy.Gov>
Sent: Tuesday, September 28, 2021 10:51 AM
To: CoCNOFO <CoCNOFO@hud.gov>
Cc: Alicia Vaughn <alicia@cityconsultantsllc.com>; Fults, Jennifer <Jennifer.Fults2@Indy.Gov>
Subject: RE: <External Message> GIW and esnaps Match for Change

Hello,

Thank you for your response! The issue is that even when changed to 32 units at 1 bedroom FMR in Marion County, IN ($299,904), we will still not meet the $301,578.00 as stated in the GIW .

Will it be okay if we put in 32 units but our rental assistance budget line item (BLI) does not match the GIW? Or is there a way to enter the renewal project where the units and the rental assistance BLI match the GIW?

Thank you so much!

Best,

Natalie

Natalie Roberts {She, Her}
CoC Grant Manager | Community Investments
Department of Metropolitan Development | City of Indianapolis
natalie.roberts@indy.gov | indy.gov/DMD

For the most current dates, documents, and materials, visit our website
Or sign up for our email announcements

The safety and well-being of customers, residents, and staff continues to be the number one priority for the Department of Metropolitan Development. As such, our physical offices will remain closed as the Community Investments team continues to work remotely and conduct business electronically. Our goal is to provide the best possible service to our residents and businesses, while not requiring in-person visits to the City-County Building. Please visit indy.gov/dmd for more

guidance on how to digitally access city services. If you need have general questions for the Division of Community Investments, please email us at community.investments@indy.gov.

From: CoCNOFO [mailto:CoCNOFO@hud.gov]
Sent: Monday, September 27, 2021 4:21 PM
To: Roberts, Natalie <Natalie.Roberts@Indy.Gov>
Cc: Alicia Vaughn <alicia@cityconsultantsllc.com>; Fults, Jennifer <Jennifer.Fults2@Indy.Gov>; Winfield, Michelle <Michelle.Winfield@indy.gov>
Subject: Re: <External Message> GIW and esnaps Match for Change

Hello Natalie,

Thank you for your question. We verified that this project was amended to reflect the following budget line items. You may submit your application for 32 units and use the following amounts that are in the amended budget: Rental assistance = $301,578 (for 32 units), Supportive Services = $6,000 and Administration = $9,265. Your project total is $316,843. Your renewal project will be processed using these numbers.

Thank you,
CoC NOFO Team

From: Roberts, Natalie <Natalie.Roberts@Indy.Gov>
Sent: Monday, September 20, 2021 8:00 AM
To: CoCNOFO <CoCNOFO@hud.gov>
Cc: Alicia Vaughn <alicia@cityconsultantsllc.com>; Fults, Jennifer <Jennifer.Fults2@Indy.Gov>; Winfield, Michelle <Michelle.Winfield@indy.gov>
Subject: <External Message> GIW and esnaps Match for Change

CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe. If you have concerns about the content of the email, please send it to phishing@hud.gov

Good Morning,

The City of Indianapolis was working on projects in esnaps for the NOFO when we came across an error in one of our renewal projects.

According to the updated GIW, the rental assistance budget for 2020 Midtown Wellness (IN0200L5H032004) is $301,578.31. This was updated to reflect a budget line item amendment. The rental assistance change form that the City of Indianapolis submitted reflected the $301,578 in rental assistance and an increase in one-bedroom units to 32 units. I have attached the original GIW and our corrections sheet for reference. However, we are running into an issue when submitting the renewal:

- The rent assistance change form submitted for the 2021 GIW change form lists 32 one

The rent assistance change form submitted for the 2022 GIW change form lists 32 one bedroom units at FMR of $781 for a total budget of $299,904.

- When we enter the rent assistance in esnaps, we can enter a 31 one bedroom units at FMR to for a total of $209,532 or 32 one bedroom units for $299,904. However, there isn't a way to match the GIW rent assistance budget of $301,578.

In order to continue, we need to know how to enter in the number of units in esnaps so that our total units and budget are matching the GIW.
Thank you very much!
Best,
Natalie

Natalie Roberts {She, Her}
CoC Grant Manager | Community Investments
Department of Metropolitan Development | City of Indianapolis
natalie.roberts@indy.gov | indy.gov/DMD

For the most current dates, documents, and materials, visit our website
Or sign up for our email announcements

The safety and well-being of customers, residents, and staff continues to be the number one priority for the Department of Metropolitan Development. As such, our physical offices will remain closed as the Community Investments team continues to work remotely and conduct business electronically. Our goal is to provide the best possible service to our residents and businesses, while not requiring in-person visits to the City-County Building. Please visit indy.gov/dmd for more guidance on how to digitally access city services. If you need have general questions for the Division of Community Investments, please email us at community.investments@indy.gov*.*